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

NHS
Greater Glasgow and Clyde

Private

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

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

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Subject Access Request Team

ELECTRONIC PATIENT RECORDS

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

1 of 6

Including:

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

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 15/06/2025

Consultant: Dr Patrick O'Mailley

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

Dear E Sheppard

Re: **Sullivan Deborah** DOB: **07/12/1972** CHI: **0712726128**
"Flat 0-1, 8 Boyndie Street "
Glasgow G34 9JE

Attended on: **14/06/2025 at 03:08 hrs.** Departed on: **14/06/2025 at 08:24 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
abdo pain

Nursing Assessment:
PANCREATITIS. NEWS 3. pt woken at 3am with pancreatic pain- hx of same. Unable to tolerate oral analgesia due to vomiting. Looks uncomfortable in triage. Hx pancreatitis, HTN, T1DM. Cat 2 for analgesia.

Investigations in ED:

1. Amylase	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. HCG	**8. Full Blood Count**	**9. Coagulation screen**
10. LFT	**11. Amylase**	

Sullivan Deborah CHI: 0712726128

Diagnosis:

Diagnosis	Side	Site
Other and Unspecified Abdominal Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Pw abdominal pain and vomiting bloods normal feeling better after observation discharged

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Jack Burns
Doctor

Copies to:

1. E Sheppard (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 28/09/2023

Consultant: Dr Christine Aiken

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

Dear E Sheppard

Re: **Sullivan Deborah** DOB: **07/12/1972** CHI: **0712726128**
"Flat 0-1, 8 Boyndie Street "
Glasgow G34 9JE

Attended on: **27/09/2023 at 18:05 hrs.** Departed on: **28/09/2023 at 03:54 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **5**

Presenting complaint
Self- High viral risk- Pleuritic chest pain- recent exposure to covid Hx Pancreatitis

Nursing Assessment:
high viral risk, Pleuritic chest pain for last few days, worse on inspiration, feeling gen unwell . CAT 0 ECG

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Full Blood Count**
7. Troponin I hs	**8. Chol / Triglyceride**	**9. D - Dimer**
10. XR Chest		

Diagnosis:

Diagnosis	Side	Site
Chest Pain, Unspecified		

Procedures: **None**

Immunisations: **None**

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

Clinician Notes:

Dear Colleague, Deborah presented with back pain after a recent viral illness She had been in contact with covid recently. Examination, CXR and ECG were all unremarkable. Troponin and d.dimer were normal. She had a slight transaminitis on bloods which may be related to the above. Kind Regards Dr Christopher Kelly ST5 - GIM

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Christopher Kelly3
Doctor

Copies to:

1. E Sheppard (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 15/05/2023

Consultant: Dr Claire Fitzpatrick

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

Dear E Sheppard

Re: **Sullivan Deborah** DOB: **07/12/1972** CHI: **0712726128**
"Flat 0-1, 8 Boyndie Street"
Glasgow G34 9JE

Attended on: **12/05/2023 at 14:15 hrs.** Departed on: **12/05/2023 at 17:24 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence.**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
foot swelling & pins & needles

Nursing Assessment:
Triaged from reception. Attended SMIU earlier in week. Treated as left knee injury. Has appt next week at knee clinic. Today noted altered sensation to left foot. D/W GP who advised ED attendance. Dr Fitzpatrick aware of patient.

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Injury to Multiple Structures of Knee		

Procedures: **None**

Immunisations: **None**

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

Clinician Notes:
Re-referred to Ortho - representation. see correspondence from them.

Followup :
Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Ewan Hamilton
Consultant

Copies to:

1. E Sheppard (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 31/07/2022

Consultant: Dr Anya Wallace

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

Dear AL McGinley

Re: **Sullivan Deborah** DOB: **07/12/1972** CHI: **0712726128**
"Flat 0-1, 8 Boyndie Street "
Glasgow G34 9JE

Attended on: **31/07/2022 at 09:04 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
fall - lower back pain

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Low Back Pain	**Not applicable**	**Back**

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Patient attended with lower back pain radiating down left leg after fall down 3 stairs yesterday. No red flags. No bony tenderness. Limited flexion but all other movements normal. Reduced sensation to lateral aspect of left thigh. All other sensation intact. Patella tendon reflex intact. Urinalysis Glucose + +, otherwise clear. Given Co-codamol and ibuprofen. Discussed with consultant Stevenson, no further investigations or imaging required. Discharged home with worsening advice.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
April Thompson
Nurse

Copies to:

1. AL McGinley (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 19/10/2020

Consultant: Mr Alastair Ireland

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

Dear AL McGinley

Re: **Sullivan Deborah** DOB: **07/12/1972** CHI: **0712726128**
"Flat 0-1, 8 Boyndie Street "
Glasgow G34 9JE

Attended on: **15/10/2020 at 14:42 hrs.** Departed on: **15/10/2020 at 17:52 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **5**

Presenting complaint
pancreatitis

Nursing Assessment:
?PANCREATITIS. NEWS 2. Sudden onset epigastric pain at 0900 this am, radiating to back, ongoing. Denies chest pain. Vomitted bile. States 'legs gave way' in shower due to pain, denies injury/LOC. Taken own dihydracodeine. Hx pancreatitis, diabetes. Low CPE risk, denies covid symnptoms.

Investigations in ED:

1. Full Blood Count	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. Amylase	**8. Amylase**	**9. CRP**
10. Urea and Electrolytes	**11. Bicarbonate**	**12. LFT**
13. Glucose	**14. HCG**	**15. Full Blood Count**
16. XR Chest		

Diagnosis:

Diagnosis	Side	Site
Other and Unspecified Abdominal Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

abdo pain inkeeping with longstanding and heavily investigated pain NEWS 0, normal bloods and urine discharged

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Sean David Kelly1
Doctor

Copies to:

1. AL McGinley (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 10/09/2019

Consultant: Dr Michael Gillespie2

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

Dear AL McGinley

Re: **Sullivan Deborah** DOB: **07/12/1972** CHI: **0712726128**
"Flat 0-1, 8 Boyndie Street"
Glasgow G34 9JE

Attended on: **09/09/2019 at 22:49 hrs.** Departed on: **10/09/2019 at 01:52 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **7**

Presenting complaint
? Pancreatitis

Nursing Assessment:
pt abdo pain 1/7 prev gall bladder removal pain 10/10 given 10 mg iv morphine with crew settled in triage low risk cpe

Investigations in ED:

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

Diagnosis:

Diagnosis	Side	Site
Abdominal pain - Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

This 46 yo lady was admitted for further Ix and Tx.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Emma Roditi
Doctor

Copies to:

1. AL McGinley (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 09/08/2019

Consultant: Dr Michael Gillespie2

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

Dear AL McGinley

Re: **Sullivan Deborah** DOB: **07/12/1972** CHI: **0712726128**
"Flat 0-1, 8 Boyndie Street "
Glasgow G34 9JE

Attended on: **09/08/2019 at 15:01 hrs.** Departed on: **at hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **6**

Presenting complaint
abdo pain

Nursing Assessment:
Abdo Pain. Vomiting. Retching. Pain Upper abdo through to back. NEWS 3. Hx Choleystectomy, acquired pancreatitis related to same. Fibromyalgia. Own dihydrocodeine and cyclizine taken.

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. Urea and Electrolytes**
4. LFT	**5. Amylase**	**6. CRP**
7. Glucose	**8. XR Chest**	

Diagnosis:

Diagnosis	Side	Site
Acute pancreatitis		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

NO GP ACTION This patient has been admitted to GRI

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Olivia Atkinson
Doctor

Copies to:

1. AL McGinley (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 06/05/2018

Consultant: Mr Alastair Ireland

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

Dear AL McGinley

Re: **Sullivan Deborah** DOB: **07/12/1972** CHI: **0712726128**
FLAT 1-1
Glasgow G33 4UG

Attended on: **06/05/2018 at 00:43 hrs.** Departed on: **06/05/2018 at 07:53 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **7**

Presenting complaint
abdominal pain

Nursing Assessment:
NEWS: 3 C/o worsening abdo pain from yesterday, hx of Pancreatitis. 2 For pain relief.

Investigations in ED:

1. Amylase	**2. Bone Profile**	**3. CRP**
4. Gamma GT	**5. LFT**	**6. Urea and Electrolytes**
7. Coagulation screen	**8. Full Blood Count**	**9. Amylase**
10. Bone Profile	**11. CRP**	**12. Gamma GT**
13. LFT	**14. Urea and Electrolytes**	**15. Coagulation screen**
16. Full Blood Count		

Diagnosis:

Diagnosis	Side	Site
Female pelvic inflammatory disorders in other diseases classified elsewhere		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Likely PID infection. Appears hirsute/PCOS. Antibiotics arranged and follow up appointment with gynaecology in place for Tuesday.

Followup :
Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Joanna-Lee Kerr
Doctor

Copies to:
1. AL McGinley (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 31/07/2017

Consultant: Dr Ryan Connelly

G MacAllister
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
Glasgow
G69 7AD

Dear G MacAllister

Re: **Sullivan Deborah** DOB: **07/12/1972** CHI: **0712726128**
"6 Muirhead Court "
Glasgow G69 7EP

Attended on: **31/07/2017 at 10:59 hrs.** Departed on: **31/07/2017 at 14:20 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
standby / rtc

Nursing Assessment:

Investigations in ED:

1. Amylase	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. Full Blood Count	**8. Group and Save**	**9. Coagulation screen**
10. CT Head	**11. CT Spine cervical**	**12. CT Thorax abdomen and pelvis**

Diagnosis:

Diagnosis	Side	Site
Contusion of lower back and pelvis		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

brought as standby - required to be cut out of cur after collision with a fence - not clear of reason for accident. Woke up with passerby banging on window.No definite prodrome or collapse but syncope at wheel is possible. In severe pain and requred roof of car to be removed to facilitate extricatin - but low velocity impact without major damage to car. Required total 15mg iv morphine in Resus. Found to have a soft tissue injury of c spine, lumbar pain and a contusion overlying the left anterior superior iliac spine. CT head and spine (inc chest / abdo / pelvis) showed no significant injury. Mobilised in ED. Noted to have a degree of postural drop in BP but could be morphine effect. ECG and bloods normal. I note a recent history of coillapse episodes and I have advised her (1) not to drive until investigated and (2) toattend GP for repeat lying and standing BP / pulse. I have not arranged follow up but wpould be gratefu if GP could investigate recurrent syncope

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Alastair Ireland
Consultant

Copies to:

1. G MacAllister (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 06/02/2017

Consultant: Dr Phil Anderson

G MacAllister
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
Glasgow
G69 7AD

Dear G MacAllister

Re: **Sullivan Deborah** DOB: **07/12/1972** CHI: **0712726128**
"6 Muirhead Court "
Glasgow G69 7EP

Attended on: **05/02/2017 at 23:32 hrs.** Departed on: **06/02/2017 at 03:16 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
chest pain

Nursing Assessment:
since 9pm developed chest pain right side and central worse on inspiration. hx of pancreatitis, anxiety and polymyalgia rheumatic, given aspirin with no effect.

Investigations in ED:

1. Urea and Electrolytes	**2. Bicarbonate**	**3. LFT**
4. Glucose	**5. Lipid profile (inc. HDL)**	**6. Full Blood Count**
7. Troponin I hs	**8. D - Dimer**	**9. Coagulation screen**
10. Amylase	**11. XR Chest**	

Diagnosis:

Diagnosis	Side	Site
Other chronic pancreatitis		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Admitted with chest pain - going across chest. ECG nil acute. Trop negative d-dimer normal. amylase normal. obs ok. Tender in epigastrium and exacerbating pain. Reviewed by surgical team and felt likely no acute intervention and for follow up with chronic pain team as previously planned.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Amy Proctor
Doctor

Copies to:

1. G MacAllister (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 29/09/2016

Consultant: Dr Samantha Perry

G MacAllister
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
Glasgow
G69 7AD

Dear G MacAllister

Re: **Sullivan Deborah** DOB: **07/12/1972** CHI: **0712726128**
"6 Muirhead Court "
Glasgow G69 7EP

Attended on: **29/09/2016 at 02:38 hrs.** Departed on: **29/09/2016 at 05:21 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
tightness in chest

Nursing Assessment:
sudden onset of chest tightness at rest 00.45am. pain still present. also c/o central abdo pain. hyperventilating on SAS arrival. has been incontinent of urine hx: anxiety, fibro myalgia, pancreatitis. 2 for ECG only

Investigations in ED:

1. Full Blood Count	**2. Urea and Electrolytes**	**3. CRP**
4. Troponin I hs	**5. Infectious Mononucleosis**	**6. Amylase**
7. LFT	**8. Glucose**	**9. XR Chest**
10. Blood Film		

Diagnosis:

Diagnosis	Side	Site
Chest pain, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Deborah Sullivan had chest pain - she thinks likely due to anxiety/fibromyalgia. Trop, ECG, CXR normal. d/c

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours,sincerely,
Philip Chan
Doctor

Copies to:

1. G MacAllister (GP)

School Address:

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Dr JOHN LANGAN
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD BAILLIESTON GLASGOW
G69 7AD

Date: 29 Mar 2012

Dear Dr JOHN LANGAN,

Re: DEBORAH SULLIVAN, 6 MUIRHEAD COURT, BAILLIESTON, GLASGOW, G69 7EP
Date of Birth: 07/12/1972 CHI number: 0712726128

Your patient attended Glasgow Royal Infirmary on the 29 Mar 2012.

The presenting complaint was:	**ABDO PAIN**
Triage information:	**?SURGICAL 1/7 CENTRAL ABDO PAIN CLAMMY/PALE PMH PANCRATITIS FOLLOWING GALL BLADDER PROBLEMS**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**GASTRO-INTESTINAL - OTHER ABDOMINAL PAIN**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**ADMITTED**
Follow-up:	**ADMITTED**
Additional information:	**None**

Yours sincerely,

NAVEED KARIM
EMERGENCY DEPARTMENT DOCTOR

HOSPITAL INFORMATION MISSING

Dr JOHN LANGAN
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD BAILLIESTON GLASGOW

G69 7AD

Date : 20 Dec 2011

Dear Dr JOHN LANGAN,

Re: DEBORAH SULLIVAN, 6 MUIRHEAD COURT, BAILLIESTON, GLASGOW, G69 7EP
Date of Birth: 07/12/1972 CHI number: 0712726128

HOSPITAL INFORMATION MISSING Patient attended on the 19 Dec 2011.

The presenting complaint was: **MED REC**

Triage information: **NUMBENESS IN LEFT ARM STARTED AROUND 2PM TODAY. UP DOSE OF GABAPENTIN ON DOCOTRS ADVICE TO 600MGS. PT HAS RHEUMATOLOGY PROBLEMS, RECENT FLARE UP. ALSO SUFFER PANIC ATTACK AND IS VERY ANXIOUS AT TRIAGE. CO OF CHEST PAIN ON ARRIVEL AT HOSPITAL.**

The following investigations were carried out: **None**

The A&E diagnosis was: **NEUROLOGICAL - OTHER NEUROLOGICAL PROBLEM-SPECIFY IN G P LETTER**

The following treatment was given: **None**

At the conclusion of treatment the patient was: **ADMITTED**

Follow-up: **ADMITTED**

Additional information: **None**

Yours sincerely,

KEVIN MCCLOY

ORTHOPAEDICS

HOSPITAL INFORMATION MISSING

Dr JOHN LANGAN
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD BAILLIESTON GLASGOW

G69 7AD

Date : 12 Nov 2010

Dear Dr JOHN LANGAN,

Re: DEBORAH SULLIVAN, 6 MUIRHEAD COURT, BAILLIESTON, GLASGOW, G69 7EP
Date of Birth: 07/12/1972 CHI number: 0712726128

HOSPITAL INFORMATION MISSING Patient attended on the 12 Nov 2010.

The presenting complaint was: **SICKNESS *SURG EXPECT***

Triage information: **LONG H/O ABDO PROBLEMS. CHOLECYSTECTOMY 14YRS AGO - IN HOSPITAL MULTIPLE TIMES SINCE THEN. RECURRENT PANCREATITIS. 2/7 H/O UPPER ABDO PAIN, RADIATING THRO TO BACK. COFFEE GROUND VOMIT + DARK STOOLS**

The following investigations were carried out: **None**

The A&E diagnosis was: **PATIENT FOR SPECIALTY TAKE-GP REFERRAL - SURGICAL**

None

The following treatment was given:

At the conclusion of treatment the patient was: **DIRECT ADMISSION TO SURGICAL WARD**

Follow-up: **ADMITTED**

Additional information: **None**

Yours sincerely,

DEBBIE MCCOACH

EMERGENCY NURSE PRACTITIONER

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

NHS
Greater Glasgow and Clyde

Virtual Clinic Tel: 0141 201 6416 Clinic Date: 08/05/2023
Virtual Clinic Fax: 0141 211 4060 Typed: 08/05/2023

VIRTUAL TRIAGE ASSESSMENT

Dear Dr Sheppard,

Re: Ms Deborah Sullivan 07/12/1972; CHI: 0712726128; CRN:0712726128; Flat 0-1, 8 Boyndie Street Easterhouse Glasgow Lanarkshire G34 9JE

Your patient was recently followed up at the Virtual Fracture Clinic at Glasgow Royal Infirmary and tshe following details were recorded:

Patient Assessment I

Bodily site:	Knee
Laterality:	Left
Injury Type:	As follows: ? old fibula head injury - coritcal irregularity at femoral condyle - for further examination
Management plan:	Fracture clinic

Patient Assessment II

Patient contacted:	Voice mail
Site:	GRI
Outcome:	# Clinic - Thursday (Knee)
Consultant:	Mark Blyth

Patient Assessment III

Patient Called Helpline:	No
Outcome of Helpline:	
Nurses notes:	: 08/05/2023 09:06 Lucy Hutchison ED Card and Xray reviewed by consultant. Contacted patient by telephone / voicemail left. Review Appointment to be given for Knee fracture Thu 18.05.23. In meantime should continue to mibilise knee as able, with regular analgesia for pain and elevate injury where at all possible.

NB Discharged patients will receive a separate letter with advice on how to manage their injury.

Yours sincerely

The Orthopaedic Department
Glasgow Royal Infirmary
www.nhsggc.org.uk/orthopaedics

Clinical letter - GP:

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6671
Enquiries to: Sharon.Somerville2@nhs.scot
Letter Date: 08/04/2026
Reference: AM/AMcC
Dictated Date: 26/02/2026
Transcribed Date: 23/03/2026

Dear Doctor,

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

Your patient's recent gastric biopsies are now to hand. Biopsies overall are encouraging, with little evidence of any intestinal metaplasia except in one area on the greater curve of the stomach.

H. pylori was however seen in some of the biopsies and I would be most grateful if you could arrange for the patient to have eradication therapy. We will arrange for her to have a further endoscopy in one years' time to monitor the situation.

Kind regards.

Yours sincerely,

Mr Andrew Macdonald BSc (Hons) MB BS MPhil FRCS Ed (Gen)

Consultant Upper GI Surgeon

Electronically Signed: Mr Andrew Macdonald, Consultant

cc. Ms Deborah Sullivan:
Flat 0-1:
8 Boyndie Street:
Easterhouse:
Glasgow:
G34 9JE

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6661
Enquiries to: Theresa.cairns.@ggc.scot.nhs.uk
Letter Date: 25/05/2023
Reference: MQ/LM
Dictated Date: 12/05/2023
Transcribed Date: 12/05/2023

Dear Doctor,

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

I enclose a copy of my letter to the patient. This lady was admitted under my care with upper abdominal pain and her gastric biopsies have confirmed Helicobacter Pylori. I would be grateful if you could prescribe a course of eradication therapy.

Many thanks for your help in this matter.

Kind regards

Yours sincerely

Ms Martha Quinn

Consultant Colorectal Surgeon

Electronically Signed: ,

cc.

Rheumatology
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

23/09/2021

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

Dear Dr AL McGinley
CHI Number: 0712726128
Patient Name: Deborah Sullivan
Referral Date: 23/09/2021

Advice Response to recent Referral:

Many thanks for your letter and I note recent Optician correspondence. I agree her symptoms may be related to polypharmacy. Her ANA of 1/40 of little significance n 2011 and thereafter negative in 2012. I would therefore suggest a repeat ANA and if this is negative (or very low titre 1/80) I think we can rule of primary Sjogren's syndrome and manage her dryness symptomatically. Please re refer if ANA more notable positive, with thanks.

Yours Sincerely,

Dr Lucy McGeoch
Consultant Rheumatologist & Physician

User ID: Lucy McGeoch

OP Advice Letter

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard:	0141 211 4000
Department:	Cardiology
Contact Tel:	0141 201 3823
Enquiries to:	Marion Dalziel
Letter Date:	01/06/2021
Reference:	GAW/CH
Dictated Date:	25/05/2021
Transcribed Date:	25/05/2021

Dear Doctor,

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

I have seen the results of this patients urinary 5HIAA. This is slightly raised at 56.4. Normal range is less than 42. I will arrange a repeat sample. Her echocardiogram was normal.

Best wishes,

Yours sincerely,

DR GARY A WRIGHT

Consultant Cardiologist

Electronically Signed: Dr Gary Wright, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard:	0141 211 4000
Department:	Orthopaedic
Contact Tel:	0141 201 3114
Enquiries to:	0141 201 3114
Letter Date:	02/06/2021
Reference:	MI/SH
Dictated Date:	25/05/2021
Transcribed Date:	26/05/2021

Dear Dr McGinley,

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

Senior Diagnosis: Internal derangement left knee

Plan: For pain management and urgent MRI left knee

Outcome: Review in Knee Clinic following MRI

I have reviewed this lady today with the SHO.

On examination she has medial joint line tenderness and possible patellar apprehension. Her knee is not hot, swollen and there are no signs of infection. She has a positive McMurray test and positive grinding test. She has some locking of her knee with incomplete knee extension with extension lag of about 10°. She has signs of meniscal injury and we have requested an urgent MRI.

Her x-rays are fine, there are no fractures.

We will review her in the Knee Clinic following her MRI scan.

Yours sincerely

Mohammed Ismail

Senior Clinical Fellow

Orthopaedics

Electronically Signed: Dr Mohamed Ismail, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: eileen.mitchell@ggc.scot.nhs.uk

Letter Date: 02/02/2021
Reference: MJF/EM
Dictated Date: 29/01/2021
Transcribed Date: 29/01/2021

Dear Dr Sheppard,

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

I thought it would be helpful to put down in writing our recent correspondence as there seems to be some miscommunication.

Ms Sullivan was referred in 2020 with on going abdominal pain and sweating and the focus of the referral was whether she has an underlying neuro endocrine tumour. We were unable to see her initially because of the first lockdown but noted in a letter on 26.03.20 that she had had multiple investigations in the past year and nothing significant had been identified.

However, to address the matter of the neuro endocrine tumour we suggested that she obtain a gut hormone profile and a chromogranin A. In addition we wanted a 24 hour urine collection for 5HIAA and catecholamines. You alerted me to the presence of the gut hormone and chromogranin A results by means of a phone call to one of the surgical secretaries on 12.01.21 advising that these results were now available and I apologise for the delay in these results being flagged up to me. These results showed that the gut hormone profile from 15.09.20 showed a marginally raised VIP and gastrin level but the chromogranin A and B level performed in the London laboratory were normal. However, on the same day the chromogranin A result from the Glasgow laboratory was noted to be elevated. Because of this confusion I immediately contacted Dr David McIntosh, Consultant Oncologist at the Beatson Oncology Centre, who is Glasgow's leading expert on the management of neuro endocrine tumours. I copied you into this communication and he provided a very helpful response.

The bottom line was that he felt that the chances of this being a neuro endocrine tumour were extremely small but a urinary 5HIAA and catecholamine collection should have been performed just to be certain.

I note from previous correspondence that you had communicated with the cardiologists to ask them to perform this collection but I can not see any results on the system and I e-mailed you to clarify whether or not this urinary collection had actually been performed.

You have since e-mailed one of the surgical secretaries on a couple of occasions asking for urgent updates but have not responded to any of the e-mails or communication that I sent directly to you which I find slightly confusing. The situation remains that I am awaiting clarification from you about whether urine collections have actually been performed.

The chances of this being a neuro endocrine tumour, as per the expert advice I have received, remains very small and I suspect that unfortunately Ms Sullivan suffers from chronic abdominal pain with a non GI cause of sweating which I am probably going to be unable to address but will ask for a medical review once we have the urinary collections so that we can just sign off on the diagnosis of a neuro endocrine tumour. If there is any element of raised urine levels then clearly we will investigate her by means of an Octreotide scan but I can not take matters any further forward at the moment. You also asked about Nalproxone for fibromyalgia but given the low chance of this being a neuro endocrine tumour I can't see any reason not to prescribe this. You also mentioned possible referral to Pain Clinic and I think this is an entirely reasonable suggestion.

I look forward to hearing from you.

Yours sincerely

Mr Matthew J Forshaw MA MSc FRCS (Gen)

Consultant Upper Gastrointestinal and General Surgeon

Electronically Signed: Mr Matthew Forshaw, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard:	0141 211 4000
Department:	Cardiology
Contact Tel:	0141 201 3823
Enquiries to:	Dr Jenkins' Secretary
Letter Date:	30/09/2020
Reference:	GW/CH
Dictated Date:	15/09/2020
Transcribed Date:	17/09/2020

Dear Dr Sheppard,

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

Many thanks for your recent letter. I have requested urinary catecholamine's.

Best wishes,

Yours sincerely,

DR GARY A WRIGHT

Consultant Cardiologist

Electronically Signed: Dr Gary Wright, Consultant

cc.

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr Katie Barbour
FY1
Ward 64
Glasgow Royal Infirmary

Main Switchboard: 0141 211 4000
Department: Respiratory
Contact Tel: 0141 211 4803
Enquiries to: ruth.scoular@ggc.scot.nhs.uk
Letter Date: 11/05/2020
Reference: JM/AG/0712726128
Dictated Date: 08/05/2020
Transcribed Date: 08/05/2020

Dear Dr Barbour,

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

Many thanks for your letter regarding this patient. I have chatted to Dr Sharma, who recalls this lady. She had a CT scan and bronchoscopy for haemoptysis. The CT showed no obvious airway or lung lesion for this. Her bronchoscopy highlighted friable nasal mucosa. This is planned for cauterisation by ENT.

I have not organised any other follow-up currently under Respiratory.

Many thanks

Yours sincerely

Dr John Maclay

Consultant Respiratory Physician

Electronically Signed: Dr John Maclay, Consultant

cc. Dr McGinley, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow,G34 9HQ

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr Hannah Bayes
Consultant in Respiratory Medicine
Glasgow Royal Infirmary:
84 Castle Street:
Glasgow:
G4 0SF

Main Switchboard: 0141 211 4000
Department: ENT
Contact Tel: 01412110484
Enquiries to: Sadie.Sweeny@ggc.scot.nhs.uk
Letter Date: 16/03/2020
Reference: LM/JW
Dictated Date: 17/02/2020
Transcribed Date: 21/02/2020

Dear Dr Bayes,

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

I reviewed this lady in the Outpatient clinic at the request of one of your Registrars. She is a 47-year-old lady who has had ongoing problems with coughing up blood for the last 6 months. It was unclear as to whether this was coming from her chest or her stomach. She did have occasional bleeding from the right side of her nose, but only on a couple of occasions.

In general she does feel the nose can be quite congested, and has some hyposmia.

There is no family history of epistaxis. She is not on any medication to make it more likely bleed, and she has no bleeding issues elsewhere.

She suffers from fibromyalgia, and chronic pancreatitis due to gallstones.

She is an ex-smoker of 1 year.

She had a bronchoscopy and there was concern at the time that she had friable nasal polyps. There is a photograph attached to the bronchoscopy report which shows normal nasal mucosa, and it looks to me as though it is the middle turbinate.

On examination today with the rigid nasoendoscope she has no nasal polyps. The post nasal space is clear. Flexible laryngoscopy revealed no abnormality within the larynx or pharynx. She did have quite prominent blood vessels at the back of the nose on the right side.

Given that polyps were documented, I have arranged for a CT scan just to ensure there is no sinonasal pathology.

Once I have the results of this I will bring her into our Treatment Room and cauterise the vessels in the right posterior nose, in case this has been the bleeding point. Many thanks.

Yours sincerely

Louise Melia

Consultant ENT Surgeon

Electronically Signed: Ms Louise Melia, Consultant

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

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: Respiratory Medicine
Contact Tel: 0141 800 1926
Enquiries to: suzy.brpwn@ggc.scot.nhs.uk
Letter Date: 09/01/2020
Reference: VS/SC
Dictated Date: 17/12/2019
Transcribed Date: 31/12/2019

Dear Dr McGinley,

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

This lady was seen recently by myself in the surgical wards when she was referred to us with a possibility of haemoptysis. As a result we organised a CT which is unremarkable and subsequent bronchoscopy which revealed friable nasal polyps, but nil else significant. As a result I have referred her on to the ENT specialist and written a letter to the patient also to inform her of the above.

With kind regards

Yours sincerely

Dr Varun Sharma

ST5 in Respiratory Medicine

Electronically Signed: Dr Varun Sharma, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Diabetes and Endocrinology
Contact Tel: 0141 800 1934
Enquiries to: Ellen Alexander

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

Letter Date: 11/04/2019
Reference: DC/EA
Dictated Date: 09/04/2019
Transcribed Date: 11/04/2019

Dear Dr McGinley,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
FLAT 0-1, 8 BOYNDIE ST, Glasgow, Lanarkshire, G34 9JE

Thank you for your letter regarding this patient. Unfortunately, our Diabetes Clinic only runs out of Stobhill; we do not have a Diabetes Clinic at the Royal Infirmary. I have not appointed her for now but if you think she would be able to come to Stobhill, then please re-refer her and we would be very happy to see her.

Yours sincerely

Dr David Carty

Consultant Physician

Electronically Signed: Dr David Carty, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Gynaecology
Contact Tel:
Enquiries to:

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

Letter Date: 17/05/2018
Reference: JS/LL
Dictated Date: 10/05/2018
Transcribed Date: 11/05/2018

Dear Dr McGinley,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
FLAT 1-1, 34 Pendeen Pl, Glasgow, Lanarkshire, G33 4UG

I saw your patient at a scan clinic in the Gynaecology Ward on the 8th of May 2018 following a referral with iliac fossa pain. The transvaginal ultrasound demonstrated a right adnexal mass measuring 45.96 x 38.16 x 37.26 mm with a complex appearance. The left ovary appeared normal as did the uterus which measured 69.65mm in length and IUS shadow was seen. We took a serum CA125 (11kU/L - normal). I have relayed the results of the blood test to Deborah and she wishes to be considered for surgery to have this cyst removed as it is causing her significant pain.

On examination her abdomen was soft, though mildly tender in the right iliac fossa, cervix was normal, a smear was taken and she was tender in the right adnexa on bimanual examination. I note significant scarring across her abdomen from a previous fundoplication. She has also had an appendicectomy and a laparoscopic cholecystectomy in the past. Her height was 175 cm. Weight was 101 kilos and her BMI was 32.9. We will place Deborah's name on the waiting list for laparoscopic oophorectomy, although she is aware there may be a need for a laparotomy. An appointment will be sent in due course for this and for pre-operative assessment.

Thank you

Yours sincerely

Dr Jenifer Sassarini

Consultant Obstetrician & Gynaecologist

Electronically Signed: Dr Jenifer Sassarini, Consultant

cc.

OESOPHAGO-GASTRIC UNIT

Mr G Fullarton
Mr C K MacKay
Mr M J Forshaw

Secretary: Ayshea Spence
Tel: 0141 211 4293
Fax: 0141 211 4991
Email: Ayshea.Spence@ggc.scot.nhs.uk

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

PG/LM

Date Dictated: 04/08/2009
Typed: 13/08/2009

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

Dear Dr Langan

Deborah Sullivan - 07/12/1972 - CHI: 0712726128 - CRN: 10638479K
6 Muirhead Court, Baillieston, Glasgow, G69 7EP

Admission: **22.07.09.**
Discharge: **24.07.09.**
Diagnosis: **Constipation**
Management: **Conservative**

Deborah has a past history of pancreatitis and has previously had pseudocysts drained. She came in with abdominal pain. Abdominal film showed faecal loading. We performed a CT scan, this showed that a chest infection may well be the cause of her recent illness. She was reviewed by the Respiratory Physicians who did not feel she required any further investigation. She was allowed home when she was eating and drinking.

Yours sincerely

Paul Glen
Specialist Registrar

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: Eileen.mitchell@ggc.scot.nhs.uk

Letter Date: 18/10/2023
Reference: DA/MAJ
Dictated Date: 18/10/2023
Transcribed Date: 19/10/2023

Dear Dr. E Sheppard,

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

Attendance: Specialty - General Surgery; Clinic - GRCGGS6-MISS C CRAIG GS WEDNESDAY PM
Date and Time of Appointment - 18/10/2023 16:00

Clinical Comments:
I spoke to Mrs Sullivan in the clinic via telephone today. As you will know, she has had long-standing problems with reflux symptoms on a background of a previous laparoscopic cholecystectomy, a previous open fundoplication x 2 along with an open appendicectomy historically. She also has diabetes, hypertension and fybromyalgia.

She was last reviewed by my colleague, Mr Rajkomar, who had organised for gastric emptying studies based on a gastroscopy which showed some food stuff and also bile residue in the stomach. Those studies have come back as completely normal which is reassuring from that perspective, with no evidence of delayed gastric emptying.

When I spoke to Mrs Sullivan today she tells me she is sadly still suffering from some reflux type symptoms. She sleeps propped up. She is taking an antacid but finds it is not having as much of an effect as it was. Looking back through all of her studies and investigations, I see that she has had pH manometry which showed good levels of acid suppression and changing her antacid or further surgery would absolutely not add anything in this context. The only other finding of note otherwise was that she had bile reflux in her stomach at OGD, and following laparoscopic cholecystectomy this could be contributing to her symptoms. I see she had a trial of Sucralfate previously. She tells me that this helped, and I wonder therefore if you would be kind enough to reintroduce Sucralfate 2 grams bd as a potential treatment for her bile acid reflux. I think other than that there is little else we can offer Mrs Sullivan other than ongoing attempts at symptomatic management.

I have therefore discharged her back to your care but of course if you feel a further review would be useful you can let us know.

Best wishes,

Yours sincerely,

Mr David Anderson

ST7 in General Surgery.

Electronically Signed: Mr David Anderson , Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: Eileen.mitchell@ggc.scot.nhs.uk

Letter Date: 07/06/2023
Reference: KR/MAJ
Dictated Date: 07/06/2023
Transcribed Date: 13/06/2023

Dear Dr. E Sheppard,

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

Attendance: Specialty - General Surgery; Clinic - GRCGGS6-MISS C CRAIG GS WEDNESDAY PM
Date and Time of Appointment - 07/06/2023 15:50

Clinical Comments:
Background

1. Potential delayed gastric emptying, for investigation

2. Laparoscopic cholecystectomy

3. Open fundoplication x 2

4. Open appendicectomy

5. Diabetes, hypertension, fibromyalgia.

You will recall that Mrs Sullivan has been plagued with some reflux type symptoms over the last year. She has presented to GRI in February. A gastroscopy at that time showed a liberal amount of food residue with bile.

She has not lost any weight. She is currently vaping.

On examination she was well with a weight of 94.8kg. She has got numerous scars from her above-mentioned operations. There was no adverse finding otherwise.

I have booked her for a gastric emptying study. In the meantime I have asked her to see the GP to get a script for Erythromycin. This works as a prokinetic and should be helpful especially in the setting of diabetes where apparently Metoclopramide is not as useful. She will continue her PPI medication. We will see her after the above.

Yours sincerely,

Mr Kheman Rajkomar

IMTF in General Surgery.

Electronically Signed: ,

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Gastroenterology
Contact Tel: 0141 201 6369
Enquiries to: Jacqueline Dunnion
Letter Date: 08/08/2022
Reference: RG/HP
Dictated Date: 24/08/2022
Transcribed Date: 25/08/2022

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

Dear Dr. AL McGinley,

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

Attendance: Specialty - Gastroenterology; Clinic - GRRGGA2-DR GILLESPIE GASTRO MON PM
Date and Time of Appointment - 08/08/2022 14:40

Follow Up: Discharged

Clinical Comments:
Diagnoses:
1. Chronic abdominal pain/delayed gastric emptying
2. Fundoplication x 2 (2004 and 2009)
3. Cholecystectomy in 1996 complicated by pancreatitis
4. Appendicectomy
5. NIDDM
6. Fibromyalgia
7. PTSD/previous self harm
8. BMI 33

Current medication: Mirtazapine, Procyclidine, Creon, Metformin, Ondansetron, Arapiprazole, Diazepam, Laxido, Lactulose, Esomeprazole 40 mg twice daily, Duloxetine, Simvastatin, Ramipril, Temazepam, Empagliflozin, Ralvo medicated plasters, Dulaglutide, Pregabalin and recent Co-codamol

This 49 year old lady attended my clinic having been referred by my surgical colleagues.

Her three main complaints are 1. abdominal pain, 2. regurgitation of food and 3. "heartburn".

1) the pain is in the upper abdomen radiating through to her back. She has had it for over a decade. It is intermittent and at best she can be free of symptoms for a few weeks. It is worse with spicy foods and alcohol, but despite avoiding these, she still gets symptoms. Last year was particularly bad, but this year has been better. 2) in the last six months, she has been complaining of choking on small crumbs of food. This is mainly in the throat, but she also complains of some pain sub-sternally and feels that her tablets are coming back up. She has no globus and has some problems with solids and liquids. She has had multiple endoscopies in the past. 3) she complains of heartburn, which she describes as a tightness in her chest and regurgitation of acid tasting liquid in her mouth and burning in the back of her throat. She also has some minor volume reflux symptoms and has to sleep propped up at night.

Generally her appetite is good. She has lost a little bit of weight, but she attributes this to sticking to her diabetic diet more rigidly. She has a tendency towards constipation, but with laxatives her bowels are moving once daily. She gets abdominal bloating.

She has an extensive past history. She had anti-reflux surgery 17 years ago under the care of Mr Smith at Stobhill, which did not improve her symptoms. She had a re-do operation two years later, which she felt did give her benefit. She has been diagnosed with type 2 diabetes in the last three years and her control has not been great and she has just been started on Dulaglutide. She is on a huge amount of medications as above.

She has had extensive investigations in the past with CT's, MRI's, endoscopies, colonoscopies etc. She has been found to have some delayed gastric emptying although it is not severe and she is certainly not nutritionally suffering or having significant vomiting. She has also had manometry in the past, which was normal.

She was recently investigated for ?neuroendocrine tumour. There was some discrepancy regarding her Catecholamine results but Octreotide scan and MRI pancreas have all been normal and her case has been discussed at the MDT and I think the feeling is that it is unlikely that she has anything significant.

On examination she an obese soft non tender abdomen with no masses or organomegaly and no anaemia or lymphadenopathy.

We have discussed that she does have some delayed gastric emptying and this will make her more at risk of reflux. I think it is unlikely that she has sub-optimal control of acid reflux, but we are going to do an on treatment pH study to be sure of this. I am sure she does have a degree of volume reflux, but redo surgery is not an option and I think we have to manage this in other ways. I have emphasised the importance to try to get her weight down and I am referring her to Glasgow Weight Management Service for her to attend Weight Watcher's. Hopefully this will improve her diabetic control also. She should try and avoid opiate containing painkillers and if possible I think it would be worthwhile trying to rationalise some of her medicines. I think it is unlikely she has got oesophageal dysmotility now, but she will also get manometry at the time of her pH study. I have discharged her from the clinic.

Yours sincerely

Dr Ruth Gillespie

Consultant Gastroenterologist

Electronically Signed: Dr Ruth Gillespie, Consultant

cc. Mr Matthew Forshaw
Department of Surgery
Wards 63/64
GRI

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: podiatry
Contact Tel: 0141 531 6261
Enquiries to: Lynn.Robertson@ggc.scot.nhs.uk
Letter Date: 02/02/2022
Reference:
Dictated Date: 02/02/2022
Transcribed Date: 02/02/2022

Dear Dr. AL McGinley,

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

Attendance: Specialty - Podiatry; Clinic - SHPDR156-PODIATRY DRESSING CLINIC WEDNESDAY
Date and Time of Appointment - 02/02/2022 14:30

Clinical Comments:
S- Patient feeling well and has no symptoms of covid19. Patient has no complaints wither left 5th toe today

O- PPE worn. Left 5th toe only O/e plantar aspect of webbing callous present, no clinical sign of infection

A- Consent for treatment gained. Left 5th toe only 0 callous reduced by sharp debridement, kinintact.no dressing required today

P- Patient advised to use emollient on feet daily

E- No further treatment required

R- Patient discharged from clinic today

Lynn Robertson podiatrist

Electronically Signed: ,

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: podiatry
Contact Tel: 0141 531 8100
Enquiries to: Rebecca.drury@ggc.scot.nhs.uk
Letter Date: 11/01/2022
Reference:
Dictated Date: 11/01/2022
Transcribed Date: 11/01/2022

Dear Dr. AL McGinley,

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

Attendance: Specialty - Podiatry; Clinic - EHP1R134-GENERAL PODIATRY 1 TUESDAY
Date and Time of Appointment - 11/01/2022 11:45

Clinical Comments:
S- Deborah has attended Easterhouse today with a wound, Deborah has been referred by her GP and photograph's attached on referral. Deborah is feeling generally well and has no COVID-19 symptoms. Patient explains that she cut her foot on a glass shelf and it wouldn't stop bleeding so she sought medical advice and skin glue was applied at minor injuries. Patient followed advice and kept the area dry for two days but the wound opened up again. this occurred last week and Deborah feels her pain has improved. O- Deborah reports a medical history of fibromyalgia and type 2 diabetes. On examination, all pedal pulses are palpable, ulceration present at the joint of the left fifth toe on he plantar aspect, the wound is 100% granulation tissue and measure's 8mmx2mm. There are no clinical signs or symptoms of infection and the wound is not probing. A- Verbal consent obtained, cleansed with prontosan soak, I dressed with iodaflex packed into the wound, aeropad, tube gauze and secured with mefix. I have completed the form for a SEAL TIGHT. Advised to keep this on an dry until seen again next week. Patient is aware of what to do if infection presents. P- Management plan is on going short return times for wound care until healed and If deterioration refer onto tier two. E- Overall Deborah understands the advice given and is happy with management plan. R- Rebooked for one week at Easterhouse 21/01/2022 10:15am.

Band 5 Podiatrist,

Rebecca Drury.

Electronically Signed: ,

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: podiatry
Contact Tel: 0141 531 6261
Enquiries to: Lynn.Robertson@ggc.scot.nhs.uk
Letter Date: 06/01/2022
Reference:
Dictated Date: 06/01/2022
Transcribed Date: 06/01/2022

Dear Dr. AL McGinley,

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

Attendance: Specialty - Podiatry; Clinic - SHP4R17-GENERAL PODIATRY 4 THURSDAY AM
Date and Time of Appointment - 06/01/2022 11:00

Clinical Comments:
S- Telephone consultation

O- Patient state that she cut her left 5th toe on a glass shelf last week. Patient sent pictures of her toe to her GP who said that she would down load the pictures on to patient's file

A- N/A. Advised patient that she would require a face to face appointment for dressing and to rule out any infection in the wound

P- Advised patient to use salt footbath to keep wound clean and to keep it dry and covered in the meantime

E- Possible infection

R- Patient booked into Easterhouse on 11/1/22. Appointment accepted over phone

Lynn Robertson podiatrist

Electronically Signed: ,

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Podiatry
Contact Tel: 0141 778 7289
Enquiries to:

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

Letter Date: 15/12/2021
Reference:
Dictated Date: 15/12/2021
Transcribed Date: 15/12/2021

Dear Dr. AL McGinley,

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

Attendance: Specialty - Podiatry; Clinic - EHP1R156-GENERAL PODIATRY 1 WEDNESDAY
Date and Time of Appointment - 15/12/2021 11:45

Clinical Comments:
S - I get a lot pain from my nails that have regrown after nail surgery and they are now a lot thicker as they were. I got the phenol to stop them coming back, but they came back anyway.

O - Both 1st nails previous nail surgery regrowth causing a lot of pain. Nails thickened although soft and crumbly.

A - Both 1st nails cut down and filed. Discussed nail surgery again as nails have regrown from last time.

P - Bilateral 1st total nail avulsions with phenol again. Routine as no infection currently.

E - Initial Face to Face Consultation.

R - Discharged.

Neil Reoch

Podiatrist

Electronically Signed:

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Podiatry
Contact Tel: 0141 778 7289
Enquiries to:

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

Letter Date: 06/12/2021
Reference:
Dictated Date: 06/12/2021
Transcribed Date: 06/12/2021

Dear Dr. AL McGinley,

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

Attendance: Specialty - Podiatry; Clinic - EHP1R112-GENERAL PODIATRY 1 MONDAY
Date and Time of Appointment - 06/12/2021 14:15

Clinical Comments:
NP TELEPHONE -

S - Spoke to Deborah today who tells me she had her nails taken off a couple of years ago as they were ingrown and since then they have become ingrown again after growing back.

O - Recurrent ingrown toenails, even after having them removed.

A - Appointed Easterhouse HC to review ingrown toenails.

P - Review painful ingrown toenails face to face.

E - n/a.

R - 10 days.

Neil Reoch

Podiatrist

Electronically Signed: ,

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: eileen.mitchell@ggc.scot.nhs.uk

Letter Date: 26/07/2021
Reference: MJF/EM
Dictated Date: 26/07/2021
Transcribed Date: 28/07/2021

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

Dear Dr. AL McGinley,

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

Attendance: Specialty - General Surgery; Clinic - GRMFGS2-MR FORSHAW GS MON PM
Date and Time of Appointment - 26/07/2021 13:30

Clinical Comments:
Thank you for your latest referral letter regarding this patient. I contacted her by telephone today. I note the referral letter noting a border line elevated urinary 5HIAA with a normal urinary Metadrenaline. She remains symptomatic with sweating and abdominal pain. I have e-mailed Dr McIntosh, whom I have contacted previously about her, as to whether an octreotide scan is appropriate or not. I have said to Mrs Sullivan that I will get back to her with the results of this once I have heard back from Dr McIntosh who is currently on annual leave. If an octreotide scan is not required I will arrange for a second opinion from gastroenterology. Mrs Sullivan is happy with this course of action. I also note that she is under referral to Endocrinology with regard to these results.

Yours sincerely

Mr Matthew J Forshaw MA MSc FRCS (Gen)

Consultant Upper Gastrointestinal and General Surgeon

Electronically Signed: Mr Matthew Forshaw, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: eileen.mitchell@ggc.scot.nhs.uk

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

Letter Date: 08/02/2021
Reference: MJF/EM
Dictated Date: 08/02/2021
Transcribed Date: 10/02/2021

Dear Dr. AL McGinley,

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

Attendance: Specialty - General Surgery; Clinic - GRMFGS2-MR FORSHAW GS MON PM
Date and Time of Appointment - 08/02/2021 13:30

Clinical Comments:
I reviewed Ms Sullivan in clinic today. She was in fact discharged from the general surgical wards this morning following a weekend admission for what appears to be a mild attack of acute pancreatitis.

The reason for her visit in clinic with me today was to continue the investigations to rule out a neuro endocrine tumour in view of her on going right sided abdominal pain with associated sweating. As you are aware from our previous and recent communications the chances of her symptoms being related to a neuroendocrine tumour are likely to be extremely low. I have taken the advice of Dr David McIntosh, Consultant Oncologist at the Beatson Oncology Centre, about her gut hormone profile chromogranin A results and he has suggested that for completeness sake we perform a urinary 5HIAA and urinary catecholamines. I have obtained the 24 hour urine collection bottles for these samples, printed off labels and given Ms Sullivan very clear instructions on completing the urinary collections and returning them. In terms of Ms Sullivan's symptomatology, this remains very much unchanged from previous. I suspect that as per previous communications she has chronic abdominal pain with a background of a pan gastrointestinal motility disorder. There is unlikely to be a surgical solution for her problems.

My proposed plan of action, which I have discussed with Ms Sullivan, would be to obtain the urinary results first of all and if these are normal I will seek a second opinion from the gastroenterology team before considering referral to the Chronic Pain team. Ms Sullivan accepts that there is no surgical solution to her problems and I will be in contact with her once I have the urinary sample results. If, in the small possibility of the urine samples coming back positive, I will arrange appropriate tests based on those results.

Yours sincerely

Mr Matthew J Forshaw MA MSc FRCS (Gen)

Consultant Upper Gastrointestinal and General Surgeon

Electronically Signed: Mr Matthew Forshaw, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: podiatry
Contact Tel: 01415316261
Enquiries to: Norma Lee

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

Letter Date: 26/08/2020
Reference:
Dictated Date: 26/08/2020
Transcribed Date: 26/08/2020

Dear Dr. AL McGinley,

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

Attendance: Specialty - Podiatry; Clinic - SHP1R156-GENERAL PODIATRY 1 WEDNESDAY
Date and Time of Appointment - 26/08/2020 14:00

Clinical Comments:
Patient attended Shettleston review clinic today, she reports to be being well with no fever or cough.

S Patient reports both big toe nails were removed last year but have grown back, and are very painful, although she also has nerve pain from her fibromyalgia

O Both first nails are fully regrown , onychauxic and involuted. Both are midlength with the distal edge breaking and uneven

Both first nails trimmed and filed, Cleared all sulcus with blacks file to ensure no spurs or rough edges.

P advice no routine nail surgery being done just now, advice to file nails to manage thickness

E patient feels more comfortable, and is happy with treatment

R self manage nails for now, to phone if nails are infected, working on stabilising Blood glucose so surgery is an option in the future

Norma Lee Podiatrist

Electronically Signed: ,

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: eileen.mitchell@ggc.scot.nhs.uk

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

Letter Date: 24/08/2020
Reference: SB/FS
Dictated Date: 25/08/2020
Transcribed Date: 24/08/2020

Dear Dr. AL McGinley,

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

Attendance: Specialty - General Surgery; Clinic - GRMFGS2-MR FORSHAW GS MON PM
Date and Time of Appointment - 24/08/2020 14:40

Clinical Comments:
I spoke to Mrs Sullivan over the telephone from our Upper GI Clinic today. She is currently symptomatic with only sweating after eating and she denies any other significant abdominal symptoms.

I refer to the detailed letter by Mr Forshaw in March 2020, regarding her management, and just to highlight, that she has had multiple investigations in a short period of time for her varied symptoms. She also has had multiple hospital admission for similar reasons.

We have not picked up any significant pathology which would need surgical intervention. We know that she has got delayed gastric emptying and she has had a re-do fundoplication, the last one was about 8-9 years back. At the minute she is managing three meals a day, and apart from some nausea, she has got no vomiting or abdominal bloatedness. She has managed to lose some weight since February this year with altering her diet. Listening to her story of post-prandial sweating I wonder whether this is likely autonomic neuropathy from her diabetes. However, I note that Mr Forshaw wanted to get the urinary HIAA and gut hormone profile to rule out any neuroendocrine tumour.

I told her today that we will organise these tests and if they turn out to be normal then we will simply discharge her from clinic. At the minute there is no indication for any intervention and I don't think we are going to achieve much by doing any further scans at present.

We will keep you informed of her results and progress.

Your sincerely

Dr Santanu Bhattacharjee

ST8, General Surgery

Electronically Signed: Dr Santanu Bhattacharjee, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

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

Main Switchboard:	
Department:	Cardiology
Contact Tel:	0141 201 3823
Enquiries to:	Marion Dalziel
Letter Date:	11/08/2020
Reference:	GW/CH
Dictated Date:	11/08/2020
Transcribed Date:	11/08/2020

Dear Dr. AL McGinley,

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

Attendance: Specialty - Cardiology; Clinic - GRGWCA3-DR G WRIGHT CARDIO/TELEPHONE TUES AM
Date and Time of Appointment - 11/08/2020 09:15

Clinical Comments:
Diagnoses:

1. Sinus tachycardia (likely related to pain and medication)

Advice for GP:

1. Please check thyroid function and urinary catecholamine's

2. Outpatient test echocardiogram (I will arrange)

Many thanks for referring Deborah Sullivan to the Arrhythmia Clinic. I spoke with her today via a telephone consultation. She has had some episodes of sinus tachycardia for a number of years and these appear to be related to her abdominal pain. A 24 hour ECG performed in 2018 was entirely normal showing sinus rhythm varying between 64-136 beats per minute with a mean rate of 86 beats per minute which is well within the normal range. She is unable to exercise to any degree but is not breathless. She is a little overweight, is a non-smoker and does not consume alcohol. I notice she is on a number of medications and some of these can cause a sinus tachycardia such as Aripiprazole.

I would be grateful if you or your pharmacists could go through her medication to see if any of this causes sinus tachycardia.I would be grateful if you could check her thyroid function as I cannot see any thyroid function tests and also please check urinary catecholamine's. For

fullness I will request an echocardiogram. I would anticipate this to be normal as she has a number of other factors causing sinus tachycardia.

Best wishes,

Yours sincerely,

DR GARY A WRIGHT

Consultant Cardiologist

Electronically Signed: Dr Gary Wright, Consultant

cc.

Clinic Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 211 4413
Enquiries to: eileen.mitchell@ggc.scot.nhs.uk

Letter Date: 26/03/2020
Reference: MJF/EM
Dictated Date: 26/03/2020
Transcribed Date: 06/04/2020

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

Dear Dr. AL McGinley,

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

Attendance: Specialty - General Surgery; Clinic - GRGGSGS7-GEN GS CONS OG TELEPHONE THURS AM
Date and Time of Appointment - 26/03/2020 09:50

Clinical Comments:
Thank you for your urgent referral regarding this patient. I have reviewed your referral letter and her patient records. This woman has been diagnosed with chronic abdominal pain probably related to a pan gastrointestinal motility disorder. She has had 10 hospital admissions in the last year with a variety of the following symptoms: right upper quadrant and epigastric pain, nausea and vomiting, fever, haemoptysis and haematemesis. She has had multiple investigations in the last year including 1 ultrasound, 3 CT scans and 1 CTPA. None of these scans have identified any significant pathology. I note that her nuclear medicine gastric emptying study has shown delayed gastric emptying which supports the diagnosis of a motility disorder. In addition she has had 4 upper GI endoscopies for haematemesis but on each occasion no significant pathology has been found. I note her past surgical history includes pancreatitis, cholecystectomy, Nissan fundoplication and re-do fundoplication, appendicectomy, fibromyalgia, recent diagnosis of diabetes, depression and post traumatic stress disorder. She has also recently been investigated for haemoptysis by the respiratory team and they have found nothing on investigation.

The main query in your referral letter seems to be related to a combination of right upper quadrant pain, sweating and tachycardia. You have raised the question as to a neuro endocrine tumour. I have spent considerable time looking through her patient records which, as you can imagine, are quite extensive given the volume of investigations and correspondence related to Mrs Sullivan. I think in the first instance she does not need to be seen urgently given the developing coronavirus situation. She has had multiple investigations that don't point to significant pathology. Ideally we should arrange for her to have a gut hormone profile and a urinary 5HAA which might help to exclude a neuro endocrine tumour.

I also note that when she was seen in the Diabetic Clinic at the end of last year that she had sweating at that time and it was felt to be related to an early menopause although that was not confirmed.

I will give her an appointment for 4 months' time so that once we have through the COVID 19 situation we can check on her symptoms and then arrange these tests if she is still symptomatic at that point. I trust you find these arrangements satisfactory.

Yours sincerely

Mr Matthew J Forshaw MA MSc FRCS (Gen)

Consultant Upper Gastrointestinal and General Surgeon

Electronically Signed: Mr Matthew Forshaw, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 211 4413
Enquiries to: eileen.mitchell@ggc.scot.nhs.uk

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

Letter Date: 07/10/2019
Reference: SB/EM
Dictated Date: 07/10/2019
Transcribed Date: 21/10/2019

Dear Dr. AL McGinley,

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

Attendance: Specialty - General Surgery; Clinic - GRCGGS2-MISS C CRAIG GS MON PM
Date and Time of Appointment - 07/10/2019 15:40

Clinical Comments:
Presenting complaint: Suspected haematemesis and upper abdominal discomfort

Management: Upper GI endoscopy and review

Deborah came back for review in Miss Craig's clinic. She was recently admitted as an emergency under the care of the gastroenterologists 8 days ago for similar problems and a scope with them did not reveal any bleeding sources. She told me that she has passed half a bowlful of blood and altered blood intermittently. She still has quite symptomatic reflux and gets upper abdominal discomfort. She has a background of re-do Nissan's fundoplication in 2009 for symptomatic reflux. Her last haemoglobin result on the system is normal. She has a background of chronic pancreatitis and gastric dysmotility with oesophageal spasm. She has also been diagnosed formally with delayed gastric emptying with a nuclear scan. She has also undergone appendicectomy and cholecystectomy. She also has a background of post traumatic stress disorder and hypertension. All in all it is quite possible that her symptoms are part of her problematic upper GI motility although her haematemesis is something we really need to focus our attention on. With a normal OGD only 8 days ago together with a normal haemoglobin I am happy to arrange for her another OGD as an out patient.

I have discussed Deborah with Miss Craig who agrees and feels we should look into her stomach with another out patient upper GI endoscopy in the next few weeks. If this fails to detect any source of her bleeding then our next course of action would be to ask our gastroenterology colleagues to consider possible capsule endoscopy to look for any other source of bleeding. We have not made any formal

arrangements for clinic review but will keep you informed of her progress and would be happy to see her again at any time should the need arise.

Yours sincerely

Mr Santanu Bhattacharjee

ST7 in General Surgery

Electronically Signed: Dr Santanu Bhattacharjee, Doctor

cc.

Clinic Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Podiatry Department, Nail Surgery
Contact Tel: 01415316261
Enquiries to: Iqra Khalid (Podiatrist)

Letter Date: 01/05/2019

Reference:

Dictated Date: 01/05/2019

Transcribed Date: 01/05/2019

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

Dear Dr. AL McGinley,

Deborah Sullivan; D.O.B: 07 Dec 1972; CHI: 0712726128
FLAT 0-1, 8 BOYNDIE ST, Glasgow, Lanarkshire, G34 9JE

Attendance: Specialty - Podiatry; Clinic - SHEQNSR15-EAST QUAD NAIL SURGERY WEDNESDAY AM|
Date and Time of Appointment - 01/05/2019 10:15

Clinical Comments:
Patient attended clinic for nail surgery, attended with sister.

S - I have problem with both my big toe-nails for years, I would like both the nails removed please.

O - On examination, both first bilateral gross involution with pain and history of onychocryptosis to bilateral toes and to bilateral sulci, and patient requesting bilateral total nail avulsion with phenol.

A- Treatment: - Patient is diabetic, last HbA1c was done in March and was 57mm/mol which is suitable for nail surgery. Patient is also on other medication which is not contra-indicated with nail surgery. Following discussion on the relative risks and benefits and assessment of suitability, we agreed to proceed with nail surgery. Verbal and written consent given by patient. Total nail avulsion was carried out with phenolisation to both first nails. Both 1st toes dressed with algosteril, sterile gauze, tube gauze and mefix - see on scanned consent document.

P - Patient given verbal and written advice on self-management of the wound as patient able to self-care. Patient advised to keep dressings in-situ and dry for 3-4 days and then change everyday using sterile island dressings, spare dressings given to take away as a guide on what to purchase from pharmacy. Patient advised to elevate foot when returning home. Patient given post op care leaflet. We have not made plans for further follow-up, however as patient is diabetic, she was advised to monitor toe for any signs of infections and any concerns then the patient is aware to contact department for review as required, number given for Administration hub to get direct contact with podiatrist. Advised to contact own GP or NHS 24 for advice in out of hours. Discharged from nail surgery today.

E - Patient happy with treatment carried out today.

R - Discharged form nail surgery.

Yours Sincerely,

Iqra Khalid (Podiatrist)

Electronically Signed: ,

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: podiatry
Contact Tel: 5318030
Enquiries to:
Letter Date: 19/11/2018
Reference:
Dictated Date: 19/11/2018
Transcribed Date: 19/11/2018

Dear Dr. AL McGinley,

Deborah Sullivan; D.O.B: 07 Dec 1972; CHI: 0712726128
FLAT 0-1, 8 BOYNDIE ST, Glasgow, Lanarkshire, G34 9JE

Attendance: Specialty - Podiatry; Clinic - BHP1R112-GENERAL PODIATRY 1 MONDAY]
Date and Time of Appointment - 19/11/2018 14:00

Clinical Comments:
S- my big toes are really sore
O- both 1st nails involuted with onychophosis, no breaks in skin. Reports chronic pancreatitis since having gall stones, mental health problems and fibromyalgia.
A- cut back and cleared both 1st nails. Suggested using moisturiser on a soft tooth brush to remove debris from sulci as well as filing nails 2-3 times a week. Requested to apply emollient to skin daily
P- as required
E- patient happy with treatment
R- patient to contact
Emma Barlow

Band 5 Podiatrist

Electronically Signed: ,

cc.

Acute Services Division

Centre for Rheumatic Diseases
Wards 14/15
Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Clinic	27/09/2012
Dictated	27/09/2012
Typed	10/10/2012
Your Ref	
Our Ref	JP/LP

Dr R Madhok	**0141-211-4966 (F) 552-4862**
Dr D McCarey	**0141-211-4965 (F) 552-4862**
Dr S Saunders	0141-232-1029 (F) 552-4862
Prof R D Sturrock	0141-232-0883 (F) 211-4878
Dr M Field	0141-232-0883 (F) 211-0414
Prof I McInnes	0141-232-0883 (F) 211-0414
Out Patient Clinic	0141-211-5551
Receptionist	0141-211-5966
On-call Page	3105

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

Dear Dr Langan

Deborah Sullivan - 07/12/1972 - CHI: 0712726128 - CRN: 10638479K
6 Muirhead Court, Baillieston, Glasgow, G69 7EP

I reviewed Mrs Sullivan back in the Rheumatology Clinic today. Her problems are as follows:

1. **Musculoskeletal:** She continues to have pain in her hands, feet and knees. She says this is intermittent and comes in flares. She has been on Hydroxychloroquine 400 mgs once daily since January. This has made no difference to her joint pain.

   Results from her previous investigations reveal her CRP was normal at 11 with an ESR of 14. Her rheumatoid factor and anti-CCP antibodies are negative. Her ANA is negative. X-rays of her hands and feet are non-erosive.

   On examination today there was no evidence of synovitis. She had tenderness over most of her joints as well as multiple paired tender points throughout paraspinal muscles.

   I do not think there is anything to suggest ongoing active inflammation at present. In view of the fact that Mrs Sullivan has had no benefit from Hydroxychloroquine I have suggested she stops this. If she does have inflammatory arthritis it is certainly mild and would not suggest an increase in immunosuppressant therapy at the present time. I think a lot of her problems may well be related to fibromyalgia. I have given her written information about this today. I would be grateful if you could refer her to physiotherapist locally as I think she would benefit from this.

2. **Gastrointestinal:** She has previously had chronic pancreatitis and a fundoplication. She has chronic pain in her abdomen and takes Tramadol, Paracetamol, Nexium and Fentanyl patches.
3. **Depression:** She says she has quite severe depression and is currently on Duloxetine.
4. **Feet:** This loss of her medial arch is bilaterally and I think would benefit from referral to the podiatrists. I would be grateful if you could refer her to a podiatrist locally for consideration of orthosis.

5. **COPD:**
6. **Cardiovascular risk:** Blood pressure today 112/81.

Investigations: Full blood count, U's and E's, LFT's, CRP, ESR
Medications: Duloxetine, Fentanyl patch, Metoclopramide, Nexium, Paracetamol, Tramadol
Follow up: I have not arranged formal follow up back in the Rheumatology Clinic. We would of course be very happy to see her back should you feels she is developing more active inflammatory arthropathy. I would be grateful if you could refer her to both the podiatrists and the physiotherapists locally. If her bloods from today are abnormal I will let you know

Yours sincerely

Jemma Pringle
ST5

Acute Services Division

NHS
Greater Glasgow and Clyde

Centre for Rheumatic Diseases
Wards 14/15
Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 0SF

Clinic	07/06/2012
Dictated	07/06/2012
Typed	16/06/2012
Your Ref	
Our Ref	DM/CB

Dr R Madhok **0141-211-4966 (F) 552-4862**
Dr D McCarey **0141-211-4965 (F) 552-4862**
Dr S Saunders 0141-232-1029 (F) 552-4862
Prof R D Sturrock 0141-232-0883 (F) 211-4878
Dr M Field 0141-232-0883 (F) 211-0414
Prof I McInnes 0141-232-0883 (F) 211-0414

Out Patient Clinic 0141-211-5551
Receptionist 0141-211-5966
On-call Page 3105

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

Dear Dr Langan

Deborah Sullivan - 07/12/1972 - CHI: 0712726128 - CRN: 10638479K
6 Muirhead Court, Baillieston, Glasgow, G69 7EP

This patient did not attend her Rheumatology Clinic review appointment. I have sent one further review appointment.

Yours sincerely

DAVID McCAREY.
Consultant Rheumatologist

Centre for Rheumatic Diseases
Wards 14/15
Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 0SF

Dr Rajan Madhok	0141-211-4966 (F) 552-4862
Dr David McCarey	**0141-211-4965 (F) 552-4862**
Dr SarahSaunders	0141-232-1029 (F) 552-4862
Prof R D Sturrock	0141-232-0883 (F) 211-4878
Dr M Field	0141-232-0883 (F) 211-0414
Prof I McInnes	0141-232-0883 (F) 211-0414
Out-Patient Clinic	0141-211-5551
Receptionist	0141-211-5966
On-call Page	1105

Ref: DMcC/SRO

Dictated: 20/02/2012
Typed: 22/02/2012

Dr John Langan
McGlone Practice
Baillieston Health Centre
20 Muirside Road
Baillieston, Glasgow
G69 7AD

Dear Dr Langan

Deborah Sullivan - 07/12/1972 - CHI: 0712726128 - CRN: 10638479K
6 Muirhead Court, Baillieston, Glasgow, G69 7EP

Many thanks indeed for your letter dated 16.02.12. I am replying on behalf of Dr Madhok who saw this lady in January. It seems from his letter that he had given Deborah an information leaflet on Hydroxychloroquine and it is unclear whether or not she was referred to Glasgow Caledonian University for Ocular Screening.

The current guidelines from The British Society of Rheumatology and Royal College of Ophthalmologists suggest that annual review with an Optician is entirely satisfactory as regards screening for ocular toxicity. I have written o Deborah to clarify that would be our advice. In the meantime if Dr Madhok has referred her to Glasgow Caledonian University then this will provide additional reassurance.

Many thanks indeed for your letter.

Your sincerely

David McCarey
Consultant Rheumatologist

Centre for Rheumatic Diseases
Wards 14/15
Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 0SF

Dr Rajan Madhok	0141-211-4966 (F) 552-4862
Dr David McCarey	**0141-211-4965 (F) 552-4862**
Dr Sarah Saunders	0141-232-1029 (F) 552-4862
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Out Patient Clinic	0141-211-5551
Receptionist	0141-211-5966
On-call Page	1105

Ref: DMcC/SRO/10638479K/**CHI No:** 0712726128

Dictated: 20/02/2012
Typed: 22/02/2012

Deborah Sullivan
6 Muirhead Court
Baillieston
Glasgow
G69 7EP

Dear Ms Sullivan

Your GP has written to us to clarify what eyes checks needs to be done while you are on Hydroxychloroquine which was started by Dr Madhok in January. We now generally recommend that an annual appointment with your optician is sufficient in terms of monitoring of your eyes while you continue on this medication. I would therefore recommend that you make an appointment with your local optician for this to be undertaken. It may be that Dr Madhok has also referred you to Glasgow Caledonian University for a further more detailed check. If he has made this referral then it will take a number of months for you to be seen by them and hence I would advise attendance at your optician in the first instance.

I trust that this information is satisfactory.

Your sincerely

David McCarey
Consultant Rheumatologist

Cc Dr Langan, Baillieston Health centre

Centre for Rheumatic Diseases
Wards 14/15
Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 0SF

Dr Rajan Madhok	**0141-211-4966 (F) 552-4862**
Dr David McCarey	0141-211-4965 (F) 552-4862
Dr Sarah Saunders	0141-232-1029 (F) 552-4862
Prof R D Sturrock	0141-232-0883 (F) 211-4878
Dr M Field	0141-232-0883 (F) 211-0414
Prof I McInnes	0141-232-0883 (F) 211-0414
Out-Patient Clinic	0141-211-5551
Receptionist	0141-211-5966
On-call Page	1105

Ref: RM/SRO

Dictated: 19/01/2012
Typed: 25/01/2012

Dr John Langan
McGlone Practice
Baillieston Health Centre
20 Muirside Road
Baillieston, Glasgow
G69 7AD

Dear Dr Langan

Deborah Sullivan - 07/12/1972 - CHI: 0712726128 - CRN: 10638479K
6 Muirhead Court, Baillieston, Glasgow, G69 7EP

Thank you for asking us to see the above named. Deborah is a 39-year-old single mother of a 13-year-old. She is a smoker. Her problems are:

1. **Gastrointestinal:** She was previously under the care of Mr Smith. Current weight is 77kg for a height of 176. Previous diagnosis of chronic pancreatitis secondary to gallstones. As a result of the chronic pancreatitis she has had pain for which she is on opiate based analgesics. Currently she is receiving no follow-up. I have made no assessment of the endocrine or exocrine function of her pancreas.

2. **Musculoskeletal:** She gives a good history of a bilateral, symmetrical, peripheral polyarthropathy. She states that in the mornings her hands are clawed, stiff and swollen. She cannot wear rings. At worst the pain is 10/10 and functional capacity is scored 8/10. Other symptomatic joints include her wrists, knees and feet. She denied any seronegative or connective tissue associations.

   On examination she was well looking. No mucocutaneous abnormality. Cardio-respiratory examination was normal. Abdominal examination not undertaken. No focal, motor or neurological deficit. Cranial nerves intact. Like you I did think that she had swelling of her wrists and over her fore foot bilaterally.

   In the light of this I have asked her to consider the addition of Hydroxychloroquine 400mg daily. She has also been advised that it will take at least 12 weeks for Hydroxychloroquine to give benefit. I did not discuss the ocular toxicity but did give her an AR UK Leaflet on Hydroxychloroquine.

Deborah Sullivan - 07/12/1972

3. **Lifestyle:** Smoker 15 cigarettes per day – advised.

4. **COPD;**

5. **Cardiovascular risk:** BP 115/84

6. **Social:** At home with her 13-year-old daughter.

Investigations: FBC, Biochemistry Profile, ESR & CRP, Autoantibodies including CCP, X-rays.

Drugs: Duloxetine, Dihydrocodeine, Fentanyl Patch, Lactulose, Metoclopramide, Omeprazole, Paracetamol, Tramadol and Lactulose – *Please consider the addition of Hydroxychloroquine 400mg daily (started 19.01.12).*

Next appointment: Rheumatology Outpatient Clinic – 12th April 2012

Yours sincerely

R Madhok
Consultant Physician and Rheumatologist

Acute Services Division

DEPARTMENT OF COLOPROCTOLOGY

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	30/11/2010
Dictated	30/11/2010
Typed	30/11/2010
Your Ref	
Our Ref	PGH/ROH
Direct Dial	0141 800 1976
Fax	0141 211 4880

Consultant Surgeons:
Mr I G Finlay
Dr Ruth F McKee
Mr J H Anderson
Professor P G Horgan

Consultant Radiologist:
Dr E W Poon

Consultant Oncologists:
Dr A McDonald
Dr A Waterston

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

Dear Dr Langan

Deborah Sullivan – 07/12/1972 – CHI: 0712726128 – CRN: 10638479K
6 Muirhead Court, Baillieston, Glasgow, G69 7EP

Admitted:	12.11.01
Discharged:	15.11.10
Diagnosis:	Abdominal pain
Procedure:	Conservative therapy

Deborah was admitted with a further episode of abdominal pain. All investigations were normal including CT scan. She was well on discharge.

Yours sincerely

Professor Paul Horgan
Head of University Department of Surgery
Consultant Colorectal Surgeon

Acute Services Division

DEPARTMENT OF COLOPROCTOLOGY

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	30/11/2010
Dictated	30/11/2010
Typed	30/11/2010
Your Ref	
Our Ref	PGH/ROH
Direct Dial	0141 800 1976
Fax	0141 211 4880

Consultant Surgeons:
Mr I G Finlay
Dr Ruth F McKee
Mr J H Anderson
Professor P G Horgan

Consultant Radiologist:
Dr F W Poon

Consultant Oncologists:
Dr A McDonald
Dr A Waterston

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

Dear Dr Langan

Deborah Sullivan – 07/12/1972 – CHI: 0712726128 – CRN: 10638479K
6 Muirhead Court, Baillieston, Glasgow, G69 7EP

Admitted:	12.11.01
Discharged:	15.11.10
Diagnosis:	Abdominal pain
Procedure:	Conservative therapy

Deborah was admitted with a further episode of abdominal pain. All investigations were normal including CT scan. She was well on discharge.

Yours sincerely

Professor Paul Horgan
Head of University Department of Surgery
Consultant Colorectal Surgeon

GREATER GLASGOW AND CLYDE
Acute Services Division

Gastroenterology Investigation Unit, GRI

OESOPHAGEAL MANOMETRY REPORT

Date: 17.03.2009

106384789K
DEBORAH
SULLIVAN **07.12.1972**
6 MUIRHEAD COURT
BAILLIESTON
GLASGOW **G69 7EP**

CHIE: 0712726128

Pre-op **Post-op** **Diagnostic**

Clinical Problem: .....Query GORD..... **Polygram for Windows (2.04 software)**
Consultant: Mr Smith
..... **Source: SOPD, Stobhill Hospital**

Clinical Manometrist: S Thomson \ C Buchanan \ **C Mackenzie**

Intubation (*please indicate*): **1)** right nare **2)** left nare **3)** the mouth
Technical difficulties encountered during intubation:

None

Lower Oesophageal Sphincter

Amplitude as an average of all pressures (N = 10-25mmHg)	-	25	**mmHg**
Position of high pressure zone	-	45-42	**cms**
Relaxation: Complete (< 5mmHg)	-	100	**%**
Incomplete / Absent			

Oesophageal Body

Peristaltic contractions - Monophasic	-	100	**%**
- Multipeaked	-		**%**
Low-pressure waves (< 30mmHg)			
Simultaneous contraction (< 1 sec)	-		**%**
Incomplete propagation	-		**%**
Spontaneous/tertiary contractions	-		**None**
Propagation Velocity	-	1.04	**cm/sec**
Distal contraction amplitude (N = 20-190mmHg)	-	94	**mmHg**
Distal wave duration prolonged (N < 7 sec)	-	3.5	**cm/sec**

Type of catheter: LOS Silicone / EMC8-S / Dent sleeve / Disposable
Serial Number:

Comment:

Normal oesophageal manometric values.

