NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr A Hayee
Brunton Place Surgery
9 Brunton Place
Edinburgh
EH7 5EG

Date: 06/11/2014

Emergency Discharge Summary

Patient	Colin Day 21/7 Elgin Street Edinburgh EH7 5NH	**CHI**	**2704610150**
		Date of Birth / Age	27/04/1961 (53 years)
		UHPI	700793490X
		A&E Attendance Number	E2854412
Attendance Date	05/11/2014		
Attendance Time	16:31		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	05/11/2014		
Discharge To			

Dear Dr A Hayee

Presentation: RTC - neck pain

Clinical note: yr old M c/o neck pain after RTA. On bypass at 55mph when driver behind fell asleep at wheel with cruise control on. ? hit at 70mph however a slow decent in speed post injury. The surprising thing is My Day admits to not wearing a seatbelt as he believes a Dr told hijm not to after the last crash he had. The airbag deployed in the rear car. Denies any other pain.

PMH: Back pain
DH: analgesia unsure what
NKDA

O/E of Neck: Normal appearence. No C-spine pain with FRONM. Mild pain over R trapezius. No neurology. FROM in both arms. No chest wall pain. Bilat AE/expansion. Abdo SNT.
Normal gait. No sign of HI.

Obs: &.9, P 99, BP 172/110, RR 18, SA02 98%oa

Imp: Neck STI

plan: rest, heat, gentle mob, Gp if concerned

Yours Sincerely,

Kevin Baker, Nurse Practitioner

NHS Lothian
University Hospital Services
Department of Emergency Medicine

LHB 925

Clinical Director Dr. D.Caesar
Clinical Nurse Manager Mr. Chris Connolly
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

A/E no. E2854412
Previous no.
UHPI no. 700793490X
CHI no. 2704610150

PATIENT INFORMATION

Surname Day
Forenames Colin
Date of Birth 27/04/1961
Age 53 yrs Sex M
Address 21/7 Elgin Street
Edinburgh
Postcode EH7 5NH
Telephone
Contact Address
Telephone H
W
Complaint RTC - neck pain
Allergies
Attendances in last 12 months: 0
School:

General Practitioner

A Hayee
Address
Brunton Place Surgery
9 Brunton Place
EH7 5EG
Telephone 0131 557 5545

Date and Time of Attendance
05/11/2014 16:31
Incident Date & Time: 05/11/2014
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

TRIAGE

Presenting Complaint: RTC This morning @around 0620
History of Presenting Complaint: Driver of Van on A1 ~~HIT from behind~~ 55-60MPH HIT from behind WITH smaller Van going 70MPH. now complains of pain down (R) side of NECK, shoulder lower back (R) knee
Assessment:

OBSERVATIONS

Temp	Pulse Rate	BP /	RR	Sats % O_2/air	BM	PF best	Alcometer	GCS	SEWS
37.9	99	172/110	18	98 RA				/15 e__v__m__	

? SEPSIS, temp >383 or <36 ☐ HR > 90 ☐ RR > 20 ☐ BM > 7 (+ not diabetic) ☐ age > 70 ☐ signs of infection ☐

> 2 THINK SEPSIS AND TRIAGE UP Y / N

PAIN SCORE ___/10 Analgesia ☐ Time _____

FAST Stroke Test + / − *(circle)* Onset Time: _____

Triaged no.: 1 2 3 (4) 7 *(circle)* Triaged to: HD / IC / (exam) / WR / GP *(circle)* Senior Doctor Informed? Y / N time_____

INTERVENTIONS & INVESTIGATIONS

Peripheral Venous Cannula Insertion *Complete all sections*
Date: ..... Time:.....

Size		Position		Standard technique	
Blue	☐	LEFT	☐	Handwash	☐
Pink	☐	RIGHT	☐	Gloves	☐
Green	☐	Hand	☐	CHD skin prep	☐
Orange	☐	Forearm	☐	Aseptic Insertion	☐
Brown	☐	ACF	☐	Needle free port	☐
Grey	☐	Foot	☐	Dressing labelled	☐

Operator Signature: .....

BLOODS Routine ☐ Troponin ☐ Amylase ☐
(Trop due_____)
TOX ☐ Other ☐ _____
(time of OD_____)
BTS ☐ SENT ☐

ECG Required ☐ Done ☐ Time_____ **X-RAYS** CXR ☐ Other ☐ _____

URINALYSIS Required ☐ Done ☐ HCG: + / − *(circle)* MSU Sent: Y / N

BED REQUIRED YES / NO *(circle)*

Speciality Informed ☐ Time_____

Time of Triage: 1740

Triaged by: *(sign)* KPanol

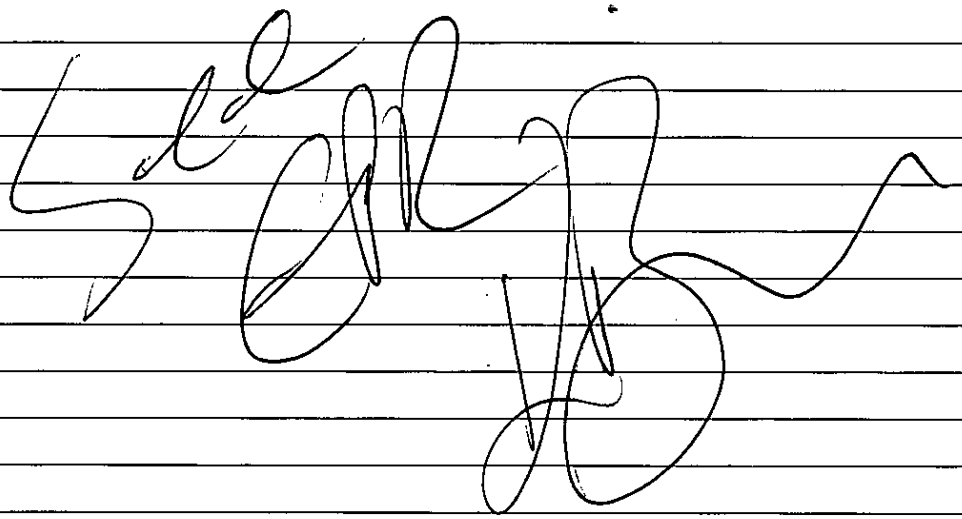
(print) KPANOL

Care Provider: *(print)* .....

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐



Care Providers Name:..... Signature:.....

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr H Syme
Brunton Place Surgery
9 Brunton Place
Edinburgh
EH7 5EG

Date: 26/02/2020

Emergency Discharge Summary

Patient	Colin Day 41/1 BUCHANAN STREET Edinburgh EH6 8RB	**CHI**	**2704610150**
		Date of Birth / Age	27/04/1961 (58 years)
		UHPI	700793490X
		A&E Attendance Number	E4405869
Attendance Date	25/02/2020	**Contact**	Day Mrs 41/1 BUCHANAN STREET Edinburgh EH6 8RB 07873109805
Attendance Time	13:54		
Mode of Arrival	Private Transport		
Source of Referral	General Practitioner		
Discharge Date	25/02/2020		
Discharge To			

Dear Dr H Syme

Presentation: Leg pain - see gp referal

PAA DISCHARGE COMMUNICATION

Diagnosis: Gout

Admitted with acute swelling and pain of Rt great MP joint.
XR ok
imp: gout

discharged with analgaesia and worsening advice. To see GP regarding long term prophylaxis of future episodes.

