

**Subject Access Request Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN**



MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date: 17th June 2026
Your Ref: 100292
Our Ref: SAR/ACCESS/ ZK
Enquiries to: Zaneta
Direct Line: 0141 211 1644
Email: zaneta.kolodiejczyk@nhs.scot

Dear Sir/Madam

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

Patient: DIANE DONALD

D.O.B: 16/12/1983

Thank you for your request received 28th May 2026 in which you seek a copy of your client's personal information.

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

**QUEEN ELIZABETH UNIVERSITY HOSPITAL, YORKHILL HOSPITAL,
NEW VICTORIA HOSPITAL, GARTNAVEL GENERAL HOSPITAL, WESTERN
INFIRMARY 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

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐	
ACS	☐	
BEATSON HOSPITAL	☐	
CANNIESBURN HOSPITAL	☐	
DENTAL HOSPITAL	☐	
GARTNAVEL GENERAL HOSPITAL	☐	
GLASGOW ROYAL INFIRMARY	☐	
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY ☐
NEW VICTORIA ACH	☐	
PRINCESS ROYAL MATERNITY	☐	
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY ☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY ☐
ROYAL HOSPITAL FOR CHILDREN	☐	
STOBHILL HOSPITAL	☐	
VALE OF LEVEN	☐	MATERNITY ☐
WEST AMBULATORY CARE HOSPITAL	☐	
WESTERN INFIRMARY RECORDS	☐	
<u>Including:</u>		
BADGERNET	☐	
CAREVUE	☐	
MEDICAL ILLUSTRATION	☐	
METAVISION	☐	
PHYSIOTHERAPY	☐	
RADIOLOGY	☐	
WEST MARC	☐	
LABS	☐	



1612836909

DONALD

Diane

16/12/1983

43 Longden Street

Clydebank, Dunbartonshire

1983

G81 1AG 16909

ROAD

BA

FIRST NAME

DIANE

UNIT No.

3295684

RELIGION

SEX

F

DATE OF BIRTH

16/12/83

NEXT OF KIN (Name and Address)

PHONE No.

0141 41354

CHANGE OF A



SG03295684

DONALD, DIANE

18/2 ONSLOW ROAD

DRUMRY

CLYDEBANK

16/12/1983

G81 2NE

CHI 1612836909

PHONE No.

CHANGE OF A

Dr. CA Lennox
The Green Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

DOCTOR

VOX
C/KILBOWIE
ANK G81 2TQ

DOCTOR

PHONE No.

UNITCASE RECORDS (Delete)

YES

NO

DISABILITY

☐
☐

CHI NUMBER

1612836909

ETHNIC ORIGIN

INDEX OF ATTENDANCES

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

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DAT.
3/2/10	AN/OP				
3/7/12	AN OP				
15/5/12	EPW		Cont		15/5/12
10/6/12	an op	JR			
18/9/12	AN OP	ROBERTS			
25/9/12	an op	JR			
8/10/12	SO				
23/10/12	an op	JR			
9/11/12	AN AES OP	BARKER			
20/11/12	ROB AN OP	ROBERTS			
18/12/12	AN OP	ROBERTS			
30/12/12	W8				31/12/12
14/8/13	AN OP	C/BANK			
11/2/14	an op	JR			
27/2/14	48				28/2/14

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



1612836909

DONALD

Diane

27 St. Andrews Way

Clydebank, Dunbartonshire

16/12/1983

GB1 1BP 3. 1983

6909

ALERTS

NHS
Greater Glasgow
and Clyde

This page must always be first, do not
file anything on top.

Allergies:

No

Yes

List

Pregnancy Special Features:

CIN III treated 1c LLETZ

Cx high at 26 wk

BENIGN THYROID NODULE

27

Anaesthetic Rv 3almers

Labour and Birth Special Features:

Notes for Anaesthetists:

See clinic review

Notes for Paediatricians:

QEUH MATERNITY ASSESSMENT UNIT **ISSUE OF PATIENT MEDICINES**

Name	 03295684 SGH Maternity DONALD Diane CHI: 1612836909	Gestation
Unit		Diagnosis
D.O.		
Address		

Allergies None

The following drugs were issued to the above named patient

Paracetamol	500mg	1x32 tabs	
Cocodamol	8/500mg	1x32 tabs	
<u>Cefalexin</u>	500mg	1x15 tabs	(2id) 7 days
Flucloxacillin	500mg	1x28 tabs	
Metronidazole	400mg	1x21 tabs	
Co-amoxiclav	375mg	1x21 tabs	
Ferrous Sulphate	200mg	1x28 tabs	
Canestan Pessary	500mg	1 pessary	
Clotrimazole	1% cream	1 tube	
Lactulose solution	300ml	1 bottle	
Peptac Liquid	500ml	1 bottle	
Other			

Prescribed by KARAGIANNI

Date 06/01/2025

Issued by S.M. McIndy

Date 26/01/25

Received by

Date

**QUEEN ELIZABETH UNIVERSITY HOSPITAL
MATERNITY ASSESSMENT UNIT
ISSUE OF PATIENT MEDICINES**

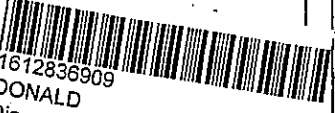
Name	1612836909 DONALD Diane 27 St. Andrews Way Clydebank, Dunbartonshire G81 1B	Gestation	26+5
Address	16/12/19	Diagnosis	CORD
Unit no			
D.O.B			
Allergies			

The following drugs were issued to the above named patient

Paracetamol tabs	500 mg	1 x 32	
Cocodamol tabs	8/500 mg	1 x 32	
Cefalexin tabs	500 mg	1 x 15	
Flucloxacillin caps	500 mg	1 x 28	
Metronidazole tabs	400 mg	1 x 21	
Co-amoxiclav tabs	625 mg	1 x 21	
Ferrous sulphate tabs	200 mg	1 x 28	
Canestan pessary	500 mg	1	
Clotrimazole	1% cream	1 tube	
Prochlorperazine	5mg	1x 28	
Ondansetron	4mg	1x 28	
Cyclizine	50mg	1x 28	
Other	Omeprazole 20mg	once daily	2 weeks

Prescribed by Siche Sanwau
 Issued by [Signature]
 Received by

date 09/12/24
 date 9/12/24
 date

 1612836909 DONALD Diane 27 St. Andrews Way Clydebank, Dunbartonshire G81 1BJ 16/12/198	Blood Group:	O Pos
	Hb:	
	Latest BMI / Weight	28/73kg
	Date obtained for G&S:	6/3/25
	Time obtained for G&S:	10.30



Postpartum Haemorrhage Vigilance (PHV)

Complete risk assessment on admission to labour ward, every 4 hours during labour, at 2nd stage and prior to planned delivery.

*Major risk factors ≥ 1 of the following = super active 3 rd stage					
Date:	7/3/25	Time:			
Placenta Praevia					
Previous PPH ≥ 1000 mls					
Anaemia ≤ 90 g/L					
Multiparity Gravida ≥ 5 Para 4					
Clotting abnormality					
Multiple pregnancy					
Prolonged 2 nd stage (≥ 3 hrs prim, ≥ 2 hrs parous)					

If ≥ 1 major risk factor
or
if ≥ 3 moderate risk factors
Super active third stage
management is required.



Super active third stage management =
 5 International units
 IV Syntocinon® and
 1ml IM Syntometrine®
 with delivery of anterior
 shoulder- unless there is
 specific contraindications to
 Syntometrine®
 (e.g. hypertension or
 cardiac disease).
If Syntometrine®
contraindicated use
 5 international units
 IV Syntocinon® and
 10 International units
 IM Syntocinon® with delivery
 of anterior shoulder.

Note: Placenta should be
delivered only after signs of
separation.



Is super active third stage
management required?

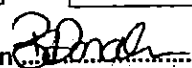
Yes
☒

No
☐

*Moderate risk factors ≥ 3 of the following = super active 3 rd stage					
Date:	7/3/25	Time:			
Asian ethnicity					
Obesity BMI ≥ 35 kg/m ²					
Estimated fetal weight ≥ 4 kg					
Previous LUSCS					
Pre eclampsia PIH					
Suspected or Proven Placental Abruption					
Induction of Labour/Augmentation					
Pyrexia in Labour $\geq 38^{\circ}\text{C}$					
Prolonged Labour ≥ 12 hrs					
Mediolateral Episiotomy					
Operative Vaginal Delivery / LUSCS					
Total moderate risk factors:					

Blood Loss: 500

Mode of Delivery: PCB

Assessed by: Sign  Print R. DONALDSON

Date: 7/3/25

Remember if $\uparrow$ BP or cardiac disease NO Syntometrine

ADN 1612836909
DONALD F
Diane 16/12/1983
200 St. Andrews Way
DO Clydebank, Dunbartonshire
G81 1BP
HO

WARD 44
HOSPITAL QEUH
THEATRE GYN 3

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner Signature & Print name
PRE - OP SWAB COUNT	M CONNOLLY	FCAMPBELL
PRE - OP INSTRUMENT COUNT	M CONNOLLY	FCAMPBELL
FINAL SWAB COUNT	M CONNOLLY	FCAMPBELL
FINAL INSTRUMENT COUNT	M CONNOLLY	FCAMPBELL
FINAL DISPATCH COUNT	M CONNOLLY	FCAMPBELL

SCRUB PRACTITIONER VERIFICATION
I have reviewed this count and can verify my count is correct
SCRUB PRACTITIONER 1 (Sign) - M CONNOLLY
SCRUB PRACTITIONER 2 (Sign) - N/A ☐