Normal Study

Reported by: Sr S Thomson
Nurse Practioner GI Physiology

Glasgow Royal Infirmary
Trauma & Orthopaedic Department
84 Castle Street
GLASGOW G4 0SF

Personal Assistant: 0141 211 4422
Fax: 0141 211 4060
Appointments: 0141 211 5067/5146
E-mail: Eileen.Fox@northglasgow.scot.nhs.uk

MR WHEELWRIGHT'S/MR MACLEAN'S FRACTURE CLINIC
MONDAY 26/11/2007

Dictated 26/11/2007
Typed 03/12/2007
Our Ref DK/EF

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

Dear Dr Langan

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

This 34yr old lady presented to the Fracture Clinic today but then refused to wait. There was some confusion as we were not actually expecting her today. I am unsure what the problem was and if she is experiencing difficulty we would of course be happy to see her.

Yours sincerely

Mr D Knox
ST3

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Medicine
Contact Tel: 0141 211 5719
Enquiries to: jean.cairney@ggc.scot.nhs.uk

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

Letter Date: 31/07/2019
Reference: AS/JC
Dictated Date: 31/07/2019
Transcribed Date: 31/07/2019

Dear Dr. AL McGinley,

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

Admission: Specialty - General Medicine; Ward - GRI Ward 51 MR Gastro
Consultant - Professor A J Stanley; Date of Admission - 25/07/2019
Date of Discharge - 26/07/2019; Discharged to - Private Residence - no additional detail added

Follow Up: none

Clinical Comments:
Ms Deborah Sullivan was admitted with abdominal pain in her RUQ and epigastric regions and possible haematemesis. Ms Sullivan reported severe right upper quadrant/epigastric pain prior to admission associated with nausea and vomiting. She vomited multiple times, initially with enteric contents then blood. She had similar pain in the past but this episode was of a greater severity. Pain and nausea has settled. She was seen by the surgical team who feel this is a flare of previous abdominal pain and she has outpatient CT and clinic review arranged. Chest and abdominal x-rays showed no acute concern. She was haemodynamically stable with no episodes of haematemesis. She had a recent endoscopy which was normal. Ms Sullivan was discharged back into your care. If nausea persists Ondansetron is beneficial but she has Cyclizine at home which gives some benefit. Kwong Tsang FY1

Final comments

Nil to add

Professor Adrian Stanley

Consultant Gastroenterologist

Electronically Signed: Professor Adrian Stanley, Consultant

cc.

Final Discharge Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Older People/North Sector
Contact Tel: 0141 800 1927
Enquiries to:

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

Letter Date: 17/04/2018
Reference: MF/AJM
Dictated Date: 01/04/2018
Transcribed Date: 03/04/2018

Dear Dr. AL McGinley,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
FLAT 1-1, 34 PEENDEEN PL, Glasgow, Lanarkshire, G33 4UG

Admission: Specialty - General Medicine; Ward - GRI Ward 53 MR D.O.M.E / Stroke Consultant - Dr Michael Fail; Date of Admission - 15/02/2018
Date of Discharge - 16/02/2018; Discharged to - Transfer within the same Heath Board/ Health Care Provider – no additional detail added

Clinical Comments:

Final comments:

Mrs Sullivan was admitted to Glasgow Royal Infirmary on 15 February following a deliberate self poisoning with Diazepam and Pregabalin. There were no medical issues outstanding and, after review by the Psychiatrists, she was transferred to Stobhill Hospital Psychiatric Unit.

Yours sincerely

Dr Michael Fail
Consultant Physician & Geriatrician
Honorary Clinical Senior Lecturer

Electronically Signed: Dr Michael Fail, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. G MacAllister
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
G69 7AD

Main Switchboard:
Department:
Contact Tel:
Enquiries to: mary.mcloone@ggc.scot.nhs.uk
Letter Date: 02/10/2017
Reference:
Dictated Date: 31/08/2017
Transcribed Date:

Dear Dr. G MacAllister,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
6 Muirhead Court , Baillieston , Glasgow, Lanarkshire, G69 7EP

Admission: Specialty - General Medicine; Ward - GRI Ward 51 MR Gastro
Consultant - Dr Lyn Smith; Date of Admission - 31/08/2017
Date of Discharge - 01/09/2017; Discharged to - Transfer to Psychiatry (except for patient on pass)within the same Health Board

Follow Up: n

Clinical Comments:
This 44 year old lady was admitted to ward 51 at GRI on 31/08/2017. She presented having taken an intentional overdose of paracetamol, with ongoing suicidal ideation.
On admission bloods were unremarkable, her paracetamol level was under the treatment level thus she was not commenced on treatment.
She was reviewed by liaison psychiatry and was agreeable to assessment in Parkhead Hospital and was transferred on 01/09/2017.
FINAL COMMENTS
Dr Ruth Gillespie Consultant

Electronically Signed: Dr Ruth Gillespie, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Respiratory Medicine
Contact Tel: 0141 211 4381
Enquiries to: lynn.murray@ggc.scot.nhs.uk

Letter Date: 23/08/2017
Reference: AW/LM
Dictated Date: 11/08/2017
Transcribed Date: 22/08/2017

Dr. G MacAllister
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
G69 7AD

Dear Dr. G MacAllister,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
6 Muirhead Court , Baillieston , Glasgow, Lanarkshire, G69 7EP

Admission: Specialty - Respiratory Medicine; Ward - GRI Ward 10 Respiratory/General Medicine
Consultant - Dr Stephen Crawley; Date of Admission - 19/07/2017
Date of Discharge - 20/07/2017; Discharged to - Private Residence - living with relatives or friends

Follow Up: None

Clinical Comments:
DIAGNOSIS: MIGRAINE

ADMISSION: This lady was admitted on 19/7/17 with a severe worsening frontal headache with nausea and aversion to brigh lights. She had no fever or neck stiffness and did not experience any visual aura. Her case was discussed with neurology who felt this was a migraine. She was therefore reated with sumatriptan which resolved her headache rapidly. She has been started on amitriptyline for migaine prevention and has been provided with sumatriptan on discharge.

FINAL DISCHARGE COMMENTS:
You have already received an IDL regarding the above patient. I reviewed the patient on 19.7.2017. She explained that she had a very severe headache that was like needles getting stuck into her eyeballs. It was extremely frontal in distribution. The headache waxed and wained and she had been vomiting. She was walking around the Ward and actually by the time I had seen her she actually hadn't had any analgesia. She stated that she did not want an LP, however I did not think that this was indicated.

Clinical examination was entirely normal and I felt that she had chronic migraine as she has had a headache on and off since January 2017.

The patient's history was discussed with the on-call Neurology Registrar who advised a start dose of Aspirin 900 mg with 10 mg of Maxalon. She also had to be given Sumatriptan and long term prophylaxis with Amitriptyline.

Yours sincerely,

Dr Angela Wright

Consultant Respiratory Physician

Electronically Signed: Dr Angela Wright, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. G MacAllister
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
G69 7AD

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 06/02/2017
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. G MacAllister,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
6 Muirhead Court , Baillieston , Glasgow, Lanarkshire, G69 7EP

Admission: Specialty - General Medicine; Ward - GRI Ward 20/21 Rheumatology/General Medicine
Consultant - Dr Hilary Wilson; Date of Admission - 12/01/2017
Date of Discharge - 20/01/2017; Discharged to - Private Residence - living with relatives or friends

Diagnosis:
Acute abdominal pain (ICD10: R10.0)
Zoster [herpes zoster] - Zoster without complication (ICD10: B02.9)

Follow Up: pain clinic 15th Feb 2017

Clinical Comments:
Dear Dr This lady was admitted to the general surgical unit with abdominal pain and vomiting on a background of previous gallstones and pancreatitis. Amylase was normal, CRP 4 and LFTS were normal. Surgical team felt there was not ongoing surgical issue however she developed a fever and shingles in the left T8 dermatome. She also complained of a headache and photophobia with some neurological symptoms. She had a normal CT head and LP was negative for viral PCR, WCC <5 and no bacteria. She has a long history of chronic widespread pain and migraine. Her medication was reviewed by pharmacy and her regular dihydrocodeine was discontinued. She has received 7 days of aciclovir for her shingles. there have been no other changes to her medications. She has follow up at the pain clinic on the 15th February. Kind regards Dr H Wilson Consultant Physician
Final comments - nil to add
Dr H Wilson
Consultant Physician

Electronically Signed: Dr Hilary Wilson, Consultant

cc.

FINAL DISCHARGE LETTER

Glasgow Royal Infirmary 84 Castle Street, Glasgow G4 0SF 0141-211 4182
2nd Floor Diabetes & Cardiology Wards 4&5

Consultants: Prof. Miles Fisher Dr. Russell Drummond Dr. S. Cleland

Dr John Langan McGlone Practice Baillieston Health Centre, 20 Muirside Road, Baillieston, Glasgow G69 7AD Phone: Copy to:	Deborah Sullivan 6 Muirhead Court Baillieston Glasgow G69 7EP Hospital Number 10638479K CHI Number 0712726128 Phone:	**Admitted: 19.12.2011** **Discharged: 22.12.2011** **Follow Up:** **Rheumatology Clinic – as already arranged.**

Main Diagnoses:
1. **Chronic pain.**

Previous/inactive Diagnoses:
1. **Previous alcohol excess.**
2. **Previous cholecystectomy.**

Presenting complaint: This 39 year old lady presented with left sided weakness following increasing her Gabapentin dose from 600mgs t.d.s. to 600mgs q.d.s. for increasing joint pains. There was no history of visual or speech disturbance or of sensory symptoms and no history of head injury.

On examination the patient had normal tone and normal reflexes with 5/5 power in the right upper and lower limbs and 4/5 power in the left upper and lower limbs. Sensation was normal and no abnormality of the cranial nerves was detected. Heart sounds 1 and 2 were normal with no added sounds and chest was clear on auscultation. Abdomen was soft and non tender with normal bowel sounds. The patient remained haemodynamically stable.

Diagnostic tests / procedures and relevant results / treatment and progress:
The patient had an MI screen due to an episode of chest discomfort, however this was negative. CT brain was carried out in view of the left sided weakness and demonstrated no evidence of infarction or haemorrhage.

Gabapentin has been discontinued on the advice of the Rheumatology Team and the patient will be reviewed by Rheumatology as an outpatient.
Esomeprazole has been increased to 40mgs b.d. due to increasing symptoms of dyspepsia.
No significant abnormalities were demonstrated in routine biochemistry on discharge.

Medication on discharge, changes and why
1. **Lactulose 15mls prn.**
2. **Fentanyl patch 75ugs an hour.**
3. **Paracetamol 1G q.d.s.**
4. **Dihydrocodeine 30mgs q.d.s.**
5. **Esomeprazole 40mgs b.d.**
6. **Metachlopramide 10mgs t.d.s.**
7. **Duloxetine 90mgs once daily.**
8. **Diclofenac gel 3% one application b.d.**
9. **Tramadol tablets 50mgs prn.**

Lactulose has been discontinued.

Date:	Signed:	Name:	Position:	Typed:	Ref:
23.12.2011		Dr. S. Gallanagh	FY2	13.1.2012	SG/CMC

WEST OF SCOTLAND PANCREATICO-BILIARY UNIT

GLASGOW ROYAL INFIRMARY

MR C R CARTER
MR C J MCKAY
MR E J DICKSON

Tel: 0141 211 5129
0141 211 1168
0141 800 1977
Fax: 0141 232 0701

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

e-mail:
secretary: h.Falconer@ggc.scot.nhs.uk
angela.patrick@ggc.scot.nhs.uk
Deborah.clarkson@ggc.scot.nhs.uk

Switchboard: 0141 211 4000

Ref: RN/HF

Dictated: 28/01/2010
Typed: 10/02/2010

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

Dear Dr Langan

Deborah Sullivan - 07/12/1972 - CHI: 0712726128 - CRN: 10638479K
6 Muirhead Court, Baillieston, Glasgow, G69 7EP

Admitted: 11/11/09
Discharged: 13/11/09

Diagnosis: Chronic pancreatitis

This 36-year-old lady with a past history of open laparotomy in October 2004 following a Nissan fundoplication and cholecystectomy in 2006 was admitted through A&E complaining of severe abdominal pain radiating through to back. CT abdomen was conducted showing some inflammatory change behind laparotomy scar and no free fluid. She was managed conservatively with analgesia and IV fluids. The patient was discharged with her pain improving. The patient is planned for an outpatient MRI.

Yours Sincerely,

Rozh Noel
Lister Fellow in General Surgery

WEST OF SCOTLAND PANCREATICO-BILIARY UNIT

GLASGOW ROYAL INFIRMARY

MR C R CARTER
MR C J MCKAY
MR E J DICKSON

Tel: 0141 211 5129
0141 211 1168
0141 800 1977
Fax: 0141 232 0701

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

e-mail:
secretary: h.Falconer@ggc.scot.nhs.uk
angela.patrick@ggc.scot.nhs.uk
Deborah.clarkson@ggc.scot.nhs.uk

Switchboard: 0141 211 4000

RN/RMcC

Dictated: 03/12/2009
Typed: 17/12/2009

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

Dear Dr Langan

Deborah Sullivan - 07/12/1972 - CHI: 0712726128 - CRN: 10638479K
6 Muirhead Court, Baillieston, Glasgow, G69 7EP

Admitted: 11/11/09
Discharged: 17/11/09
Diagnosis:
Procedures:

Your patient was admitted to the Accident and Emergency Department on 11 November. This 36 year old lady was seen a month ago for revision of nissen fundoplication. Her original operation was in 2004, and she had a cholecystectomy in 2006 and chronic abdominal pain. A CT scan of her abdomen and pelvis showed some inflammatory change behind the rectus muscle with air bubbles. She was treated conservatively on antibiotics and settled. There was a gradual improvement of the pain. She was discharged and an out-patient MRI scan appointment will be organised. Follow-up will be by Mr J S Smith at Stobhill Hospital who performed her initial surgery.

Yours sincerely

Rozh Noel
Lister Fellow in General Surgery

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

EMMA SHEPPARDLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 12-Feb-2026

Dear EMMA SHEPPARD,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
06-Feb-2026 05:54	IP	12-Feb-2026	

Specialty	Consultant	Ward	Telephone
General Surgery	Holroyd	GRI Ward 65 General Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Cristian Moyano-Stevens (Cristian Moyano-Stevens - FY1) on 12 Feb 2026 11:00

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Peakhealth Pharmacy 0141 773 2003 (Easterhouse). P/P delv weekly on a Thursday	No	Patient's own drugs at home			
Alginate raft-forming oral suspension sugar free	oral	5ML FOUR TIMES DAILY,	No	Patient's own drugs at home		Y	
Apollo Twist 0.36 mm/28 gauge Lancets	Route unspecified	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Aripiprazole 10 mg Tablets	oral	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own drugs at home		Y	
Aripiprazole 15 mg Tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own drugs at home		Y	
Contour Plus Test strips	Route unspecified	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,	No	Patient's own drugs at home		Y	
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily , On-going	Yes				Added
Empagliflozin 10mg tablets	oral	ONE A DAY,	No	Patient's own drugs at home		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home		Y	
Humulin I KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd)	subcutaneous	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Metformin Hydrochloride 500 mg Tablets	oral	2 TWICE A DAY,	No	Patient's own drugs at home		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Mirtazapine 15mg tablets	oral	1 tablet once daily , take at night	No	Patient's own drugs at home			
Paracetamol 500mg tablets	oral	2 tablets four times daily , On-going	Yes				Added
Pregabalin 100mg capsules	oral	2 capsules once daily	No	Patient's own drugs at home			
Pregabalin 300 mg Capsules	oral	ONE AT NIGHT,	No	Patient's own drugs at home		Y	
Procyclidine Hydrochloride 5 mg Tablets	oral	HALF A TABLET DAILY,	No	Patient's own drugs at home		Y	
Ramipril 2.5 mg Capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own drugs at home		Y	
Semaglutide 14mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home		Y	
Simvastatin 20 mg Tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home		Y	
Sucralfate 1 gram Tablets	oral	TWO TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home		Y	
Venlafaxine 75mg tablets	oral	ONE TWICE A DAY,	No	Patient's own drugs at home		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Colleagues, Please be aware of this patient's admission to general surgery due to abdominal pain worse on the RUQ radiating to the back and right shoulder with vomiting and nausea and an amylase 429. She had a CT scan which did not show any cause for her pain and excluded pancreatitis. She will await for an OP MRCP and will be followed up once this has been reported. Thank you for the ongoing care of this patient. Kind regards, Cristian Moyano-Stevens Ward 65 Glasgow Royal Infirmary
Discharge Comments:	
Follow Up:	Yes OP MRCP
Results Awaited:	Yes OP MRCP
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Cristian MOYANO-STEVENS

Prescription Review
Checked by: Erin CALLAGHAN (Staff Nurse)
Discharged by: Erin CALLAGHAN (Staff Nurse)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

EMMA SHEPPARDLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 29-Oct-2025

Dear EMMA SHEPPARD,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
28-Oct-2025 14:33	IP	29-Oct-2025	

Specialty	Consultant	Ward	Telephone
General Surgery	Quinn	GRI Ward 64 Surgical Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Hasan Almasharqah (Hasan Almasharqah - FY1) on 29 Oct 2025 15:06

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Peakhealth Pharmacy 0141 773 2003 (Easterhouse). P/P delv weekly on a Thursday	No	Patient's own drugs at home			
Alginate raft-forming oral suspension sugar free	oral	5ML FOUR TIMES DAILY,	No	Patient's own drugs at home		Y	
Apollo Twist 0.36 mm/28 gauge Lancets	Route unspecified	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Aripiprazole 10 mg Tablets	oral	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own drugs at home		Y	
Aripiprazole 15 mg Tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own drugs at home		Y	
Contour Plus Test strips	Route unspecified	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,	No	Patient's own drugs at home		Y	
Empagliflozin 10mg tablets	oral	ONE A DAY,	No	Patient's own drugs at home		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own supply		Y	
Humulin I KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd)	subcutaneous	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Metformin Hydrochloride 500 mg Tablets	oral	2.TWICE A DAY,	No	Patient's own drugs at home		Y	
Mirtazapine 15mg tablets	oral	1 tablet once daily , take at night	No	Patient's own supply			

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pregabalin 100mg capsules	oral	2 capsules once daily	No	Patient's own drugs at home			
Pregabalin 300 mg Capsules	oral	ONE AT NIGHT,	No	Patient's own drugs at home		Y	
Procyclidine Hydrochloride 5 mg Tablets	oral	HALF A TABLET DAILY,	No	Patient's own drugs at home		Y	
Ramipril 2.5 mg Capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own drugs at home		Y	
Semaglutide 14mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home		Y	
Simvastatin 20 mg Tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home		Y	
Sucralfate 1 gram Tablets	oral	TWO TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home		Y	
Venlafaxine 75mg tablets	oral	ONE TWICE A DAY,	No	Patient's own drugs at home		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, this lady was admitted under the general surgeons having presented with upper abdominal pain. Background: previous cholecystectomy, delayed gastric emptying and previous fundoplication 2004. She described a days history of nausea and vomiting. On admission her LFTS were AST 105 ALT 67 ALP 112 with normal amylase and inflammatory markers. She was admitted overnight for analgesia and observation. Following review by Miss Quinn this morning Ms Sullivan is feeling better and is keen for home. She is for discharge home today with an outpatient ultrasound and has requested for her LFTS to be repeated by her GP in a weeks time. Thank you for the continuing care of this patient. Kind regards, K Macleman
Discharge Comments:	
Follow Up:	No no
Results Awaited:	Yes Outpatient abdominal ultrasound has been requested. GP to recheck LFTs in 1 week
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Hasan ALMASHARQAH

Prescription Review
Checked by: Hasan ALMASHARQAH (FY1)
Discharged by: Hasan ALMASHARQAH (FY1)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

Emma SheppardLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 22-Aug-2025

Dear Emma Sheppard,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
21-Aug-2025 23:49	IP	22-Aug-2025	

Specialty	Consultant	Ward	Telephone
General Surgery	Craig	GRI Ward 64 Surgical Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Emilia Sykes (Emilia Sykes - Foundation Year 1) on 22 Aug 2025 10:43

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Peakhealth Pharmacy 0141 773 2003 (Easterhouse). P/P delv weekly on a Thursday					
Alginate raft-forming oral suspension sugar free	oral	5ML FOUR TIMES DAILY,				Y	
Apollo Twist 0.36 mm/28 gauge Lancets	Route unspecified	TO BE USED AS DIRECTED,				Y	
Aripiprazole 10 mg Tablets	oral	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,				Y	
Aripiprazole 15 mg Tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,				Y	
Contour Plus Test strips	Route unspecified	TO BE USED AS DIRECTED,				Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,				Y	
Empagliflozin 10mg tablets	oral	ONE A DAY,				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,				Y	
Humulin I KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd)	subcutaneous	TO BE USED AS DIRECTED,				Y	
Metformin Hydrochloride 500 mg Tablets	oral	2 TWICE A DAY,				Y	
Mirtazapine 15mg tablets	oral	1 tablet once daily , take at night					Added
Pregabalin 100mg capsules	oral	2 capsules once daily					
Pregabalin 300 mg Capsules	oral	ONE AT NIGHT,				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Procyclidine Hydrochloride 5 mg Tablets	oral	HALF A TABLET DAILY,				Y	
Ramipril 2.5 mg Capsules	oral	ONE TO BE TAKEN EACH DAY,				Y	
Semaglutide 14mg tablets	oral	1 tablet once daily				Y	Amended
Simvastatin 20 mg Tablets	oral	ONE TO BE TAKEN AT NIGHT,				Y	
Sucralfate 1 gram Tablets	oral	TWO TO BE TAKEN AT NIGHT,				Y	
Venlafaxine 75mg tablets	oral	ONE TWICE A DAY,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-08-22	Mirtazapine 30 mg Tablets	oral	ONE TO BE TAKEN AT NIGHT,		dose change prior to admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Ms Sullivan was admitted to Glasgow Royal Infirmary General surgery on 21/08 with abdominal pain and vomiting. She complained of feeling feverish and unwll similar to when she previously had pancreatitis.

	Admission bloods: Hb 130, WCC 7.5, CRP <1, eGFR >60, LFTs normal CT March 25: No CT abnormality to account for patient's symptoms. No significant change since the previous CT. Ms Sullivan is not feeling better and is fit for discharge. We will arrange for her to have an OP OGD. We thank you for your ongoing care. Best regards, Ward 64 Glasgow Royal Infirmary
Discharge Comments:	
Follow Up:	Yes OP OGD with Ms Craig
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Emilia SYKES

Prescription Review
Checked by: Emilia SYKES (Foundation Year 1)
Discharged by: Emilia SYKES (Foundation Year 1)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

EMMA SHEPPARDLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 07-Apr-2025

Dear EMMA SHEPPARD,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
18-Mar-2025 21:31	IP	21-Mar-2025	

Specialty	Consultant	Ward	Telephone
General Surgery	Duxbury	GRI Ward 49 General Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:

Last Discharge Review: Wei Quang Poh (Wei Quang Poh - FY1) on 07 Apr 2025 14:55

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Peakhealth Pharmacy 0141 773 2003 (Easterhouse). P/P delv weekly on a Thursday					
Alginate raft-forming oral suspension sugar free	oral	5ML FOUR TIMES DAILY,				Y	
Apollo Twist 0.36 mm/28 gauge Lancets	Route unspecified	TO BE USED AS DIRECTED,				Y	
Aripiprazole 10 mg Tablets	oral	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,				Y	
Aripiprazole 15 mg Tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own supply		Y	
Contour Plus Test strips	Route unspecified	TO BE USED AS DIRECTED,	No	Patient's own supply		Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,	No	Patient's own supply		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own supply		Y	
Humulin I KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd)	subcutaneous	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Metformin Hydrochloride 500 mg Tablets	oral	2 TWICE A DAY,	No	Patient's own supply		Y	
Mirtazapine 30 mg Tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own supply		Y	
Pregabalin 100mg capsules	oral	2 capsules once daily	No	Patient's own supply			Added
Pregabalin 300 mg Capsules	oral	ONE AT NIGHT,	No	Patient's own supply		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Procyclidine Hydrochloride 5 mg Tablets	oral	HALF A TABLET DAILY,	No	Patient's own supply		Y	
Ramipril 2.5 mg Capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own supply		Y	
Semaglutide 7mg tablets	oral	1 Tab Daily,	No	Patient's own supply		Y	
Simvastatin 20 mg Tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own supply		Y	
Sucralfate 1 gram Tablets	oral	TWO TO BE TAKEN AT NIGHT,	No	Patient's own supply		Y	
Venlafaxine 75mg tablets	oral	ONE TWICE A DAY,	No	Patient's own supply		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2025-04-07	Empagliflozin 10mg tablets	oral	ONE A DAY,		suspended on admission

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Deborah Sullivan is a 52 year old lay who presented on 18/03/25 with abdominal pain.

	She has a background of PTSD, obesity, delayed gastric emptying, T2DM, HTN, Fibromyalgia and has had a previous overdose. Investigations: Bloods: NAD CT: No CT abnormality to account for patient's symptoms. Management: PPI and hyoscine She is now being discharged home. Many thanks for your time and help. Best wishes, Ward 49 GRI
Discharge Comments:	
Follow Up:	No
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Wei Quang POH

Prescription Review
Checked by: Wei Quang POH (FY1)
Discharged by: Wei Quang POH (FY1)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

EMMA SHEPPARDLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

NHS Greater Glasgow and Clyde

Main Switchboard:
Date of Completion: 20-Jan-2025

Dear EMMA SHEPPARD,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
11-Jan-2025 23:22	AE	12-Jan-2025	

Specialty	Consultant	Ward	Telephone
Accident and Emergency	MacKay	GRI Surgical Assessment Unit	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Oscar Heald (Oscar Heald - FY1) on 12 Jan 2025 19:54

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Peakhealth Pharmacy 0141 773 2003 (Easterhouse). P/P delv weekly on a Thursday					
Alginate raft-forming oral suspension sugar free	oral	5 mL four times daily					
Aripiprazole 10mg tablets	oral	1 tablet once daily , total dose 25mg					
Aripiprazole 15mg tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Artificial saliva spray	Route unspecified	4 sprays four times daily					
Ciclosporin 0.1% eye drops 0.3ml unit dose	ophthalmic	ONE DROP DAILY TO BOTH EYES					
Co-dydramol 10mg/500mg tablets	oral	when required 1-2 tablets four times a day					
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY, (in dosette box)			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Dermol 200 shower emollient (Dermal Laboratories Ltd)	topical	1 dose once daily					
Diazepam 2mg tablets	oral	2 tablets three times daily when required				Y	
Diclofenac 50mg suppositories	rectal	1 suppository three times daily when required , A MAX OF THREE TIMES A DAY , Fixed Period 1 Week(s) from 12 Jan 2025	Yes				Added

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Empagliflozin 10mg tablets	oral	1 Tab Daily,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Evolve Revive 0.2% eye drops preservative free (Medicom Healthcare Ltd)	ophthalmic	1 eye drop six times daily					
Generic Hylo-Night eye ointment preservative free	topical	1 application once daily in the evening					
Humulin I KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Pilsco Ltd)	subcutaneous	To be used as directed					
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Lidocaine 5% medicated plasters	topical	APPLY ONCE A DAY REMOVE AFTER 12 HOURS,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Metformin 500mg tablets	oral	2 TWICE A DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,			**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		
Pregabalin 200mg capsules	oral	1 capsule once daily in the morning					
Pregabalin 300mg capsules	oral	Once daily at 10pm			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Procyclidine 5mg tablets	oral	HALF A TABLET DAILY				Y	
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Semaglutide 7mg tablets	oral	1 tablet once daily , (outwith dosette box)					
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Sucralfate 1g tablets	oral	2 tablets once daily at night , (outwith dosette box)					
Venlafaxine 75mg tablets	oral	1 tablet twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
Dispensed by luma alami 13/1/25

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Mrs Sullivan was admitted to the General Surgery department on 11/1/25 with Left sided flank pain with a 14 day Hx. She had an episode of frank haematuria in the morning of 11/1/25 with continued dysuria and frequency. She underwent a CT Urinary tract for ?renal stone ?pyelonephritis on 12/1/25 which showed - "No evidence of urinary tract calculi. No cause for left flank pain is demonstrated." Following this she was discussed with Urology, who felt she did not need to be admitted to them during this admission, but that they would make an outpatient flexible cystoscopy for follow up. She was clinically well and deemed fit for discharge on 12/1/25, with PR Diclofenac to be collected by the patient from SAU on 13/1/25. Thank you for your continued care of this patient, Kind regards, General Surgery team, GRI
Discharge Comments:	
Follow Up:	Yes Follow up in the form of a Flexible Cystoscopy to be arranged by the Urological Team

Results Awaited:	Yes O/P flexible cystoscopy
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Oscar HEALD

Prescription Review
Medications reviewed by pharmacist: Emma Tulloch (Pharmacist)
Checked by: Hanan KAMARA (Pharmacy Technician)
Discharged by: Mariyam Layya RIYAZ (FY1 username changed as uses middle name as per RITM0661098)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

EMMA SHEPPARDLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 05-Dec-2024

Dear EMMA SHEPPARD,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
03-Dec-2024 21:41	IP	05-Dec-2024	

Specialty	Consultant	Ward	Telephone
General Surgery	Stevenson	GRI Ward 63 Surgical Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Nathan Babulo (Nathan Babulo - FY1) on 05 Dec 2024 13:34

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Peakhealth Pharmacy 0141 773 2003 (Easterhouse). P/P delv weekly on a Thursday	No	Patient's own supply			
Alginate raft-forming oral suspension sugar free	oral	5 mL four times daily	No	Patient's own supply			
Aripiprazole 10mg tablets	oral	1 tablet once daily , total dose 25mg	No	Patient's own supply			
Aripiprazole 15mg tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Artificial saliva spray	Route unspecified	4 sprays four times daily	No	Patient's own supply			
Ciclosporin 0.1% eye drops 0.3ml unit dose	ophthalmic	ONE DROP DAILY TO BOTH EYES	No	Patient's own supply			
Co-dydramol 10mg/500mg tablets	oral	when required 1-2 tablets four times a day	No	Patient's own supply			
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY, (in dosette box)	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Dermol 200 shower emollient (Dermal Laboratories Ltd)	topical	1 dose once daily	No	Patient's own supply			
Diazepam 2mg tablets	oral	2 tablets three times daily when required	No	Patient's own supply		Y	
Empagliflozin 10mg tablets	oral	1 Tab Daily,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own supply	**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		
Evolve Revive 0.2% eye drops preservative free (Medicom Healthcare Ltd)	ophthalmic	1 eye drop six times daily	No	Patient's own supply			
Generic Hylo Night eye ointment preservative free	topical	1 application once daily in the evening	No	Patient's own supply			
Humulin I KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Pilsco Ltd)	subcutaneous	To be used as directed	No	Patient's own supply			
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Lidocaine 5% medicated plasters	topical	APPLY ONCE A DAY REMOVE AFTER 12 HOURS,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Metformin 500mg tablets	oral	2 TWICE A DAY,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Pregabalin 200mg capsules	oral	1 capsule once daily in the morning	No	Patient's own supply			
Pregabalin 300mg capsules	oral	Once daily at 10pm	No	Patient's own supply	**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		
Procyclidine 5mg tablets	oral	HALF A TABLET DAILY	No	Patient's own supply		Y	
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Semaglutide 7mg tablets	oral	1 tablet once daily , (outwith dosette box)	No	Patient's own supply			Amended
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Sucralfate 1g tablets	oral	2 tablets once daily at night , (outwith dosette box)	No	Patient's own supply			Amended
Venlafaxine 75mg tablets	oral	1 tablet twice daily	No	Patient's own supply			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-12-04	Benzocaine 10% dental gel sugar free	oral	Frequently		Stopped before admission Pt no longer using
2024-12-04	Celecoxib 100mg capsules	oral	1 capsule twice daily		Stopped before admission
2024-12-04	Hylo-Forte 0.2% eye drops preservative free (Scope Ophthalmics Ltd)	ophthalmic	1 eye drop four times daily when required		Stopped before admission Pt states no longer using
2024-12-05	Ondansetron 4mg tablets	oral	ONE TABLET UP TO THREE TIMES PER DAY WHEN REQUIRED,	Pt takes one daily in the morning	Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, This patient was admitted with 1 day history of epigastric pain radiating to back and vomiting on 04/12/24. Patient had recent admission in 16/09 with a similar presentation and was awaiting an OP CT with clinic follow up under Mr Gall. Patient had the OP scan on 11/11/24 and report is awaited. Patient was managed with IVF and analgesia. Patient symptoms have resolved and they are ready for discharge. Best regards, Nathan Babulo (FY1) GRI Ward 63
Discharge Comments:	
Follow Up:	Yes Follow up with Mr Gall arranged from previous admission.

Results Awaited:	Yes Awaiting the outpatient CT report.
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Nathan BABULO

Prescription Review
Checked by: Nathan BABULO (FY1)
Discharged by: Nathan BABULO (FY1)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

EMMA SHEPPARDLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 14-Sep-2024

Dear EMMA SHEPPARD,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
12-Sep-2024 03:54	IP	14-Sep-2024	

Specialty	Consultant	Ward	Telephone
General Surgery	Gall	GRI Ward 64 Surgical Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Sathaka Boonmun (Sathaka Boonmun - FY1) on 14 Sep 2024 17:18

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)	No	Patient's own supply			
Alginate raft-forming oral suspension sugar free	oral	5 mL four times daily	No	Patient's own supply			
Aripiprazole 10mg tablets	oral	1 tablet once daily , total dose 25mg	No	Patient's own supply			
Aripiprazole 15mg tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Artificial saliva spray	Route unspecified	4 sprays four times daily	No	Patient's own supply			
Benzocaine 10% dental gel sugar free	oral	Frequently	No	Patient's own supply			Added
Celecoxib 100mg capsules	oral	1 capsule twice daily	No	Patient's own supply			Added
Ciclosporin 0.1% eye drops 0.3ml unit dose	ophthalmic	ONE DROP DAILY TO BOTH EYES	No	Patient's own supply			Added
Co-dydramol 10mg/500mg tablets	oral	when required 1-2 tablets four times a day	No	Patient's own supply			
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Dermol 200 shower emollient (Dermal Laboratories Ltd)	topical	1 dose once daily	No	District Nurse to Supply			
Diazepam 2mg tablets	oral	2 tablets three times daily when required	No	Patient's own supply		Y	
Empagliflozin 10mg tablets	oral	1 Tab Daily,	No	Patient's own supply	**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Evolve Revive 0.2% eye drops preservative free (Medicom Healthcare Ltd)	ophthalmic	1 eye drop six times daily	No	Patient's own supply			
Generic Hylo Night eye ointment preservative free	topical	1 application once daily in the evening	No	Patient's own supply			
Humulin I KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Pilsco Ltd)	subcutaneous	To be used as directed	No	Patient's own supply			Added
Hylo-Forte 0.2% eye drops preservative free (Scope Ophthalmics Ltd)	ophthalmic	1 eye drop four times daily when required	No	Patient's own supply			
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Lidocaine 5% medicated plasters	topical	APPLY ONCE A DAY REMOVE AFTER 12 HOURS,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Metformin 500mg tablets	oral	2 TWICE A DAY,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own supply	**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		
Ondansetron 4mg tablets	oral	ONE TABLET UP TO THREE TIMES PER DAY WHEN REQUIRED,	No	Patient's own supply	**Drug Details:** Pt takes one daily in the morning	Y	
Pregabalin 200mg capsules	oral	1 capsule once daily in the morning	No	Patient's own supply			Added
Pregabalin 300mg capsules	oral	Once daily at 10pm	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Procyclidine 5mg tablets	oral	HALF A TABLET DAILY	No	Patient's own supply		Y	
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Semaglutide 7mg tablets	oral	1 tablet once daily	No	Patient's own supply			Added
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own supply	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Sucralfate 1g tablets	oral	2 tablets twice daily	No	Patient's own supply			Added
Venlafaxine 75mg tablets	oral	1 tablet twice daily	No	Patient's own supply			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-09-12	Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily in the morning		Stopped before admission
2024-09-12	Dulaglutide 1.5mg/0.5ml inj pre-filled disposable devices	subcutaneous	1 pre-filled disposable injection once weekly , on Tuesday		Stopped before admission
2024-09-12	Evorel Conti patches (Theramex HQ UK Ltd)	topical	1 patch twice weekly - Tuesday and Saturday		Stopped before admission
2024-09-12	Glucorx Nexus Test strips	Route unspecified	TO BE USED AS DIRECTED,		Stopped before admission
2024-09-12	Ibuprofen 5% gel	topical	1 dose three times daily		Stopped before admission
2024-09-12	Naproxen 250mg tablets	oral	1 tablet twice daily		Stopped before admission
2024-09-12	Paracetamol 500mg tablets	oral	2 tablets four times daily		Stopped before admission
2024-09-12	Pregabalin 100mg capsules	oral	200mg at 7am		Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, PCx: Abdo pain

	PMHx: 1) Ventricular Hypertrophy 2) T2DM 3) HTN 4) Appendicectomy 5) Fibromyalgia 6) Hiatus hernia 7) cholecystectomy 8) GORD Issue: Ms Sullivan presents with central abdo pain on the 12/09. The pain is worsening over 2 days, sharp and constant. Radiating to the back. Associated bilious vomit. Unable to tolerate oral fluids. She has a background a previous laparoscopic cholecystectomy, a previous open fundoplication x 2 along with an open appendicectomy. O/E: abdo soft. Mild distention. Tender epigastrium and voluntary guarding. She has been managed conservatively and clinically improved to go home. Follow up: 1) OP CT AP 2) Follow up with Mr Lewis Gall clinic in 2 months GP outcomes: Nil Thank you for you ongoing care on Ms Sullivan. Kind regards, General Surgery Ward 64 Glasgow Royal Infirmary
Discharge Comments:	
Follow Up:	Yes 1) OP CT AP

	2) Follow up with Mr Lewis Gall clinic in 2 months
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Sathaka BOONMUN

Prescription Review
Checked by: Sathaka BOONMUN (FY1)
Discharged by: Sathaka BOONMUN (FY1)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

EMMA SHEPPARDLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

NHS Greater Glasgow and Clyde

Main Switchboard:
Date of Completion: 24-May-2024

Dear EMMA SHEPPARD,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
24-May-2024 06:34	IP	24-May-2024	

Specialty	Consultant	Ward	Telephone
General Surgery	Jamieson	GRI Ward 63 Surgical Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Stroma Harcombe (8001327 - aug23 fy1) on 24 May 2024 11:12

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)					
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily in the morning					
Alginate raft-forming oral suspension sugar free	oral	5 mL four times daily					Added
Aripiprazole 10mg tablets	oral	1 tablet once daily , total dose 25mg					
Aripiprazole 15mg tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Artificial saliva spray	Route unspecified	4 sprays four times daily					
Co-dydramol 10mg/500mg tablets	oral	when required 1-2 tablets four times a day					Added
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Dermol 200 shower emollient (Dermal Laboratories Ltd)	topical	1 dose once daily					
Diazepam 2mg tablets	oral	2 tablets three times daily when required				Y	
Dulaglutide 1.5mg/0.5ml inj pre-filled disposable devices	subcutaneous	1 pre-filled disposable injection once weekly , on Tuesday					
Empagliflozin 10mg tablets	oral	1 Tab Daily,			**Drug Details:** meds reviewed after discharge so has been continued	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Evolve Revive 0.2% eye drops preservative free (Medicom Healthcare Ltd)	ophthalmic	1 eye drop six times daily					
Evorel Conti patches (Theramex HQ UK Ltd)	topical	1 patch twice weekly - Tuesday and Saturday					
Generic Hylo Night eye ointment preservative free	topical	1 application once daily in the evening					
Glucorx Nexus Test strips	Route unspecified	TO BE USED AS DIRECTED,				Y	
Hylo-Forte 0.2% eye drops preservative free (Scope Ophthalmics Ltd)	ophthalmic	1 eye drop four times daily when required					
Ibuprofen 5% gel	topical	1 dose three times daily					
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Lidocaine 5% medicated plasters	topical	APPLY ONCE A DAY REMOVE AFTER 12 HOURS,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Metformin 500mg tablets	oral	2 TWICE A DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,			**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		
Naproxen 250mg tablets	oral	1 tablet twice daily					
Ondansetron 4mg tablets	oral	ONE THREE TIMES PER DAY WHEN REQUIRED,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily					
Pregabalin 100mg capsules	oral	200mg at 7am					
Pregabalin 300mg capsules	oral	Once daily at 10pm			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Procyclidine 5mg tablets	oral	ONE A DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Venlafaxine 75mg tablets	oral	1 tablet twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-05-24	Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily when required	meds reviewed after discharge so has been continued	Course completed
2024-05-24	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required , For pain	Added per d/w ward doc. G Lotay Pharmacist 17/1/24	Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor This patient was admitted to the GRI on 24/5/24 with epigastric/abdo pain. PMH: Fibromyalgia, anxiety/depression, chronic pancreatitis, T2DM , HTN This is felt to be a fibromyalgia flare, she has been able to E&D, given analgesia and is fit for home. Many thanks for your ongoing care of this patient Heather Turner FY1 GRI Ward 63
Discharge Comments:	
Follow Up:	No

	nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Heather TURNER

Prescription Review
Checked by: Heather TURNER (aug23 fy1)
Discharged by: Heather TURNER (aug23 fy1)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

EMMA SHEPPARDLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 17-Jan-2024

Dear EMMA SHEPPARD,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
16-Jan-2024 01:41	IP	17-Jan-2024	

Specialty	Consultant	Ward	Telephone
Orthopaedics	Madeley	GRI Ward 62 Orthopaedics	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Sanah Ahmed (7952005 - FY2) on 16 Jan 2024 16:10

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)	No	Patient's own drugs at home			
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily in the morning	No	Patient's own drugs at home			
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily when required	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued		
Aripiprazole 10mg tablets	oral	1 tablet once daily , total dose 25mg	No	Patient's own drugs at home			
Aripiprazole 15mg tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Artificial saliva spray	Route unspecified	4 sprays four times daily	No	Patient's own drugs at home			
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Dermol 200 shower emollient (Dermal Laboratories Ltd)	topical	1 dose once daily	No	Patient's own drugs at home			
Diazepam 2mg tablets	oral	2 tablets three times daily when required	No	Patient's own drugs at home		Y	
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required , For pain	Yes		**Drug Details:** Added per d/w ward doc. G Lotay Pharmacist 17/1/24		Added
Dulaglutide 1.5mg/0.5ml inj pre-filled disposable devices	subcutaneous	1 pre-filled disposable injection once weekly , on Tuesday	No	Patient's own drugs at home			

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Empagliflozin 10mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Evolve Revive 0.2% eye drops preservative free (Medicom Healthcare Ltd)	ophthalmic	1 eye drop six times daily	No	Patient's own drugs at home			
Evorel Conti patches (Theramex HQ UK Ltd)	topical	1 patch twice weekly - Tuesday and Saturday	No	Patient's own drugs at home			
Generic Hylo Night eye ointment preservative free	topical	1 application once daily in the evening	No	Patient's own drugs at home			
Glucorx Nexus Test strips	Route unspecified	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Hylo-Forte 0.2% eye drops preservative free (Scope Ophthalmics Ltd)	ophthalmic	1 eye drop four times daily when required	No	Patient's own drugs at home			
Ibuprofen 5% gel	topical	1 dose three times daily	No	Patient's own drugs at home			Added
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,	Yes		**Drug Details:** meds reviewed after discharge so has been continued	Y	
Lidocaine 5% medicated plasters	topical	APPLY ONCE A DAY REMOVE AFTER 12 HOURS,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Metformin 500mg tablets	oral	2 TWICE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Naproxen 250mg tablets	oral	1 tablet twice daily	No	Patient's own drugs at home			Added
Ondansetron 4mg tablets	oral	ONE THREE TIMES PER DAY WHEN REQUIRED,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily	Yes				Added
Pregabalin 100mg capsules	oral	200mg at 7am	No	Patient's own drugs at home			Added
Pregabalin 300mg capsules	oral	Once daily at 10pm	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Procyclidine 5mg tablets	oral	ONE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY	No	Patient's own drugs at home	**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
		ONE TABLET TWO HOURS LATER IF REQUIRED,			discharge so has been continued		
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Venlafaxine 75mg tablets	oral	1 tablet twice daily	No	Patient's own drugs at home			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-01-17	Codeine 15mg tablets	oral	1 tablet four times daily when required		Change to DHC
2024-01-16	Sucralfate 1g tablets	oral	2 tablets twice daily , TWO TABLETS TWICE DAILY. To be trialled for 12 weeks.		Superseded by HEPMA medications

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor,

	This 51 year old female was admitted with back pain and numbness ot both legs in addition to some urinary incontinence. To exclude cauda equina syndrome the patient underwent a MRI spine which was unremarkable. Thanks for ongoing care.
Discharge Comments:	
Follow Up:	No
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Rosamma Lenitte THOMAS

Prescription Review
Medications reviewed by pharmacist: Gurveer Lotay (Pharmacist)
Checked by: Joy SHAW (Nurse)
Discharged by: Joy SHAW (Nurse)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

EMMA SHEPPARDLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 11-Jul-2023

Dear EMMA SHEPPARD,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
02-Jul-2023 11:35	IP	03-Jul-2023	

Specialty	Consultant	Ward	Telephone
General Surgery	Mansouri	GRI Ward 65 General Surgery	

Primary Diagnosis:
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Phoebe Thackray (7912220 - FY1 Intake August 2022) on 11 Jul 2023 15:55

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)	No	Patient left before supplied			
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily in the morning .	No	Patient left before supplied			
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily when required	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued		
Aripiprazole 10mg tablets	oral	1 tablet once daily , total dose 25mg	No	Patient left before supplied			
Aripiprazole 15mg tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Artificial saliva spray	Route unspecified	4 sprays four times daily	No	Patient left before supplied			
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Dermol 200 shower emollient (Dermal Laboratories Ltd)	topical	1 dose once daily	No	Patient left before supplied			
Diazepam 2mg tablets	oral	2 tablets three times daily when required	No	Patient left before supplied		Y	
Dulaglutide 1.5mg/0.5ml inj pre-filled disposable devices	subcutaneous	1 pre-filled disposable injection once weekly , on Tuesday	No	Patient left before supplied			
Empagliflozin 10mg tablets	oral	1 Tab Daily,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Evolve Revive 0.2% eye drops preservative free (Medicom Healthcare Ltd)	ophthalmic	1 eye drop six times daily	No	Patient left before supplied			
Evorel Conti patches (Theramex HQ UK Ltd)	topical	1 patch twice weekly - Tuesday and Saturday	No	Patient left before supplied			
Generic Hylo Night eye ointment preservative free	topical	1 application once daily in the evening	No	Previously Dispensed			
Glucorx Nexus Test strips	Route unspecified	TO BE USED AS DIRECTED,	No	Patient left before supplied		Y	
Hylo-Forte 0.2% eye drops preservative free (Scope Ophthalmics Ltd)	ophthalmic	1 eye drop four times daily when required	No	Patient left before supplied			
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Lidocaine 5% medicated plasters	topical	APPLY ONCE A DAY REMOVE AFTER 12 HOURS,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Metformin 500mg tablets	oral	2 TWICE A DAY,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient left before supplied	**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		
Ondansetron 4mg tablets	oral	ONE THREE TIMES PER DAY WHEN REQUIRED,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Procyclidine 5mg tablets	oral	ONE A DAY,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient left before supplied	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Sucralfate 1g tablets	oral	2 tablets twice daily , TWO TABLETS TWICE DAILY. To be trialled for 12 weeks.	No	Patient left before supplied			
Venlafaxine 75mg tablets	oral	1 tablet twice daily	No	Patient left before supplied			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Deborah was admitted on 02/04/23 with epigastric pain. On examination her abdomen was soft with tenderness in the epigastrium. On admission her bloods were unremarkable. She reported that her bowels were not moving. An abdominal X-ray was carried out and showed a non-specific gas pattern and no free air. She was commenced on laxatives. Her bowels moved and her symptoms have improved. Nil follow up required. Thank you for your ongoing care, W65 GRI
Discharge Comments:	
Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	

Final Discharge Letter to Follow:	Yes

Yours sincerely,

Phoebe THACKRAY

Prescription Review
Checked by: Phoebe THACKRAY (FY1 Intake August 2022)
Discharged by: Phoebe THACKRAY (FY1 Intake August 2022)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 01-Mar-2023

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
22-Feb-2023 23:20	IP	24-Feb-2023	

Specialty	Consultant	Ward	Telephone
General Surgery	Quinn	GRI Ward 66 General Surgery Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Amy Haddock (7952779 - FY1 Intake August 2022) on 24 Feb 2023 19:51

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)					
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily in the morning					Added
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily when required			**Drug Details:** meds reviewed after discharge so has been continued		
Aripiprazole 10mg tablets	oral	1 tablet once daily , total dose 25mg					
Aripiprazole 15mg tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Artificial saliva spray	Route unspecified	4 sprays four times daily					Added
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Dermol 200 shower emollient (Dermal Laboratories Ltd)	topical	1 dose once daily					Added
Diazepam 2mg tablets	oral	2 tablets three times daily when required				Y	
Dulaglutide 1.5mg/0.5ml inj pre-filled disposable devices	subcutaneous	1 pre-filled disposable injection once weekly , on Tuesday					Added
Empagliflozin 10mg tablets	oral	1 Tab Daily,			**Drug Details:** meds reviewed after discharge so has been continued	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Evolve Revive 0.2% eye drops preservative free (Medicom Healthcare Ltd)	ophthalmic	1 eye drop six times daily					Added
Evorel Conti patches (Theramex HQ UK Ltd)	topical	1 patch twice weekly - Tuesday and Saturday					Added
Generic Hylo Night eye ointment preservative free	topical	1 application once daily in the evening					Added
Glucorx Nexus Test strips	Route unspecified	TO BE USED AS DIRECTED,				Y	
Hylo-Forte 0.2% eye drops preservative free (Scope Ophthalmics Ltd)	ophthalmic	1 eye drop four times daily when required					Added
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Lidocaine 5% medicated plasters	topical	APPLY ONCE A DAY REMOVE AFTER 12 HOURS,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Metformin 500mg tablets	oral	2 TWICE A DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,			**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		
Ondansetron 4mg tablets	oral	ONE THREE TIMES PER DAY WHEN REQUIRED,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Procyclidine 5mg tablets	oral	ONE A DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,			**Drug Details:** meds reviewed after discharge so has been continued	Y	
Sucralfate 1g tablets	oral	2 tablets twice daily , TWO TABLETS TWICE DAILY. To be trialled for 12 weeks.	Yes		**Dispensing Details:** 1x60		Added
Venlafaxine 75mg tablets	oral	1 tablet twice daily					Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
disp by - n alhasso

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2023-02-23	Aluminium chloride 20% solution	topical	APPLY ONCE DAILY AND WASH-OFF THE FOLLOWING MORNING,	meds reviewed after discharge so has been continued	Course completed
2023-02-23	Co-codamol 30mg/500mg tablets	oral	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS),	meds reviewed after discharge so has been continued	Course completed
2023-02-23	Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	meds reviewed after discharge so has been continued	Course completed
2023-02-23	Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	1 sachet once daily when required		Course completed
2023-02-23	Temazepam 10mg tablets	oral	1 Tab Daily,	meds reviewed after discharge so has been continued	Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor,

	Deborah was admitted on 23/02/23 with epigastric abdominal pain and vomiting. PMH: recurrent pancreatitis, GORD, PTSD, anxiety and depression, cholecystitis, appendicectomy, fibromyalgia, diabetes. On examination her abdomen was soft with tenderness in the central abdomen. On admission her bloods were unremarkable. An endoscopy was carried out and biopsies were taken. This showed gastritis and duodenitis with possible biliary dyspepsia and delayed emptying. The biopsy results are awaited. She was commenced on a trial of sucralfate for bile reflux. She was well so was discharged home. She will be reviewed in Ms Craig' clinic in 2-3 months. Yours sincerely, Natalie Wallace Surgical Nurse Practitioner
Discharge Comments:	
Follow Up:	Yes Ms Craig's clinic in 2-3 months.
Results Awaited:	Yes Biopsy results outstanding.
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Natalie WALLACE

Prescription Review
Medications reviewed by pharmacist: Emma Ormond (Pharmacist)
Checked by: Shereen BAKHSH (Pharmacy technician)
Discharged by: Colette RYAN2 (Surgical Nurse Practitioner GRI)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Shona FORSYTH, 08-Jul-2022 14:38
Nil to add to IDL.

Kind regards,
Dr Hemanth Karayi
Consultant in Acute Medicine

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 16-Mar-2022

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
16-Mar-2022 10:01	IP	16-Mar-2022	

Specialty	Consultant	Ward	Telephone
General Medicine	Karayi	GRI C19 Ward 46 Medical	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Hester Stembridge (Hester Stembridge - FY1 Doctor August 2021) on 16 Mar 2022 17:42

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)	No	Patient's own supply			
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily when required	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued		
Aluminium chloride 20% solution	topical	APPLY ONCE DAILY AND WASH-OFF THE FOLLOWING MORNING,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Aripiprazole 10mg tablets	oral	1 tablet once daily , total dose 25mg	No	Patient's own drugs at home			
Aripiprazole 15mg tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Co-codamol 30mg/500mg tablets	oral	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS),	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Diazepam 5mg tablets	oral	ONE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		
Empagliflozin 10mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Glucorx Nexus Test strips	Route unspecified	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	1 sachet once daily when required	No	Patient's own drugs at home			
Lidocaine 5% medicated plasters	topical	APPLY ONCE A DAY REMOVE AFTER 12 HOURS,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Metformin 500mg tablets	oral	2 TWICE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Ondansetron 4mg tablets	oral	ONE THREE TIMES PER DAY WHEN REQUIRED,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Procyclidine 5mg tablets	oral	ONE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Temazepam 10mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2022-03-16	Gliclazide 30 mg M/R tablets	oral	1 TABLET DAILY,	meds reviewed after discharge so has been continued	Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor BG: T2DM, PTSD, FMR, chronic pancreatitis Ms Sullivan was admitted with a sudden onset severe headache with associated photophobia and no history of trauma. Bloods unremarkable. CT head - no acute pathology. LP - opening pressure 19.5. No significant abnormality found on lab CSF tests. CSF glucose was raised but so was her serum glucose. Ms Sullivan was fit for discharge. Follow up: None GP actions: None Many thanks

	Ward 46 GRI
Discharge Comments:	
Follow Up:	No NA
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Hester STEMBRIDGE

Prescription Review
Checked by: Hester STEMBRIDGE (FY1 Doctor August 2021)
Discharged by: Hester STEMBRIDGE (FY1 Doctor August 2021)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 20-Feb-2022

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
11-Feb-2022 18:31	IP	14-Feb-2022	

Specialty	Consultant	Ward	Telephone
General Surgery	MacKay	GRI Ward 65 General Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Sebastian Tkach (Sebastian Tkach - FY1 Doctor August 2021) on 14 Feb 2022 18:34

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)	No	Patient's own drugs at home			
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily when required	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued		
Aluminium chloride 20% solution	topical	APPLY ONCE DAILY AND WASH-OFF THE FOLLOWING MORNING,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Aripiprazole 10mg tablets	oral	1 tablet once daily , total dose 25mg	No	Patient's own drugs at home			Added
Aripiprazole 15mg tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Co-codamol 30mg/500mg tablets	oral	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS),	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Diazepam 5mg tablets	oral	ONE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		
Empagliflozin 10mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Gliclazide 30 mg M/R tablets	oral	1 TABLET DAILY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Glucorx Nexus Test strips	Route unspecified	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	1 sachet once daily when required	No	Patient's own drugs at home			Added
Lidocaine 5% medicated plasters	topical	APPLY ONCE A DAY REMOVE AFTER 12 HOURS,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Metformin 500mg tablets	oral	2 TWICE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Ondansetron 4mg tablets	oral	ONE THREE TIMES PER DAY WHEN REQUIRED,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Procyclidine 5mg tablets	oral	ONE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	
Temazepam 10mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2022-02-14	Aripiprazole 10mg tablets	oral	1 Tab Daily ALONG WITH 15MG TAB, TOTAL DOSE 25MG. WEEKLY DISPENSE,	meds reviewed after discharge so has been continued	Superseded by HEPMA medications
2022-02-14	Macrogol compound oral powder sachets NPF sugar free	oral	ONE SACHET AS REQUIRED,	meds reviewed after discharge so has been continued	Superseded by HEPMA medications Medication was removed from, made inactive or made unprescribable in the drug database.

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Dr.

	Deborah Sullivan was admitted to the GRI on the 11/2/22 with acute on chronic abdo pain + intermitted vomiting. She was found to be COVID positive on admission. PMH: Chronic abdo pain, Fibromyalgia, PTSD, Depression, Diabetes. MRI Pancreas 2021 Normal. Previous fundoplication, cholecystectomy and appendicectomy. Investigations: CRP: 14, WCC: 7.4 She was found to be medically fit and discharged on the 14/2/22. Kind Regards, Ward 65 GRI
Discharge Comments:	
Follow Up:	No n/a
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Sebastian TKACH

Prescription Review
Checked by: Jessica ARNOLD (FY1 Doctor August 2021)
Discharged by: Jessica ARNOLD (FY1 Doctor August 2021)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 18-Aug-2021

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
17-Aug-2021 20:46	IP	18-Aug-2021	

Specialty	Consultant	Ward	Telephone
General Surgery	Steele	GRI Ward 66 General Surgery Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Benjamin Comer (Benjamin Comer - FY1 Doctor August 2021) on 18 Aug 2021 13:44

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)	No	Patient's own drugs at home			
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily when required	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued		
Aluminium chloride 20% solution	topical	APPLY ONCE DAILY AND WASH-OFF THE FOLLOWING MORNING,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Aripiprazole 10mg tablets	oral	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Aripiprazole 15mg tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Co-codamol 30mg/500mg tablets	oral	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS),	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Diazepam 5mg tablets	oral	ONE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Empagliflozin 10mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Gliclazide 30 mg M/R tablets	oral	1 TABLET DAILY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Glucorx Nexus Test strips	Route unspecified	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Lidocaine 5% medicated plasters	topical	APPLY ONCE A DAY REMOVE AFTER 12 HOURS,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Macrogol compound oral powder sachets NPF sugar free	oral	ONE SACHET AS REQUIRED,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Metformin 500mg tablets	oral	2 TWICE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Ondansetron 4mg tablets	oral	ONE THREE TIMES PER DAY WHEN REQUIRED,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Procyclidine 5mg tablets	oral	ONE A DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after	Y	Amended

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					discharge so has been continued		
Temazepam 10mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home	**Drug Details:** meds reviewed after discharge so has been continued	Y	Amended

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	dear doctor, Ms Sullivan attended the GRI with an acute exacerbation of her abdominal pain that had been ongoing for 2-3 months. She describes it as a stabbing pain that radiates through to her back and is similar to her previous pancreatitis episode 6 weeks ago which was secondary to gallstones. Her pain started 1 hour after her appointment with nuclear medicine as part of her ongoing investigations for chronic abdo pain. She has also been complaining of feeling nauseas and vomiting. Noted was her history of gastroparesis and a previous fundoplication. It is believed she may either be having incomplete gastric emptying or having a side effect to her octreotide.

	We are hoping to organise an outpatient follow up with the gastroenterology team who will contact her with the details. Also of note is a MRI pancreas she has booked for the 12/09/2021. Thank you for continuing the care of Ms Sullivan The GRI general surgical team
Discharge Comments:	
Follow Up:	Yes To be followed up by the gastroenterology team please
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Benjamin COMER

Prescription Review
Checked by: Benjamin COMER (FY1 Doctor August 2021)
Discharged by: Benjamin COMER (FY1 Doctor August 2021)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 01-Jul-2021

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
28-Jun-2021 23:28	IP	01-Jul-2021	

Specialty	Consultant	Ward	Telephone
General Surgery	MacKay	GRI Ward 65 General Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Joseph Quinn Toye (Joseph Quinn Toye - FY1) on 01 Jul 2021 12:17

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)					
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily when required					Amended
Aluminium chloride 20% solution	topical	APPLY ONCE DAILY AND WASH-OFF THE FOLLOWING MORNING,				Y	
Aripiprazole 10mg tablets	oral	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,				Y	
Aripiprazole 15mg tablets	oral	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE,				Y	
Co-codamol 30mg/500mg tablets	oral	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS),				Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	ONE WITH MEALS THREE TIMES A DAY,				Y	
Diazepam 5mg tablets	oral	ONE A DAY,				Y	
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,				Y	
Empagliflozin 10mg tablets	oral	1 Tab Daily,				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,				Y	
Gliclazide 30 mg M/R tablets	oral	1 TABLET DAILY,				Y	
Glucorx Nexus Test strips	Route unspecified	TO BE USED AS DIRECTED,				Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Lidocaine 5% medicated plasters	topical	APPLY ONCE A DAY REMOVE AFTER 12 HOURS,				Y	
Macrogol compound oral powder sachets NPF sugar free	oral	ONE SACHET AS REQUIRED,				Y	
Metformin 500mg tablets	oral	2 TWICE A DAY,				Y	
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,				Y	
Ondansetron 4mg tablets	oral	ONE THREE TIMES PER DAY WHEN REQUIRED,				Y	
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY,				Y	
Procyclidine 5mg tablets	oral	ONE A DAY,				Y	
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,				Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,				Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,				Y	
Temazepam 10mg tablets	oral	1 Tab Daily,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2021-06-29	.Pharmacist comment	Route unspecified	NEW: metoclopramide and dihydrocodeine		Course Completed
2021-06-29	Alogliptin 12.5mg tablets	oral	2 tablets once daily		Course Completed
2021-06-29	Aripiprazole 10mg tablets	oral	1 tablet once daily , TOTAL DOSE 25mg		duplicate
2021-06-29	Aripiprazole 15mg tablets	oral	1 tablet once daily , TOTAL DOSE 25mg		duplicate
2021-06-29	Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Teatme in dosette		duplicate
2021-06-29	Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)		duplicate
2021-06-29	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required , Fixed Period 7 Day(s) from 12 Jun 2020		Course Completed
2021-06-29	Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)		duplicate
2021-06-29	Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)		duplicate
2021-06-29	Gliclazide 30mg modified-release tablets	oral	2 tablets once daily in the morning		duplicate
2021-06-29	Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily when required		duplicate
2021-06-29	Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to TDS		duplicate
2021-06-29	Metformin 500mg tablets	oral	2 tablets twice daily		duplicate
2021-06-29	Metoclopramide 10mg tablets	oral	1 tablet three times daily when required ,	(prokinetic-gastroparesis)	Course Completed

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
			Fixed Period 7 Day(s) from 12 Jun 2020		
2021-06-29	Mirtazapine 30mg tablets	oral	1 tablet once daily at night		duplicate
2021-06-29	Paracetamol 500mg tablets	oral	2 tablets four times daily when required		On co-codamol
2021-06-29	Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)	Please dispense fourteen (14) tablets.	duplicate
2021-06-29	Procyclidine 5mg tablets	oral	1 tablet once daily in the morning		duplicate
2021-06-29	Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)		duplicate
2021-06-29	Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,		duplicate
2021-06-29	Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,		duplicate
2021-06-29	Temazepam 10mg tablets	oral	1 Tab NIGHT	Please dispense seven (7) tablets.	duplicate

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Admitted to GRI on 29/6/21 with central abdominal pain radiating to the back, associated nausea but no vomiting. Previously investigated for NET under Mr Forshaw - though to be unlikely. CT abdomen in February demonstrated no acute finding.

	On assessment she was tender in the RUQ and epigastrium. Inflammatory markers and LFTs were reassuringly normal. Amylase was mildly elevated at 133 but fell to 77. A repeat CT scan was not felt to be indicated on this occasion. Ms Sullivan was able to eat and drink and her pain improved somewhat. She was fit to be discharged and does not require any follow up. KR W65 GRI
Discharge Comments:	
Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Joseph QUINN TOYE

Prescription Review
Checked by: Joseph QUINN TOYE (FY1)
Discharged by: Joseph QUINN TOYE (FY1)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 08-Feb-2021

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
06-Feb-2021 20:21	IP	08-Feb-2021	

Specialty	Consultant	Ward	Telephone
General Surgery	Coats	GRI Ward 66 General Surgery Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
none

Last Discharge Review: Calum Richardson (Calum Richardson - FY1) on 08 Feb 2021 13:08

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)	No	Patient left before supplied			
.Pharmacist comment	Route unspecified	NEW: metoclopramide and dihydrocodeine	No	Patient left before supplied			
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily	No	Patient left before supplied			
Alogliptin 12.5mg tablets	oral	2 tablets once daily	No	Patient left before supplied			
Aripiprazole 10mg tablets	oral	1 tablet once daily , TOTAL DOSE 25mg	No	Patient left before supplied			
Aripiprazole 15mg tablets	oral	1 tablet once daily , TOTAL DOSE 25mg	No	Patient left before supplied			
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Tealme in dosette	No	Patient left before supplied			
Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)	No	Patient left before supplied		Y	
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required , Fixed Period 7 Day(s) from 12 Jun 2020	No	Patient left before supplied			
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)	No	Patient left before supplied		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)	No	Patient left before supplied		Y	
Gliclazide 30mg modified-release tablets	oral	2 tablets once daily in the morning	No	Patient left before supplied			
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily when required	No	Patient left before supplied			

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to TDS	No	Patient left before supplied		Y	
Metformin 500mg tablets	oral	2 tablets twice daily	No	Patient left before supplied			
Metoclopramide 10mg tablets	oral	1 tablet three times daily when required , Fixed Period 7 Day(s) from 12 Jun 2020	No	Patient left before supplied	**Drug Details:** (prokinetic-gastroparesis)		
Mirtazapine 30mg tablets	oral	1 tablet once daily at night	No	Patient left before supplied			
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient left before supplied			
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)	No	Patient left before supplied	**Drug Details:** Please dispense fourteen (14) tablets.	Y	
Procyclidine 5mg tablets	oral	1 tablet once daily in the morning	No	Patient left before supplied			
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)	No	Patient left before supplied		Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient left before supplied		Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient left before supplied		Y	
Temazepam 10mg tablets	oral	1 Tab NIGHT	No	Patient left before supplied	**Drug Details:** Please dispense seven (7) tablets.	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	
	Dear Doctor, Deborah was admitted to GRI on 6/02/21. She presented with epigastric pain which radiated round to her back. She also reported feeling nauseated. O/E: Tender epigastrium. Voluntary guarding Background: Chronic pancreatitis, fibromyalgia, GORD, hiatus hernia, HTN Cholecystectomy, fundoplication Bloods: WCC:11.2 CRP:13 Amylase:268 CTAP: Nil acute Clinic appt. with Mr Forshaw on 8/02/21. Please get in touch if you have any questions, Kind regards, Ward 66, General Surgery

Discharge Comments:	
Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Lucia DI MASCIO

Prescription Review
Checked by: Calum RICHARDSON (FY1)
Discharged by: Calum RICHARDSON (FY1)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Amber Jenkins, 12-Nov-2020 09:27
DH/AJ -Final Discharge Comments NIL TO ADD

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 12-Jun-2020

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
10-Jun-2020 23:58	IP	12-Jun-2020	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	Jamieson	GRI Ward 64 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Emmett McLaughlin (Emmett McLaughlin - FY1) on 12 Jun 2020 15:10

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)					
.Pharmacist comment	Route unspecified	NEW: metoclopramide and dihydrocodeine					Added
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily					
Alogliptin 12.5mg tablets	oral	2 tablets once daily					
Aripiprazole 10mg tablets	oral	1 tablet once daily , TOTAL DOSE 25mg					
Aripiprazole 15mg tablets	oral	1 tablet once daily , TOTAL DOSE 25mg					
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Teatme in dosette					
Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)				Y	
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required , Fixed Period 7 Day(s) from 12 Jun 2020	Yes				Added
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)				Y	
Gliclazide 30mg modified-release tablets	oral	2 tablets once daily in the morning					
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily when required					Added
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to TDS				Y	
Metformin 500mg tablets	oral	2 tablets twice daily					

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Metoclopramide 10mg tablets	oral	1 tablet three times daily when required , Fixed Period 7 Day(s) from 12 Jun 2020	Yes		**Drug Details:** (prokinetic-gastroparesis)		Added Amended
Mirtazapine 30mg tablets	oral	1 tablet once daily at night					
Paracetamol 500mg tablets	oral	2 tablets four times daily when required					
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)			**Drug Details:** Please dispense fourteen (14) tablets.	Y	
Procyclidine 5mg tablets	oral	1 tablet once daily in the morning					
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)				Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,				Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,				Y	
Temazepam 10mg tablets	oral	1 Tab NIGHT			**Drug Details:** Please dispense seven (7) tablets.	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.EDD 12/6/20- please supply new meds only, has supply of all other meds at home including dosette. Dispensed by K Nicholson and checked by J Ash 12/06/20

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2020-04-01	Aripiprazole 30mg tablets	oral	1 A DAY (MORNING) WEEKLY DISPENSE,		Stopped Before Admission
2020-04-01	Hyoscine butylbromide 10mg tablets	oral	2 tablets three times daily when required		Course Completed
2020-04-01	Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily when required		Patient improved
2020-04-01	Mirtazapine 30mg tablets	oral	1 tablet once daily at night		stopped in error
2020-06-12	Paracetamol 500mg tablets	oral	2 tablets four times daily , Fixed Period 1 Week(s) from 12 Jun 2020		error

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, This 47 year old woman was admitted to GRI on 10/6/20 with abdominal pain and nausea. She has a history of pancreatitis, fibromyalgia, T2DM, hypertension and previous cholecystectomy. On examination she was tender in the epigastrium. Bloods and Xrays were NAD. It was thought that her symptoms were secondary to gastroparesis, thought be due to her diabetes. She was treated with antiemetics and improved. She was also seen by the diabetic nurse specialist who will arrange outpatient follow up once normal service resumes. Kind Regards, Emmett McLaughlin FY1, Ward 64

Discharge Comments:	
Follow Up:	Yes Diabetic follow up
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Emmett McLaughlin

Prescription Review
Medications reviewed by pharmacist: emma ormond (Pharmacist)
Checked by: Jennifer Ash (Pharmacy Technician)
Discharged by: Lesley Tough (staff nurse)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 03-Apr-2020

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
01-Apr-2020 00:10	IP	01-Apr-2020	

Specialty	Consultant	Ward	Telephone
General Surgery	Dickson	GRI Ward 65 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Henrietta Stockdale (Henrietta Stockdale - FY1) on 03 Apr 2020 09:10

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)					
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily					
Alogliptin 12.5mg tablets	oral	2 tablets once daily					Added
Aripiprazole 10mg tablets	oral	1 tablet once daily , TOTAL DOSE 25mg					Added
Aripiprazole 15mg tablets	oral	1 tablet once daily , TOTAL DOSE 25mg					Added
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Teaime in dosette					
Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)				Y	
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)				Y	
Gliclazide 30mg modified-release tablets	oral	2 tablets once daily in the morning					
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to.TDS				Y	
Mirtazapine 30mg tablets	oral	1 tablet once daily at night					Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required					
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)			**Drug Details:** Please dispense fourteen (14) tablets.	Y	
Procyclidine 5mg tablets	oral	1 tablet once daily in the morning					

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)				Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,				Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,				Y	
Temazepam 10mg tablets	oral	1 Tab NIGHT			**Drug Details:** Please dispense seven (7) tablets.	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2020-01-23	.Pharmacist comment	Route unspecified	New: ondansetron, codeine PRN, Stopped: metoclopramide. No other changes SS 12/12/19 , Fixed Period 7 Day(s) from 12 Dec 2019		Stopped Before Admission
2020-04-01	Aripiprazole 30mg tablets	oral	1 A DAY (MORNING) WEEKLY DISPENSE,		Stopped Before Admission

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2020-01-23	Codeine 30mg tablets	oral	1 tablet three times daily when required		Stopped Before Admission
2020-04-01	Hyoscine butylbromide 10mg tablets	oral	2 tablets three times daily when required		Course Completed
2020-04-01	Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily when required		Patient improved
2020-04-01	Mirtazapine 30mg tablets	oral	1 tablet once daily at night		stopped in error
2020-01-23	Ondansetron 4mg tablets	oral	1 tablet three times daily when required		Stopped Before Admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Ms Sullivan was admitted to GRI on 31/03/20 with acute onset epigastric pain radiating to back w/ associated anorexia and nausea. She was investigated with CT AP. CT AP: No CT findings to account for the patient's current symptoms. The imaging results were explained to Ms Sullivan; she felt her symptoms were resolving and she was keen for home. She is medically fit for discharge. Follow up: - OP EUS Yours sincerely, Dr H Stockdale F1 Ward 65 Gen Surg GRI
Follow Up:	Yes OP EUS

Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Henrietta Stockdale

Prescription Review
Checked by: Henrietta Stockdale (FY1)
Discharged by: Henrietta Stockdale (FY1)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Roland Aldridge, 26-Mar-2020 12:46
FDL: Nil to add

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 24-Feb-2020

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
24-Feb-2020 02:15	IP	24-Feb-2020	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	MacKay	GRI Ward 65 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Emmett McLaughlin (Emmett McLaughlin - FY1) on 24 Feb 2020 12:12

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)	No	Patient's own drugs at home			
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily	No	Patient's own drugs at home			
Aripiprazole 30mg tablets	oral	1 A DAY (MORNING) WEEKLY DISPENSE,	No	Patient's own drugs at home		Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Teatme	No	Patient's own drugs at home			
Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)	No	Patient's own drugs at home		Y	
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)	No	Patient's own drugs at home		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)	No	Patient's own drugs at home		Y	
Gliclazide 30mg modified-release tablets	oral	2 tablets once daily in the morning	No	Patient's own drugs at home			
Hyoscine butylbromide 10mg tablets	oral	2 tablets three times daily when required	No	Patient's own drugs at home			
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily when required	No	Patient's own drugs at home			
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to TDS	No	Patient's own drugs at home		Y	
Mirtazapine 30mg tablets	oral	1 tablet once daily at night	No	Patient's own drugs at home			
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient's own drugs at home			

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)	No	Patient's own drugs at home	**Drug Details:** Please dispense fourteen (14) tablets.	Y	
Procyclidine 5mg tablets	oral	1 tablet once daily in the morning	No	Patient's own drugs at home			
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)	No	Patient's own drugs at home		Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient's own drugs at home		Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home		Y	
Temazepam 10mg tablets	oral	1 Tab NIGHT	No	Patient's own drugs at home	**Drug Details:** Please dispense seven (7) tablets.	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2020-01-23	.Pharmacist comment	Route unspecified	New: ondansetron, codeine PRN, Stopped: metoclopramide. No other changes SS		Stopped Before Admission

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
			12/12/19 , Fixed Period 7 Day(s) from 12 Dec 2019		
2020-01-23	Codeine 30mg tablets	oral	1 tablet three times daily when required		Stopped Before Admission
2019-12-12	Metoclopramide 10mg tablets	oral	1 tablet three times daily when required		Changed to ondansetron
2020-01-23	Ondansetron 4mg tablets	oral	1 tablet three times daily when required		Stopped Before Admission
2019-12-05	Sucralfate 1g tablets	oral	2 tablets twice daily		Stopped Before Admission as confirmed with pt

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, This 47 year old lady was admitted to GRI ward 65 on 24/02/2020 with RUQ pain and nausea on the background of a previous laparoscopic cholecystectomy (26 years ago), recurrent pancreatitis and gastritis. On examination Ms Sullivan had a soft, non tender abdomen, blood tests showed a WCC 10.3, CRP 2, normal LFT's and amylase 76. She has been treated as a probable gastritis and will be discharged home today. Kind Regards, Ward 65 Medical Team
Follow Up:	No Nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Emmett McLaughlin

Prescription Review
Checked by: Rebecca Kermack (Staff Nurse)
Discharged by: John Kennedy3 (FY1)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Roland Aldridge, 26-Mar-2020 12:46
FDL: Nil to add

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 26-Jan-2020

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
22-Jan-2020 01:27	IP	22-Jan-2020	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	Mafi	GRI Ward 67 General Surgery Receiving	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
No

Last Discharge Review: Chui Chan (Chui Chan - FY1) on 23 Jan 2020 15:50

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)	No	Patient's own drug returned on discharge			
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily	No	Patient's own drug returned on discharge			
Aripiprazole 30mg tablets	oral	1 A DAY (MORNING) WEEKLY DISPENSE,	No	Patient's own drug returned on discharge		Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Teaime	No	Patient's own drug returned on discharge			
Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)	No	Patient's own drug returned on discharge		Y	
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)	No	Patient's own drug returned on discharge		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)	No	Patient's own drug returned on discharge		Y	
Gliclazide 30mg modified-release tablets	oral	2 tablets once daily in the morning	No	Patient's own drug returned on discharge			
Hyoscine butylbromide 10mg tablets	oral	2 tablets three times daily when required	No	Patient's own drug returned on discharge			
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily when required	No	Patient's own drug returned on discharge			
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to TDS	No	Patient's own drug returned on discharge		Y	
Mirtazapine 30mg tablets	oral	1 tablet once daily at night	No	Patient's own drug returned on discharge			
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient's own drug returned on discharge			

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)	No	Patient's own drug returned on discharge	**Drug Details:** Please dispense fourteen (14) tablets.	Y	
Procyclidine 5mg tablets	oral	1 tablet once daily in the morning	No	Patient's own drug returned on discharge			
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)	No	Patient's own drug returned on discharge		Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient's own drug returned on discharge		Y	
Simvastatin 20mg tablets	oral	ONE.TO BE TAKEN AT NIGHT,	No	Patient's own drug returned on discharge		Y	
Temazepam 10mg tablets	oral	1 Tab NIGHT	No	Patient's own drug returned on discharge	**Drug Details:** Please dispense seven (7) tablets.	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2020-01-23	.Pharmacist comment	Route unspecified	New: ondansetron, codeine PRN, Stopped: metoclopramide. No other changes SS		Stopped Before Admission

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
			12/12/19 , Fixed Period 7 Day(s) from 12 Dec 2019		
2020-01-23	Codeine 30mg tablets	oral	1 tablet three times daily when required		Stopped Before Admission
2019-12-12	Metoclopramide 10mg tablets	oral	1 tablet three times daily when required		Changed to ondansetron
2020-01-23	Ondansetron 4mg tablets	oral	1 tablet three times daily when required		Stopped Before Admission
2019-12-05	Sucralfate 1g tablets	oral	2 tablets twice daily		Stopped Before Admission as confirmed with pt

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, this lady reported a sudden onset of epigastric pain and nausea. Exacerbated after eating. She has a background of having had a previous cholecystectomy, ERCP, CT and an OGD which was normal. There was no raised inflammatory markers on admission and an amylase was normal. She was reviewed by the receiving consultant this evening and is for discharge with Esomperazole highest dose for 1 month. K Macleman Surgical Nurse Practitioner
Follow Up:	No No
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Kirsten MacLeman

Prescription Review
Checked by: Chui Chan (FY1)
Discharged by: Stacy Ferguson (Trainee Surgical Nurse Practitioner)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Matthew Hinckley, 21-Jan-2020 14:40
Nil to add

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4.0SF
Main Switchboard: 0141 2114000
Date of Completion: 12-Dec-2019

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
04-Dec-2019 20:30	IP	12-Dec-2019	

Specialty	Consultant	Ward	Telephone
General Surgery	Quinn	GRI Ward 64 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Katie Barbour (Katie Barbour - FY1) on 12 Dec 2019 10:51

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)					
.Pharmacist comment	Route unspecified	New: ondansetron, codeine PRN, Stopped: metoclopramide. No other changes SS 12/12/19 , Fixed Period 7 Day(s) from 12 Dec 2019					Added
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily	Yes				
Aripiprazole 30mg tablets	oral	1 A DAY (MORNING) WEEKLY DISPENSE,	Yes		**Dispensing Details:** 14x15mg	Y	
Codeine 30mg tablets	oral	1 tablet three times daily when required	Yes				Added
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Teatme	Yes				
Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)	Yes			Y	
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)	Yes			Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)	Yes			Y	
Gliclazide 30mg modified-release tablets	oral	1 tablet once daily in the morning	Yes				
Hyoscine butylbromide 10mg tablets	oral	2 tablets three times daily when required	Yes				Amended
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily when required	Yes				Amended
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to TDS	Yes			Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Mirtazapine 30mg tablets	oral	1 tablet once daily at night	Yes				
Ondansetron 4mg tablets	oral	1 tablet three times daily when required	Yes				Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	Yes				
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)	Yes		**Drug Details:** Please dispense fourteen (14) tablets.	Y	
Procyclidine 5mg tablets	oral	1 tablet once daily in the morning	Yes				
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)	Yes			Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Other see comments	**Dispensing Details:** not required	Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	Yes			Y	
Temazepam 10mg tablets	oral	1 Tab NIGHT	Yes		**Drug Details:** Please dispense seven (7) tablets.	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.dispensed r McIntyre cd dispensed r fennet 12./12/2019

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-12-12	Metoclopramide 10mg tablets	oral	1 tablet three times daily when required		Changed to ondansetron
2019-12-05	Sucralfate 1g tablets	oral	2 tablets twice daily		Stopped Before Admission as confirmed with pt

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear Doctor,

Deborah Sullivan is a 47yo lady who was admitted to the GRI on 04/12/19 with upper abdominal pain, vomiting, fevers and haemoptysis. She has a background of pancreatitis and previous cholecystectomy.