Regards
Acute Medicine RIE

Change to medication:
STOP (reason & duration):
START (reason & duration): diclofenact 7/7
CHANGE to dose (reason):

Hospital follow up: nil

Action plan for GP (Do not ask GP to chase results): nil

THE ABOVE INFORMATION MUST BE EXPLAINED TO THE PATIENT BEFORE DISCHARGE

DETAILS OF CLINICAL ASSESSMENT FOR GP AVAILABLE BELOW

PAA CLINICAL ASSESSMENT

PC: Rt foot pain

HPC:
-3/7 of Rt foot pain.
-No hx of injury/strain, foor just became painful.
-States feet are "always hot " and that because of this he sleeps with the covers off his feet. However they are not usually painful or swollen
-For past 3 days Rt foot around first MP joint has become erythematous, swollen and exquistely painful-has not been able to weight bear and has not been able to tolerate anything touching it including duvet/shoes ETC
-Feeling well in himself otherwise no systemic upset. No fevers/sweats/malaise
-No recent weight loss
-No SOB/cough/palpatations. No syncope. No GI/urinary upset.
-Has recently been told by GP that he is "borderline" for T2DM and as such he has moved in with his sister. He describes his lifestyle as poor-living off only takeaways and doing no excersise. His sister is helping him to eat more healthily and take excersise such as walks.

Background:
Depression
Leg cramp
unsure of other PMH "on heart pills"

Medications:
Quinine, CoCodamol, amitriptyline, ISMN, fluoxetine, simvastatin, aspirin

Drug allergies:
NKDA

Social:
Has own place but currenty living with sister
Stopped smoking over 20 yrs ago
Seldom drinks

Temp 37.5
SEWS
A - Patent
B - chest clear sats 95 on RA
C - pulse reg HR 105 HS pure WWP calves snt CRT <2s no peripheral oedema bilat foot pulses present
D -alert and orientated
E -abdo SNT
Swelling and erythema over 1st MP joint Rt foot and rest of anterior aspect of foot

Investigation results:
WCC/neut raised
foot XR-normal
ECG-sinus tachy rate 99

Diagnosis:
Gout

Treatment and management plan:
analgaesia H with discharge advice.

Foor XR discussed with ortho on call who are happy it is normal

Above plan discussed with Dr Thethy cons

Assessed by (name, seniority): Eleanor Breathnach Clinical fellow

Consultant: Dr Thethy
Contact number: 21130
Email inquiries to RIEacutemedicine@nhslothian.scot.nhs.uk

Yours Sincerely,

Eleanor N Breathnach, Doctor

NHS LOTHIAN
Emergency Department

NHS Lothian

Adult Majors
Prescription, Administration & Observation Record

700793490X/E4405869 M 27/04/1961
Day, Colin
41/1 BUCHANAN STREET,
Edinburgh,
EH6 8RB

CHI 2704610150
70268 H Syme

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions		Weight kgs Actual / Estimate	Date
	NKDA		25/02/20

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
25.2	1530	Diclofenac	50mg	PO		1620	TC.	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)
25.2 1700	Diclofenac	50mg	TDS	PO	28	7/7	Breathnach		

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3		Date: 25/2																			
		Time: 1500																			
A+B Respirations Breaths/min	≥25									3											
	21-24									2											
	18-20																				
	15-17	16																			
	12-14																				
	9-11									1											
	≤8									3											
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96																				
	94-95	95								1											
	92-93									2											
	≤91									3											
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg in hypercapnic respiratory failure * **ONLY** use Scale 2 under the direction of a qualified clinician	≥97 on O_2									3											
	95-96 on O_2									2											
	93-94 on O_2									1											
	≥93 on air																				
	88-92																				
	86-87									1											
Tick box if using SpO_2 Scale 2	84-85									2											
Sign:	≤83									3											
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A																			
	O^2 L/min or %									2											
	Device																				
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220									3											
	201-219																				
	181-200																				
	161-180	154																			
	141-160	↑																			
	121-140																				
	111-120																				
	101-110									1											
	91-100									2											
	81-90	89								3											
	71-80	↓																			
	61-70																				
	51-60																				
	≤50																				
C Pulse Beats/min Manual pulse	≥131									3											
	121-130									2											
	111-120																				
	101-110	105								1											
	91-100																				
	81-90																				
	71-80																				
	61-70																				
	51-60																				
	41-50									1											
	31-40									3											
	≤30																				
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A																			
	New Confusion									3											
	V																				
	P																				
	U																				
E Temperature °C	≥39.1°									2											
	38.1-39.0°									1											
	37.1-38.0°	37.5																			
	36.1-37.0°																				
	35.1-36.0°									1											
	≤35.0°									3											
NEWS TOTAL		2																			
Monitoring frequency																					
Escalation of care Y/N																					
Blood Glucose reading or N/A																					
Pain score (0-10)																					
Initials		CG																			

NEWS of 5 or more?
Think Sepsis!

In a patient with a **NEWS of 5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter *	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Special Instructions		

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

		Date	
		Time	
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4
		To speech	3
		To pain	2
		None	1
	Best Verbal Response	Orientated	5
		Confused	4
		Inappropriate words	3
		Incomprehensible sounds	2
		None	1
	Best Motor Response	Obey commands	6
		Localise to pain	5
		Flexion to pain	4
		Abnormal flexion	3
		Extension to pain	2
		None	1
		Total GCS Score	
Right Pupil		Size	
		Reaction	
Left Pupil		Size	
		Reaction	
LIMB MOVEMENT	ARMS	Normal power	
		Mild weakness	
		Severe weakness	
		Extension	
		No response	
	LEGS	Normal power	
		Mild weakness	
		Severe weakness	
		Extension	
		No response	
		Initials	

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Always record the best arm response

+ reacts
- no reaction
c. eye closed

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

Pupil Scale mm 1 2 3 4 5 6 7 8

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	**IV Line(s)**	**Oral Input**		**Input**		**Urine**		**Gastric**	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. Sara Robinson
Clinical Nurse Manager Mr. Chris Connolly
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

PLOT1371
A/E no. E4405869
Previous no. E2854412
UHPI no. 700793490X
CHI no. 2704610150

PATIENT INFORMATION

Surname Day
Forenames Colin
Date of Birth 27/04/1961
Age 58 Yrs Sex M

Address 41/1 BUCHANAN STREET
Edinburgh

Postcode EH6 8RB
Telephone 07873109805

Contact Day, Mrs
Address 41/1 BUCHANAN STREET
Edinburgh
EH6 8RB
Telephone H07873109805
W

Complaint Leg pain - see gp referal
Allergies

Attendances in last 12 months: 0
School:

General Practitioner

H Syme
Address
Brunton Place Surgery
9 Brunton Place
EH7 5EG
Telephone 0131 557 5545

Date and Time of Attendance
25/02/2020 13:54
Incident Date & Time: 25/02/2020
Mode of Arrival
Private Transport
Source of Referral
General Practitioner

INITIAL ASSESSMENT

Presenting Complaint (R) foot pain - worsening over 3 days.