OPERATION: PCB

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

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

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

Swabs (2x2)	3	Pledgelets		Caesarean Roll		ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (10x10)	10	Tapes				
Abdominal packs	7	Sloops/Slings				
Sutures	2	Bulldogs				
Blades		Shods				
IV needles		Ports				
Syringes		Tibbs Cannula				
Discard a-pad	1	Staple Gun Inserts				
Diathermy pencil	1	Spears				
Diathermy tips	1	Retrieval Bag (Bert)				
Scratch pad		Digital Tourniquets		Throat Pack IN	☐	
Reels		Pen & Ruler		Throat pack OUT	☐ ☐ ☐ ☐	
Patties		Bi-Polar		Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☐

DETAIL IN WHICH COUNT DISCREPANCY OCCURRED:-

Detail of the discrepancy:-

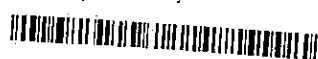
ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still incorrect
Datix Is Completed ☐
Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

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

RIGLEY FORCEPS
Central Decontamination Unit
1/01/2026 S13832
Production Id: 881483
D: 60654764300016066



CAESAREAN SECTION (SOUTHERN MAT)
Central Decontamination Unit
04/03/2026 S1710
Production Id: 886225
ID: 60654764300017066



REF FGUMA222A
GG&C C section Pack



2028-04

46885372

Pack:398

LOT

3 666520 173579

1612836909

DONALD

Diane

16/12/1983

27 St Andrews Way

Clydebank, Dunbartonshire

G81 1BP

NHS
Greater Glasgow
and Clyde

Consent Form

Name of proposed procedure or course of treatment Planned Caesarean Birth
(Include brief explanation if medical term not clear) + bilateral tubal ligation

Statement of health professional

(to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient, in particular, I have explained:

The intended benefits: Delivery of baby/babies through a cut in the abdomen (tummy) and uterus (womb) in a situation where the risks of vaginal delivery are more than those of a caesarean section operation

Serious risks*:

- Emergency hysterectomy, 7-8 women in every 1000 (uncommon)
- Need for further surgery at a later date, 5 women in every 1000 (uncommon)
- Admission to intensive care unit, 9 women in every 1000 (uncommon)
- Increased risk of a tear in the womb in future pregnancies, 2-7 women in every 1000 (uncommon)
- Developing a blood clot, 4-16 women in every 10 000 (rare)
- Stillbirth in future pregnancies, 1-4 women in every 1000 (uncommon)
- In a future pregnancy, the placenta covers the entrance to the womb (placenta praevia), 4-8 women in every 1000 (uncommon)
- Injury to the urinary system, 1 woman in every 1000 (rare)
- Death, approximately 1 woman in every 12 000 (very rare)

- Bleeding
- Infection
- Pain
- Irreversible
- 1:200 failure
- risk of ectopic pregnancy

Frequent risks*:

- Common: persistent wound and abdominal discomfort, repeat caesarean section in subsequent pregnancies, readmission to hospital, minor cuts to the baby's skin
- Uncommon: haemorrhage, infection

Any extra procedures which may become necessary during the procedure

blood transfusion

other procedure (please specify) hysterectomy, repair to damaged organs

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet/tape has been provided: _____

This procedure will involve (please circle):

general and/or regional anaesthesia

local anaesthesia

sedation

Signed D. R. M. Date 11/02/25

Name (PRINT) DAVID R. MINTERFORD Job title Consultant

Contact details (if patient wishes to discuss options later) _____

Woman's Consent

Signed Diane Donald Date 11/02/25

Name (PRINT) DIANE DONALD

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe she can understand

Signed _____ Date _____

Name (PRINT) _____

Immediate Discharge Letter Southern General Hospital

Dr Craig Lennox



The Maternity Unit,
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
03/03/2014

Dear Dr Lennox

Re :

Donald , Diane
43 Longden Street, Clydebank, Dumbartonshire, G81 1AG
16/12/1983
1612836909
Consultant : Judith Roberts

CHI: 1612836909

This para 1+0 delivered on 27/02/2014 at 19:27. This baby was born at Southern General Hospital.

Labour & Delivery			
Labour onset	Induction	Type Of Delivery	Normal (SVD)
Induction	ARM + Prostaglandin	Augmentation	
		Delivery Complications	
Length 1st Stage (hrs,mins)	03:15		IOI FOR MATERNAL REQUEST - SOCIAL ISSUES, PRIMED, ARM AND FSE, PROGRESSED TO SVD OF LIVE GIRL, APGAR 9/1 9/5, EBL 400MLS, THIRD STAGE COMPLETE.
Length 2nd Stage (hrs,mins)	00:17	Placenta	Complete
Length 3rd Stage (hrs,mins)	00:07	Membranes	Complete
3rd stage comments	Cord traction	Tears	2nd degree tear
Pain Relief	Entonox	Episiotomy	No
Blood Loss (mls)	400	Skin Closure	VICRYL RAPIDE
Reasons for Instrumental Delivery			

Infant			
Baby H.P.I.	2702148026	CHI Number	2702148026
Outcome	Livebirth	OFC (cm)	35.3
Sex	Girl	Crown Heel (cm)	
Gestation	40+0	Cord	On
Apgars	9 (at 5 Mins)	Hips	Normal(Left) Normal(Right)
Birth Weight (grams)	3542	Max Bilirubin	
Subsequent Weight (grams)		Phototherapy	
Vitamin K	Intra Muscular	Hearing (L, R)	Not Recorded Not Recorded
Baby Discharge Comments		Blood Spot PKU	
		Blood Spot CH	
		Blood Spot CF	
		Blood Spot Repeat	
		Feeding on Discharge	Formula only

Post Natal			
Blood Group	O Positive	Discharge date	
Anti D	Not Required	Discharge Address	43 Longden Street, G81 1AG, 07833226267.
Date Given		Drugs on Discharge	paracetamol, ibuprofen.
Rubella Vaccine	Not Required	Follow Up Appt.	
Date Given		Discharge Comments	
Postnatal Hb Result	Not Required		
Treatment	None		
Last Smear		Contraception	Male Barrier Obtained From : GP referral

Signature _____

Date _____

Consultant Letter Required? Y / N

Immediate Discharge Letter Southern General Hospital

Dr Craig Lennox



The Maternity Unit,
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
27/02/2014

Dear Dr. Lennox

Re :

Donald , Diane
43 Longden Street, Clydebank, Dumbartonshire, G81 1AG
16/12/1983
1612836909
Consultant : Judith Roberts

CHI: 1612836909

This para 1+0 delivered on 27/02/2014 at 19:27. This baby was born at Southern General Hospital.

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Length 3rd Stage (hrs,mins)	00:07	Membranes	Complete
3rd stage comments	Cord traction	Tears	2nd degree tear
Pain Relief	Entonox	Épisiotomy	No
Blood Loss (mls)	400	Skin Closure	VICRYL RAPIDE
Reasons for Instrumental Delivery			

Infant			
Baby H.P.I.	2702148026	CHI Number	2702148026
Outcome	Livebirth	OFC (cm)	
Sex	Girl	Crown Heel (cm)	
Gestation	40+0	Cord	
Apgars	9 (at 5 Mins)	Hips	
Birth Weight (grams)	3542	Max Bilirubin	
Subsequent Weight (grams)		Phototherapy	
Vitamin K	Intra Muscular	Hearing (L, R)	Not Recorded Not Recorded
Baby Discharge Comments		Blood Spot PKU	
		Blood Spot CH	
		Blood Spot CF	
		Blood Spot Repeat	
		Feeding on Discharge	

Post Natal		
Blood Group	O Positive	Discharge date
Anti D		Discharge Address
Date Given		Drugs on Discharge
Rubella Vaccine		Follow Up Appt.
Date Given		Discharge Comments
Postnatal Hb Result		

Acute Services Division
Women & Children's Directorate



Greater Glasgow
and Clyde

SGM Fetal Anomaly Scan Request Form

1612836909 F
DONALD 16/12/1983
Diane
43 Longden Street
Clydebank, Dunbartonshire
G81 1AG

Consultant: Robert

20wks gestation wk beg: 11-10-13

Investigation Required

☐ Medical Fetal Anomaly Scan

Tick all relevant clinical information below

- ☐ BMI ≥ 40
- ☐ MCDA twins
- ☐ Maternal Diabetes Type 1 or 2
- ☐ Raised MSAFP
- ☐ Epileptics on anticonvulsants
- ☐ Unexplained increased NT
- ☐ FH congenital cardiac anomaly (1st degree relative)
- ☐ Fetal viral infection
- ☐ Previous fetal abnormality amenable to U/S diagnosis
- ☐ Teratogen exposure which could result in problems amenable to U/S detection

☒ Sonographer Fetal Anomaly Scan

Singleton
MCDA twins

Please tick to confirm:

- ☒ Patient has consented
- ☒ Hand held notes signed

Additional Clinical Information

Referrer Name: AKSUC2

Designation: mb

Site: Robert

14/8/13

EDD 22-7-FEB-14

app given @
Cults - 11.10.13
J. Smith

NHS

Women & Children's Directorate

GP Antenatal use of low dose aspirin - notification letter

Greater Glasgow
and Clyde



1612836909

DONALD

Diane

43 Longden Street

Clydebank, Dunbartonshire

16/12/1983

G81 1AG

File in
C/note

Dear Doctor

This patient was seen today 14/8/13 (date) and is 7 (gestation)

by Greater Glasgow and Clyde Maternity Services at CUC (clinic)

and is in the care of SCU (hospital) Roberts (consultant)

The NICE Guideline for Hypertension in pregnancy (Guideline 107) recommends the use of low dose Aspirin for the prevention of pre-eclampsia in selected women at risk. This patient has the following risk factors and fulfils the criteria for 75mg aspirin daily from 12 weeks until delivery. I would be grateful if this could be prescribed.