Diagnosis
1. NS Abdominal pain
2. Constipation
3. Haemoptysis ?cause

Procedures:
- OGD: no source of bleeding identified; small amounts of food debris consistent with delayed gastric emptying

Investigations
- ECG: SR
- CXR: nil acute
- AXR: faecal loading
- CTPA: nil PE or AV malformations
- CT AP: no cause for symptoms identified.
- Bloods: Mildly raised LFTs on admission, now resolved.
- Bronchoscopy: booked as O/P
- Pulmonary function tests: booked as O/P

During admission, she was treated with IV fluids and antiemetics.

	She was investigated for haemoptysis with CTPA and OGD. These were both negative for a source of bleeding. A CT abdomen/pelvis demonstrated no acute findings or any cause for her symptoms. She was reviewed by respiratory who have requested an outpatient bronchoscopy, pulmonary function tests and outpatient follow-up in 2 weeks. This has been requested. Medication changes 1. Metoclopramide changed to ondansetron 2. Codeine PRN was started. Ms. Sullivan improved while in hospital and is now ready to return home. If you have any questions, please contact Ward 64. Yours Sincerely, Katie Barbour FY1
Follow Up:	Yes Outpatient PFTs and Bronchoscopy. Respiratory OP Clinic in 2/52 Please copy IDL to repiratory.
Results Awaited:	Yes Bronchoscopy and PFTs
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Katie Barbour

Prescription Review
Medications reviewed by pharmacist: siobhan simpson (Pharmacist)
Checked by: Jacqueline Campbell3 (pharmacy technician)
Discharged by: Rachael Hawes (Staff Nurse Acute Services Surgery & Anaesthetics)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Roland Aldridge, 26-Mar-2020 12:45
FDL: Nil to add

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 30-Sep-2019

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
28-Sep-2019 00:29	IP	29-Sep-2019	

Specialty	Consultant	Ward	Telephone
General Surgery	Duxbury	GRI Ward 65 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Sharon Chandrakanth (Sharon Chandrakanth - FY1) on 30 Sep 2019 15:37

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)	No	Patient left before supplied			
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily	No	Patient left before supplied			
Aripiprazole 30mg tablets	oral	1 A DAY (MORNING) WEEKLY DISPENSE,	No	Patient left before supplied		Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Teaime	No	Patient left before supplied			
Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)	No	Patient left before supplied		Y	
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)	No	Patient left before supplied		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)	No	Patient left before supplied		Y	
Gliclazide 30mg modified-release tablets	oral	1 tablet once daily in the morning	No	Patient left before supplied			
Hyoscine butylbromide 10mg tablets	oral	2 tablets three times daily	No	Patient left before supplied			
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily	No	Patient left before supplied			
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to TDS	No	Patient left before supplied		Y	
Metoclopramide 10mg tablets	oral	1 tablet three times daily when required	No	Patient left before supplied			
Mirtazapine 30mg tablets	oral	1 tablet once daily at night	No	Patient left before supplied			
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient left before supplied			

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)	No	Patient left before supplied	**Drug Details:** Please dispense fourteen (14) tablets.	Y	
Procyclidine 5mg tablets	oral	1 tablet once daily in the morning	No	Patient left before supplied			
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)	No	Patient left before supplied		Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient left before supplied		Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient left before supplied		Y	
Sucralfate 1g tablets	oral	2 tablets twice daily	No	Patient left before supplied			
Temazepam 10mg tablets	oral	1 Tab NIGHT	No	Patient left before supplied	**Drug Details:** Please dispense seven (7) tablets.	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-08-10	.Pharmacist comment	Route unspecified	Commenced on metoclopramide for its		Course Completed

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
			prokinetic effect. There is a risk of increased extra-pyramidal side effects as already on aripiprazole but this has been tolerated well on the ward so far. Deborah is aware to watch out for these side effects. Dihydrocodeine dose reduced, also started on sucralfate. R Cord, Pharmacist 15/7/19		
2019-08-12	Cyclizine 50mg tablets	oral	1 tablet three times daily when required , Supply 15 tabs		Stopped Before Admission
2019-07-14	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily		reducing dose.
2019-08-12	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily		Course Completed
2019-07-15	Gaviscon Double Action Liquid 10ml sachets (Reckitt Benckiser Healthcare (UK) Ltd)	oral	5 mL four times daily		Stopped Before Admission peptac
2019-07-11	Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,		Stopped Before Admission
2019-08-10	Metoclopramide 10mg tablets	oral	1 tablet three times daily , Morn, lunch & bedtime		Course Completed
2019-07-15	Ondansetron 4mg tablets	oral	1 tablet every eight hours when required		no longer needed - on cyclizine

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-08-10	Sucralfate 1g tablets	oral	1 tablet three times daily , Morning, Lunchtime ad bedtime		patient no longer taking

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, This 46 year old female was admitted to the Surgical Receiving ward at GRI on the 27/09/19 with a presenting complaint of epigastric pain. This was acute onset with associated vomiting of small volume blood. She reported her reflux symptoms to be worsening over the past 6 months. On examination her abdomen was soft with some mild epigastric tenderness. Bloods on admission WCC 13.2, CRP 11 and Amylase 43. She had a further episodes of haematemesis and was booked for OGD. She attended for this on the 29/09/19. The oesophagus and duodenum were both normal. Views were somewhat obscured by gastric food residue (has known delayed gastric emptying) however there was no blood, altered blood or culprit lesions seen. Following review on the evening ward round her bloods were unremarkable and she was fit for discharge home. We have not arranged any surgical follow up at this time. Kind Regards Lynn Gilmour Surgical Nurse Practitioner
Follow Up:	No no planned follow up
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Lynn Gilmour

Prescription Review
Checked by: Sharon Chandrakanth (FY1)
Discharged by: Sharon Chandrakanth (FY1)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Colin K MacKay, 18-Sep-2019 13:51
Nil to add

Additional Information: Gift Abel, 13-Sep-2019 14:58
Cyclizine 50mg TDS PRN has been added to her discharge.

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 13-Sep-2019

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	**0712726128**	**07-Dec-1972**	**Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE**

Admitted	Type	Discharged	Destination
10-Sep-2019 01:52	IP	13-Sep-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	MacKay	GRI Ward 66 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Gift Abel (Gift Abel - FY1) on 13 Sep 2019 11:43

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)					
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily					
Aripiprazole 30mg tablets	oral	1 A DAY (MORNING) WEEKLY DISPENSE,				Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Teatme					
Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)				Y	
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)				Y	
Gliclazide 30mg modified-release tablets	oral	1 tablet once daily in the morning					
Hyoscine butylbromide 10mg tablets	oral	2 tablets three times daily					Added
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily					
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to TDS				Y	
Metoclopramide 10mg tablets	oral	1 tablet three times daily when required					
Mirtazapine 30mg tablets	oral	1 tablet once daily at night					
Paracetamol 500mg tablets	oral	2 tablets four times daily when required					

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)			**Drug Details:** Please dispense fourteen (14) tablets.	Y	
Procyclidine 5mg tablets	oral	1 tablet once daily in the morning					
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)				Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,				Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,				Y	
Sucralfate 1g tablets	oral	2 tablets twice daily					
Temazepam 10mg tablets	oral	1 Tab NIGHT			**Drug Details:** Please dispense seven (7) tablets.	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-08-10	.Pharmacist comment	Route unspecified	Commenced on metoclopramide for its prokinetic effect. There		Course Completed

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
			is a risk of increased extra-pyramidal side effects as already on aripiprazole but this has been tolerated well on the ward so far. Deborah is aware to watch out for these side effects. Dihydrocodeine dose reduced, also started on sucralfate. R Cord, Pharmacist 15/7/19		
2019-08-12	Cyclizine 50mg tablets	oral	1 tablet three times daily when required , Supply 15 tabs		Stopped Before Admission
2019-08-12	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily		Course Completed
2019-07-14	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily		reducing dose.
2019-07-15	Gaviscon Double Action Liquid 10ml sachets (Reckitt Benckiser Healthcare (UK) Ltd)	oral	5 mL four times daily		Stopped Before Admission peptac
2019-07-11	Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,		Stopped Before Admission
2019-08-10	Metoclopramide 10mg tablets	oral	1 tablet three times daily , Morn, lunch & bedtime		Course Completed
2019-07-15	Ondansetron 4mg tablets	oral	1 tablet every eight hours when required		no longer needed - on cyclizine
2019-08-10	Sucralfate 1g tablets	oral	1 tablet three times daily , Morning, Lunchtime ad bedtime		patient no longer taking

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor Deborah Sullivan was admitted (10/09/19) with a 1 day history of sudden onset epigastric pain radiating to the back. She was managed conservatively with analgesia, amtiemetics and antibiotics. Her blood results improved on admission and she was deemed fit for discharge by the surgical team. Your Sincerely Dr Gift Abel FY1
Follow Up:	No
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Gift Abel

Prescription Review
Checked by: Gift Abel (FY1)
Discharged by: Gift Abel (FY1)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Laura McCann, 26-Aug-2019 13:18
Final Discharge Comments: LP/LM Dictated 14/08/2019 Typed 26/08/2019

Ms Sullivan was readmitted with a further complaint of upper abdominal pain radiating to her back. She had complained of vomiting blood streaked fluid prior to her admission. On admission her abdomen is soft non tender in the epigastrium. She underwent a CT of her abdomen and pelvis which was in keeping with a history of two previous fundoplication procedures but no evidence of acute changes. She was managed conservatively and was discharged home once her pain had settled. We have arranged for gastric emptying studies as an outpatient and will follow this up with a referral to the oesophago-gastric team.

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 13-Aug-2019

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07-Dec-1972	Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE

Admitted	Type	Discharged	Destination
09-Aug-2019 18:55	IP	12-Aug-2019	

Specialty	Consultant	Ward	Telephone
General Surgery	Chang	GRI Ward 66 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Yasmin Capel (Yasmin Capel - FY1) on 12 Aug 2019 15:07

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)					
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily					
Aripiprazole 30mg tablets	oral	1 A DAY (MORNING) WEEKLY DISPENSE,				Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Teatme					
Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)				Y	
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)				Y	
Gliclazide 30mg modified-release tablets	oral	1 tablet once daily in the morning					
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily					
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to TDS				Y	
Metoclopramide 10mg tablets	oral	1 tablet three times daily when required					Added
Mirtazapine 30mg tablets	oral	1 tablet once daily at night					
Paracetamol 500mg tablets	oral	2 tablets four times daily when required					
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)			**Drug Details:** Please dispense fourteen (14) tablets.	Y	
Procyclidine 5mg tablets	oral	1 tablet once daily in the morning					

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)				Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,				Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,				Y	
Sucralfate 1g tablets	oral	2 tablets twice daily					Added Modified
Temazepam 10mg tablets	oral	1 Tab NIGHT			**Drug Details:** Please dispense seven (7) tablets.	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
Please supply new pp and lactulose. Community pharmacy constantly engaged. CD Rx requested. CO'N 12/8 . unsure who checked rx

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-08-10	.Pharmacist comment	Route unspecified	Commenced on metoclopramide for its prokinetic effect. There is a risk of increased extra-pyramidal side effects as already on aripiprazole but this has been tolerated		Course Completed

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
			well on the ward so far. Deborah is aware to watch out for these side effects. Dihydrocodeine dose reduced, also started on sucralfate. R Cord, Pharmacist 15/7/19		
2019-08-12	Cyclizine 50mg tablets	oral	1 tablet three times daily when required , Supply 15 tabs		Stopped Before Admission
2019-08-12	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily		Course Completed
2019-07-14	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily		reducing dose.
2019-07-15	Gaviscon Double Action Liquid 10ml sachets (Reckitt Benckiser Healthcare (UK) Ltd)	oral	5 mL four times daily		Stopped Before Admission peptac
2019-07-11	Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,		Stopped Before Admission
2019-08-10	Metoclopramide 10mg tablets	oral	1 tablet three times daily , Morn, lunch & bedtime		Course Completed
2019-07-15	Ondansetron 4mg tablets	oral	1 tablet every eight hours when required		no longer needed - on cyclizine
2019-08-10	Sucralfate 1g tablets	oral	1 tablet three times daily , Morning, Lunchtime ad bedtime		patient no longer taking

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor,

	Deborah Sullivan is a 46 year old lady who was admitted to ward 65 GRI 10/8/19. She presented with2/7 Hx Sudden onset epigastric pain radiating to back, associated nausea and vomiting dark blood. Recent admission with similar presentation July 2019, OGD at that time was NAD. BG: Pancreatitis 2nd GS, Cholecystectomy, Fundoplication x2, Secondary T2DM, Sphincter of Oddi Dysfuction, Fibromyalgia. On examination patients abdomen was soft with epigastric tenderness. Observations stable. Bloods: WCC 11, CRP 10, Amy 56, U&E's and LFT's normal. Chest xray showed no free air. A CT scan 10/8/19 showed thickening and low attenuation change at site of prior fundoplication; no evidence of significant complications such as ischaemia, and no major structural change compared to older imaging. Blood in the stomach. Patient vomited in ward streaked with blood, Hb static, patient clinically stable, not for repeat OGD at present Patient advised symptoms likely due to recent weight gain and increased diet. Has been advised on weight management and eat smaller portions of food throughout the day. Patient to continue on PPI and anti-emetic. We have stopped dihydrocodiene and commenced patient on Peptac and Sucralfate. Patient for discharge home today and will have outpatient follow-up for Gastric Emptying Studies. Your Sincerely Pauline Hector Surgical Nurse Practitioner
Follow Up:	No Gastric emptying studies
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Pauline Hector

Prescription Review
Medications reviewed by pharmacist: Caroline ONeill2 (Pharmacist)
Checked by: Ruth Quinn (Pharmacist)
Nurse discharging patient: Karen White1 (staff nurse Surgery & Anaesthetics)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 26-Jul-2019

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07-Dec-1972	FLAT 0-1, 8 BOYNDIE ST, Glasgow, Lanarkshire, G34 9JE

Admitted	Type	Discharged	Destination
25-Jul-2019 19:08	IP	26-Jul-2019	Private Residence - living alone

Specialty	Consultant	Ward	Telephone
General Medicine	Stanley	GRI Ward 51 MR Gastro	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Kwong Kai Tsang (kwong kai tsang - FY1 Aug 18) on 26 Jul 2019 12:37

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)	No	Other see comments	**Dispensing Details:** admin note		
.Pharmacist comment	Route unspecified	Commenced on metoclopramide for its prokinetic effect. There is a risk of increased extra-pyramidal side effects as already on aripiprazole but this has been tolerated well on the ward so far. Deborah is aware to watch out for these side effects. Dihydrocodeine dose reduced, also started on sucralfate. R Cord, Pharmacist 15/7/19	No	Other see comments	**Dispensing Details:** admin note		
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily	No	Patient's own drugs at home			
Aripiprazole 30mg tablets	oral	1 A DAY (MORNING) WEEKLY DISPENSE,	No	Patient's own drugs at home		Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Teatme	No	Patient's own drugs at home			
Cyclizine 50mg tablets	oral	1 tablet three times daily when required , Supply 15 tabs	No	Patient's own drugs at home			
Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)	No	Patient's own drugs at home		Y	
Dihydrocodeine 30mg tablets	oral	1 tablet twice daily , MORNING and TEATIME	No	Patient's own drugs at home			
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)	No	Patient's own drugs at home		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)	No	Patient's own drugs at home .		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Gliclazide 30mg modified-release tablets	oral	1 tablet once daily in the morning	No	Patient's own drugs at home			
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily	No	Patient's own drugs at home			
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to TDS	No	Patient's own drugs at home		Y	
Metoclopramide 10mg tablets	oral	1 tablet three times daily , Morn, lunch & bedtime	No	Patient's own drugs at home			
Mirtazapine 30mg tablets	oral	1 tablet once daily at night	No	Patient's own drugs at home			
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient's own drugs at home			
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)	No	Patient's own drugs at home	**Drug Details:** Please dispense fourteen (14) tablets.	Y	
Procyclidine 5mg tablets	oral	1 tablet once daily in the morning	No	Patient's own drugs at home			
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)	No	Patient's own drugs at home		Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient's own drugs at home		Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home		Y	
Sucralfate 1g tablets	oral	1 tablet three times daily , Morning, Lunchtime ad bedtime	No	Patient's own drugs at home			

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Temazepam 10mg tablets	oral	1 Tab NIGHT	No	Patient's own drugs at home	**Drug Details:** Please dispense seven (7) tablets.	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-07-14	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily		reducing dose.
2019-07-15	Gaviscon Double Action Liquid 10ml sachets (Reckitt Benckiser Healthcare (UK) Ltd)	oral	5 mL four times daily		Stopped Before Admission peptac
2019-07-11	Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,		Stopped Before Admission
2019-07-15	Ondansetron 4mg tablets	oral	1 tablet every eight hours when required		no longer needed - on cyclizine

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Diagnoses: Abdominal pain of unclear cause Background: Recent admissions with abdominal pain, awaiting outpatient CT-AP and surgical review; cholecystectomy, Appendicectomy; T2DM; Chronic pancreatitisl Fibromyalgia; fundoplications

	Social: Lives alone, ex smoker, normally independent Medication Changes: nil Dear Colleague, I'm writing to you regarding Ms Deborah Sullivan, who was admitted to the Glasgow Royal Infirmary on 25/07/2019 with abdominal pain in her RUQ and epigastric regions, and possible haematemesis. Ms Sullivan reports that she experienced severe right upper quadrant/epigastric pain prior to admission, associated with nausea and vomiting. She vomited multiple times, initially with enteric contents, then possibly brought up blood. She has had similar pains in the past, but of a greater severity on this admission. Since then her pain and nausea has settled. She has been seen by the surgical team who feel this is a flare of her previous abdominal pain; she has follow up arranged in the form of an outpatient CT and clinic review. Her admission chest Xray and abdominal Xray did not show any acute concerns. She has been haemodynamically stable and there have not been any further episodes of haemetemesis. She has had a recent endoscopy which was normal and we have not repeated this on this admission. Ms Sullivan is ready to be discharged back into your care. If her nausea persists she has found ondansetron to be beneficial during this admission, but we have not discharged her on this as she is on cyclizine at home which shows some benefit. Many Thanks, Kwong Tsang Fy1
Follow Up:	Yes Outpatient CT-Abdo/pelvis booked for 31/07/19 Outpatient follow up with surgical team
Results Awaited:	No

Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Kwong Kai Tsang

Prescription Review
Checked by: Kwong Kai Tsang (FY1 Aug 18)
Nurse discharging patient: Kwong Kai Tsang (FY1 Aug 18)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Alexandria Hall, 30-Jul-2019 10:37
Final discharge comment

MC/AH

NIL TO ADD

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 15-Jul-2019

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07-Dec-1972	FLAT 0-1, 8 BOYNDIE ST, Glasgow, Lanarkshire, G34 9JE

Admitted	Type	Discharged	Destination
10-Jul-2019 01:28	IP	15-Jul-2019	

Specialty	Consultant	Ward	Telephone
General Surgery	Jamieson	GRI Ward 63 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
OGD 11/7/19

Last Discharge Review: Patrick Cremin (Patrick Cremin - FY1 Aug 18) on 14 Jul 2019 16:34

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Pharmacy 0141 773 2003 (Easterhouse)					Added Modified
.Pharmacist comment	Route unspecified	Commenced on metoclopramide for its prokinetic effect. There is a risk of increased extra-pyramidal side effects as already on aripiprazole but this has been tolerated well on the ward so far. Deborah is aware to watch out for these side effects. Dihydrocodeine dose reduced, also started on sucralfate. R Cord, Pharmacist 15/7/19					Added
Alginate raft-forming oral suspension sugar free (Peptac)	oral	5 mL four times daily					Added
Aripiprazole 30mg tablets	oral	1 A DAY (MORNING) WEEKLY DISPENSE,				Y	Modified
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily , Morn Lunch Teaime					Modified
Cyclizine 50mg tablets	oral	1 tablet three times daily when required , Supply 15 tabs					Added Modified
Diazepam 5mg tablets	oral	1 Tab Daily (NIGHT)				Y	Modified
Dihydrocodeine 30mg tablets	oral	1 tablet twice daily , MORNING and TEATIME					Added Modified
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY, (morning & night)				Y	Modified
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY (MORN & NIGHT)				Y	Modified
Gliclazide 30mg modified-release tablets	oral	1 tablet once daily in the morning					Modified

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily					Added
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	ONE SACHET AS REQUIRED up to TDS				Y	Modified
Metoclopramide 10mg tablets	oral	1 tablet three times daily , Morn, lunch & bedtime					Added Modified
Mirtazapine 30mg tablets	oral	1 tablet once daily at night					
Paracetamol 500mg tablets	oral	2 tablets four times daily when required					
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY, (MORN & NIGHT)			**Drug Details:** Please dispense fourteen (14) tablets.	Y	Modified
Procyclidine 5mg tablets	oral	1 tablet once daily in the morning					Modified
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY, (MORNING)				Y	Modified
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,				Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,				Y	
Sucralfate 1g tablets	oral	1 tablet three times daily , Morning, Lunchtime ad bedtime					Added Modified
Temazepam 10mg tablets	oral	1 Tab NIGHT			**Drug Details:** Please dispense seven (7) tablets.	Y	Modified

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.dispensed by rebeccaJ

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-07-14	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily		reducing dose.
2019-07-15	Gaviscon Double Action Liquid 10ml sachets (Reckitt Benckiser Healthcare (UK) Ltd)	oral	5 mL four times daily		Stopped Before Admission peptac
2019-07-11	Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,		Stopped Before Admission
2019-07-15	Ondansetron 4mg tablets	oral	1 tablet every eight hours when required		no longer needed - on cyclizine

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Diagnosis: RUQ and epigastric pain- aetiology undetermined Procedure: OGD 11/7/19- normal oesophagus and duodenum, previous fundoplication intact, bile and food residue seen in stomach. NAD. Indication: Abdominal pain

	Background: GS pancreatitis Nissen fundoplication Cholecystectomy Appendicectomy Sphincter of Oddi dysfunction Fibromyalgia Secondary DM, Depression, PTSD This 46 year old lady was admitted to Ward 66 GRI via the ED on 9/7/19 with a one day history of RUQ and epigastric pain radiating to the back and shoulder. Examination revealed tenderness in the epigastrium and RUQ. Bloods were unremarkable. Ms Sullivan continued to report this upper abdominal pain and so she underwent an OGD which did not detect any abnormality bar delayed gastric emptying. She was subsequently starting on a reducing regime of her dihydrocodiene as this can delay gastric emptying, and advised to try and wean herself off dihydrocodeine in the community if possible. Ms Sullivan was considered fit for discharge after a period of observation on 14/7/19. Thank you for your ongoing care of this patient. If you have any questions, please contact Ward 66 GRI. Kind regards, FY1 surgery
Follow Up:	Yes Miss Craig clinic - routine
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Alice Donaldson

Prescription Review
Medications reviewed by pharmacist: robbie cord (Pharmacist)
Checked by: Ruth Quinn (Pharmacist)
Nurse discharging patient: Alice Donaldson (FY1 Aug 18)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Laura McCann, 19-Jul-2019 10:52
Final Discharge Comments: GG/LM Dictated 12/07/2019 Typed 19/07/2019 – NIL TO ADD

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 03-Jul-2019

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07-Dec-1972	FLAT 0-1, 8 BOYNDIE ST, Glasgow, Lanarkshire, G34 9JE

Admitted	Type	Discharged	Destination
29-Jun-2019 23:49	IP	02-Jul-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	Maitra	GRI Ward 66 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Scott Barr (Scott Barr - FY1 Aug 18) on 01 Jul 2019 15:23

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Aripiprazole 30mg tablets	oral	1 A DAY WEEKLY DISPENSE,				Y	
Creon 10000 gastro-resistant capsules (Mylan)	oral	1 capsule three times daily					Added
Diazepam 5mg tablets	oral	1 Tab Daily,				Y	
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily					
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,				Y	
Gaviscon Double Action Liquid 10ml sachets (Reckitt Benckiser Healthcare (UK) Ltd)	oral	5 mL four times daily					
Gliclazide 30mg modified-release tablets	oral	1 tablet once daily					Added
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,				Y	
Macrogol compound oral powder sachets NPF sugar free	oral	ONE SACHET AS REQUIRED,				Y	
Mirtazapine 15mg tablets	oral	2 tablets once daily at bedtime					
Paracetamol 500mg tablets	oral	2 tablets four times daily when required					Modified
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY,				Y	
Procyclidine 5mg tablets	oral	1 tablet once daily					
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,				Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,				Y	
Temazepam 10mg tablets	oral	1 Tab Daily,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Diagnosis: Abdominal pain- definitive cause not identified Background: Nissen fundoplication Cholecystectomy Appendicectomy Pancreatitis secondary to gallstones Sphincter of Oddi dysfunction Fibromyalgia

[redacted]	T2DM- recent diagnosis This 46 year old lady was admitted to Ward 66 GRI via the ED on 29/6/19 with a one day history of acute onset epigastric pain radiating to the back and associated with nausea and vomiting. The pain was reportedly worse post-prandial. Examination revealed a soft abdomen with epigastric tenderness. Amylase was normal and other bloods unremarkable. There was no clear cause identified for Ms Sullivan's symptoms on this admission. She remained systemically well and was considered fit for discharge on 2/7/19. An outpatient CTAP has been arranged to assess for any potential complications of her previously diagnosed pancreatitis. Thank you for your ongoing care of this patient. If you have any questions, please contact Ward 66 GRI. Kind regards, Dr K Bisset FY1 surgery
Follow Up:	Yes Outpatient CTAP with Maitra outpatient follow-up.
Results Awaited:	Yes Complement levels to follow in FDL.
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Kirsty Bisset

Prescription Review
Checked by: Philippa Thornton (FY1 Aug 18)
Nurse discharging patient: Philippa Thornton (FY1 Aug 18)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Teresa Huntington, 09-May-2019 11:10
Final Comments: SF/TH Dict: 25.4.19 Typed: 09.05.19

Nil to add

Yours sincerely

S Fergusson
ST7

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 19-Mar-2019

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07-Dec-1972	FLAT 0-1, 8 BOYNDIE ST, Glasgow, Lanarkshire, G34 9JE

Admitted	Type	Discharged	Destination
18-Mar-2019 03:22	IP	19-Mar-2019	

Specialty	Consultant	Ward	Telephone
General Surgery	Chong	GRI Ward 66 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Scott Barr (Scott Barr - FY1 Aug 18) on 19 Mar 2019 11:38

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Aripiprazole 30mg tablets	oral	1 A DAY WEEKLY DISPENSE,	No	Patient's own drugs at home		Y	
Diazepam 5mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home		Y	
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily	No	Patient's own drugs at home			
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home		Y	
Gaviscon Double Action Liquid 10ml sachets (Reckitt Benckiser Healthcare (UK) Ltd)	oral	5 mL four times daily	No	Patient's own drugs at home			
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,	Yes			Y	
Macrogol compound oral powder sachets NPF sugar free	oral	ONE SACHET AS REQUIRED,	Yes			Y	
Mirtazapine 15mg tablets	oral	2 tablets once daily at bedtime	No	Patient's own drugs at home			
Paracetamol 500mg tablets	oral	2 tablets four times daily	Yes				
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY,	No	Patient's own drugs at home		Y	
Procyclidine 5mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home			
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own drugs at home		Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient's own drugs at home		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home		Y	
Temazepam 10mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-02-04	Naproxen 500mg tablets	oral	ONE TO BE TAKEN TWICE A DAY,		gastritis

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Ms Sullivan was admitted to Glasgow Royal Infirmary on 18/3/19 with abdominal pain and vomiting.

Ms Sullivan presented with epigastric pain that started approximately 4 hours after eating. The pain radiated to her back and left upper quadrant. It was associated with nausea and bilious vomiting. On examination she was tender in her epigastric region. Ms Sullivan's bloods showed a normal amylase and inflammatory markers. Given these findings it was deemed likely Ms Sullivan was suffering from gastritis. On 19/3/19 symptoms had settled and Ms Sullivan was deemed fit to be discharged home with laxatives, a change in gaviscon regime and pain relief. No surgical follow up is required.

Kind regards,
Scott Barr

	FY1 Ward 66
Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Scott Barr

Prescription Review
Checked by: Scott Barr (FY1 Aug 18)
Nurse discharging patient: Scott Barr (FY1 Aug 18)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Laura McCann, 18-Feb-2019 09:29
Final Discharge Comments: KB/LM Dictated 12/02/2019 Typed 18/02/2019 – NIL TO ADD

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 05-Feb-2019

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07-Dec-1972	FLAT 0-1, 8 BOYNDIE ST, Glasgow, Lanarkshire, G34 9JE

Admitted	Type	Discharged	Destination
03-Feb-2019 07:20	IP	04-Feb-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	Chong	GRI Ward 66 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Scott Barr (Scott Barr - FY1 Aug 18) on 04 Feb 2019 15:59

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Aripiprazole 30mg tablets	oral	1 A DAY WEEKLY DISPENSE,	No	Patient's own drugs at home		Y	
Diazepam 5mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home		Y	
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily	No	Patient's own drugs at home			
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drugs at home		Y	
Gaviscon Double Action Liquid 10ml sachets (Reckitt Benckiser Healthcare (UK) Ltd)	oral	20 mL twice daily	No	Patient's own drugs at home			Added
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,	No	Patient's own drugs at home		Y	
Macrogol compound oral powder sachets NPF sugar free	oral	ONE SACHET AS REQUIRED,	No	Patient's own drugs at home		Y	
Mirtazapine 15mg tablets	oral	1 tablet once daily at bedtime	No	Patient's own drugs at home			Added
Paracetamol 500mg tablets	oral	2 tablets four times daily	No	Patient's own drugs at home			
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY,	No	Patient's own drugs at home		Y	
Procyclidine 5mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home			Added
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own drugs at home		Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY	No	Patient's own drugs at home		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
		ONE TABLET TWO HOURS LATER IF REQUIRED,					
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drugs at home		Y	
Temazepam 10mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-02-04	Naproxen 500mg tablets	oral	ONE TO BE TAKEN TWICE A DAY,		gastritis

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	
	Ms Sullivan was admitted to Glasgow Royal Infirmary on 3/2/19 following the sudden onset of epigastric pain with associated vomiting. Background: Fibromyalgia, PTSD Ms Sullivan presented following the onset of epigastric pain which radiated to left shoulder and left side. She also reported multiple bilious vomits. On examination Ms Sullivan had a tender epigastrium. Bloods were unremarkable. She was investigated with an abdominal ultrasound scan which had limited views but showed no pathology. As such Ms Sullivan

	was deemed fit to be discharged home with PPI and Gaviscon with gastritis the likely diagnosis. No further follow up is required. Kind regards, Scott Barr FY1 Ward 66
Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Scott Barr

Prescription Review
Checked by: Scott Barr (FY1 Aug 18)
Nurse discharging patient: Scott Barr (FY1 Aug 18)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 25-Sep-2018

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07-Dec-1972	FLAT 0-1, 8 BOYNDIE ST, Glasgow, Lanarkshire, G34 9JE

Admitted	Type	Discharged	Destination
25-Sep-2018 00:28	IP	25-Sep-2018	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Gynaecology	Burton	GRI Ward 56B Gynaecology	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Laura McGuigan (Laura McGuigan - FY2) on 25 Sep 2018 10:19

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Aripiprazole 30mg tablets	oral	1 A DAY WEEKLY DISPENSE,				Y	
Diazepam 5mg tablets	oral	1 Tab Daily,				Y	
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily					
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,				Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,				Y	
Macrogol compound oral powder sachets NPF sugar free	oral	ONE SACHET AS REQUIRED,				Y	
Naproxen 500mg tablets	oral	ONE TO BE TAKEN TWICE A DAY,				Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily					
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY,				Y	
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,				Y	
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,				Y	
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,				Y	
Temazepam 10mg tablets	oral	1 Tab Daily,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2018-09-25	Cyclizine 50mg tablets	oral	when required 1 Tab THREE TIMES Daily IF REQUIRED,		not taking
2018-09-25	Hyoscine butylbromide 10mg tablets	oral	2 tablets three times daily when required		?not taking

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	This lady was admitted overnight with lower abdo pain. Her abdomen was soft but tender suprapubically and in LIF, bloods NAD. She stated that she had not passed urine in 12 hours although this was likely secondary to poor oral intake - a once only catheter drained 300ml. She has a known 3cm L ovarian cyst so was admitted for TVS. Scan showed thin regular endometrium with mirena in situ, normal ovaries, no free fluid and loaded bowel. Her pain is likely secondary to chronic constipation so was discharged home and advised to take regular laxido/lactulose which she has a supply of at home.
Follow Up:	No No FU required.
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Laura McGuigan

Prescription Review
Checked by: Emma Baxter (Staff Nurse)
Nurse discharging patient: Emma Baxter (Staff Nurse)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 29-Jun-2018

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07-Dec-1972	FLAT 1-1, 34 Pendeen Pl, Glasgow, Lanarkshire, G33 4UG

Admitted	Type	Discharged	Destination
25-Jun-2018 05:37	IP	29-Jun-2018	

Specialty	Consultant	Ward	Telephone
Gynaecology	Burton	GRI Ward 56A Gynaecology	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Zainab Kazmi (Zainab Kazmi - FY1 Doc Intake 2016.) on 29 Jun 2018 11:57

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Aripiprazole 30mg tablets	oral	1 A DAY WEEKLY DISPENSE,	No	Patient's own drug returned on discharge			
Cyclizine 50mg tablets	oral	when required 1 Tab THREE TIMES Daily IF REQUIRED,	No	Patient's own drug returned on discharge			
Diazepam 5mg tablets	oral	1 Tab Daily,	No	Patient's own drug returned on discharge			
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily	No	Patient's own drug returned on discharge			
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drug returned on discharge			
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,	No	Patient's own drug returned on discharge			
Hyoscine butylbromide 10mg tablets	oral	2 tablets three times daily when required	No	Other see comments	**Dispensing Details:** no longer required		Modified
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,	No	Patient's own drug returned on discharge			
Macrogol compound oral powder sachets NPF sugar free	oral	ONE SACHET AS REQUIRED,	No	Patient's own drug returned on discharge			
Naproxen 500mg tablets	oral	ONE TO BE TAKEN TWICE A DAY,	No	Patient's own drug returned on discharge			
Paracetamol 500mg tablets	oral	2 tablets four times daily	No	Patient's own drug returned on discharge			
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY,	No	Patient's own drug returned on discharge			
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own drug returned on discharge			
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,	No	Patient's own drug returned on discharge			

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	No	Patient's own drug returned on discharge			
Temazepam 10mg tablets	oral	1 Tab Daily,	No	Patient's own drug returned on discharge			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2018-05-18	Co-codamol 30mg/500mg tablets	oral	2 tablets every six hours when required		patient decision
2018-05-17	Paracetamol 500mg tablets	oral	2 TABLETS 4 TIMES A DAY,		increased to cocodamol for now

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, The above patient attended with abdominal pain in the right iliac fossa. She has a background of pancreatitis, cholecystectomy, appendectomy and fibromyalgia. She has a known right sided cyst and was on waiting list for laparoscopy. On examination she had a tender right iliac fossa. Bloods were unremarkable. USS showed a left ovarian 3.8 cm simple cyst containing a smaller daughter cyst likely physiological in nature.

	It is thought a large amount of her pain is chronic pain. Once the pain settles she is fit for discharge for planned outpatient laparoscopy. She was tachycardic on admission but bloodwork was unremarkable. She also has been arranged to have an outpatient 24hr tape. Kind regards, Dr Christopher Dickie
Follow Up:	No Awaits outpatient surgery
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	No

Yours sincerely,

Zainab Kazmi

Prescription Review
Checked by: Kristin Smith (Staff Nurse)
Nurse discharging patient: Kristin Smith (Staff Nurse)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNE MCGINLEYLochend Surgery,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 18-May-2018

Dear ANNE MCGINLEY,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07-Dec-1972	FLAT 1-1, 34 Pendeen Pl, Glasgow, Lanarkshire, G33 4UG

Admitted	Type	Discharged	Destination
16-May-2018 15:41	IP	18-May-2018	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Gynaecology	Rodger	GRI Ward 56A Gynaecology	0141 2114000

Primary Diagnosis
Abdominal pain

Secondary Diagnosis
Cyst of ovary

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Zainab Kazmi (Zainab Kazmi - FY1 Doc Intake 2016.) on 18 May 2018 13:06

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Aripiprazole 30mg tablets	oral	1 A DAY WEEKLY DISPENSE,					
Cyclizine 50mg tablets	oral	when required 1 Tab THREE TIMES Daily IF REQUIRED,					
Diazepam 5mg tablets	oral	1 Tab Daily,					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily					Modified
Duloxetine 60mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,					
Esomeprazole 40mg gastro-resistant capsules	oral	1 CAPSULE TWICE DAILY,					
Lactulose 3.1-3.7g/5ml oral solution	oral	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY,					
Macrogol compound oral powder sachets NPF sugar free	oral	ONE SACHET AS REQUIRED,					
Naproxen 500mg tablets	oral	ONE TO BE TAKEN TWICE A DAY,					
Paracetamol 500mg tablets	oral	2 tablets four times daily					Modified
Pregabalin 300mg capsules	oral	ONE CAPSULE TWICE DAILY,					
Ramipril 2.5mg capsules	oral	ONE TO BE TAKEN EACH DAY,					
Rizatriptan 10mg tablets	oral	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED,					
Simvastatin 20mg tablets	oral	ONE TO BE TAKEN AT NIGHT,					
Temazepam 10mg tablets	oral	1 Tab Daily,					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.Supply dihydrocodeine and paracetamol only. Dispensed by. ACarr

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2018-05-18	Co-codamol 30mg/500mg tablets	oral	2 tablets every six hours when required		patient decision
2018-05-17	Paracetamol 500mg tablets	oral	2 TABLETS 4 TIMES A DAY,		increased to cocodamol for now

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Deborah Sullivan was admitted to ward 56a GRI on 16/05 via A+E with worsening abdominal pain. She has a known ovarian cyst. She was scanned during admission and found to have a haemorrhagic ovarian cyst. Routine bloods were unremarkable. She is awaiting surgery in September. She is suitable for management as an outpatient with paracetamol and dihydrocodeine as analgesia.
Follow Up:	Yes Surgery prearranged
Results Awaited:	Yes None
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Zainab Kazmi

Prescription Review
Medications reviewed by pharmacist: Adn Iqbal (Pharmacist)
Checked by: Elaine Stewart2 (Pharmacy Support Worker)
Nurse discharging patient: Kristin Smith (Staff Nurse)

Sullivan Deborah CHI: 0712726128

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No
This letter supersedes previous version of 24 Jan 2018 10:24

Dr. G MacAllister
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
G69 7AD

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 08/02/2018

Dear Dr G MacAllister,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07/12/1972	1/1 34 Pendeen Place Glasgow G33 4UG

Admitted	Type	Discharged	Destination
22/01/2018 04:17	In Patient	24/01/2018	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr William Kyle Mitchell	GRI Ward 66 General Surgery	0141 800 1930

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Diagnosis:
1) Abdominal pain unknown cause

Background:
1) Chronic pancreatitis
2) Previous fundoplication and anterior wrap
3) Cholecystectomy
4) Appendicectomy
5) OGD in 2015 showing oesophageal spasm and gastric dysmotility
6) Fibromyalgia
7) PTSD
8) Hypertension

Dear Doctor,

This 45 year old woman with a background of chronic pancreatitis and previous cholecystectomy, appendicectomy and fundoplication was admitted to GRI on 22/1/18 with 2 days severe epigastric pain radiating to the back with nausea and loose bowels. She had had a recent flare up of her fibromyalgia. On admission she had epigastric tenderness . Obs were normal and bloods showed a raised WCC but were otherwise unremarkable, with a normal amylase.

CT showed nil acute and no cause for her pain. WCC improved to normal. Her pain is ongoing but improving, and she is now able to eat and drink. She is fit for discharge with no routine follow up required and no changes made to her medication.

Many thanks for your continuing care,
Bethan Williams FY1 ward 66 GRI

****
Final discharge comments: Nil to add.
Dr Max Reiser, FY2
****

Treatments: None recorded.

Follow-up arranged: None

Planned Outpatient Investigations: None

Final Discharge letter to follow: no

Medication Info:

Allergies:

Height: 178 cm **Weight:** 101 kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Max Robbins Reiser
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,

Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Yvonne Turner,

Sullivan Deborah CHI: 0712726128

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No
This letter supersedes previous version of 18 Nov 2017 17:39

Dr. G MacAllister
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
G69 7AD

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 04/01/2018

Dear Dr G MacAllister,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07/12/1972	"6 Muirhead Court " Glasgow G69 7EP

Admitted	Type	Discharged	Destination
13/11/2017 01:46	In Patient	13/11/2017	

Specialty	Consultant	Ward	Telephone
General Surgery	Ms Martha Quinn	GRI Ward 65 General Surgery	0141 211 5060

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,
Deborah Sullivan is a 44 year old lady who was admitted to GRI surgical department on 13.11.17 under the care of Miss Quinn.
She has a complex surgical history, with previous fundoplication and subsequent anterior wrap, cholecystectomy, appendectomy and chronic abdominal pain . Her last OGD in 2015 showed oesophageal spasm/gastric dysmotility.
She presented on this occasion with 12 hours of epigastric pain, radiating to the back. She felt nauseated with no vomiting. Blood tests and observations were normal. On examination, abdomen was soft and non tender, with no palpable masses or hernias.
Abdominal XR showed faecal loading. She was treated with laxatives and enemas. Her bowels moved and her pain settled. She was deemed medically fit for discharge on 13/11. No routine surgical follow up required.
Thank you for your continued care of this patient.

Yours Sincerely,
Alison Martin, FY1 General Surgery, GRI

FINAL COMMENTS: MQ/TH DICT 24.11.17.TYPED 5.12.17

Nil to add

Treatments: None recorded.

Follow-up arranged: no routine follow up required.

Planned Outpatient Investigations: nil

Final Discharge letter to follow: no

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Ms Martha Quinn
Consultant

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Layla Marie Harvey,

Sullivan Deborah CHI: 0712726128

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 08/09/2017

Dr. G MacAllister
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
G69 7AD

Dear Dr G MacAllister,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07/12/1972	"6 Muirhead Court " Glasgow G69 7EP

Admitted	Type	Discharged	Destination
31/08/2017 18:13	In Patient	08/09/2017	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Lyn Smith	GRI Ward 51 MR Gastro	

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: This 44 year old lady was admitted to ward 51 at GRI on 31/08/2017.
She presented having taken an intentional overdose of paracetamol, with ongoing suicidal ideation.
On admission bloods were unremarkable, her paracetamol level was under the treatment level thus she was not commenced on treatment.
She was reviewed by liaison psychiatry and was agreeable to assessment in Parkhead Hospital and was transferred on 01/09/2017.

Treatments: None recorded.

Follow-up arranged: n

Planned Outpatient Investigations: n

Final Discharge letter to follow: y

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Aisling McDaid
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Aisling McDaid, Doctor

Sullivan Deborah CHI: 0712726128

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000

Date of Completion: 20/07/2017

Dr. G MacAllister
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
G69 7AD

Dear Dr G MacAllister,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07/12/1972	"6 Muirhead Court " Glasgow G69 7EP

Admitted	Type	Discharged	Destination
19/07/2017 06:38	In Patient	20/07/2017	

Specialty	Consultant	Ward	Telephone
Respiratory Medicine	Dr Stephen Crawley	GRI Ward 10 Respiratory/ General Medicine	0141 211 4050

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: **DIAGNOSIS: MIGRAINE**
ADMISSION: This lady was admitted on 19/7/17 with a severe worsening frontal headache with nausea and aversion to brigh lights. She had no fever or neck stiffness and did not experience any visual aura. Her case was discussed with neurology who felt this was a migraine. She was therefore reated with sumatriptan which resolved her headache rapidly. She has been started on amitriptyline for migaine prevention and has been provided with sumatriptan on discharge.

Treatments: None recorded.

Follow-up arranged: none

Planned Outpatient Investigations: none

Final Discharge letter to follow: y

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Amitriptyline Hydrochloride Tablets	Oral	10	mg	At Night	Indefinite	
Diazepam Tablet	Oral	5	mg	In the Morning	Indefinite	
Duloxetine Capsules	Oral	60	mg	TWICE a day	Indefinite	
Esomeprazole Tablets	Oral	40	mg	Every morning and night	Indefinite	
Lactulose Solution	Oral	15	mL	TWICE a day	Indefinite	
Paracetamol Tablets	Oral	1000	mg	FOUR Times a Day	Indefinite	
Pregabalin Capsules	Oral	300	mg	Every morning and night	Indefinite	
Quinine Sulphate Tablets	Oral	200	mg	At Night	Indefinite	
Ramipril Capsules	Oral	2.5	mg	In the Morning	Indefinite	
Senna Tablets	Oral	15	mg	At Night	Indefinite	
Sumatriptan Succinate Tablets	Oral	50	mg	As Required	Indefinite	take one tablet on onset of migraine can repeat after at least 2 hours if required only if migraine reoccurs
Tolterodine Tartrate Tablets	Oral	2	mg	TWICE a day	Indefinite	
Zopiclone Tablets	Oral	3.75	mg	At Night	Indefinite	

New Medication Started: amitriptyline and sumatriptan

Medication Comment: stopped tramadol. As per neurology amitriptyline can be titrated up by10mg to max 60-75mg nocte.

Medication compliance aid: none

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Robert Kyle Forsythe
Doctor

Prescription Review
Medications Reviewed by Pharmacist: Justine Eastwood, Pharmacist
Dispensed Medications Checked by Pharmacy: Gwen Shaw, Pharmacist
Nurse discharging patient: Robert Forsythe, Doctor

Sullivan Deborah CHI: 0712726128

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 20/01/2017

Dr. G MacAllister
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
G69 7AD

Dear Dr G MacAllister,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07/12/1972	"6 Muirhead Court " Glasgow G69 7EP

Admitted	Type	Discharged	Destination
12/01/2017 12:34	In Patient	20/01/2017	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Hilary Wilson	GRI Ward 20/21 Rheumatology/ General Medicine	

Reason for Admission and Presenting Complaints	Admission Category
abdo pain and vomiting	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side
Acute abdominal pain (ICD10: R10.0)		
Zoster [herpes zoster] - Zoster without complication (ICD10: B02.9)		

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Dr

This lady was admitted to the general surgical unit with abdominal pain and vomiting on a background of previous gallstones and pancreatitis.
Amylase was normal, CRP 4 and LFTS were normal. Surgical team felt there was not ongoing surgical issue however she developed a fever and shingles in the left T8 dermatome. She also complained of a headache and photophobia with some neurological symptoms. She had a normal CT head and LP was negative for viral PCR, WCC <5 and no bacteria.
She has a long history of chronic widespread pain and migraine.
Her medication was reviewed by pharmacy and her regular dihydrocodeine was discontinued. She has received 7 days of aciclovir for her shingles.
there have been no other changes to her medications.

She has follow up at the pain clinic on the 15th February.
Kind regards
Dr H Wilson
Consultant Physician

Treatments: nil

Follow-up arranged: pain clinic 15th Feb 2017

Planned Outpatient Investigations: nil

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

New Medication Started: nil

Medication Comment: stop DHC

Medication compliance aid: nil

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Hilary Wilson
Consultant

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Hilary Wilson, Consultant

Sullivan Deborah CHI: 0712726128

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No
This letter supersedes previous version of 19 Nov 2015 15:38

Dr. JJ Langan
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
G69 7AD

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 28/01/2016

Dear Dr JJ Langan,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07/12/1972	6 MUIRHEAD COURT Glasgow G69 7EP

Admitted	Type	Discharged	Destination
18/11/2015 12:00	In Patient	19/11/2015	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Peter Chong	GRI Ward 65 General Surgery	0141 211 5060

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,

This 42 year old lady was admitted on the 18/11/15 to GRI with sudden onset epigastric pain radiating to the left side associated with vomitting and dysuria. Mrs Sullivan has a background of chronic pancreatitis, cholecystecomy and laparoscopic fundoplication. Whilst in hospital, then pain did improve but was still ongoing. Most recent bloods were amylase 81. WCC 7.2 and CRP 3. We treated this as a UTI and prescribed trimethoprim and regular analagesia which allowed Mrs Sullivan to be discharged to the community. We will arrange follow up with Miss Craig in the outpatient clinic. Mrs Sullivan has otherwise been deemed surgically fit for discharge.

Yours Sincerely,
Adil Shafi

Surgical FY1

FINAL DISCHARGE COMMENTS:

SA/AH 27/11/2015 - Nil to add

Treatments: None recorded.

Follow-up arranged: follow up with Miss Craig

Planned Outpatient Investigations: follow up at Miss Craig clinic

Final Discharge letter to follow: No

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Trimethoprim Tablets	Oral	200	mg	TWICE a day	5 Days	

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Stephanie Au
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Jocelyn Kennedy,

Sullivan Deborah CHI: 0712726128

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 07/09/2015

Dr. JJ Langan
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
G69 7AD

Dear Dr JJ Langan,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07/12/1972	6 MUIRHEAD COURT Glasgow G69 7EP

Admitted	Type	Discharged	Destination
02/09/2015 14:01	In Patient	04/09/2015	

Specialty	Consultant	Ward	Telephone
General Surgery	Miss Carol Craig	GRI Ward 64 General Surgery	0141 211 4453

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctors,
this 42 year old female was admitted to general surgery ward in Glasgow Royal Infirmary on 02/09/2015.
She presented with left sided abdominal pain radiating through to the back associated with vomiting. She denied urinary and bowel symptoms. On admission she was tachycardic, all other obs were stable. Blood results were unremarkable. In a view of her extensive past medical history she underwent endoscopy. This revealed normal stomach with small amount of food residue, suggestive of oesophageal/gastric dysmotility. Therefore she was commenced on Metoclopromide.
Her symptoms have resolved and she was discharged.
Thank you for ongoing care of Ms Sullivan.
Kind regards,
Joanna Osmanska

Treatments: None recorded.

Follow-up arranged: None

Planned Outpatient Investigations: None

Final Discharge letter to follow: Yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Clotrimazole 1% Cream	Topical	1	application	THREE Times a Day	7 Days	Morning, lunchtime and afternoon
Cyclizine Tablets	Oral	50	mg	THREE Times a Day	Indefinite	Max every 8 hours
Diazepam Tablet	Oral	5	mg	In the Morning	Indefinite	
Dihydrocodeine Tartrate Tablets	Oral	60	mg	FOUR Times a Day	Indefinite	Every 6 hours for pain
Duloxetine Capsules	Oral	60	mg	Every morning and night	Indefinite	
Fentanyl 75micrograms/hr Patch	Topical	1	patch(es)	As Directed	No duration defined	To be changed every 72 hurs, next due 5/09
Metoclopramide Tablets	Oral	10	mg	THREE Times a Day	5 Days	Morning,lunchtime and teatime
Omeprazole Capsules	Oral	20	mg	In the Morning	Indefinite	
Paracetamol Tablets	Oral	1000	mg	As Required	7 Days	Max every 6 hours for pain
Paracetamol Tablets	Oral	1000	mg	As Required	Indefinite	Max every 6 hours for pain
Quinine Sulphate Tablets	Oral	200	mg	At Night	Indefinite	
Senna Tablets	Oral	15	mg	At Night	Indefinite	
Temazepam Tablets	Oral	10	mg	At Night	Indefinite	
Tolterodine Tartrate Tablets	Oral	2	mg	Every morning and night	Indefinite	
Tramadol Capsule	Oral	100	mg	FOUR Times a Day	Indefinite	Every 6 hours

Medication Comment: Professional Screen. R Cord, Pharmacist. Only metoclopramide to be supplied from pharmacy.

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Joanna Osmanska
Doctor

Prescription Review
Medications Reviewed by Pharmacist: Robbie Cord, Pharmacist
Dispensed Medications Checked by Pharmacy: Michelle Roberts, Technician
Nurse discharging patient: Margaret Toner,

Sullivan Deborah CHI: 0712726128

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No
This letter supersedes previous version of 13 Mar 2014 19:09

Dr. JJ Langan
Mcglone Practice
Baillieston Health Centre
20 Muirside Road baillieston
Glasgow
G69 7AD

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 03/04/2014

Dear Dr JJ Langan,

Name	CHI	DoB	Address
Deborah Sullivan	0712726128	07/12/1972	6 MUIRHEAD COURT Glasgow G69 7EP

Admitted	Type	Discharged	Destination
13/03/2014 17:12	In Patient	13/03/2014	

Specialty	Consultant	Ward	Telephone
General Surgery	Ms Elzbieta Tolloczko	GRI Ward 67 General Surgery GP Referrals	0141 211 1291

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor

This 41 year old lady was admitted to the Surgical Department of the GRI after a fall at home. Complaining of RUQ pain and right side pain. Very tender on palpation over the ribcage on the right side, soft non tender abdomen. CXR: No pneumothorax and no obvious fracture. Impression is musclosketal pain following fall. We have discharged her with analgesia, PPI and Lactulose cover. Thank you for your time.

Kind regards
Dr Sinead Hagan Surgical FY1

FINAL DISCHARGE COMMENTS; ET/ED 21/03/14 NIL TO ADD

Treatments: None recorded.

Follow-up arranged: none

Planned Outpatient Investigations: none

Final Discharge letter to follow: no

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Co-codamol 30/500 Tablets	Oral	2	tablet(s)	Every 4 - 6 Hours when required	1 Week	
Diclofenac 50mg TID PREPACKED ONLY	Oral	50	mg	THREE Times a Day	1 Week	
Lactulose Liq as directed PREPACKED ONLY	Oral	15	ml	Twice a week	1 Week	
Omeprazole Capsules	Oral	40	mg	ONCE a Day	Indefinite	
Tramadol Capsule	Oral	100	mg	Every 4 - 6 Hours when required	1 Week	

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Ms Elzbieta Tolloczko
Consultant

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Edward Dyer,

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 355 1368
Enquiries to: Fiona.beck@ggc.scot.nhs.uk

Letter Date: 17/11/2025
Reference: FB/MO
Dictated Date: 14/11/2025
Transcribed Date: 14/11/2025

Dear Ms Sullivan,

I now have the results of the biopsies obtained at your endoscopy on 23rd September. These show inflammatory changes within the lining of your stomach but no Helicobacter pylori. There are cellular changes called intestinal metaplasia and ECL cell hyperplasia. As such we should arrange to repeat your endoscopy for more targeted gastric biopsies. A date will be sent to you in due course.

Yours sincerely

Fiona Beck

Nurse Endoscopist

Electronically Signed: Nurse Fiona Beck, Consultant

cc. Electronic copy sent to GP

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6671
Enquiries to: Sharon.Somerville@ggc.scot.nhs.uk

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

Letter Date: 24/12/2024
Reference: LG/AMcC
Dictated Date: 10/12/2024
Transcribed Date: 23/12/2024

Dear Mrs Sullivan,

I am writing to you regarding the results of your CT scan performed 11/11/24 which has just been reported today. The CT scan was arranged to investigate the abdominal pain that had lead to your recent hospital admission. Your previous surgical operations in the form of a Nissen's fundoplication and cholecystectomy are noted. There are no specific abnormalities identified on the scan to explain your symptoms. There is an incidental finding of fatty change within your liver. This is something that would be worth discussing further with your GP. Fatty change within the liver is a common condition and the treatment for this is to exercise more, eat healthily and lose weight if you are overweight. Your GP may wish to assess you further and keep this under surveillance.

Otherwise there are no concerning findings on the scan. I hope you find this reassuring.

Yours sincerely

Mr Lewis S Gall BMSc(Hons) MBChB FRCSGlasg(Gen Surg) PhD

Consultant Upper GI & General Surgeon | Glasgow Royal Infirmary

Honorary Clinical Senior Lecturer | University of Glasgow

Electronically Signed: Mr Lewis Gall, Consultant

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

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: eileen.mitchell@ggc.scot.nhs.uk

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

Letter Date: 27/07/2023
Reference: CC/EM
Dictated Date: 13/07/2023
Transcribed Date: 19/07/2023

Dear Deborah,

Just to let you know that your recent gastric emptying studies shows that your stomach appears to empty promptly with no delays. We will arrange for you to have a final review appointment in clinic in due course.

Yours sincerely

Miss Carol Craig

Consultant Upper GI Surgeon

Electronically Signed: Miss Carol Craig, Consultant

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

Voice: 0141 531 8150

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Persistent Tachycardia

Comment: I was wondering if it would be possible for this lady to be reviewed in clinic?

47 year old lady attending multiple times over last two months with persistent sweating. On each attendance HR raised at 120. Not settling any lower. Pulse seems to be regular on examination and had ECG in Feb 2020 which was sinus rhythm. No chest pain or SOB. Does complain of profuse sweating constantly and patient is always drenched in sweat on attendance at the practice. As of yet unable to determine cause. Bloods have returned normal.

Patient has RUQ pain (intermittent) and fullness of RUQ. Have referred to the surgeons regarding this.

I was wondering if this lady could please be seen in clinic for assessment of persisting tachycardia to see if she requires further cardiology investigation/management?

Many thanks,

Kind regards,

Dr. W. Brownlee GPST3.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Viral illness	-	09-Mar-2020	09-Mar-2020
Delayed gastric emptying	-	17-Jul-2019	17-Jul-2019
Secondary pancreatic diabetes mellitus without complication	coded as type 2 to allow for recall ,	01-Apr-2019	01-Apr-2019
Wet senile macular degeneration	treated, bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	-	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019
[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	20-Jan-2017
Chronic depression	-	17-Sep-2014	17-Sep-2014
Fibromyalgia	-	20-Nov-2011	20-Nov-2011
Chronic depression	-	04-Jun-2009	04-Jun-2009
Gastro-oesophageal reflux	-	04-Jun-2009	04-Jun-2009
Acute pancreatitis	-	07-Feb-2008	07-Feb-2008
Chronic pancreatitis	-	05-Feb-2008	05-Feb-2008
Fracture of one or more tarsal and metatarsal bones (Right)	-	20-Jun-2007	20-Jun-2007
Chronic pancreatitis	-	13-Jan-2006	13-Jan-2006
Acute gastritis	-	24-Jul-2005	24-Jul-2005
Hiatus hernia	-	05-Nov-2004	05-Nov-2004

Overdose of drug	-	30-Aug-2002	30-Aug-2002
Sexual assault	-	05-May-2001	05-May-2001
[X]Post - traumatic stress disorder	-	01-Jan-2001	01-Jan-2001
Anxiety with depression	-	27-Oct-2000	27-Oct-2000
Essential hypertension	-	30-Dec-1899	30-Dec-1899
Dislocation or subluxation of shoulder (Left)	-	30-Dec-1899	30-Dec-1899

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Laparotomy	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	12-Oct-2004	12-Oct-2004
Cholecystectomy	07-Dec-1996	07-Dec-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Aripiprazole Tablets 15 mg	28	28 tablet	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	06-Mar-2020
Aripiprazole Tablets 10 mg	28	28 tablet	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	06-Mar-2020
Glucorx Nexus Test strips	50	50 STRIP	TO BE USED AS DIRECTED	-	20-Jan-2020	06-Mar-2020
Gliclazide M/R tablets 60 mg	28	28 tablet	1 Tab Daily	-	16-Jan-2020	06-Mar-2020
Ondansetron Hydrochloride Tablets 4 mg	84	84 tablet	ONE THREE TIMES PER DAY WHEN REQUIRED	-	13-Dec-2019	10-Mar-2020
Alogliptin Tablets 25 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	04-Dec-2019	06-Mar-2020
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	2 TWICE A DAY	-	04-Dec-2019	06-Mar-2020
Creon 10000 Capsules	84	84 CAPSULE	ONE WITH MEALS THREE TIMES A DAY	-	24-Jun-2019	06-Mar-2020
Procyclidine Hydrochloride Tablets 5 mg.	28	28 TABLET	ONE A DAY	-	30-Apr-2019	06-Mar-2020
Peptac Liquid (aniseed)	500	500 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	06-Mar-2020
Diazepam Tablets 5 mg	28	28 TABLET	ONE A DAY	-	20-Dec-2018	06-Mar-2020
Rizatriptan Benzoate Tablets 10 mg	4	4 TABLET	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED	-	03-Apr-2018	06-Mar-2020
Temazepam Tablets 10 mg	28	28 TABLET	1 Tab Daily	-	03-Apr-2018	06-Mar-2020
Laxido Orange Oral Powder Sachets Sugar Free	28	28 SACHET	ONE SACHET AS REQUIRED	-	27-Feb-2018	06-Mar-2020
Paracetamol Tablets 500 mg	112	112 TABLET	2 TABLETS 4 TIMES A DAY IF NEEDED	-	27-Feb-2018	06-Mar-2020
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	06-Mar-2020
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	06-Mar-2020
Duloxetine Gastro-resistant Capsules 60 mg.	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	06-Mar-2020
	56			-	27-Feb-2018	

Pregabalin Capsules 300 mg		56 CAPSULE	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY			06-Mar-2020
Simvastatin Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	06-Mar-2020
Ramipril Capsules 2.5 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	06-Mar-2020

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Canesten Combi Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	31-Jan-2020	31-Jan-2020
Gliclazide M/R tablets 30 mg	60	60 tablet	2 TABLETS TWICE DAILY TO REPLACE 60MG TAB WHILST UNAVAILABLE	-	22-Jan-2020	22-Jan-2020
Codeine Phosphate Tablets 30 mg	56	56 TABLET	TAKE ONE UP TO THREE TIMES DAILY ONLY IF NEEDED WHEN REQUIRED	-	13-Dec-2019	10-Mar-2020
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE	-	28-Nov-2019	28-Nov-2019
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	28-Nov-2019	28-Nov-2019
Cinchocaine Hydrochloride And Hydrocortisone Ointment 0.5 % + 0.5 %	30	30 gram	APPLY MORNING AND NIGHT	-	28-Nov-2019	28-Nov-2019
Cyclizine Tablets 50 mg	21	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY IF REQUIRED	-	22-Nov-2019	22-Nov-2019
Co-Codamol 8/500 Tablets	50	50 TABLET	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY	-	22-Nov-2019	22-Nov-2019
Miconazole Nitrate Cream 2 %	30	30 GRAM	APPLY TWICE DAILY AND CONTINUE FOR 10 DAYS AFTER LESIONS HAVE HEALED	-	07-Nov-2019	07-Nov-2019
Metoclopramide Hydrochloride Tablets 10 mg	15	15 TABLET	ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED TO HELP STOMACH EMPTY	-	01-Oct-2019	25-Nov-2019
Hyoscine Butylbromide Tablets 10 mg	126	126 tablet	ONE OR TWO TO BE TAKEN 3 TIMES A DAY AS NEEDED	-	19-Sep-2019	25-Nov-2019
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	19-Sep-2019	10-Mar-2020
Metoclopramide Hydrochloride Tablets 10 mg	15	15 TABLET	ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED FOR STOMACH SYMPTOMS	-	17-Jul-2019	25-Nov-2019
Gliclazide M/R tablets 30 mg	28	28 tablet	ONCE A DAY	-	24-Jun-2019	08-Jan-2020
Aripiprazole Tablets 30 mg	28	28 tablet	1 A DAY WEEKLY DISPENSE	-	05-Apr-2018	31-Jan-2020

Blood Pressure

Date Recorded	Systolic	Diastolic
28-Nov-2019	126	81
28-Nov-2019	126	81
28-Nov-2019	126	81
20-Jun-2019	148	110
29-Apr-2019	131	80

Body Measurements

Date Recorded	Height	Weight	BMI
26-Feb-2020	-	-	33.1
26-Feb-2020	-	101.4	-
28-Nov-2019	-	97.9	31.97
20-Jun-2019	-	-	32.5
29-Apr-2019	-	99	32.3

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker (Stopped 2019):		26-Feb-2020
Refusal to give smoking status:		25-Feb-2019
Smoker :		22-Feb-2018
Teetotaller:		26-Mar-2019
Teetotaller:		22-Feb-2018
GPPAQ physcl act ind: inactive:		26-Mar-2019

Clinical warnings

Allergies

Description	Date recorded
H/O: penicillin allergy	30-Dec-1899

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF		**Hospital** and **hospital address** Hospital location code. G107H Email address -

Urgency of referral Urgent - Suspected Cancer
Date of referral 11-Mar-2020 **Date sent** 11-Mar-2020

PATIENT DETAILS

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

Patient's address

0-1
8 Boyndie Street
EASTERHOUSE
Glasgow
G34 9JE

Contact number(s)

Voice: 07713718392

101020883190U Unique Care Pathway Number: 101020883190U

REGISTERED GP DETAILS

Name	Dr Anne McGinley		
GMC code	3341180	GP code	07307
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150
Facsimile: 0141 531 8158
E-mail: GG-UHB.gp46471clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Warren Brownlee		
GMC code	7140654	GP code	99999
Practice name	Lochend Surgery (46471)		
Practice code	46471		

Practice address

Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: RUQ fullness, sweating

Comment: 47 year old lady with multiple attendance with ++ sweating and RUQ fullness.

Feeling of RUQ fullness/intermittent pain over last few months. No D+V. No urinary symptoms. No PR blood. No vomiting. Weight stable at circa 100kg. On episode of microscopic haematuria but this has cleared on a repeat urine dip.

Present for multiple months. Re: the sweating no cause yet found. Does have background of complex PTSD and is on Aripiprazole from Psychiatry. They do not think this is causing the sweating. There was no impact by a dose reduction.

On exam: RUQ fullness. Tender RUQ. Soft abdo. HR persistently 115-120.

Bloods: CA 125 normal. LFTs and inflammatory markers normal.

Currently unclear what the diagnosis is and if there is a diagnosis unifying the sweating, tachycardia and RUQ fullness. Was considering a neuroendocrine tumour as cause. I thought that she ought to have some abdominal imaging and have requested an USS but wondered if a CT scan might be more appropriate. Would it please be possible for her to be seen in clinic on urgent basis?

Many thanks.

Kind regards.