History of PC

Assessment

PAIN SCORE	/ 10	ANALGESIA PRESCRIBED	YES NO	FAST	+ / -	ONSET TIME	:

Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
37.5c	105	154/89	16	95 %	A	2			

Frequency of Observations (Please Tick)		Cardiac Monitoring (Please circle)	SPEICAL INSTRUCTIONS
Hourly		YES	
30 Minutes minimum			
15 Minutes minimum		NO	
10 Minutes minimum			

TRIAGED BY (SIGN) S. Ask
TRIAGED BY (PRINT) S. ASKHAM

PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)

DATE :		TIME :		STANDARD TECNNIQUE	
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES
GREEN	ORANGE	HAND	FOREARM	CHD SKIN PREP	ASEPTIC INSERTION
BROWN	GREY	ACF	FOOT	DRESSING LABELLED	
OPERATOR SIGNATURE					

BLOOOS (Please tick)

ROUTINE		CRP	
TROPONIN		COAG	
AMYLASE		TOX SCREEN	
BTS		OTHER	

ADDITIONAL INVESTIGATIONS (Please indicate all that applies)

ECG	REQD	DONE	TIME DONE		X-RAYS CXR		OTHER	
URINALYSIS	REQD	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO	POS / NEG

ON-GOING CARE PLAN

SPECIALTY INFORMED	SURG	VASC	MEDICS	ORTHO	G.I	STROKE	GYNAE	OTHER

BED REQUIRED	YES	NO	TRIAGE CAT.	(Please Circle)	1	2	3	4	5	6	7
			TRIAGED TO		W/RM	RESUS	HO	IC	EXAM		

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

Care Providers Name:..... Signature:.....

NHS LOTHIAN
Emergency Department

NHS Lothian

Adult Majors
Prescription, Administration & Observation Record

700793490X/E4405869 M 27/04/1961
Day, Colin
41/1 BUCHANAN STREET,
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CHI 2704610150
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Previous Adverse Reactions		Weight kgs Actual / Estimate	Date
	NKDA		25/02/20

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
25.2	1530	Diclofenac	50mg	PO		1620	TC.	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)
25.2 1700	Diclofenac	50mg	TDS	PO	28	7/7	Breathnach		

2704610150 DAY, COLIN 25/02/2020 15:41:42

Born 27/04/1961 58 Years Male

Royal Infirmary of Edinbu> (RIE)

Emergency Dept. (40)

Operator: OLIVIA

Rate	99	. Sinus rhythm.....normal P axis, V-rate 60- 99
		. Inferior infarct, old.....Q >35mS, II III aVF
PR	151	. Baseline wander in lead(s) V3
QRSD	84	
QT	339	
QTc	435	

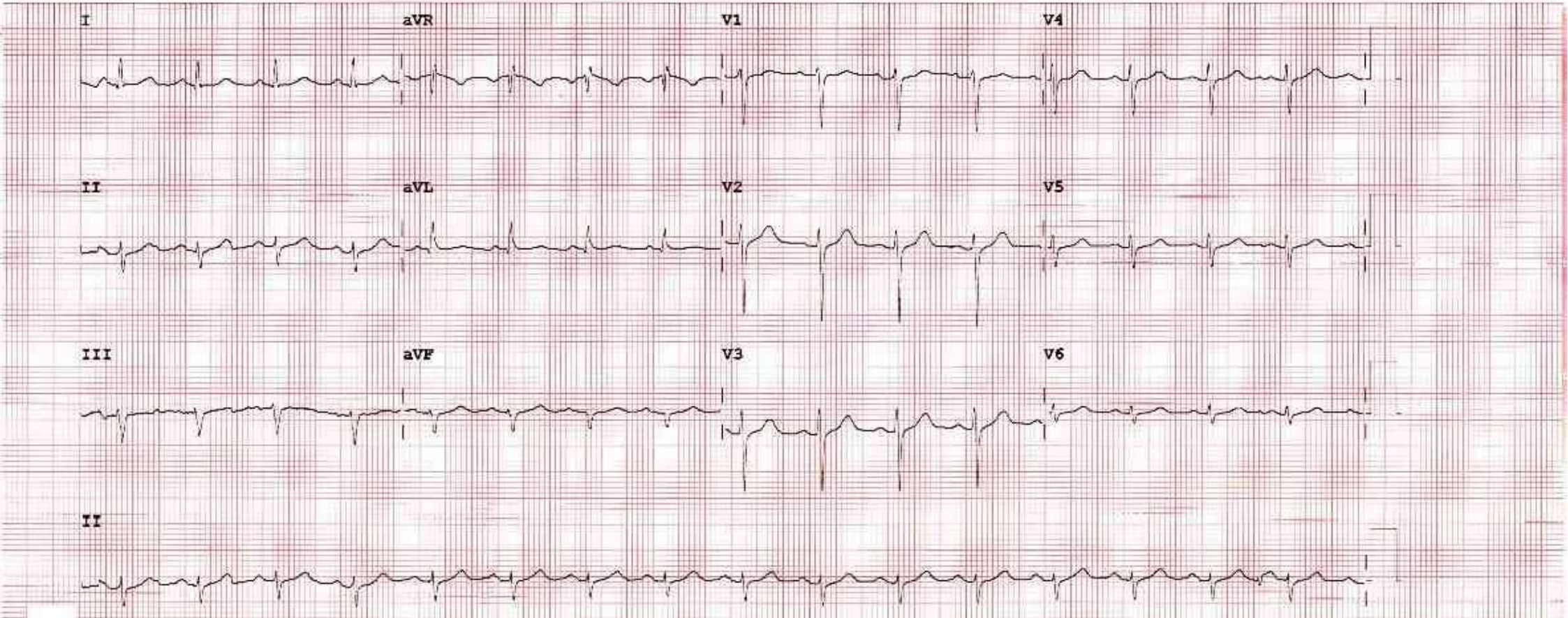
--AXIS--

P	29
QRS	-50
T	38

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: 350515 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz PH100B CL P?