RISK FACTORS FOR PRE-ECAMPSIA (please indicate)

HIGH	
☐ Hypertensive disease during a previous pregnancy	
☐ Chronic hypertension	
☐ Chronic renal disease	
☐ Autoimmune disease such as SLE or antiphospholipid syndrome	
☐ Diabetes - type 1 or type 2	
MODERATE	
☐ First pregnancy	
☐ Age ≥ 40 years	
☐ Pregnancy interval > 10 years	
☐ BMI > 35 at first visit	
☐ Family history of pre-eclampsia	
☐ Multiple pregnancy	
REQUIRES LOW DOSE ASPIRIN?	YES
	NO

If at least one High or two Moderate risk factors for pre-eclampsia then advise low dose aspirin (75mg) daily from 12 weeks until delivery unless contraindicated.

Yours sincerely

W. Shiel

Contact Tel. No

**SOUTH GLASGOW UNIVERSITY HOSPITAL
MATERNITY RECORD - SMR2**

Patient Identification

Patient Identifier:
 Post Code:

Surname:
 GP Practice Code:

First Forename:
 GMC No. of Referring GP/GDP/Consultant:

Date of Birth:

Sex:

Episode Management

Name of Consultant/HCP Responsible for Care:
 Admission Date:

Significant Facility:
 Admission Type:

Management of Patient:
 Admission/Transfer Form:

Previous Pregnancies

Number:
 Spontaneous Abortions [Miscarriages]:
 Therapeutic Abortions:

Caesarean Sections:
 Stillbirths:
 Neonatal Deaths:

Maternal Discharge Plan

Date of Discharge:

Condition of Discharge:
 Discharge Type:

Discharge/Transfer To Location:

Current Pregnancy

Number of Previous Admissions to Any Hospital in this Pregnancy:

Date of Booking:

Original Booking:

Delivery Plan - Place:
 Delivery Plan - Management:

Booking Change - Place:
 Booking Change - Management:

Weight:

Last Menstrual Period (LMP):

Estimated Gestation at Abortion or Delivery:

Duration of Gestation based on LMP:

Baby Record

	Baby 1	Baby 2
Presentation at Delivery		
Mode of Delivery		
Outcome of Pregnancy		
Birthweight [g]		
Resuscitation		
Apgar Score at 5 min.		
Sex		
OFC [cm]		
Neonatal Indicator		
Baby Discharged to		
Feed on Discharge		

Record of Labour

Steroids:

Induction of Labour [not augmentation]:

Analgesia during Delivery:

Duration of Labour [hours]:

Date of Delivery:

Sterilisation after Delivery:

Number of Births this Pregnancy:

Episiotomy:

Tears:

Senior Midwife Present at Delivery:

Indication for Operative Delivery:

Diabetes:

Booking Smoking History:

Smoker during Pregnancy:

Code:

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
MEDICAL IN CONFIDENCE
 GGC Obstetrics (Glasgow, vR13.0)

REFERRAL TO	
Obstetrics GGC Obstetrics	— Consultant / receiving practitioner and/or specialty clinic
Southern General Hospital 1345 Govan Road Glasgow G51 4TF	— Hospital and hospital address Hospital location code: G405H Email address:
Urgency of referral ROUTINE	
Date of referral 09-Jul-2013	Date sent 10-Jul-2013

PATIENT DETAILS		Patient's address
Surname	Donald	43 Longden St CLYDEBANK G81 1AG
Forename(s)	Diane	
Title	Miss	Contact number(s): Voice: 07833226267
Sex	Female	
Date of birth	16-Dec-1983	
CHI no.	1612836909	
Area of Residence	-	

101005626780M	Unique Care Pathway Number: 101005626780M
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr Craig A Lennox	Clydebank Health Centre Kilbowie Road Clydebank
GMC code	3317044 GP code 05517	
Practice name	The Green Medical Practice (18818)	Contact number(s): Voice: 0141 531 6425 Facsimile: 0141 531 6433
Practice code	40224	

REFERRING GP DETAILS		Practice address
Name	Dr R Dhillon GP Locum.	Contact number(s):
GMC code	6115441 GP code G87018	
Practice name	-	
Practice code	40224	

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

Description: Pregnant

Comment: Dear Doctor, I would be grateful if you could share the care of this 29 year old lady who is approx 6 weeks gestation with her LMP unknown. However she had intercourse on the 1st June 2013 since the birth of her child 6 months ago. She denied any PV bleeding or any abdominal pain. No nausea, vomiting or any mastalgia. A pregnancy test was carried out twice which was positive. She is 6 months post natal and is pregnant. She was initially quite concerned about the pregnancy but has decided to carry on with the pregnancy ultimately. On examination her weight was 58kg, blood pressure was 92/65, abdomen was soft and non-tender. I have given her the usual pregnancy care advice and I have started her on Folic Acid. Yours sincerely, Dr R Dhillon GP Locum.

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
Thyroid nodule	27x22mm left lobe	09-Jun-2010	09-Jun-2010
Psoriasis NOS	-	02-Oct-2008	02-Oct-2008
Overdose of drug	-	06-Jan-2003	06-Jan-2003
Chlamydial infection, unspecified	trachomatis	19-Sep-2002	19-Sep-2002
Congenital nasal septum deviation	-	04-Sep-2001	04-Sep-2001
Vasomotor rhinitis	-	04-Sep-2001	04-Sep-2001
[X]Overdose - paracetamol	-	26-Dec-1998	26-Dec-1998
[X]Overdose - ibuprofen	-	20-Feb-1998	20-Feb-1998
Closed fracture of bones, unspecified	minimally displaced	22-Jun-1995	22-Jun-1995

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Lobectomy of thyroid gland NEC	-	22-Feb-2013	22-Feb-2013
Patient pregnant NOS	-	15-Oct-2012	15-Oct-2012
Ultrasound scan	report stated that there was some internal hypervascularity with some peripheral calcification	09-Jun-2010	09-Jun-2010
Fine needle aspiration NOC	the tissue sample was blood stained and therefore not suitable for full analysis	09-Jun-2010	09-Jun-2010
Ultrasound scan NEC	there is a 3x2x1.25 cm lesion in the left lobe of thyroid. This contains some peripheral calcification with some areas of cystic degeneration but is largely solid	17-Mar-2010	17-Mar-2010
Blood grouping	Rh(D) positive	20-Feb-2010	20-Feb-2010
Termination of pregnancy NEC	at 22 weeks	20-Feb-2010	20-Feb-2010
Patient pregnant NOS	-	30-Dec-2009	30-Dec-2009
LLETZ - Large loop excision of transformation zone	CIN3	18-May-2009	18-May-2009
Meningitis vaccination	C	16-Nov-1999	16-Nov-1999

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

No current medications recorded

Maternity Summary Record

Please use black ink

Confidential

Personal details

CHI Age

Previous surname

Likes to be called

Home ☒

Other ☒

Change of details

Your address

Postcode

Home ☒ 07833226267

Other ☒

Partner/supporter details

Please tick if
emergency contact ☐

Name

Date of Birth

Relationship

Address

Postcode

Home ☒

Other ☒

Alternative/emergency contact

Name Liz Reilly

Relationship Aunt

Address Lives in Bristol

Postcode

Home ☒ 07968787245

Other ☒

Named midwife

GP

Affix label here or complete

Unit No

Surname/family name 1612836909 DONALD F

First name(s) Diane

Date of birth 16/12/1983

Address 43 Longden Street Clydebank, Dunbartonshire G81 1AG

Parity 1 + 0

Agreed EDD 27/2/14 LMP ? middle May 13

Blood group

Irregular antibodies Yes ☐ No ☐

Thrombosis risk factors

☐ Previous DVT ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies NK

Height Weight 60 BMI 23.1

Gestation BMI calculated

Special features

CO = 20

declines referral

Single mum 1st child

only 8 mths - unlikely to get support from father of this baby during pregnancy

Directions to home

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1	30/12/12	VENT	M	6lb13	40	SGH	Wen.
2							
3							
4							
5							
6							
7							
8							

Personal details

Family origin NS

Current religion or faith _____

Language used at home English

Help needed with interpreting, communicating or advocacy No ☒ Yes ☐

Cultural requirements/details on the above

Occupation _____

Provide details of social circumstances/family support. Detail any change of partner during pregnancy or the postnatal period

Referrals

/ / To _____
/ / To _____
/ / To _____

Key professionals

Named midwife _____

Midwifery team _____

Base _____

① _____

Obstetrician _____

Clinic _____

① _____

Health Visitor _____

Base _____

① _____

Social Worker _____

Base _____

① _____

Health status

Specific dietary needs No ☒ Yes ☐

Smoking status Smoker

At risk of passive smoking No ☒ Yes ☐

Problem alcohol use No ☒ Yes ☐

Problem drug use No ☒ Yes ☐

Details of any of the above

Domestic Abuse/Routine Enquiry

Seen alone at booking No ☐ Yes ☒

Routine enquiry question asked No ☐ Yes ☒

If not asked, document reason why

Abuse disclosed No ☒ Yes ☐

Current ☐ Past ☐

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

If domestic abuse disclosed remember to tick the box in the women field record referring midwives back to summary record (box in special features area).
Comments

Child protection

Issue raised on / /

Comments

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

General Practitioner _____

Base _____

① _____

Practice code _____

Other _____

Designation _____

Base _____

① _____

Other _____

Designation _____

Base _____

① _____

Chronology of Significant Events

Please detail below the strengths, assets and challenges faced by women and their families throughout pregnancy, birth and the post-natal period.