Dr. W. Brownlee. GPST3.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Viral illness	-	09-Mar-2020	09-Mar-2020
Delayed gastric emptying	-	17-Jul-2019	17-Jul-2019
Secondary pancreatic diabetes mellitus without complication	coded as type 2 to allow for recall	01-Apr-2019	01-Apr-2019
Wet senile macular degeneration	treated, bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	-	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019
[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	20-Jan-2017
Chronic depression	-	17-Sep-2014	17-Sep-2014
Fibromyalgia	-	20-Nov-2011	20-Nov-2011
Chronic depression	-	04-Jun-2009	04-Jun-2009
Gastro-oesophageal reflux	-	04-Jun-2009	04-Jun-2009
Acute pancreatitis	-	07-Feb-2008	07-Feb-2008
Chronic pancreatitis	-	05-Feb-2008	05-Feb-2008

Fracture of one or more tarsal and metatarsal bones (Right)	-	20-Jun-2007	20-Jun-2007
Chronic pancreatitis	-	13-Jan-2006	13-Jan-2006
Acute gastritis	-	24-Jul-2005	24-Jul-2005
Hiatus hernia	-	05-Nov-2004	05-Nov-2004
Overdose of drug	-	30-Aug-2002	30-Aug-2002
Sexual assault	-	05-May-2001	05-May-2001
[X]Post - traumatic stress disorder	-	01-Jan-2001	01-Jan-2001
Anxiety with depression	-	27-Oct-2000	27-Oct-2000
Essential hypertension	-	30-Dec-1899	30-Dec-1899
Dislocation or subluxation of shoulder (Left)	-	30-Dec-1899	30-Dec-1899

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Laparotomy	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	12-Oct-2004	12-Oct-2004
Cholecystectomy	07-Dec-1996	07-Dec-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Aripiprazole Tablets 15 mg	28	28 tablet	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	06-Mar-2020
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Gliclazide M/R tablets 60 mg	28	28 tablet	1 Tab Daily	-	16-Jan-2020	06-Mar-2020
Ondansetron Hydrochloride Tablets 4 mg	84	84 tablet	ONE THREE TIMES PER DAY WHEN REQUIRED	-	13-Dec-2019	10-Mar-2020
Alogliptin Tablets 25 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	04-Dec-2019	06-Mar-2020
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	2 TWICE A DAY	-	04-Dec-2019	06-Mar-2020
Creon 10000 Capsules	84	84 CAPSULE	ONE WITH MEALS THREE TIMES A DAY	-	24-Jun-2019	06-Mar-2020
Procyclidine Hydrochloride Tablets 5 mg	28	28 TABLET	ONE A DAY	-	30-Apr-2019	06-Mar-2020
Peptac Liquid (aniseed)	500	500 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	06-Mar-2020
Diazepam Tablets 5 mg	28	28 TABLET	ONE A DAY	-	20-Dec-2018	06-Mar-2020
Rizatriptan Benzoate Tablets 10 mg	4	4 TABLET	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED	-	03-Apr-2018	06-Mar-2020
Temazepam Tablets 10 mg	28	28 TABLET	1 Tab Daily	-	03-Apr-2018	06-Mar-2020
Laxido Orange Oral Powder Sachets Sugar Free	28	28 SACHET	ONE SACHET AS REQUIRED	-	27-Feb-2018	06-Mar-2020
Paracetamol Tablets 500 mg	112	112 TABLET	2 TABLETS 4 TIMES A DAY IF NEEDED	-	27-Feb-2018	06-Mar-2020
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	06-Mar-2020
	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	

Esomeprazole Gastro-resistant Capsules 40 mg						06-Mar-2020
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	06-Mar-2020
Pregabalin Capsules 300 mg	56	56 CAPSULE	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY	-	27-Feb-2018	06-Mar-2020
Simvastatin Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	06-Mar-2020
Ramipril Capsules 2.5 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	06-Mar-2020

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Canesten Combi Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	31-Jan-2020	31-Jan-2020
Gliclazide M/R tablets 30 mg	60	60 tablet	2 TABLETS TWICE DAILY TO REPLACE 60MG TAB WHILST UNAVAILABLE	-	22-Jan-2020	22-Jan-2020
Codeine Phosphate Tablets 30 mg	56	56 TABLET	TAKE ONE UP TO THREE TIMES DAILY ONLY IF NEEDED WHEN REQUIRED	-	13-Dec-2019	10-Mar-2020
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE	-	28-Nov-2019	28-Nov-2019
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	28-Nov-2019	28-Nov-2019
Cinchocaine Hydrochloride And Hydrocortisone Ointment 0.5 % + 0.5 %	30	30 gram	APPLY MORNING AND NIGHT	-	28-Nov-2019	28-Nov-2019
Cyclizine Tablets 50 mg	21	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY IF REQUIRED	-	22-Nov-2019	22-Nov-2019
Co-Codamol 8/500 Tablets	50	50 TABLET	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY	-	22-Nov-2019	22-Nov-2019
Miconazole Nitrate Cream 2 %	30	30 GRAM	APPLY TWICE DAILY AND CONTINUE FOR 10 DAYS AFTER LESIONS HAVE HEALED	-	07-Nov-2019	07-Nov-2019
Metoclopramide Hydrochloride Tablets 10 mg	15	15 TABLET	ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED TO HELP STOMACH EMPTY	-	01-Oct-2019	25-Nov-2019
Hyoscine Butylbromide Tablets 10 mg	126	126 tablet	ONE OR TWO TO BE TAKEN 3 TIMES A DAY AS NEEDED	-	19-Sep-2019	25-Nov-2019
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	19-Sep-2019	10-Mar-2020
Metoclopramide Hydrochloride Tablets 10 mg	15	15 TABLET	ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED FOR STOMACH SYMPTOMS	-	17-Jul-2019	25-Nov-2019

Gliclazide M/R tablets 30 mg	28	28 tablet	ONCE A DAY	-	24-Jun-2019	08-Jan-2020
Aripiprazole Tablets 30 mg	28	28 tablet	1 A DAY WEEKLY DISPENSE	-	05-Apr-2018	31-Jan-2020

Blood Pressure

Date Recorded	Systolic	Diastolic
28-Nov-2019	126	81
28-Nov-2019	126	81
28-Nov-2019	126	81
20-Jun-2019	148	110
29-Apr-2019	131	80

Body Measurements

Date Recorded	Height	Weight	BMI
26-Feb-2020	-	-	33.1
26-Feb-2020	-	101.4	-
28-Nov-2019	-	97.9	31.97
20-Jun-2019	-	-	32.5
29-Apr-2019	-	99	32.3

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker (Stopped 2019):		26-Feb-2020
Refusal to give smoking status:		25-Feb-2019
Smoker :		22-Feb-2018
Teetotaller:		26-Mar-2019
Teetotaller:		22-Feb-2018
GPPAQ physcl act ind: inactive:		26-Mar-2019

Clinical warnings

Allergies

Description	Date recorded
H/O: penicillin allergy	30-Dec-1899

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

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

Sullivan Deborah CHI: 0712726128

Referral letter: Received 9/1/20

Urgent Routine

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

ENT Consultant
ENT Department
Glasgow Royal Infirmary

Main Switchboard: 0141 211 4000
Department: Respiratory Medicine
Contact Tel: 0141 800 1935
Enquiries to: suzy.brown@ggc.scot.nhs.uk
Letter Date: 09/01/2020
Reference: VSISC
Dictated Date: 07/12/2019
Transcribed Date: 31/12/2019

Dear Colleague,

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

Issue - Nasal polyps

I would be grateful if you could see this lady who was recently under the surgical team but was referred to us with ? haemoptysis. She is an ex smoker who had been coughing up clots of blood for a three to four day period and has had this a few months prior also.
She has a normal chest x-ray and CT and subsequently had a bronchoscopy with Dr Bayes which was unremarkable apart from friable nasal polyps which were thought to be the source of her bleeding. We would be grateful for your input regarding management of these.

With kind regards

Yours sincerely

Dr Varun Sharma

ST5 in Respiratory Medicine

Electronically Signed: Dr Varun Sharma, Doctor

cc. Dr AL McGinley 9 Auchinlea Road Glasgow G34 9HQ

Referral letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

ENT Consultant
ENT Department
Glasgow Royal Infirmary

Main Switchboard: 0141 211 4000
Department: Respiratory Medicine
Contact Tel: 0141 800 1926
Enquiries to: suzy.brown@ggc.scot.nhs.uk
Letter Date: 09/01/2020
Reference: VS/SC
Dictated Date: 17/12/2019
Transcribed Date: 31/12/2019

Dear Colleague,

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

Issue - Nasal polyps

I would be grateful if you could see this lady who was recently under the surgical team but was referred to us with ? haemoptysis. She is an ex smoker who had been coughing up clots of blood for a three to four day period and has had this a few months prior also. She has a normal chest x-ray and CT and subsequently had a bronchoscopy with Dr Bayes which was unremarkable apart from friable nasal polyps which were thought to be the source of her bleeding. We would be grateful for your input regarding management of these.

With kind regards

Yours sincerely

Dr Varun Sharma

ST5 in Respiratory Medicine

Electronically Signed: Dr Varun Sharma, Doctor

cc. Dr AL McGinley 9 Auchinlea Road Glasgow G34 9HQ

Referral letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Miss Carol Craig
Consultant Upper GI Surgeon
General Surgery Department
GRI

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 800 1977
Enquiries to: Tricia.Tullan@ggc.scot.nhs.uk
Letter Date: 19/09/2019
Reference: LP/LM
Dictated Date: 14/08/2019
Transcribed Date: 26/08/2019

Dear Miss Craig,

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

Mr Chang would be grateful if you are able to offer Ms Sullivan an outpatient appointment. This 46 year old lady has previously undergone a Nissen fundoplication under the care of Mr Smith prior to 2008. In 2009 she underwent a redo fundoplication with an anterior wrap.

She has re-presented on two separate occasions with ongoing episodes of upper abdominal pain despite analgesia and anti acid medications. Her last OGD on 11/07/2019 has shown a stomach containing bile and food debris despite fasting. The wrap appeared intact and there were no overt mucosal abnormalities.

On this admission we have managed her conservatively and arranged for her to undergo outpatient gastric emptying studies as part of the workup for her recurrent abdominal pain.

would be grateful if you are able to follow her up in an outpatient setting once the results of her investigations are to hand.

Yours Sincerely

Dr Lavan Palanivelu

ST7

Electronically Signed: Dr Lavanniya Kumar Palani Velu, Doctor

cc.

Referral letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Nail Surgery
East Quadrant

Main Switchboard: 0141 211 4000
Department: Podiatry
Contact Tel: 0141 5316261
Enquiries to: David McDonald. Podiatrist.
Letter Date: 10/04/2019
Reference:
Dictated Date: 10/04/2019
Transcribed Date: 10/04/2019

Dear Nail Surgery ,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
FLAT 0-1, 8 BOYNDIE ST, Glasgow, Lanarkshire, G34 9JE

Please see this Lady for nail surgery.

Many Thanks,

David McDonald. Podiatrist.

Electronically Signed: ,

cc.

Endocrinology

Glasgow Royal Infirmary

Alexandra Parade

Glasgow G31 2ER

09/04/2019

DR AL McGinley

Lochend Surgery

Easterhouse Health Centre

9 Auchinlea Road

Glasgow

G34 9HQ

Dear Dr AL McGinley

Patient Name: Deborah Sullivan

CHI Number: 0712726128

Referral Date: 02/04/2019

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

Please see the following reasons.

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

http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGC%20Referral%20Guidance/Pages/GGCReferralGuidance.aspx

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

Enter free text here

( ) Other

letter to follow

Yours sincerely

Dr David Carty

User ID David Carty

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Endocrinology GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF		**Hospital** and **hospital address** Hospital location code. G107H Email address -

Urgency of referral Routine
Date of referral 01-Apr-2019 **Date sent** 01-Apr-2019

PATIENT DETAILS

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

Patient's address

0-1
8 Boyndie Street
EASTERHOUSE
Glasgow
G34 9JE

Contact number(s)

Voice: 07713718392

101018384502G Unique Care Pathway Number: 101018384502G

REGISTERED GP DETAILS

Name	Dr Anne McGinley		
GMC code	3341180	GP code	07307
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150
Facsimile: 0141 531 8158

REFERRING GP DETAILS

Name	Dr. Emma Sheppard		
GMC code	3665273	GP code	07111
Practice name	Lochend Surgery (46471)		
Practice code	46471		

Practice address

Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150

Facsimile: 0141 531 8158

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: nrew diagnosis of DM probably secondary to chronic pancreattitis

Comment: Dear Diabetic clinic, GRI preferred due to problems with transport from Easterhouse to Stobhill. Deborah has a number of barriers to management of DM not least inactivity but does think she can make some dietry changes. Feet OK at time of diagnosis but does already have eye problems. We have coded as type 2 as unfortuately EMIS computer system only reconises the 2 codes type 1 and 2 for review. I refer as per local gudielines staing hosiptal review for those with secondary diabetes

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Secondary pancreatic diabetes mellitus without complication	-	01-Apr-2019	01-Apr-2019
Type 2 diabetes mellitus	-	26-Mar-2019	26-Mar-2019
Gastritis unspecified	-	20-Mar-2019	20-Mar-2019
Wet senile macular degeneration	treated, bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	probably secondary to chronic pancreatitis	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019
[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	20-Jan-2017
Chronic depression	-	17-Sep-2014	17-Sep-2014
Fibromyalgia	-	20-Nov-2011	20-Nov-2011
Gastro-oesophageal reflux	-	04-Jun-2009	04-Jun-2009
Chronic depression	-	04-Jun-2009	04-Jun-2009
Acute pancreatitis	-	07-Feb-2008	07-Feb-2008
Chronic pancreatitis	-	05-Feb-2008	05-Feb-2008
Fracture of one or more tarsal and metatarsal bones (Right)	-	20-Jun-2007	20-Jun-2007
Chronic pancreatitis	-	13-Jan-2006	13-Jan-2006
Acute gastritis	-	24-Jul-2005	24-Jul-2005
Hiatus hernia	-	05-Nov-2004	05-Nov-2004
Overdose of drug	-	30-Aug-2002	30-Aug-2002
Sexual assault	-	05-May-2001	05-May-2001
[X]Post - traumatic stress disorder	-	01-Jan-2001	01-Jan-2001
Anxiety with depression	-	27-Oct-2000	27-Oct-2000
Essential hypertension	-	30-Dec-1899	30-Dec-1899
Dislocation or subluxation of shoulder (Left)	-	30-Dec-1899	30-Dec-1899

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded

Laparotomy	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	12-Oct-2004	12-Oct-2004
Cholecystectomy	07-Dec-1996	07-Dec-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Peptac Liquid (aniseed)	500	500 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	20-Mar-2019
Procyclidine Hydrochloride Tablets 5 mg	28	28 tablet	1 Tab Daily	-	14-Mar-2019	14-Mar-2019
Diazepam Tablets 5 mg	28	28 TABLET	1 Tab Daily	-	20-Dec-2018	14-Mar-2019
Aripiprazole Tablets 30 mg	28	28 tablet	1 A DAY WEEKLY DISPENSE	-	05-Apr-2018	13-Mar-2019
Rizatriptan Benzoate Tablets 10 mg	6	6 tablet	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED	-	03-Apr-2018	13-Mar-2019
Temazepam Tablets 10 mg	28	28 TABLET	1 Tab Daily	-	03-Apr-2018	14-Mar-2019
Laxido Orange Oral Powder Sachets Sugar Free	28	28 SACHET	ONE SACHET AS REQUIRED	-	27-Feb-2018	13-Mar-2019
Paracetamol Tablets 500 mg	112	112 tablet	2 TABLETS 4 TIMES A DAY	-	27-Feb-2018	13-Mar-2019
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	13-Mar-2019
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	13-Mar-2019
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	13-Mar-2019
Pregabalin Capsules 300 mg	56	56 CAPSULE	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY	-	27-Feb-2018	13-Mar-2019
Simvastatin Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	13-Mar-2019
Ramipril Capsules 2.5 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	13-Mar-2019

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dihydrocodeine Tablets 30 mg	84	84 tablet	ONE TO BE TAKEN FOUR TIMES A DAY	-	14-Mar-2019	14-Mar-2019
Naproxen Tablets 500 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY	-	14-Mar-2019	14-Mar-2019
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2019	14-Mar-2019
Diazepam Tablets 2 mg	9	9 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	-	27-Feb-2019	27-Feb-2019
Ketoconazole Shampoo 2 %	120	120 ML	FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)	-	25-Feb-2019	25-Feb-2019

Metronidazole Gel 0.75 %	30	30 gram	TO BE USED TWICE A DAY	-	25-Feb-2019	25-Feb-2019
Chloramphenicol Eye drops 0.5 %	10	10 ML	APPLY ONE DROP EVERY TWO HOURS INITIALLY THEN REDUCE FREQUENCY AS INFECTION IS CONTROLLED AND CONTINUE FOR 48 HOURS AFTER HEALING	-	25-Feb-2019	25-Feb-2019
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	06-Feb-2019	05-Feb-2019
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	05-Feb-2019	05-Feb-2019
Naproxen Tablets 500 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY	-	21-Jan-2019	21-Jan-2019
Mirtazapine Tablets 15 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	21-Jan-2019	21-Jan-2019
Procyclidine Hydrochloride Tablets 5 mg	28	28 tablet	1 Tab Daily	-	21-Jan-2019	21-Jan-2019
Mirtazapine Tablets 15 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	20-Dec-2018	20-Dec-2018
Procyclidine Hydrochloride Tablets 5 mg	14	14 tablet	ONE A DAY	-	20-Dec-2018	20-Dec-2018
Procyclidine Hydrochloride Tablets 5 mg	28	28 tablet	1 Tab Daily	-	03-Dec-2018	03-Dec-2018
Cyclizine Tablets 50 mg	30	30 tablet	1 TAB TID PRN FOR NAUSEA	-	22-Nov-2018	22-Nov-2018
Mirtazapine Tablets 15 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	07-Nov-2018	03-Dec-2018
Procyclidine Hydrochloride Tablets 5 mg	28	28 tablet	1 Tab Daily	-	07-Nov-2018	07-Nov-2018
Diazepam Tablets 2 mg	21	21 TABLET	1 - 3 TABLETS TO BE TAKEN DURING THE DAY. IF NEEDED IN ADDITION TO NORMAL DOSE.	-	31-Oct-2018	31-Oct-2018
Cyclizine Tablets 50 mg	30	30 tablet	ONE TO BE TAKEN UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA. (WEEKELY DISPENSE PLEASE).	-	15-Oct-2018	15-Oct-2018
Diazepam Tablets 5 mg	56	56 TABLET (S)	1 Tab Daily	-	12-Jul-2018	25-Oct-2018
Dihydrocodeine Tablets 30 mg	112	112 tablet	1 Tab FOUR TIMES Daily	-	21-May-2018	21-Jan-2019
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	03-Apr-2018	24-Dec-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
26-Mar-2019	122	88

Body Measurements

Date Recorded	Height	Weight	BMI
26-Mar-2019	175	100	32.7

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Refusal to give smoking status:		25-Feb-2019
Smoker :		22-Feb-2018
Teetotaller:		26-Mar-2019
Teetotaller:		22-Feb-2018
GPPAQ physcl act ind: inactive:		26-Mar-2019

Clinical warnings

Allergies

Description	Date recorded
H/O: penicillin allergy	30-Dec-1899

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gynaecology - Menstrual Disorders GGC Gynae Gen Ref	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	——	**Hospital** and **hospital address** Hospital location code. G107H Email address -

Urgency of referral Routine
Date of referral 16-Sep-2016 **Date sent** 16-Sep-2016

PATIENT DETAILS

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

Patient's address

6 Muirhead Court
BAILLIESTON
GLASGOW
G69 7EP

Contact number(s)

Voice: 07713718392

101012157893G

Unique Care Pathway Number: 101012157893G

REGISTERED GP DETAILS

Name	Dr Graeme MacAllister		
GMC code	6148111	GP code	08290
Practice name	Baillieston Health Centre (18889)		
Practice code	46216		

Practice address

20 Muirside Road
Baillieston
Glasgow
G69 7AD

Contact number(s)

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

REFERRING GP DETAILS

Name	Dr. Rachael Mortimer		
GMC code	7133993	GP code	99999
Practice name	McGlone Practice (46216)		
Practice code	46216		

Practice address

Baillieston Health Centre
20 Muirside Road
Baillieston
Glasgow
G69 7AD

Contact number(s)

Voice: 0141 531 8050

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: ??DUB

Comment: Many thanks for seeing this 43 year old lady who attended the surgery initially with a history of 8 weeks PV bleeding. She is on the POP (cerelle) and initially the bleeding was thought to be due to this. It has failed to resolve after use with norethisterone however.
She attended the surgery today for PV exam and swabs which have been sent.
On examination healthy vagina and vulval tissues on sepculum examination. HVS and ECS taken. PV - no cervical excitation, uterus ?retroverted, normal size. Mildly tender to palpate on bimanual.
Her sister recently had a mirena placed for DUB and her mother underwent hysterecomy for heavy periods also at a similar age.
I wonder if she has some DUB, but would be grtaeful for your review with a view to scan +/- pipelle +/- mirena. Many thanks,
Dr Rachael Mortimer GPST3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

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

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Polypharmacy medication review	Polypharmacy LES	27-Apr-2015	27-Apr-2015
Laparotomy	and open fundoplication	14-Oct-2009	14-Oct-2009
Laparotomy	and open revision of fundoplication	06-Oct-2009	06-Oct-2009
Nissen fundoplication using abdominal approach	-	26-Oct-2004	26-Oct-2004
[SO]Sphincter of Oddi	Dysfuntion	14-Nov-1996	14-Nov-1996
Endoscopic retrograde cholangiopancreatography	Major papilla was located in the second part of the duodenum	10-Oct-1996	10-Oct-1996
Excision of gall bladder	-	23-Apr-1996	23-Apr-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Transvasin Heat Rub (Cream)	80	80 gram	APPLY TID	-	22-Aug-2016	22-Aug-2016
Zopiclone Tablets 3.75 mg	56	56 tablet	ONE OR TWO TO BE TAKEN AT NIGHT	-	20-Jul-2016	09-Sep-2016
Dihydrocodeine Tablets 30 mg	224	224 tablet	ONE OR TWO TABLETS TO BE TAKEN THREE OR FOUR TIMES A DAY	-	14-Jun-2016	24-Aug-2016
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	1 Cap Twice daily	-	24-Nov-2015	24-Aug-2016
Fentanyl-Transdermal patches 75 micrograms/hour	10	10 PATCH	apply 1 patch every 72 hours	-	24-Nov-2015	24-Aug-2016
Tolterodine Tartrate Tablets 2 mg	112	112 TABLET	ONE TO BE TAKEN TWICE A DAY	-	24-Jun-2015	10-Jun-2016
Cyclizine Tablets 50 mg	100	100 tablet	1 Tab PRN MAX TDS	-	19-Jan-2015	27-Jul-2016
Quinine Sulfate Tablets 200 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	30-Oct-2012	24-Aug-2016
Senna Tablets 7.5 mg	112	112 TABLET	TAKE TWO TABLETS AT NIGHT	-	16-Aug-2012	27-Jul-2016
Hydroxychloroquine Sulfate Tablets 200 mg	112	112 TABLET	2 DAILY	-	11-May-2012	24-Aug-2016
Esomeprazole Gastro-resistant Tablets 40 mg	112	112 TABLET	1 Tab Twice daily	-	29-Dec-2011	01-Aug-2016
Tramadol Hydrochloride Capsules 50 mg	224	224 capsule	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	22-Dec-2011	24-Aug-2016
Diazepam Tablets 5 mg	56	56 TABLET	1 Tab Daily	-	22-Dec-2011	01-Aug-2016
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	29-Mar-2011	24-Aug-2016
Paracetamol Capsules 500 mg	224	224 CAPS	2 Caps qds	-	18-Nov-2010	24-Aug-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Norethisterone Tablets 5 mg	30	30 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	14-Sep-2016	14-Sep-2016
Norethisterone Tablets 5 mg	30	30 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Sep-2016	01-Sep-2016
Fluconazole Capsules 50 mg	7	7 capsule	ONE TAB DAILY	-	01-Aug-2016	01-Aug-2016
Metoclopramide Hydrochloride Tablets 10 mg	15	15 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	07-Jun-2016	07-Jun-2016
Diazepam Tablets 2 mg	21	21 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	-	03-Jun-2016	03-Jun-2016
	56	56 tablet		-	26-May-2016	

Zopiclone Tablets 3.75 mg			ONE OR TWO TABS TO BE TAKEN AT NIGHT.			22-Jun-2016
Zopiclone Tablets 3.75 mg	56	56 tablet	ONE OR TWO TABS TO BE TAKEN AT NIGHT.	-	28-Apr-2016	28-Apr-2016
Zopiclone Tablets 3.75 mg	28	28 tablet	1 OR 2 TABS AT NIGHT	-	03-Mar-2016	14-Apr-2016
Nystan Oral suspension 100,000 units/ml	30	30 ML	USE 1ML IN THE MOUTH AFTER FOOD FOUR TIMES A DAY, USUALLY FOR SEVEN DAYS	-	04-Feb-2016	07-Apr-2016
Dihydrocodeine Tartrate Tablets 30 mg	224	224 TABLET	ONE OR TWO TABLETS TO BE TAKEN THREE OR FOUR TIMES A DAY	-	22-Dec-2011	10-Jun-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
14-Jan-2016	108	68
08-Mar-2013	118	78
26-Jun-2012	110	80
11-Sep-2007	130	84
20-Jul-2006	120	82

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		16-Oct-2015
Current smoker:		14-Aug-2013
Current smoker:		19-Jan-2012
Current smoker:	Smokefree Pharmacy Service	07-Apr-2011
Ex smoker:	priority=2	14-Jan-2009

Investigations

Description/Question	Result/Comment	Date
Last smear result:	negative	-
Last smear date:	2015-04-27	-

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to penicillins	16-Feb-2009

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology
GGC General Referral

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Hospital and **hospital address**
Hospital location code.
G107H
Email address
-

Urgency of referral ROUTINE
Date of referral 06-May-2015 **Date sent** 06-May-2015

PATIENT DETAILS

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

Patient's address

6 Muirhead Court
BAILLIESTON
GLASGOW
G69 7EP

Contact number(s)

Voice: 07936225898

1010091878317

Unique Care Pathway Number: 1010091878317

REGISTERED GP DETAILS

Name	Dr John Langan		
GMC code	1351886	GP code	05193
Practice name	Baillieston Health Centre (18889)		
Practice code	46216		

Practice address

20 Muirside Road
Baillieston
Glasgow
G69 7AD

Contact number(s)

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

REFERRING GP DETAILS

Name	Dr. Christine Walker		
GMC code	4093158	GP code	08192
Practice name	McGlone Practice (46216)		
Practice code	46216		

Practice address

Baillieston Health Centre
20.Muirside Road
Baillieston
Glasgow
G69 7AD

Contact number(s)

Voice: 0141 531 8050

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Dermatitis artefacta

Comment: I would be grateful if you could see this lady who has a type of dermatitis artefacta which is causing her scarring. Deborah is a 42 year old lady who suffers from chronic anxiety with depression and agoraphobia and chronic pain from pancreatitis. She has been self-harming for years. She takes a hot water bottle and holds it against her leg (or other areas of the body in the past) until the skin blisters. She then picks at the blisters so that they weep.

On examination in the surgery this week she had an area of chronic changes which extended the whole length of her right outer thigh because of this self-harming behaviour. The outer area of the rash was purplish with the inner areas more red with some open, weeping areas. There was scarring involved and the whole leg looked really quite disturbing.

Deborah is once again seeking help for her self-harming and we have re-referred her to the Community Mental Health Team.

I am not quite sure what we can do to help with the actual scarring on her legs. There are still active areas and the whole leg looks quite a mess. I would appreciate if you could review her leg and offer any suggestions as to what we could do to help this.

On examination in the surgery there seemed to be no added infection and she was advised about seeking help urgently should this happen.

Thank you for your time and consideration.

Yours sincerely

CHRISTINE A WALKER

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

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

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Polypharmacy medication review	Polypharmacy LES	27-Apr-2015	27-Apr-2015
Laparotomy	and open fundoplication	14-Oct-2009	14-Oct-2009
Laparotomy	and open revision of fundoplication	06-Oct-2009	06-Oct-2009
Nissen fundoplication using abdominal approach	-	26-Oct-2004	26-Oct-2004
[SO]Sphincter of Oddi	Dysfuntion	14-Nov-1996	14-Nov-1996
Endoscopic retrograde cholangiopancreatography	Major papilla was located in the second part of the duodenum	10-Oct-1996	10-Oct-1996
Excision of gall bladder	-	23-Apr-1996	23-Apr-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Cyclizine Tablets 50 mg	100	100 tablet	1 Tab PRN MAX TDS	-	19-Jan-2015	01-Apr-2015
Quinine Sulfate Tablets 200 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	30-Oct-2012	01-Apr-2015
Dicycloverine Tablets 10 mg	168	168 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	16-Aug-2012	01-Apr-2015
Senna Tablets 7.5 mg	112	112 TABLET	TAKE TWO TABLETS AT NIGHT	-	16-Aug-2012	09-Mar-2015
Hydroxychloroquine Sulfate Tablets 200 mg	112	112 TABLET	2 DAILY	-	11-May-2012	01-Apr-2015
Esomeprazole Gastro-resistant Tablets 40 mg	112	112 TABLET	1 Tab Twice daily	-	29-Dec-2011	01-Apr-2015
Tramadol Hydrochloride Capsules 50 mg	224	224 capsule	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	22-Dec-2011	23-Apr-2015
Temazepam Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	22-Dec-2011	01-Apr-2015
Diazepam Tablets 5 mg	56	56 TABLET	1 Tab Daily	-	22-Dec-2011	01-Apr-2015
Dihydrocodeine Tartrate Tablets 30 mg	224	224 TABLET	ONE OR TWO TABLETS TO BE TAKEN THREE OR FOUR TIMES A DAY	-	22-Dec-2011	23-Apr-2015
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	29-Mar-2011	23-Apr-2015
Paracetamol Capsules 500 mg	224	224 CAPS	2 Caps qds	-	18-Nov-2010	23-Apr-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	1 Cap Daily	-	19-Jan-2015	27-Apr-2015
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap Daily	-	19-Jan-2015	27-Apr-2015
Fentanyl Transdermal patches 75 micrograms/hour	10	10 PATCH	apply 1 patch every 72 hours	-	19-Jan-2015	27-Apr-2015
Cerazette Tablets 75 micrograms	168	168 tablet	1 Tab Daily	-	19-Jan-2015	19-Jan-2015
Clarithromycin Tablets 500 mg	10	10 tablet	ONE TO BE TAKEN TWICE A DAY	-	06-Jan-2015	06-Jan-2015

Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap Daily	-	29-Dec-2014	29-Dec-2014
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	1 Cap Daily	-	27-Nov-2014	22-Dec-2014
Fentanyl Transdermal patches 75 micrograms/hour	10	10.PATCH	apply 1 patch every 72 hours	-	27-Nov-2014	22-Dec-2014
Metoclopramide Hydrochloride Tablets 10 mg	168	168 TABLET	TAKE ONE THREE TIMES A DAY	-	28-Oct-2011	12-Dec-2014

Blood Pressure

Date Recorded	Systolic	Diastolic
08-Mar-2013	118	78
26-Jun-2012	110	80
11-Sep-2007	130	84
20-Jul-2006	120	82
09-May-2006	124	102

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		14-Aug-2013
Current smoker:		19-Jan-2012
Current smoker:	Smokefree Pharmacy Service	07-Apr-2011
Ex smoker:	priority=2	14-Jan-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	23-Oct-2008

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to penicillins	16-Feb-2009

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Breast GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF		**Hospital** and **hospital address** Hospital location code. G107H Email address -

Urgency of referral URGENT
Date of referral 27-Jun-2012 **Date sent** 27-Jun-2012

PATIENT DETAILS

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

Patient's address

6 Muirhead Court
BAILLIESTON
GLASGOW
G69 7EP

Contact number(s)

Voice: 07936225898

1010038264260	Unique Care Pathway Number: 1010038264260

REGISTERED GP DETAILS

Name	Dr John Langan		
GMC code	1351886	GP code	05193
Practice name	Baillieston Health Centre (18889)		
Practice code	46216		

Practice address

20 Muirside Road
Baillieston
Glasgow
G69 7AD

Contact number(s)

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

REFERRING GP DETAILS

Name	Dr V Mills		
GMC code	7077798	GP code	G85197
Practice name	-		
Practice code	46216		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Right breast lump.

Comment: Dear Doctor

I would very much appreciate your urgent review of this 39 year old lady who found a non tender breast lump on her right breast during self examination 2 weeks ago. She preformed this self examination as her sister aged 45 was recently diagnosed with breast cancer and underwent a double mastectomy. Ms Sullivan has not noticed any skin or nipple changes. She has a daughter aged 13 who was breast feed and she is currently on the progesterone only pill. Of note she also has a paternal aunt who was diagnosed with breast cancer aged 30 and another paternal aunt who was diagnosed with breast cancer at aged 50.

On examination today there was a small hard lump palpable in the inferior aspect of the right breast. There were no skin or nipple changes and there was no palpable lymphadenopathy.

Given this lady's significant family history of breast cancer I would very much appreciate your urgent review to rule out any sinister cause for her right sided breast lump.

Many thanks for your time and consideration.

With kind regards.

Yours sincerely

DR VIRGINIA MILLS
FY2

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

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

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded

Laparotomy	and open fundoplication	14-Oct-2009	14-Oct-2009
Laparotomy	and open revision of fundoplication	06-Oct-2009	06-Oct-2009
Nissen fundoplication using abdominal approach	-	26-Oct-2004	26-Oct-2004
[SO]Sphincter of Oddi	Dysfuntion	14-Nov-1996	14-Nov-1996
Endoscopic retrograde cholangiopancreatography	Major papilla was located in the second part of the duodenum	10-Oct-1996	10-Oct-1996
Excision of gall bladder	-	23-Apr-1996	23-Apr-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Hydroxychloroquine Sulphate Tablets 200 mg	56	56 tablet	2 DAILY	-	11-May-2012	25-Jun-2012
Laxido Orange Oral Powder Sachets Sugar Free	30	30 sachet	1 SACHET AS DIRECTED	-	11-May-2012	25-Jun-2012
Esomeprazole Gastro-resistant Tablets 40 mg	112	112 TABLET	1 Tab Twice daily	-	29-Dec-2011	25-Jun-2012
Tramadol Hydrochloride Capsules 50 mg	224	224 capsule	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	22-Dec-2011	25-Jun-2012
Temazepam Tablets 10 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	22-Dec-2011	25-Jun-2012
Diazepam Tablets 5 mg	28	28 tablet	1 Tab Daily	-	22-Dec-2011	22-Jun-2012
Dihydrocodeine Tartrate Tablets 30 mg	168	168 tablet	ONE OR TWO TABLETS TO BE TAKEN THREE OR FOUR TIMES A DAY	-	22-Dec-2011	25-Jun-2012
Metoclopramide Hydrochloride Tablets 10 mg	168	168 TABLET	TAKE ONE THREE TIMES A DAY	-	28-Oct-2011	25-Jun-2012
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	29-Mar-2011	31-May-2012
Granisetron Hydrochloride Tablets 1 mg	112	112 TABLET	1 Tab Twice daily	-	18-Nov-2010	25-Jun-2012
Paracetamol Capsules 500 mg	224	224 CAPS	2 Caps qds	-	18-Nov-2010	25-Jun-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Cerazette Tablets 75 micrograms	84	84 TABLET	ONE TO BE TAKEN EACH DAY	-	26-Jun-2012	26-Jun-2012
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	1 Cap Daily	-	26-Jun-2012	26-Jun-2012
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY	-	26-Jun-2012	26-Jun-2012
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap Daily	-	01-Jun-2012	26-Jun-2012
	28	28 capsule	1 Cap Daily	-	01-Jun-2012	

Duloxetine Gastro-resistant Capsules 30 mg						01-Jun-2012
Fentanyl Transdermal patches 75 micrograms/hour	10	10 PATCH	apply 1 patch every 72 hours	-	01-Jun-2012	26-Jun-2012
Transvasin Heat Rub (Cream)	80	80 gram	APPLY AS REQUIRED	-	11-May-2012	11-May-2012
Anusol-Hc Ointment	30	30 GRAM	APPLY SPARINGLY - MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT (MAX FOUR TIMES DAILY) FOR UP TO 7 DAYS	-	11-May-2012	11-May-2012
Cerazette Tablets 75 micrograms	21	21 tablet	ONE TO BE TAKEN EACH DAY	-	11-May-2012	11-May-2012
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap Daily	-	10-Apr-2012	04-May-2012
Fentanyl Transdermal patches 75 micrograms/hour	10	10 PATCH	apply 1 patch every 72 hours	-	10-Apr-2012	04-May-2012
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	1 Cap Daily	-	10-Apr-2012	04-May-2012
Fentanyl Transdermal patches 75 micrograms/hour	10	10 PATCH	apply 1 patch every 72 hours	-	14-Mar-2012	14-Mar-2012
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap Daily	-	14-Mar-2012	14-Mar-2012
Duloxetine Gastro-resistant Capsules 30 mg	42	42 capsule	1 Cap Daily	-	14-Mar-2012	14-Mar-2012
Cerazette Tablets 75 micrograms	21	21 tablet	ONE TO BE TAKEN EACH DAY	-	09-Mar-2012	09-Mar-2012
Hydroxychloroquine Sulphate Tablets 200 mg	60	60 tablet	2 Tabs Daily	-	09-Feb-2012	09-Mar-2012
Fentanyl Transdermal patches 75 micrograms/hour	10	10 PATCH	apply 1 patch every 72 hours	-	18-Jan-2012	15-Feb-2012
Duloxetine Gastro-resistant Capsules 30 mg	42	42 capsule	1 Cap Daily	-	11-Jan-2012	15-Feb-2012
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap Daily	-	11-Jan-2012	15-Feb-2012
Laxido Orange Oral Powder Sachets Sugar Free	56	56 sachet	1 SACHET BD	-	11-Jan-2012	11-Jan-2012
Anugesic-Hc Cream	30	30 gram	Apply sparingly Twice daily	-	11-Jan-2012	11-Jan-2012

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		19-Jan-2012
Current smoker:	Smokefree Pharmacy Service	07-Apr-2011
Ex smoker:	priority=2	14-Jan-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	23-Oct-2008
Current smoker:	Disease: SPICE Basic Health Values, priority=2	09-May-2006

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to penicillins	16-Feb-2009

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

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

Social circumstances

Ethnic Origin: (White) British

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Wrist & Hand GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF		**Hospital** and **hospital address** Hospital location code. G107H Email address

Urgency of referral ROUTINE
Date of referral 01-Sep-2011 **Date sent** 01-Sep-2011

PATIENT DETAILS

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

Patient's address

6 Muirhead Court
BAILLIESTON
GLASGOW
G69 7EP

Contact number(s)

Voice: 07936225898

101002478646C | Unique Care Pathway Number: 101002478646C

REGISTERED GP DETAILS

Name	Dr John Langan		
GMC code	1351886	GP code	05193
Practice name	Baillieston Health Centre (18889)		
Practice code	46216		

Practice address

20 Muirside Road
Baillieston
Glasgow

Contact number(s)

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

REFERRING GP DETAILS

Name	Dr. Melanie MacLeod		
GMC code	6163159	GP code	17469
Practice name	McGlone Practice (46216)		
Practice code	46216		

Practice address

Baillieston Health Centre
20 Muirside Road
Baillieston
Glasgow

Contact number(s)

Voice: 0141 531 8050
Facsimile: 0141 531 8067

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Joint pains

Comment: I'd appreciate your review of this 38 year old lady who has had a few months of joint pains in her wrists, right hip, knee & ankle. She describes morning stiffness with intermittent swelling and at times feels she is actually unable to lift a kettle of tea with her right hand.

On examination she has a mild synovitis of her right wrist and fingers with full range of movement. Both wrists were mildly tender and no other obvious abnormalities in her other joints were noted. Of note recent x-rays of her hands proved to be normal and no obvious abnormalities in x-rays of pelvis. Rheumatoid factoring in fibromyalgia is unfortunately awaited however she does have a mildly positive ANA from blood results.

Of note this lady has suffered a great deal from chronic pancreatitis of which I believe she is on Fentanyl and Dihydrocodeine. She is also suffering from low mood and due to be seen by specialists in this area. In view of the above, I'd appreciate your review. Many thanks.

Yours sincerely

Dr Melanie McLeod

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

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

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Laparotomy	14-Oct-2009	14-Oct-2009
Laparotomy	06-Oct-2009	06-Oct-2009
Nissen fundoplication using abdominal approach	26-Oct-2004	26-Oct-2004
[SO]Sphincter of Oddi	14-Nov-1996	14-Nov-1996
Endoscopic retrograde cholangiopancreatography	10-Oct-1996	10-Oct-1996
Excision of gall bladder	23-Apr-1996	23-Apr-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	29-Mar-2011	08-Aug-2011
Esomeprazole Gastro-resistant Tablets 20 mg	56	56 TABS	1 Tab Twice daily	-	18-Nov-2010	12-Aug-2011
Gabapentin Capsules 300 mg	168	168 caps	2 caps tid	-	18-Nov-2010	08-Aug-2011
Granisetron Hydrochloride Tablets 1 mg	34	34 TABS	1 tab Twice daily	-	18-Nov-2010	08-Aug-2011
Paracetamol Capsules 500 mg	224	224 CAPS	2 Caps qds	-	18-Nov-2010	08-Aug-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Imipramine Tablets 25 mg	168	168 tablet	3 BD	-	12-Aug-2011	12-Aug-2011
Dihydrocodeine Tartrate Tablets 30 mg	168	168 TABS	1 or 2 Tabs 3 times daily	-	08-Aug-2011	08-Aug-2011
Piroxicam Gel 0.5 %	112	112 gram	APPLY THINLY TWICE A DAY	-	26-Jul-2011	26-Jul-2011
Transvasin Heat Rub (Cream)	80	80 gram	APPLY AS REQUIRED	-	26-Jul-2011	26-Jul-2011
Cerazette Tablets 75 micrograms	84	84 TABLET	ONE TO BE TAKEN EACH DAY	-	26-Jul-2011	26-Jul-2011
Fentanyl Transdermal patches 75 micrograms/hour	10	10 patch	Apply every 72 hours	-	15-Jul-2011	12-Aug-2011
Tramadol Hydrochloride Capsules 50 mg	224	224 capsule	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	15-Jul-2011	12-Aug-2011
Imipramine Tablets 25 mg	168	168 tablet	3 BD	-	15-Jul-2011	15-Jul-2011
Diazepam Tablets 5 mg	28	28 tablet	1 Tab Daily	-	15-Jul-2011	12-Aug-2011
Temazepam Tablets 10 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	15-Jul-2011	12-Aug-2011
Metoclopramide Hydrochloride Tablets 10 mg	90	90 tablet	TAKE ONE THREE TIMES A DAY	-	15-Jul-2011	15-Jul-2011
Tramadol Hydrochloride Capsules 50 mg	224	224 capsule	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	25-May-2011	20-Jun-2011
Diazepam Tablets 5 mg	28	28 tablet	1 Tab Daily	-	25-May-2011	20-Jun-2011
Imipramine Tablets 25 mg	168	168 tablet	3 BD	-	25-May-2011	20-Jun-2011
Temazepam Tablets 10 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	25-May-2011	20-Jun-2011
Dihydrocodeine Tartrate Tablets 30 mg	168	168 TABS	1 or 2 Tabs 3 times daily	-	17-May-2011	17-Jun-2011
Fentanyl Transdermal patches 75 micrograms/hour	10	10 patch	Apply every 72 hours	-	28-Apr-2011	07-Jun-2011
Cyclizine Tablets 50 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	04-Apr-2011	04-Apr-2011
	84	84 tablet		-	04-Apr-2011	

Metoclopramide Hydrochloride Tablets 10 mg			TAKE ONE THREE TIMES A DAY			04-Apr-2011
Pyridoxine Hydrochloride Tablets 10 mg	56	56 tablet	1 Tab Daily	-	29-Mar-2011	21-Apr-2011
Diazepam Tablets 5 mg	28	28 tablet	1 Tab Daily	-	29-Mar-2011	21-Apr-2011
Temazepam Tablets 10 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	29-Mar-2011	21-Apr-2011
Imipramine Tablets 25 mg	168	168 tablet	3 BD	-	29-Mar-2011	21-Apr-2011
Tramadol Hydrochloride Capsules 50 mg	224	224 capsule	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	29-Mar-2011	21-Apr-2011
Metoclopramide Hydrochloride Tablets 10 mg	60	60 tablet	TAKE ONE THREE TIMES A DAY	-	29-Mar-2011	21-Apr-2011
Fentanyl Transdermal patches 75 micrograms/hour	10	10 patch	Apply every 72 hours	-	03-Mar-2011	29-Mar-2011
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	01-Mar-2011	29-Mar-2011
Dihydrocodeine Tartrate Tablets 30 mg	168	168 TABS	1 or 2 Tabs 3 times daily	-	01-Mar-2011	29-Mar-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Smokefree Pharmacy Service	07-Apr-2011
Ex smoker:	priority=2	14-Jan-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	23-Oct-2008
Current smoker:	Disease: SPICE Basic Health Values, priority=2	09-May-2006
Never smoked tobacco:	Disease: SPICE Basic Health Values,	18-Jan-2005

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to penicillins	16-Feb-2009

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gynaecology - Irregular Menstruation GGC Gynae Gen Ref	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	—	**Hospital** and **hospital address** Hospital location code. G107H Email address

Urgency of referral ROUTINE
Date of referral 03-Dec-2010 **Date sent** 03-Dec-2010

PATIENT DETAILS

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

Patient's address

6 Muirhead Court
BAILLIESTON
GLASGOW
G69 7EP

Contact number(s)

Voice: 771 6310 07936225898

101001337438P Unique Care Pathway Number: 101001337438P

REGISTERED 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 GP DETAILS

Name	Dr. John Langan		
GMC code	1351886	GP code	05193
Practice name	BAILLIESTON HEALTH CENTRE (46216)		
Practice code	46216		

Practice address

20 MUIRSIDE ROAD
BAILLIESTON
GLASGOW

Contact number(s)

Voice: 01415318050

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Amenorrhoea

Comment: This lady has had amenorrhoea for the past two years. She has presented with a very heavy period which has lasted for more than five days.

I would be grateful if you would see her and for your opinion as to whether or not she warrants further investigation.

Yours sincerely

JOHN J LANGAN

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Modifier	Date recorded
Chronic pancreatitis	-	-	09-Mar-2009
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	moderately large	-	05-Nov-2004
Dislocation or subluxation of shoulder	Left shoulder	-	17-Mar-2004
Overdose of drug	Kapake and Tramadol with Diazepam	-	30-Aug-2002
[D]Abdominal pain	Vomiting	-	27-Aug-2002
Chronic pancreatitis	-	-	02-Jul-2002
Constipation	-	-	02-Jul-2002
Chronic pancreatitis	-	-	01-Oct-2001
Anxiety states	-	Chronic	01-Jul-2001
[X]Rape	-	-	01-Jul-2001
Sexual assault	-	-	01-Jul-2001
Reflux oesophagitis	-	-	23-Apr-1999
Diaphragmatic hernia	-	-	23-Apr-1999
[D]Abdominal pain	-	Recurrent	27-Mar-1999
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	Comment	Date recorded
Laparotomy	and open fundoplication	14-Oct-2009
Laparotomy	and open revision of fundoplication	06-Oct-2009
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	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Granisetron	34	TABS 1MG	1 tab	Twice daily	15-Jul-2010	02-Dec-2010
Gabapentin	168 caps	CAPS 300MG	2 caps	tid	15-Jul-2010	18-Nov-2010
Paracetamol	224	CAPS 500MG	2 Caps	qds	15-Jul-2010	18-Nov-2010
Esomeprazole	56	TABS 20MG	1 Tab	Twice daily	05-Jan-2009	18-Nov-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dihydrocodeine Tartrate	168	TABS 30MG	1 or 2 Tabs	3 times daily	02-Dec-2010	02-Dec-2010
Pyridoxine Hydrochloride	84	TABS 50MG	1 Tab	Daily	02-Dec-2010	02-Dec-2010
Tranexamic Acid	60	TABS 500MG	1 Tab	3 times daily	02-Dec-2010	02-Dec-2010
Lactulose	500ml	Oral SOLN 3.35G/5ML	10 ml	Twice daily	18-Nov-2010	18-Nov-2010
Cyclizine	84	TABS 50MG	1 Tab	3 times daily	18-Nov-2010	18-Nov-2010
Tramadol Hydrochloride	224	CAPS 50MG	1 or 2 Caps	up to qds prn	18-Nov-2010	18-Nov-2010
Fentanyl	10	75 Micrograms/Hour PATCH	apply 1 patch	every 72 hours	18-Nov-2010	18-Nov-2010
Imipramine Hydrochloride	168	TABS 25MG	3 Tabs	Twice daily	18-Nov-2010	18-Nov-2010
Diazepam	28	TABS 5MG	1 Tab	Daily	18-Nov-2010	18-Nov-2010
Temazepam	28 dispense fortnightly	TABS 10MG	1 Tab	At night	18-Nov-2010	18-Nov-2010
Dihydrocodeine Tartrate	168	TABS 30MG	1 or 2 Tabs	3 times daily	20-Oct-2010	20-Oct-2010
Temazepam	28 dispense fortnightly	TABS 10MG	1 Tab	At night	14-Oct-2010	14-Oct-2010
Diazepam	28	TABS 5MG	1 Tab	Daily	14-Oct-2010	14-Oct-2010
Imipramine Hydrochloride	168	TABS 25MG	3 Tabs	Twice daily	14-Oct-2010	14-Oct-2010
Fentanyl	10	75 Micrograms/Hour PATCH	apply 1 patch	every 72 hours	14-Oct-2010	14-Oct-2010
Tramadol Hydrochloride	224	CAPS 50MG	1 or 2 Caps	up to qds prn	14-Oct-2010	14-Oct-2010
Temazepam	28 dispense fortnightly	TABS 10MG	1 Tab	At night	20-Sep-2010	20-Sep-2010
Diazepam	28	TABS 5MG	1 Tab	Daily	20-Sep-2010	20-Sep-2010
Imipramine Hydrochloride	168	TABS 25MG	3 Tabs	Twice daily	20-Sep-2010	20-Sep-2010
Fentanyl	10	75 Micrograms/Hour PATCH	apply 1 patch	every 72 hours	20-Sep-2010	20-Sep-2010
Tramadol Hydrochloride	224	CAPS 50MG	1 or 2 Caps	up to qds prn	20-Sep-2010	20-Sep-2010
Dihydrocodeine Tartrate	168	TABS 30MG	1 or 2 Tabs	3 times daily	13-Sep-2010	13-Sep-2010
Temazepam	28 dispense fortnightly	TABS 10MG	1 Tab	At night	23-Aug-2010	23-Aug-2010

Diazepam	28	TABS 5MG	1 Tab	Daily	23-Aug-2010	23-Aug-2010
Imipramine Hydrochloride	168	TABS 25MG	3 Tabs	Twice daily	23-Aug-2010	23-Aug-2010
Fentanyl	10	75 Micrograms/Hour PATCH	apply 1 patch	every 72 hours	23-Aug-2010	23-Aug-2010
Tramadol Hydrochloride	224	CAPS 50MG	1 or 2 Caps	up to qds prn	23-Aug-2010	23-Aug-2010
Dihydrocodeine Tartrate	168	TABS 30MG	1 or 2 Tabs	3 times daily	11-Aug-2010	11-Aug-2010
Diazepam	28	TABS 5MG	1 Tab	Daily	27-Jul-2010	27-Jul-2010
Fentanyl	10	75 Micrograms/Hour PATCH	apply 1 patch	every 72 hours	27-Jul-2010	27-Jul-2010
Tramadol Hydrochloride	224	CAPS 50MG	1 or 2 Caps	up to qds prn	27-Jul-2010	27-Jul-2010
Imipramine Hydrochloride	168	TABS 25MG	3 Tabs	Twice daily	27-Jul-2010	27-Jul-2010
Temazepam	28 dispense fortnightly	TABS 10MG	1 Tab	At night	27-Jul-2010	27-Jul-2010
Diclofenac Sodium	56	SUPPS 50MG	1 to be inserted	Twice daily	15-Jul-2010	15-Jul-2010
Bisacodyl	60	TABS 5MG	1 or 2 Tabs	At night	15-Jul-2010	15-Jul-2010
Dihydrocodeine Tartrate	168	TABS 30MG	1 or 2 Tabs	3 times daily	15-Jul-2010	15-Jul-2010
Erythromycin	112	Ec CAPS 250MG	1 Cap	4 times daily	15-Jul-2010	15-Jul-2010
Metoclopramide Hydrochloride	84	TABS 10MG	1 tab tds	half hour before meal	15-Jul-2010	15-Jul-2010
Domperidone	84	TABS 10MG	1 Tab	3 times daily	24-Mar-2010	14-Jul-2010
Temazepam	28 dispense fortnightly	TABS 10MG	1 Tab	At night	30-Jun-2010	30-Jun-2010
Imipramine Hydrochloride	168	TABS 25MG	3 Tabs	Twice daily	30-Jun-2010	30-Jun-2010
Tramadol Hydrochloride	224	CAPS 50MG	1 or 2 Caps	up to qds prn	30-Jun-2010	30-Jun-2010
Diazepam	28	TABS 5MG	1 Tab	Daily	30-Jun-2010	30-Jun-2010
Fentanyl	10	75 Micrograms/Hour PATCH	apply 1 patch	every 72 hours	30-Jun-2010	30-Jun-2010
Varenicline Tartrate	1	Initiation Pack 11 X 0.5mg 14 X 1mg TABS	Take as directed	Dispense weekly	18-Jun-2010	18-Jun-2010
Dihydrocodeine Tartrate	168	TABS 30MG	1 or 2 Tabs	3 times daily	18-Jun-2010	18-Jun-2010

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		14-Jan-2009
Current smoker:		23-Oct-2008
Current smoker:		09-May-2006
Never smoked tobacco:		18-Jan-2005

Investigations

Description/Question	Result/Comment	Date
Last smear result:	negative	-

Last smear date: 2009-06-15

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to penicillins	16-Feb-2009

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Referral letter: Referral

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Outpatient Clinic

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 29/04/2020
Reference:
Dictated Date: 31/12/1840
Transcribed Date:

Dear ,

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

Dear Doctor,

I would be grateful if you would review this 47yo lady with haemoptysis in your clinic. She was reviewed by your Respiratory colleague (Dr. Sharma) during a recent admission under General Surgery (d/c 12/12/19) who requested an outpatient appointment 2 weeks post-discharge.

Deborah Sullivan is an ex-smoker who was admitted to Ward 64 GRI on 04/12/19 with upper abdominal pain, haemoptysis and vomiting.

BG: Fibromyalgia, PTSD, chronic pancreatitis (unknown cause), cholecystectomy, fundoplication, gastric dysmotility, oesophageal spasm, delayed gastric emptying.

Her abdominal pain was investigated while in hospital with no specific cause identified on XR or CT. Her pain, nausea and vomiting improved during admission.

Her haemoptysis was investigated with CTPA which was negative for PE/ AV malformations. Chest XR also showed nil acute. She was reviewed by Dr. Sharma while in hospital who has booked her for an outpatient bronchoscopy. As requested, Ms. Sullivan has also been referred for outpatient PFTs and to your outpatient clinic.

If you have any questions, please contact Ward 64.

Yours Sincerely,
Katie Barbour
Ward 64 FY1

Electronically Signed: Dr Katie Barbour, Doctor

cc.

Referral letter:

NHS
Greater Glasgow and Clyde
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000

Dear Miss Carol Craig

Department:
Contact Tel:
Enquiries to:
Letter Date: 19/11/2015
Reference:
Dictated Date:
Transcribed Date:

Dear ,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
6 MUIRHEAD COURT, BAILLIESTON, Glasgow, Lanarkshire, G69 7EP

Dear Doctor,
Thank you for your continuing care with this patient previously known to you.

This 42 year old lady was admitted on the 18/11/15 to GRI with sudden onset epigastric pain radiating to the left side associated with vomitting and dysuria. Mrs Sullivan has a background of chronic pancreatitis, cholecystecomy and laparoscopic fundoplication. Whilst in hospital, then pain did improve but was still ongoing. Most recent bloods were amylase 81. WCC 7.2 and CRP 3. We treated this as a UTI and prescribed trimethoprim and regular analagesia which allowed Mrs Sullivan to be discharged to the community. Mrs Sullivan currently has no follow up arranged and we have noted that she was previously under your care. We would be most grateful if you could review this patient and organise outpatient follow up.
Yours Sincerely,
Adil Shafi
Surgical FY1

Electronically Signed: ,

cc.

Transfer letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Parkhead Hospital

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 01/09/2017
Reference:
Dictated Date: 01/09/2017
Transcribed Date:

Dear Doctor,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
6 Muirhead Court , Baillieston , Glasgow, Lanarkshire, G69 7EP

Background:- Fibromyalgia, anxiety, depression, previous sexual assault, chronic pancreatitis, previous cholexystectomy
Diagnosis:-
1. Intentional paracetamol overdose

This 44 year lady presented to the GRI admitting that she had taken an intentional paracetamol overdose. She said that se had taken 140 paracetamol tablets 6 days ago over a period of 8 hours. She thought that she would die but did not write a suicide note or leave any goodbye messages. She was not drinking alcohol at the time. Her blood tests including liver function tests and coagulation were normal. Her paracetamol level was 5 and so treatment was not commenced.
She was reviewed by liason psychiatry and agreed to be transferred to Parkhead hospital or further psychiatric assessment. She is medically fit for transfer.
Thank you for your continuing care,

Joshua Mrode, FY1 Medicine

Electronically Signed: ,

cc.

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

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

Patient Note EXTENDED		**Outpatient Note**
Date/Time: 25-Oct-2022 14:33	**Created By:** Nurse Physiologist gastro - Shona Thomson	**Role:** Nurse - GGC
Specialty: Gastroenterology	**Organisation:** Glasgow Royal Infirmary	Sensitive

Note:

Diagnostic investigation - patient attended for Oesophageal Manometry and 24 hour pH metry. Medical history relevant to this procedure- recurrence symptoms post fundoplication

Current Medication- As per medicines reconciliation. esomeprazole 40 mgs bd on medication study. Fasting requirements - have been adhered to , nothing to eat for 4 hours and nothing to drink for 2 hours before the appointment time. Other health issues - as per clinical portal.

Level 2 droplet PPE precautions in use.

Oesophageal manometry performed successfully. Intubation of catheter via right nare. Technical difficulties encountered during intubation- none. 24 hour metry set up and patient discharged home for overnight study. Instructions given to patient to return to the unit the following, day for removal of overnight catheter. Consent taken for these procedures has been obtained from the patient. LOS position 40-45 cm

X-ray imaging performed to check 24 hour pH metry catheter position. Screened and checked to be in correct position. Screening time 48 cGycm 06 min. Female patient- check made to ensure that the patient is not pregnant prior to x ray imaging. 24 hour pH metry box returned the following day. Patient advised to resume medication as prescribed on return to unit the following day after removal of overnight catheter.

Patient checks
Patients on Warfarin check INR is within normal range. If elevated consider rebooking procedure. N/A
Covid 19 checks Temperature - is the patients temperature > 37.8, has the patient developed a new continuous cough, has the patient developed a loss of taste or smell. If the patient has any of these symptoms they will be advised to attend for a Covid 19 test and rebooked at a later date.

No symptoms suggestive of Covid proceed with today?s investigations.

Vital Signs		
Pulse:	**Temperature:**	**Systolic BP:**
103.0 bpm	36.2 °C	119.0 mmHg
Diastolic BP:	**Resp rate:**	**SaO2:**
76.0 mmHg	bpm	96.0 %

Comments:

BMI

Date Taken:

25-Oct-2022		
Height:	**Weight:**	**BMI:**
1.77 m (Actual)	96.35 kg (Actual)	30.75 (Calculated)
Comments:		

12

Glasgow Royal Infirmary

CHI: 0712726128

Total Att: 69

12 Mth Att: 4

Title: MS

SULLIVAN **Deborah**

DOB 07/12/1972 Age: 52y Sex: Female

Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE
07713718392

Next of kin: **GLASS, Robert**
Relationship: **Partner**

GP: **E Sheppard**
0141 531 8150

Attendance Date: **14/06/2025** Arrival Time: **03:08**

Registration Time: **03:08** Date of Incident: **14/06/2025**

Major Incident Desc:

Reason for Attendance: **abdo pain**

Nursing Assessment

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

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **14/06/2025 03:13** Nurse name: **Nurse Paige Cairns**

Temp	36.2	C
HR	82	bpm
BP	97/81	mmHg
MAP	86.33	mmHg
RR	16	bpm
SpO2	95	%
Oxygen		%

BM	8.3	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **"PANCREATITIS. NEWS 3. pt woken at 3am with pancreatic pain- hx of same. Unable to tolerate oral analgesia due to vomiting. Looks uncomfortable in triage. Hx pancreatitis, HTN, T1DM. Cat 2 for analgesia. "**

0712726128 07/12/1972 SULLIVAN Deborah

0712726128 07/12/1972 SULLIVAN Deborah

0712726128 07/12/1972 SULLIVAN Deborah

0712726128 07/12/1972 SULLIVAN Deborah

0712726128 07/12/1972 SULLIVAN Deborah

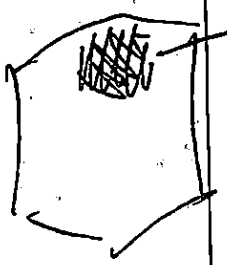
To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

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

Date	Clinical Notes
	Seen By Burns — Time Seen 0500
14/6/25	52 ♀ BIG: PTSD, delayed gastric emptying, T2DM, HTN, Fm

P/C: Felt nauseous yesterday
Arrive with severe AP tonight @ 4am
Says similar to prev gallstone pancreatitis
CT March – no gallstones.

O/E:
Apyrexial
Using vomit bowl.



Inf: Pancreatitis

Plan: AWBSE
Analgesia
Antiemetic

0700/ Bloods haem (transaminases, amylase).

NEWS 2. BP 107/85 Sats 95% RA sent.

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Printed: 14/06/2025 05:05:20

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 14/06/2025 05:05:06
Sample Type: **Venous**
Account Number:
Clinician:
Operator ID: NICOLA MURPHY0

Patient

ID:	0712726128
Last Name:	**SULLIVAN**
First Name:	**DEBORAH**
Gender/Age:	Female, 52 years
Birth Date:	07/12/1972

Cartridge

Lot No.:	250411N
S/N:	000000000501151116
Exp. Date:	21/06/2025

Analyzer

Model:	GEM® *Premier 5000*
Area:	GRI
Name:	RESUS
S/N:	17030616

Results

				Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)							
cH		39.9	nmol/L	--	--	--	--
pCO_2		6.7	kPa	--	--	--	--
pO_2		5.3	kPa	--	--	--	--
Na^+		138	mmol/L	--	133	146	--
K^+		3.8	mmol/L	--	3.5	5.3	--
Cl^-		102	mmol/L	--	95	108	--
Ca^{++}		1.24	mmol/L	--	1.15	1.27	--
Glu	↑	7.0	mmol/L	--	3.5	6.0	--
Lac		1.7	mmol/L	--	0.6	2.2	--
CO-Oximetry							
tHb		145	g/L	--	--	--	--
O_2Hb	↓	65.2	%	--	95.0	98.0	--
COHb		1.3	%	--	0.5	1.5	--
MetHb	↓	0.0	%	--	0.5	1.5	--
HHb	↑	33.5	%	--	0.0	5.0	--
sO_2	↓	66.1	%	--	95.0	98.0	--
Derived							
BE(B)		5.4	mmol/L	--	--	--	--
$HCO_3^-(c)$		31.6	mmol/L	--	--	--	--
Hct(c)		44	%	--	--	--	--

↑↓ Outside Reference Range

Other Information

Operator Entered

Temp	37.0	°C

DEBBIE SULLIVAN

Scottish Ambulance Service

Age/Gender:	53Y, Female	**Incident Date:**	14/06/2025 02:11:00
DOB:	07/12/1972	**ePCR Number:**	17-2-140625-021128
Address:	FLAT 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW G34 9JE	**Incident Number:**	CR012150359
CHI Number:	0712726128	**Incident Type:**	EMG
Ethnicity:	-	**Incident Location:**	FLAT 0/1 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW, G34 9JE

PATIENT INFO

ADDITIONAL COMMENTS

Presenting Complaint:	**Upper abdo pain**

Timestamp	Additional Comment	Crew Name
14/06/2025 02:55:00	999 call for 53yof c/o 9/10 stabbing abdo pain. O/a pt self mobilised to front door to give crew access, gcs 15, alert and conversing with crew. O/e obs as recorded. Pt describes the pain as her usual pancreatitis flare up. (Got gallbladder removed but pancreas damaged by a stone.) Pt feels nauseous and has vomited on a few occasions. Took own ondansetron but vomited soon after. Own pain relief does not help. Crew gave entonox. Pmhx hypertension, T1D, fibromyalgia. Allergic to penicillin. Transferred to GRI for assessment. Travelled alone.	

ACVPU

Options:	**Alert**

CATASTROPHIC HAEMORRHAGE

Catastrophic Haemorrhage:	**No**

AIRWAY

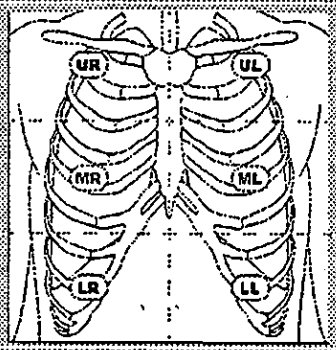
Assessment:	**Clear**

BREATHING

Breathing Adequately:	**Yes**	**Initial Respiratory Rate:**	**20**
Initial SpO2:	**96**	**Initial SpO2 On Air:**	**Yes**
Oxygen Given:		**No**	

Chest Examination

Anterior

Normal Percussion, Normal Breath Sounds, Normal Air Entry	UR		UL	**Normal Percussion, Normal Breath Sounds, Normal Air Entry**
Normal Percussion, Normal Breath Sounds, Normal Air Entry	MR		ML	**Normal Percussion, Normal Breath Sounds, Normal Air Entry**
Normal Percussion, Normal Breath Sounds, Normal Air Entry	LR		LL	**Normal Percussion, Normal Breath Sounds, Normal Air Entry**

Tension Pneumothorax

Tension Pneumothorax Suspected:	**No**

CIRCULATION

Pulse Rate:	**86**	**Rhythm:**	**Reg**
Cap Refill:	**<=2 Secs**	**Systolic Pressure:**	**130**
Diastolic Pressure:	**79**	**ECG:**	**3 Lead**

Rhythm

Rhythm:	**Sinus Rhythm**

Skin

Appearance:	**Normal**	**Skin Texture:**	**Dry**
Skin Temperature:		**Warm**	

DISABILITY

Initial GCS:

Timestamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
14/06/2025 02:42:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15

Eyes

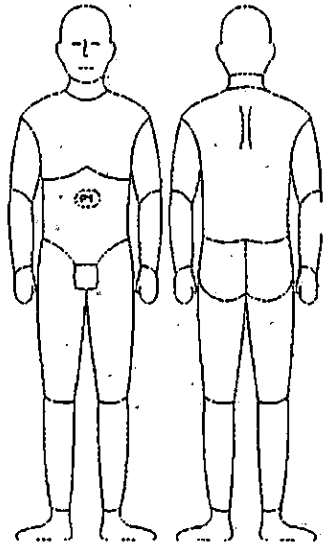
Pupils Equal And Reactive To Light (Pearl):	**Yes**

Blood Glucose

Blood Sugar Value (MMOL/L):	**8.3**

EXAMINATION

Assessment Graphic



0712726128
SULLIVAN
Deborah
F
07/12/1972

Pain Table

ID	Pain Scale	Body Part
P1	9	Abdomen

OBSERVATIONS

Observations Assessment

Timestamp	Pulse	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	Temp	BM	ECG	P(L|R)	PEF	Crew
14/06/2025 02:43:00	86	20	130/79	96	<=2 Secs	15	Alert		36.4	8.3	Sinus Rhythm			E9881610
14/06/2025 02:40	83	20	122/78	98		15	Alert		36.4	8.3	Sinus Rhythm			E9881610

GCS

Timestamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
14/06/2025 02:43:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15
14/06/2025 02:40	Spontaneously	4	Orientated	5	Obeys Commands	6	15

NEWS Score

Timestamp	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
14/06/2025 02:43:00	20 (0)	96 (0)	-	0	130 (0)	86 (0)	Alert (0)	36.4 (0)	0
14/06/2025 02:40	20 (0)	98 (0)	-	0	122 (0)	83 (0)	Alert (0)	36.4 (0)	0

AMPLE

Drugs:	**Penicillin**

D. Sullivan 0712726128

Medication	
Medication:	**See ecs**
Heart Disease	
Disorders:	**Hypertension**
Diabetes	
Type:	**Type 1**
Last Eaten	
Last Eaten:	**Unknown**
SOCIAL HISTORY	
General Appearance:	**Normal**
Living Arrangement	
Lives Alone:	**Yes**
Mobility	
Patient Mobility:	**Fully Mobile**
Communication	
Communication Requirements:	**No Help Required**
Clinical Risks	
Factors:	**None Identified**
Environmental Risks	
Factors:	**None Identified**
SOCRATES	
Site	
Site:	**Upper abdo**
Onset	
Onset:	**0100 - woke pt from sleep**
Character	

Character:	**Stabbing**	**Pattern:**	**Intermittent**
Radiates			
Radiates:	**Yes**	**Radiates To:**	**Through to back**

Associated Symptoms	
Symptoms:	**Nausea, Vomiting**
Timing	
Timing:	**Constant**
Exacerbating Or Relieving Symptoms	
Exacerbating Or Relieving Symptoms:	**None**
Severity	
Severity:	**9/10**
DRUGS	
Drugs Table	

Timestamp	Drug	Expiry	Quantity	Route	Pain Before	Pain After	Source	Crew
14/06/2025 02:45	Entonox		PRN	INH			MANUAL	E9881610

CLOSE REPORT	
Clinical Response Feedback	
On-Scene Clinical Findings	**Non Emergency**
CONVEYANCE	

Transport To Hospital	**Normal Driving**	**Pre-Alert**	**No**
INCIDENT INFORMATION			

Dispatch

Dispatch Code	10D04	Dispatch Description	Clammy or Cold Sweats with Chest Pains

Incident Log

Status Time	Status	Callsign	Reason	Hospital
02:06:12	Call Received Time	GGE5560		
02:12:24	Mobile	GGE5560		
02:20:44	At Scene	GGE5560		

D. Sullivan 0712726128

CREW INFORMATION

Additional Crew

Crew ID	Crew Grade
E9881610	Ambulance Technician (AT)
E0022128	Ambulance Paramedic (AP)

Body Measurements

Date Recorded	Height	Weight	BMI
13-Aug-2020	-	-	31
26-Feb-2020	-	-	33.1
26-Feb-2020	-	101.4	-
28-Nov-2019	-	97.9	31.97
20-Jun-2019	-	-	32.5

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		26-May-2021
Ex smoker (Stopped 2019):		26-Feb-2020
Refusal to give smoking status:		25-Feb-2019
Smoker :		22-Feb-2018
Teetotaller:		26-Mar-2019
Teetotaller:		22-Feb-2018
GPPAQ physcl act ind: inactive:		26-Mar-2019

Clinical warnings

Allergies

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

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

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

Referral letter: Referral

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Outpatient Clinic

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 29/04/2020
Reference:
Dictated Date: 31/12/1840
Transcribed Date:

Dear ,

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

Dear Doctor,

I would be grateful if you would review this 47yo lady with haemoptysis in your clinic. She was reviewed by your Respiratory colleague (Dr. Sharma) during a recent admission under General Surgery (d/c 12/12/19) who requested an outpatient appointment 2 weeks post-discharge.

Deborah Sullivan is an ex-smoker who was admitted to Ward 64 GRI on 04/12/19 with upper abdominal pain, haemoptysis and vomiting.

BG: Fibromyalgia, PTSD, chronic pancreatitis (unknown cause), cholecystectomy, fundoplication, gastric dysmotility, oesophageal spasm, delayed gastric emptying.

Her abdominal pain was investigated while in hospital with no specific cause identified on XR or CT. Her pain, nausea and vomiting improved during admission.

Her haemoptysis was investigated with CTPA which was negative for PE/ AV malformations. Chest XR also showed nil acute. She was reviewed by Dr. Sharma while in hospital who has booked her for an outpatient bronchoscopy. As requested, Ms. Sullivan has also been referred for outpatient PFTs and to your outpatient clinic.

If you have any questions, please contact Ward 64.

Yours Sincerely,
Katie Barbour
Ward 64 FY1

Electronically Signed: Dr Katie Barbour, Doctor

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Cardiology
GGC General Referral

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Hospital and **hospital address**
Hospital location code.
G107H
Email address

Urgency of referral Routine
Date of referral 11-Mar-2020 **Date sent** 11-Mar-2020

PATIENT DETAILS

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

Patient's address

0-1
8 Boyndie Street
EASTERHOUSE
Glasgow
G34 9JE

Contact number(s)

Voice: 07713718392

101020883347H

Unique Care Pathway Number: 101020883347H

REGISTERED GP DETAILS

Name	Dr Anne McGinley		
GMC code	3341180	GP code	07307
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150
Facsimile: 0141 531 8158
E-mail: GG-UHB.gp46471clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Warren Brownlee		
GMC code	7140654	GP code	99999
Practice name	Lochend Surgery (46471)		
Practice code	46471		

Practice address

Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Contact number(s)

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

1 Deborah Sullivan.

~~CHI~~ 07/27/61/28

Date & Time		Signature, Print Name & Designation

ED Patient Handover Review

Patient name: D Sullivan Dr taking over:

CHI: 07/27/61/28 Date and time: 14/6 0845

- ☑ NEWS Score trend
- ☑ End of bed assessment
- ☐ Prescription of:
  - ☐ Ongoing treatment
  - ☐ IVF therapy
  - ☐ Regular meds
- ☑ Outstanding investigations
- ☐ Ceiling of treatment discussed:
- ☐ DNACPR in place
- ☐ TEP completed
- ☐ Alternatives to admission considered
- ☑ SBAR / Bed request status
- ☐ Clinician details updated on Trakcare

mi • 352555 v2.1

BG pancreatitis (n 2007)
CT AP Nov 15 nil acute.
Same presentation in Nov.