DAY, COLIN ID:2704610150 25-FEB-2020 15:41:42 NHS LOTHIAN-RIE_ED ROUTINE RECORD

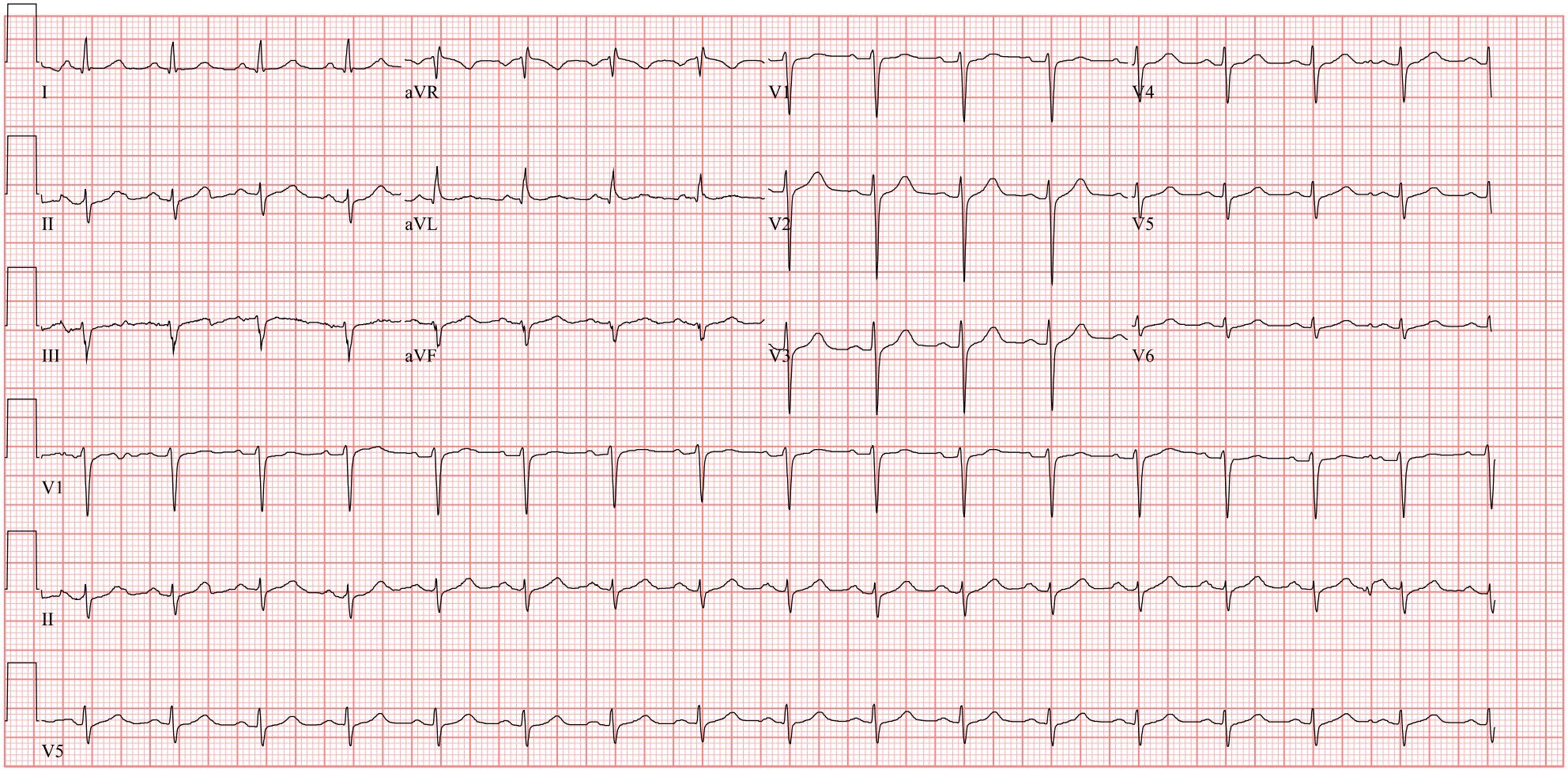
27-APR-1961 (58 yr)
Male Unknown

Room:
Loc:40

Vent. rate	99	BPM
PR interval	151	ms
QRS duration	84	ms
QT/QTc	339/435	ms
P-R-T axes	29 -50	38

Technician: OLIVIA
Test ind:

Referred by: Unconfirmed



25mm/s 10mm/mV 150Hz 8.0.1 CID: 65535

SID: 4200375 EID: EDT: ORDER:

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr H Syme
Brunton Place Surgery
9 Brunton Place
Edinburgh
EH7 5EG

Date: 03/03/2020

Emergency Discharge Summary

Patient	Colin Day 41/1 BUCHANAN STREET Edinburgh EH6 8RB	**CHI**	**2704610150**
		Date of Birth / Age	27/04/1961 (58 years)
		UHPI	700793490X
		A&E Attendance Number	E4409396
Attendance Date	29/02/2020	**Contact**	Day Mrs 41/1 BUCHANAN STREET Edinburgh EH6 8RB 07873109805
Attendance Time	17:33		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	29/02/2020		
Discharge To			

Dear Dr H Syme

Presentation: Right foot ? gout

CLINICAL NOTES:
Clinical note: 58 year old male

PC Right foot pain and swelling

HPC - See earlier in the week and diagnosis of gout made.
Returns now with worsening pain inanterior aspect of foot in particular 3rd toe and big toe
Has also noted colour change in 3rd toe particularly
Has been taking co-codamol and diclofenac for pain

PMHx - IHD and angina
Borderline diabetes - diet controlled at present

DHx - co-codamol and diclofenac for pain relief

o/e
Temp 37, HR 105, BP 159/97, RR 18, sats 96% in air

Left foot - NAD

Right foot
Swollen and tender particularly over the 1st MTP joint and 3rd toes
Erythema over the same

Can't move toes actively and passive movement is exquisitely tender

DP pulse plapable
Sensation intact
Cap refil ~ 2 seconds

Imp
? Septic arthritis
? osteomyelitis

PLAN
- Bloods and x-ray
- Discuss with ortho following results of above

K Mitchell ST4

29/2/20 20:40
Attempted to contact ortho but no response
Handed over to Dr McIvor who will contact ortho with results

K Mitchell ST4

****
2300
McIvor ST5
Has not required any further analgesia. Mobile with stick from waiting room into pod D for review.
X ray- nil focal
Bloods show improvement in inflam markers from when last checked. CRP 12 WCC 8.
No fever.
Advised continue analgesics and antiinflammatories, with worsening advice and GP follow up if pain persists.

Yours Sincerely,

Dr Katherine Mitchell, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. Sara Robinson
Clinical Nurse Manager Mr. Chris Connolly
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Telephone H 07873109805
W

Complaint Right foot ? gout
Allergies Ibuprofen.

Attendances in last 12 months: 1 School:

General Practitioner

H Syme
Address
Brunton Place Surgery
9 Brunton Place
EH7 5EG
Telephone 0131 557 5545

Date and Time of Attendance
29/02/2020 17:33
Incident Date & Time: 29/02/2020
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

INITIAL ASSESSMENT

Presenting Complaint	Gout (R) foot
History of PC	Diagnosed with gout in ED 26-02-2020 ~~Patient discharged on 27-02-2020~~ Patient is planning to follow up with own GP on Monday. Has presented to ED as pain is unbearable
Assessment	Obs ok. Monitoring will stick.