The chronology should contain:

- The date and time
- A brief description of the event
- Cross-reference to other records e.g. computerised records
- Each entry must be signed

Date/Time	Event	Action/Outcome	Signature

Planned place of birth and Pathway for antenatal care red or green

Lead professional

Designation

Change(s) to Planned place of birth and Pathway for antenatal care red or green

Reason

Signed

Booking completed by

Anne Fisher

Print

Designation

MLW

Date

14/8/13

Gestation

?

weeks

Location

CHC

Date	Gestation	BP	Urinalysis	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry. Please use 24 hour clock				
14/8/13	?	90/60	UAD	Booking bloods taken Wishes cubs & anomaly scan On Vit D. Anne of WC + flu vaccine HV + GP letters ✓ Scan 22/8/13 See CHC (4) Arrange review by Dr Roberts has had partial thyroidectomy 2013. (4) A. Fisher
22/8	13			Attend for cubs. GRA

11/10/13	DATA - all IT systems down, one ble to check previous notes. Sent FK please. S-L	
11.2.14	NAME: NAD BP 99/57 FRCV	
37-5	Fetal damp off and on 7 SRN	
	On palpation: longish cephalic presentation, 38cm	
	FHR 130 - 142 bpm. FmF	
	(L) buttocks, legs? ? scapula, unboresable	
	LOL - 27.2.14	
	Admit ward 5 28.2.14 @ 8pm	
	Danger Speculum	semi (conin (communication))
11/2/14 12:00	seen @ 11am 77 scan - par tx given by pt today & it can to have CTG as has been in dept for long time with young baby & feels the check in clinic was sufficient. Advised re-speculum examination to confirm if membranes have ruptured - pt states she cannot tolerate speculum & very anxious - reassurances given to pt that all care will be taken to avoid any discomfort & encouraged to relax & proceeded very gently. Pt allowed speculum to be almost fully inserted & no evidence of fluid leaking seen. Pt advised to monitor any further loss & wear smear pads - return for inspection @ 11am if required. Tri - pt advises "no chance" she will return for pt exam - strongly advised to call if any further concerns & stressed importance of reporting any 7 scan & in fact ANY deviation from normal. <u>Elorproly Sh</u>	

Date	Gestation	Antenatal/PNA admission
Remember to sign each entry		
26/1/14 2100	Admitted to ward 48. Had arrived @ 2000 but due to bed space availability was asked to wait in Day Room until bed available. Now shown to bed. Introductions made & orientated to ward. Water given.	
2200	Obs satisfactory as charted. Urinalysis + protein. Reports has had mild contractions earlier today. None at present. Membranes intact. Induction process explained & questions answered. Diane unhappy at being on PN ward & having been here for 2 hours already. Apologies given. Only one CTG available currently on this ward - in use at present. Diane unhappy that having to wait even longer. Phoned ward 50 - no bed available for transfer. Phoned UW coordinator, will come up to speak w/ Diane.	
2300	CTG commenced. o/p Fundus - dates, long i.e., ceph presentation, 31st cm palpable.	
2315	Jan O'Hare UW coordinator present to talk w/ Diane. A	
2330	VE - w/ consent to assess progress. CTG baseline 115bpm. Good variability >5bpm. Accelerations present. No decelerations. U/A nil. Overhead reassuring - reactive trace. VE - CX posterior. OS closed. Vx 0-3 station. Posterior. 3mg inserted into posterior fornix of vagina. CTG continues.	
0000	CTG baseline 125bpm. Variability reduced? sleep phase continues. No decelerations.	
0025	CTG baseline 120bpm. Variability improved >5bpm. Accelerations present. No decel. U/A nil. Overhead reactive - reassuring trace - discontinued. Diane reassured. Left to settle w/ baby. Knows to seek assistance if needed.	
0130	Asleep, not disturbed.	
07/2/14 1050	F12 CONVOZ Patient wishing to go down to WRVS. Advised should not leave the building as she is in early labour in case something was to happen such as she was to become unwell.	

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Folic Acid Tablets 400 micrograms	90	90 tablet	ONE TO BE TAKEN EACH DAY	-	03-Jul-2013	03-Jul-2013

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:		27-Feb-2013
Current smoker:	Attended for flu vaccine and repevax. Repevax BN H0353-2 Exp 04/14 given IM (L) deltoid. Imuvac BN A03 Exp 05/13 given IM (R) deltoid, Consent forms completed for both vaccines.	15-Oct-2012
Current smoker, 0 per day:		15-Oct-2012
Current smoker:		20-Apr-2012
Ex smoker:	Recorded through Combined Vaccination priority=2	07-Jan-2010

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Are you aware of any Vulnerability or Child Protection issues in relation to this pregnancy?:	Not Known	

Clinical warnings**Additional relevant information****Administrative information**

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

Signature of referring doctor (or other professional) Date



1612836909

DONALD

Diane

43 Longden Street

Clydebank, Dunbartonshire

G81 1AG

16/12/1983

Fing - Ultrasound Report NHS GG&C

All Bold Fields are Mandatory
measurements/anatomy checks

Date	11/10/13	
Gestational Age	20+1	
HC (mm)	171.0 mm	
Ventricles (mm)	7.4 mm	
Cerebellum	✓	
TCD (mm)	19.9 mm	
Lips and nasal tip	✓	
Profile	✓	
4 chamber heart	✓	
RVOT	✓	
LVOT	✓	
Diaphragm	✓	
AC (mm)	152.0 mm	
Stomach	✓	
Abdominal wall	✓	
Kidneys	✓	
Bladder	✓	
Spine	✓	
Upper limbs	✓	
Hands	✓	
Lower limbs	✓	
Feet	✓	
FL (mm)	32.3 mm	
Fetal sex (if requested)	? Girl	
Liquor Volume	N	
Placental Site	Posterior not low	
Comments		
Review		
Operator	Dy of Fraser	

Hospital Name:

Hospital Number  ht: _____

DOB: 1612836909 F
DONALD 16/12/1983 ht: _____

Diane
43 Longden Street
Clydebank, Dunbartonshire
ce area: _____

Date of Admission G81 1AG
Consultant Name _____

[illegible]

		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?		Y/N			
RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N					
Parenteral Drugs : Regular Prescription					
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	A		DRUG		Other time
	DOSE		ROUTE	DATE	0700-0900
	PRESCRIBER (PRINT & SIGN)		DATE	1200-1400	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		STOPPED INITIALS:	1600-1800	
			2200-2400		
		Other time			
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	B		DRUG		Other time
	DOSE		ROUTE	DATE	0700-0900
	PRESCRIBER (PRINT & SIGN)		DATE	1200-1400	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		STOPPED INITIALS:	1600-1800	
			2200-2400		
		Other time			
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	C		DRUG		Other time
	DOSE		ROUTE	DATE	0700-0900
	PRESCRIBER (PRINT & SIGN)		DATE	1200-1400	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		STOPPED INITIALS:	1600-1800	
			2200-2400		
		Other time			

Patient's Own Medicine
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)

- 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.

[illegible]

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 | PIG = radiologically inserted gastrostomy |
| NJ = nasojejunosotomy | PEJ = percutaneous endoscopic jejunostomy |
| TU = topical | ETT = endotracheal |
| NEB = nebulised | INHAL = inhaled |
| IV = Intravenous | |
- Please note - Intrathecal must be written in full.'

FOR NURSES

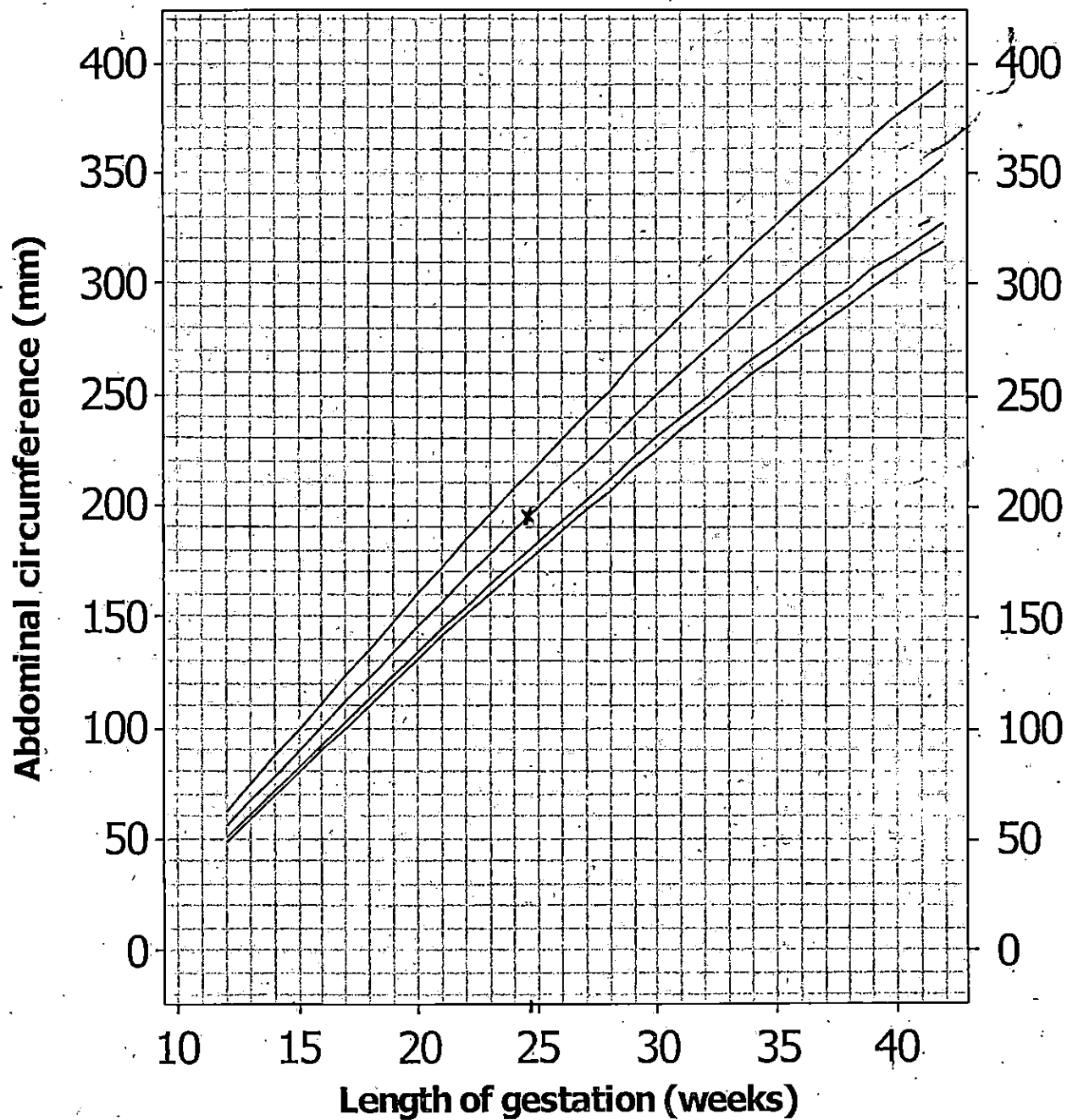
1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at 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