Bloods nil (d).

Pt now feeling better + no pain.

P/ Discharge warfarin advice

83949 GCC0072

Date & Time			Signature, Print Name & Designation

Patient name:. 0712726128
SULLIVAN F
Deborah
Date of birth:.. 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
CHI No:..... Glasgow, Lanarkshire
G34 9JE
Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

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

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
14/6	05 12	D-4%-NaCl	1000	IV	Stat				14/6	0515	Ween		

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

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

Calculation:

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

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

Example:

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

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued

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

Administration details - continued

Date	Time	Given by	Checked by	Comments

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

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:.

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

Hospital Nu 0712726128 F
SULLIVAN
Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire G34 9JE
DOB: 07/12/1972
Date of Admi: __/__/__
Consultant Name:
LS
Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
14/6	MORPHINE	5mg	W			MA	05:20
	ONDANSETRON	4mg	IV			MA/MA	0510
	MORPHINE	5mg	IV			MA/MA	0680
	CYCLIZINE	50mg	IV			DR/MA	06.90

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

On Home Oxygen? Yes / No _____ L/min

94 – 98%	88– 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

DATE: _____/_____/_____ PRESCRIBER (PRINT & SIGN): _____

	DATE / MONTH
RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)	
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N	
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N	
SIGNATURE OF ASSESSOR	
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N	

Parenteral Drugs : Regular Prescription

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

BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

A DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

B DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

C DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

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

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

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

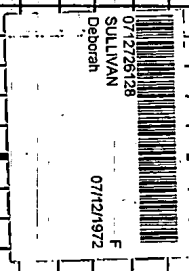
G DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY



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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

H

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

J

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

K

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

L

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

SULLIVAN
Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE
07/12/1972 F
07127126128

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

Oral and Other Drugs: Regular Prescription

DATE
MONTH

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

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

S DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

T DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

V DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

W DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

X DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

Y DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

AA DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6661
Enquiries to: Theresa.cairns.@ggc.scot.nhs.uk

Letter Date: 25/05/2023
Reference: MQ/LM
Dictated Date: 12/05/2023
Transcribed Date: 12/05/2023

Dear Ms Sullivan,

Following your admission in February with upper abdominal pain I now have the results of the biopsies taken from your camera test. These confirm the presence of Helicobacter Pylori.

This requires a course of treatment and I have copied this to your GP asking him to prescribe eradication therapy.

Yours sincerely

Ms Martha Quinn

Consultant Colorectal Surgeon

Electronically Signed: Ms Martha Quinn, Consultant

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

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: eileen.mitchell@ggc.scot.nhs.uk
Letter Date: 20/09/2021
Reference: MJF/EM
Dictated Date: 15/09/2021
Transcribed Date: 17/09/2021

Dear Mrs Sullivan,

I am writing to let you know that your recent MRI scan of the pancreas has not shown any evidence of a neuroendocrine tumour. Combined with the recent nuclear medicine scan I think we can now safely exclude a neuro endocrine tumour as a cause for your sweating and abdominal pain. I note that we have discussed this on several occasions and you are currently under referral to the Endocrinology team with regards to this. We had previously discussed whether or not you wished me to refer you to the Gastroenterology team for further assessment. Can I leave it with you to let me know whether or not you wish to go ahead with such a referral and if that is the case can you contact my secretary and I will make the necessary referral.

Yours sincerely

Mr Matthew J Forshaw MA MSc FRCS (Gen)

Consultant Upper Gastrointestinal and General Surgeon

Electronically Signed: Mr Matthew Forshaw, Consultant

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

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: Eileen.mitchell@ggc.scot.nhs.uk

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

Letter Date: 26/08/2021
Reference: MF/MAJ
Dictated Date: 18/08/2021
Transcribed Date: 23/08/2021

Dear Mrs Sullivan,

I am writing to let you know that your recent nuclear medicine scan looking for the presence of a neuroendocrine tumour has been reported as negative. This is good news. I know that we are awaiting the results of the MRI of pancreas but I think we are inching towards excluding a neuroendocrine tumour as a cause for your symptoms. I will update you once I have the results of your MRI of the pancreas.

Yours sincerely,

Mr Matthew Forshaw

Consultant Upper GI Surgeon.

Electronically Signed: Mr Matthew Forshaw, Consultant

cc. Dr A McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow,G34 9HQ

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: eileen.mitchell@ggc.scot.nhs.uk

Letter Date: 20/08/2021
Reference: MJF/EM
Dictated Date: 16/08/2021
Transcribed Date: 18/08/2021

Dear Mrs Sullivan,

I am writing to let you know that I have now received communication from Dr McIntosh at the Beatson Oncology Centre and he has advised that we obtain both an MRI of your pancreas and an octreotide scan just to be certain and rule out a neuro endocrine tumour. I have put in a request for both of these scans and you will receive details in the post. Once I have the results I will be in contact again. I trust you find these arrangements satisfactory.

Yours sincerely

Mr Matthew J Forshaw MA MSc FRCS (Gen)

Consultant Upper Gastrointestinal and General Surgeon

Electronically Signed: Mr Matthew Forshaw, Consultant

cc. Dr A McGinley
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard:	0141 211 4000
Department:	Cardiology
Contact Tel:	0141 201 3823
Enquiries to:	Marion Dalziel
Letter Date:	01/06/2021
Reference:	GAW/CH
Dictated Date:	25/05/2021
Transcribed Date:	25/05/2021

Dear Ms Sullivan,

I hope you are doing well. I have requested another 24 hour urine sample to look for adrenaline hormones given your palpitations in the past. This is just a follow up from your previous urine sample last year which was slightly high and the lab suggested repeating this. There is nothing to worry about this is just routine.

Best wishes,

Yours sincerely,

DR GARY A WRIGHT

Consultant Cardiologist

Electronically Signed: Dr Gary Wright, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: ENT
Contact Tel: 0141 232 7433
Enquiries to: Sadie.Sweeny@ggc.scot.nhs.uk
Letter Date: 25/11/2020
Reference: LM/AM
Dictated Date: 18/11/2020
Transcribed Date: 23/11/2020

Dear Ms Sullivan,

Your CT scan of your sinuses shows no abnormality. If you are still having problems with bleeding please contact my Secretary on 0141 232 7433 and I will arrange for you to be brought up for cautery.

Many thanks.

Yours sincerely

L Melia

ENT Consultant

Electronically Signed: Ms Louise Melia, Consultant

cc. Dr. A. L. McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: General Surgery - Pancreatic Department
Contact Tel: 0141 211 4702
Enquiries to: karen.burns@ggc.scot.nhs.uk
Letter Date: 03/04/2020
Reference: EJD/KMB
Dictated Date: 03/04/2020
Transcribed Date: 03/04/2020

Dear Ms Sullivan,

GG&C ENDOSCOPY SERVICE

You will have heard of the arrangements being made to prepare for the expected high demands on the National Health Service over the coming weeks. As part of contingency planning to manage the COVID 19 outbreak, it has been necessary to make cancellations to a range of our services. These decisions are based on clinical assessments about what we should continue to provide and what can be safely rescheduled.

In view of this, some aspects of our Endoscopy Service has been postponed at this time. I am writing to inform you that your name has been placed on our waiting list and as soon as it is possible for us to do so we shall be in touch with you to arrange a date for your procedure.

Please accept our apologies for any inconvenience to you.

If you think the condition you have been referred for is deteriorating and you need to be seen soon, please contact us by telephone on **0141 211 4702** between 8.00 am and 4.00 pm Monday-Friday.

We know that you will understand why we have had to take this action and please be assured we will be in touch with you again as soon as possible to advise of further arrangements.

Yours sincerely

Karen Burns

On behalf of Greater Glasgow & Clyde

Electronically Signed: ,

cc:

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

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

Main Switchboard: 0141 211 4000
Department: Respiratory Medicine
Contact Tel: 0141 800 1926
Enquiries to: suzy.brown@ggc.scot.nhs.uk
Letter Date: 09/01/2020
Reference: VS/SC
Dictated Date: 17/12/2019
Transcribed Date: 31/12/2019

Dear Ms Sullivan,

Following our recent discussion whilst you were on the surgical ward, I had organised for you to have a camera test into your lungs and this has shown no abnormalities in your lungs but did show some nasal polyps which can cause bleeding and coughing up blood such as you had had.

As a result we do not need to see you back in our clinic and we will refer you on to our Ear, Nose and Throat specialists who may or may not want to follow you up in their clinic. I hope this letter finds you well, if you have any questions please do not hesitate to contact us.

With kind regards

Yours sincerely

Dr Varun Sharma

ST5 in Respiratory Medicine

Electronically Signed: Dr Varun Sharma, Doctor

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

ECG GGC Direct Access ECG		**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF		**Hospital** and **hospital address** Hospital location code. G107H Email address -

Urgency of referral Routine
Date of referral 22-Jun-2023 **Date sent** 22-Jun-2023

PATIENT DETAILS

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

Patient's address

0-1
8 Boyndie Street
EASTERHOUSE
Glasgow
G34 9JE

Contact number(s)

Voice: 07713718392

1010299761728

Unique Care Pathway Number: 1010299761728

REGISTERED GP DETAILS

Name	Dr Emma Sheppard		
GMC code	3665273	GP code	07111
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150
E-mail: ggc.gp46471clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr Kathryn Roberts		
GMC code	6143366	GP code	01881
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: As per Indication for Referral

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Knee sprain	Left	07-May-2023	07-May-2023
Ventricular hypertrophy	-	29-Nov-2022	29-Nov-2022
Obesity	-	24-Oct-2022	24-Oct-2022
[X]Post - traumatic stress disorder	-	23-Mar-2022	23-Mar-2022
Headache	??? RAISED icp	15-Mar-2022	15-Mar-2022
Dry eyes	-	09-Sep-2021	09-Sep-2021
[D]Hyperhidrosis	-	07-Jun-2021	07-Jun-2021
Onychia of toe	surgery not possible due to pandemic restrictions/high BMS	27-Aug-2020	27-Aug-2020
Sinus tachycardia	-	11-Aug-2020	11-Aug-2020
Delayed gastric emptying	not felt to be due to diabetic gastroparesis see DM letter Aug 2020	17-Jul-2019	17-Jul-2019
Secondary pancreatic diabetes mellitus without complication	?? 2022 seems insulin production sustained. more likely type 2	01-Apr-2019	01-Apr-2019
Wet senile macular degeneration	treated, bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	-	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019
[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Essential hypertension	-	04-Apr-2018	04-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	

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

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Helicobacter pylori test positive	-	12-May-2023	12-May-2023
Avulsion of nail	(right)	07-Mar-2023	07-Mar-2023
Endoscopy carried out	-	23-Feb-2023	23-Feb-2023
ECG normal	QTC around 150 feb march 2022	11-Aug-2022	11-Aug-2022
CT scan brain - normal	-	16-Mar-2022	16-Mar-2022
Diagnostic lumbar puncture	normal	16-Mar-2022	16-Mar-2022
Urine 5-OH indole acetic acid	-	01-Jul-2020	01-Jul-2020
Uses dispensed monitored dosage system	-	09-Apr-2020	09-Apr-2020
Introduction of Mirena coil	-	28-Oct-2016	28-Oct-2016
Laparotomy	-	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	-	12-Oct-2004	12-Oct-2004
Cholecystectomy	-	07-Dec-1996	07-Dec-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ikervis Eye Drops Emulsion 0.1 %, 0.3 ml unit dose	30	1*30 unit dose	USE ONE DROP ONCE DAILY TO BOTH EYES	-	07-Jun-2023	15-Jun-2023
Pregabalin Capsules 100 mg	56	56 CAPSULE	TWO IN THE MORNING	-	09-Mar-2023	25-May-2023
Evorel Transdermal patches 100 micrograms/24 hrs	24	24 PATCH	ONE PATCH TO BE APPLIED TWICE WEEKLY-MIRENA COIL IN SEP/2022	-	20-Feb-2023	25-May-2023
Saliveze Spray 50 ml	1	1 SPRAY		-	05-Dec-2022	

			FOUR SPRAYS TO BE USED FOUR TIMES A DAY			25-May-2023
Hylo-Forte Eye drops (preservative-free) 0.2 %	20	20 ml	USE WHEN REQUIRED AS DIRECTED	-	05-Dec-2022	25-May-2023
Dulaglutide Solution for injection 1.5 mg/0.5 ml pre-filled device	4	4 pre-filled disposable injection	ONCE A WEEK	-	08-Nov-2022	25-May-2023
Venlafaxine Tablets 75 mg	56	56 tablet	1 Tab Twice daily	-	03-Nov-2022	25-May-2023
Pregabalin Capsules 300 mg	28	28 CAPSULE	ONE AT NIGHT	-	03-Nov-2022	25-May-2023
Diazepam Tablets 2 mg	168	168 TABLET	ONE OR TWO UP TO THREE TIMES A DAY IF NEEDED CONTACT A DR IF SYMPTOMS ARE WORSE	-	28-Oct-2022	25-May-2023
Nacsys Effervescent tablets 600 mg	30	30 tablet	ONE TO BE TAKEN ONCE A DAY	-	28-Sep-2022	25-May-2023
Evolve Revive Eye Drops, Preservative Free 0.2 %	20	20 ML	SIX TIMES PER DAY INSTEEAD OF BLINK INTENSIVE	-	13-Jul-2022	25-May-2023
Orajel 10 % Mouth Gel	10.6	10.6 gram	FREQUENTLY	-	24-Nov-2021	25-May-2023
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONCE A DAY AS DIRECTED REMOVE AFTER 12 HOURS	-	19-Oct-2021	25-May-2023
Dermol 200 Shower Emollient	200	200 ML	TO BE USED AS DIRECTED	-	23-Sep-2021	25-May-2023
Hylo Night Eye ointment (preservative-free)	30	30 GRAM	TO BE USED AS REQUIRED FOR DRY EYES	-	09-Sep-2021	15-Jun-2023
Empagliflozin Tablets 10 mg	28	28 TABLET	ONE A DAY	-	26-May-2021	25-May-2023
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Aug-2020	25-May-2023
Aripiprazole Tablets 15 mg	28	28 tablet	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	25-May-2023
Aripiprazole Tablets 10 mg	28	28 tablet	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	25-May-2023
Glucorx Nexus Test strips	50	50 STRIP	TO BE USED AS DIRECTED	-	20-Jan-2020	25-May-2023
Ondansetron Hydrochloride Tablets 4 mg	32	32 TABLET	ONE THREE TIMES PER DAY WHEN REQUIRED FOR NAUSEA AIMING TO GRADUALLY REDUCE	-	13-Dec-2019	25-May-2023
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	2 TWICE A DAY	-	04-Dec-2019	25-May-2023
Creon 10000 Capsules	84	84 CAPSULE	ONE WITH MEALS THREE TIMES A DAY	-	24-Jun-2019	25-May-2023

Procyclidine Hydrochloride Tablets 5 mg	28	28 TABLET	ONE A DAY	-	30-Apr-2019	25-May-2023
Peptac Liquid (aniseed)	1000	1000 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	25-May-2023
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	25-May-2023
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	25-May-2023
Simvastatin Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	25-May-2023
Ramipril Capsules 2.5 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	25-May-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	14-Jun-2023	14-Jun-2023
Gaviscon Peppermint Liquid Relief Oral suspension 600 ml	600	1*600 ml	USE 5ML FOUR TIMES DAILY	-	07-Jun-2023	07-Jun-2023
Tetracycline Hydrochloride Tablets 250 mg	56	56 tablet	2 TABLETS FOUR TIMES A DAY FOR 7 DAYS	-	25-May-2023	25-May-2023
Metronidazole Tablets 400 mg	14	14 tablet	1 Tab Twice daily FOR 7 DAYS	-	25-May-2023	25-May-2023
Ibuprofen Gel 5 %	50	50 GRAM (S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	10-May-2023	10-May-2023
Ibuprofen Tablets 200 mg	12	12 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD SHORT COURSE STOP IF INDIGESTION IS WORSE	-	10-May-2023	10-May-2023
Sucralfate Tablets 1 gram	120	120 TABLET	TWO TO BE TAKEN TWICE A DAY (TRIAL FOR 12 WEEKS PLEASE STOP AROUND 25 5 23)	-	03-May-2023	03-May-2023
Pregabalin Capsules 100 mg	21	21 capsule	ONE CAPSULE IN THE MORNING IN ADDITION TO CURRENT 100MG DOSE ALEADY IN DOSETTE - WEEKLY DISPENSE.	-	12-Apr-2023	12-Apr-2023
Ilube Eye-drops	10	10 ml	ONE DROP THREE TIMES A DAY TO BOTH EYES	-	31-Mar-2023	31-Mar-2023
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	17-Mar-2023	17-Mar-2023
Paracetamol Tablets 500 mg	30	30 tablet	ONE OR TWO TO BE TAKEN EVERY SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	17-Mar-2023	17-Mar-2023
Sucralfate Tablets 1 gram	120	120 TABLET	TWO TO BE TAKEN TWICE A DAY (TRIAL FOR 12	-	01-Mar-2023	30-Mar-2023

			WEEKS PLEASE STOP AROUND 25 5 23)			
Oralbalance Gel	50	50 gram	APPLY DAILY	-	02-Dec-2021	27-Mar-2023
Laxido Orange Oral Powder Sachets Sugar Free	28	28 SACHET	ONE SACHET AS REQUIRED	-	27-Feb-2018	27-Mar-2023

Blood Pressure

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

Body Measurements

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

Lifestyle Risks and Alerts / Examinations and Investigations

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

Clinical warnings

Allergies

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

Additional Support Needs

No known ASN requirements

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

Social circumstances
Ethnic Origin: White Scottish

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

Gastroenterology
Alexandra Parade
Glasgow
G31 2ER

21/03/2023

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

Dear Dr E Sheppard

Patient Name: Deborah Sullivan
CHI Number: 0712726128
Referral Date: 20/03/2023

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

Please see the following reasons.

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

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

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

Enter free text here

( ) Other
Thanks - although I have seen her in the past her recent admission / investigations were under the surgical team / Ms Craig who is going to see her back. It looks like she had bile reflux into stomach as cause of mild inflammation - not acid driven / no point in increasing acid suppression and we know previous on treatment ph study shows acid completely suppressed. Getting bile refluxing back into stomach common a) post cholecystectomy and b) if patients on drugs like co-codamol that delay gastric and general GI motility. I don't think she has been diagnosed with biliary dyskinesia. I wouldn't have any objection to being on sucralfate - most important thing is that during her recent surgical

admission her co-codamol was stopped. I see duloxetine also stopped - not unreasonable to try and rationalise sedating medications.

Enter free text here

Yours sincerely

Dr Ruth Gillespie

User ID Ruth Gillespie

SCGC Opwl Rem Ref Hosp Req V1

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gastroenterology
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Hospital and hospital address
Hospital location code.
G107H
Email address

Urgency of referral Routine
Date of referral 20-Mar-2023 **Date sent** 20-Mar-2023

PATIENT DETAILS

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

Patient's address

0-1
8 Boyndie Street
EASTERHOUSE
Glasgow
G34 9JE

Contact number(s)
Voice: 07713718392

101029075236C Unique Care Pathway Number: 101029075236C

REGISTERED GP DETAILS

Name	Dr Emma Sheppard		
GMC code	3665273	GP code	07111
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)
Voice: 0141 531 8150
E-mail: ggc.gp46471clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr Emma Sheppard		
GMC code	3665273	GP code	07111
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)
Voice: 0141 531 8150

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: delayed gastric emptying, polypharmacy +/- biliary dyskinesia

Comment: Dear Dr Ruth Gillespie, can you pls confirm diagnosis of bilary dyskinesia? Debbie was recommended sulcralfate, I issued with concern given longstanding problems with constipn dry mouth , will try off again in 2 months. Despite max dose PPI she had gastritis duodenitis and poss Biliary Dyskinesia on scope, does this need further investigation? does it simply related to multiple previous surgeries to upper GI? Grateful for your ongoing care and support with reduction in polypharmacy that I think contributes significantly to wt gain, sweats, delayed stomach emptying etc Dr E Sheppard

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Lower resp tract infection	?	17-Mar-2023	17-Mar-2023
Biliary dyskinesia	???	01-Mar-2023	01-Mar-2023
Biliary dyskinesia	???	01-Mar-2023	01-Mar-2023
Ventricular hypertrophy	-	29-Nov-2022	29-Nov-2022
Obesity	-	24-Oct-2022	24-Oct-2022
[X]Post - traumatic stress disorder	-	23-Mar-2022	23-Mar-2022
Headache	??? RAISED icp	15-Mar-2022	15-Mar-2022
Dry eyes	-	09-Sep-2021	09-Sep-2021
[D]Hyperhidrosis	-	07-Jun-2021	07-Jun-2021
Onychia of toe	surgery not possible due to pandemic restrictions/high BMS	27-Aug-2020	27-Aug-2020
Sinus tachycardia	-	11-Aug-2020	11-Aug-2020
Delayed gastric emptying	not felt to be due to diabetic gastroparesis see DM letter Aug 2020	17-Jul-2019	17-Jul-2019
Secondary pancreatic diabetes mellitus without complication	?? 2022 seems insulin production sustained. more likely type 2	01-Apr-2019	01-Apr-2019
Wet senile macular degeneration	treated, bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	-	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019
[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018

Essential hypertension	-	04-Apr-2018	04-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	20-Jan-2017
Chronic depression	-	17-Sep-2014	17-Sep-2014
Fibromyalgia	-	20-Nov-2011	20-Nov-2011
Gastro-oesophageal reflux	-	04-Jun-2009	04-Jun-2009
Chronic depression	-	04-Jun-2009	04-Jun-2009
Acute pancreatitis	-	07-Feb-2008	07-Feb-2008
Chronic pancreatitis	-	05-Feb-2008	05-Feb-2008
Fracture of one or more tarsal and metatarsal bones (Right)	-	20-Jun-2007	20-Jun-2007
Chronic pancreatitis	-	13-Jan-2006	13-Jan-2006
Acute gastritis	-	24-Jul-2005	24-Jul-2005
Hiatus hernia	-	05-Nov-2004	05-Nov-2004
Overdose of drug	-	30-Aug-2002	30-Aug-2002
Sexual assault	-	05-May-2001	05-May-2001
[X]Post - traumatic stress disorder	-	01-Jan-2001	01-Jan-2001
Anxiety with depression	-	27-Oct-2000	27-Oct-2000

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Avulsion of nail	(right)	07-Mar-2023	07-Mar-2023
Endoscopy carried out	-	23-Feb-2023	23-Feb-2023
ECG normal	QTC around 150 feb march 2022	11-Aug-2022	11-Aug-2022
CT scan brain - normal	-	16-Mar-2022	16-Mar-2022
Diagnostic lumbar puncture	normal	16-Mar-2022	16-Mar-2022
Urine 5-OH indole acetic acid	-	01-Jul-2020	01-Jul-2020
Uses dispensed monitored dosage system	-	09-Apr-2020	09-Apr-2020
Introduction of Mirena coil	-	28-Oct-2016	28-Oct-2016
Laparotomy	-	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	-	12-Oct-2004	12-Oct-2004
Cholecystectomy	-	07-Dec-1996	07-Dec-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Pregabalin Capsules 100 mg	28	28 capsule	ONE IN THE MORNING	-	09-Mar-2023	

						09-Mar-2023
Evorel Transdermal patches 100 micrograms/24 hrs	24	24 PATCH	ONE PATCH TO BE APPLIED TWICE WEEKLY-MIRENA COIL IN SEP/2022	-	20-Feb-2023	21-Feb-2023
Saliveze Spray 50 ml	1	1 SPRAY	FOUR SPRAYS TO BE USED FOUR TIMES A DAY	-	05-Dec-2022	28-Feb-2023
Hylo-Forte Eye drops (preservative-free) 0.2 %	20	20 ml	USE WHEN REQUIRED AS DIRECTED	-	05-Dec-2022	28-Feb-2023
Dulaglutide Solution for injection 1.5 mg/0.5 ml pre-filled device	4	4 pre-filled disposable injection	ONCE A WEEK	-	08-Nov-2022	28-Feb-2023
Venlafaxine Tablets 75 mg	56	56 tablet	1 Tab Twice daily	-	03-Nov-2022	28-Feb-2023
Pregabalin Capsules 300 mg	28	28 CAPSULE	ONE AT NIGHT	-	03-Nov-2022	28-Feb-2023
Diazepam Tablets 2 mg	180	180 TABLET	ONE OR TWO UP TO THREE TIMES A DAY IF NEEDED CONTACT A DR IF SYMPTOMS ARE WORSE	-	28-Oct-2022	28-Feb-2023
Nacsys Effervescent tablets 600 mg	30	30 tablet	ONE TO BE TAKEN ONCE A DAY	-	28-Sep-2022	28-Feb-2023
Evolve Revive Eye Drops, Preservative Free 0.2 %	10	10 ml	SIX TIMES PER DAY, INSTEEAD OF BLINK INTENSIVE	-	13-Jul-2022	28-Feb-2023
Oralbalance Gel	50	50 gram	APPLY DAILY	-	02-Dec-2021	28-Feb-2023
Orajel 10 % Mouth Gel	10.6	10.6 gram	FREQUENTLY	-	24-Nov-2021	28-Feb-2023
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONCE A DAY AS DIRECTED REMOVE AFTER 12 HOURS	-	19-Oct-2021	28-Feb-2023
Dermol 200.Shower Emollient	200	200 ML	TO BE USED AS DIRECTED	-	23-Sep-2021	28-Feb-2023
Hylo Night Eye ointment (preservative-free)	30	30 GRAM	TO BE USED AS REQUIRED FOR DRY EYES	-	09-Sep-2021	28-Feb-2023
Empagliflozin Tablets 10 mg	28	28 TABLET	ONE A DAY	-	26-May-2021	28-Feb-2023
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Aug-2020	28-Feb-2023
Aripiprazole Tablets 15 mg	28	28 tablet	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	28-Feb-2023
Aripiprazole Tablets 10 mg	28	28 tablet	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	28-Feb-2023
Glucorx Nexus Test strips	50	50 STRIP	TO BE USED AS DIRECTED	-	20-Jan-2020	28-Feb-2023
	40	40 TABLET		-	13-Dec-2019	

Ondansetron Hydrochloride Tablets 4 mg			ONE THREE TIMES PER DAY WHEN REQUIRED FOR NAUSEA AIMING TO GRADUALLY REDUCE			28-Feb-2023
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	2 TWICE A DAY	-	04-Dec-2019	28-Feb-2023
Creon 10000 Capsules	84	84 CAPSULE	ONE WITH MEALS THREE TIMES A DAY	-	24-Jun-2019	28-Feb-2023
Procyclidine Hydrochloride Tablets 5 mg	28	28 TABLET	ONE A DAY	-	30-Apr-2019	28-Feb-2023
Peptac Liquid (aniseed)	1000	1000 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	28-Feb-2023
Laxido Orange Oral Powder Sachets Sugar Free	28	28 SACHET	ONE SACHET AS REQUIRED	-	27-Feb-2018	28-Feb-2023
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	28-Feb-2023
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	28-Feb-2023
Simvastatin Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	28-Feb-2023
Ramipril Capsules 2.5 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	28-Feb-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	17-Mar-2023	17-Mar-2023
Paracetamol Tablets 500 mg	30	30 tablet	ONE OR TWO TO BE TAKEN EVERY SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	17-Mar-2023	17-Mar-2023
Sucralfate Tablets 1 gram	120	120 TABLET	TWO TO BE TAKEN TWICE A DAY (TRIAL FOR 12 WEEKS PLEASE STOP AROUND 25 5 23)	-	01-Mar-2023	01-Mar-2023
Clarithromycin Tablets 250 mg	20	20 tablet	TWO TO BE TAKEN TWICE A DAY FOR 5 DAYS CAN ALSO TAKE AS 500MG MR PREPARATION OR LIQUID PREPARATION IF NOT AVAILABLE	-	21-Dec-2022	21-Dec-2022
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	20-Dec-2022	20-Dec-2022
Evorel Transdermal patches 100 micrograms/24 hrs	24	24 PATCH	ONE PATCH TO BE APPLIED TWICE WEEKLY-MIRENA COIL IN SEP/2022	-	20-Dec-2022	20-Dec-2022
Rizatriptan Benzoate Tablets 10 mg	6	6 tablet	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED	-	20-Dec-2022	20-Dec-2022

Rizatriptan Benzoate Tablets 10 mg	4	4 TABLET	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED	-	20-Dec-2022	20-Dec-2022
Ilube Eye-drops	10	10 ml	ONE DROP THREE TIMES A DAY TO BOTH EYES	-	06-Dec-2022	06-Dec-2022
Ferrous Sulfate Tablets 200 mg	56	56 tablet	1 TABLET DAILY AS PER ORAL MEDICINE CLINIC	-	28-Nov-2022	28-Nov-2022
Ferrous Fumarate Tablets 210 mg	60	60 tablet	1 Tab Twice daily	-	22-Nov-2022	22-Nov-2022
Evorel Conti Transdermal patches	24	24 PATCH	ONE PATCH TO BE APPLIED TWICE WEEKLY	-	22-Nov-2022	22-Nov-2022
Paracetamol Tablets 500 mg	56	56 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	15-Nov-2022	20-Dec-2022
Paracetamol Tablets 500 mg	56	56 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	15-Nov-2022	15-Nov-2022
Diclofenac Diethylammonium Gel 2.32 %	50	50 gram	APPLY 3 TIMES A DAY	-	15-Nov-2022	15-Nov-2022
Diazepam Tablets 2 mg	22	22 TABLET	TWO UP TO 3 TIMES A DAY IF NEEDED INSTEAD OF 5MG AND THE TEMAZEPAM . CONTACT A GP IF SYMPTOMS WORSE	-	04-Nov-2022	04-Nov-2022
Pregabalin Capsules 200 mg	14	14 capsule	1 TABLET TWICE A DAY (TOTAL DOSE 250MG TWICE A DAY) FOR 1 WEEK BEFORE PLANNED DOSE INCREASE	-	03-Nov-2022	03-Nov-2022
Pregabalin Capsules 50 mg	14	14 capsule	1 TABLET TWICE A DAY (TOTAL DOSE 250MG TWICE A DAY) FOR 1 WEEK BEFORE PLANNED DOSE INCREASE	-	03-Nov-2022	03-Nov-2022
Venlafaxine Tablets 37.5 mg	7	7 tablet	ONE TABLET IN THE MORNING FOR 1 WEEK BEFORE PLANNED DOSE INCREASE	-	03-Nov-2022	03-Nov-2022
Venlafaxine Tablets 75 mg	7	7 tablet	ONE TABLET AT NIGHT FOR 1 WEEK BEFORE PLANNED DOSE INCREASE	-	03-Nov-2022	03-Nov-2022
Aripiprazole Tablets 10 mg	4	4 tablet	ONE TABLET DAILY ALONG WITH 15MG TABLET. TOTAL DOSE 25MG.	-	21-Oct-2022	21-Oct-2022
Aripiprazole Tablets 15 mg	4	4 tablet	ONE TABLET DAILY ALONG WITH 10MG TABLET. TOTAL DOSE 25MG.	-	21-Oct-2022	21-Oct-2022
Mirtazapine Tablets 30 mg	4	4 tablet	ONE TO BE TAKEN AT NIGHT	-	21-Oct-2022	21-Oct-2022
Nacsys Effervescent tablets 600 mg	4	4 tablet	ONE TO BE TAKEN DAILY	-	21-Oct-2022	21-Oct-2022

Ondansetron Hydrochloride Tablets 4 mg	8	8 tablet	ONE TABLET AS REQUIRED UP TO THREE TIMES DAILY	-	21-Oct-2022	21-Oct-2022
Procyclidine Hydrochloride Tablets 5 mg	4	4 TABLET	ONE TABLET DAILY	-	21-Oct-2022	21-Oct-2022
Venlafaxine M/R capsules 75 mg	4	4 capsule	ONE CAPSULE DAILY	-	21-Oct-2022	21-Oct-2022
Diazepam Tablets 5 mg	8	8 tablet	ONE TABLET TWICE DAILY	-	21-Oct-2022	21-Oct-2022
Venlafaxine M/R capsules 75 mg	28	28 CAPSULE	ONE CAPSULE DAILY	-	07-Sep-2022	21-Oct-2022
Pregabalin Capsules 225 mg	56	56 capsule	ONE TWICE A DAY	-	11-Aug-2022	19-Oct-2022
Dulaglutide Solution for injection 0.75 mg/0.5 ml pre-filled device	4	4 pre-filled disposable injection	ONE INJECTION (0.75MG) ONCE WEEKLY	-	05-Jul-2022	20-Oct-2022
Diazepam Tablets 5 mg	56	56 TABLET	ONE TABLET UP TO TWICE A DAY (2ND DOSE IS IN PLACE OF TEMAZEPAM WHICH IS CURRENTLY UNAVAILABLE)	-	20-Dec-2018	21-Oct-2022

Blood Pressure

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

Body Measurements

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

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		19-Oct-2022
Ex smoker:		18-Mar-2022
Never smoked tobacco:		12-Oct-2021
Ex smoker:		10-Aug-2021
Ex smoker:		26-May-2021
Alcohol consumption, 0 units/week:		19-Oct-2022
Alcohol consumption, 0 units/week:		01-Jul-2022
Alcohol consumption, 0 units/week:		07-Jun-2022
Teetotaller:		07-Jun-2022
Alcohol consumption, 0 units/week:		24-Nov-2021
GPPAQ physcl act ind: inactive:		26-Mar-2019

Clinical warnings

Allergies

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

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

ECG
GGC Direct Access ECG

Consultant / receiving practitioner and/or specialty clinic

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Hospital and hospital address
Hospital location code.
G107H
Email address

Urgency of referral Routine
Date of referral 11-Aug-2022 **Date sent** 11-Aug-2022

PATIENT DETAILS

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

Patient's address

0-1
8 Boyndie Street
EASTERHOUSE
Glasgow
G34 9JE

Contact number(s)

Voice: 07713718392

101027101592T Unique Care Pathway Number: 101027101592T

REGISTERED GP DETAILS

Name	Dr Anne McGinley		
GMC code	3341180	GP code	07307
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150
Facsimile: 0141 531 8158
E-mail: GG-UHB.gp46471clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Emma Sheppard		
GMC code	3665273	GP code	07111
Practice name	Lochend Surgery (46471)		
Practice code	46471		

Practice address

Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150
Facsimile: 0141 531 8158

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: As per Indication for Referral

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
[X]Post - traumatic stress disorder	-	23-Mar-2022	23-Mar-2022
Headache	??? RAISED icp	15-Mar-2022	15-Mar-2022
Dry eyes	-	09-Sep-2021	09-Sep-2021
[D]Hyperhidrosis	-	07-Jun-2021	07-Jun-2021
Onychia of toe	surgery not possible due to pandemic restrictions/high BMS	27-Aug-2020	27-Aug-2020
Sinus tachycardia	-	11-Aug-2020	11-Aug-2020
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Secondary pancreatic diabetes mellitus without complication	?? 2022 seems insulin production sustained. more likely type 2	01-Apr-2019	01-Apr-2019
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Acute gastritis	-	03-Feb-2019	03-Feb-2019
[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Essential hypertension	-	04-Apr-2018	04-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	20-Jan-2017
Chronic depression	-	17-Sep-2014	17-Sep-2014
Fibromyalgia	-	20-Nov-2011	20-Nov-2011
Chronic depression	-	04-Jun-2009	

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

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
ECG normal	QTC around 150 feb march 2022	11-Aug-2022	11-Aug-2022
CT scan brain - normal	-	16-Mar-2022	16-Mar-2022
Diagnostic lumbar puncture	normal	16-Mar-2022	16-Mar-2022
Urine 5-OH indole acetic acid	-	01-Jul-2020	01-Jul-2020
Uses dispensed monitored dosage system	-	09-Apr-2020	09-Apr-2020
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Laparoscopic Nissen fundoplication using abdominal approach	-	12-Oct-2004	12-Oct-2004
Cholecystectomy	-	07-Dec-1996	07-Dec-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Pregabalin Capsules 225 mg	56	56 capsule	ONE TWICE A DAY	-	11-Aug-2022	11-Aug-2022
Evolve Revive Eye Drops, Preservative Free 0.2 %	10	10 ml	SIX TIMES PER DAY INSTEEAD OF BLINK INTENSIVE	-	13-Jul-2022	14-Jul-2022
Dulaglutide Solution for injection 0.75 mg/0.5 ml pre-filled device	4	4 pre-filled disposable injection	ONE INJECTION (0.75MG) ONCE WEEKLY	-	05-Jul-2022	09-Aug-2022
Oralbalance Gel	50	50 gram	APPLY DAILY	-	02-Dec-2021	27-Jul-2022
Orajel 10 % Mouth Gel	10.6	10.6 gram	FREQUENTLY	-	24-Nov-2021	27-Jul-2022
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONCE A DAY AS DIRECTED REMOVE AFTER 12 HOURS	-	19-Oct-2021	27-Jul-2022
Dermol 200 Shower Emollient	200	200 ML	TO BE USED AS DIRECTED	-	23-Sep-2021	27-Jul-2022
	30	30 GRAM		-	09-Sep-2021	

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

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Evorel Conti Transdermal patches	24	24 PATCH	ONE PATCH TO BE APPLIED TWICE WEEKLY	-	11-Aug-2022	11-Aug-2022
Scheriproct Ointment	30	30 GRAM	APPLY SPARINGLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT (MAX FOUR TIMES DAILY) FOR UP TO 7 DAYS	-	09-Aug-2022	09-Aug-2022
Scheriproct Suppositories	12	12 SUPPOSITORY	INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO	-	09-Aug-2022	09-Aug-2022

			NOT USE FOR MORE THAN 7 DAYS			
Co-Codamol 8/500 Tablets	16	16 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY PRN	-	01-Aug-2022	01-Aug-2022
Ibuprofen Tablets 400 mg	12	12 tablet	ONE TO BE TAKEN UP TO THREE TIMES A DAY PRN	-	01-Aug-2022	01-Aug-2022
Diazepam Tablets 2 mg	10	10 tablet	ONE TABLET UP TO TWICE A DAY IF NEEDED FOR AGITATION	-	28-Jul-2022	28-Jul-2022
Nacsys Effervescent tablets 600 mg	30	30 tablet	1 ONCE DAILY	-	20-Jul-2022	20-Jul-2022
Evorel Transdermal patches 50 micrograms/24 hrs	8	8 patch	ONE PATCH TO BE APPLIED TWICE WEEKLY REPEAT BP AFTER 3 WEEKS PLEASE	-	04-Jul-2022	05-Jul-2022
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE NO ONDANSETRON NOR SIMVASTATIN ON THAT DAY	-	07-Jun-2022	07-Jun-2022
Pioglitazone Hydrochloride Tablets 15 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	01-Jun-2022	01-Jul-2022
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE	-	05-May-2022	05-May-2022
Diazepam Tablets 2 mg	14	14 tablet	1 Tab Twice daily FOR 7 DAYS ONLY	-	22-Mar-2022	22-Mar-2022
Dropodex Eye drops 0.1 %, 0.4 ml unit dose	20	20 unit dose	APPLY 4 TIMES DAILY TO BOTH EYES FOR 2 WEEKS. THEN 3 X DAILY FOR 2 WEEKS. THEN ONCE DAILY FOR 2 WEEKS. THEN STOP	-	09-Feb-2022	04-Apr-2022
Evorel Transdermal patches 75 micrograms/24 hrs	8	8 PATCH	ONE PATCH TO BE APPLIED TWICE WEEKLY PLEASE STOP IF MIRENA NEEDS REMOVED REPEAT BP BEFORE NEXT	-	12-Oct-2021	09-Aug-2022
Blink Intensive Tears Eye drops 0.2 %	30	30 ML	TO BE USED AS DIRECTED IN THE AFFECTED EYE(S)	-	09-Sep-2021	01-Jul-2022
Pregabalin Capsules 300 mg	56	56 CAPSULE	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY	-	27-Feb-2018	27-Jul-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
22-Jul-2022	187	104
01-Jul-2022	175	89
27-Jun-2022	122	97
07-Jun-2022	138	96
18-Nov-2021	112	94

Body Measurements

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

13-Aug-2020 - - - 31

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		18-Mar-2022
Never smoked tobacco:		12-Oct-2021
Ex smoker:		10-Aug-2021
Ex smoker:		26-May-2021
Ex smoker (Stopped 2019):		26-Feb-2020
Alcohol consumption, 0 units/week:		01-Jul-2022
Alcohol consumption, 0 units/week:		07-Jun-2022
Teetotaller:		07-Jun-2022
Alcohol consumption, 0 units/week:		24-Nov-2021
Alcohol consumption, 0 units/week:		10-Aug-2021
GPPAQ physcl act ind: inactive:		26-Mar-2019

Clinical warnings

Allergies

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

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Primary Reason for ECG::Risk of QT interval prolongation

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Gastroenterology - 01102021 Clinical Letter 458032

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gastroenterology GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF		**Hospital** and **hospital address** Hospital location code. G107H Email address -

Urgency of referral Routine
Date of referral 14-Dec-2021 **Date sent** 14-Dec-2021

PATIENT DETAILS

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

Patient's address
0-1
8 Boyndie Street
EASTERHOUSE
Glasgow
G34 9JE

Contact number(s)
Voice: 07713718392

101025106977C Unique Care Pathway Number: 101025106977C

REGISTERED GP DETAILS

Name	Dr Anne McGinley		
GMC code	3341180	GP code	07307
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address
9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)
Voice: 0141 531 8150
Facsimile: 0141 531 8158
E-mail: GG-UHB.gp46471clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Kathryn Roberts		
GMC code	6143366	GP code	01881
Practice name	Lochend Surgery (46471)		
Practice code	46471		

Practice address
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150
Facsimile: 0141 531 8158

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Complex hx of abdominal pain/delayed gastric emptying

Comment: Please find attached copy of referral letter made in September from Mr Forshaw to Dr Gillespie, patient waiting to be appointed, increasing distress with symptoms. I would be grateful if you could consider appointing soon.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Suspected UTI	-	10-Dec-2021	10-Dec-2021
Dry eyes	-	09-Sep-2021	09-Sep-2021
[D]Hyperhidrosis	-	07-Jun-2021	07-Jun-2021
Onychia of toe	surgery not possible due to pandemic restrictions/high BMS	27-Aug-2020	27-Aug-2020
Sinus tachycardia	-	11-Aug-2020	11-Aug-2020
Delayed gastric emptying	not felt to be due to diabetic gastroparesis see DM letter Aug 2020	17-Jul-2019	17-Jul-2019
Secondary pancreatic diabetes mellitus without complication	coded as type 2 to allow for recall	01-Apr-2019	01-Apr-2019
Wet senile macular degeneration	treated, bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	-	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019
[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Essential hypertension	-	04-Apr-2018	04-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	20-Jan-2017
Chronic depression	-	17-Sep-2014	17-Sep-2014
Fibromyalgia	-	20-Nov-2011	20-Nov-2011

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

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Urine 5-OH indole acetic acid	01-Jul-2020	01-Jul-2020
Uses dispensed monitored dosage system	09-Apr-2020	09-Apr-2020
Introduction of Mirena coil	28-Oct-2016	28-Oct-2016
Laparotomy	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	12-Oct-2004	12-Oct-2004
Cholecystectomy	07-Dec-1996	07-Dec-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Oralbalance Gel	50	50 gram	APPLY DAILY	-	02-Dec-2021	03-Dec-2021
Orajel 10 % Mouth Gel	10.6	10.6 gram	FREQUENTLY	-	24-Nov-2021	24-Nov-2021
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONCE A DAY AS DIRECTED REMOVE AFTER 12 HOURS	-	19-Oct-2021	14-Dec-2021
Gliclazide M/R tablets 60 mg	28	28 tablet	1 Tab Daily	-	12-Oct-2021	14-Dec-2021
Evorel Transdermal patches 75 micrograms/24 hrs	8	8 patch	ONE PATCH TO BE APPLIED TWICE WEEKLY PLEASE STOP IF MIRENA NEEDS REMOVED	-	12-Oct-2021	14-Dec-2021
Dermol 200 Shower Emollient	200	200 ML	TO BE USED AS DIRECTED	-	23-Sep-2021	14-Dec-2021
Hylo Night Eye ointment (preservative-free)	30	30 GRAM	TO BE USED AS REQUIRED FOR DRY EYES	-	09-Sep-2021	14-Dec-2021
Blink Intensive Tears Eye drops 0.2 %	30	30 ML	TO BE USED AS DIRECTED IN THE AFFECTED EYE(S)	-	09-Sep-2021	14-Dec-2021
Empagliflozin Tablets 10 mg	28	28 TABLET	ONE A DAY	-	26-May-2021	14-Dec-2021
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Aug-2020	14-Dec-2021

Aripiprazole Tablets 15 mg	28	28 tablet	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	14-Dec-2021
Aripiprazole Tablets 10 mg	28	28 tablet	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	14-Dec-2021
Glucorx Nexus Test strips	50	50 STRIP	TO BE USED AS DIRECTED	-	20-Jan-2020	14-Dec-2021
Ondansetron Hydrochloride Tablets 4 mg	84	84 tablet	ONE THREE TIMES PER DAY WHEN REQUIRED	-	13-Dec-2019	14-Dec-2021
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	2 TWICE A DAY	-	04-Dec-2019	14-Dec-2021
Creon 10000 Capsules	84	84 CAPSULE	ONE WITH MEALS THREE TIMES A DAY	-	24-Jun-2019	14-Dec-2021
Procyclidine Hydrochloride Tablets 5 mg	28	28 TABLET	ONE A DAY	-	30-Apr-2019	14-Dec-2021
Peptac Liquid (aniseed)	1000	1000 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	18-Nov-2021
Diazepam Tablets 5 mg	28	28 TABLET	ONE A DAY	-	20-Dec-2018	14-Dec-2021
Temazepam Tablets 10 mg	28	28 TABLET	ONE A DAY	-	03-Apr-2018	14-Dec-2021
Laxido Orange Oral Powder Sachets Sugar Free	28	28 SACHET	ONE SACHET AS REQUIRED	-	27-Feb-2018	14-Dec-2021
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	14-Dec-2021
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	14-Dec-2021
Duloxetine Gastro-resistant Capsules 60 mg	28	28 CAPSULE	1 CAPSULE MORNINGS	-	27-Feb-2018	24-Nov-2021
Pregabalin Capsules 300 mg	56	56 CAPSULE	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY	-	27-Feb-2018	14-Dec-2021
Simvastatin Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	14-Dec-2021
Ramipril Capsules 2.5 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	14-Dec-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Trimethoprim Tablets 200 mg	10	10 tablet	ONE TO BE TAKEN TWICE A DAY	-	10-Dec-2021	10-Dec-2021
Cimetidine Tablets 400 mg	60	60 tablet	ONE THREE TIMES A DAY INSTEAD OF RANITIDINE	-	18-Nov-2021	24-Nov-2021
Micralax Micro-Enema Enema	2	2 enema	ONE A DAY IF NEEDED	-	26-Oct-2021	26-Oct-2021
Evorel Transdermal patches 100 micrograms/24 hrs	8	8 patch	ONE PATCH TO BE APPLIED TWICE WEEKLY	-	21-Oct-2021	24-Nov-2021
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE	-	13-Oct-2021	13-Oct-2021
	1	1 pack		-	13-Oct-2021	

Clotrimazole Cream and Pessary 2 % + 500 mg			APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE			13-Oct-2021
Anhydrol Forte Solution 20 %	120	120 ml	APPLY ONCE DAILY AND WASH-OFF THE FOLLOWING MORNING	-	06-Oct-2021	06-Oct-2021
Diazepam Tablets 2 mg	14	14 tablet	1 Tab Twice daily FOR 7 DAYS	-	06-Oct-2021	06-Oct-2021
Ibuprofen Tablets 400 mg	48	48 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	05-Oct-2021	05-Oct-2021
Ralvo Medicated Plaster 700 mg	14	14 PATCH	APPLY ONCE A DAY REMOVE AFTER 12 HOURS	-	05-Oct-2021	05-Oct-2021
Clotrimazole Pessary 500 mg	1	1 PESSARY	ONE TO BE INSERTED AT NIGHT	-	23-Sep-2021	23-Sep-2021
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	23-Sep-2021	23-Sep-2021
Hydrocortisone Cream 1 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY FOR 2 DAYS	-	23-Sep-2021	23-Sep-2021
Cimetidine Tablets 400 mg	60	60 tablet	ONE THREE TIMES A DAY INSTEAD OF RANITIDINE	-	09-Sep-2021	10-Sep-2021
Evorel Sequi Transdermal patches	8	8 patch	ONE PATCH TO BE APPLIED TWICE WEEKLY FOR 2 WEEEKS	-	09-Sep-2021	10-Sep-2021
Clotrimazole Cream 1 %	50	50 gram	APPLY TWO TO THREE TIMES DAILY	-	09-Sep-2021	10-Sep-2021
Ranitidine Tablets 300 mg	60	60 TABLET	1 Tab Twice daily	-	30-Aug-2021	30-Aug-2021
Peptac Liquid (peppermint)	500	500 ML	20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	30-Aug-2021	10-Sep-2021
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONCE A DAY REMOVE AFTER 12 HOURS	-	26-Aug-2021	26-Aug-2021
Scheriproct Ointment	30	30 GRAM	APPLY SPARINGLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT (MAX FOUR TIMES DAILY) FOR UP TO 7 DAYS	-	26-Aug-2021	26-Aug-2021
Scheriproct Suppositories	12	12 SUPPOSITORY	INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO NOT USE FOR MORE THAN 7 DAYS	-	26-Aug-2021	26-Aug-2021
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	16-Aug-2021	26-Aug-2021
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE	-	16-Aug-2021	16-Aug-2021
Clarithromycin Tablets 500 mg	14	14 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	03-Aug-2021	03-Aug-2021

Metronidazole Tablets 400 mg	14	14 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	03-Aug-2021	03-Aug-2021
Clotrimazole Pessary 500 mg	1	1 PESSARY	ONE TO BE INSERTED AT NIGHT	-	07-Jul-2021	07-Jul-2021
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	07-Jul-2021	07-Jul-2021
Gliclazide M/R tablets 30 mg	28	28 tablet	1 TABLET DAILY	-	13-Oct-2020	04-Oct-2021
Rizatriptan Benzoate Tablets 10 mg	4	4 TABLET	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED	-	03-Apr-2018	02-Nov-2021
Paracetamol Tablets 500 mg	112	112 TABLET	2 TABLETS 4 TIMES A DAY IF NEEDED	-	27-Feb-2018	18-Aug-2021

Blood Pressure

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

Body Measurements

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

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		12-Oct-2021
Ex smoker:		10-Aug-2021
Ex smoker:		26-May-2021
Ex smoker (Stopped 2019):		26-Feb-2020
Refusal to give smoking status:		25-Feb-2019
Alcohol consumption, 0 units/week:		24-Nov-2021
Alcohol consumption, 0 units/week:		10-Aug-2021
Alcohol consumption, 0 units/week:		10-Aug-2021
Teetotaller:		26-Mar-2019
Teetotaller:		22-Feb-2018
GPPAQ physcl act ind: inactive:		26-Mar-2019

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Anhydrol Forte	18-Jun-2021	
[X] Adverse reaction to opiates or related narcotics NOS	probably exacerbated gastroparesis	17-Jun-2020
		17-Mar-2020

[X] Adverse reaction to opiates or related narcotics NOS	codeine may have contributed to delayed gastric emptying
H/O: penicillin allergy	30-Dec-1899

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: White Scottish

Gastroenterology - 01102021_Clinical Letter_458032

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

Referral letter:

NP P2F
My GI 6/10/21

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr Ruth Gillespie
Consultant Gastroenterologist
Glasgow Royal Infirmary

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 8673
Enquiries to: eileen.mitchell@ggc.scot.nhs.uk
Letter Date: 01/10/2021
Reference: MJF/EM
Dictated Date: 30/09/2021
Transcribed Date: 30/09/2021

Dear Ruth,

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

I would be very grateful for your assistance with this 48 year old woman. She presents a bit of a diagnostic conundrum. Mrs Sullivan has been admitted many times to the General Surgical Unit and has been diagnosed with chronic abdominal pain probably related to a pan gastro-intestinal motility disorder. Over the last 18 months she has had at least 10 hospital admissions with a variety of the following symptoms: right upper quadrant and epigastric pain, nausea and vomiting, fever, haemoptysis and haematemesis. She has had a whole variety of investigations including ultrasound, CT and CTPA as well as multiple upper GI endoscopies. The only positive findings have been a gastric emptying study which has been consistent with delayed gastric emptying. Her general practitioner was extremely concerned that we might be missing a neuro endocrine tumour for this lady in view of her sweating and right upper quadrant pain. As a result for the last few months we have been pursuing this option with the input of David McIntosh from the Neuro Endocrine MDT. She has had both an MRI of her pancreas and an octreotide scan to investigate this further. This was prompted by borderline elevated chromogramin A and 5HIAA. She is also under referral to the Endocrine team regarding this although, as yet, does not appear to have an appointment. My view is that there is no evidence of a neuro endocrine tumour.

Her past medical history involves pancreatitis, previous cholecystectomy, Nissen fundoplication and re-do fundoplication, appendicectomy and fibromyalgia. She has also been diagnosed with diabetes, depression and suffers from a post traumatic stress disorder.
I have met with Mrs Sullivan on a number of occasions and explained to her that I think it is highly unlikely that we will be able to resolve her symptoms but given the normal investigations for a neuro endocrine tumour she is keen for a second opinion. My view is that she does have chronic abdominal pain secondary to a motility disorder, possibly prompted by her previous upper GI surgery but also in the context of diabetes and polypharmacy.

I would be very grateful if you could arrange to see her and assess her further.

With many thanks.

Yours sincerely

Mr Matthew J Forshaw MA MSc FRCS (Gen)

Consultant Upper Gastrointestinal and General Surgeon

Electronically Signed: Mr Matthew Forshaw, Consultant

cc. Dr A McGinley
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Referral letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr Ruth Gillespie
Consultant Gastroenterologist
Glasgow Royal Infirmary

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: eileen.mitchell@ggc.scot.nhs.uk
Letter Date: 01/10/2021
Reference: MJF/EM
Dictated Date: 30/09/2021
Transcribed Date: 30/09/2021

Dear Ruth,

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

I would be very grateful for your assistance with this 48 year old woman. She presents a bit of a diagnostic conundrum. Mrs Sullivan has been admitted many times to the General Surgical Unit and has been diagnosed with chronic abdominal pain probably related to a pan gastro-intestinal motility disorder. Over the last 18 months she has had at least 10 hospital admissions with a variety of the following symptoms: right upper quadrant and epigastric pain, nausea and vomiting, fever, haemoptysis and haematemesis. She has had a whole variety of investigations including ultrasound, CT and CTPA as well as multiple upper GI endoscopies. The only positive findings have been a gastric emptying study which has been consistent with delayed gastric emptying. Her general practitioner was extremely concerned that we might be missing a neuro endocrine tumour for this lady in view of her sweating and right upper quadrant pain. As a result for the last few months we have been pursuing this option with the input of David McIntosh from the Neuro Endocrine MDT. She has had both an MRI of her pancreas and an octreotide scan to investigate this further. This was prompted by borderline elevated chromogramin A and 5HIAA. She is also under referral to the Endocrine team regarding this although, as yet, does not appear to have an appointment. My view is that there is no evidence of a neuro endocrine tumour.

Her past medical history involves pancreatitis, previous cholecystectomy, Nissen fundoplication and re-do fundoplication, appendicectomy and fibromyalgia. She has also been diagnosed with diabetes, depression and suffers from a post traumatic stress disorder. I have met with Mrs Sullivan on a number of occasions and explained to her that I think it is highly unlikely that we will be able to resolve her symptoms but given the normal investigations for a neuro endocrine tumour she is keen for a second opinion. My view is that she does have chronic abdominal pain secondary to a motility disorder, possibly prompted by her previous upper GI surgery but also in the context of diabetes and polypharmacy.

I would be very grateful if you could arrange to see her and assess her further.

With many thanks.

Yours sincerely

Mr Matthew J Forshaw MA MSc FRCS (Gen)

Consultant Upper Gastrointestinal and General Surgeon

Electronically Signed: Mr Matthew Forshaw, Consultant

cc. Dr A McGinley
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Rheumatology - 21092021 Administration Letter 455795

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Rheumatology
GGC General Referral or Advice

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Hospital and **hospital address**
Hospital location code.
G107H
Email address

Urgency of referral Routine
Date of referral 22-Sep-2021 **Date sent** 22-Sep-2021

PATIENT DETAILS

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

Patient's address

0-1
8 Boyndie Street
EASTERHOUSE
Glasgow
G34 9JE

Contact number(s)

Voice: 07713718392

101024425488F

Unique Care Pathway Number: 101024425488F

REGISTERED GP DETAILS

Name	Dr Anne McGinley		
GMC code	3341180	GP code	07307
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150
Facsimile: 0141 531 8158
E-mail: GG-UHB.gp46471clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Emma Sheppard		
GMC code	3665273	GP code	07111
Practice name	Lochend Surgery (46471)		
Practice code	46471		

Practice address

Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150
Facsimile: 0141 531 8158

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: ? sjogrens

Comment: See attached re optician recommends referral , I have some reservations that eye and mouth dryness may related to polypharmacy but there are other features such as chronic pain. pancreatitits , sl raised ANA 2011 , rheumatoid factor has been negative a couple of times but nonetheless I would be grateful if that could be excluded

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Dry eyes	-	09-Sep-2021	09-Sep-2021
[D]Hyperhidrosis	-	07-Jun-2021	07-Jun-2021
Onychia of toe	surgery not possible due to pandemic restrictions/high BMS	27-Aug-2020	27-Aug-2020
Sinus tachycardia	-	11-Aug-2020	11-Aug-2020
Delayed gastric emptying	not felt to be due to diabetic gastroparesis see DM letter Aug 2020	17-Jul-2019	17-Jul-2019
Secondary pancreatic diabetes mellitus without complication	coded as type 2 to allow for recall	01-Apr-2019	01-Apr-2019
Wet senile macular degeneration	treated, bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	-	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019
[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Essential hypertension	-	04-Apr-2018	04-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	20-Jan-2017
Chronic depression	-	17-Sep-2014	17-Sep-2014
Fibromyalgia	-	20-Nov-2011	20-Nov-2011
Gastro-oesophageal reflux	-	04-Jun-2009	

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

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Urine 5-OH indole acetic acid	01-Jul-2020	01-Jul-2020
Uses dispensed monitored dosage system	09-Apr-2020	09-Apr-2020
Introduction of Mirena coil	28-Oct-2016	28-Oct-2016
Laparotomy	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	12-Oct-2004	12-Oct-2004
Cholecystectomy	07-Dec-1996	07-Dec-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Hylo Night Eye ointment (preservative-free)	10	10 GRAM	TO BE USED AS REQUIRED FOR DRY EYES	-	09-Sep-2021	10-Sep-2021
Blink Intensive Tears Eye drops 0.2 %	10	10 ML	TO BE USED AS DIRECTED IN THE AFFECTED EYE(S)	-	09-Sep-2021	10-Sep-2021
Empagliflozin Tablets 10 mg	28	28 TABLET	ONE A DAY	-	26-May-2021	10-Sep-2021
Gliclazide M/R tablets 30 mg	28	28 tablet	1 TABLET DAILY	-	13-Oct-2020	10-Sep-2021
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Aug-2020	10-Sep-2021
Aripiprazole Tablets 15 mg	28	28 tablet	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	10-Sep-2021
Aripiprazole Tablets 10 mg	28	28 tablet	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	10-Sep-2021
Glucorx Nexus Test strips	50	50 STRIP	TO BE USED AS DIRECTED	-	20-Jan-2020	10-Sep-2021
Ondansetron Hydrochloride Tablets 4 mg	84	84 tablet	ONE THREE TIMES PER DAY WHEN REQUIRED	-	13-Dec-2019	10-Sep-2021
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	2 TWICE A DAY	-	04-Dec-2019	10-Sep-2021

Creon 10000 Capsules	84	84 CAPSULE	ONE WITH MEALS THREE TIMES A DAY	-	24-Jun-2019	10-Sep-2021
Procyclidine Hydrochloride Tablets 5 mg	28	28 TABLET	ONE A DAY	-	30-Apr-2019	10-Sep-2021
Peptac Liquid (aniseed)	500	500 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	10-Sep-2021
Diazepam Tablets 5 mg	28	28 TABLET	ONE A DAY	-	20-Dec-2018	10-Sep-2021
Rizatriptan Benzoate Tablets 10 mg	4	4 TABLET	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED	-	03-Apr-2018	10-Sep-2021
Temazepam Tablets 10 mg	28	28 TABLET	ONE A DAY	-	03-Apr-2018	10-Sep-2021
Laxido Orange Oral Powder Sachets Sugar Free	28	28 SACHET	ONE SACHET AS REQUIRED	-	27-Feb-2018	10-Sep-2021
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	10-Sep-2021
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	10-Sep-2021
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	10-Sep-2021
Pregabalin Capsules 300 mg	56	56 CAPSULE	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY	-	27-Feb-2018	10-Sep-2021
Simvastatin Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	10-Sep-2021
Ramipril Capsules 2.5 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	10-Sep-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Cimetidine Tablets 400 mg	60	60 tablet	ONE THREE TIMES A DAY INSTEAD OF RANITIDINE	-	09-Sep-2021	10-Sep-2021
Evorel Sequi Transdermal patches	8	8 patch	ONE PATCH TO BE APPLIED TWICE WEEKLY FOR 2 WEEEKS	-	09-Sep-2021	10-Sep-2021
Clotrimazole Cream 1 %	50	50 gram	APPLY TWO TO THREE TIMES DAILY	-	09-Sep-2021	10-Sep-2021
Ranitidine Tablets 300 mg	60	60 TABLET	1 Tab Twice daily	-	30-Aug-2021	30-Aug-2021
Peptac Liquid (peppermint)	500	500 ML	20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	30-Aug-2021	10-Sep-2021
Raivo Medicated Plaster 700 mg	30	30 patch	APPLY ONCE A DAY REMOVE AFTER 12 HOURS	-	26-Aug-2021	26-Aug-2021
Scheriproct Ointment	30	30 GRAM	APPLY SPARINGLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT (MAX FOUR TIMES DAILY) FOR UP TO 7 DAYS	-	26-Aug-2021	26-Aug-2021
Scheriproct Suppositories	12	12 SUPPOSITORY	INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO NOT USE FOR MORE THAN 7 DAYS	-	26-Aug-2021	26-Aug-2021

Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	16-Aug-2021	26-Aug-2021
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE	-	16-Aug-2021	16-Aug-2021
Clarithromycin Tablets 500 mg	14	14 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	03-Aug-2021	03-Aug-2021
Metronidazole Tablets 400 mg	14	14 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	03-Aug-2021	03-Aug-2021
Clotrimazole Pessary 500 mg	1	1 PESSARY	ONE TO BE INSERTED AT NIGHT	-	07-Jul-2021	07-Jul-2021
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	07-Jul-2021	07-Jul-2021
Anhydrol Forte Solution 20 %	120	120 ml	APPLY ONCE DAILY AND WASH-OFF THE FOLLOWING MORNING	-	07-Jun-2021	07-Jun-2021
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONCE A DAY REMOVE AFTER 12 HOURS	-	26-May-2021	18-Jun-2021
Co-Codamol 30/500 Tablets	60	60 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	24-May-2021	24-May-2021
Alogliptin Tablets 25 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	04-Dec-2019	12-May-2021
Paracetamol Tablets 500 mg	112	112 TABLET	2 TABLETS 4 TIMES A DAY IF NEEDED	-	27-Feb-2018	18-Aug-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
23-Aug-2021	134	89
13-Aug-2021	120	102
10-Aug-2021	118	82
28-Nov-2019	126	81
28-Nov-2019	126	81

Body Measurements

Date Recorded	Height	Weight	BMI
10-Aug-2021	-	97	31.67
13-Aug-2020	-	-	31
26-Feb-2020	-	-	33.1
26-Feb-2020	-	101.4	-
28-Nov-2019	-	97.9	31.97

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		10-Aug-2021
Ex smoker:		26-May-2021
Ex smoker (Stopped 2019):		26-Feb-2020
Refusal to give smoking status:		25-Feb-2019
Smoker :		22-Feb-2018
Alcohol consumption, 0 units/week:		10-Aug-2021
Alcohol consumption, 0 units/week:		10-Aug-2021
Teetotaller:		26-Mar-2019
Teetotaller:		22-Feb-2018

GPPAQ physcl act ind: inactive: 26-Mar-2019

Clinical warnings

Allergies

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

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Performance Status:2

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: White Scottish

Rheumatology - 21092021 Administration Letter 455795

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

Referral letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Endocrinologist On-Call
Department of Medicine
Glasgow Royal Infirmary

Main Switchboard: 0141 211 4000
Department: Cardiology
Contact Tel: 0141 201 3823
Enquiries to: Dr Wright's Secretary

Letter Date: 13/07/2021
Reference: GAW/MD
Dictated Date: 13/07/2021
Transcribed Date: 13/07/2021

Dear Colleague,

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

I would be grateful for your advice on this patient who has sinus tachycardia which may be secondary to her medications which include Aripiprazole. I had a telephone consultation with her on 11 August 2020 and as part of this requested urinary 5HIAA & Metadrenaline, to look for phaeochromocytoma which came back as high at 56.4umol/24 hours. Her urinary metadrenalines were normal. Her urinary 5HIAA was then repeated in June of 2021 and this was again high at 63.8umol/24 hours. I am grateful for your review regarding this.

Best wishes,

Vetting
Endocrine func. test
Routine. New

Yours sincerely

Dr Gary A Wright

Consultant Cardiologist

RAW
23/7/21

Electronically Signed: Dr Gary Wright, Consultant

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

Referral letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Endocrinologist On-Call
Department of Medicine
Glasgow Royal Infirmary

Main Switchboard:	0141 211 4000
Department:	Cardiology
Contact Tel:	0141 201 3823
Enquiries to:	Dr Wright's Secretary
Letter Date:	13/07/2021
Reference:	GAW/MD
Dictated Date:	13/07/2021
Transcribed Date:	13/07/2021

Dear Colleague,

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

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Best wishes,

Yours sincerely

Dr Gary A Wright

Consultant Cardiologist

Electronically Signed: Dr Gary Wright, Consultant

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery
GGC General Referral

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Hospital and **hospital address**
Hospital location code.
G107H
Email address
-

Urgency of referral Urgent - Suspected Cancer Rising 5HIAA please exclude carcinoid tumour

Date of referral 05-Jul-2021 **Date sent** 05-Jul-2021

PATIENT DETAILS

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

Patient's address

0-1
8 Boyndie Street
EASTERHOUSE
Glasgow
G34 9JE

Contact number(s)

Voice: 07713718392

101023781495B

Unique Care Pathway Number: 101023781495B

REGISTERED GP DETAILS

Name	Dr Anne McGinley		
GMC code	3341180	GP code	07307
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150
Facsimile: 0141 531 8158
E-mail: GG-UHB.gp46471clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Emma Sheppard		
GMC code	3665273	GP code	07111
Practice name	Lochend Surgery (46471)		
Practice code	46471		

Practice address

Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

	Contact number(s)
	Voice: 0141 531 8150 Facsimile: 0141 531 8158

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: HIAA rising

Comment: Dear Mr M Forshaw, thank you for liaison with oncology and on their advice arranging repeat H1AA, this has risen further to 64, sweats and pain are still problematic, can Deborah please have this assessed urgently.

yours gratefully Dr E SHeppard

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Onychia of toe	surgery not possible due to pandemic restrictions/high BMS	27-Aug-2020	27-Aug-2020
Sinus tachycardia	-	11-Aug-2020	11-Aug-2020
Delayed gastric emptying	not felt to be due to diabetic gastroparesis see DM letter Aug 2020	17-Jul-2019	17-Jul-2019
Secondary pancreatic diabetes mellitus without complication	coded as type 2 to allow for recall	01-Apr-2019	01-Apr-2019
Wet senile macular degeneration	treated, bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	-	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019
[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	20-Jan-2017
Chronic depression	-	17-Sep-2014	17-Sep-2014
Fibromyalgia	-	20-Nov-2011	20-Nov-2011
Chronic depression	-	04-Jun-2009	04-Jun-2009
Gastro-oesophageal reflux	-	04-Jun-2009	04-Jun-2009
Acute pancreatitis	-	07-Feb-2008	07-Feb-2008
Chronic pancreatitis	-	05-Feb-2008	

			05-Feb-2008
Fracture of one or more tarsal and metatarsal bones (Right)	-	20-Jun-2007	20-Jun-2007
Chronic pancreatitis	-	13-Jan-2006	13-Jan-2006
Acute gastritis	-	24-Jul-2005	24-Jul-2005
Hiatus hernia	-	05-Nov-2004	05-Nov-2004
Overdose of drug	-	30-Aug-2002	30-Aug-2002
Sexual assault	-	05-May-2001	05-May-2001
[X]Post - traumatic stress disorder	-	01-Jan-2001	01-Jan-2001
Anxiety with depression	-	27-Oct-2000	27-Oct-2000
Essential hypertension	-	30-Dec-1899	30-Dec-1899
Dislocation or subluxation of shoulder (Left)	-	30-Dec-1899	30-Dec-1899

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Uses dispensed monitored dosage system	09-Apr-2020	09-Apr-2020
Laparotomy	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	12-Oct-2004	12-Oct-2004
Cholecystectomy	07-Dec-1996	07-Dec-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Empagliflozin Tablets 10 mg	28	28 TABLET	1 Tab Daily	-	26-May-2021	17-Jun-2021
Gliclazide M/R tablets 30 mg	28	28 tablet	1 TABLET DAILY	-	13-Oct-2020	11-Jun-2021
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Aug-2020	11-Jun-2021
Aripiprazole Tablets 15 mg	28	28 tablet	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	11-Jun-2021
Aripiprazole Tablets 10 mg	28	28 tablet	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	11-Jun-2021
Glucorx Nexus Test strips	50	50 STRIP	TO BE USED AS DIRECTED	-	20-Jan-2020	11-Jun-2021
Ondansetron Hydrochloride Tablets 4 mg	84	84 tablet	ONE THREE TIMES PER DAY WHEN REQUIRED	-	13-Dec-2019	11-Jun-2021
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	2 TWICE A DAY	-	04-Dec-2019	11-Jun-2021
Creon 10000 Capsules	84	84 CAPSULE	ONE WITH MEALS THREE TIMES A DAY	-	24-Jun-2019	11-Jun-2021
Procyclidine Hydrochloride Tablets 5 mg	28	28 TABLET	ONE A DAY	-	30-Apr-2019	11-Jun-2021
Peptac Liquid (aniseed)	500	500 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	11-Jun-2021
Diazepam Tablets 5 mg	28	28 TABLET	ONE A DAY	-	20-Dec-2018	11-Jun-2021
	4	4 TABLET	ONE TABLET AT ONSET OF HEADACHE FOLOWED BY	-	03-Apr-2018	11-Jun-2021

Rizatriptan Benzoate Tablets 10 mg			ONE TABLET TWO HOURS LATER IF REQUIRED			
Temazepam Tablets 10 mg	28	28 TABLET	1 Tab Daily	-	03-Apr-2018	11-Jun-2021
Laxido Orange Oral Powder Sachets Sugar Free	28	28 SACHET	ONE SACHET AS REQUIRED	-	27-Feb-2018	11-Jun-2021
Paracetamol Tablets 500 mg	112	112 TABLET	2 TABLETS 4 TIMES A DAY IF NEEDED	-	27-Feb-2018	11-Jun-2021
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	11-Jun-2021
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	11-Jun-2021
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	11-Jun-2021
Pregabalin Capsules 300 mg	56	56 CAPSULE	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY	-	27-Feb-2018	11-Jun-2021
Simvastatin Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	11-Jun-2021
Ramipril Capsules 2.5 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	11-Jun-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Anhydrol Forte Solution 20 %	120	120 ml	APPLY ONCE DAILY AND WASH-OFF THE FOLLOWING MORNING	-	07-Jun-2021	07-Jun-2021
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONCE A DAY REMOVE AFTER 12 HOURS	-	26-May-2021	18-Jun-2021
Co-Codamol 30/500 Tablets	60	60 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	24-May-2021	24-May-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TWICE A DAY INSTEAD OF ESOMEPRAZOLE	-	11-Feb-2021	11-Feb-2021
Dihydrocodeine Tablets 30 mg	64	64 tablet	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	10-Feb-2021	10-Feb-2021
Diclofenac Diethylammonium Gel 1.16 %	100	100 gram	APPLY 3 TIMES A DAY	-	25-Jan-2021	25-Jan-2021
Dihydrocodeine Tablets 30 mg	14	14 tablet	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	20-Jan-2021	20-Jan-2021
Alogliptin Tablets 25 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	04-Dec-2019	12-May-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
28-Nov-2019	126	81
28-Nov-2019	126	81
28-Nov-2019	126	81
20-Jun-2019	148	110
29-Apr-2019	131	80

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

| | | |

All Routes: As Required Prescriptions

BEFORE ADMISSION ☐	LL	DRUG	STOPPED DATE: INITIALS:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ. / DATE:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		

BEFORE ADMISSION ☐	MM	DRUG	STOPPED DATE: INITIALS:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ. / DATE:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		

BEFORE ADMISSION ☐	NN	DRUG	STOPPED DATE: INITIALS:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ. / DATE:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		

BEFORE ADMISSION ☐	PP	DRUG	STOPPED DATE: INITIALS:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ. / DATE:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		

					Patient's Own Medicine
DATE					For Use Y/N
TIME					Qty:
DOSE					Date:
GIVEN BY					Assessed by:
					Ordered from Pharm.