PAIN SCORE "Worst" / 10	ANALGESIA PRESCRIBED	YES NO	FAST	+ / -	ONSET TIME	:

Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
37°c	105	159/97	18	96 %	A	1			

Frequency of Observations (Please Tick)		Cardiac Monitoring (Please circle)	SPEICAL INSTRUCTIONS
Hourly		YES	
30 Minutes minimum			
15 Minutes minimum		NO	
10 Minutes minimum			

TRIAGED BY (SIGN)		TRIAGED BY (PRINT)	LOUISE CARR

PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)

DATE :		TIME :		STANDARD TECHNIQUE	
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES
GREEN	ORANGE	HAND	FOREARM	CHD SKIN PREP	ASEPTIC INSERTION
BROWN	GREY	ACF	FOOT	DRESSING LABELLED	
OPERATOR SIGNATURE					

BLOODS (Please tick)

ROUTINE		CRP	
TROPONIN		COAG	
AMYLASE		TOX SCREEN	
BTS		OTHER	

ADDITIONAL INVESTIGATIONS (Please indicate all that applies)

ECG	REQD	DONE	TIME DONE		X-RAYS	CXR		OTHER	
URINALYSIS	REQD	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO		POS / NEG

ON-GOING CARE PLAN

SPECIALTY INFORMED	SURG	VASC	MEDICS	ORTHO	G.I	STROKE	GYNAE	OTHER

BED REQUIRED	YES	NO	TRIAGE CAT.	(Please Circle)	1	2	3	4	5	6	7
			TRIAGED TO		W/RM	RESUS	HD	IC	EXAM		

Clinical Notes

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

Diagnosis of Gout. 7/7.
NB previous Gout.

? Diclofenac

PMHx
IHD - Angina.
Borderline diabetes
↳ changed diet.

DHx
Co-codamol

Care Providers Name:..... Signature:.....

700793490X/E4409396 M 27/04/1961
Day, Colin
41/1 BUCHANAN STREET,
Edinburgh,
EH6 8RB

CHI 2704610150
70268 H Syme

RIE ED Nursing Care Plan

Admission Nurse Signature.....

Admission Nurse Print Name.....

Date. 29/02/2020

Presenting History :
GOUT

Date/ Time	Progress Notes	Signature
29/02/2020 18:41hrs	PATIENT HANDED OVER FROM TRIAGE CORRENTUM AWAITING ASSESSMENT.	Kleslie (CSU)

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded	✓	ECG completed	
Sews Score recorded	✓	CXR ordered	
BM Reading	✗	Alcometer Reading Recorded	
GCS assessed	✓	DNAR in situ	
Acuity parameters set		LCP commenced / CP Aware	
Patient made comfortable		Falls / Risk Assessment Require / Complete	
Name band Attached		Swallow Assessment Required / Complete	
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment Required / Complete	
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	1820				
Clinical Area of ED	POC				
Initials of Care Round Leader	ICL				
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency	1				
Cardiac monitoring required	Y / (N)	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)					
Mobility					
Fully weight bearing	✓				
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required					
Patient is Self Caring and can walk to toilet	✓				
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring	✓				
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink		P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns					
Visible areas of redness	✓				
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC /Arterial Line / Central Line / PVC					
Urinary Catheter / Chest Drain					
Infusion Device					
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes	✓				
Cubicle Tidy (Please tick)					
Ensure area is tidy and free of obstruction	✓				

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	

Emergency Department (ED)
Royal Infirmary of Edinburgh

NHS Lothian

700793490X/E4409396 M 27/04/1961 **Clothing and Valuables Document**

Day, Colin
41/1 BUCHANAN STREET,
Edinburgh,
EH6 8RB

CHI 2704610150
70268 H Syme

Affix Patient Addressograph

Date of Admission: 29/02/2020

Date of Transfer: ...../...../.....

Outer Wear	Tick	Cut (tick)
Trousers/Skirt		
Shirt/Top		
T-Shirt		
Coat		
Other		
Jersey/Cardigan		
Shoes		
Underwear		
Vest/Bra		
Pants		
Socks/Tights		
Thermals		
Underskirt		
Nightwear		
Dressing Gown		
Nightclothes		
Slippers		
Toiletries		
Dentures Removed	Yes No N/A	
Patients Own Medication	Yes No N/A	
Meds in Green Bag	Yes No N/A	

Patient Valuables	
Purse/Wallet	
Bank Cards	
Other ID Cards	
Keys	
Mobile Phone	
Cash: Notes	
Coins	
Total Cash	
Jewellery	
Given to Patient: Y / N	**Locked in ED Safe Y / N**
Valuables Receipt No.	
Signed by Ward: Y / N	

I am willing to take responsibility for my own belongings and do not wish staff to document them on my behalf/Clothing returned to patient on discharge*

Signed X ..... (Patient)

Name of ED Nurse: ..... (PRINT)

Signature of ED Nurse: .....

Name of ED Nurse (2): ..... (PRINT)

Signature of ED Nurse (2): .....

Name of Receiving Ward Nurse: ..... (PRINT)

Signature of Receiving Ward Nurse: .....

*Delete as apporpriate

Date Authorised: December 2012 Review Date: December 2015

LOT 132

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

700793490X /E4409396 M
DAY Colin
27-Apr-61 CHI: 270 461 0150
70268 H Syme
41/1 BUCHANAN STREET
EH6 8RB

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	Weight	Date
Ibuprofen.	kgs Actual / Estimate	29/12/20

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
29/12	20[00]	Oramorph	10mg	Oral	K Mitchell	20	R	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																					
	Date:	29/12																			
	Time:	15:30																			
A+B Respirations Breaths/min	≥25									3											
	21-24									2											
	18-20	18																			
	15-17																				
	12-14																				
	9-11									1											
	≤8									3											
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	96																			
	94-95									1											
	92-93									2											
	≤91									3											
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O_2									3											
	95-96 on O_2									2											
	93-94 on O_2									1											
	≥93 on air																				
	88-92																				
	86-87									1											
	84-85									2											
	≤83									3											
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A																			
	O^2 L/min or %									2											
	Device																				
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220									3											
	201-219																				
	181-200																				
	161-180																				
	141-160	159																			
	121-140																				
	111-120																				
	101-110									1											
	91-100	M								2											
	81-90	97																			
	71-80																				
	61-70									3											
	51-60																				
	≤50																				
C Pulse Beats/min Manual pulse	≥131									3											
	121-130																				
	111-120									2											
	101-110	106 +																			
	91-100									1											
	81-90																				
	71-80																				
	61-70																				
	51-60																				
	41-50									1											
	31-40									3											
	≤30																				
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A																			
	New Confusion									3											
	V																				
	P																				
	U																				
E Temperature °C	≥39.1°									2											
	38.1-39.0°									1											
	37.1-38.0°	37.0																			
	36.1-37.0°																				
	35.1-36.0°									1											
	≤35.0°									3											
NEWS TOTAL		1																			
Monitoring frequency		1HRLY																			
Escalation of care Y/N																					
Blood Glucose reading or N/A																					
Pain score (0-10)																					
Initials		TR																			

NEWS of 5 or more?
Think Sepsis!