- | | | | |
|------------------------|--|--|--|
| 1 Patient refused | 7 Patient asleep | 11 Unable to swallow | 14 Other - Record in nursing notes |
| 2 Drug not available | 8 Time varied on doctor's instructions | 12 No intravenous access | 15 Prescription clarification required |
| 3 Nil by mouth/fasting | 9 Dose withheld on doctor's instructions | 13 Patient Self-Administration of Medicine | |
| 4 Patient unavailable | 10 Nausea/vomiting | | |

Abdominal circumference growth

5th, 10th, 50th and 95th centiles



Adapted from Loughna et al. Ultrasound, August 2009, Vol 17, Number 3



1612836909

DONALD

Diane

43 Longden Street

Clydebank, Dunbartonshire

F

16/12/1983

G81 1AG

Date	22.8.13				
GA dates	GA U/S	13+0			
Fetal No.	ONE				
FH	+VE				
CRL	67.8				
BPD HC	73.4				
FL					
Comment & operator	Posterson PLACENTA STOMACH SEEN NT = 1.4 A. DUBOTSKY				

Detailed scans

Procedures

Date				
Head				
Ventricles				
Spine				
LCV				
Diaphragm				
Abd. wall				
Stomach			Features to Note	
Kidneys				
Bladder				
4 Limbs				
Sex				
Face				
Comment & operator				

Date	12.11.13				
GA by EDD	24+5				
Presentation	CEPH				
FH	+VE				
BPD					
FL	44				
HC	222				
AC	195				
EFW					
H:T ratio					
Placenta	POSTERIOR NOT LOW				
Liquor	NORMAL				
Activity	+VE				
Breathing					
Tone					
Doppler					
Comments & Operator	FETAL STOMACH KIDNEYS BLADDER SEEN A. DUBOTSKY				

Maternity Summary Record

Please use black ink

Personal details

CHI, Age

Previous surname

Likes to be called

Home ☒

Other ☒

Change of details

Your address

Postcode

Home ☒

Other ☒

Partner/supporter details

Please tick if
emergency
contact ☐

Name

Date of Birth

Relationship

Address

Postcode

Home ☒

Other ☒

Alternative/emergency contact

Name

Relationship

Address

Postcode

Home ☒

Other ☒

Named midwife

GP

Affix label here or contact

Unit No 1612836909
Surname/family name DONALD F
First name(s) Diane 16/12/1983
Date of birth 43 Longden Street
Address Clydebank, Dunbartonshire
G81 1AG
Postcode

Parity +

Agreed EDD 27/2/14 LMP 1/1/14

Blood group

Irregular antibodies Yes ☐ No ☐

Thrombosis risk factors

☐ Previous DVT ☐ BMI ≥ 30 ☐ Age > 35

☐ Parity > 4 ☐ Other

Allergies

Height Weight BMI

Gestation BMI calculated

Special features

Directions to home

Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1						
2						
3						
4						
5						
6						
7						
8						

Personal details

Family origin

Current religion or faith

Language used at home

Help needed with interpreting,
communicating or advocacy No ☐ Yes ☐

Cultural requirements/details on the above
.....
.....
.....
.....
.....

Occupation

Provide details of social circumstances/family support.
Detail any change of partner during pregnancy or the
natal period
.....
.....
.....
.....
.....

Referrals

/ / To
/ / To
/ / To

Key professionals

Named midwife

Midwifery team

Base
①

Obstetrician

Clinic
①

Health Visitor

Base
①

Social Worker

Base
①

Health status

Specific dietary needs No ☐ Yes ☐

Smoking status

At risk of passive smoking No ☐ Yes ☐

Problem alcohol use No ☐ Yes ☐

Problem drug use No ☐ Yes ☐

Details of any of the above
.....
.....
.....

Domestic Abuse/Routine Enquiry

Seen alone at booking No ☐ Yes ☐

Routine enquiry question asked No ☐ Yes ☐

If not asked, document reason why
.....
.....

Abuse disclosed No ☐ Yes ☐

Current ☐ Past ☐

Please document in 'Further information/details of
maternity care' and ensure all appropriate referrals made

If domestic abuse disclosed remember to tick the box
in the women held record referring midwives back to
summary record (box in special features area).
Comments
.....
.....

Child protection

Issue raised on / /

Comments
.....
.....

Please document in 'Further information/details of
maternity care' and ensure all appropriate referrals made

General Practitioner

Base
①

Practice code

Other

Designation

Base
①

Other

Designation

Base
①

Chronology of Significant Events

Please detail below the strengths, assets and challenges faced by women and their families throughout pregnancy, birth and the post-natal period.

The chronology should contain:

- The date and time
- A brief description of the event
- Cross-reference to other records e.g. computerised records
- Each entry must be signed

Date	Time	Event/Description	Signature

Planned place of birth and Pathway for antenatal care red or green

Lead professional

Designation

Change(s) to Planned place of birth and Pathway for antenatal care red or green

Reason

Signed

Booking completed by

Print

Designation

Date

/ /

Gestation

weeks

Location

Date	Gestation	BP	Urin	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry. Please use 24 hour clock.				
8.10.13	19 ⁺ W145			Partial thyroid lobectomy on 21.2.13 Histology Benign follicular adenoma.
CIN3 LLETZ				TFT in July: normal Hb: 133 Ferritin 146 Has a FAI - +6x length on 11.10.13

Single parent.
Has no relatives - Aunt coming up from BwAol
for delivery hence wishes to be induced
and also wishes to get a date today.
No medical reason for son @ this pt of time
wishes to see DR. Roberts today

8.10.13. Well. Wishes 10L around EDD
- seems reasonable
I will review at SQH - 37 wk

J. Roberts (Gn)

Has no relatives - Aunt coming up from Bw. Not
for delivery hence wishes to be induced
and also wishes to get a date today.
No medical reason for IOL @ this pt of time
wishes to see DR. Roberts today

p. 421 v. 11g

Спрост.сет

Well. Vishes 10L' around EDD

= seen reasonable

I will review at SGH - 37 Jk

J. V. B. 171 (C. 1)

Immediate Discharge Letter Southern General Hospital

Dr Craig Lennox



The Maternity Unit,
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
27/02/2014

Dear Dr Lennox

Re :

Donald, Diane
43 Longden Street, Clydebank, Dumbartonshire, G81 1AG
16/12/1983
1612836909
Consultant : Judith Roberts

CHI: 1612836909

This para 1+0 delivered on 27/02/2014 at 19:27. This baby was born at Southern General Hospital.

Labour & Delivery			
Labour onset Induction	Induction ARM + Prostaglandin	Type Of Delivery Augmentation Delivery Complications	Normal (SVD)
Length 1st Stage (hrs,mins)	03:15		IOL FOR MATERNAL REQUEST - SOCIAL ISSUES, PRIMED, ARM AND FSE, PROGRESSED TO SVD OF LIVE GIRL, APGAR 9/1 9/5, EBL 400MLS, THIRD STAGE COMPLETE.
Length 2nd Stage (hrs,mins)	00:17	Placenta	Complete
Length 3rd Stage (hrs,mins)	00:07	Membranes	Complete
3rd stage comments	Cord traction	Tears	2nd degree tear
Pain Relief	Entonox	Episiotomy	No
Blood Loss (mls)	400	Skin Closure	VICRYL RAPIDE
Reasons for Instrumental Delivery			

Infant			
Baby H.P.I.	2702148026	CHI Number	2702148026
Outcome	Livebirth	OFC (cm)	
Sex	Girl	Crown Heel (cm)	
Gestation	40+0	Cord	
Apgars	9 (at 5 Mins)	Hips	
Birth Weight (grams)	3542	Max Bilirubin	
Subsequent Weight (grams)		Phototherapy	
Vitamin K	Intra Muscular	Hearing (L, R)	Not Recorded Not Recorded
Baby Discharge Comments		Blood Spot PKU	
		Blood Spot CH	
		Blood Spot CF	
		Blood Spot Repeat	
		Feeding on Discharge	

Post Natal		
Blood Group	O Positive	Discharge date
Anti D		Discharge Address
Date Given		Drugs on Discharge
Rubella Vaccine		Follow Up Appt.
Date Given		Discharge Comments
Postnatal Hb Result		

Labour and Birth Record

Confidential

PLEASE USE BLACK INK



1612836909

DONALD

F

Diane

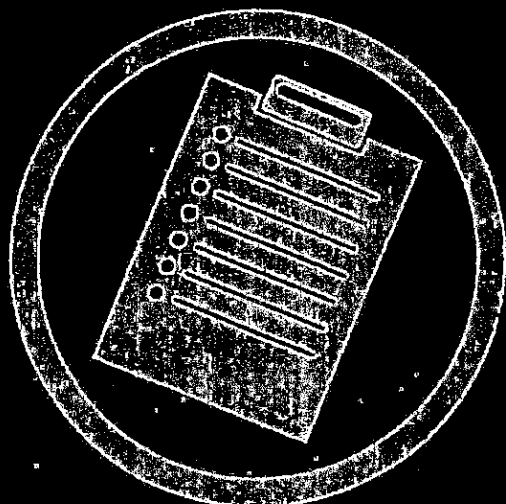
16/12/1983

43 Longden Street

Clydebank, Dunbartonshire

G81 1AG

A barcode number system which contains information about the patient and the record.