DATE					For Use Y/N
TIME					Qty:
DOSE					Date:
GIVEN BY					Assessed by:
					Ordered from Pharm.

DATE					For Use Y/N
TIME					Qty:
DOSE					Date:
GIVEN BY					Assessed by:
					Ordered from Pharm.

DATE					For Use Y/N
TIME					Qty:
DOSE					Date:
GIVEN BY					Assessed by:
					Ordered from Pharm.

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

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

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

0712726128
SULLIVAN F
Deborah 07/12/1972

Name _____

CHI No _____

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

_____

_____

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

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

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

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

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

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

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Patient name ..

Patient CHI ..

(12)

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Greater Glasgow and Clyde

Emergency Care Nursing Documentation

Initial Investigations

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

Signature: MF

Communication

GGC Red Bag with Patient (nursing home resident)	Y	(N)
Language or hearing difficulty	Y	(N)
Interpreter required	Y	(N)
what arrangements have been made?		
Relatives / Carer / Next of Kin present	Y	(N)

NIL

name,relationship, location, particular concerns

Signature: MF

Risk Assessments and Screening Tools

	SEPSIS	Y	N	GMAWS	Y N
	FAST	Y	N	Adult Support and Protection	Y N
Time:	Swallow Testing	Y	N	Mental Health Triage Assessment	Y N
	Falls Risk (clinical judgement)	Y	N	Child Protection Concerns	Y N
	4AT Assessment	Y	N	Frailty Assessment	Y N
				Publie Protection (NOC)	Y N

Signature:

Pause for Discharge or Transfer

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

Signature:

Patient name

Patient CHI

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Care Rounds Checklist

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

Signed _____ Name _____ Designation _____

Signed _____ Name _____ Designation _____

Signed _____ Name _____ Designation _____

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

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

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

Patient r

Patient C

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

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PUDRA

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

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

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

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

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

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
/ /	:							____hrly	
/ /	:							____hrly	
/ /	:							____hrly	

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

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

Patient nan

Patient CHI

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Nursing notes cont.

Date and Time			Name/Signature	

Patient name .....

'Patient CHI

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Ongoing Care

	4 Hours	5 Hours	6 Hours	7 Hours	8 Hours	9 Hours	10 Hours	11 Hours	12 Hours
Time									
Nursing notes updated including (NEWS, MEWS,PEWS)									
FFN (provide details)									
IVI/IVABs									
Routine Medications prescribed and administered									
Falls risk assessment									
Skin assessed and supported (PURDRA)									
Analgesia assessment									
Nurse call system in place									
SBAR commenced									
Patient/ relatives updated									
Elimination needs met (does the patient know where toilet is)									
If patient not in cubicle space think about patients dignity requirements eg hearing aids, mobility aids, glasses, interpreter									
STOPPS completed									

Patient nam

Patient CHI

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Nursing notes

Date and Time	Name/Signature
14/06/25 0323	Patient brought in ? pancreatitis News ap Charted Unable to tolerate anything oral Will obtain bloods / Access
05:26	IVF Commenced IV morphine Anti-emetic ondansetron given Await bloods

NEWS 2 Key | 1 | 2 | 3

Date	1/11	19/6	19/6	19/6			
Time	11.00	03	05	07			
		13	15	18			

A + B Respirations Breaths/min

≤8	3
9-11	1
12-20	0
21-24	2
≥25	3

A + B SpO2 Scale 1 Oxygen saturation (%)

≤91	3
92-93	2
94-95	1
≥96	0

SpO2 Scale 2 Oxygen saturation (%) Use Scale 2 if target range is 88-92% e.g. in chronic hypercapnic respiratory failure

Only use scale 2 under direction of qualified clinician

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

Air or oxygen? A

Air (A) or O2 L/min	0
O2 L/min 2	2

C Blood Pressure mmHg (Score uses systolic BP only)

≤90	3
91-100	2
101-110	1
111-130	0
131-140	0
141-160	0
161-180	0
181-200	0
201-219	0
≥220	3

C Pulse Beats / min

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

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

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

E Temperature

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

NEWS Total 0 3 2 1

Abbreviations for recording oxygen device

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

Blood glucose	7.0	8.3			
Pain / function score	OA				
Time Pt last passed urine	10.20				
Fluid balance chart indicated Y/N	N				
CS indicated Y/N	N				
e NEWS due	23.00				
tion of care Y/N	N				
	AB				

NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

- e oxygen to target saturation >94% (COPD 88-92%)
- fluids up to 20ml/kg
- e blood cultures
- sure lactate and FBC
- IV antibiotics
- itor urine output and fluid balance chart

Think ACE

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

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

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

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07127/2128

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07127/2128

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Date	Ward	Time
Admitted		
Transferred		
Transferred		
Transferred		
Transferred		
Transferred		

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07172/1128

SpO2 Scale 1
Target >96%

Signature:	
Print Name:	
Dr/ANP Initials ONLY:	
Date:	

SpO2 Scale 2
Target 88-92%

Signature:	
Print Name:	
Dr/ANP Initials ONLY:	
Date:	

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

Document all actions and interventions

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

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

Discontinuation of NEWS

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

Signed .....

Grade .....

Glasgow Coma Scale

Eye opening	Spontaneously	4	
	To speech	3	
	To pain	2	
	None	1	
Best motor response	Obeys commands	6	
	Localises pain	5	
	Normal flexion	4	
	Abnormal flexion	3	
	Extension	2	
	None	1	
Best verbal response	Orientated	5	
	Confused	4	
	Words	3	
	Sounds	2	
	None	1	
		INT	

Pupil Reaction and size

1 = sluggish
2 = reaction
3 = not reactive
4 = eyes closed

Pupil Size (mm)

1 2 3 4 5 6 7 8

| | | |

Glasgow Royal Infirmary

20

CHI: 0712726128

Total Att: 61

12 Mth Att: 5

Title: MS

SULLIVAN **Deborah**

DOB **07/12/1972** Age: **50y** Sex: **Female**

Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE
07713718392

Next of kin: **SULLIVAN, Donna**
Relationship: **Sister**
07743956178

GP: **E Sheppard**
0141 531 8150

Bloods
ECG

Attendance Date: **27/09/2023** Arrival Time: **18:05**

Registration Time: **18:05** Date of Incident: **27/09/2023**

Major Incident Desc:

Reason for Attendance: **Self- High viral risk- Pleuritic chest pain- recent exposure to covid Hx Pancreatitis**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Yes** Pain Score: **0**

Triage Category: **0** 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **27/09/2023 18:14** Nurse name: **Nurse Debbie Harvey**

Temp	**37.4**	C
HR	**104**	bpm
BP	**124/92**	mmHg
MAP	**102.67**	mmHg
RR	**19**	bpm
SpO2	**96**	%
Oxygen		%

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

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	4
Motor	6
Verbal	5
Total	**15**

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

Nursing Notes: **high viral risk, Pleuritic chest pain for last few days, worse on inspiration, feeling gen unwell ". CAT 0 ECG "**

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

SATA/AAU MEDICATION DOCUMENTATION

NHS Greater Glasgow and Clyde

Once Only Prescriptions

Date	Drug	Dose	Route	Time	Prescriber (Print & Sign)	Given By	Time Given
27/9	Paracetamol	1000mg	Oral	20:30	R BRYANT		2050

Discharge Medications

Date	Drug	Dose	Route	Time	Prescriber (Print & Sign)	Given By	Time Given

Glasgow Royal Infirmary
Acute Medicine Unit
(Part B - Medical Admission)

NHS
Greater Glasgow and Clyde

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Date & Time 28/9/22 Consultant Ward AAU

Ward Review (Should be completed within 2hrs of transfer from ED)

Check List

- VTE ☐
- Med - Rec ☐
- Kardex ☐
- CxR ☐
- ECG ☐
- Oxygen ☐
- Patient on Bleeders list ☐

Key STs

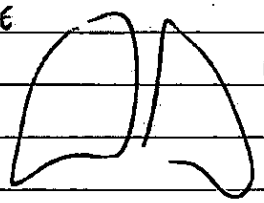
50 PC: Back pain

HPC: Recent Covid Contact
Cough w/ Brown Sputum
Fever
Back pain across top of Shoulders Body
Worse w/ Movement + Breathing

Seen Gp → AAU

Settled / News = 0 / No TLOC / Polyicubital / Pre-Syncope

O/E



Chest HS - I - II - 0
Clear SMT

Tol Tray < 4 0. Dinner 150

CXR - Nil Focal

ECG SR

LFT - Mild Transaminitis

(1) (1) Reassurance
(2) (H)

STS

Ward Review

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics & ENT who have specialty-specific policies]

NHS Greater Glasgow and Clyde

- **Risk Assessment must be completed for all patients within 24 hours of admission to hospital**
- **Patients must be reassessed every 48-72 hours or sooner if condition changes**
- **Reassessment must be documented in Kardex**
- **Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.**

Pt Addressograph

Operative patients

Non-operative patients

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Yes ☐ No ☐

Does the patient have any risk factors for thrombosis? (tick √ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy or tamoxifen	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Surgical procedure with total anaesthetic/surgical time >90 min, or >60 min if surgery on lower limb or pelvis	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or Inflammatory disease	☐	Acute surgical admission with inflammatory or intra-abdominal condition including Pelvic Inflammatory Disease	☐
Personal history or first degree relative with a history of VTE	☐	Hip fracture	☐
Varicose veins with phlebitis	☐	All gynaecological surgery except uncomplicated gynaecological diagnostic day case procedures	☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- **Complete Risk Assessment Result Box.**

Yes, 1 or more risk factors identified ☐

No risk factors identified ☐

Indicators of high risk bleeding (tick √ all that apply)

Active bleeding	☐	Lumbar puncture, epidural/spinal anaesthesia • Expected within the next 12 hours • Within the previous 4 hours	☐
Acquired bleeding disorders (e.g. liver failure)	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Concurrent use of other anticoagulants (e.g. warfarin, rivaroxaban, apixaban, edoxaban) is a contra-indication to additional pharmacological thromboprophylaxis	☐		
Acute stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m²: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery, spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- **Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis**
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <50Kg or eGFR <30ml/minute/1.73m² ☐

If weight> 120kg, consider Enoxaparin 40mg bd (see StaffNet Guideline).

Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy	☐
Peripheral arterial disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick √ all that apply

VTE risk factors: YES ☐ NO ☐ Indicators of high risk bleeding: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____

Medicine Reconciliation Form

Source of information: ECS ☐

Patient ☐ Relative/carer ☐ GP surg ☐ GP computer printout/letter ☐ Patient's own drugs ☐ Other (specify) _____

Admission Medicines (including OTC, herbal, homeopathic)				Plan for medicines (unless indicated to stop or hold medication should be continued on drug kardex)				
Name	Dose	Freq	Route	Amend	withold	Stop	continue	Reason for alteration
Allergies/adverse events								

List obtained by _____ Designation _____

Recently altered/discontinued medicines prior to admission and reasons why _____

_____

Compliance aid? Y ☐ N ☐ Type _____ If, Y Community Pharmacy _____ Phone _____

Senior Medical staff review: Sign _____ Title _____ Date and Time _____

Reviewed by pharmacist _____ Date and Time _____

Comments

Consultant Review

Clinical Notes

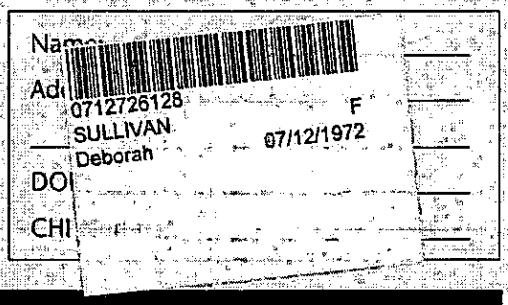
Clinical Notes

Clinical Notes

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde



1. Triage (Consider Mental Health Triage Assessment - if applicable)

Hospital	Patient Preferred Name:
Date: Time:	
Triage Nurse	Transport SAS/Self:

2. Presenting Complaint

Category ☐ Gap Score ☐

3. Observations

Allergies (including food allergies):

No Known allergies ☐

Resp. Rate	Sp02	Temperature	Pulse	Blood Pressure
GCS	**NEWS Score**	**PEFR**	**Blood Glucose**	**Pain Score**
/15				/10

4. Communication

I.D. band on?	Y / N
Relatives present?	Y / N
Relatives / NOK informed?	Y / N
Interpreter required?	Y / N

5. 4AT and TIME for Detection, Management, and Prevention of Delirium

Complete for patients: age 65 and over; patients of any age with an existing cognitive impairment; previous delirium; current hip fracture; or severe illness. These patients are at high risk of delirium. This should be done on admission; at each transition of care; if SQiD positive; or if any clinical concerns.

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Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name: _____
Address: _____
_____
DOB: _____
CHI Number: _____

Named Nurse/Team Leader: _____

Assessment Completed by: Name (PLEASE PRINT) AMANDA

Patient Preparation

Prepare patient for examination	☑	IV Cannula (if required)	Y/N
Clothing bag labelled and stored	☐	Blood samples taken Routine	Y/N
GGC RED BAG - with patient	☐	If Yes, list requests	
12 Lead ECG	☑	Cardiac Monitoring	Y/N
X rays performed	☐	Height: Weight:	

Urinalysis

Leucocytes	Nitrites	Protein	pH
Blood	S.G.	Ketones	Glucose
MSSU/CSU Sent ☐			
HCG specimen if indicated	+ve ☐	-ve ☐	Strip Lot no:

Peripheral Vascular Catheter (PVC) Bundle

Reason for PVC Insertion:

☐ IV Fluids

☐ IV Drugs

☐ Suspected haemorrhage

☐ Diagnostic tests

Insertion Date: __/__/__

Insertion Time: ____:____

Hand hygiene performed immediately before PVC insertion.	☑
Skin antiseptic containing 70% isopropyl alcohol used to cleanse the skin and left to dry.	☑
Aseptic technique maintained throughout insertion procedure.	☑
Sterile, transparent, semi permeable dressing used to cover catheter site.	☑
Size/Colour: _____ Insertion site: _____	
Signature: _____	☑

8. Adult Urethral Urinary Catheter Insertion (Use maintenance care plan as appropriate)

Clinical Indication for Insertion:

Insertion Date: __/__/__

Insertion Time: ____:____

Signature: _____

Hand hygiene performed immediately before insertion.	☐
Aseptic technique maintained throughout insertion procedure and connection to closed drainage.	☐
Urethral meatus cleansed with saline and lubricant used.	☐
Guage: _____ _____ mls in balloon	

9. General Safety Precautions to be Undertaken by All Patients

Date: 27/9/23

Action the following safety precautions on admission to your ward.
Update weekly or on change of condition

Time: 23:05

1. Document mobility status in clinical record and complete a moving and handling assessment if appropriate	✓
2. Check walking aid (if required) is in reach and in use.	✓
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	✓
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	✓
5. If glasses are worn, check they are available and in use	✓
6. If hearing aid/s are worn, check they are working and in use.	✓

Acute Assessment Unit

Nursing Documentation

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10. Risk Assessment

If Yes to any of the 5 questions below complete the falls interventional plan. Whether Yes or No, update this assessment in acute wards, or, at the time of a fall or, upon a change in patient's clinical condition.

	YES	NO	YES	NO
1. Has the patient fallen in the last 6 months - including during this admission?		/		
2. Does the patient have cognitive impairment or a possible delirium?		/		
3. Does the patient attempt to walk alone although unsteady or unsafe?		/		
4. Does the patient or their relative have a fear or anxiety of the patient falling?		/		
5. Based on your clinical judgement, is this patient at high risk of falling?		/		
Signature of nurse completing assessment / update	AM			

11. Screening Tool (Requires escalation/specialist referral/separate Risk Assessments)

Child Protection concern	Y (N) / NA	Learning Disabilities	Y (N) / NA
Adult Support and Protection	Y (N) / NA	Patient has appointed Welfare Guardian/Power of Attorney	Y / N / NA
>65 years: 4AT/TIME BUNDLE COMPLETE?	Y (N) / NA	Patient has Adult with Incapacity Section 47 certificate in place	Y / N / NA
Mental Health Triage	Y (N) / NA	Infection Risk	Y / N / NA
Has swallow test been carried out?	Y / N / NA	STOPPS completed? Y / N / NA Date_____ Time_____ Sign_____	
Sepsis Risk: Systemic inflammatory response syndrome (SIRS) Criteria 2 or more → commence Sepsis Bundle	Y (N) / NA	Anticipatory Care Planning? (If applicable, complete GAEL chart)	Y / N / NA
FRAILTY SCREENING Completed on Trakcare	Y (N) / NA	SUBSTANCE MISUSE FAST SCORE / GMAWS	Y (N) / NA

12. Pressure Area Assessment

1 Pressure Damage	Does the person have redness and/or existing damage? Yes / No If YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage occuring and complete the pressure ulcer intervention plan (PUDRA Chart).

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

2 Mobility	Does the person require assistance to mobilise?	Yes / No
3 Continence	Does the person have continence issues with urine and/or faeces	Yes / No
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink	Yes / No
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?	Yes / No
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:	Yes / No

13. Record of Intentional Rounding – ask whenever patient is visited but n er th very 2 hours

1. Think delirium: Is the patient more confused?
2. Comfort: Are you comfortable?
3. Pain: Do you have any pain?
4. Drink/Mouth Care: Would you like a drink?
5. Food: Are you hungry?
6. Continence: Do you need to go to the toilet?
7. Possessions: buzzer, tissues, glasses within reach, water available and relatives at bedside?
8. Is there anything else I can do for you?

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.
27/9/23	2305	AR														

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.

27/9/23 2305 Patient taken into Cubicle 20 for examination. Bloods ☐ ECG ☑ Undertaken in Emerg Chest X-ray ☐ Presents c pleuritic c/p worse on inspiration. Will run Cepheid ☐ Await medical r/v. AR SIN

2310 Obs NEWS (1) · offered tea + Sandwich but declined. Given jug of ice water AR SIN

1245 Patient accepted sandwich and given a jug of water DEW DEllett

27/9/23

01:30 Pt D/C

Acute Assessment Unit

Nursing Documentation

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Communication with Relatives	Signatures	Time
Next of Kin: Tel:		

Nursing Notes		
Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:

Address:

DOB:

CHI Number:

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:

Address:

DOB:

CHI Number:

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name: _____

Address: _____

_____

DOB: _____

CHI Number: _____

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives Informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name Band	☐	☐	
	4AT	☐	☐	
	NEWS >7	☐	Always	
Snr Dr.: _____ Page no.: _____				
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Fluids	☐	☐	
	GMAWS	☐	☐	
GGC RED BAG - with patient		☐	☐	Please note here if any other tasks required prior to transfer
	Belongings (including patients medication)	☐	Always	
	Bed requested, accepted and ward informed/SBAR completed	☐	Always	
	Notes: medical notes; GP letter, PRF	☐	Always	
Investigations	CXR reviewed	☐		
	ECG reviewed	☐	☐	Print name,
	Bloods sent	☐	☐	
	Bloods reviewed	☐	☐	
	Patient on 02: cylinder checked	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	

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

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

0712726128
SULLIVAN F
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Easterhouse
Glasgow, Lanarkshire
G34 9JE

	Date	Ward	Time
Admitted	23/9/23	AAU	2305
Transferred			
Transferred			
Transferred			

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

Document all actions and interventions

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

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

Discontinuation of NEWS

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

Signed .....

Medical: .....

Date: .....

Glasgow Coma Scale

Pupil Reaction and size
S = sluggish
+ = reaction
- = no reaction
C = eyes closed
Pupil Size (mm)

Affix Patient ID

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

Pain Score

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

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

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NEWS 2 Key | 1 | 2 | 3

| | | |

CHI: 0712726128

Glasgow Royal Infirmary

20

Total Att: 61

12 Mth Att: 5

Title: MS

SULLIVAN **Deborah**

DOB **07/12/1972** Age: **50y** Sex: **Female**

Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE
07713718392

Next of kin: **SULLIVAN, Donna**
Relationship: **Sister**
07743956178

GP: **E Sheppard**
0141 531 8150

Bloods V

ECG V

Attendance Date: **27/09/2023** Arrival Time: **18:05**

Registration Time: **18:05** Date of Incident: **27/09/2023**

Major Incident Desc:

Reason for Attendance: **Self- High viral risk- Pleuritic chest pain- recent exposure to covid Hx Pancreatitis**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Yes** Pain Score: **0**

Triage Category: **0** 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **27/09/2023 18:14** Nurse name: **Nurse Debbie Harvey**

Temp	**37.4**	C
HR	**104**	bpm
BP	**124/92**	mmHg
MAP	**102.67**	mmHg
RR	**19**	bpm
SpO2	**96**	%
Oxygen		%

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

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	**4**
Motor	**6**
Verbal	**5**
Total	**15**

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

Nursing Notes: **high viral risk, Pleuritic chest pain for last few days, worse on inspiration, feeling gen unwell ". CAT 0 ECG "**

0712726128 07/12/1972 SULLIVAN Deborah
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SATA/AAU MEDICATION DOCUMENTATION

NHS
Greater Glasgow and Clyde

Once Only Prescriptions

Date	Drug	Dose	Route	Time	Prescriber (Print & Sign)	Given By	Time Given
27/9	Paracetamol	1000mg	Oral	20:30	R. BRYANT		2050

Discharge Medications

Date	Drug	Dose	Route	Time	Prescriber (Print & Sign)	Given By	Time Given

Glasgow Royal Infirmary
Acute Medicine Unit
(Part B - Medical Admission)

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Greater Glasgow and Clyde

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Date & Time 28/4/23 Consultant Ward AAU

Ward Review (Should be completed within 2hrs of transfer from ED)

Check List

- VTE ☐
- Med - Rec ☐
- Kardex ☐
- CxR ☐
- ECG ☐
- Oxygen ☐
- Patient on Bleeders list ☐

Kelly STs

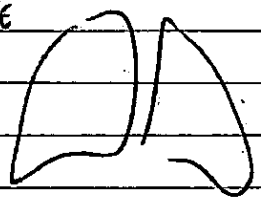
50 — PC: Back pain

HPC: Recent Covid Contact
Cough w/ Brown Sputum
Fever
Back pain across top of Shoulder Blades
Worse w/ Movement + Breathing

Saw GP → AAU

Settled / News = 0 / No TLOC / Palpitations / Pre-Syncope

O/E



Chest HS - I - II - 0
Chest SNT

Tol Tray < 4 D. Dinner 150

CXR - Nil Focal

ECG SR

LFT - Mild Transaminitis

(1) (1) Reassurance
(2) (H)

STS

Ward Review

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics & ENT who have specialty-specific policies]

NHS Greater Glasgow and Clyde

- **Risk Assessment must be completed for all patients within 24 hours of admission to hospital**
- **Patients must be reassessed every 48-72 hours or sooner if condition changes**
- **Reassessment must be documented in Kardex**
- **Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.**

Pt Addressograph

Operative patients

Non-operative patients

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Yes ☐ No ☐

Does the patient have any risk factors for thrombosis? (tick √ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy or tamoxifen	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Surgical procedure with total anaesthetic/surgical time >90 min, or >60 min if surgery on lower limb or pelvis	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or Inflammatory disease	☐	Acute surgical admission with inflammatory or intra-abdominal condition including Pelvic Inflammatory Disease	☐
Personal history or first degree relative with a history of VTE	☐	Hip fracture	☐
Varicose veins with phlebitis	☐	All gynaecological surgery except uncomplicated gynaecological diagnostic day case procedures	☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- **Complete Risk Assessment Result Box.**

Yes, 1 or more risk factors identified ☐

No risk factors identified ☐

Indicators of high risk bleeding (tick √ all that apply)

Active bleeding	☐	Lumbar puncture, epidural/spinal anaesthesia • Expected within the next 12 hours • Within the previous 4 hours	☐
Acquired bleeding disorders (e.g. liver failure)	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Concurrent use of other anticoagulants (e.g. warfarin, rivaroxaban, apixaban, edoxaban) is a contra-indication to additional pharmacological thromboprophylaxis	☐		
Acute stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m²: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery , spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- **Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis**
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <50Kg or eGFR <30ml/minute/1.73m² ☐

If weight> 120kg, consider Enoxaparin 40mg bd (see StaffNet Guideline).

Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy	☐
Peripheral arterial disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick √ all that apply

VTE risk factors: YES ☐ NO ☐ Indicators of high risk bleeding: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____

Medicine Reconciliation Form

Source of information: ECS ☐

Patient ☐ Relative/ carer ☐ GP surg ☐ GP computer printout/letter ☐ Patient's own drugs ☐ Other (specify) _____

Admission Medicines (including OTC, herbal, homeopathic)				Plan for medicines (unless indicated to stop or hold medication should be continued on drug kardex)				
Name	Dose	Freq	Route	Amend	withhold	Stop	continue	Reason for alteration
Allergies/adverse events								

List obtained by _____ Designation _____

Recently altered/discontinued medicines prior to admission and reasons why _____

_____

Compliance aid? Y☐ N☐ Type _____ If, Y Community Pharmacy _____ Phone _____

Senior Medical staff review: Sign _____ Title _____ Date and Time _____

Reviewed by pharmacist _____ Date and Time _____

Comments

Consultant Review

Check List	
VTE ☐	
Med - Rec ☐	
Kardex ☐	
CxR ☐	
ECG ☐	
Oxygen ☐	
EDD	

PRINT NAME	DESIGNATION
SIGNATURE	DATE & TIME

Clinical Notes

Clinical Notes

Clinical Notes

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name
Address
0712726128 F
SULLIVAN 07/12/1972
Deborah
DOB
CHI

1. Triage (Consider Mental Health Triage Assessment - if applicable)

Hospital	Patient Preferred Name:
Date: Time:	
Triage Nurse	Transport SAS/Self:

2. Presenting Complaint

Category ☐ Gap Score ☐

3. Observations

Allergies (including food allergies):

No Known allergies ☐

Resp. Rate	Sp02	Temperature	Pulse	Blood Pressure
GCS	**NEWS Score**	**PEFR**	**Blood Glucose**	**Pain Score**
/15				/10

4. Communication

I.D. band on?	Y / N
Relatives present?	Y / N
Relatives / NOK informed?	Y / N
Interpreter required?	Y / N

5. 4AT and TIME for Detection, Management, and Prevention of Delirium

Complete for patients: age 65 and over; patients of any age with an existing cognitive impairment; previous delirium; current hip fracture; or severe illness. These patients are at high risk of delirium. This should be done on admission; at each transition of care; if SQiD positive; or if any clinical concerns.

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:
Address:
DOB:
CHI Number:

Named Nurse/Team Leader:

Assessment Completed by: Name (PLEASE PRINT) AMANDA

Patient Preparation

Prepare patient for examination	☑	IV Cannula (if required)	Y/N
Clothing bag labelled and stored	☐	Blood samples taken Routine	Y/N
GGC RED BAG - with patient	☐	If Yes, list requests	
12 Lead ECG	☑	Cardiac Monitoring	Y/N
X rays performed	☐	Height: Weight:	

Urinalysis

Leucocytes	Nitrites	Protein	pH
Blood	S.G.	Ketones	Glucose
MSSU/CSU Sent ☐			
HCG specimen if indicated	+ve ☐	-ve ☐	Strip Lot no:

Peripheral Vascular Catheter (PVC) Bundle

Reason for PVC Insertion:

☐ IV Fluids

☐ IV Drugs

☐ Suspected haemorrhage

☐ Diagnostic tests

Insertion Date: ___/___/___

Insertion Time: ____:____

Hand hygiene performed immediately before PVC insertion.	☑
Skin antiseptic containing 70% isopropyl alcohol used to cleanse the skin and left to dry.	☑
Aseptic technique maintained throughout insertion procedure.	☑
Sterile, transparent, semi permeable dressing used to cover catheter site.	☑
Size/Colour: _____ Insertion site: _____	
Signature: _____	☑

8. Adult Urethral Urinary Catheter Insertion (Use maintenance care plan as appropriate)

Clinical Indication for Insertion:

Insertion Date: ___/___/___

Insertion Time: ____:____

Signature: _____

Hand hygiene performed immediately before insertion.	☐
Aseptic technique maintained throughout insertion procedure and connection to closed drainage.	☐
Urethral meatus cleansed with saline and lubricant used.	☐
Guage: _____ _____ mls in balloon	☐

9. General Safety Precautions to be Undertaken by All Patients

Action the following safety precautions on admission to your ward.
Update weekly or on change of condition

Date: 27/9/23

Time: 23:05

1. Document mobility status in clinical record and complete a moving and handling assessment if appropriate	✓
2. Check walking aid (if required) is in reach and in use.	✓
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	✓
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	✓
5. If glasses are worn, check they are available and in use	✓
6. If hearing aid/s are worn, check they are working and in use.	✓

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

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

10. Risk Assessment

If Yes to any of the 5 questions below complete the falls interventional plan. Whether Yes or No, update this assessment in acute wards, or, at the time of a fall or, upon a change in patient's clinical condition.

	YES	NO	YES	NO
1. Has the patient fallen in the last 6 months - including during this admission?		/		
2. Does the patient have cognitive impairment or a possible delirium?		/		
3. Does the patient attempt to walk alone although unsteady or unsafe?		/		
4. Does the patient or their relative have a fear or anxiety of the patient falling?		/		
5. Based on your clinical judgement, is this patient at high risk of falling?		/		
Signature of nurse completing assessment / update	AM			

11. Screening Tool (Requires escalation/specialist referral/separate Risk Assessments)

Child Protection concern	Y (N) / NA	Learning Disabilities	Y (N) / NA
Adult Support and Protection	Y (N) / NA	Patient has appointed Welfare Guardian/Power of Attorney	Y / (N) / NA
>65 years: 4AT/TIME BUNDLE COMPLETE?	Y (N) / NA	Patient has Adult with Incapacity Section 47 certificate in place	Y / (N) / NA
Mental Health Triage	Y (N) / NA	Infection Risk	Y / (N) / NA
Has swallow test been carried out?	Y (N) / NA	STOPPS completed? Y / N / NA Date_____ Time_____ Sign_____	
Sepsis Risk: Systemic inflammatory response syndrome (SIRS) Criteria 2 or more → commence Sepsis Bundle	Y (N) / NA	Anticipatory Care Planning? (If applicable, complete GAEL chart)	Y / (N) / NA
FRAILTY SCREENING Completed on Trakcare	Y (N) / NA	SUBSTANCE MISUSE FAST SCORE / GMAWS	Y (N) / NA

12. Pressure Area Assessment

1 Pressure Damage

Does the person have redness and/or existing damage? Yes / No

If YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage occuring and complete the pressure ulcer intervention plan (PUDRA Chart).

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

2 Mobility	Does the person require assistance to mobilise?	Yes / No
3 Continence	Does the person have continence issues with urine and/or faeces	Yes / No
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink	Yes / No
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?	Yes / No
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:	Yes / No

13. Record of Intentional Rounding – ask whenever patient is visited but n er th very 2 hours

1. Think delirium: Is the patient more confused?
2. Comfort: Are you comfortable?
3. Pain: Do you have any pain?
4. Drink/Mouth Care: Would you like a drink?
5. Food: Are you hungry?
6. Continence: Do you need to go to the toilet?
7. Possessions: buzzer, tissues, glasses within reach, water available and relatives at bedside?
8. Is there anything else I can do for you?

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.
27/9/23	23or													

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.

27/9/23 Patient taken into Cubicle 20 for examination.
2305 Bloods ☐ ECG ✓ Undertaken in EMAU
Chest X-ray ☐ Presents c pleuritic c/p
worse on inspiration. will run Cepid ☐
Await medical r/v. AC S/N

2310 Obs NEWS (1) offered tea + Sandwich
but declined. Given jug of ice water AC S/N

1245 Patient accepted sandwich and given
a jug of water cou D Elliott

27/9/23

01:30 Pt D/C

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

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

Communication with Relatives	Signatures	Time
Next of Kin: Tel:		

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:

Address:

DOB:

CHI Number:

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:

Address:

DOB:

CHI Number:

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name: _____

Address: _____

_____

DOB: _____

CHI Number: _____

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives Informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name Band	☐	☐	
	4AT	☐	☐	
	NEWS >7	☐	Always	
Snr Dr.: _____ Page no.: _____				
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Fluids	☐	☐	
	GMAWS	☐	☐	
GGC RED BAG - with patient		☐	☐	Please note here if any other tasks required prior to transfer
	Belongings (including patients medication)	☐	Always	
	Bed requested, accepted and ward informed/SBAR completed	☐	Always	
	Notes: medical notes; GP letter, PRF	☐	Always	
Investigations	CXR reviewed	☐		
	ECG reviewed	☐	☐	Print name
	Bloods sent	☐	☐	
	Bloods reviewed	☐	☐	
	Patient on 02: cylinder checked	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	

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

Document Owner: Pamela Cheung, AAU Team, GRI

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

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

	Date	Ward	Time
Admitted	27/9/23	AAU	2305
Transferred			
Transferred			
Transferred			
Transferred			

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

Document all actions and interventions

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

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

Discontinuation of NEWS

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

Signed.....

Medical:.....

Date:.....

Glasgow Coma Scale

| | | |

NEWS 2 Key | 1 | 2 | 3

Affix Patient ID

| | | |

Glasgow Royal Infirmary

CHI: 0712726128

Total Att: 59

12 Mth Att: 4

Title: MS

SULLIVAN **Deborah**

DOB **07/12/1972** Age: **50y** Sex: **Female**

Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE
07713718392

Next of kin: **SULLIVAN, Donna**
Relationship: **Sister**
07743956178

GP: **E Sheppard**
0141 531 8150

Attendance Date: **12/05/2023** Arrival Time: **14:15**

Registration Time: **14:15** Date of Incident: **12/05/2023**

Major Incident Desc:

Reason for Attendance: **foot swelling & pins & needles**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **12/05/2023 14:16** Nurse name: **Nurse Niamh Collins**

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

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **"Triaged from reception. Attended SMIU earlier in week. Treated as left knee injury. Has appt next week at knee clinic. Today noted altered sensation to left foot. D/W GP who advised ED attendance. Dr Fitzpatrick aware of patient. "**

0712726128 07/12/1972 SULLIVAN Deborah
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0712726128 07/12/1972 SULLIVAN Deborah
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0712726128 07/12/1972 SULLIVAN Deborah

To be Completed by Clinician		
Child Assessment Questionnaire	Yes	No
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

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

Date	Clinical Notes
12/5/23	Seen By HAMilton CONS — Time Seen 1645

PC - (L) Knee Injury

HPC - 50y ♀

Admitted with (L) knee Pain

Fell 7/5/23 - Seen Stobhill MIU

On UFC + OP knee 18/5

States (L) knee new ↑ pain ++ with "pins + needles" in foot. Struggles to mobilise on crutches

Pain relief not enough. no new Injury

PMH - Fibromyalgia DH - See ECS XRay - knee but not ott

OE - Pt on Crutches, Able to walk into room

(L) knee - NV intact distally
Mild effusion noted, not warm to touch
Limitation of flexion + pain ++ on hyperextension
Unable to Ax lateral stability due pain

Impr: ? (L) Knee meniscal / ligamentous Injury

Plan: D/w ortho Re plan as per UFC 2. Weight bearing (H)

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

CHI: 0712726128

Glasgow Royal Infirmary

Total Att: 55

12 Mth Att: 3

Title: MS

SULLIVAN **Deborah**

DOB 07/12/1972 Age: 49y Sex: Female

Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE
07713718392

Next of kin: SULLIVAN, Donna
Relationship: Sister
07743956178

GP: AL McGinley
0141 531 8150

Attendance Date: 31/07/2022 Arrival Time: 09:04

Registration Time: 09:04 Date of Incident: 31/07/2022

Major Incident Desc:

Reason for Attendance: **fall - lower back pain**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **31/07/2022 09:05** Nurse name: **Nurse Emma Cameron2**

Temp	36.8	C
HR	120	bpm
BP	1102178	mmHg
MAP		mmHg
RR	16	bpm
SpO2	96	%
Oxygen		%

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

GCS	
Eyes	
Motor	
Verbal	
Total	15

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

Nursing Notes:

FALL DOWN 3 STAIRS IN CARAVAN YESTERDAY, HITTING LOWER BACK ON STAIR. LOWER BACK PAIN AND PAIN TRAVELLING DOWN LEFT LEG.
PMH CHRONIC PANCREATITIS + FIBROMYALGIA

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07126726128 07/12/1972 SULLIVAN Deborah
07126726128 07/12/1972 SULLIVAN Deborah
07126726128 07/12/1972 SULLIVAN Deborah

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

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

Date	Clinical Notes
	Seen By: Time Seen:
31/7/22 1005	ENP APRIL THOMPSON Fall 1/7 ago down 3 stairs Lower back pain and pain down left leg PMH→Type two diabetes, fibromyalgia, chronic pancreatitis Medication→Pregabalin, metaformin, omeprazole, co-codamol. Patient has taken own co-codamol at 8am, unable to take ibuprofen due to gastric issues. Allergies→Penicillin LOOK→no bruising/swelling/wounds, muscle spasms FEEL→no bony tenderness no red flags MOVE→limited flexion Extension ✓ sideflexion ✓ Rotation ✓ Reduced sensation to left thigh lateral aspect. All other sensation equal MOTOR→Reduced power L2 bend knee L3 SLR L4 Dorsiflexion Normal power L5, S1 big toe S2 curl toes Patella tendon intact URINALYSIS glucose ++, otherwise clear. Discussed with consultant Stevelson, no further investigations or imaging required.

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
31/7/22	IBUPROFEN	400mg	O	1045	[signature]	AT
	CO CODAMOL 8/500 2/2		PO	1150	[signature]	EC

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☑

Please tick ✔ appropriate directorate

DEBORAH SULLIVAN
CHI 0712726128

Date & Time	31/7/22 11¹⁵	Signature, Print Name & Designation
	ENP APRIL THOMPSON	
	Patient given analgesia as prescribed. Worsening advice detailed including red flags. HR 103 at 12⁰⁰ Analgesia advice Self refer physio if required Discharged home	
	APRIL THOMPSON	

83949 GGC0072

Date & Time		Signature, Print Name & Designation

CHI: 0712726128

Glasgow Royal Infirmary

ortho 12

Total Att: **50**

12 Mth Att: **5**

13891 Pg 55 pod x-ray

Title: **MS**

SULLIVAN **Deborah**

DOB **07/12/1972** Age: **48y** Sex: **Female**

Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE
07713718392

Next of kin: **SULLIVAN, Donna**
Relationship: **Sister**
07743956178

GP: **AL McGinley**
0141 531 8150

Attendance Date: **25/05/2021** Arrival Time: **11:08**

Registration Time: **11:08** Date of Incident: **25/05/2021**

Major Incident Desc:

Reason for Attendance: **sci gateway referral**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **25/05/2021 11:24** Nurse name: **Nurse Daryl McKillop**

Temp	**36.6**	C
HR	**111**	bpm
BP	**141/109**	mmHg
MAP	**119.67**	mmHg
RR	**16**	bpm
SpO2	**94**	%
Oxygen		%

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **ongoing L knee pain. ref from gp for scan. unclear from sci gateway ref about which speciality. Co-codamol taken with little effect**

0712726128 07/12/1972 SULLIVAN Deborah
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0712726128 07/12/1972 SULLIVAN Deborah
0712726128 07/12/1972 SULLIVAN Deborah

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

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

Date	Clinical Notes

Seen By A SAEED 25/5/2021 Time Seen 1200

CDF SAEED

C/O (L) knee pain for 1/12.
Seen at Stobhill in April.
discharged with advice.

PMH
DM.
Ch. pancreatic
Fibromyalgia
Chron.
gastritis

O/E

(L) knee No redness/swelling.
Able to flex/extend knee
Tender Ant/Lateral (L) knee.
N-V intact.

ECG
SR

Allergies
Penicillin.

D/W. SpR Mohamad Ismail.
XR - (L) knee.
if no # then can go home
with Analgesia.
O/P MRI (urgent) requested by SpR.

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
~~25/5~~	~~CO Codamol 30/500~~	~~2 tabs~~	~~P/O~~	~~1147~~		
25/5	oramorph	2.5ml	P/O	1155		RN/HCA

12

Emergency Department Nursing Documentation

Presenting Complaint - Left knee pain

Date: 25/05/2021 Time: 1150

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

NHS Greater Glasgow and Clyde

Assessment Complete by: Name NURSE (Please Print) Dine Alexander

Patient Prep / Investigations (Please tick/circle when completed)		Communication (Please Circle Tick)	
Prepare patient for examination / Clothing bag labelled + stored	☑	NEWS Chart complete / NEWS SCORE - 3 (Record pain, blood sugar and Neuro Obs on NEWS Chart)	☑
GGC RED BAG - with patient	☐		
12 Lead ECG	☐	ID Band	☑
Weight:	☐	Peak Flow	☐
Blood Samples Obtained: Yes ☐ No ☐		Xrays / CT Scan Performed:	☐
IV Access: Yes ☐ No ☐		Relatives / NOK informed (Carers)	☐
Blood Gas: VBG ☐ ABG ☐		Child Protection Concern (considered in line with policy)	Y/N
		Adult Support and Protection	Y/N

Urinalysis

Leucocytes	☐	Nitrites	☐	Protein	☐	Blood	☐
Ketones	☐	Glucose	☐	PH		S.G.	
MSSU / CSU	☐	Toxicology	☐				
HCG	☐	+VE	☐	-VE	☐	Strip No -	

Screening Tools
(Please tick/circle when completed)

SEPSIS RISK? / SIRS Criteria 2 or more	Y/(N)	**SWALLOW TEST CARRIED OUT? (susp any neurological signs or symptoms)**	YES
Mental Health Triage Assessment	Y/(N)	If NOT WHY? - (details) N/A.	(NO)
GMAWS	Y/(N)	Date - 25/5/21 Time - 1205 Signature - DMA.	

4AT

AMT	Correct
Age	
Date of Birth	
Place	
Current year	

No mistakes	= 0
1 mistake	= 1
> 1 mistake	= 2

Attention (months of year backwards)	
> = 7 correct	0
< 7 correct	1
Untestable	2

Alertness	
Normal	0
Mild sleepiness	0
Clearly abnormal	4

Mental status according to family/carer		
Acute change or fluctuating	4	YES
Acute change or fluctuating	0	NO

4AT score 0 /12

STEP 1 Would this person benefit from Comprehensive Geriatric Assessment (CGA)?

All over 75s and care home residents over 65. For younger patients use clinical judgement and consult local guidelines.

		YES	NO
F	Functional impairment (new or worsening) eg difficulty with self care		
R	Resident in a care home?		
A	Altered mental state such as acute confusion or dementia use the 4AT		
I	Immobility/instability. New decline in mobility, difficulty mobilising without help or fall leading up to admission		
L	Likely to require support for discharge? (either new or increase in existing support)		

Are any of the above criteria met? If YES to any of the above move to step 2

STEP 2 Would this person be better managed by another specialty team at present?

Indicator for care by another acute specialty regardless of age.

	YES	NO
Clear need for other specialty input eg exacerbation of known long term condition such as COPD		
Need for HDU/ITU (including non-invasive ventilation)		
Suspected new stroke or TIA, consider thrombolysis and care in stroke unit		
Head injury with loss of consciousness		
Acute abdominal pain/surgical presentation		
Upper GI Bleed		
Chest pain with suspected acute coronary syndrome		
Trauma with suspected fracture		

Are any of the above criteria met?

If **YES** to any criteria in step 2:

- Prioritise move to non geriatric service as appropriate. If necessary consider geriatric advice on parent ward.

If **NO** to the list in step 2:

- Prioritise transfer of care to specialist geriatric assessment service in line with local guidance.

Screening Tools / ACTIVE CARE

(Please tick/circle when completed)

1) Pressure Damage Does the person have redness and/or existing damage? If YES - continue with a minimum of 2 hourly Active Care + Complete PUDRA		Y/N	Date	Location of Redness/Ulcers	Grade of Ulcer
2) Mobility	Does the person require assistance?	Y/N			
3) Continence		Y/N	5) Skin	Is skin compromised by other source, eg neurological deficit, medication, substance, diabetes, co-morbid?	Y/N
4) Nutrition		Y/N	6) Judgment	In your clinical judgment is this person at risk for developing pressure damage? IF YES - DETAILS	Y/N

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.

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

At risk of falls?
(clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc) *At risk complete risk assessment*

YES	NO

Pause for Transfer / Discharge (Please tick when completed)		Tick when completed	N/A	Notes
Relatives Informed of Admission / Discharge		☐	☐	Information on discussion with relatives
Relatives/carer with patient on transfer to ward		☐	Always	
GGC RED BAG - with patient		☐	Always	
Name Band		☐	Always	
Nursing Screening Tools completed		☐	Always	
Bed requested, SBAR COMPLETE		☐	☐	
NEWS chart		☐	Always	
Prescriptions / Charts signed	Infusions	☐	☐	
	Cannula	☐	☐	
Notes: medical notes, GP letter, PRF		☐	☐	
Patients requiring analgesia: sufficient		☐	☐	
Belongings (including patients medication)		☐	Always	Please note here if any other tasks required prior to transfer
SAS Transport required and ref. no.		☐	☐	
Print Name Sign -				

Nursing Notes

Date and Time 25/5/21		Print Name and Signature
1200	Pt bright and alert, pain score 10/10, had cocodamol at home around 1000, Dr has prescribed oral morph to help with the pain. ECG obtained awaiting xray.	JTN
1235	pt given oramorph. awaiting porter for xray.	
1245.	pt got up to the toilet felt dizzy lowered herself to the toilet floor. - able to get herself up to the chair	

Nursing Notes

Date and Time		Print Name and Signature
	pt appears well and unhurt.	
	- transferred to amy on a trolley	
	as unable to get a chair.	J MacPowell
	up to commode prior to xray.	
1348	Ortho paged. Happy for pt to be d/c	
	home with MRI outpatient appt.	
	SHO informed of pt lowering to	
	floor. Unconcerned and still happy	E Kavelaris (SHO)
	for pt to be discharged.	A Ivanov
14.00	pt given a crutch, managing to	
	mobilise safely with it.	
	Home with opa.	

12

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G34 9JE

Affix Patient ID

NEWS 2 Key | 1 | 2 | 3

| | | |

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Affix Patient ID

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

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

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

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

Document all actions and interventions

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

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

Discontinuation of NEWS

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

Signed.....

Medical: .....

Date: .....

Glasgow Coma Scale

| | | |

Emergency Department Nursing Documentation

Presenting Complaint - ABDO PAIN

Date: 28 / 2 / 2021 Time: 1830

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

NHS Greater Glasgow and Clyde

Assessment Complete by: Name NURSE (Please Print)

Patient Prep / Investigations (Please tick/circle when completed)		Communication (Please Circle Tick)	
Prepare patient for examination / Clothing bag labelled + stored	☑	NEWS Chart complete / NEWS SCORE - (Record pain, blood sugar and Neuro Obs on NEWS Chart)	☑
GGC RED BAG - with patient	☐		
12 Lead ECG	☑	ID Band	☑
Weight:	☐	Peak Flow	☐
Blood Samples Obtained: Yes ☑ No ☐		Xrays / CT Scan Performed:	☐
IV Access: Yes ☑ No ☐		Relatives / NOK informed (Carers)	☐
Blood Gas: VBG ☐ ABG ☐		Child Protection Concern (considered in line with policy)	Y/N
		Adult Support and Protection	Y/N

Urinalysis

Leucocytes ☐	Nitrites ☐	Protein ☐	Blood ☐
Ketones ☐	Glucose ☐	PH	S.G.
MSSU / CSU ☐	Toxiclogy ☐		
HCG ☐	+VE ☐	-VE ☐	Strip No -

Screening Tools (Please tick/circle when completed)			
SEPSIS RISK? / SIRS Criteria 2 or more	Y/(N)	**SWALLOW TEST CARRIED OUT? (susp any neurological signs or symptoms)**	**YES**
Mental Health Triage Assessment	Y/(N)	If NOT WHY? - (details) N/A	(NO)
GMAWS	Y/(N)	Date - 28 - 2 - 21 Time - 1835 Signature - [signature] CST/N)	

4AT

AMT	Correct
Age	
Date of Birth	
Place	
Current year	

No mistakes	= 0
1 mistake	= 1
> 1 mistake	= 2

Attention (months of year backwards)	
> = 7 correct	0
< 7 correct	1
Untestable	2

Mental status according to family/carer		
Acute change or fluctuating	4	YES
Acute change or fluctuating	0	NO

Alertness	
Normal	0
Mild sleepiness	0
Clearly abnormal	4

4AT score /12

STEP 1 Would this person benefit from Comprehensive Geriatric Assessment (CGA)?

All over 75s and care home residents over 65. For younger patients use clinical judgement and consult local guidelines.

		YES	NO
F	**F**unctional impairment (new or worsening) eg difficulty with self care		
R	**R**esident in a care home?		
A	**A**ltered mental state such as acute confusion or dementia use the 4AT		
I	**I**mmobility/instability. New decline in mobility, difficulty mobilising without help or fall leading up to admission		
L	**L**ikely to require support for discharge? (either new or increase in existing support)		

Are any of the above criteria met? If YES to any of the above move to step 2

STEP 2 Would this person be better managed by another specialty team at present?

Indicator for care by another acute specialty regardless of age.

	YES	NO
Clear need for other specialty input eg exacerbation of known long term condition such as COPD		
Need for HDU/ITU (including non-invasive ventilation)		
Suspected new stroke or TIA, consider thrombolysis and care in stroke unit		
Head injury with loss of consciousness		
Acute abdominal pain/surgical presentation		
Upper GI Bleed		
Chest pain with suspected acute coronary syndrome		
Trauma with suspected fracture		

Are any of the above criteria met?

If **YES** to any criteria in step 2:

- Prioritise move to non geriatric service as appropriate. If necessary consider geriatric advice on parent ward.

If **NO** to the list in step 2:

- Prioritise transfer of care to specialist geriatric assessment service in line with local guidance.

Screening Tools / ACTIVE CARE

(Please tick/circle when completed)

1) **Pressure Damage** Does the person have redness and/or existing damage? If YES - continue with a minimum of 2 hourly Active Care + Complete PUDRA		Y/N	**Date**	**Location of Redness/Ulcers**	**Grade of Ulcer**	
2) Mobility	Does the person require assistance?	Y/N				
3) Continence		Y/N	**5) Skin**	Is skin compromised by other source, eg neurological deficit, medication, substance, diabetes, co-morbid?		Y/N
4) Nutrition		Y/N	**6) Judgment**	In your clinical judgment is this person at risk for developing pressure damage? IF YES - DETAILS		Y/N

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.

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At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc) *At risk complete risk assessment*	
YES	(NO)

Pause for Transfer / Discharge (Please tick when completed)		Tick when completed	N/A	Notes
Relatives Informed of Admission / Discharge		☐	☐	Information on discussion with relatives
Relatives/carer with patient on transfer to ward		☐	Always	
GGC RED BAG - with patient		☐	Always	
Name Band		☐	Always	
Nursing Screening Tools completed		☐	Always	
Bed requested, SBAR COMPLETE		☐	☐	
NEWS chart		☐	Always	
Prescriptions / Charts signed	Infusions	☐	☐	
	Cannula	☐	☐	
	Notes: medical notes, GP letter, PRF	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	
Belongings (including patients medication)		☐	Always	Please note here if any other tasks required prior to transfer
SAS Transport required and ref. no.		☐	☐	
Print Name Sign -				

Nursing Notes

Date and Time		Print Name and Signature
28.2.21	PT BROUGHT IN VIA WHEELCHAIR TO THE	
1835	EMERGENCY DEPARTMENT AFTER COMPLAINTS	
	OF SEVERE ABDO PAIN. PAIN SCORE =	
	9/10. NEWS SCORING A 6 DUE	
	TO HR ↑ 127, SPO^2 ↓ AT 94%.	
	AND RR ↑ 32. PT APPEARS CLAMMY.	
	CHANGED INTO PT GOWN. DOCTORS	N. McMURRAY
	CURRENTLY IN TALKING TO PT.	(SIGN)
1855	BLOODS TAKEN FROM PT AND BEING	
	SENT AWAY. ASKED FOR PAIN	N. McMURRAY
	RELIEF	(SIGN)

Nursing Notes

Date and Time		Print Name and Signature
1907	PT GAVE URINE SAMPLE. TRACE OF PROTEIN WITHIN THIS. ECG ALSO TAKEN, AND GIVEN TO DOCTORS.	N. MANWARAY (GRAD GSTT)
28.2.21. 2045	Patient reviewed again by Dr and For Discharge home. Cannula removed	Standard RN

MEDICINE **PRESCRIPTION FORM**

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared: __/__/__ Time: _____ | Sheet No ..... | 2nd Prescription in use YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

Hospital 0712726128
DOB: SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Date of Glasgow, Lanarkshire
Consult G34 9JE

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
22/12	MORPHINE	10mg	O	1900	Emma Sul	[illegible]	1915
	ONDANSETRON	4mg	IV	1920	Emma Sul	[illegible]/SK	1920

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%	88– 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No _____ L/min

DATE: _____/_____/_____ PRESCRIBER (PRINT & SIGN): _____

DATE →
MONTH →

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

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

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

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRU

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

DOSE

PRESCRIBER

ADDITIONAL

STOPPED DATE: INITIALS:

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

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

H DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

J DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
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1600-1800
2200-2400
Other time

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

K DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

L DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE:
INITIALS:

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE:
INITIALS:

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE:
INITIALS:

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG 0712726128

DOSE SULLIVAN Deborah F 07/12/1972

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ADDITIONAL INS

STOPPED DATE:
INITIALS:

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

DOSE 0712726128
SULLIVAN F
PRES Deborah 07/12/1972
ADDITI CY

STOPPED DATE: INITIALS:

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE:
STOPPED INITIALS:

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE:
STOPPED INITIALS:

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

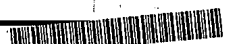
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE:
STOPPED INITIALS:

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

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

STOPPED DATE:
STOPPED INITIALS:

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

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

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

All Routes: As Required Prescriptions

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

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

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

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

0712726128
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07/12/1972

Name —

CHI No —

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

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

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

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

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

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

Please note - intrathecal must be written in full.

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

(13) Deborah Sullivan

NEWS 2 Key | 1 | 2 | 3

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

| | | |

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

0712726126
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

	Date	Ward	Time
Admitted	28-2-21	A+E	18:20
Transferred			
Transferred			
Transferred			
Transferred			

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

Document all actions and interventions

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

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

Discontinuation of NEWS

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

Signed.....

Medical: .....

Date: .....

Glasgow Coma Scale

Pupil Reaction and size

$ = sluggish
4 = reaction
= no reaction
C = eyes closed

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

Date:
Time:

Eyes scored by treating MT: E Y E S

Spontaneously 4
To sound 3
To pressure 2
None 1
Non-testable NT

Endotracheal tube or tracheostomy = MT: V

Orientated 5
Confused 4
Words 3
Sounds 2
None 1
Non-testable NT

Always record the best response: M O T O R

Obeys command 6
Localises pain 5
Normal flexion 4
Abnormal flexion 3
Extension 2
None 1
Non-testable NT

TOTAL 15

Right size: P 4
Right reaction: U •
Left size: P 4
Left reaction: L •

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

A R M S

Normal power
Mild weakness
Severe weakness
Spastic flexion
Extension
No response

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

L E F T

Normal power
Mild weakness
Severe weakness
Spastic flexion
Extension
No response

Pain Score

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

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

Pain Function Score

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

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

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CHI: 0712726128

Glasgow Royal Infirmary

Total Att: 48

12 Mth Att: 4

Title: **MS**

SULLIVAN **Deborah**

DOB **07/12/1972** Age: **48y** Sex: **Female**

Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE
07713718392

Next of kin: **SULLIVAN, Donna**
Relationship: **Sister**
07743956178

GP: **AL McGinley**
0141 531 8150

Attendance Date: **28/02/2021** Arrival Time: **18:03**

Registration Time: **18:03** Date of Incident: **28/02/2021**

Major Incident Desc:

Reason for Attendance: **abdo pain**

Nursing Assessment

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

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **28/02/2021 18:17** Nurse name: **Nurse Hugh McDonald**

Temp	37.6	C
HR	127	bpm
BP	112/82	mmHg
MAP	92.00	mmHg
RR	32	bpm
SpO2	94	%
Oxygen		%

BM	11.3 (SAS)	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **"ABDOMINAL PAIN. NEWS - 6. Onset 0900. No vomiting. Hx pancreatitis. Pain score 9/10. Clammy. Covid - low risk. "**

0712726128 07/12/1972 SULLIVAN Deborah

0712726128 07/12/1972 SULLIVAN Deborah

0712726128 07/12/1972 SULLIVAN Deborah

0712726128 07/12/1972 SULLIVAN Deborah

0712726128 07/12/1972 SULLIVAN Deborah

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

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

Date	**Clinical Notes**		
	Seen By	Time Seen	

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

CHI 0712726128

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

Patient Name
DeB SULLIVAN
CHI Number
0712726128
or affix label

Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match	units		
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

Date 23/02/21 Time 19 Name Emma Sil Grade Cas Speciality Em

48 ♀

F. bromyalgia
Type II DM
Chronic pancreatitis / abdo pain ↳ extensive investigations
Recent referral to chronic pain team - not appointed yet

Pt had covid vaccine 5/7 ago
- since felt generally unwell
- 'flare up' of chronic abdo pain

Took dihydrocodeine at home altho states it hasn't helped

Eating as normal this am

Bowels going normally.

No urinary symptoms

o/e looks well altho sob
hr 127 at beige ↓ 101
bp 112/82

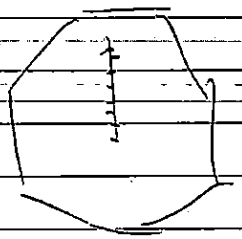
Glasgow Royal Infirmary
Emergency Department

Name
DoB SULLIVAN
CHI Number
0712726129
or affix label

Clinical Notes

28/02/21 19:18 Emma Sue Grade Specialty

ABDO:



sept
tender epigastrium

Clear sac cranially

Pt feels much better

D/W Pt re: going home given explanation of pain

Happy to go home & wait pain clinic &
take dihydrocodeine & paracetamol if sae

Sue

Glasgow Royal Infirmary
Emergency Department

Name DEBORAH
DoB [redacted]
CHI Number [redacted]

or affix label
0712726128

Clinical Notes

Date	Time	Name	Grade	Speciality

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

or affix label

HAEM	DATE or TIME		BIOCH	DATE or TIME			DATE or TIME		V/ABG	DATE or TIME	
WCC			Na			Bil			FiO_2		
Hb			K			ALT			H^+		
Plat			Cl			AST			$PaCO_2$		
Neut			Ur			GGT			PaO_2		
DD			Creat			A phos			Bic		
PT			eGFR			Alb			BE		
PTT			Glu			AdjCa			Lactate		
TT			CRP			Amyl			Ethanol		
INR			Mg			TropI HS			Para		
			Phos			BHCG			Sal		

Diagnosis and Plan

Review/Discussed with:

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team/ward

mi • 287967 Version 1_0 • GGC0226

Patient Information		Date:	28/02/2021
DEBORAH SULLIVAN		Incident Number:	CR007222866
Age/Gender:	48Y Old Female		
Address:	FLAT 0/1 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW,G34 9JE	Incident Type:	URG
DOB:	07/12/1972	Incident Location:	FLAT 0/1 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW, G34 9JE
CHI:	0712726128		
Ethnicity:	White British		

Scottish Ambulance Service

CHI-0712726128

Presenting Complaint

ABDO PAIN

Additional Comments

Urgent call for a 48 yof s/f abdo and back pain.o/e abdo nd back pain,tachycardic,rr24,pale colour,gcs 15,no obvious injuries.

PATIENT ASSESSMENT

ACVPU	Alert	<C>	No

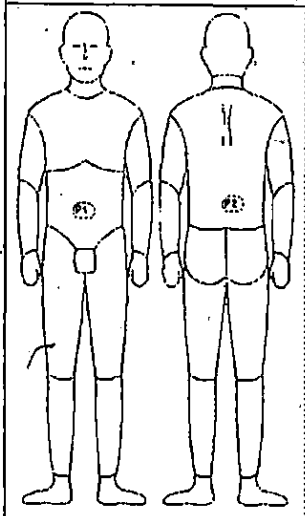
A	Clear

B	Breathing Adequately	Respiratory Rate	SPO2
	Yes	24	98

C	Pulse Rate	BP	Cap Refill	ECG Rhythm
	130	130/94	<=2 Secs	Sinus Tachy
	Rhythm	**Arm**	**Central/Peripheral**	**ECG**
	Reg	Right	Central	3 Lead

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

E



Pain

ID	Body Part	Pain Scale
P1	Abdomen	10
P2	Back Body	10

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
17:35	124	24	106/70	100	<=2s	15	Alert				Sinus Tachy	3	3		E0000051
17:20	130	24	130/94	98	<=2 Secs	15	Alert		37.3	11.3	Sinus Tachy	3	3		E0000051

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
17:20	24 (2)	98 (0)		0	130 (0)	130 (2)	Alert (0)	37.3 (0)	4

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After	CrewID
17:25	Entonox		PRN	INH		10	8	E0000051

HISTORY

AMPLE

Allergies	PENICILLIN
Medication	WITH THE P/T.
Past Medical History	Diabetes (Type 2), PANCREATITIS,GALLSTONES,FIBROMYALGIA
Last Eaten	3 Hours Ago
Events Prior	P/T S/F ABDO AND BACK PAIN SINCE 0900 HRS THIS AM

CLOSE RECORD

Treatment On Scene	Non Emergency

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No

INCIDENT LOG

Time Call Received	15:38	Allocated	16:59	Mobile	17:00
First Resource On Scene		Crew On Scene	17:19	Crew Left Scene	17:34
Crew At Hosp		Receiving Hospital	GLASGOW ROYAL INFIRMARY	Clear Time	

Crew ID	Crew Grade	Driver
E9886776	Ambulance Care Assistant	YES
E0000051	Paramedic	NO

Glasgow Royal Infirmary

CHI: 0712726128

Total Att: **46**

12 Mth Att: **5**

Title: **MS**

SULLIVAN **Deborah**

DOB **07/12/1972** Age: **47y** Sex: **Female**

Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE
07713718392

Next of kin: **SULLIVAN, Donna**
Relationship: **Sister**
07743956178

GP: **AL McGinley**
0141 531 8150

Attendance Date: **15/10/2020** Arrival Time: **14:42**

Registration Time: **14:42** Date of Incident: **15/10/2020**

Major Incident Desc:

Reason for Attendance: **pancreatitis**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **15/10/2020 14:57** Nurse name: **Nurse Jasmine Johal**

Temp	**36.3**	C
HR	**114**	bpm
BP	**127/61**	mmHg
MAP	**83.00**	mmHg
RR	**17**	bpm
SpO2	**97**	%
Oxygen		%

BM	**4.2**	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	**4**
Motor	**6**
Verbal	**5**
Total	**15**

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

Nursing Notes: **"?PANCREATITIS. NEWS 2. Sudden onset epigastric pain at 0900 this am, radiating to back, ongoing. Denies chest pain. Vomitted bile. States 'legs gave way' in shower due to pain, denies injury/LOC. Taken own dihydracodeine. Hx pancreatitis, diabetes. Low CPE risk, denies covid symnptoms. "**

0712726128 07/12/1972 SULLIVAN Deborah
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0712726128 07/12/1972 SULLIVAN Deborah

To be Completed by Clinician

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

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

Date	Clinical Notes
	Seen By / Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
15/10	ONDANSETRON	4mg	BUC	0140	SPL	
15/10	CO-CODAMOL 30/500	2	O	0140	SPL	

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

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

Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match units			
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

18/10/20 Triage Nurse Kelly Triage (Specialty

47♀ C/O epigastric pain
central + sudden onset
radiating → back
↓ collapse.
↓ DIV
same as prev pain

PMH - recurrent abdo pain - extensively investigated
- gastric motility disorder.
- cholecystectomy - 1990s
- ~~x~~ pancreatitis in 1990s - never seen on any scans
- Nissan - fundoplication + re-do
- appendicectomy
- [illegible] myringotomy
- TAH
- PSH
- depression.
- haemoptysis - seen by resp this year.

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

Dx - penicillin allergy
- SEE ECG

Soc - lives alone
- ex smoker
- ETOH

Hx - T2DM

OE - ambulant

A - ✓

B - RR 17 97% on RA

C - HS [7 1/10 HR 116 - sinus tach
BP 127/61

D - GCS (5 1/1) PERL

E - T36.3

* ? under
not guarding

Glasgow Royal Infirmary
Emergency Department

0712726128
SULLIVAN F
Deborah 07/12/1972

Clinical Notes

Date	Time	Name	Grade	Speciality

Bloods all ✓ inc Amy, LFTs, CRP

CXR ✓

urine - clear
- BHCG neg

pt HR - 99.

imp - ? ectopic ? chronic abdo pain
- ? urine ? simple cystitis

✓ ultrasound

✓ - ? ed stay advice

SPR

ST1

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

or affix label

HAEM	DATE or TIME		BIOCH	DATE or TIME			DATE or TIME		V/ABG	DATE or TIME	
WCC			Na			Bil			FiO_2		
Hb			K			ALT			H^+		
Plat			Cl			AST			$PaCO_2$		
Neut			Ur			GGT			PaO_2		
DD			Creat			A phos			Bic		
PT			eGFR			Alb			BE		
PTT			Glu			AdjCa			Lactate		
TT			CRP			Amyl			Ethanol		
INR			Mg			TropI HS			Para		
			Phos			BHCG			Sal		

Diagnosis and Plan

Review/Discussed with:	Handover
	☐ Provisional Diagnosis
	☐ Liquids/Fluids
	☐ Analgesic/Medicines
	☐ NEWS
	☐ Investigations & Results
	☐ Talk to receiving team/ward

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Patient Information		Date:	15/10/2020
DEBORA SULLIVAN		Incident Number:	CR006678204
Age/Gender:	47 years 10 months 8 days Old		
Address:	FLAT 0/1 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW,G34 9JE	Incident Type:	EMG
DOB:	07/12/1972	Incident Location:	FLAT 0/1 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW, G34 9JE
CHI:			
Ethnicity:			

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

Presenting Complaint

PANCREATITIS FLARE UP.

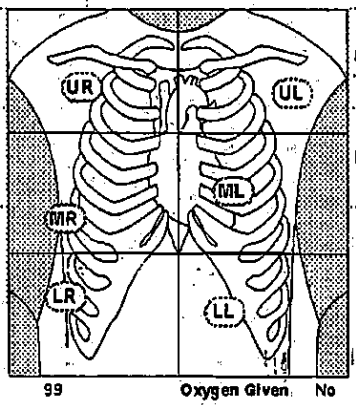
Additional Comments

999 call to 47yo female c/o abdo pain. (reccuring pancreatitis flare up) o/e pt appears to be in pain sitting on couch. Pt states she was in the shower at 9am this morning and collapsed with the pain.O/E obs normal, pt has been vomiting blood on way to hospital. Pt says pain is radiating up to shoulders. All obs as stated. No covid. Pt has regular flare ups of this , she presented at a&e recently with the same presentation.

PATIENT ASSESSMENT

AVPU	Alert		<C>	No
A	Clear			

B Breathing Adequately: Yes

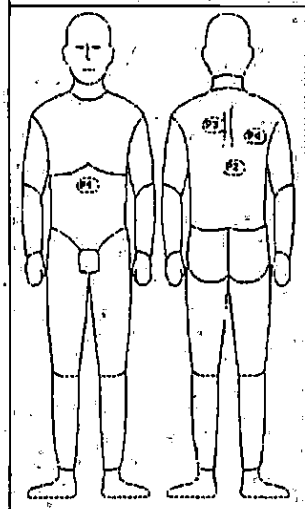
Normal Breath Sounds, Normal Air Entry	UR		UL	Normal Breath Sounds, Normal Air Entry
Normal Breath Sounds, Normal Air Entry	MR		ML	Normal Breath Sounds, Normal Air Entry
Normal Breath Sounds, Normal Air Entry	LR		LL	Normal Breath Sounds, Normal Air Entry

Respiratory Rate 18 SPO2 99 Oxygen Given No

C	Pulse Rate	BP	Cap Refill	ECG Rhythm
	120	141/86	>2 Secs	Sinus Tachy
	Rhythm	**Arm**	**Central/Peripheral**	**ECG**
	Reg	Right	Peripheral	3 Lead

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

E



Pain

ID	Body Part	Pain Scale
P1	Abdomen	10
P2	Back Body	10
P3	Back Body	10
P4	Back Body	10

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID

14:23	112	17	141/89	100		15	Alert		35.7	4.2	Sinus Tachy		E9886382
14:20	120	18	141/88	99	>2 Secs	15	Alert		35.7	4.2	Sinus Tachy	3 3	E9886382

NEWS

Time	Clinical Risk	NEWS
14:23	POTENTIAL Clinical Risk. Patient is likely to require conveyance to hospital.	3
14:20	POTENTIAL Clinical Risk. Patient is likely to require conveyance to hospital.	3

HISTORY

AMPLE

Allergies	PENICILLIN,
Medication	WITH PATIENT.
Past Medical History	Diabetes (Type 2), FIBROMIALGA
Last Eaten	>4 Hours Ago

Social History

Lives alone	Yes	**Patient Occupation**	Does Not Work,
Patients General Appearance	Normal,		

CLOSE RECORD

Treatment On Scene	Emergency		

Conveyance

Transport To Hospital	Normal driving	**Pre Alert**	No

INCIDENT LOG

Time Call Received	13:53	**Allocated**	13:54	**Mobile**	13:56
First Resource On Scene		**Crew On Scene**		**Crew Left Scene**	14:22
Crew At Hosp		**Receiving Hospital**	GLASGOW ROYAL INFIRMARY	**Clear Time**	

Crew ID	Crew Grade	Driver
E9886006	Paramedic	YES
E9886382	Ambulance Technician	NO

CHI: 0712726128

Glasgow Royal Infirmary (17)

Total Att: 45

12 Mth Att: 8

Title: **MS**

SULLIVAN **Deborah**

DOB **07/12/1972** Age: **47y** Sex: **Female**

Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE
07713718392

Next of kin: **SULLIVAN, Donna**
Relationship: **Sister**
07743956178

GP: **AL McGinley**
0141 531 8150

Attendance Date: **17/07/2020** Arrival Time: **03:44**

Registration Time: **03:44** Date of Incident: **17/07/2020**

Major Incident Desc:

Reason for Attendance: **abdo pain**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **17/07/2020 03:54** Nurse name: **Nurse Jasmine Johal**

Temp	**36.5**	C
HR	**114**	bpm
BP	**117/72**	mmHg
MAP	**87.00**	mmHg
RR	**18**	bpm
SpO2	**96**	%
Oxygen		%

BM	**11.2 SAS**	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	**4**
Motor	**6**
Verbal	**5**
Total	**15**

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

Nursing Notes: **"?PANCREATITIS. NEWS 2. Hx pancreatitis, ?flare up of same. C/O abdo pain radiating to back. Taken own dihydracodeine, buscopan & paracetemol. Hx PTSD, fibromyalgia, gall bladder removed. "**

0712726128 07/12/1972 SULLIVAN Deborah
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To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

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

Date	**Clinical Notes**		
	Seen By	Time Seen	

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
17/7	oramorph	10mg				
17/7	metoclopramide	10mg				
	metoclopramide	1 box	IM			
17/7	Zemetril	1 box	IM			

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

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G34 9JE

Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match units			
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

Date	Time	Name	Grade	Speciality
17/07/20	0530	Owen Stirling	Locum	GP

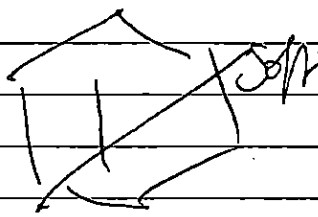
Abdo pain + nausea since 11:30pm tonight.
Has taken all of her own analgesia with limited impact.

She states that this feels similar to her previous admissions with abdominal pain.

Diagnosis of ?delay motility disorder, delayed gastric emptying, previous pancreatitis, open cholecystectomy in the 90s.