In a patient with a **NEWS** of **5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter *	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Special Instructions		

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

					Notes
		Date		2/12	
		Time		15:30	
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4	4	Eyes closed by swelling = C
		To speech	3		
		To pain	2		
		None	1		
	Best Verbal Response	Orientated	5	5	Endotracheal tube or tracheostomy = T
		Confused	4		
		Inappropriate words	3		
		Incomprehensible sounds	2		
		None	1		
	Best Motor Response	Obey commands	6	6	Always record the best arm response
		Localise to pain	5		
		Flexion to pain	4		
		Abnormal flexion	3		
		Extension to pain	2		
		None	1		
		Total GCS Score		15	
Right Pupil		Size			+ reacts - no reaction c. eye closed
		Reaction			
Left Pupil		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			
		Extension			
		No response			
	LEGS	Normal power			
		Mild weakness			
		Severe weakness			
		Extension			
		No response			
		Initials			

Pupil Scale mm 1 2 3 4 5 6 7 8

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	**IV Line(s)**	**Oral Input**		**Input**		**Urine**		**Gastric**	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr SG Watt
Brunton Place Surgery
9 Brunton Place
Edinburgh
EH7 5EG

Date: 14/07/2020

Emergency Discharge Summary

Patient	Colin Day 27s Findhorn Place Edinburgh EH9 2NY	**CHI**	**2704610150**
		Date of Birth / Age	27/04/1961 (59 years)
		UHPI	700793490X
		A&E Attendance Number	E4490056
Attendance Date	14/07/2020	**Contact**	Day Mrs 41/1 BUCHANAN STREET Edinburgh EH6 8RB 07873109805
Attendance Time	16:17		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date			
Discharge To			

Dear Dr SG Watt

Presentation: ? injury to L foot big toe spoke to Joe

CLINICAL NOTES:
Clinical note: 59-year-old male, recently returned to Scotland, had presented in February to ED with hot red painful right toe, see previous notes, initially diagnosed with gout / septic arthritis / osteomyelitis, last 5 days toe on left foot is become painful hot and swollen, unable to weight bear, has taken Co-Codamol poor affect

PMHx - IHD and angina, restless legs, gout?
DH: Co-Codamol, diclofenac, quinine
NKAD

OBs: temp: 38.1 HR: 115 BP: 124/90 Sat 98% RA,

on examination left greater toe, obvious redness and swelling extending over distal / proximal phalanges extending over 1st MT surface, hot to touch, with pain on palpation / movement / weight bear, patient reports toe is extremely sensitive, guilty walking, throbbing, however no altered sensation, possible small amount of redness and tracking extending over dorsal surface of foot,

Given hot and painful toe initially discussed with rheumatology, however redirected to medics, discuss with medics given and hot swollen toe, unable to take bloods, to exclude other causes
Medical registrar as kindly accepted patient to be reviewed in MA you greens on, to confirm patient has no fever / shortness of breath / covid symptoms

discuss with patient, patient reports no shortness of breath / flulike symptoms / fever /productive cough / headache / diarrhoea, apart from red hot and painful left toe
Voice recognition dictation used due to dyslexia apologies for any grammatical errors

Yours Sincerely,

Joseph Loftus, Nurse

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr S Khalid
Dalkeith Road Medical Practice
Salisbury Court
102 St Leonards Street
Edinburgh
EH8 9RD

Date: 26/03/2023

Emergency Discharge Summary

Patient	Colin Day 27s Findhorn Place Edinburgh EH9 2NY	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**2704610150** 27/04/1961 (61 years) 700793490X E5311581
Attendance Date **Attendance Time** **Mode of Arrival** **Source of Referral** **Discharge Date** **Discharge To**	26/03/2023 02:32 Public Transport Self Referral to A&E 26/03/2023	**Contact**	Day Mrs 41/1 BUCHANAN STREET Edinburgh EH6 8RB 07873109805

Dear Dr S Khalid

Presentation: Unsteady on feet / Fall(s) / Long lie, S: B: 14 hrs started to feel unwell. c/ o feeling lightheaded. Felt dizzy when standing up. previou cva in dec 2020. pt reports unsteady gait yesterday afternnon. A: RR16: , Sats:95 %, BP119: / 68, HR:84

CLINICAL NOTES:
Clinical note: Y QIU GPST1

61M

BG:
Lacunar stroke in 2021 with residual of minimal weakness of right sided arm/leg
HTN
IHD -angina
Obesity
Borderline DM

PC: Unsteady on feet
HPC: unsteady on feet for 2 days, a bit lightheadness for a few seconds after standing up
no slurred speech, no facial droop, no weakness of arms/legs, no headache, no chest pain, no SOB, no palpitation, no nausea vomiting
no fall/trauma
no recent cold/coughs, no fever
not eat and drink properly over the past 2 days which he thought could be the cause for unsteadiness on feet which has been better already
normal urine passing and BO
his daughter very worried about stroke again and thus pushed him to come to hospital for a check

SH:
Lives alone, no carer, mobilise with walking stick
Ex smoker
2-3 beers/week

DH:
clopidogrel
ISMN
Simvastatin
bisoprolol
Fluoxetine
Amitriptyline
allopurinol

NKDA

o/e:
walked slowly from corrider to cubicle with walking stick, a bit unsteady on feet
GCS 15, alert and orientated, very chatty
PERL 3mm
chest: clear, no wheezing,no crackles
HS I+II+0
Abdomen: SNT
Normal sensation, tone and power of four limbs

Bloods: NAD

imp: unsteady on feet
plan: for home, warning advice given
D/W EM SpR C Evans

Yours Sincerely,

Dr Yongping Qiu, Doctor

NHS Lothian
University Hospital Services

Department of Emergency Medicine

Dr. Dave McKean ED Clinical Director
Ray Middlemiss ED Clinical Nurse Manager
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344

NHS Lothian

A/E no. E5311581
Previous no. E4490056
UHPI no. 700793490X
CHI no. 2704610150

Patient Information

Surname	Day	Date of Birth	
Forenames	Colin	Age / Sex	27/04/1961 61 Yrs M
Address	27s Findhorn Place		
Postcode	EH9 2NY	Telephone	07873109805
Contact Address	Day, Mrs 41/1 BUCHANAN STREET Edinburgh EH6 8RB	Telephone H / W	07873109805
Complaint	unsteady on feet ?	Allergies	

Attendances in last 12 months: 0 School :

General Practitioner

Address: S Khalid, Dalkeith Road Medical Practi, Salisbury Court, 102 St Leonards Street, Edinburgh, EH8 9RD
Telephone: 0131 667 1289

Date and Time of Attendance: 26/03/2023 02:32
Incident Date Time:
Mode of Arrival: Public Transport
Self Referral to A&E
Source of Referral

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN. FREQ	(please tick)	Blood Sugar	mmols	Pain Score		/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given		YES ☐	NO ☐
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment		POS ☐	NEG ☐
SP02%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:			
RR		NEWS >7	10mins Min		Alcometer		Weight		Height	
AVPU		Special Clinical Instructions								
O2 Therapy In Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP								
NEWS SCORE										

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHD Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick: Required ☐ Done ☐

Urinalysis - Please tick: Required ☐ Done ☐

MSU Sent: Yes ☐ No ☐

HCG Consent: Yes ☐ No ☐

HCG Result: Yes ☐ No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐	
CT Scan	Yes ☐	No ☐	
Other (Please state)			

On Going Care Plan

Speciality Informed (enter time)

Surg:	G.I:		
Vasc:	Stroke:		
Medics:	Gynae:		
Ortho:	Neuro:		
Other (state Speciality)			

Bed Required: Yes ☐ No ☐

Transfer To: (Please tick if required)

WGH			
SJH			
Other (please state)			

Triaged To - Please tick

Waiting Room		GP Out of Hours	
Resus		Gynae Triage	
HD		SMMP	
IC		MIU	
Exam		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

Care Providers Name: _____ Signature: _____

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

7007[illegible]490X /E531581 M
DAY Colin
27-Apr-61 CHI: 270 461 0150
70470 S Khalid
27s Findhorn Place
EH9 2NY

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	Weight	Date
NKDA	_____ kgs Actual / Estimate	26/03/23.