If you find this record,
please return it to the
nearest Maternity Unit or
General Practitioner surgery
as soon as possible.

Labour and birth record: Initial assessment for spontaneous labour

Date / /	Time :	Gestation	Location
Referred from		Referred by	
History of contractions			
Current contractions ☐ per 10 minutes Strength Duration seconds			
Membranes ☐ Intact ☐ Unsure ☐ Ruptured on / / at			
Liquor colour		Other vaginal loss	
Pulse	BP /	Temp °C	Urinalysis
Oedema	Fetal movements		

Abdominal examination Fundal height cm Lie Presentation Position Presenting part - 5th palpable Fetal heart rate Maternal pulse Comments Other observations/information on assessment Signature: Date / /	Vaginal examination Indication Procedure explained and verbal consent given ☐ Cervix: position consistency effacement/ length dilatation Presenting part: relation to ischial spines position caput moulding Membranes ☐ Intact ☐ Ruptured Liquor seen ☐ No ☐ Yes Colour Fetal heart after examination Comments Signature: Date / /
---	--

Concerns/Risks/ Significant Factors from antenatal period/social history/medical history
Please document here

Please document here

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Initial assessment for spontaneous labour (continued)

Discussion of preferences for labour and birth

Comments and details of any revised preferences

Signature: _____ Date / /

Plans for initial care following discussion with the woman

Continuous CTG.

Circle Pathway as per KCND Pathways for Maternity care Green – Midwife Led Care Red – Maternity Team Care

Lead Care Provider for Intrapartum Care _____

Initial monitoring intentions for fetal heart rate:

Method Continuous Reason for choice LOL

Frequency _____ Signature: _____ Date / /

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour

Date 26/2/14 Time 22:00 Gestation 39+6 Location _____

Induction authorised by _____ Explanation/Indications _____ Advice given ☐ No ☐ Yes

Designation/grade _____ History of contractions ☐ No ☒ Yes

Indication for induction

☐ Post dates pregnancy (Refer to KCND Pathways for Maternity Care).

☐ Obstetric complication: specify _____

☐ Membranes swept ☐ No ☐ Yes Date 1/1

☐ Pre-labour rupture of membranes (> 72 hours)

☒ Other: specify Maternal Request

Initial assessment

Urine activity ☒ No ☐ Yes Details _____

Membranes ☒ Intact ☐ Unsure ☐ Ruptured on 1/1 at _____

Liquor colour _____ Other vaginal loss _____

Pulse 94 BP 99/64 Temp 36 °C Urinalysis _____

Oedema N.I. Fetal movements FME by mmm

Abdominal examination

Fundal height = dots cm Lie long

Presentation ceph Position _____

Presenting part - 5th palpable 315

Fetal heart rate (pre VE) 136 Maternal pulse 94

Fetal heart rate (post VE) 125

Comments _____

Cervical scoring

Total score <u>1</u>		Pain score			
		0	1	2	3
Cervical feature	Dilation (cm)	<u><1</u>	1-2	2-4	>4
	Length of cervix (cm)	<u>>4</u>	2-4	1-2	<1
	Station (cm)*	<u>-3</u>	-2	1/0	+1/+2
	Consistency	Firm	<u>Average</u>	Soft	-
	Position	<u>Posterior</u>	Mid/anterior	-	-

* Relative to the ischial spines

Comments Protr 3mg into posterior
bric of vagina

Signature: SP Date 26/2/14 23:30

Concerns/Risks/Significant Factors from antenatal period/social history/medical history

Please document here _____

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour (continued)

First review following Induction/Augmentation Date 27 / 2 / 14 Time 06 : 35

Details of fetal monitoring CTG Uterine activity ☐ No ☒ Yes Details mild

Membranes ☒ Intact ☐ Unsure ☐ Ruptured on 1 / 1 at liquor

Abdominal examination

Fundal height = 26 cm Lie long

Presentation ceph Position

Presenting part - 5th palpable 3/5 x 2

Fetal heart rate (pre VE) CTG Maternal pulse 87

Fetal heart rate (post VE) CTG

Comments

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details

Signature: Date 1 / 1

Cervical scoring

Total score <u>4</u>		Bishop score			
		0	1	2	3
Cervical feature	Dilation (cm)	<u><1</u>	1-2	2-4	>4
	Length of cervix (cm)	>4	<u>2-4</u>	1-2	<1
	Station (cm)*	<u>-3</u>	-2	1/0	+1/+2
	Consistency	Firm	Average	<u>Soft</u>	-
	Position	Posterior	<u>Mid/ anterior</u>	-	-

Comments 3mg Prostin given IV

Second review following Induction/Augmentation Date 1 / 1 Time

Details of fetal monitoring Uterine activity ☐ No ☐ Yes Details

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on 1 / 1 at liquor

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate (pre VE) Maternal pulse

Fetal heart rate (post VE)

Comments

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details

Signature: Date 1 / 1

Cervical scoring

Total score <u>8</u>		Bishop score			
		0	1	2	3
Cervical feature	Dilation (cm)	<1	1-2	<u>2-4</u>	>4
	Length of cervix (cm)	>4	2-4	1-2	<u><1</u>
	Station (cm)*	<u>-3</u>	-2	1/0	+1/+2
	Consistency	Firm	Average	<u>Soft</u>	-
	Position	Posterior	<u>Mid/ anterior</u>	-	-

Comments

Third review following Induction/Augmentation Date 1 / 1 Time

Details of fetal monitoring Uterine activity ☐ No ☐ Yes Details

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on 1 / 1 at liquor

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate (pre VE) Maternal pulse

Fetal heart rate (post VE)

Comments

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details

Signature: Date 1 / 1

Cervical scoring

Total score <u> </u>		Bishop score			
		0	1	2	3
Cervical feature	Dilation (cm)	<1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour (continued)

Initial method of induction

☒ Prostaglandins Dose 3mg x2

☐ Other Name _____

Type _____ Route _____

Prescribed by _____

Administered by _____

Administered on 1/1 at _____

Oxytocin infusion

Commenced on 1/1 at _____

Comments/details _____

Amniotomy

Fetal heart rate before 120-130bpm

Performed by G. Gordon

Performed on 27/2/14 at 15:55

Liquor volume, normal/excessive/reduced/nil

Liquor colour clear

Fetal heart rate after 120-130bpm

Cord/Limbs felt ☒ No ☐ Yes

Comments _____

Signed [Signature] 27/2/14

Discussion of preferences for labour and birth, comments and details of any revised preferences

- skin to skin at delivery
- verbal consent active 3rd stage / 1M
Syntocinon
- verbal consent for baby to receive
Konakion

Signed _____ Print _____ / / at _____

Plans for continued process of induction following discussion with the woman (including monitoring)

Continuous CTG.
Syntocinon if not contracting
adequately.

Signed _____ Print _____ / / at _____

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour (continued)

Date Time		
Please use 24 hour clock and sign each entry and retain your details in 'Worship signature' section on the back cover		
26/2/14	2100	Admitted to ward 48 for IOL. Introductions made & orientated to ward. P 1+1 POS 39+6 PMHx - Partial thyroid lobectomy 2013 POHx - 1x ventouse del 2012. DHx - nil, no allergies. Appears well. Obs @ as charted. Urinalysis + protein. Induction process explained & questions answered. Diane unhappy w/ being in PN ward. Apologies given. Co ordinator Sr O'Hare will come up to speak w/ Diane.
	2300	CTG commenced. OIP Fundus = darts, long tie, cephalic pres. 315th palp. Left w/ breeze. SB
	2315	Sr O'Hare present. SB
	2330	CTG baseline 115bpm. Good variability >5bpm. Accelerations present. No decelerations. U/A nil. Overall reactive & reassuring trace. VE'd w/ consent. Cx posterior, closed, thick. Vx 0-5 station. Prostin 3mg inserted into posterior fornix of vagina. CTG continues SB
27/2/14	0000	CTG baseline 125bpm. Variability reduced, ? sleep phase. No decels. Continues SB
	0025	CTG baseline 120bpm. Variability improved >5bpm. Accelerations present. No decels. Overall reactive

HB on 27/02/14 @ 06:10 → 10:15

U POSITIVE

WCC 9.4

Progress

/2cm per hour is acceptable as per KCND Path

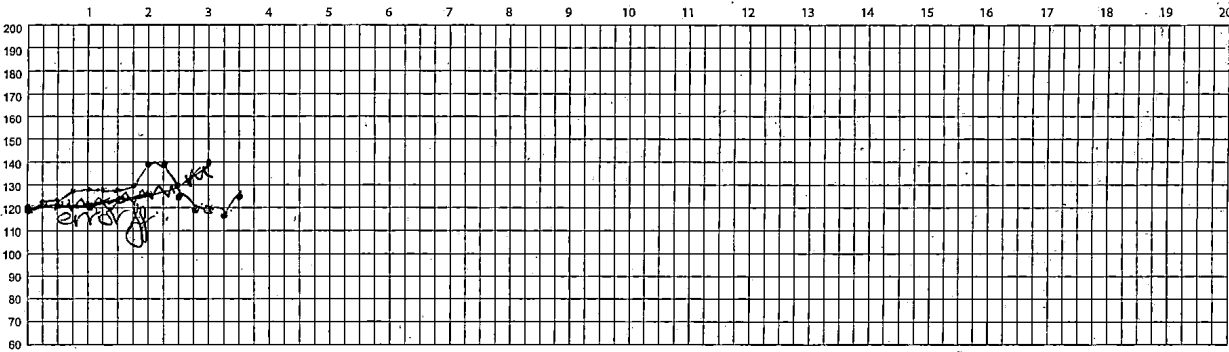
s for Maternity Care

Date

27/2/14

Hours of labour

- ☒ Continuous electronic monitoring
- ☐ Intermittent monitoring
- ☐ Fetal Scalp Electrode
- ☐ Handheld Doppler
- ☐ Pinard stethoscope