DE Sleeping; comfy

~~Feels that she~~



nor tender

Fluvile

Glasgow Royal Infirmary
Emergency Department

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Glasgow, Lanarkshire
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Clinical Notes

Date	Time	Name	Grade	Speciality

Imp - Exacerbation of chronic abdo pain

Plan - Analgesia, bloods - if bloods are okay she can go ED, if her pain is under control

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

Glasgow Royal Infirmary
Emergency Department

0712726128
SULLIVAN
Deborah
F
07/12/1972

HAEM	DATE or TIME		BIOCH	DATE or TIME		------	DATE or TIME		V/ABG	DATE or TIME	
WCC			Na			Bil			FiO_2		
Hb			K			ALT			H^+		
Plat			Cl			AST			$PaCO_2$		
Neut			Ur			GGT			PaO_2		
DD			Creat			A phos			Bic		
PT			eGFR			Alb			BE		
PTT			Glu			AdjCa			Lactate		
TT			CRP			Amyl			Ethanol		
INR			Mg			TropI HS			Para		
			Phos			BHCG			Sal		

Diagnosis and Plan

Review/Discussed with:

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team/ward

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NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name	0712726128 SULLIVAN Deborah F
Address	Flat 0-1, 8 Boyndie Street 07/12/1972 Easterhouse Glasgow, Lanarkshire
CHI No.	G34 9JE
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

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

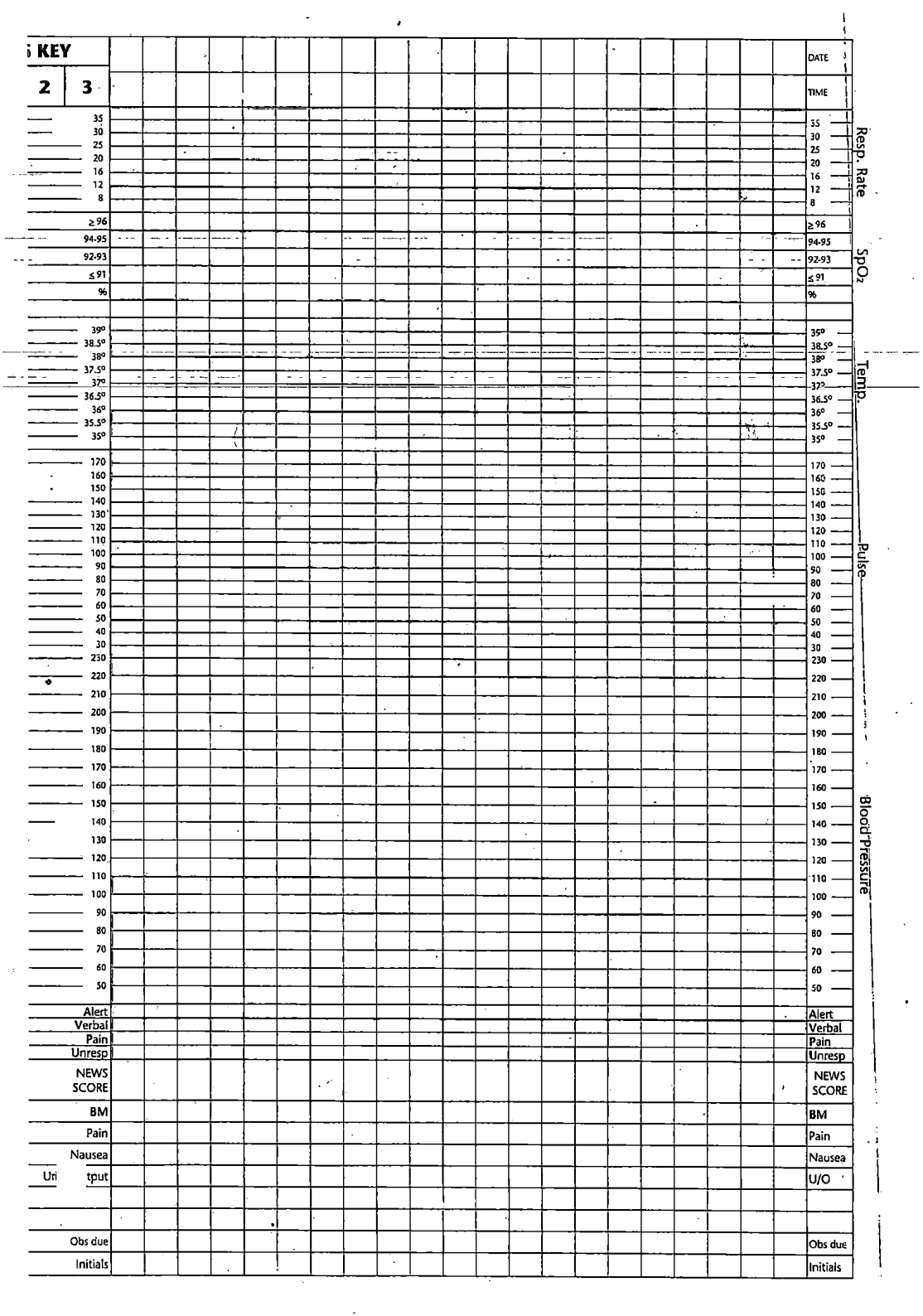
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

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

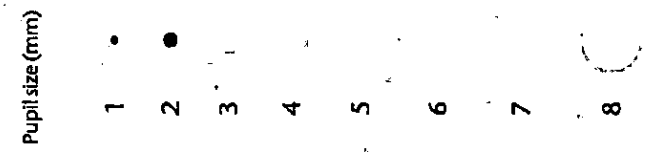
DEBORAH SULLIVAN

| | | |


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

Glasgow Coma Scale

Pupil size (mm)



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Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
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Neurological Observations

| | | |

Emergency Department Nursing Documentation

Presenting Complaint - ? PANCREATITIS

Date: 17/7/20 Time: 0344

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

NHS Greater Glasgow and Clyde

Assessment Complete by: Name NURSE (Please Print) SHANNON WENDY

Patient Prep / Investigations (Please tick/circle when completed)		Communication (Please Circle Tick)	
Prepare patient for examination / Clothing bag labelled + stored	☑	NEWS Chart complete / NEWS SCORE - 2 (Record pain, blood sugar and Neuro Obs on NEWS Chart)	☑
GGC RED BAG - with patient	☐		
12 Lead ECG	☑	ID Band	☐
Weight:	☐	Peak Flow	☐
Blood Samples Obtained: Yes ☐ No ☐		Xrays / CT Scan Performed:	☐
IV Access: Yes ☐ No ☐		Relatives / NOK informed (Carers)	☐
Blood Gas: VBG ☐ ABG ☐		Child Protection Concern (considered in line with policy)	Y/N
		Adult Support and Protection	Y/N

Urinalysis

Leucocytes ☐	Nitrites ☐	Protein ☐	Blood ☐
Ketones ☐	Glucose ☐	PH	S.G.
MSSU / CSU ☐	Toxiclogy ☐		
HCG ☐	+VE ☐	-VE ☐	Strip No -

Screening Tools (Please tick/circle when completed)			
SEPSIS RISK? / SIRS Criteria 2 or more	Y/N	**SWALLOW TEST CARRIED OUT? (susp any neurological signs or symptoms)**	YES
Mental Health Triage Assessment	Y/N	If NOT WHY? - (details) NOT REQ'D	NO
GMAWS	Y/N	Date - 17/7/20 Time - 0344 Signature -	

4AT

AMT	Correct
Age	
Date of Birth	
Place	
Current year	

No mistakes	= 0
1 mistake	= 1
> 1 mistake	= 2

Attention (months of year backwards)	
> = 7 correct	0
< 7 correct	1
Untestable	2

Alertness	
Normal	0
Mild sleepiness	0
Clearly abnormal	4

Mental Status according to family/carer		
Acute change or fluctuating	4	YES
Acute change or fluctuating	0	NO

4AT score /12

STEP 1 Would this person benefit from Comprehensive Geriatric Assessment (CGA)?

All over 75s and care home residents over 65. For younger patients use clinical judgement and consult local guidelines.

		YES	NO
F	**F**unctional impairment (new or worsening) eg difficulty with self care		
R	**R**esident in a care home?		
A	**A**ltered mental state such as acute confusion or dementia use the 4AT		
I	**I**mmobility/instability. New decline in mobility, difficulty mobilising without help or fall leading up to admission		
L	**L**ikely to require support for discharge? (either new or increase in existing support)		

Are any of the above criteria met? If YES to any of the above move to step 2

STEP 2 Would this person be better managed by another specialty team at present?

Indicator for care by another acute specialty regardless of age.

	YES	NO
Clear need for other specialty input eg exacerbation of known long term condition such as COPD		
Need for HDU/ITU (including non-invasive ventilation)		
Suspected new stroke or TIA, consider thrombolysis and care in stroke unit		
Head injury with loss of consciousness		
Acute abdominal pain/surgical presentation		
Upper GI Bleed		
Chest pain with suspected acute coronary syndrome		
Trauma with suspected fracture		

Are any of the above criteria met?

If **YES** to any criteria in step 2:

- Prioritise move to non geriatric service as appropriate. If necessary consider geriatric advice on parent ward.

If **NO** to the list in step 2:

- Prioritise transfer of care to specialist geriatric assessment service in line with local guidance.

Screening Tools / ACTIVE CARE

(Please tick/circle when completed)

1) Pressure Damage Does the person have redness and/or existing damage? If YES - continue with a minimum of 2 hourly Active Care + Complete PUDRA		Y/N	**Date**	**Location of Redness/Ulcers**	**Grade of Ulcer**
2) Mobility	Does the person require assistance?	Y/N			
3) Continence		Y/N	**5) Skin**	Is skin compromised by other source, eg neurological deficit, medication, substance, diabetes, co-morbid?	Y/N
4) Nutrition		Y/N	**6) Judgment**	In your clinical judgment is this person at risk for developing pressure damage? IF YES - DETAILS	Y/N

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.

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At risk of falls?
(clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc) *At risk complete risk assessment*

YES	(NO)

Pause for Transfer / Discharge (Please tick when completed)		Tick when completed	N/A	Notes
Relatives Informed of Admission / Discharge		☐	☐	Information on discussion with relatives
Relatives/carer with patient on transfer to ward		☐	Always	
GGC RED BAG - with patient		☐	Always	
Name Band		☐	Always	
Nursing Screening Tools completed		☐	Always	
Bed requested, SBAR COMPLETE		☐	☐	
NEWS chart		☐	Always	
Prescriptions / Charts signed	Infusions	☐	☐	
	Cannula	☐	☐	
	Notes: medical notes, GP letter, PRF	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	
Belongings (including patients medication)		☐	Always	Please note here if any other tasks required prior to transfer
SAS Transport required and ref. no.		☐	☐	
Print Name Sign -				

Nursing Notes

Date and Time		Print Name and Signature
17/7/20 0344	Patient shown to cubicle, GCS 15. NEWS - 2 pulse 64 bpm. Awaiting plan.	W. Conway
0730	Patient discharged (H) with Stantinil and advice. Able to make own way (H) from department.	W. Conway

Nursing Notes		
Date and Time		Print Name and Signature

0712726128

Patient Information		Date:	17/07/2020
DEBORAH SULLIVAN		Incident Number:	CR006646147
Age/Gender:	47y Old Female		
Address:	FLAT 0/1 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW,G34 9JE	Incident Type:	EMG
DOB:	07/12/1972	Incident Location:	FLAT 0/1 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW, G34 9JE
CHI:	0712726128		
Ethnicity:	White Scottish		

Scottish Ambulance Service

Presenting Complaint

ABDO PAIN

Additional Comments

999 CALL FOR 47YOF. O/A PT ALERT C/O WORSENING OF PRE EXISTING PANCREATITIS PAIN THAT STARTED WHILST IN BED. PT TOOK OWN PAIN MEDS TO NIL EFFECT. O/E OBS AS RECORDED, ECG NSR. PMHX PTSD, FIBROMYALGIA, GALL BLADDER REMOVED. REGULAR VISITS TO A&E FOR THE SAME COMPLAINT.

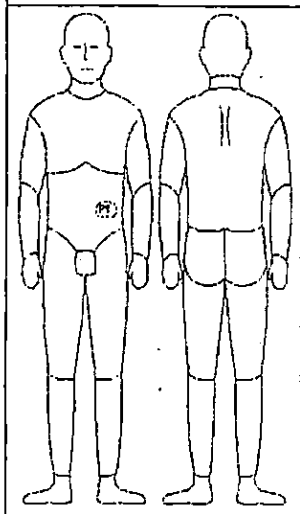
PATIENT ASSESSMENT

AVPU	Alert	<C>	No	
A	Clear			
B	Breathing Adequately: Yes	Respiratory Rate 18	SPO2 98	
	Oxygen Given: No			

C	Pulse Rate	BP	Cap Refill	ECG Rhythm
	123	128/73	<=2 Secs	Sinus Rhythm
	Rhythm	**Arm**	**Central/Peripheral**	**ECG**
	Reg	Right	Peripheral	3 Lead12 Lead

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

E



Pain

ID	Body Part	Pain Scale
P1	Abdomen	8

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
03:20	121	18	126/72	98	<=2s	15	Alert				Sinus Rhythm				E9887143
03:10	123	18	128/73	98	<=2 Secs	15	Alert		37.3	11.2	Sinus Rhythm	4	4		E9887143

NEWS

Time	Clinical Risk	NEWS
03:20	LOW Immediate Clinical Risk. Treat as per Clinical Practice Guidelines including considering the use of alternative pathways (if appropriate and available).	2
03:10	LOW Immediate Clinical Risk. Treat as per Clinical Practice Guidelines including considering the use of alternative pathways (if appropriate and available).	2

DEBORAH SULLIVAN. 07127 26128.

HISTORY

AMPLE

Allergies	PENICILLAN,
Medication	BISCOPAN, PARACETAMOL, DIHYDRICODEINE
Past Medical History	PANCREATITIS
Last Eaten	>4 Hours Ago
Events Prior	ONSET OF USUAL PANCREATITIS PAIN

Social History

Lives alone	Yes

Patients General Appearance	Normal,
Patient Mobility	Fully Mobile,
Patient Communication	No Help Required,
Patient Clinical Risk Factors	None Identified,
Patient Enviromental Risk Factors	None Identified,

SOCRATES

Site	MID LEFT ABDO	Onset	SLEEPING,
Character	STABBING AND TWISTING, Constant, Worsening	Radiates	Yes, SHOULDERS AND BACK
Exacerbating Or Relieving Symptoms	N/A	Severity	9

MEDICAL

CLOSE RECORD

Treatment On Scene	Non Emergency

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No

INCIDENT LOG

Time Call Received	02:44	Allocated	02:53	Mobile	02:54
First Resource On Scene		Crew On Scene	03:03	Crew Left Scene	03:26
Crew At Hosp		Receiving Hospital	GLASGOW ROYAL INFIRMARY	Clear Time	

Crew ID	Crew Grade	Driver
E9886382	Student Technician Level 4	YES
E9887143	Ambulance Technician	NO

CHI: 0712726128

Glasgow Royal Infirmary

17

Total Att: 29

12 Mth Att: 7

Title: MS

SULLIVAN **Deborah**

DOB: **07/12/1972** Age: **45y** Sex: **Female**

FLAT 1-1
34 Pendeen Pl
Glasgow
Lanarkshire
G33 4UG
07713718392

Next of kin: **KELLY, Courtney**
Relationship: **Daughter**
07487257039

GP: **AL McGinley**
0141 531 8150

Attendance Date: **06/05/2018** Arrival Time: **00:43**

Registration Time: **00:43** Date of Incident: **05/05/2018**

Major Incident Desc:

Reason for Attendance: **abdominal pain**

Nursing Assessment

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

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **06/05/2018 00:59** Nurse name: **Nurse Michael Harkins**

Temp	**36.8**	C
HR	**122**	bpm
BP	**107/83**	mmHg
MAP	**91.00**	mmHg
RR	**17**	bpm
SpO2	**97**	%
Oxygen		%

BM	**6.7 SAS**	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	**4**
Motor	**6**
Verbal	**5**
Total	**15**

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

Nursing Notes: **NEWS: 3 "C/o worsening abdo pain from yesterday, hx of Pancreatitis. " "2 For pain relief. "**

0712726128 07/12/1972 SULLIVAN Deborah

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0712726128 07/12/1972 SULLIVAN Deborah
0712726128 07/12/1972 SULLIVAN Deborah

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

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

Date	Clinical Notes
06/05/18	Seen By JLEAK — Time Seen
0259	49 ♀: Tuesday 1630 -

Abdominal pain lower suprapubic. Smelly discharge. Ovarian cysts. Nil noted. LMP 2/52 ago. 1 x child. No contraception. Denies pregnancy. Unable urine this presentation.

PMH: fibromyalgia, ovarian cyst, PTSD, pancreatitis, anxiety

WCC 14.3 Neut. 8.2

36.8 122 109/83 RR 17 97% RA

A LMP 2/52 ago

B NAD

C Nonn well perfused no oedema

P [A] VMO CCS 10 NoFN 2 nd base acne appears PLOS. overweight. tender suprapubic + lower mid hands quadrants. CVP not percussed

Renew 07/19 Well. Appt ab/down H w Abx f/u gyn appointment

DD → PID-

discussion w/ gyn reg → clinic appt Tuesday 1630, H w Abx + safety net

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
	co-codamol 30/500	2	oral	22.30		
06/05/18	ofloxacin 400mg bd	1	IV x daily			
	Metronidazole 400mg bd	1	IV x daily			

→ O/P Appt arranged

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name	
Address	0712726128 SULLIVAN F Deborah 07/12/1972 FLAT 1-1 34 Pendeen Pl Glasgow, Lanarkshire G33 4UG
CHI No.	
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

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

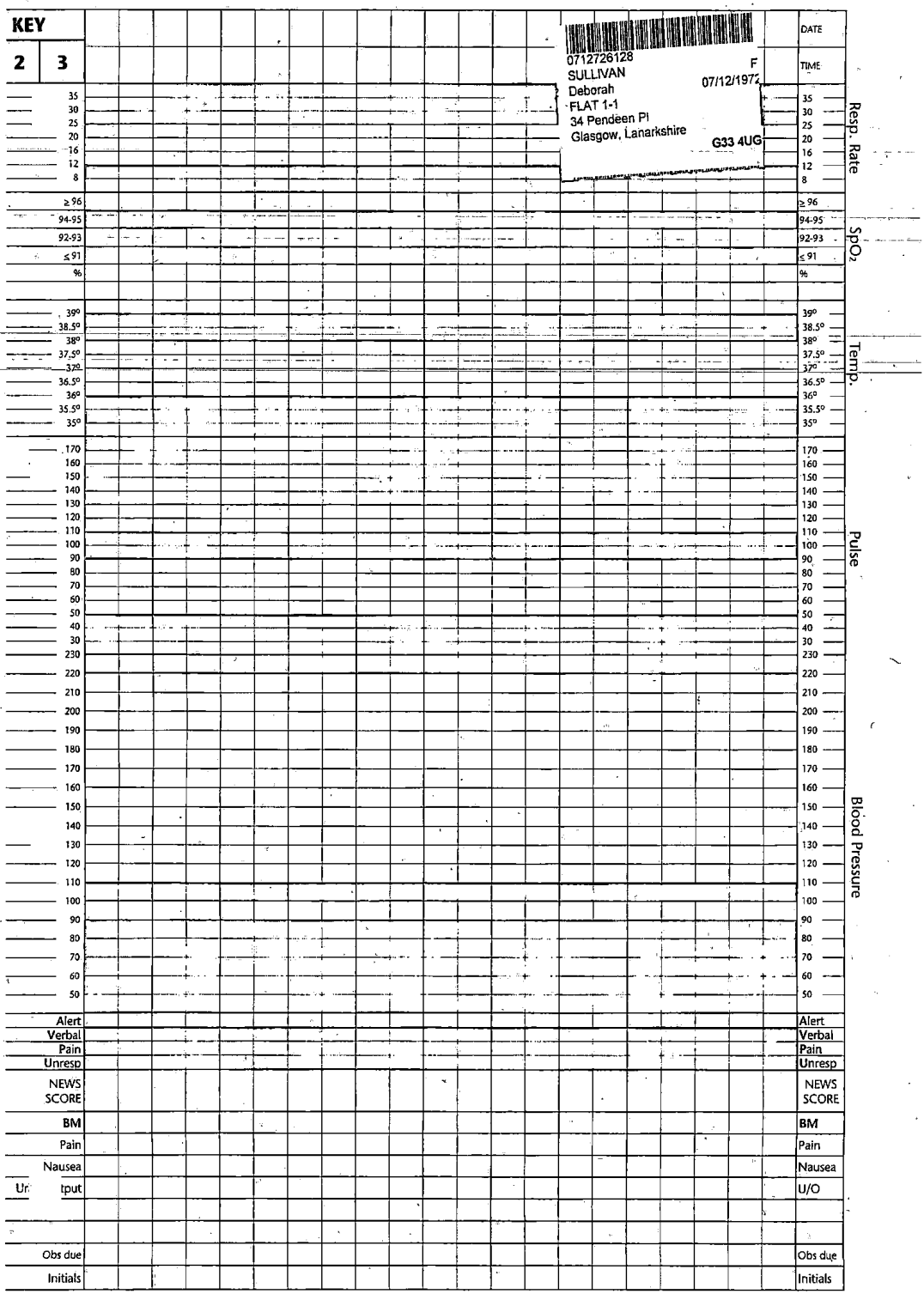
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

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

(12) Deborah Sullivan

| | | |


KEY
2
3
0712726128
SULLIVAN
Deborah
FLAT 1-1
34 Pendeen Pl
Glasgow, Lanarkshire
G33 4UG
F
07/12/1972
DATE
TIME
Resp. Rate
SpO2
Temp.
Pulse
Blood Pressure
35
30
25
20
16
12
8
≥ 96
94-95
92-93
≤ 91
%
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
Urine Output
U/O
Obs due
Initials

Glasgow Coma Scale

Pupil size (mm)

Neurological Observations

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

Pain Score

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

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

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

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date ____ Name (Print) ____
Discharge Prescription Prepared & Reconciled YES ☐
Date ____ Name (Print) ____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: ____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

with the following exceptions: ____

Print & Sign: ____ Date: ____

COMMUNITY PHARMACY INFORMATION

Name ____ Tel No. ____
Address ____
Compliance Aid Details ____
Patient consent to share discharge information Y/N
Print & Sign ____

PATIENT DETAILS

0712726128
SULLIVAN F
Deborah 07/12/1972
FLAT 1-1
34 Pendeen Pl
Glasgow, Lanarkshire
G33 4UG

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
06/05/16	morphine	5.6mg	IV	0220	[signature]	JIC	0221

	DATE →																							
	MONTH →																							
	RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																							
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N																								
~~ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N~~																								
SIGNATURE OF ASSESSOR																								
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N																								

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

0712726128
SULLIVAN
Deborah
FLAT 1-1
34 Pendeen Pl
Glasgow, Lanarkshire
G33 4UG
07/12/1972
F

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

H DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
~~D.d.~~
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

J DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

K DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

L DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

M DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

N DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

P DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

R DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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SULLIVAN
Deborah
FLAT 1-i
34 Pendeen Pl
Glasgow, Lanarkshire
G33 4UG
F
07/12/1972

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

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

Oral and Other Drugs: Regular Prescription

DATE / MONTH

Patient's Own Medicine

| | | |

Oral and Other Drugs: Regular Prescription

DATE
MONTH

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

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

CC DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DD DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EE DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FF DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE / MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

07127261 28
SULLIVAN
Deborah
FLAT 1-1
34 Pendeen Pl
Glasgow, Lanarkshire
G33 4UG
07/12/1972 F

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

All Routes: As Required Prescriptions

| | | |

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

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

0712726128
SULLIVAN F
Deborah 07/12/1972
FLAT 1-1
34 Pendeen Pl
Glasgow, Lanarkshire
G33 4UG

Name _____

CHI No _____

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

~~penicillin~~

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

Notes for Users

FOR PRESCRIBERS:

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

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

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

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

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

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

7. The following metric unit abbreviations must be used –

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

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

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

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

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

FOR NURSES

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

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

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

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

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Emergency Department Nursing Documentation

Presenting Complaint - ?Pancreatitis

Date - 6/5/'18 **Time –** 00.30

0712726128
SULLIVAN F
Deborah 07/12/1972
FLAT 1-1
34 Pendeen Pl
Glasgow, Lanarkshire
G33 4UG

Assessment Complete by: Name NURSE (Please Print)

D. SAWALHI

Patient Prep / Investigations
(Please tick/circle when completed)

Prepare patient for examination / Clothing bag labelled + Stored	☑
12 Lead ECG	☑
Weight :	☐
Blood Samples Obtained : YES ☑ NO☐	
IV Access : YES ☑ NO☐	
Blood Gas : VBG☐ ABG☐	

Urinalysis

Leucocytes ☐	Nitrates ☐	Protein ☐	Blood ☐
Ketones ☐	Glucose ☐	PH	S.G
MSSU / CSU ☐	Toxicology ☐		
HCG ☐	+VE ☐	-VE ☐	Strip No -

Communication
(Please Circle / Tick)

NEWS Chart complete / NEWS SCORE – (Record pain, blood sugar and Neuro Obs on NEWS Chart)	☑
ID Band	☑
Peak Flow	☐
Xrays / CT Scan Performed:	☐
Relatives / NOK informed	☐
Child Protection Concern (considered in line with policy)	Y/N
Adult Support and Protection	Y/N

Screening Tools
(Please tick/ circle when completed)

SEPSIS RISK? / SIRS Criteria 2 or more	Y/N
Mental Health Triage Assessment	Y/N
GMAWS	Y/N
AMT 4 (> 65 YEARS)	Y/N
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc) *If at risk complete risk assessment*	Y/N

	Frailty Screen (Would this person benefit from Comprehensive Geriatric Assessment (CGA)? *(Age 75 or over/age 65+ from Nursing/Residential care or admitted from community hospital?)*	
1	Functional impairment in context of significant multiple conditions)new or pre-existing)	Y/N

SWALLOW TEST CARRIED OUT? (susp any neurological signs or symptoms)	YES
IF NOT WHY? – (details) N/A	NO
Time –	
Date –	
Signature -	

2	Resident in a care home	Y/N
3	Acute confusion (Think Delirium) is there a diagnosis of dementia or a history of chronic confusion	Y/N
4	Immobility or Falls in the last 3/12 months	Y/N

Screening Tools / ACTIVE CARE
(Please tick/circle when completed)

1) Pressure Damage Does the person have redness and/or existing damage? If YES – continue with a minimum of 2 hourly Active Care + Complete PUDRA		Y/N
2) Mobility	Does the person require assistance?	Y/N
3) Continence		Y/N
4) Nutrition		Y/N

Date	Location of Redness/Ulcers	Grade of Ulcer

5) Skin	Is skin compromised by other source, eg neurological deficit, medication, substance, diabetes, co-morbid?	Y/N
6) Judgment	In your clinical judgment is this person at risk for developing pressure damage? IF YES - DETAILS	Y/N

0712726128
Rebecca Sullivan
7/12/72

Pause for Transfer / Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Relatives informed of Admission / Discharge	☐	☐	Information on discussion with relatives
Name band	☐	Always	
Nursing Screening Tools completed	☐	Always	
Bed requested, SBAR COMPLETE	☐	☐	
NEWS chart	☐	Always	
Prescriptions / Charts signed — Infusions	☐	☐	
Cannula	☐	☐	
Notes: medical notes, GP letter, PRF	☐	☐	
Patients requiring analgesia: sufficient	☐	☐	
Belongings (including patient's medications)	☐	Always	Please note here if any other tasks required prior to transfer
SAS Transport REQ / REF No	☐	☐	
Print Name Sign –			

Nursing Notes

Date & Time		Print Name & Signature
6/5/18 14/5	Pt admitted with ? pancreatitis. Administered with 2 x cocodamol 30/500 & 1 litre of morphine for pain, effective as charted.	
0355.	pt requesting analgesia. – n/v NR KERR. Ibuprofen 400mg given orally	S/N R. Lyn.

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FLAT 1-1
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Glasgow, Lanarkshire
G33 4UG

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

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

Prescription details									Administration details				
Date	Time	Name of fluid Name of additive	Volume (ml) Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
06/05/18		Hartmanns	1000	iv	2°				6/5/18	2.30			
		Hartmanns.	1000	iv	6°				6/5/18	6.30			

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

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

Calculation:

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

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

Example:

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

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

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

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

Patie	0712726128	Incident Date:	05/05/2018
DE	SULLIVAN F	Incident Number:	CR004617698
Age/	Deborah 07/12/1972	Incident Type:	EMG
Addr	FLAT 1-1 ARK 34 Pendeen Pl Glasgow, Lanarkshire	Incident Location:	1/1 34 PENDEEN PLACE BARLANARK GLASGOW, G33 4UG
DOB:	G33 4UG		
CHI:			
Ethnicity:			

Scottish Ambulance Service

Presenting Complaint

ABDO PAIN

Additional Comments

GRADUAL ONSET OF HYPOGATRIC ABDO PAIN. NOW 9/10. PT TRIED OWN PARACETAMOL AT 20:45 HRS APPROX. HAS PANCREATITIS AND DIET CONTROLLED TYPE II DIABETES.

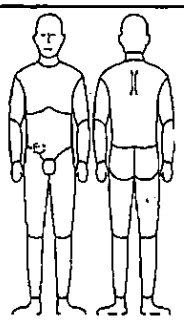
PATIENT ASSESSMENT

AVPU	Alert	<C>	No
A	Clear		
B			

C	Pulse Rate	BP	Cap Refill	ECG Rhythm
	134	110/90	<=2 Secs	Sinus Tachy
	Rhythm	**Arm**	**Central/Peripheral**	**ECG**
	Reg	Right	Peripheral	3 Lead

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

E



Pain

ID	Body Part	Pain Scale
P1	Abdomen	9

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
00:30	120		122/89	98	<=2s	15	Alert				Sinus Tachy				E1021257
00:13	134	22	110/90	96	<=2 Secs	15	Alert		37.6	6.7	Sinus Tachy	3	3		E1021257

NEWS

Time	Clinical Risk	NEWS
00:30	LOW Immediate Clinical Risk. Treat as per Clinical Practice Guidelines including considering the use of alternative pathways (if appropriate and available).	2
00:13	MEDIUM Immediate Clinical Risk. Treat as per Clinical Practice Guidelines. This patient should be conveyed to hospital.	6

Drugs

HISTORY

AMPLE

Allergies	PENICILLIN
Medication	SEE ECS
Past Medical History	Diabetes (Type 2), PANCREATITIS, FIBROMYALGA

Last Eaten	Unknown
Events Prior	GRADUAL ONSET OF HYPOGASTRIC PAIN ABOUT 20:30 HRS.

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Deborah 07/12/1972
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Social History

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

SOCRATES

Site	HYPOGASTRIC	Onset	GRADUAL AT REST, 05/05/2018, 20:30
Character	SHARP , COMING IN WAVES., Intermittent	Radiates	Yes, BACK
Associated Symptoms	Nausea	Severity	9/10

MEDICAL

CLOSE RECORD

Treatment On Scene	Non Emergency

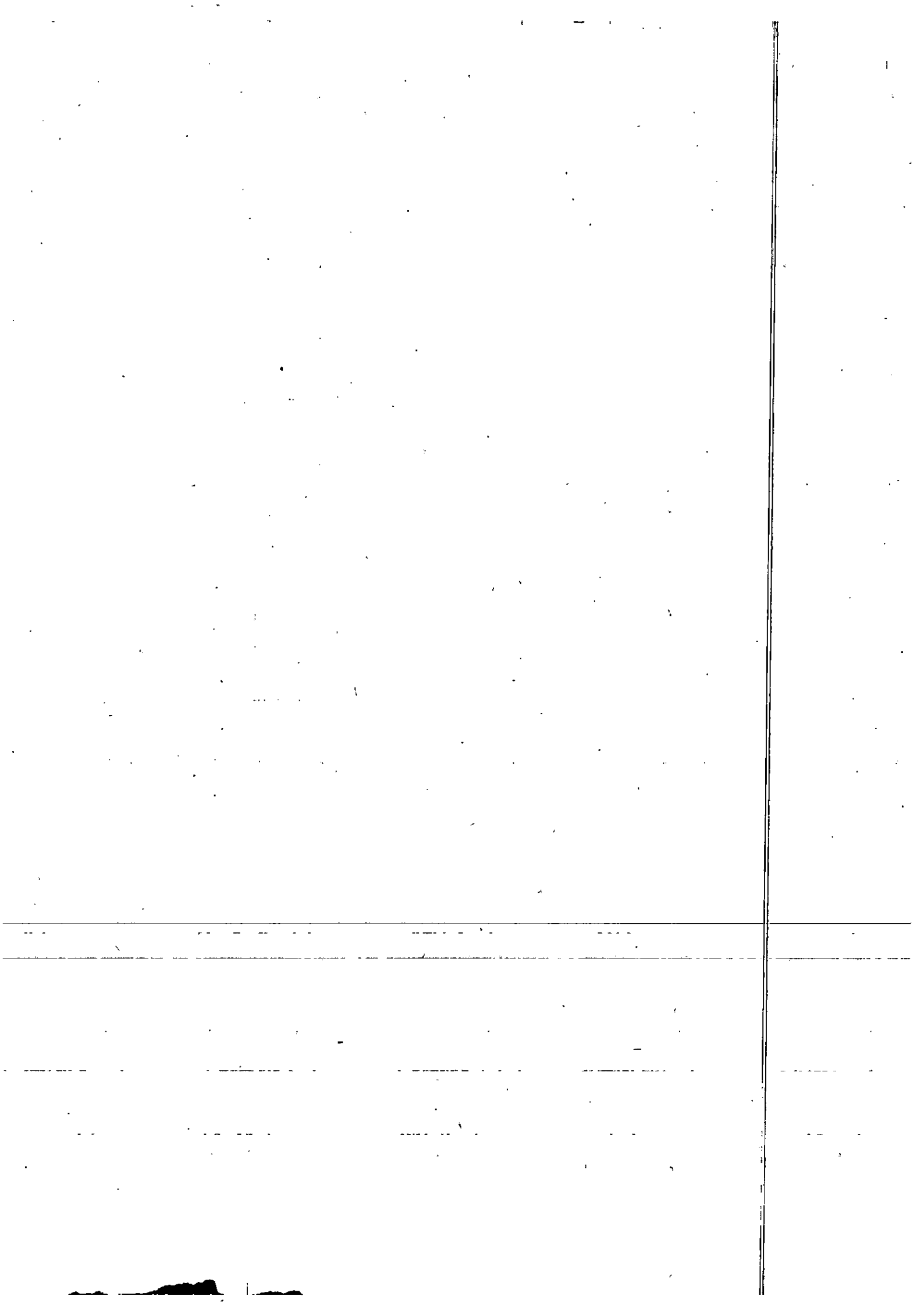
Conveyance

Transport To Hospital	Normal driving	Pre Alert	No

INCIDENT LOG

Time Call Received	22:46	Allocated	23:48	Mobile	23:50
First Resource On Scene		Crew On Scene	00:09	Crew Left Scene	00:20
Crew At Hosp	00:40	Receiving Hospital	GLASGOW ROYAL INFIRMARY	Clear Time	

Crew ID	Crew Grade	Driver
E1021257	Ambulance Technician	YES
E0015970	Paramedic	NO



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SULLIVAN F
Deborah 07/12/1972
FLAT 1-1
34 Pendeen Pl
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0712726128
SULLIVAN F
Deborah 07/12/1972

Status: **ACCEPTED**
Analyzed: 06/05/2018 02:15:16
Sample Type: **Venous**
Account Number:
Clinician:
Operator ID: JOANNA KERR0

Patient

ID:	0712726128
Last Name:	**SULLIVAN**
First Name:	**DEBORAH**
Gender/Age:	Female, 45 years
Birth Date:	07/12/1972

Cartridge

Lot No.:	180329C
S/N:	000000000400021593
Exp. Date:	15/05/2018

Analyzer

Model:	GEM® *Premier 5000*
Area:	GRI
Name:	RESUS
S/N:	17030616

Results

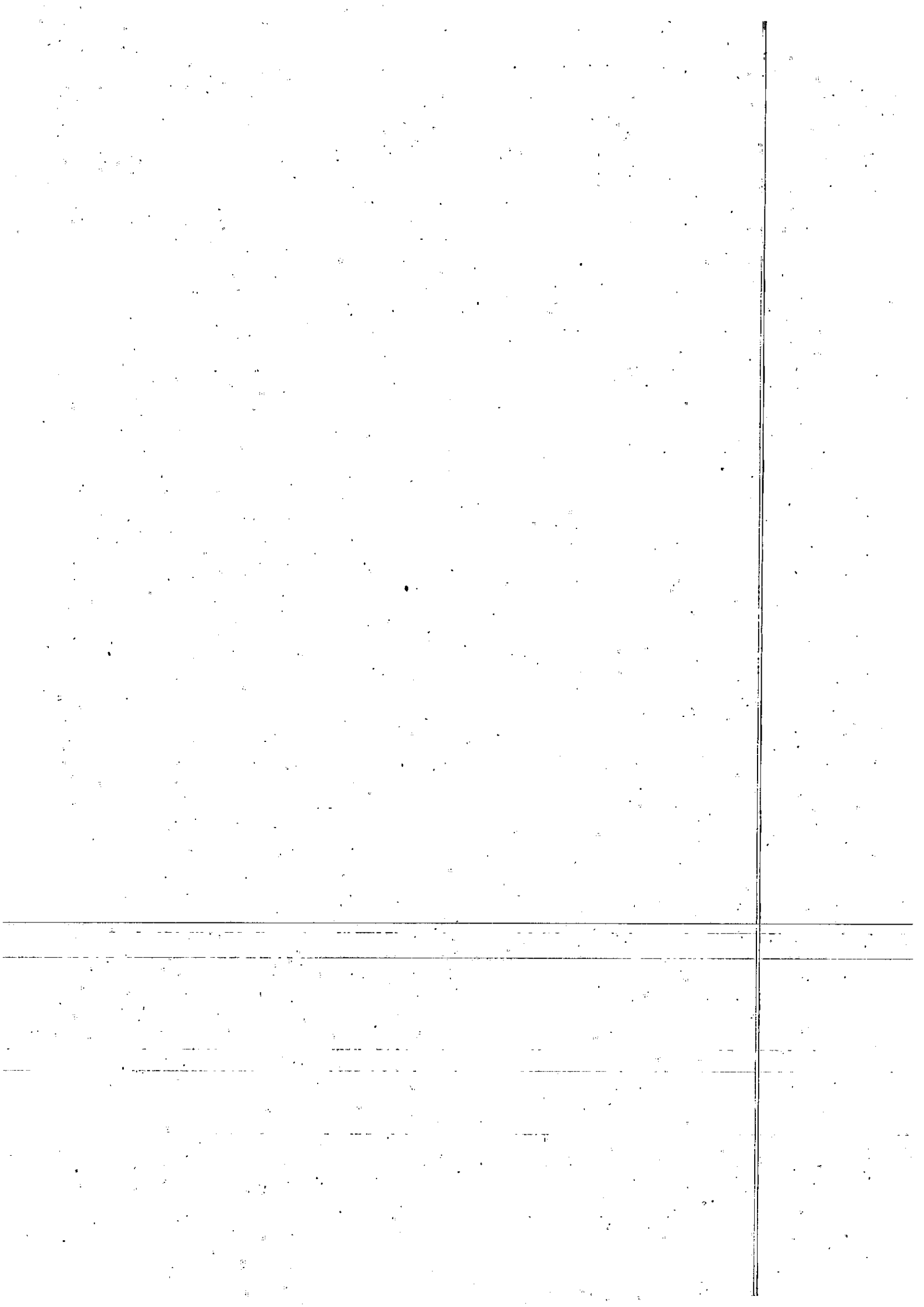
			Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)						
cH	**45.2**	nmol/L	--	--	--	--
pCO_2	**6.3**	kPa	--	--	--	--
pO_2	**6.1**	kPa	--	--	--	--
Na^+	**138**	mmol/L	--	133	146	--
K^+	**3.9**	mmol/L	--	3.5	5.3	--
Cl^-	**107**	mmol/L	--	95	108	--
Ca^{++}	↑ **1.28**	mmol/L	--	1.15	1.27	--
Glu	↑ **6.6**	mmol/L	--	3.5	6.0	--
Lac	**1.3**	mmol/L	--	0.6	2.2	--
CO-Oximetry						
tHb	**142**	g/L	--	--	--	--
O_2Hb	**75.3**	%	--	--	--	--
COHb	**4.9**	%	--	--	--	--
MetHb	**0.0**	%	--	--	--	--
HHb	**19.8**	%	--	--	--	--
sO_2	**79.2**	%	--	--	--	--
Derived						
BE(B)	**-0.9**	mmol/L	--	--	--	--
HCO_3^-(c)	**25.4**	mmol/L	--	--	--	--
Hct(c)	**43**	%	--	--	--	--

↑↓ Outside Reference Range

Other Information

Operator Entered

Temp	37.0	°C



Glasgow Royal Infirmary

CHI: 0712726128

Total Att: 23

12 Mth Att: 4

Title: MS

SULLIVAN **Deborah**

DOB: **07/12/1972** Age: **44y** Sex: **Female**

6 Muirhead Court
Baillieston
Glasgow
Lanarkshire
G69 7EP
07713718392

Next of kin: **SULLIVAN, KATHLEEN**
Relationship: **Parent**
0141 771 3743

GP: **G MacAllister**
0141 531 8050

Attendance Date: **31/07/2017** Arrival Time: **10:59**

Registration Time: **10:59** Date of Incident: **31/07/2017**

Major Incident Desc:

Reason for Attendance: **standby / rtc**

Nursing Assessment

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

Triage Category: Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date:

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

Nurse name:

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

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

Emergency Department Nursing Documentation

0712726128
SULLIVAN F
Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

Presenting Complaint -

Date - **Time –**

Assessment Complete by: Name NURSE (Please Print)

Patient Prep / Investigations
(Please tick when completed)

Prepare patient for examination / Clothing bag labelled + Stored	☑
12 Lead ECG	☑
Weight :	☐
Blood Samples Obtained : YES ☑ NO ☐	
IV Access : YES ☑ NO ☐	
Blood Gas : VBG ☐ ABG ☐	

Urinalysis

Leucocytes ☐	Nitrates ☐	Protein ☑ trace	Blood ☐
Ketones ☐	Glucose ☑ trace	PH	S.G
MSSU / CSU ☐	Toxicology ☐		
HCG ☑	+VE ☐	-VE ☑	Strip No -

Communication
(Please Circle / Tick)

NEWS Chart complete / **NEWS SCORE** – (Record pain, blood sugar and Neuro Obs on NEWS Chart) 3	☑
ID Band	☑
Peak Flow	☐
Xrays / CT Scan Performed:	☑
Relatives / NOK informed	☑

Screening Tools
(Please circle when completed)

SEPSIS RISK? / SIRS Criteria 2 or more	Y/N	**SWALLOW TEST CARRIED OUT? (susp any neurological signs or symptoms)**	YES
Mental Health Triage Assessment	Y/N	IF NOT WHY? – (details)	NO
GMAWS	Y/N	**Time –** 1245	
AMT 4 (> 65 YEARS) 1) Age 2) DOB? 3) Current Year 4) This Place?	4/4 score	**Date –** 31/7	
		Signature - PKane	
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc) *If at risk complete risk assessment*	Y/N	Child Protection Concern (considered in line with policy)	Y/N
		Adult Support and Protection	Y/N

Screening Tools / ACTIVE CARE
(Please tick when completed)

1) Pressure Damage Does the person have redness and/or existing damage? Y/N
If YES – continue with a minimum of 2 hourly Active Care + Complete PUDRA

DATE	Location of redness / ulcers	Grade of ulcer

2) Mobility - Does the person require assistance?	Y/N
3) Continence – Does the person have continence issues with urine and / or faeces?	Y/N
4) Nutrition – Does the person appear malnourished and / or unable to eat or drink?	Y/N
5) Skin – Is skin compromised by other source, eg. Neurological deficit, medication, substance, diabetes, co-morbidities?	Y/N
6) Judgment – In your clinical judgment, is this person at risk of developing pressure damage? If YES – Details	Y/N

Patient Addressograph Label

Pause for Transfer / Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Relatives informed of Admission / Discharge	☐	☐	Information on discussion with relatives
Name band	☐	Always	
Nursing Screening Tools completed	☐	Always	
Bed requested, SBAR COMPLETE	☐	☐	
NEWS chart	☐	Always	
Prescriptions / Charts signed Infusions	☐	☐	
Cannula	☐	☐	
Notes: medical notes, GP letter, PRF	☐	☐	
Patients requiring analgesia: sufficient	☐	☐	
Belongings (including patient's medications)	☐	Always	Please note here if any other tasks required prior to transfer
SAS Transport REQ / REF No	☐	☐	
Print Name Sign –			

Nursing Notes

Date & Time		Print Name & Signature

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

0712726128 F
SULLIVAN 07/12/1972
Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EF

Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match	units		
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

31/7/17 1055 A IRELAND CONS SURG

+ TRAUMA BOTH

See TRAUMA PROFORMA.

44 yo ♀ drove into a fence < 30 mph
? foot slipped off brake.
Thinks LOC 5 mins : woke up ⓒ bystander banging on window.
v severe neck + lower back pain
Also thinks struck ⓡ frontal head.

Required to be cut out of car (roof removed by Fire Brigade) Due to pain.

Not extensive damage to car.

PMH Fibromyalgia on Tramadol ∝ ℞ Zopiclone

O/E In pain ++
: Disproportionate to injuries

Head. tender ⓡ fronto-parietal
Chest/abd NAD

Glasgow Royal Infirmary
Emergency Department

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F
07/12/1972

Clinical Notes

30/12/97 TIME NOTE

Inials : NAD

Log. roll : tender neck
tender thoracic - lumbar + lumbar spine

Iliacs : tender (L) ASIS.

↳ Venous access
Bloods
IV morphine

CT Head
Spine.

LOWER STH GEN . NHS.

CX HEAD/NECK/CHEST/ABDO/PELVIS
- NO ACUTE FINDINGS OS BRONCHUS RIGHT
- CONTINUE R/V A/V.

Pain/ Analgesia
Reassess
Cross Bronchus
Discharge to home

2

Glasgow Royal Infirmary
Emergency Department

0712726128
SULLIVAN
Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

07/12/197

Clinical Notes

Date Time Name Grade Speciality

Glasgow Royal Infirmary
Emergency Department

0712726128
SULLIVAN
Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EF
07/12/197

HAEM	Date or Time		BIOCH	Date or Time			Date or Time		V/ABG	Date or Time	
WCC			Na			Bil			FiO_2		
Hb			K			ALT			H^+		
Plat			Cl			AST			$PaCO_2$		
Neut			Ur			GGT			PaO_2		
DD			Creat			A phos			Bic		
PT			eGFR			Alb			BE		
PTT			Glu			AdjCa			Lactate		
TT			CRP			Amyl			Ethanol		
INR			Mg			TropI HS			Para		
			Phos			BHCG			Sal		

Diagnosis and Plan

Review/Discussed with:

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team/ward

mi • 287967 Version 1_0 • GGC0226

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name	
Address	0712726128 SULLIVAN F Deborah 07/12/197 6 Muirhead Court Baillieston Glasgow, Lanarkshire G69 7EF
CHI No.	
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

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

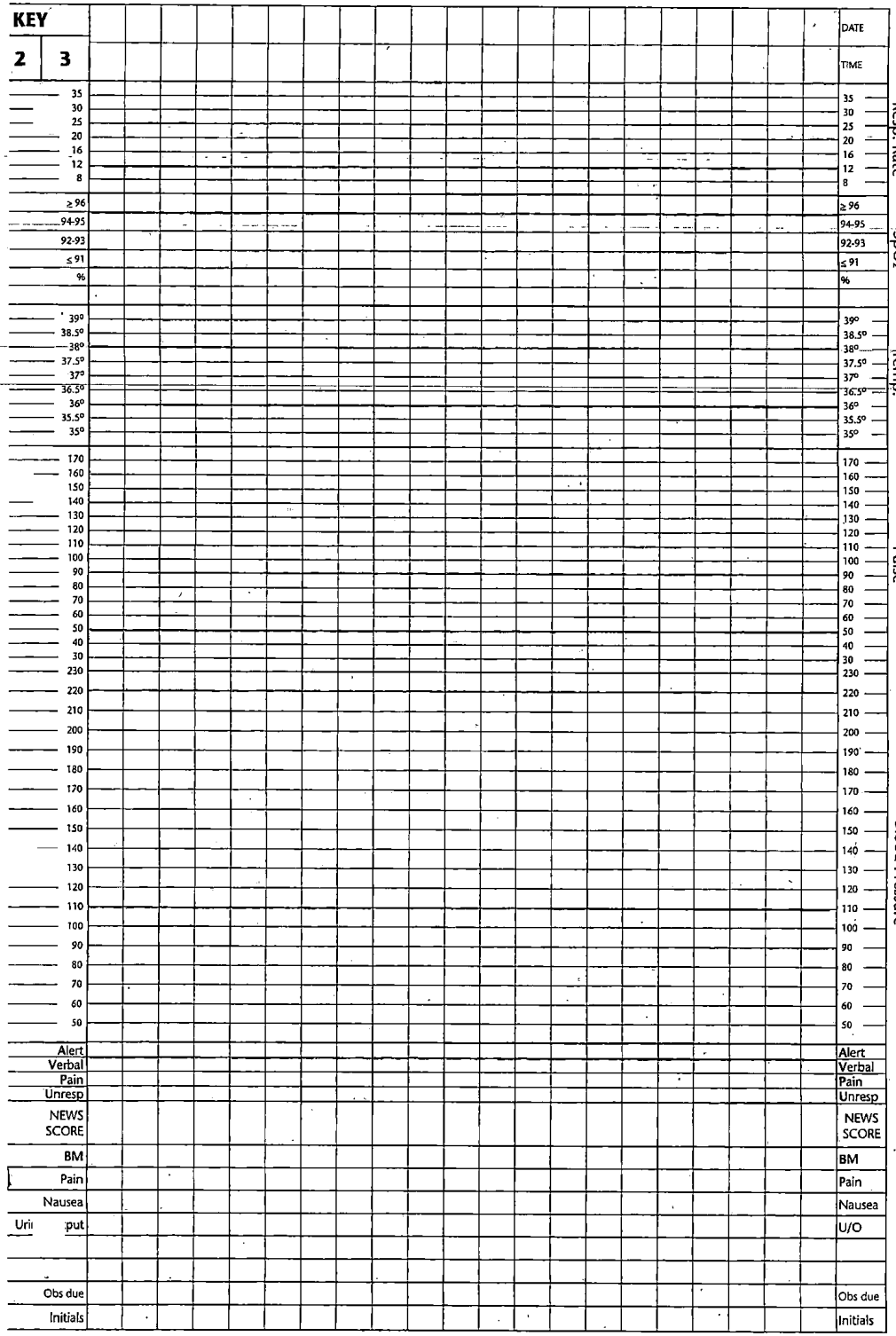
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

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

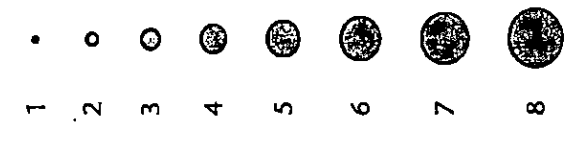
Deborah Sullivan

| | | |


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

Glasgow Coma Scale

Pupil size (mm)



0712726128 F
SULLIVAN 07/12/197
Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

Neurological Observations

| | | |

0712726128
SULLIVAN F
Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

GRI Emergency Department
Major Trauma Flow Sheet

NHS Greater Glasgow and Clyde

Date: 30/11/17 Time ED: 1855

Team Leader: A. IRELAND Trauma Team? Yes ☑ No ☐

EM Consultant Present? Yes ☑ No ☐ Pre Arrival Trauma Team? Yes ☑ No ☐

PRIMARY SURVEY

Initial Observations	104	130/116	20	99 Spo2	GCS E 4 V 5 M 6

C

Cleared | (Immobilised:) (PH) ED

A

(Clear) | Obstructed

Spontaneous Respiratory Effort? (Yes) No

Adjunct NP ETT Guedel RSI CRIC (NO)

B

TRACHEA Central	OXYGEN Litres
CHEST WALL NAD	N/DECOMPRESSION
	CHEST DRAIN
BREATH SOUNDS Normal	ED THORACTOMY

C

EXT HAEMORRHAGE No	TOURNIQUET HH:MM
RADIAL PULSE (Y) N	ECG RESULT Normal HH:MM
HEART SOUNDS Normal	CELOX
ABDOMEN Soft	(G&S) / XM
PELVIS Tender (L) iliac crest	PELVIC BINDER No
FEMURS Normal	CENTRAL ACCESS No

TRANEXAMIC ACID GIVEN? (remember CRASH3 randomisation)

D

GCS E = 4 V = 5 M = 6

PUPILS (Equal and Reactive) Right Large Left Large Unreactive

Gross Neurology No

BM/GLUCOSE 5.1

E

TEMPERATURE 36.6 ACTIVE REWARMIMG BAIR Fluids

LOG ROLL NAD (C SPINE tender) (T SPINE) (L SPINE tender)

EXPOSED COMPLETELY?

PLAIN FILMS

CHEST	PELVIS
OTHER:	

E-FAST	+VE	-VE	N/A
RIGHT LUNG		✓	
LEFT LUNG		✓	
PERICARDIAL		✓	
RUQ		✓	
LUQ		✓	
PELVIS		✓	

STAFF Consultant Name and Time if Attend ED

SPECIALTY	TIME	GRADE	NAME
ED CONS	HH:MM	Consultant	K. IRELAND
ANAES	HH:MM	ST4	S. James
ITU	HH:MM	STR	S. LUNNON
GEN SURG	HH:MM	Reg.	Selvan
ORTHO	HH:MM	FY2	CALDER
PLASTICS	HH:MM		
VASC	HH:MM		
INS Discussed	HH:MM		
OTHER	HH:MM		

CT (Circle) **TIME** HH:MM

WHOLE BODY CT

HEAD C SPINE CHEST ABDOMEN & PELVIS OTHER

BLOODS **MAJOR HAEMORRHAGE PROTOCOL?** **Y** **N** **TIME** HH:MM

GAS 1 (V) (A)	H+	pCO2	pO2	LAC	BE	HCO3	Hb	Hct
GAS 2 (V) (A)	H+	pCO2	pO2	LAC	BE	HCO3	Hb	Hct
ROUTINE	Hb	Hct	Plt	Na	K	Ur	Cr	
COAG	INR		PT		APTT		Fibrinogen	

DRUGS

DRUG	DOSE	ROUTE	PRESCRIBED	GIVEN	TIME
Tranexamic Acid	1g	IV	—		
Antibiotic					
Analgesia					

INPUT

CRYSTALLOID Millilitres

BLOOD PRODUCTS:
PRC Units **FFP Units** **Plt Pools**

TOTAL Millilitres

OUTPUT

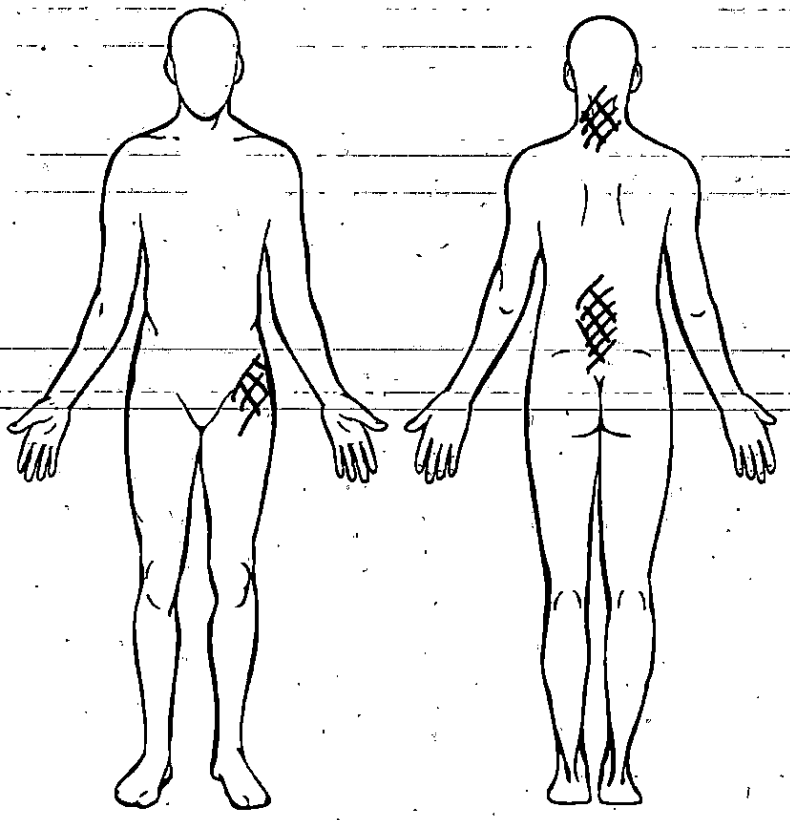
URINARY CATHETER Y / N Millilitres

CHEST DRAIN Y / N **RT** Millilitres **LT** Millilitres
SUCTION Millilitres **FLOOR** HH:MM

TOTAL Millilitres

SECONDARY SURVEY

0712726128
SULLIVAN F
Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EF



SECONDARY SURVEY COMPLETE: Yes ☑ No ☐

INJURIES/MANAGEMENT	OUTSTANDING ISSUES:
1	1
2	2
3	3
4	4
5	5

DISPOSITION **Time** HH:MM

THEATRE ICU HDU WARD MORTUARY

COMPLETION

Name Grade Time

Arrival – Transcribe from SAS PRF

Mode SAS Self	**Stand by** Yes No	**SAS call** HH:MM
SAS on scene HH:MM	**SAS left scene** HH:MM	**EMRS**

MIST

Mechanism (Circle)	**RTC** vs. Speed: Driver FSP RSP Entrapped Ejected Restrained Airbags
	Fall Height:
	Blunt Assault **Stab** **Crush** **Burns**
	Other:
Injuries	See STAND BY SHEET.

Initial SAS Observations	HR	BP	RR	Sp02	GCS E V M
Treatment (Circle)	O_2 IV Fluid Pelvic Binder Analgesia RSI Collar Scoop Airways Adjuncts ICD **Other:**				
Details					

AMPLE

Allergies	NKDA		
Medications	Warfarin / APT / NOACS Other:		
PMH$_x$	ASA:		
Last	Meal:	LMP:	βHCG: -ve +ve

STANDBY NOTIFICATION & HANDOVER FORM

Glasgow Royal Infirmary Emergency Department (adapted from IMIST-AMBO)

0712726128
SULLIVAN F
Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

Date:	30 / MM / 2016	**Time:**	10.43.		
Age:	44	**Gender:** M (F)	**SAS Number:**	5825	
Condition:	RTA - (L) hip Backpain neck pain.	☐ Stroke ONSET:		☐ Cardiac Arrest ☑ Trauma Team	

OBSERVATIONS PREHOSPITAL

HR:	BP:	RR:	SaO_2: air/O2	Temp.	BM:
104	130/116		99		8-6

Conscious Level GCS — ALERT ☑ VERBAL ☐ PAIN ☐ UNCONSCIOUS ☐

INTERVENTIONS PREHOSPITAL

ETT ☐	IV Access ☐	Oxygen ☐	Other
OPA/NPA ☐	IV Fluids ☐	Nebuliser ☐	ETA: Time 8/6 7mins.

UPON ARRIVAL: **Time:**

→ *Maintain 20-30 second period where patient remains on stretcher and deliver IMIST information uninterrupted.*

Identification	Confirm Personal Details SULLIVAN.
Medical Complaint & Mechanism	RTA Right side of Car - 30mph. lost consciousness. woken by Passer by. Cut out of car by fire brigade
Injuries & Information	C-Spine Pain Lumbar Pain.
Signs & Clinical Findings	GCS 15 throughout BP 106/72 Sats 100%.
Treatment & Trends	Nox in ambulance only. No IV access yet.

→ ***Transfer over - then QUESTION & CLARIFY where required***

Allergies	Penicillin
Medication	tramadol.
Background history	Family & If present or following on nonweightbearing - tramadol
Other information	Premorbid / Cognitive / Functional status

→ ***QUESTION & CLARIFY before SAS depart***

Scottish Ambulance Service Patient Report Form

Incident Number	CR003933335 on 31/07/2017 at 09:14		
Callsign		Incident Type	EMG
Crew1	E9888223	Crew3	
Crew2	E9888216	Crew4	

INCIDENT LOG

Incident Location	O/S 103 EASTERHOUSE ROAD EASTERHOUSE GLASGOW	Incident Postcode	G34 9RB
Call Received	09:14 - 31/07/2017	Patient at Hospital	10:51 - 31/07/2017
Call Passed	09:13 - 31/07/2017	Patient Handover	-
Crew Mobile	09:13 - 31/07/2017	Crew Clear	-
Crew at Scene	09:21 - 31/07/2017	Clear Reason	
Crew Left Scene	10:42 - 31/07/2017		
Pre-alert Medical Standby			
Receiving Hospital	GLASGOW ROYAL INFIRMARY		

DIAGNOSIS

Chief Complaint Code	29
Despatch Code	29D09 : Transportation Not Alert with Normal Breathing
Diagnostic Code	29B01 : 29B01 - Transportation Accident Injuries

PATIENT DETAILS

Surname	SULLIVAN		
Forename	DEBORAH		
Middle Initials		Sex	Female
DoB	07/12/1972	Age	44 years 7 months 24 days
Patient Address	6 MUIRSIDE COURT	Patient Postcode	BAILLIESTON
Patient Telephone		Ethnicity	

PATIENT CONSENT

Mental Capacity Assessed	Deemed To Have Capacity
Level of Consent	Advice Given To Patient, Immediate Risk To Life, Lack Of Patient Consent, Risks Of Condition Explained, Treatment Benefits Explained

PRIMARY SURVEY

AVPU Assessment	Alert
Catastrophic Haemorrhage	No
Airway Assessment	Clear
Breathing Rate	Normal
Respiratory Rate	18
Pulse	Fast
Most Peripheral Palpable Pulse Found	Radial
Skin Colour	Normal
Skin Texture	Dry
Capillary Refill Rate	< 2 Secs
CSI Assessment	C-Spine Injury Cannot Be Excluded

Circulation Treatment

IV Cannula, UNSUCCESSFUL

PVC Record Completed		Aseptic Techniques Followed	
Time of Cannulation	09:30		

CSI Treatment

Collar, Full Immobilisation, Head Hugger, KED, Spinal Board (Extrication Only), Splints

VITAL SIGNS

Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
09:21	96	Reg	Alert	18	130	116		8.6	36.6	100	8	< 2 Secs	Normal sinus rhythm	2	15	6.6	1		
09:50	98	Reg	Alert	18	106	72				100	8	< 2 Secs	Normal sinus rhythm	1	15	7.8	2		
10:30	96	Reg	Alert	18	107	74				100	8	< 2 Secs	Normal sinus rhythm	1	15	7.8	2		

AMPLE

Allergy Type	None
Previous Medication	TRAMADOL/ZOPLICONE
Previous Medical History	FIBROMYALGIA

EYES AND PUPILS

Left Eye		Right Eye	
Left Pupil Size	Normal	Right Pupil Size	Normal
Left Pupil Reaction	Normal	Right Pupil Reaction	Normal
Unequal Reaction To Light			

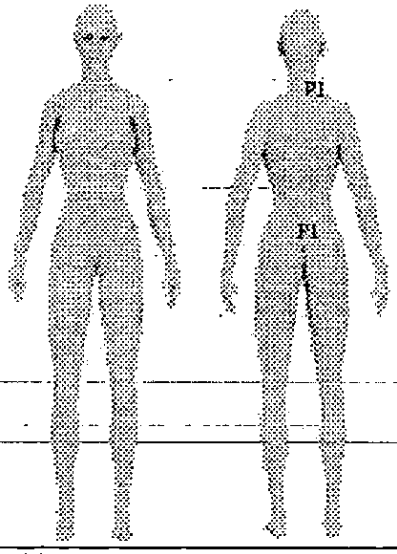
MEDICINES

Drug	Time	Dosage	Route	Crew No	Batch/Expiry	Pain Before	Pain After
Entonox	09:30		Inh	E9888223		8	8

INJURIES

0712726128
SULLIVAN
Deborah
F
07/12/197

PAIN	P1	No Pain Relief Provided



ROAD TRAFFIC INCIDENT

Vehicle Type	Car	Patient Role	Driver
Impact Point	NSF, OSF		
Impact Speed	Less Than 30 MPH		
Incident Details	Vehicle Hit An Object		
Safety Devices Used	Head Restraint, Seatbelt		

EMERGENCY SERVICES

In Attendance	Primary Response Unit (PRU), Technician

SEPSIS

Pulse	*RR*	*SYS*	*Temp*	*GCS*	*BG*	*Pneumonia*	*UTI*	*Other infection*	*Abdo Pain*	*Diarrhoea*	*Abdo distension*	*Meningitis*	*Cellulitis*	*Septic arthritis*	*Wound infection*	*Infected indwelling device*	*No signs of infection*
96	18	130	36.6	15	8.6	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
98	18	106		15		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
96	18	107		15		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

GCS

Time	*Eye Opening*	*Verbal Response*	*Motor Response*	*Total*
09:21	Spontaneous	Orientated	Obeys Commands	15
09:50	Spontaneous	Orientated	Obeys Commands	15
10:30	Spontaneous	Orientated	Obeys Commands	15

ADDITIONAL COMMENTS AND OBSERVATIONS

999 CALL FOR RTC. O/A PT GCS15, GOOD COLOUR. PT TURNED INTO JUNCTION AND INTO METAL FENCING. <30MOH. SEATBELT ON, NO AIRBAG DEPLOYMENT. PT ONLY RECALLS BEFORE AND AFTER INCIDENT-? LOC. O/E PT C/O OF CSPINE AND LUMBAR PAIN. MOTOR AND SENSORY APPEARS INTACT. O/E NO OTHER OBV DCAPBTLS.

REPORT MANAGEMENT

Report ID	CR003933335-31072017113718		
Software Version	1.0.444	Report Type	Interim

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

ILS

Hospital I 0712726128
SULLIVAN F
DOB: 2 Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
Date of A G69 7EF
Consultant name:

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
31/7	MORPHINE	5mg	IV				1125
31/7	MORPHINE	5mg	IV				1140
31/7	MORPHINE	5mg	IV			P Kane	1230.
31/7	~~PARACETAMOL~~						
31/7	IBUPROFEN	400mg	PO			P Kane	1245
31/7	Co-Codamol 2x	30/500	PO			P Kane	1245.

	DATE →																							
	MONTH →																							
	RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																							
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N																								
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N																								
SIGNATURE OF ASSESSOR																								
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N																								

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

A DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

B DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

C DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
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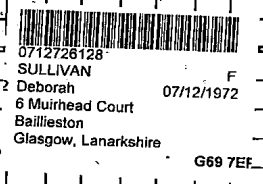


The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

H DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

J DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

K DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

L DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE
MONTH

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

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

M

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

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

N

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

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

P

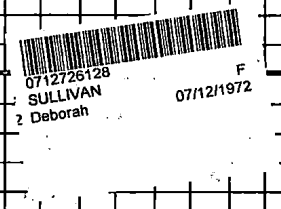
BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

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

R

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

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



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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

X DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

Y DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

AA DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

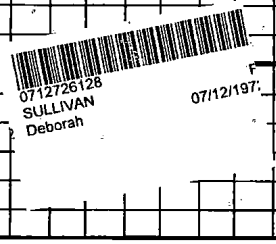
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY



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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

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

DEBORAH SULLIVAN 07/27/26128

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Patient's Own Medicine

| | | |

All Routes: As Required Prescriptions

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

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

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

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

Name DEBORAH SULLIVAN

CHI No 0712726128

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

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

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

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

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

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

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

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

5/2/17

Name
Address
0712726128
SULLIVAN F
2 Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP
CHI No.
DoB

	Date	Ward
Admitted		
Transferred		
Transferred		

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

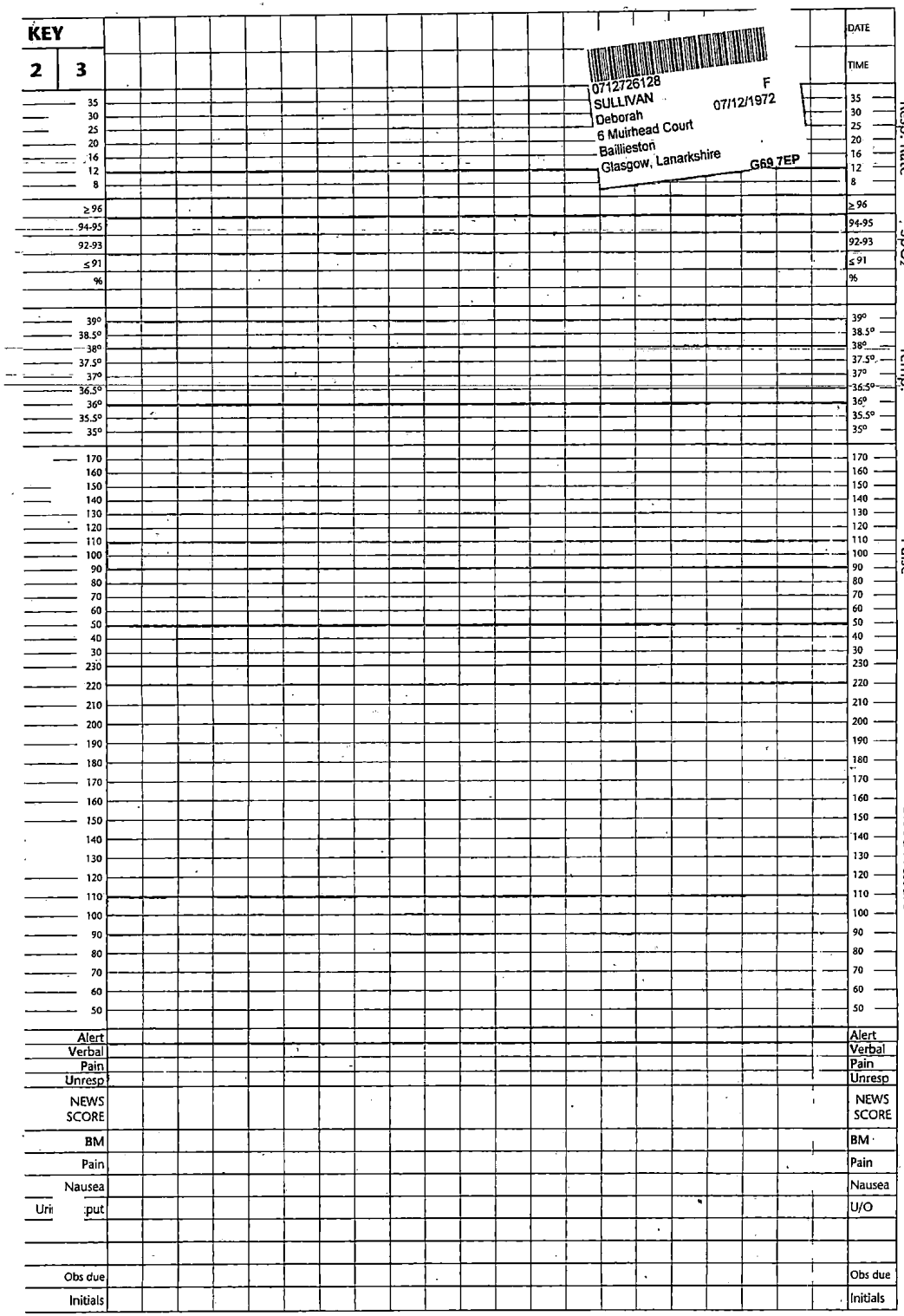
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

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

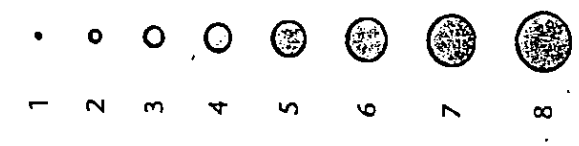
(16) Deborah Sullivan

| | | |


KEY
2
3
0712726128
SULLIVAN
Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
F
07/12/1972
G69 7EP
DATE
TIME
Resp. Rate
SpO2
Temp.
Pulse
Blood Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Glasgow Coma Scale

Pupil size (mm)



Neurological Observations

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

Pain Score

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

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

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

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Emergency Department Nursing Documentation

Presenting Complaint: Chest Pain

Date and Time: 5/2/17 2382

NHS Greater Glasgow and Clyde

P 0712726128
: SULLIVAN F
2 Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

Named Nurse(s): Sarah + Natalie

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

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

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

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

Patient Addressograph Label

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

Nursing Notes and Care Plan

Date and Time		Print Name and Signature
6/2/17 00^{25}	Presents with ongoing chest pain. ECG obtained, reviewed by medic, suitable for triage catagory 3. Bloods obtained and venous access gained. Awaits review by medic.	NATALIE ROBERTSON S/N.
0135	10mg IV morphine administered and for IV fluids	Sarah kay
0210	40mg oral morphine administered, IV fluids started following patient reporting severe pain.	S/N.
0310	Patient discharged following surgical review.	Sarah kay

Patient Addressograph Label

0712726128
SULLIVAN F
Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7ER

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Emergency Department - Active Care

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

(Please circle) ½ hour 1hour 2 hours

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

Patient Addressograph Label

USE FOLLOWING CODE:

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

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

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

Waterlow Pressure Area Risk Assessment

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

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

Glasgow Royal Infirmary

CHI: 0712726128

Total Att: **21**

12 Mth Att: **2**

Title: **MS**

SULLIVAN **Deborah**

DOB: **07/12/1972** Age: **44y** Sex: **Female**

6 Muirhead Court
Baillieston
Glasgow
Lanarkshire
G69 7EP

Next of kin: **SULLIVAN, KATHLEEN**
Relationship: **Parent**
771 3743

GP: **G MacAllister**
0141 531 8050

Attendance Date: **05/02/2017** Arrival Time: **23:32**

Registration Time: **23:32** Date of Incident: **05/02/2017**

Major Incident Desc:

Reason for Attendance: **chest pain**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **05/02/2017 23:37** Nurse name: **Nurse Niamh Collins**

Temp	**36.8**	C
HR	**101**	bpm
BP	**128/92**	mmHg
MAP	**104.00**	mmHg
RR	**18**	bpm
SpO2	**98**	%
Oxygen		%

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

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **"since 9pm developed chest pain right side and central worse on inspiration. hx of pancreatitis, anxiety and polymyalgia rheumatic, given aspirin with no effect. "**

0712726128 07/12/1972 SULLIVAN Deborah
0712726128 07/12/1972 SULLIVAN Deborah
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0712726128 07/12/1972 SULLIVAN Deborah

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

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

Date	**Clinical Notes**		
	Seen By	Time Seen	

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Patient: 0712726128
SULLIVAN
Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EF
Date: 07/12/197.
CHI:
Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

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

Prescription details									Administration details				
Date	Time	Name of fluid Name of additive	Volume (ml) Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional Instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
6/2/17		NaCl 0.9%	500 ml	IV	10		MD Prescriber		06/02/17	0800	MM		15G22 T4H 06/2017
6/2/17		NaCl 0.9%	500 ml	IV	20		MD Prescriber						
6/2/17		NaCl 0.9%	500 ml	IV	40		MD Prescriber						

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

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

Calculation:

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

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

Example:

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

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

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

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

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

0712726128
SULLIVAN
2 Deborah 07/12/197
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Glasgow, Lanarkshire
G69 7EF

Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☑	INR ☐		G+S ☐		X-match	units		
U+Es ☑	LFT ☑	GLU ☑	CRP ☐	TROP ☑	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☑	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

6/12/17 0045 A: PRACTER CRST ED:

44 ♀

PMHx

Chronic pancreatitis cholecystectomy

⇒ 2° gallstones

Hiatus hernia

Fibromyalgia

⇒ Family hx of MI's at young age mother + father before aged 50

R: history since 4pm chest pain

HPC: central pain going across chest

sharp and tight pain

different to usual pain from pancreatitis as going across chest instead of in/even to back but similar in character.

felt sweaty earlier.

no nausea or vomiting

recent admission with shingles pain from this.

started on medication for high BP recently otherwise well

Taken paracetamol + tramadol with little effect.