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key: 0 | 1 | 2 | 3

Parameter	Range	1	2	3	Score
	Date:	26/09/23			
	Time:	0255	0334		
A+B Respirations Breaths/min	≥25				3
	21-24				2
	18-20				
	15-17	16	16		
	12-14				
	9-11				1
	≤8				3
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 96-98%	≥96				
	94-95	95			1
	92-93		92		2
	≤91				3
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O_2				3
	95-96 on O_2				2
	93-94 on O_2				1
	≥93 on air				
* ONLY use Scale 2 under the direction of a qualified clinician	88-92				
	86-87				1
Tick box if using SpO_2 Scale 2	84-85				2
Sign	≤83				3
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A	A		
	O^2 L/min or %				2
	Device				
C Blood Pressure mmHg Score uses Systolic BP only	≥220				3
	201-219				
	181-200				
	161-180				
	141-160				
	121-140				
If manual BP mark as M	111-120	119	118	117	
	101-110				1
	91-100				2
	81-90				
	71-80		72	75	
	61-70	68			3
	51-60				
	≤50				
C Pulse Beats/min	≥131		SITTING	STANDING	3
	121-130				2
	111-120				
	101-110				1
	91-100				
Manual pulse	81-90	84			
	71-80				
	61-70				
	51-60				
	41-50				1
	31-40				3
	≤30				
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A	A		
	New Confusion				3
	V				
	P				
	U				
E Temperature °C	≥39.1°				2
	38.1-39.0°				1
	37.1-38.0°				
	36.1-37.0°	36.1	36.2		
	35.1-36.0°				1
	≤35.0°				3
NEWS TOTAL		1	2		
Monitoring frequency		1-2	2		
Escalation of care Y/N		Y	Y		
Blood Glucose reading or N/A		Y	N/A		
Pain score (0-10)		/	0		
Initials		EM	NM		

NEWS of 5 or more?
Think Sepsis!

In a patient with a **NEWS** of **5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter *	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic

Special Instructions

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

		Date	26/03/23.	
		Time	0300	
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4 ✓	Eyes closed by swelling = C
		To speech	3	
		To pain	2	
		None	1	
	Best Verbal Response	Orientated	5 ✓	Endotracheal tube or tracheostomy = T
		Confused	4	
		Inappropriate words	3	
		Incomprehensible sounds	2	
		None	1	
	Best Motor Response	Obey commands	6 ✓	Always record the best arm response
		Localise to pain	5	
		Flexion to pain	4	
		Abnormal flexion	3	
		Extension to pain	2	
		None	1	
		Total GCS Score	15	
Right Pupil		Size		+ reacts - no reaction c. eye closed
		Reaction		
Left Pupil		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		
		Extension		
		No response		
	LEGS	Normal power		
		Mild weakness		
		Severe weakness		
		Extension		
		No response		
		Initials		

Pupil Scale mm 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 •

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	**IV Line(s)**	**Oral Input**		**Input**		**Urine**		**Gastric**	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr FJ Wright
Dalkeith Road Medical Practice
Salisbury Court
102 St Leonards Street
Edinburgh
EH8 9RD

Date: 27/12/2023

Emergency Discharge Summary

Patient	Colin Day 27s Findhorn Place Edinburgh EH9 2NY	**CHI**	**2704610150**
		Date of Birth / Age	27/04/1961 (62 years)
		UHPI	700793490X
		A&E Attendance Number	E5558159
Attendance Date	21/12/2023	**Contact**	Day Mrs 41/1 BUCHANAN STREET Edinburgh EH6 8RB 07873109805
Attendance Time	17:52		
Mode of Arrival	Private Transport		
Source of Referral	Flow Centre		
Discharge Date	21/12/2023		
Discharge To			

Dear Dr FJ Wright

Presentation: PC - ONSET OF VERTGO,UNSTEADY N FEET,STRGGLING TO MOBILIZE SINCE SATURDAY HX - STROKE HIGH BP OBS - T 36.5 SATS 95 HR 82 ?CAUSE?FURTHER STROKE OUT WITH 4 HOURS

PC: Lightheadedness/loss of balance/difficulty mobilising.

HPC: This 62 year old gentleman presents this evening, accompanied by friend, with a one week hx of worsening lightheadedness/dizziness on standing/moving head/walking with loss of balance/drunk feeling.
Background of lacunar stroke 2021 with residual right sided weakness.
He reports attending A&E earlier in the year (March 2023) with some similar symptoms of lightheadedness/dizziness, less severe, he was subsequently discharged with a diagnosis of vertigo.
He reports his symptoms have been ongoing but intermittent.
However, over the last one week he reports gradual worsening.
Colin reports a fall down some stairs 2 weeks ago, denies bumping his head but is not fully able to recall the event with any detail.
Since then, however, he is using a stick to mobilise and reports that he is staggering and often drifting to his left side.

Systemic review:
-denies any headache/visual disturbance.
-denies trauma to head at fall but unable to fully recall.
-denies any worsening of right sided weakness, no new left sided weakness. Collateral Hx from friend: denies any facial droop/slurring of speech but does report that Colin's mobility has greatly reduced.
-symptoms worse on movement, relieved by sitting.
-no coryzal symptoms.
-no ear pain/sore throat/reports mild hoarseness of voice.

-no new chest symptoms.
-no new abdominal symptoms, bowels active.
-no new urinary symptoms.
-no new lower limb weakness/discomfort/swelling.
-denies any alcohol intake.

PMH:
Lacunar stroke 2021.
Gout
Cellulitis
Leg cramps
Previous alcohol dependence.
Obesity
IHD
Lumbar spine pain.

Allergies:
NKDA

Medications:
Clopidogrel 75mg once daily - advised to withhold am.
Bisoprolol 3.75mg once daily
Atorvastatin 40mg at night
Amitriptyline 25mg at night
Fluoxetine 20mg at night
Co-codamol 30mg/500mg - 1 to 2 tabs every 4-6 hrs prn
Allopurinol 300mg once daily
Isosorbide Mononitrate 20mg bd

OE:
Observations: RR20, O2 saturations 97% on RA, BP lying 154/102 - standing 154/96, HR 89, T36.1.
Bloods: HC 0.387, RCC 3.85, MCV 101, MCHb 36.1, lymphocytes 1.16, K5.1, ESR 14.
Other bloods within normal parameters.

Unsteady on feet in department, using a stick (friend reports does not usually need a stick).
Speaking quickly, sometimes difficult to understand.