Fetal pH

Liquor

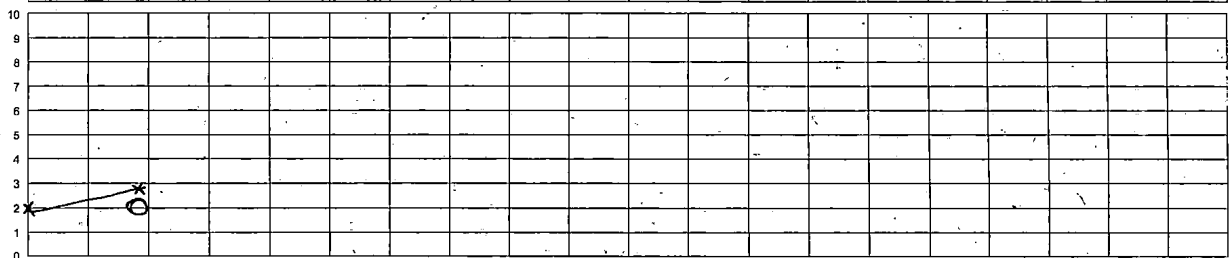
Capit/moulding

Position

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
CL	CL	CL	CL																
CL	CL	CL	CL																

Cervical dilation (cm)

Descent of presenting part (abdominally)



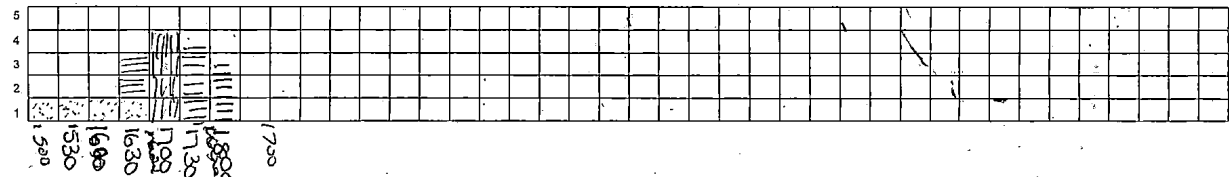
Contractions per 10 minutes

Duration

Mild/fair 30 seconds

Moderate 30-50 seconds

Strong 50 seconds



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Time (use 24 hour clock)	5:00	5:30	6:00	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	
Syntocinon																					
Epidural																					
Medications (including all analgesia & antacids)	Morphine 150mg orally		N.S. Syntocinon																		
Blood pressure																					
Pulse (●)																					
Urine analysis																					
Urine volume																					
Maternal temperature (°C)	35.8°																				
Pool temperature (°C)																					

Consideration should be given to pressure area care. Risks include Immobility, moisture and poor nutrition.

For further advice see www.healthcareimprovementscotland.org for SSKIN care bundle.

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
21/2/14	00 ²⁵ cont.	reassuring trace d-continued
		Diane left to settle - I advise knows to seek assistance if needed. SK
	0130	Asleep Left undisturbed. SK
	0345	Asleep Left undisturbed. SK
	0605	OTF Diane has slept for short periods
		o/n. Appears well, feeling mild crampy pain only. Not requiring pain relief at this time
		o/p Fundus = dates, long lie, ceph pres,
		3/5ths palp. FMR by man.
		CTG commenced. SK
	0635	CTG baseline 115bpm. Good variability >5bpm
		Accelerations present. No decels. U/A
		incoordinate, mild. Overall reactive trace
		VE'd w/ consent to assess progress
		Vx 0-3 station
		Cx mid position, soft, closed
		Findings explained to Diane
		CTG continues. 3mg Paracetamol given PV. SK
	0705	CTG baseline 115 bpm. Good variability >5bpm
		Accelerations present. No decels. U/A mild
		incoordinate. Overall reactive trace
		discontinued. Tea & toast given. Wishes
		to leave hospital to get money. Advised
		need to d/w to medical staff. Knows
		to seek assistance in meantime if needed. SK
	0715	D/w med staff. Will need to sign self out.

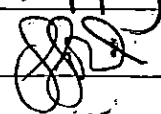
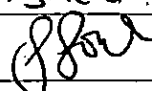
Please use 24 hour clock and sign with entry and leave your details in the 'Where signed in' section on the back cover.

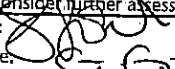
21/11/14	1240	discussed scene w/ Dine, happy w/ scene. 82
21/11/14	1240	transferred to W450. Having regular mild uterine activity fonglie, cephalic presentation head at 10cm. CTG commenced for review following presentation at 0635 <i>phubster</i>
21/11/14		Para 1 at T 10L had 2 dose of 16L2 last 0635
		having some uterine activity CTG reactive → 1st 16L to assess Interventions (Cn)
21/11/14	1345	SN medium PA 415, long ceph VC: CX ant, 2cm, fully effaced 1x0-3cm
		② TF to 15 when ready for mem.
		<i>Bill</i>
	1345	CTG discontinued. Baseline 120bpm, good <i>medium</i> variability. Accelerations noted. Advice to inform staff any concerns <i>phubster</i>
21/11/15	10	Care by NMG Gordon / struck Tweedie transferred to the labour suite for 10L - maternal request. Diane drinking 'coke' o/a. Advised that once we commence 10L, we recommend only water. Reasons for same explained. <i>8803</i>

G. Gordon

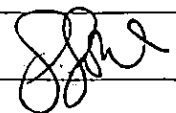
N/A

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover		
27/2/14	15 ¹⁵	Diane admitted to Labour Ward room 4
		from Ward 50. P1+0 @ Term today.
		10L pt Maternal request.
		Medical history:
		- CIN III treated 4/5yrs ago
		- Partial thyroidectomy in 2013 for a growth
		- Small APH in previous pregnancy
		No regular medication, No allergies
		Admitted to Ward 48 at 2100 hrs on
		26/2/2014 for 10L. Transferred to
		Ward 50 at 12 ⁴⁰ hours on 27/02/2014
		as Diane unhappy being in postnatal
		Ward.
		Last VE at 1345:
		Cx anterior
		2cm Dilated
		Fully effaced
		VxO - 3cm
		2 x prostin given, first at 26/2/14 at
		2330 and the second at 0635 on
		27/02/14.
		On palpation Cephalic presentation,
		long lie, 4/5 palpable. <i>Uthwal</i>
	15 ²⁵	Diane in bed now on CTG.
		BP 114/64, P 93, FHR 112 - 126 bpm.
		Water provided. <i>Uthwal</i>
	15 ⁴⁰	Last bloods taken at 06 ²⁶ on
		27/02/14. Platelets - 234, WCC - 9.6, Hb 109 <i>Uthwal</i>

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
27.2.14	1545	Discussed with Sr Killic. Medical staff busy in theatre. Happy for me to do AEM. 
		CTG reassuring
	1555	VE to perform AEM w/ consent aided by use of Entonox.
		Vulva & vagina normal
		PP cephalic at 0-2
		cervix posterior, almost effaced.
		OS 3cm dilated.
		Membranes felt. AEM performed easily.
		Liquor clear.
		FHR post exam.
		Syntocinon infusion discussed.
		Diane wishes to wait for 1 hour to see if labour gets established. 

INTRAPARTUM CTG		Date: 27.2.14	Time: 1600
Identify Risk	Specify: 10L. Prostin x2		
Contractions/10 mins	Dilatationcm	Liquor colour Clear/Meconium/Blood stained	Maternal Pulsebpm
Baselinebpm	Reassuring 110-160	Non-reassuring 100-110 160-180	Abnormal <100 >180
Variabilitybpm	5bpm or more	<5 bpm for 40 min or more (but < 90 min)	<5 bpm for 90 min or more
Accelerations	Present	None	The absence of accelerations in an otherwise normal CTG is of uncertain significance
Decelerations	None	Early. Variable. Single prolonged up to 3 min.	Atypical variable. Late or sinusoidal. Single prolonged > 3 min.
Assessment	Normal CTG (all 4 features reassuring)	Suspicious (one non-reassuring feature) Consider further assessment.	Pathological (2 or more non-reassuring or one or more abnormal features) For further assessment.
Document Action Plan in Case Record		Signature:  Print name: G Gordon	Designation: M/W

MIS 239708

	Baseline review of CTG.
	For 'fresh eyes' in 1 hour. 

Date:	Time:	Details:
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover		

27.12.14	1605	Declines to mobilise. Birthing ball offered.
	1645	Timings on Partogram incorrect. Partogram redrawn in red ink.
	1700	Palpated contractions as increasing in strength now. 4:10 mins
	1715	Diane now using entonox as contractions becoming soier.

INTRAPARTUM CTG		Date:	Time:
Identify Risk	Specify:	27/12/14	1715
Contractions/10 mins	Dilatationcms	Liquor colour Clear/Meconium/Blood stained	Maternal Pulsebpm
Baselinebpm	110 - 160	100 - 110 160 - 180	Abnormal < 100 > 180
Variabilitybpm	5 bpm or more	< 5 bpm for 40 min or more (but < 90 min)	< 5 bpm for 90 min or more
Accelerations	Present	None	The absence of accelerations in an otherwise normal CTG is of uncertain significance
Decelerations	None	Early, Variable, Single prolonged up to 3 min.	Atypical variable, Late or sinusoidal, Single prolonged > 3 min.
Assessment	Normal CTG (all 4 features reassuring)	Suspicious (one non-reassuring feature) Consider further assessment.	Pathological (2 or more non-reassuring or one or more abnormal features) for further assessment.
Document Action Plan in Case Record		Signature: <i>[Signature]</i> Print name: <i>[Signature]</i>	Designation: <i>[Signature]</i>

1725	Back from break.
	CTG reassuring. Baseline 120-130 bpm. Variability 7.5 bpm. Accelerations observed.
	No decelerations. W/A 3:10.
	Becoming stronger.
	Using entonox effectively
1740	Diane coping well. Baby active. Pads changed as required

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

27.2.14	18:00	Hot pack for backache.
		Advised to remove some if too hot. Up to toilet.
		U/A 2-3:10. Would benefit from mobilising at bedside - not keen
	18:15	Bed placed in 'chair' position.
		If U/A does not improve, to reassess & consider syntocinon.