ABD

HR 107

temp 36.8

BP 128/92

RR 18

SATS 98% on AIR

Glasgow Royal Infirmary
Emergency Department

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G69 7EP

Clinical Notes

Date | Time | Name | Grade | Speciality

medication hx
* Anergy penicillin *
- Ramipril 2.5mg OD
- Lactulose 15ml BD
- Pregabalin 300mg BD
- Zopiclone 7.5mg night
- fentanyl 75 micrograms/hr
- Transvasin heart
- tramadol 100mg qds prn
- Paracetamol 1g qds
- oxybutynin 5mg prn tds
- Nifedipine 60mg BD
- Diazepam 5mg OD
- Ca+ Irodine 2mg BD

social hx
Lives with daughter
no alcohol
stopped smoking recently admission

Drinks outside 2 cans a week
Esomeprazole 40mg BD

CXR - no acute
ECG - no acute
Bloods ongoing

O/E
Chest clear
HS 1+1 +0

- epigastric tenderness

Imp:- ? Exacerbation of chronic pancreatitis

P IV fluids
Analgesia -> now fentanyl 75 micrograms/hr = 225mg oral morphine 12/24 hours
1/6 = 37.5mg
Rx 40mg oral morphine

Bloods ongoing
CXR - ? any subdiaphragmatic gas
Discuss surgeons re. admission

Glasgow Royal Infirmary
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07/12/197

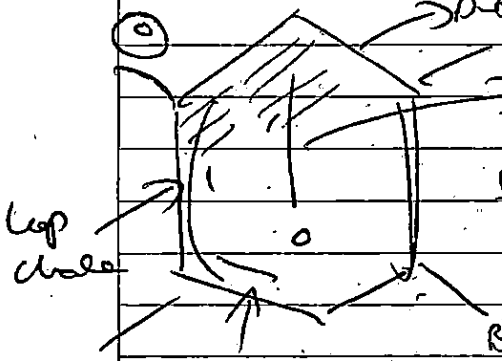
Clinical Notes

Date | Time | Name | Grade | Specialty

6/2/17 CXR NAD ~~abdominal~~ pneumoperitoneum
gen -

Ross Dunn - SpR General Surg on call 05/02/17 02:31

(S.) → sudden onset of epigastric pain
→ Does not radiate to her back
→ Nausea but no vomiting
→ No change in bowel habit
→ Pain level of 10/10
→ No aggravating or relieving factors
→ Previous Abdominal surgery



Upper Abdo → Open Ulcers
FBC = ~~Hb~~ NAD
CRP = ~~One~~ one.
Bloods: NAD

RUQ → Chronic pancreatitis
→ Cholecystitis
→ Peptic Ulcer Disease
→ fibromyalgia
→ Renal Colic
→ Chronic pain secondary to trauma
→ Pain upon Ulcers

(A) ~~Does~~ Does Ectopic pregnancy ~~Does~~ not pain Ax. ~~Will~~ Will be difficult to get a hold of her pain as it is long standing

(P.) → IV access
→ IVF (flow)
→ Analgesia
→ Anti-emetic
→ Urine
→ Discuss with other members of team as may be able to do (NP).

STR

Glasgow Royal Infirmary
Emergency Department

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Baillieston
Glasgow, Lanarkshire
G69 7EF

HAEM	6/12/17		BIOCH	6/12/17			6/12/17		V/ABG	6/12/17	
WCC	9.7		Na	139		Bil	3		FiO_2		
Hb	129		K	3.8		ALT	20		H^+		
Plat	330		Cl	107		AST	21		$PaCO_2$		
Neut	4.5		Ur	3.8		GGT			PaO_2		
DD			Creat	55		A phos	57		Bic	22	
PT			eGFR	>60		Alb	35		BE		
PTT			Glu			AdjCa			Lactate		
TT			CRP			Amyl	74		Ethanol		
INR			Mg			TropI HS			Para		
			Phos			BHCG			Sal		

Diagnosis and Plan

Reviewed at clerk 02:45

→ Events noted
→ Long standing HTN
→ Will be very difficult to get a top of pain
→ ABDO not concerning

(P) → (D) written plan team follow up.

SHO SW ST4

Review/Discussed with:

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team/ward

mi • 287967 Version 1_0 • GGC0226

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

H 0712726128
D SULLIVAN
2 Deborah 07/12/197
6 Muirhead Court
Baillieston
D Glasgow, Lanarkshire
C G69 7EF

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
6/2/17	MORPHINE SULFATE	5mg	IV	0050	PROCTOR	sk	0105
6/2/17	MORPHINE SULFATE	5mg	IV	0130	PROCTOR	sk	0135

	DATE →																							
	MONTH →																							
	RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																							
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N																								
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N																								
SIGNATURE OF ASSESSOR																								
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N																								

Parenteral Drugs : Regular Prescription

																								Patient's Own Medicine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**A** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) STOPPED DATE: INITIALS: ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time																						For Use Y/N
		0700-0900																						Qty:
		1200-1400																						Date:
		1600-1800																						Assessed by:
		2200-2400																						Ordered from Pharm.
		Other time																						
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**B** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) STOPPED DATE: INITIALS: ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time																						For Use Y/N
		0700-0900																						Qty:
		1200-1400																						Date:
		1600-1800																						Assessed by:
		2200-2400																						Ordered from Pharm.
		Other time																						
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**C** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) STOPPED DATE: INITIALS: ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time																						For Use Y/N
		0700-0900																						Qty:
		1200-1400																						Date:
		1600-1800																						Assessed by:
		2200-2400																						Ordered from Pharm.
		Other time																						

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
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BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE

PRESCRIBER (PRIN

ADDITIONAL INSTRU

0712726128
SULLIVAN
Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EF

DATE: 07/12/197

INITIALS:

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

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

H DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

J DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

K DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

L DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

M DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

N DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

P DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

R DRU

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SULLIVAN
Deborah
F
07/12/197

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

Oral and Other Drugs: Regular Prescription

DATE
MONTH

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

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

S DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

T DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

V DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

W DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

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

PRESCRIBER (PRINT & SIGN)

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
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BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

0712726128
SULLIVAN
Deborah 07/12/197

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STOPPED DATE:
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Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

CC DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

DD DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

EE DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

FF DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK D

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SULLIVAN
Deborah
F
07/12/197-

DOSE | PRESCRIB | ADDITION | STOPPED DATE: | INITIALS:

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

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

All Routes: As Required Prescriptions

Patient's Own Medicine

| | | |

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

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

0712726128
: SULLIVAN
2 Deborah
F
07/12/1972

Name -LVAN

CHI No

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

PENICILLIN

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0800, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

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

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

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

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

Please note - Intrathecal must be written in full.

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

0712726128
SULLIVAN
Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EF

07/12/197

Patient Sample Report

Patient

ID:	0712726128
Last Name:	**SULLIVAN**
First Name:	**DEBORAH**
Gender/Age:	Female, 44 years
Birth Date:	07.12.1972
Status:	**ACCEPTED**
Analyzed:	06.02.2017 01:57:45
Sample Type:	**Venous**
Account Number:	
Clinician:	
Operator ID:	NATALIE ROBERTSON1

Analyzer

Model:	GEM® *Premier 4000*
Area:	GRICASU
Name:	CASU
S/N:	06090159

Measured (37.0°C)		
cH	44.8	nmol/L
pCO_2	6.4	kPa
pO_2	5.3	kPa
Na^+	139	mmol/L
K^+	3.7	mmol/L
Ca^{++}	1.19	mmol/L
Glu	7.1	mmol/L
Lac	1.2	mmol/L
CO-Oximetry		
tHb	123	g/L
O_2Hb	78.5	%
COHb	4.9	%
MetHb	1.6	%
HHb	15.0	%
sO_2	84.0	%
Derived		
BE(B)	0.4	mmol/L
HCO_3^-(c)	26.5	mmol/L
Hct(c)	37	%
Operator Entered		
Temp	37.0	°C
O2 and Vent Settings		
FIO_2		%

Patient Sample Report
DUPLICATE

Patient

ID:	0712726128
Last Name:	**SULLIVAN**
First Name:	**DEBORAH**
Gender/Age:	Female, 44 years
Birth Date:	07.12.1972
Status:	**ACCEPTED**
Analyzed:	06.02.2017 01:57:45
Sample Type:	**Venous**
Account Number:	
Clinician:	
Operator ID:	NATALIE ROBERTSON1

Analyzer

Model:	GEM® *Premier 4000*
Area:	GRICASU
Name:	CASU
S/N:	06090159

Measured (37.0°C)		
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tHb	123	g/L
O_2Hb	78.5	%
COHb	4.9	%
MetHb	1.6	%
HHb	15.0	%
sO_2	84.0	%
Derived		
BE(B)	0.4	mmol/L
HCO_3^-(c)	26.5	mmol/L
Hct(c)	37	%
Operator Entered		
Temp	37.0	°C
O2 and Vent Settings		
FIO_2		%

Scottish Ambulance Service Patient Report Form

Incident Number	CR003532605 on 05/02/2017 at 22:39		
Callsign		Incident Type	EMG
Crew1	E0031224	Crew3	
Crew2	E9888216	Crew4	

INCIDENT LOG

Incident Location	6 MUIRHEAD COURT BAILLIESTON GLASGOW	Incident Postcode	G69 7EP
Call Received	22:39 - 05/02/2017	Patient at Hospital	-
Call Passed	22:40 - 05/02/2017	Patient Handover	-
Crew Mobile	22:40 - 05/02/2017	Crew Clear	-
Crew at Scene	22:47 - 05/02/2017	Clear Reason	
Crew Left Scene	23:10 - 05/02/2017		
Pre-alert Medical Standby			
Receiving Hospital	GLASGOW ROYAL INFIRMARY		

DIAGNOSIS

Chief Complaint Code	10
Despatch Code	10D02 : Diff Speaking between Breaths
Diagnostic Code	10C04 : 10D04 - Chest Pain over 35 Breathing Normally

PATIENT DETAILS

Surname	SULLIVAN		
Forename	DEBORAH		
Middle Initials		Sex	Female
DoB	07/12/1972	Age	44 years 1 months 29 days
Patient Address	AS ABOVE	Patient Postcode	
Patient Telephone		Ethnicity	

PRIMARY SURVEY

AVPU Assessment	Alert
Catastrophic Haemorrhage	No
Airway Assessment	Clear
Breathing Rate	Normal
Respiratory Rate	18
Pulse	Normal
Most Peripheral Palpable Pulse Found	Radial
Skin Colour	Normal
Skin Texture	Dry
Capillary Refill Rate	< 2 Secs

0712726128
SULLIVAN
Deborah 07/12/197
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EF

VITAL SIGNS

Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
22:52	122	Reg	Alert	18	125	95		8.5	37.4	99	8	< 2 Secs	Sinus tachycardia	2	15	6.6	2		
23:05	102	Reg	Alert	18	127	92				98	8	< 2 Secs		1	15	7.8	1		

AMPLE

Allergy Type	None
Previous Medication	WITH PT
Previous Medical History	PANCREATITIS, ANXIETY/DEPRESSION, HBP, IBS,FIBRE MIRALGIA
Last Eaten Before Incident	More Than 5 Hours
Events Prior To Incident	2100 PT SUFFERING CENTRAL CHEST PAINT AND SOB

EYES AND PUPILS

Left Eye		Right Eye	
Left Pupil Size	Normal	Right Pupil Size	Normal
Left Pupil Reaction	Normal	Right Pupil Reaction	Normal
Unequal Reaction To Light			

MEDICINES

Drug	Time	Dosage	Route	Crew No	Batch/Expiry	Pain Before	Pain After
Aspirin	23:20	300 mg	Inh	E9888216	610106		

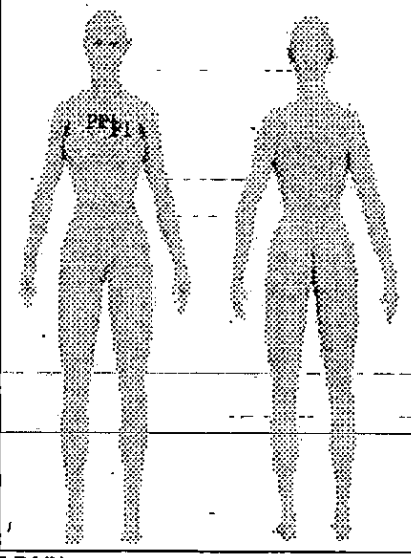
INJURIES

PAIN	P1	No Pain Relief Provided

0712726128

: SULLIVAN 07/12/197

2 Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire G69 7EF



CHEST PAIN

Patient History	Patient Over 35 Yrs old, Family history of MI, Smoker		
Symptoms	Chest Pain		
Time Of Onset	21:00	Physical Activity	No Physical Activity
Activity at time			

SEPSIS

Pulse	*RR*	*SYS*	*Temp*	*GCS*	*BG*	*Pneumonia*	*UTI*	*Other infection*	*Abdo Pain*	*Diarrhoea*	*Abdo distension*	*Meningitis*	*Cellulitis*	*Septic arthritis*	*Wound infection*	*Infected indwelling device*	*No signs of infection*
122	18	125	37.4	15	8.5	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
102	18	127		15		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

GCS

Time	*Eye Opening*	*Verbal Response*	*Motor Response*	*Total*
22:52	Spontaneous	Orientated	Obeys Commands	15
23:05	Spontaneous	Orientated	Obeys Commands	15

PATIENT SUPPORT

Next of Kin	COURTENEY KELLY	Next of Kin Telephone	
Next of Kin Address	AS ABOVE		
Accompanied by	DAUGHTER		

ADDITIONAL COMMENTS AND OBSERVATIONS

999 CALL TO 44 YO F CHEST PAIN. O/A PT ANSWERED THE DOOR ALERT. O/E OBS AS ABOVE. PT COMPLAINING OF CENTRAL CHEST PAIN. PAIN DESCRIBED AS SHARP AND TIGHT. PAIN INCREASRS AND DECREASES WHEN AT REST. PT HAD TAKEN PARACETAMOL 2000 BEFORE PAIN HAD STARTED. TRANSF TO GRI

REPORT MANAGEMENT

Report ID	CR003532605-05022017232748		
Software Version	1.0.444	Report Type	Interim

NHS 24 FAX REPORT

CHI 0712726128

NHS 24 ID:	Call ID: 18675958	Site:	Highlands
CHI #:	0712726128	Caller Name:	
Surname:	SULLIVAN	Date/Time Call Received:	12/01/2017 5:56
Forename:	DEBORAH		
DOB:	07/12/1972	Date Call Completed:	
Gender:	Female	Time Call Completed:	
Address:	6 Muirhead Court	Call Priority:	CS0
	Baillieston	Call Reason:	ABDO PAIN 4 HOURS SEE AV
	Glasgow	Current Location:	6 Muirhead Court
			Baillieston
	G69 7EP		Glasgow
PH NO:	07713718392 (Return)		G69 7EP
		Special Directions:	Front Door
		Current PH NO:	07713718392 (Return)
Care Provider:	MACALLISTER, GRAEME	Care Provider Details:	BAILLIESTON HEALTH CENTRE 20 MUIRSIDE RD BAILLIESTON,GLASGOW G69 7AD Scotland
Temporary Resident:	No		

Referred To:	Glasgow and Clyde Hub	Recommended Action:	Patient sent to A&E via Ambulance within 1 Hr - For Information Only

CLINICAL SUMMARY

ABDO PAIN FOR 4 HOURS AND NIGGLY ABDO PAIN YESTERDAY, WORSENED IN LAST 4 HOURS SEVERE, LEFT- SIDED IN LINE WITH BELLY BUTTON RADIATING TO BACK AND SHOULDER, SEVERITY 9/10, ABDO SWOLLEN, TENDER,HARD, TEMP, DISTRESSED. PAIN UNRELIEVED BY FENTANYL, TRAMADOL, PARACETAMOL, DIHYDROCODEINE. OUTCOME AMBULANCE WITHIN 1 HOUR TO GLASGOW ROYAL INFIRMARY A/E

PAST MEDICAL HISTORY

MEDICAL PROBLEMS

CHRONIC PANCREATITIS, CHOLECYSTECTOMY, CHOLYSYSTECTOMY, HIATUS HERNIA, FIBROMYALGIA, IBS

MEDICATIONS

AS PER ECS, AS ECS

ALLERGIES

AS PER ECS, PENICILLIN

Referred Clinical Notes:

T:

P:

R:

BP:

Print Name: Signature:

CHI: 0712726128

Glasgow Royal Infirmary

6

Total Att: 19

12 Mth Att: 0

Title: MS

SULLIVAN **Deborah**

DOB: **07/12/1972** Age: **43y** Sex: **Female**

6 Muirhead Court
Baillieston
Glasgow
Lanarkshire
G69 7EP

Next of kin: **SULLIVAN, KATHLEEN**
Relationship: **Parent**
771 3743

GP: **G MacAllister**
0141 531 8050

Attendance Date: **29/09/2016** Arrival Time: **02:38**

Registration Time: **02:38** Date of Incident: **29/09/2016**

Major Incident Desc:

Reason for Attendance: **tightness in chest**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **29/09/2016 02:45** Nurse name: **Nurse Andrea Willox**

Temp	**36.7**	C
HR	**74**	bpm
BP	**151/104**	mmHg
MAP	**119.67**	mmHg
RR	**22**	bpm
SpO2	**98**	%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	**4**
Motor	**6**
Verbal	**5**
Total	**15**

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **"sudden onset of chest tightness at rest 00.45am. pain still present. also c/o central abdo pain. hyperventilating on SAS arrival. has been incontinent of urine " "hx: anxiety, fibro myalgia, pancreatitis. " 2 for ECG only**

0712726128 07/12/1972 SULLIVAN Deborah
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0712726128 07/12/1972 SULLIVAN Deborah

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	**Clinical Notes**	
	Seen By	Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

0712726128
SULLIVAN F
Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match	units		
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

29/9/16 0305 Chan GPST2 ED.

43 ♀ ① Fibromyalgia.
② Chronic pain.
③ Chronic pancreatitis.
④ Anxiety.
⑤ COPD
⑥ GORD. — Fundoplication.
⑦ Gallstones

0045: Sudden central chest pain. - still sore
& SOB but thinks prob. anxiety
& 3/52 cough °blood, yellow phlegm.
°vomit
°abdo pain.
Bowels open yesterday °dysuria.

SH: Smoker. Allergy: penicillin FH: mother + father
°alcohol IHD.
Unemployed.

T 36.7 P 74 B 151/104 RR 22 S 98%.

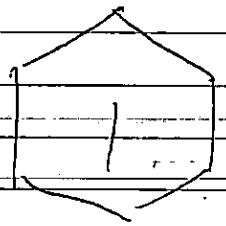
Resp: Clear. Calves SNT.
CV: HS 1+2 + 0 °m °oedema.
Abd

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CR Number
Barcode Label

Clinical Notes

Abdo: SNT
BS +.



ECG: SR 99.

CXR: NAD.

Neuro: Power 5/5 all limbs.
GCS 15.

MSE: kempt.
Pt under a lot of stress
- 6 recent family diagnosis of cancer.
- 6 recent death of mother.

Not suicidal at present.
No bizarre thoughts.

Imp: ① ACS unlikely.
② Possible anxiety / fibromyalgia.
③ Possible pancreatitis flare-up.

Plan: ① Bloods, trop.
② CXR

D.

05 10: ③ CXR, ECG, Trop, amylase, LFT.
Pt reassured + happy for home.
Thinks likely stress-related.

D

Glasgow Royal Infirmary
Emergency Department

Patient Name

0712726128
SULLIVAN F
Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

Clinical Notes

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number
or affix label

HAEM			BIOCH						V/ABG		
WCC			Na			Bil			FiO_2		
Hb			K			ALT			H^+		
Plat			Cl			AST			$PaCO_2$		
Neut			Ur			GGT			PaO_2		
DD			Creat			A phos			Bic		
PT			eGFR			Alb			BE		
PTT			Glu			AdjCa			Lactate		
TT			CRP			Amyl			Ethanol		
INR			Mg			TropI HS			Para		
			Phos			BHCG			Sal		

Diagnosis and Plan

Review/Discussed with:

Dr. Kim Kilmurray

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name
Address
0712726128 F
SULLIVAN 07/12/1972
Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire G69 7EP
CHI No.
DoB

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

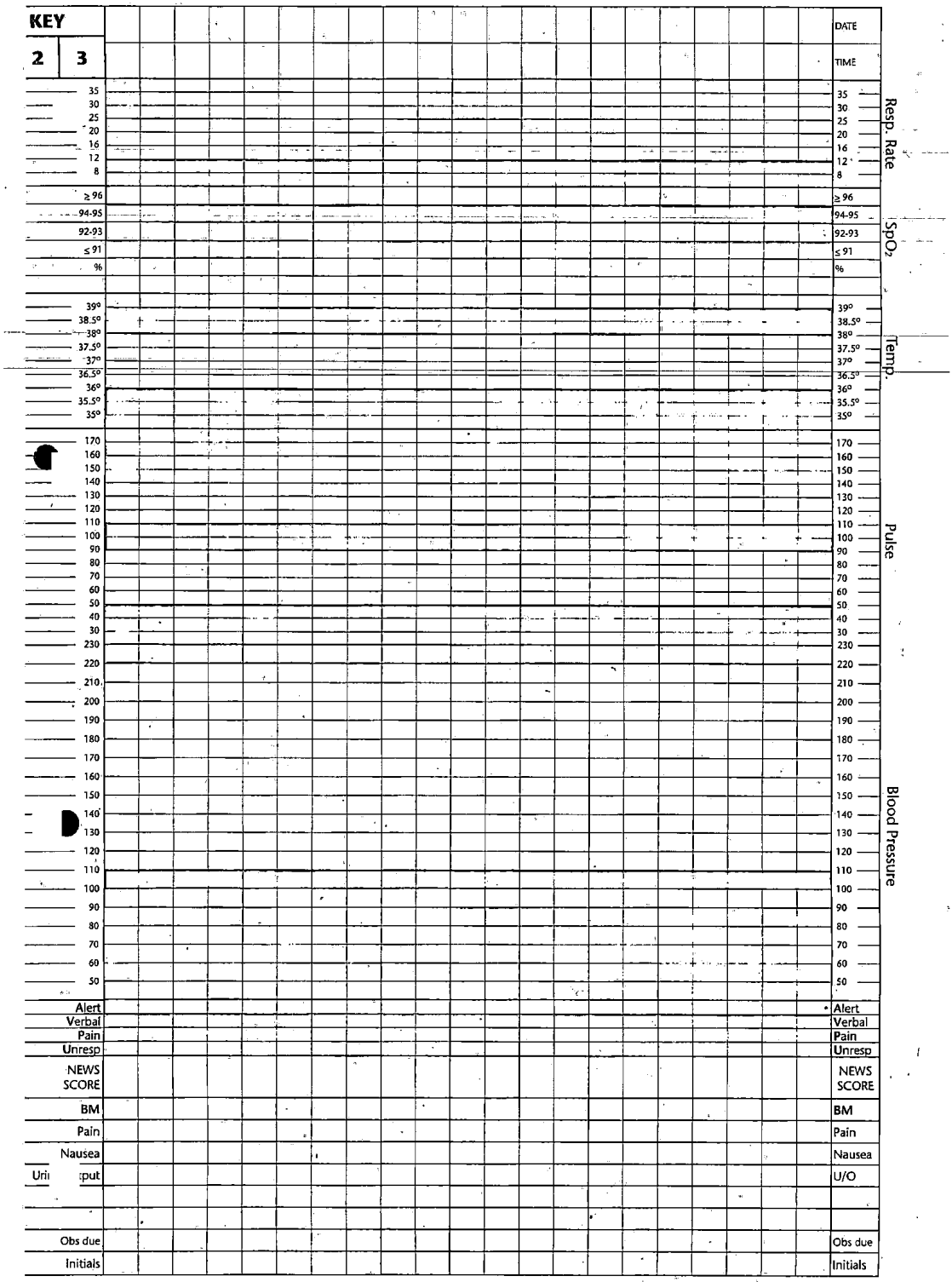
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

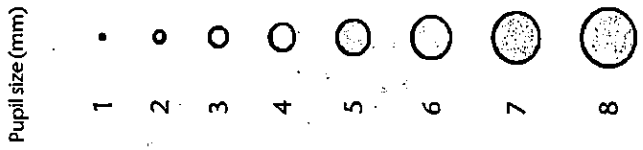
NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

6 DEBORAH SULLIVAN

| | | |


KEY
2
3
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥ 96
94-95
92-93
≤ 91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
Blood Pressure
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Glasgow Coma Scale



0712726128
SULLIVAN
Deborah F
6 Muirhead Court 07/12/1972
Baillieston
Glasgow, Lanarkshire
G69 7EP

Neurological Observations

Date:																									
Time:																									
COMA SCALE	E Eyes open	Spontaneously	4																						Eyes closed by swelling = C
		To speech	3																						
		To pain	2																						
		None	1																						
	V Best Verbal response	Orientated	5																						Endotracheal tube or tracheostomy = T
		Confused	4																						
		Inappropriate words	3																						
		Incomprehensible sounds	2																						
		None	1																						
	M Best motor response	Obeys	6																						Usually record the best arm response
		Localises	5																						
		Flexion - withdrawal	4																						
		Flexion - abnormal	3																						
		Extension to pain	2																						
		None	1																						
		TOTAL SCORE																							
PUPILS	R	Size																							+ reacts – no reaction c. eyes closed
		Reaction																							
	L	Size																							
		Reaction																							
LIMB MOVEMENT	ARMS	Normal power																							Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							
	LEGS	Normal power																							
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting	
0	= None
1	= Mild (*Not distressing – no retching/vomiting*)
2	= Moderate (*Troublesome – occasional retching/vomiting*)
3	= Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Scottish Ambulance Service Patient Report Form

Incident Number	CR003237603 on 29/09/2016 at 01:17		
Callsign		Incident Type	EMG
Crew1	E0006041	Crew3	
Crew2	E9888004	Crew4	

INCIDENT LOG

Incident Location	6 MUIRHEAD COURT BAILLIESTON GLASGOW	Incident Postcode	G69 7EP
Call Received	01:17 - 29/09/2016	Patient at Hospital	
Call Passed	01:20 - 29/09/2016	Patient Handover	
Crew Mobile	01:20 - 29/09/2016	Crew Clear	
Crew at Scene	01:34 - 29/09/2016	Clear Reason	
Crew Left Scene	02:10 - 29/09/2016		
Pre-alert Medical Standby			
Receiving Hospital	GLASGOW ROYAL INFIRMARY		

DIAGNOSIS

Chief Complaint Code	10
Despatch Code	10D04 : Clammy with Chest Pains
Diagnostic Code	10D02 : 10D02 - Difficulty Speaking between Breaths

PATIENT DETAILS

Surname	SULLIVAN		
Forename	DEBBIE		
Middle Initials		Sex	Female
DoB	07/12/1972	Age	43 years 9 months 22 days
Patient Address	AS LOCUS	Patient Postcode	
Patient Telephone		Ethnicity	

PRIMARY SURVEY

AVPU Assessment	Alert
Airway Assessment	Clear
Breathing Rate	Fast
Pulse	Normal
Skin Colour	Normal
Skin Texture	Dry
Capillary Refill Rate	< 2 Secs
CSI Assessment	No Evidence Of C-Spine Injury

VITAL SIGNS

Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
01:30	124	Reg	Alert		167	112			36.9	97		< 2 Secs		1	15	6.6	2		
01:38	115	Reg	Alert		166	112		5.6		97	10		Sinus tachycardia	1	15	6.6	2		
02:10	96	Reg	Alert	19						100	5	< 2 Secs		1	15	4.9	1		

AMPLE

Allergy Type	Antibiotics, PENCILLIN
Previous Medication	LIST WITH PT
Previous Medical History	FIBROMYALGIA, CHRONIC PANCRITIS, GALL BLADDER REMOVED WHEN 21. HX OF ANXIETY ATTACKS
Last Eaten Before Incident	More Than 5 Hours
Events Prior To Incident	WATCHING TV

EYES AND PUPILS

Left Eye		Right Eye	
Left Pupil Size	Normal	Right Pupil Size	Normal
Left Pupil Reaction	Normal	Right Pupil Reaction	Normal
Unequal Reaction To Light			

MEDICINES

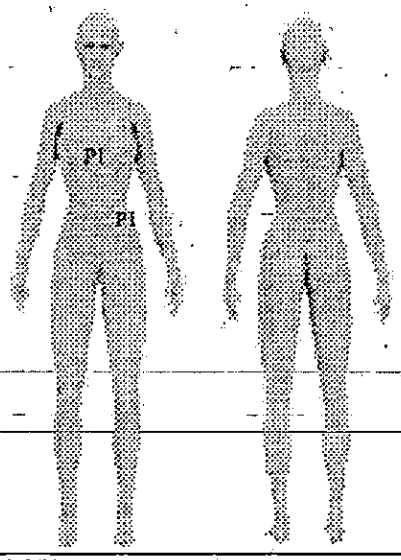
Drug	Time	Dosage	Route	Crew No	Batch/Expiry	Pain Before	Pain After
Entonox	02:05	50 %	Inh	E9888004		10	5

INJURIES

WOUND	W1	Pain Treatment

0712726128
SULLIVAN
Deborah F
6 Muirhead Court 07/12/1972
Baillieston
Glasgow, Lanarkshire
G69 7EP

0712726128
SULLIVAN
Deborah F
6 Muirhead Court 07/12/1972
Baillieston
Glasgow, Lanarkshire
G69 7EP



CHEST PAIN

Patient History	Patient Over 35 Yrs old, Smoker		
Symptoms	Chest Pain		
Time Of Onset	12:45	Physical Activity	No Physical Activity
Activity at time	WATCHING TV		
Pain Location	Central		
Pain Character	Crushing		
Other ECG Details	SINUS TACHYCARDIA		

SEPSIS

Pulse	RR	SYS	Temp	GCS	BG	Pneumonia	UTI	Other infection	Abdo Pain	Diarrhoea	Abdo distension	Meningitis	Cellulitis	Septic arthritis	Wound infection	Infected indwelling device	No signs of infection
124		167	36.9	15		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
115		166		15	5.6	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
95	19					NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

GCS

Time	Eye Opening	Verbal Response	Motor Response	Total
01:30	Spontaneous	Orientated	Obeys Commands	15
01:38	Spontaneous	Orientated	Obeys Commands	15
02:10	Spontaneous	Orientated	Obeys Commands	15

PATIENT SUPPORT

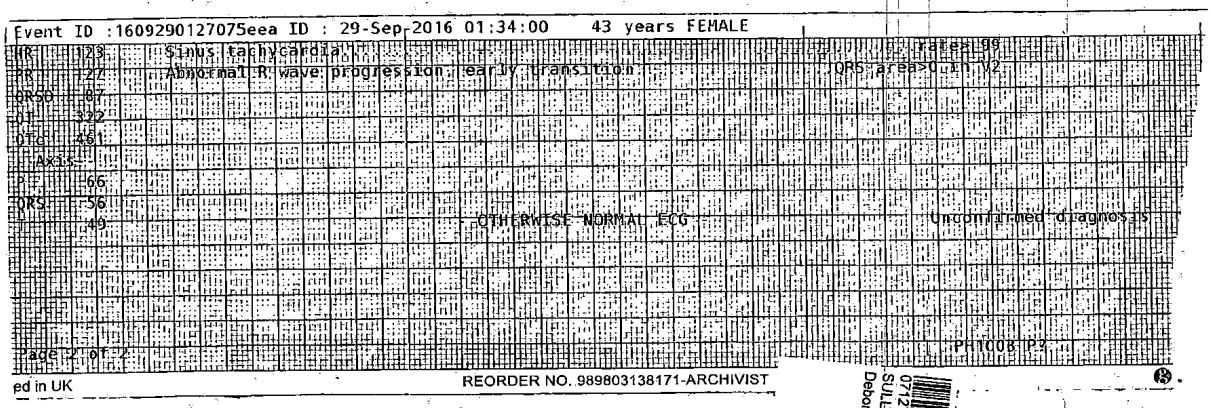
GP Name	DR DOW	GP Practice	BAILIESTON HEALTH CENTRE
Surgery Address		Surgery Postcode	
Next of Kin	KATHLEEN SULIVAN	Next of Kin Telephone	
Next of Kin Address			

ADDITIONAL COMMENTS AND OBSERVATIONS

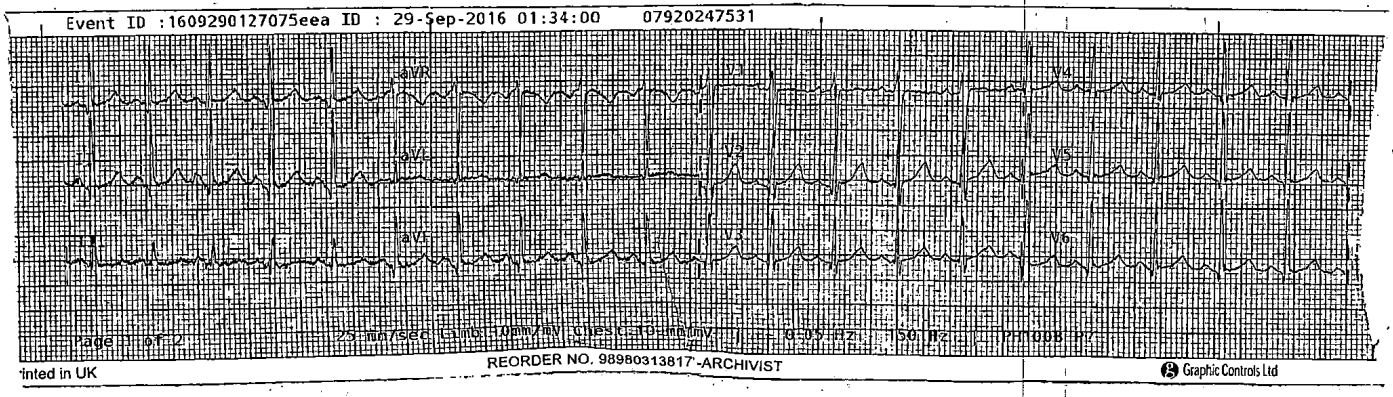
999 CALL TO 43 YOF WITH CHEST PAIN. O/A PRU ON SCENE, PT C/O AT 12.45AM TONIGHT FELT TIGHTENING CENTRAL CHEST AND FELT WAS HYPERVENTILATING. ALSO EARLIER TODAY FELT THAT HER LEGS GAVE WAY A FEW TIMES, HAS EXPERIENCED THIS BEFORE WITH FIBROMYALGIA. PT ALSO C/O PAIN IN STOMACH DUE TO CHRONIC PANCRITIS. PT ADVISED HAS HX OF ANXIETY ATTACKS AND IS CURRENTLY UNDER A LOT OF STRESS DUE TO FAMILY ISSUES. O/E PT HYPERVENTILATING, OBS AS RECORDED, ENTONOX GIVEN FOR PAIN RELIEF. TRANSPORTED TO GRI.

REPORT MANAGEMENT

Report ID	CR003237603-29092016022924		
Software Version	1.0.444	Report Type	Interim



SULLIVAN
Deborah
07/12/1972
F
07127726128


Event ID :1609290127075eea ID : 29-Sep-2016 01:34:00 07920247531
aVR
V1
V4
aVL
V2
V5
aVF
V3
V6
Page of 2
25 mm/sec Limb 10mm/mV Chest 10 mm/mV 0.05 Hz 150 Hz 1mV 008 Hz
Printed in UK
REORDER NO. 98980313817-ARCHIVIST
Graphic Controls Ltd

DEBORAH SULLIVAN

Scottish Ambulance Service

Age/Gender:	53Y, Female	Incident Date:	05/02/2026 13:52:00
DOB:	07/12/1972	ePCR Number:	14-2-050226-135238
Address:	0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW, G34 9JE	Incident Number:	CR012928935
		Incident Type:	EMG
CHI Number:	0712726128	Incident Location:	INTERCOM/ BUZZER ENTRY 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW, G34 9JE
Ethnicity:			

PATIENT INFO

Next Of Kin

Forename:	Robert	Surname:	glass
Telephone Number:	07597389233	Relationship To Patient:	Other

Capacity Assessed

Deemed to have Capacity

Clinical Assessment

Consent Decision:	Consent Gained	Clinical Assessment Explained/Discussed:	Benefits of Assessment Explained, Risks of No Assessment Explained

Treatments

Consent Decision:	Consent Gained	Treatment Explained/Discussed:	Benefits of treatment explained, Risks of No treatment explained

ADDITIONAL COMMENTS

Presenting Complaint:	abdo pain

Timestamp	Additional Comment	Crew Name
05/02/2026 15:00:00	999 to 53yof c/o abdo pain. O/a pt answered door, looks very uncomfortable, teary, no sob/dib, good c[illegible]ur. O/e is as noted, all in safe parameters, unable to [illegible]ck spo2 (faulty) but pt good colour with no breathing concerns. 12 lead ecg nsr. pmhx; HTN, type 2 diabetes, fibromyalgia, PTSD, chronic pancreatitis secondary to gallstones. Social hx. Lives at home alone independently, uses a vape, doesn't drink any alcohol. Pt states pain woke her up this morning approx 7am, upper epigastric radiating through to back and right arm, Sharp in nature, initially 6/10 pain, multiple episodes of vomiting. Pt says feels similar to previous pancreatitis flare ups. Pt called own GP at 0830am who advised to call 999. Pt held off to see if pain passed on it's own. Pt took own pain relief and antisickess but vomited them back up (saw whole tablets). Pain gradually got worse to 10/10 so she called 999. Last vomited at 1pm. No diarrhoea but bowels moved this morning. IV access gained, pt given a total of 10mg morphine, 4mg ondansetron, 1g paracetamol, all IV. Conveyed to GRI for further assessment. Pain score at hosp 6/10.	

ACVPU

Options:	Alert

CATASTROPHIC HAEMORRHAGE

Catastrophic Haemorrhage:	No

AIRWAY

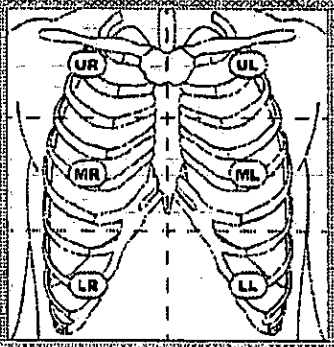
Assessment:	Clear

BREATHING

Breathing Adequately:	Yes	Initial Respiratory Rate:	18
Oxygen Given:	No		

Chest Examination

Anterior

Normal Percussion, Normal Breath Sounds, Normal Air Entry	UR		UL	Normal Percussion, Normal Breath Sounds, Normal Air Entry
Normal Percussion, Normal Breath Sounds, Normal Air Entry	MR		ML	Normal Percussion, Normal Breath Sounds, Normal Air Entry
Normal Percussion, Normal Breath Sounds, Normal Air Entry	LR		LL	Normal Percussion, Normal Breath Sounds, Normal Air Entry

Tension Pneumothorax

Tension Pneumothorax Suspected:	No

CIRCULATION

Pulse Rate:	102	Rhythm:	Reg
Most Distal Pulse Found:	Radial	Cap Refill:	<=2 Secs
Central Peripheral:	Peripheral	Arm:	Right
Systolic Pressure:	154	Diastolic Pressure:	101
ECG:	12 Lead		

Rhythm

Rhythm:	Sinus Rhythm

Skin

Appearance:	Normal	Skin Texture:	Dry
Skin Temperature:	Warm		

IV/IO Access

IV/IO Access:	IV	Left Area:	Forearm

PVC

Ensure That A PVC Is Clinically Indicated For This Patient:	Yes	Hand Hygiene Has Been Performed Immediately Before PVC Insertion Procedure:	Yes
Skin Cleansed With A Single Use Antiseptic Wipe Containing 70% Isopropyl Alcohol & Left To Dry Before Insertion:	Yes	Aseptic Technique Is Maintained Throughout The Insertion Procedure:	Yes
Catheter Site Is Covered With A Sterile Transparent Semi Permeable Dressing, With Time And Date:	Yes		

DISABILITY

Initial GCS:

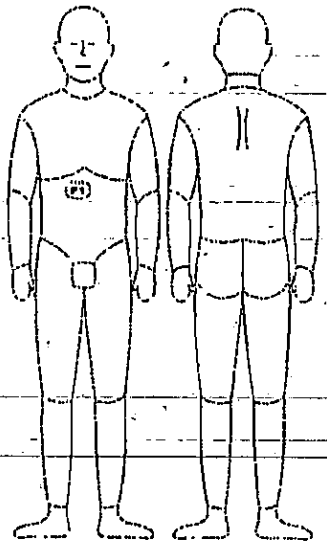
Timestamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
05/02/2026 14:43:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15

Blood Glucose

Blood Sugar Value (MMOL/L):	11.2

EXAMINATION

Assessment Graphic



Pain Table

ID	Pain Scale	Body Part
P1	10	Abdomen

OBSERVATIONS

Observations Assessment

Timestamp	Pulse	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	Temp	BM	ECG	P/L	R	PEF	Crew
05/02/2026 14:09:00	102	18	154/101		<=2 Secs	15	Alert		36.0	11.2	Sinus Rhythm				E9883608
05/02/2026 14:11:00	100	18	158/126		<=2 Secs	15	Alert								E9883608
05/02/2026 14:35:00	99	18	135/86												E9883608
05/02/2026 14:43:00	100	[redacted]	150/90							[redacted]					E9883608
05/02/2026 14:50:00	98	18	138/89												E9883608
05/02/2026 15:02:00	98	16	132/97												E9883608

GCS

Timestamp	[redacted] Value	Eyes Score	Voice Value	Voice Score	[redacted] Value	Motor Score	Final Score
05/02/2026 14:09:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15
05/02/2026 14:11:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15

AMPLE

Drugs: Penecillin

Medication

Medication: will patient

Heart Disease

Disorders: Hypertension

Diabetes

Type: Type 2

Other

Other: chronic pancreatitis (since gallbladder removal), fibromyalgia, PTSD

Last Eaten

Last Eaten: >4 Hours Ago

Events Prior

SOCIAL HISTORY

General Appearance:	Normal

Living Arrangement

Lives Alone:	Yes

Mobility

Patient Mobility:	Fully Mobile

Communication

Communication Requirements:	No Help Required

Clinical Risks

Other Factors:	vape

Environmental Risks

Factors:	None Identified

DRUGS

Drugs Table

Timestamp	Drug	Expiry	Dosage	Quantity	Route	Pain Before	Pain After	Source	Crew
05/02/2026 14:30:00	Morphine	2028-01	2.5 mg	IV	10	10	MANUAL	E9888670	
05/02/2026 14:35:00	Morphine	2028-01	2.5 mg	IV	10	8	MANUAL	E9888670	
05/02/2026 14:43:00	Morphine	2028-01	2.5 mg	IV	10	8	MANUAL	E9888670	
05/02/2026 14:50:00	Morphine	2028-01	2.5 mg	IV	10	8	MANUAL	E9888670	
05/02/2026 14:32:00	Ondansetron	2027-05	4 mg	IV			MANUAL	E9888670	
05/02/2026 14:52:00	Paracetamol	2027-05	1 g	IV			MANUAL	E9888670	

CLOSE REPORT

Clinical Response Feedback

On Scene Clinical Finding:	Non Emergency

CONVEYANCE

Transport To Hospital:	Normal Driving	Pre-Alert:	No

INCIDENT INFORMATION

Dispatch

Dispatch Code:	10D04	Dispatch Description:	Clammy or Cold Sweats with Chest Pains

Incident Log

Status Time	Status	Callsign	Reason	Hospital
13:46:13	Call Received Time	GGE4935		
13:55:19	Mobile	GGE4935		
14:05:15	At Scene	GGE4935		

CREW INFORMATION

Additional Crew

Crew ID	Crew Grade
E9883808	Ambulance Technician (AT)
E9888670	Ambulance Paramedic (AP)

CHI: 0712726128

Glasgow Royal Infirmary

16

Total Att: 72

12 Mth Att: 4

Title: MS

SULLIVAN Deborah

DOB: 07/12/1972 Age: 53y Sex: Female

Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE
07713718392

Next of kin: GLASS, Robert
Relationship: Partner

GP: E Sheppard
0141 531 8150

ECG ✓

Attendance Date: 05/02/2026 Arrival Time: 15:11

Registration Time: 15:11 Date of Incident: 05/02/2026 2 Unable to bleed

Major Incident Desc:

Reason for Attendance: abdo pain - in wagon

Nursing Assessment

Alerts: Not Recorded Allergies: Yes Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 05/02/2026 15:29 Nurse name: Nurse Clare Brown2

RR	19	bpm
Oxygen		%
Air or O2		
SpO2	94	%
HR	94	bpm
BP	123/83	mmHg
CRT		
MAP	96	mmHg
AVPU		
Temp	36.9	C
EWS Total		

BM	11.2	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: CHEST/ABDO PAIN NEWS 2 - pt c/o upper epigastric pain/RUQ pain since this morning. taking own analgesia to no relief. abdo appears distended ++. given IV paracetamol and morphine by sas to some relief. hx chronic pancreatitis, htn, t2dm

0712726128 07/12/1972 SULLIVAN Deborah
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0712726128 07/12/1972 SULLIVAN Deborah

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	Clinical Notes
	Seen By / Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By/
05/2/26	Diamorph	1 mgs	IV	1740		
05/2/26	Ondansetron	4 mgs	IV			
05/2/26	Bucastre	3 mgs	IV	1708		
05/2/26	Diamorph	1 mgs	IV	1855		
05/2/26	Diamorph	1 mgs	IV	20:40		

Temperature Corrected cH(T) results may display incorrect results flags on printouts only, if result reports out with reference range. Please disregard result flag and refer to value.

Printed: 06/02/2026 00:41:47

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 06/02/2026 00:41:35
Sample Type: **Venous**
Account Number:
Clinician:
Operator ID: LORNA CLARKE0

Patient

ID:	0712726128
Last Name:	SULLIVAN
First Name:	DEBORAH
Gender/Age:	Female, 53 years
Birth Date:	07/12/1972

Cartridge

Lot No.:	251103L
S/N:	00000000501330454
Exp. Date:	27/02/2026

Analyzer

Model:	GEM® *Premier 5000*
Area:	GRI
Name:	MINORS
S/N:	17010534

Results

				Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)							
cH		39.2	nmol/L	--	--	--	--
pCO_2		6.2	kPa	--	--	--	--
pO_2		7.8	kPa	--	--	--	--
Na^+		133	mmol/L	--	133	146	--
K^+		3.7	mmol/L	--	3.5	5.3	--
Cl^-		102	mmol/L	--	95	108	--
Ca^{++}		1.15	mmol/L	--	1.15	1.27	--
Glu	↑	7.7	mmol/L	--	3.5	6.0	--
Lac		1.1	mmol/L	--	0.6	2.2	--
CO-Oximetry							
tHb		145	g/L	--	--	--	--
O_2Hb	↓	85.8	%	--	95.0	98.0	--
COHb		1.2	%	--	0.5	1.5	--
MetHb	↓	0.3	%	--	0.5	1.5	--
HHb	↑	12.5	%	--	0.0	5.0	--
sO_2	↓	87.3	%	--	95.0	98.0	--
Derived							
BE(B)		3.7	mmol/L	--	--	--	--
$HCO_3^-(c)$		29.2	mmol/L	--	--	--	--
Hct(c)		44	%	--	--	--	--

↑↓ Outside Reference Range

Other Information

Operator Entered

Temp	37.0	°C

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match	units		
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

Date	Time	Name	Grade	Speciality
05/02/16	6.46 Eday	Capt C	FY2 (GS)	

BG - Previous cholecystectomy, delayed gastric emptying + previous Endoplastic Tendy
Chronic Pancreatitis

Allergic Penicillin
Sensitive opioids

OD$_X$

1 day history epigastric +Rt(R) pain
Radiating into shoulder + back
associated Regurgitation.
bowels okay.
No fevers no Jaundice
passing urine well
abdo Soft Bowel sounds - present

No alcohol
Vapes
No work

1. Impression - Biliary ? retained stone
R/O acute Pancreatitis

Plan 1. bloods 2. IV ondansetron
3. Surgical Referral Po oramorph

Addendum - LFTs okay.
Amylase 428 - suggest acute on
Chronic Pancreatitis - news 2. 1a systolic
Temp 35C. plan 1. continue IV fluids cont surg
2. Pain still ongoing - time sng IV morphine.

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

or affix label

HAEM	DATE or TIME		BIOCH	DATE or TIME			DATE or TIME		V/ABG	DATE or TIME	
WCC			Na			Bil			FiO_2		
Hb			K			ALT			H^+		
Plat			Cl			AST			$PaCO_2$		
Neut			Ur			GGT			PaO_2		
DD			Creat			A phos			Bic		
PT			eGFR			Alb			BE		
PTT			Glu			AdjCa			Lactate		
TT			CRP			Amyl			Ethanol		
INR			Mg			Tropl HS			Para		
			Phos			BHCG			Sal		

Diagnosis and Plan

Review/Discussed with:

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team/ward

mi • 287967 Version 1_0 • GGC0226

Glasgow Royal Infirmary
Department of Surgery

(Part B - Surgical Admission)

NHS
Greater Glasgow and Clyde

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Date & Time 6/7/26 13:00 Consultant Roxburgh Ward 63

Ward Review

Check List

Bloods ☒
BHCG: +ve ☐ -ve ☐ N/A ☐
Urinalysis
ECG ☐
CxR ☐
AxR ☐
VTE prophylaxis ☐
Med Rec ☐
Kardex ☐

53
↑ Sudden Epigastric / RUQ pain at 7am / woke me up from sleep

Severe stabbing radiating to back & Rt shoulder tip.

Associated with vomiting, Denies blood in vomit, ? what she had eaten

Denies heavy meals
Denies change in bowel habit
No urinary symptoms or chest symptoms
Feels hot warm ? fever

PMH Known Pancreatitis
Penicillin allergy + rash ✗
DM on metformin II

previous intentional harm, PTSD
✗ smoke currently Vapes every day
fibromyalgia
fatty liver

O/E: HR 109, sats 92 on air BP 112/70
Apyrexic

RUQ pain, tender, guarding

Ward Review

Patient Name
DoB
Unit Number
or affix label

Amylase 429 normal other bloods including coag & LFTs
CRP 1 WCC 8.8

Imp pancreatitis
Need to exclude other causes of acute abdomen

plan - Urgent CT AP + contrast requested
- IVF resuscitation
- Analgesia
- clear fluids
- Hold off ABx's today
- monitor urine output
- Hepm done

Kodi

WR Roxburgh

6/2
17:45 Severe epigastric pain for 1/7
R/O Assoc vomiting
Pain radiating to back + shoulder.
Pancreatitis diagnosed in 2021 2° to gallstones.
Hasn't drunk alcohol in years.
Imp: flare of pancreatitis
Eat and drink.

Plan 1) IVF
2) Analgesia
3) check lipids, calcium, IgG

BEADLE

PRINT NAME	DESIGNATION
SIGNATURE	DATE & TIME

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics & ENT who have specialty-specific policies]

- **Risk Assessment must be completed for all patients within 24 hours of admission to hospital**
- **Patients must be reassessed every 48-72 hours or sooner if condition changes**
- **Reassessment must be documented in Kardex**
- **Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.**

Pt Addressograph

Operative patients

Non-operative patients

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Yes ☐ No ☐

Does the patient have any risk factors for thrombosis? (tick √ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy or tamoxifen	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Surgical procedure with total anaesthetic/surgical time >90 min, or >60 min if surgery on lower limb or pelvis	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or Inflammatory disease	☐	Acute surgical admission with inflammatory or intra-abdominal condition including Pelvic Inflammatory Disease	☐
Personal history or first degree relative with a history of VTE	☐	Hip fracture	☐
Varicose veins with phlebitis	☐	All gynaecological surgery except uncomplicated gynaecological diagnostic day case procedures	☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- Complete Risk Assessment Result Box.

Yes, 1 or more risk factors identified ☐

No risk factors identified ☐

Indicators of high risk bleeding (tick √ all that apply)

Active bleeding	☐	Lumbar puncture, epidural/spinal anaesthesia • Expected within the next 12 hours • Within the previous 4 hours	☐
Acquired bleeding disorders (e.g. liver failure)	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Concurrent use of other anticoagulants (e.g. warfarin, rivaroxaban, apixaban, edoxaban) is a contra-indication to additional pharmacological thromboprophylaxis	☐		
Acute stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m²: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery, spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- **Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis**
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <50Kg or eGFR <30ml/minute/1.73m² ☐

If weight> 120kg, consider Enoxaparin 40mg bd (see StaffNet Guideline).

Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy	☐
Peripheral arterial disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick √ all that apply

VTE risk factors: YES ☐ NO ☐ Indicators of high risk bleeding: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____

Medicine Reconciliation Form

Source of information: ECS ☐

Patient ☐ Relative/ carer ☐ GP surg ☐ GP computer printout/letter ☐ Patient's own drugs ☐

Other (specify) _____

Admission Medicines (including OTC, herbal, homeopathic)				Plan for medicines (unless indicated to stop or hold medication should be continued on drug kardex)				
Name	Dose	Freq	Route	Amend	withold	Stop	continue	Reason for alteration
Allergies/adverse events								

List obtained by _____ Designation _____

Recently altered/discontinued medicines prior to admission and reasons why _____

_____

Compliance aid? Y ☐ N ☐ Type _____ If, Y Community Pharmacy _____ Phone _____

Senior Medical staff review: Sign _____ Title _____ Date and Time _____

Reviewed by pharmacist _____ Date and Time _____

Comments

Clinical Notes

Patient Name
DoB
Unit Number

or affix label

7/2/26 Wr. DM

am.

Obs stable

no BMs since admission

Admitted ? acute pancreatitis

- awaiting CT (not clear indication doesn't need this needed)

- cont IVF

[signature]
CMS

8/2/26 Wr. DM

am.

Obs ✓.

CRP 15. Pain ongoing

- IVF

- ↑ analgesia

- monitor bowels

[signature]
CMS.

9/2/26 [signature]

0830

57 yo GW pancreatitis, amylase 428.

(N) LFTs CRP 15 WCC 5.3

Primary cholecystectomy.

Plan/

IgG4, triglycerides

Await CT

[signature]

Clinical Notes

Patient Name
DoB
Unit Number

or affix label

10/02/26 08:00 WR Golder
- NEWS 0, apyrexial
- BM < 10
- nil documented urine output last 24 hours
- CRP 15

(P): → a/w CTAP
→ Triglycerides, IgG4 fasted
→ withhold empagliflozin

10/2. R. Morrow

- Mx noted
- ~~AKI~~
- ongoing epigastric pain

(P) CTAP + bloods
OP F/U
F/B

11/2 TEO (KYI).
06[14]
- BF noticed by nursing staff regarding ↑temp 39°C.
↳ given paracetamol.
↳ o/w nursing bloods.
↳ notify day team for cultures as TrakCare under maintenance currently.

KH.

Clinical Notes

Patient Name
DoB
Unit Number
or affix label

11/2/18 Johnstone
0015

CRP 3. LFTs (N)

Temp spike overnight.

Reports feeling slightly sore + cough.

(P): Flu Swab
- MRCP as OP
- Bloods Cultures
- repeat Bloods including Triglycerides

12/2 C. RALSTON CT2

5000

CTAP → PNJ cause for pyrexia

NEWS 3
Pyrexia yesterday
Apyrexia 6hrs

- Prev lymphade
- urine c/s sent ow

(P) Viral screen awaited
(M) ~~Bloods~~ OP MRCP

CMM

Clinical Notes

Patient Name
DoB
Unit Number

or affix label

DEBORAH SULLIVAN

Scottish Ambulance Service

Age/Gender:	52Y, Female	**Incident Date:**	27/10/2025 14:33:00
DOB:	07/12/1972	**ePCR Number:**	90-2-271025-143309
Address:	INTERCOM/ BUZZER ENTRY 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW G34 9JE	**Incident Number:**	CR012583311
		Incident Type:	EMG
CHI Number:	0712726128	**Incident Location:**	INTERCOM/ BUZZER ENTRY 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW, G34 9JE
Ethnicity:	White Scottish		

PATIENT INFO

ADDITIONAL COMMENTS

Presenting Complaint:	ABDO PAIN

Timestamp	Additional Comment	Crew Name
27/10/2025 15:38:00	999 call to 52yoF. O/A pt is alert, breathing adequately and appears well perfused. Pt suffers from pancreatitis and gallstones and this AM began vomiting and developed abdo pain radiating through to her back. Pt states pain feels like it usually does. O/E obs as stated. Pt has vomited throughout the day, no diarrhoea but did move bowels this AM, no urinary changes. Pt describes pain as it comes in waves and is 10/10 at it's worse. Pt has taken own oral Ondansetron to good effect and own Co-Drydamol throughout the day. Crew attempt IV cannulation but unsuccessful and administer 5mg morphine IM. . Pmhx - pancreatitis, gallstones, T1DM, hypertension and PTSD. Allergy to Penicillin. Shx - pt independent and fully mobile. Conveyed to GRI ED.	

ACVPU

Options:	Alert

CATASTROPHIC HAEMORRHAGE

Catastrophic Haemorrhage:	No

AIRWAY

Assessment:	Clear

BREATHING

Breathing Adequately:	Yes	**Initial Respiratory Rate:**	17
Initial SpO2:	97	**Initial SpO2 On Air:**	Yes
Oxygen Given:	No		

CIRCULATION

Pulse Rate:	94	**Most Distal Pulse Found:**	Radial
Cap Refill:	<=2 Secs	**Systolic Pressure:**	112
Diastolic Pressure:	67		

DISABILITY

Initial GCS:

Timestamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
27/10/2025 15:29:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15

Blood Glucose

Blood Sugar Value (MMOL/L):	10.

OBSERVATIONS

Observations Assessment

Timestamp	Pulse	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	Temp	BM	ECG	P(L | R)	PEF	Crew
27/10/2025 15:15	94	17	112/67	97	<=2 Secs	15	Alert		35.9	10.				E9880977
27/10/2025 15:25	99	16	110/72	98	<=2 Secs	15	Alert							E9880977

GCS

Timestamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
27/10/2025 15:15	Spontaneously	4	Orientated	5	Obeys Commands	6	15
27/10/2025 15:25	Spontaneously	4	Orientated	5	Obeys Commands	6	15

NEWS Score

Timestamp	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
27/10/2025 15:16	17 (0)	97 (0)	-	0	112 (0)	94 (1)	Alert (0)	35.9 (1)	2

AMPLE

Drugs:	penicillin

Medication

Medication:	as per ecs

Heart Disease

Disorders:	Hypertension

Other

Other:	pancreatitis, gallstones, T1DM, fibromyalgia and PTSD

Last Eaten

Last Eaten:	>4 Hours Ago

SOCIAL HISTORY

General Appearance:	Normal

Living Arrangement

Lives Alone:	Yes

Mobility

Patient Mobility:	Fully Mobile

Communication

Communication Requirements:	No Help Required

Clinical Risks

Factors:	None Identified

Environmental Risks

Factors:	None Identified

DRUGS

Drugs Table

Timestamp	Drug	Expiry	Quantity	Route	Pain Before	Pain After	Source	Crew
27/10/2025 17:06	Morphine	10/2027	5 mg	IM			MANUAL	E9880977

CLOSE REPORT

Clinical Response Feedback

On-Scene Clinical Findings	Non Emergency

CONVEYANCE

Transport To Hospital	Normal Driving	**Pre-Alert**	No
Destination Hospital		GLASGOW ROYAL INFIRMARY	

INCIDENT INFORMATION

Dispatch

Dispatch Code	10D04	**Dispatch Description**	Clammy or Cold Sweats with Chest Pains

CHI: 0712726128

Glasgow Royal Infirmary

Total Att: 71

12 Mth Att: 5

Title: MS

SULLIVAN — Deborah

DOB: 07/12/1972 — Age: 52y — Sex: Female

Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE
07713718392

Next of kin: GLASS, Robert
Relationship: Partner

GP: E Sheppard
0141 531 8150

Attendance Date: 27/10/2025 Arrival Time: 15:46

Registration Time: 15:46 Date of Incident: 27/10/2025

Major Incident Desc:

Reason for Attendance: ABDO PAIN

Nursing Assessment

Alerts: Not Recorded Allergies: Yes Pain Score: 9

Triage Category: 3 Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 27/10/2025 17:19 Nurse name: Nurse Catriona McQuade

Temp	36.5	C
HR	92	bpm
BP	117/96	mmHg
MAP	103.00	mmHg
RR	15	bpm
SpO2	94	%
Oxygen		%

BM	10.0 SAS	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: ABDO PAIN. News 2. BIBA. 06-00 sudden onset central abdo pain radiating through to back. vomiting. no relief from own antiemetic/ analgesia. 5mg IM morphine with SAS. pain score 9/10 at present. pmh: pancreatitis, gallstones, T1DM, HTN, fibromyalgia

0712726128 07/12/1972 SULLIVAN Deborah
0712726128 07/12/1972 SULLIVAN Deborah
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0712726128 07/12/1972 SULLIVAN Deborah
0712726128 07/12/1972 SULLIVAN Deborah

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	Clinical Notes		
	Seen By	Time Seen	

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

0712726128
SULLIVAN
Deborah F
07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match	units		
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

Date 27/10 Time 21:37 Name [illegible] Grade ST1 Speciality ED.

PC - Abdo pain.

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

or affix label

HAEM	DATE or TIME		BIOCH	DATE or TIME			DATE or TIME		V/ABG	DATE or TIME	
WCC			Na			Bil			FiO_2		
Hb			K			ALT			H^+		
Plat			Cl			AST			$PaCO_2$		
Neut			Ur			GGT			PaO_2		
DD			Creat			A phos			Bic		
PT			eGFR			Alb			BE		
PTT			Glu			AdjCa			Lactate		
TT			CRP			Amyl			Ethanol		
INR			Mg			Tropl HS			Para		
			Phos			BHCG			Sal		

Diagnosis and Plan

Review/Discussed with:

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team/ward

mi • 287967 Version 1_0 • GGC0226

Glasgow Royal Infirmary
Department of Surgery

(Part B - Surgical Admission)

NHS
Greater Glasgow and Clyde

Deborah Sullivan.
DoB 07/12/26128
or affix label

Date & Time 28/10/15 06 15 Consultant QUINN Ward A+E

Ward Review

Check List

Bloods ☑
BHCG: +ve ☐ -ve ☐ N/A ☐
Urinalysis
ECG ☐
CxR ☐
AxR ☐
VTE prophylaxis ☐
Med Rec ☐
Kardex ☐

52 F. • Allergy to penicillin •

PMHx:
- Acute/chronic pancreatitis
- Delayed gastric emptying
- Hypertension
- GORD
- Fibromyalgia
- T2DM
- Obesity

- Prev cholecystectomy 1996
- Prev Nissen Fundoplication 2004
- OGD Sep 15: ?delayed gastric emptying.

Hx: 1/7 nausea + vomiting bile
Some relief initially vomiting
Feeling bloated
Upper abdo pain radiating through to back: sharp
Assoc. w/ dyspepsia.
Bowels ⊗ ☹Urinary Sx ☹PV Sx ☹Cardioresp Sx
Subjective fever yesterday; nil recorded

Bloods: WCC 7.7
CRP 2
Alb 69
Bil 9
AST 105
ALT 67
ALP 112
eGFR >60
Lact 1.7.

O/E/ NEWS = 2 RR 95 Sats 95 RA.
Upper abdo/RUQ tenderness
Rest of abdo soft.

PMH CT Mar 15 noted.
Abdo note multiple Ix for similar Sx — inc PET/technetium scans ?NET: all NAD. No evidence of pancreatitis on imaging, amylase never >150

Imp/ ? Gastritis 2° delayed gastric emptying
? Fibromyalgia
Biochemically no evidence of pancreatitis →

Ward Review

Patient Name
DoB
Unit Number

or affix label

Plan/ 1) IV PPI
2) IVF
3) Anti-emetic: metoclopramide.
4) If not settling – CTAP (?)
5) ? OP faecal elastase to assess pancreatic function
6) Aim (H) in 24-48hrs if Sx improving.

#15965

28/10/25 STT okay.

Pt still in corridor.

still sore + nausea.
no blood since AM

Plan – upper bowel scope
– CT if still sore.

29/10/25 NR Ward.

feeling better this AM.
Pain settled.
Mild nausea.

On clear fluids.

Plan – keen to go home
– (H) today
OP USS.
GP to review

Name

PRINT NAME	DESIGNATION
SIGNATURE	DATE & TIME

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics & ENT who have specialty-specific policies]

NHS Greater Glasgow and Clyde

- **Risk Assessment must be completed for all patients within 24 hours of admission to hospital**
- **Patients must be reassessed every 48-72 hours or sooner if condition changes**
- **Reassessment must be documented in Kardex**
- **Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.**

Pt Addressograph

Operative patients

Non-operative patients

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Yes ☐ No ☐

Does the patient have any risk factors for thrombosis? (tick √ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy or tamoxifen	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Surgical procedure with total anaesthetic/surgical time >90 min, or >60 min if surgery on lower limb or pelvis	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or Inflammatory disease	☐	Acute surgical admission with inflammatory or intra-abdominal condition including Pelvic Inflammatory Disease	☐
Personal history or first degree relative with a history of VTE	☐	Hip fracture	☐
Varicose veins with phlebitis	☐	All gynaecological surgery except uncomplicated gynaecological diagnostic day case procedures	☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- Complete Risk Assessment Result Box.

Yes, 1 or more risk factors identified ☐

No risk factors identified ☐

Indicators of high risk bleeding (tick √ all that apply)

Active bleeding	☐	Lumbar puncture, epidural/spinal anaesthesia • Expected within the next 12 hours • Within the previous 4 hours	☐
Acquired bleeding disorders (e.g. liver failure)	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Concurrent use of other anticoagulants (e.g. warfarin, rivaroxaban, apixaban, edoxaban) is a contra-indication to additional pharmacological thromboprophylaxis	☐		
Acute stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m²: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery, spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <50Kg or eGFR <30ml/minute/1.73m² ☐

If weight> 120kg, consider Enoxaparin 40mg bd (see StaffNet Guideline).

Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy	☐
Peripheral arterial disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick √ all that apply

VTE risk factors: YES ☐ NO ☐ Indicators of high risk bleeding: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____

Medicine Reconciliation Form

Source of information: ECS ☐

Patient ☐ Relative/ carer ☐ GP surg ☐ GP computer printout/letter ☐ Patient's own drugs ☐

Other (specify) _____

Patient Name	
DoB	
Unit Number	
Ward/Unit	

Admission Medicines (including OTC, herbal, homeopathic)				Plan for medicines (unless indicated to stop or hold medication should be continued on drug kardex)				
Name	Dose	Freq	Route	Amend	withhold	Stop	continue	Reason for alteration
Allergies/adverse events								

List obtained by _____ Designation _____

Recently altered/discontinued medicines prior to admission and reasons why _____

_____

Compliance aid? Y ☐ N ☐ Type _____ If, Y Community Pharmacy _____ Phone _____

Senior Medical staff review: Sign _____ Title _____ Date and Time _____

Reviewed by pharmacist _____ Date and Time _____

Comments

Clinical Notes

Patient Name
DoB
Unit Number

or affix label

Clinical Notes

Patient Name
DoB
Unit Number

or affix label

Clinical Notes

Patient Name
DoB
Unit Number

or affix label

Clinical Notes

Patient Name
DoB
Unit Number

or affix label

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✔ appropriate directorate

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Date & Time	Med. Holding **ED Patient Handover Review**	Signature, Print Name & Designation
28/10/25		
	Patient name: D. Sullivan Dr taking over: Surgeon.	@ 17hours in ARC.
	CHI: 0712726128 Date and time: 28/10/25 0830	
	☑ NEWS Score trend - 2 (sats 95% on 96bpm) ☑ Ceiling of treatment discussed: Full.	
	☑ End of bed assessment ☐ DNACPR in place	
	☑ Prescription of: ☐ TEP completed	
	☐ Ongoing treatment ☑ IV PPI ☑ antiemetic ☑ analgesia ☑ Alternatives to admission considered	
	☑ IVF therapy ☑ Regular meds ☑ SBAR /	
	☐ Outstanding investigations ↳ consider CT. Bed request status	
	☑ Clinician details updated on Trakcare	
	→ surgical admit (MI assessed)	
	Handover from Dr K. Watson, with thanks.	
	re: abdominal pain with new transaminitis	
	for surgical admission.	
	To r/v ~~surgical~~ notes, surgical team:	
	① have kindly reviewed: imp ?gastritis ?h/no.	
	② PPI; antiemetic & IVF charted & advised.	
	③ To consider CT if abdominal pain not improving	
	- To review NEWS 2: sats 95% RA, pulse 96bpm.	
	Reports pain improved but ongoing RUQ	18u Humulin breakfast. I
	Reports nausea improved	
	Denies any further acute concerns.	
	O/E - A - patent	
	B - [illegible]	
	C - HS pre phone stung	
	D - GCS 15	
	E - (4/5) pain palpation RUQ / epigastric →	

Date & Time	A&E Handover Review	Signature, Print Name & Designation
↳	Plan:	
28/10/25	↳ ~~confirm~~ IVF	
	↳ analgesia charted PRN	
	↳ regular medications inc. insulin ~~to~~ be charted: usual dose.	
	↳ pending surgical ~~admit~~.	Surgeon ENT.

DEBORAH SULLIVAN

Scottish Ambulance Service

Age/Gender:	52 Years, 8 Months, 14 Days, Female	Incident Date:	21/08/2025 15:35:00
DOB:	07/12/1972	ePCR Number:	7-2-210825-153523
Address:	0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW G34 9JE	Incident Number:	CR012361647
		Incident Type:	EMG
CHI Number:	-	Incident Location:	INTERCOM/ BUZZER ENTRY 0/1 8 BOYNDIE STREET EASTERHOUSE GLASGOW, G34 9JE
Ethnicity:	White Scottish		

PATIENT INFO

Capacity Assessed

	Deemed to have Capacity

Clinical Assessment

Consent Decision:	Consent Gained	Clinical Assessment Explained/Discussed:	Benefits of Assessment Explained

Treatments

Consent Decision:	Consent Gained	Treatment Explained/Discussed:	Benefits of treatment explained

ADDITIONAL COMMENTS

Presenting Complaint:	chronic pancreatitis

Timestamp	Additional Comment	Crew Name
21/08/2025 17:10:00	o/a: pt alert and orientated, c/o; severe central to right sided abdo pain. abdo tender to palpate and soft. last bowel movement yesterday. Pain radiates to back and right shoulder and increasing from onset. nausea and vomiting a few hours from onset time of 6am.Last flair up 1year ago. pru 4713 attended, gave drugs that are recorded and travelled with pt to hospital.	

ACVPU

Options:	Alert

CATASTROPHIC HAEMORRHAGE

Catastrophic Haemorrhage:	No

AIRWAY

Assessment:	Clear

BREATHING

Breathing Adequately:	Yes	Initial Respiratory Rate:	18
Initial SpO2:	98	Initial SpO2 On Air:	Yes
Oxygen Given:		No	

CIRCULATION

Pulse Rate:	95	Rhythm:	Reg
Most Distal Pulse Found:	Radial	Cap Refill:	<=2 Secs
Central Peripheral:	Peripheral	Arm:	Right
Systolic Pressure:	123	Diastolic Pressure:	86
ECG:		3 Lead	

Rhythm

Rhythm:	Sinus Rhythm

Skin

Appearance:	Normal	Skin Texture:	Dry
Skin Temperature:		Warm	

DISABILITY

Medication

Medication:	**with pt**

Diabetes

Type:	**Type 1**

Other

Other:	**had gallbladder removed 30 years agopancritits,fibronuralga,**

Last Eaten

Last Eaten:	**>4 Hours Ago**

Events Prior

Events Prior:	**pt woke at 6am with severe abdo pain, she started vomiting a few hours latter and pain has just increased since then,unable to keep meds down. Pt had called her GP who called an ambulance.**

ADDITIONAL RESOURCES

Resources:	**Ambulance Paramedic, Ambulance Technician**

DRUGS

Drugs Table

Timestamp	Drug	Expiry	Quantity	Route	Pain Before	Pain After	Source	Crew
21/08/2025 16:23	Ondansetron		4 mg	IV			MANUAL	E9881816
21/08/2025 16:28	Morphine	10/2027	10 mg	IV	9	7	MANUAL	E9881816

CLOSE REPORT

Clinical Response Feedback

On-Scene Clinical Findings	**Non Emergency**

CONVEYANCE

Transport To Hospital	**Normal Driving**	**Pre-Alert**	**No**
Destination Hospital	**GLASGOW ROYAL INFIRMARY**	**Patient Accompanied By**	**pru 4713**

INCIDENT INFORMATION

Dispatch

Dispatch Code	**10D04**	**Dispatch Description**	**Clammy or Cold Sweats with Chest Pains**

Incident Log

Status Time	Status	Callsign	Reason	Hospital
15:32:41	Call Received Time	PAI4203		
15:32:41	Call Received Time	GGE4713		
15:32:41	Call Received Time	GGE5560		
15:36:53	Mobile	PAI4203		
15:53:20	Mobile	GGE4713		
16:04:18	At Scene	GGE4713		
16:14:30	Mobile	GGE5560		
16:26:40	At Scene	GGE5560		
16:50:14	Leave Scene	GGE5560		GLASGOW ROYAL INFIRMARY
16:50:51	Leave Scene	GGE4713		GLASGOW ROYAL INFIRMARY

CREW INFORMATION