A: Maintaining own.
B: Chest clear.
C: Warm and well perfused.
CRT < 2 seconds.
JVP not visualised.
HS I+II+0
D:
-Alert and orientated to time and place.
-GCS 15.
-Cranial nerves intact.
-Right sided residual weakness - worse on lower limb.
-No evidence of new left sided weakness - upper and lower limbs 5/5 power.
-Reduced tone right upper/lower limbs. Normal tone right upper and lower limbs.

-no obvious dysdiadochokinesia - no pass-pointing obvious on examination tonight.
-ataxic gait, walking with stick, appears slightly off balance but not appearing to vear to left side as reported.
-no obvious nystagmus.
-mild inattention tremor, worse on right side.
-no slurring of speech, difficult to understand at times as tending to speak very quickly. No assymetry.
-normal heel to shin left to right, unable to perform right to left due to lower limb weakness on right side.
E: Abdomen SNT.
Calves firm to touch bilaterally, no new lower limb swelling/oedema.

Impression:
? new cerebellar signs ? cause.

Plan:
Advised admission for CT scan am. However, patient refused to stay.
Follow-up arranged am at SDEC (0930).
CT head booked.

D/W Alex Teagle, SpR, H@N.

Assessed and typed by:
Angela Graham
Advanced Nurse Practitioner

Any queries please contact 0131 537 1712

Yours Sincerely,

Dr Ruth J Young, Consultant

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr Cockburn
Dalkeith Road Medical Practice
Salisbury Court
102 St Leonards Street
Edinburgh
EH8 9RD

Date: 07/06/2026

Emergency Discharge Summary

Patient	Colin Day 27s Findhorn Place Edinburgh EH9 2NY	**CHI**	**2704610150**
		Date of Birth / Age	27/04/1961 (65 years)
		UHPI	700793490X
		A&E Attendance Number	E6423119
Attendance Date	07/06/2026		
Attendance Time	10:27		
Mode of Arrival	Private Transport		
Source of Referral	Other		
Discharge Date	07/06/2026		
Discharge To		**Final Triage**	3 - Urgent
		Attendances in the last 12 months	3

Dear Dr Cockburn

Presentation: Uro
Diagnosis: None
Procedures: None

Dear Colleague,

This is an emergency care note as your patient attended the Surgical Assessment Unit at the Western General Hospital, Edinburgh.

The details of this attendance are outlined below. This is a summary of their attendance for your information only and no formal discharge letter will be issued.

CONSULTANT ON-CALL: Miss Smith

DIAGNOSIS: Haematuria

INVESTIGATIONS PERFORMED:
Bloods
- Hb 135 stable
- U+E stable eGFR >60
- WCC normal
- CRP 3

PRESENTATION / MANAGEMENT:

Dear Dr,

Colin Day presented to WGH SAU 07/06/26 with haematuria starting friday evening. This was thought to be due to an enlarged prostate and is also awaiting cystoscopy for known renal cancer. He was reviewed and deemed fit for discharge with ongoing plan for follow up for renal cancer, tamsulosin and safety netting if bleeding worsens.

MEDICATIONS ADDED ON DISCHARGE:
Tamsulosin 400mcg OD

OUTPATIENT INVESTIGATIONS REQUESTED (SURGICAL TEAM PLEASE RECORD AND SEND TO CONSULTANT):
As per Urology/Oncology Plan

FOLLOW-UP FROM SURGICAL TEAM: Awaiting CTCAP and further discussion with Oncology

GP many thanks for your ongoing care

Yours sincerely,

C Hamon

Grade: FY1
Bleep: 8693

Yours Sincerely,

Ms Hazel E Smith, Consultant

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

Care Providers Name: Signature:

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Dr. Dave McKean ED Clinical Director
Ray Middlemiss ED Clinical Nurse Manager
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344

NHS Lothian

A/E no.	E6422939
Previous no.	E6197266
UHPI no.	700793490X
CHI no.	2704610150

Patient Information

Surname	Day	Date of Birth	27/04/1961
Forenames	Colin	Age / Sex	65 Yrs / M
Address	27s Findhorn Place		
Postcode	EH9 2NY	Telephone	07708605555
Contact Address		Telephone H / W	
Complaint	kidney biopsy 6 weeks ago, today b lood in urine	Allergies	

Attendances in last 12 months: 1 School :

General Practitioner

Address: H Cockburn, Dalkeith Road Medical Practic, Salisbury Court, 102 St Leonards Street, Edinburgh, EH8 9RD
Telephone: 0131 667 1289

Date and Time of Attendance: 07/06/2026 02:13
Mode of Arrival: Incident Date Time: Private Transport
Source of Referral: Self Referral to A&E

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN. FREQ	(please tick)	Blood Sugar		Pain Score		/ 10		
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given	YES ☐	NO ☐		
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment	POS ☐	NEG ☐		
SP02%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:				
RR		NEWS >7	10mins Min		Alcometer		Weight		Height		
AVPU		Special Clinical Instructions									
O2 Therapy In Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP									
NEWS SCORE											

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHD Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick: Required ☐ Done ☐

Urinalysis - Please tick: Required ☐ Done ☐

MSU Sent	Yes ☐	No ☐
HCG Consent	Yes ☐	No ☐
HCG Result	Yes ☐	No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐
CT Scan	Yes ☐	No ☐
Other (Please state)		

On Going Care Plan

Speciality Informed (enter time)

Surg:	G.I:		
Vasc:	Stroke:		
Medics:	Gynae:		
Ortho:	Neuro:		
Other (state Specialty):			

Bed Required: Yes ☐ No ☐

Transfer To: (Please tick if required)

WGH			
SJH			
Other (please state)			

Triaged To - Please tick

Waiting Room		GP Out of Hours	
Resus		Gynae Triage	
HD		SMMP	
IC		MIU	
Exam		Other (Please state)	

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Dr H Cockburn
Dalkeith Road Medical Practice
Salisbury Court
102 St Leonards Street
Edinburgh
EH8 9RD

Date: 08/06/2026

Emergency Discharge Summary

Patient	Colin Day 27s Findhorn Place Edinburgh EH9 2NY	**CHI**	**2704610150**
		Date of Birth / Age	27/04/1961 (65 years)
		UHPI	700793490X
		A&E Attendance Number	E6422939
Attendance Date	07/06/2026		
Attendance Time	02:13		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	07/06/2026		
Discharge To			

Dear Dr H Cockburn

Presentation: kidney biopsy 6 weeks ago, today blood in urine urinary problems - frank haematuris - T3 kidney biopsy 6.52 - today frank haematuria and R flank pain - declined analgesia NEWS 3 - sats 92% T Russell

CLINICAL NOTES:
Clinical note: 65 yr old male

irght flank pain and haematuria

known renal ca. under urolgy and oncology. awaiting GA cystoscopy. increased urinary frequency. has passes clots , urine clearing though remains visible haematuria.

o/e

physiology normal
comfortable.
has passed urine 5 time in last hour - last smaple remains red
residual volume 350 on 2 occasions
MSU sent
bloods unremarkable
not keen for cathter as any previous attempts at instrumentaiton under local have failed

kindly accped by urolgoy to SAU for review and plan

Yours Sincerely,

Dr Dean A Kerslake, Consultant