INTRAPARTUM CTG		Date: 27.2.14	Time: 18:15
Identify Risk	Specify: 10L Prostun X2		
Contractions 2-3/10 mins	Dilatation 3 cms	Liquor colour Clear/Meconium/Blood stained	Maternal Pulse 82 bpm
	Reassuring	Non-reassuring	Abnormal
Baseline 120-130 bpm	110-160	100-110 160-180	<100 >180
Variability 5 bpm or more	5 bpm or more	<5 bpm for 40 min or more (but <90 min)	<5 bpm for 90 min or more
Accelerations Present	Present	None	The absence of accelerations in an otherwise normal CTG is of uncertain significance.
Decelerations None	None	Early, Variable, Single prolonged up to 3 min.	Atypical variable, Late or sinusoidal, Single prolonged >3 min.
Assessment Normal CTG (all 4 features reassuring)	Suspicious (one non-reassuring feature) Consider further assessment.		Pathological (2 or more non-reassuring or one or more abnormal features) For further assessment.
Document Action Plan in Case Record	Signature: [Signature] Print name: G. Gordon		Designation: M/W

8:25	U/A improving now in a more upright position.
18:30	Diane not coping with monitor strap for fetal U/A.
18:35	VE to apply FSE 1/2 consent Vulva & vagina normal PP cephalic 0-1 cervix effaced os 5 cm dilated FSE applied

PTD

It is a note 2114 (cont) Poor pick up with same FSE attachment / Toco changed. Pick up remains poor. Discussed with Diane. Happy for further VE to apply FSE again.

1845 VE to reapply FSE.

Vulva & vagina normal
PP cephalic at 0-1
Genix effaced.
OS 8cms dilated

FSE applied and working
FH 120-130 bpm posterior
1855 Ducto (L) side. Backache

1900 FH 115-125 bpm.
Urges to push. NL visible

1904 Involuntary pushing
Variable decelerations $\downarrow$ 102 bpm
Good variability

1905 Bumped prolonged decel which recovered
Spontaneously 3 associated rectal pressure
& anal pushing. Prepare for delivery.
Full explanation given. ~~Active~~ status

1930 Written retrospectively.
19.05 FH $\downarrow$ 60-70 bpm. Not recovering
Assistance called.
S/VKUC into room

27.2.14	19.08	FH 90-100bpm. Involuntary pushing.
	19.10	VE to assess. - Fully dilated
		at spine. Active pushing
		encouraged FH 100-110bpm
	19.14	Pushing well. PP just visible
	19.16	into lithotomy. Good variability.
		ED accelerators continue.
		FH 90-100bpm. Good maternal
		effort. PP advancing
	19.20	FH 90-100bpm.
		PP advancing well.
	19.25	FH 120-140bpm. PD called.
	19.26	Head delivered. Perineum stretching
	19.27	Progressed to 5VD.
		Live girl.
		Cried spontaneously. Nil required.
		Good clamped & cut at
		2 minutes. Skin to skin
	19.34	Placenta & membranes
		by C&T. Appear complete
		EBL 400mls
	19.40	MD. G. Smith into
		room. Care handed over
		to same
	19.45	Perineum inspected. - 20 tear noted
		will require sutured. (Gsmith)/Dm. 5/16
	20.00	20 tear sutured. with vicryl suture
		using the Fleming method.

One
taken over
S. Smith
G. Smith

2112/14	2045	Voltazol 100mg given PR.	Am
	2050	Finds firm & central. Lochie average. BP 117/68 P99.	Am
	2100	Tea & sandwich given.	
		Has buzzer.	Am
	2145	Returned to room. Has had shower, feels well. BP 99/58 P100.	
		Finds & lochia satisfactory.	Am
	2200	Fit for transfer to ward 48.	Am

Labour and birth summary - mother page 1

	Date	Onset	Duration	Print name	Designation
First stage	27/2/12	15:55		Delivered by PIN Number of delivering Midwife	K. Tweedle Mw
Second stage	27/2/12	19:10			
Third stage	27/2/12	19:21		Also present	G. Gordon Mw
End of third	27/2/12	19:34		Type of delivery (operative or non-operative, natural or assisted, vaginal or caesarean)	
Total duration of labour					
SRM (ARM)	27/2/14	15:55			

Induction of labour ☐ No ☒ Yes

Indication Maternal request

Augmentation of labour ☐ No ☐ Yes

Indication

Presence of meconium liquor ☐ 1st stage ☐ 2nd stage

Description of meconium

Maternal pyrexia in labour ☐ No ☐ Yes

Maternal antibiotics given ☒ No ☐ Yes

Details

Shoulder dystocia at birth ☐ No ☐ Yes

Maternal bloods taken ☐ No ☐ Yes

Indication

One-to-one midwifery care received throughout labour & childbirth ☐ No ☐ Yes

Comments

Labour & birth discussed ☐ No ☐ Yes

Preferences for labour & birth met ☐ No ☐ Yes

Comments

Signature: _____ Date: ____/____/____

Analgesia in labour (tick all that apply)

☐ T.E.N.S. ☒ Nitrous oxide & oxygen

☐ Birth pool ☐ IM opiates

☐ Epidural ☐ Water Birth

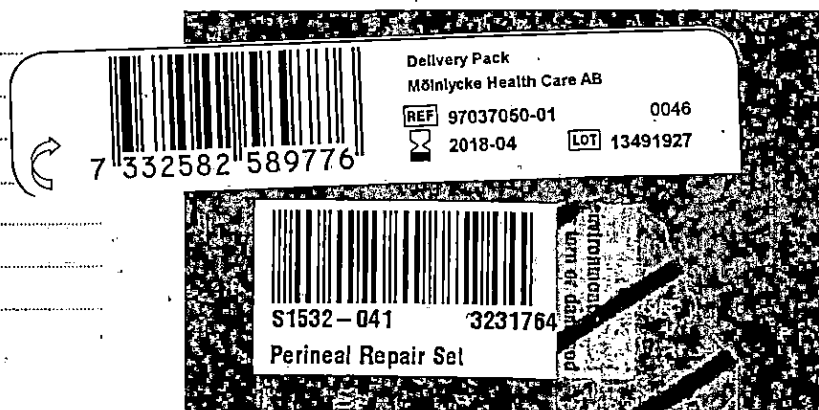
Other

Analgesia for birth/third stage complication

☐ Spinal ☐ Epidural ☒ Pudendal block

☐ Combined spinal epidural ☐ General

Other



Please complete the "Whose Signature" page at the back of the record

Labour and birth summary - mother page 2

Placenta, cord & membranes

Delivery:

☐ Maternal effort

☒ Controlled cord traction

☐ Manual removal

Placenta appears

☒ Complete ☐ Incomplete

Membranes appear

☒ Complete ☐ Incomplete

Number of umbilical cord vessels

X3

Sent to pathology

☒ No ☐ Yes

Indication

Comments

Perineum

☐ Intact

☐ Grazes

☐ 1st degree tear

☒ 2nd degree tear

☐ 3rd degree tear

☐ 4th degree tear

☐ Episiotomy

☐ Labial tear

(If 3rd or 4th degree, document in 3rd stage complications pages)

Perineal suturing

Suture material vicryl rapide

Anaesthesia lidocaine 1%

Technique hemming method

Rectal exam prior to suturing ☐ No ☐ Yes

Haemostasis achieved ☐ No ☒ Yes

Rectal exam following suturing ☐ No ☒ Yes

vabs correct ☐ No ☒ Yes

Needles correct ☐ No ☒ Yes

Tampon used ☒ No ☐ Yes

Tampon removed ☐ No ☐ Yes

Instruments correct ☐ No ☒ Yes

Checked by CD Miller

and

Advised on perineal care ☐ No ☒ Yes

Sutured by CD Miller

Routine Oxytocin drug administered	Dose	Route
Syntocinon	10 units IM	

Blood loss 400 ml

Blood transfusion/products received ☐ No ☐ Yes

Details

Post delivery

Maternal observations

First set on

27/2/14 at 20:50

Temperature

°C

Pulse

BP

99 117/68

Pain/analgesia

Fundus

WIC

Lochia

average

Second set on

/

/

at

:

Temperature

°C

Pulse

BP

Pain/analgesia

Fundus

Lochia

Urinary function

Revised thrombosis risk after birth

☐ Low

☐ Moderate

☐ High

Actions Required:

Mother transferred on

/

/

at

To

Reason

Perineal repair diagram

Please complete the "Whose Signature" page at the back of the record

5026

Mode of delivery SVD

Indication

Livebirth/~~Stillbirth~~

Apgar	1 min	5 min	10 min
Activity (muscle tone)	2	2	
Pulse	2	2	
Grimace (reflex, irritability)	2	2	
Appearance (skin colour)	1	1	
Respiration	2	2	
Total scores	9	9	

Time to first breath Birth.

Cord blood taken at _____ time

Cord pH results

Venous

Base

Skin-to-skin contact offered: ☐ No

Time started 19:27

Reason discontinued

Comments

First feed offered 27/2/14

Type of feed

Comments

- Vitamin K administered

☐ No ☒ Yes

☒ M ☐ Ora

(sign for administration)

Record of Vitamin K Administration

Date	Drug	Dose	Route	Time (24 hr)	Prescriber (print and sign)	Given by	Time given (24 hr)
2/24/14 2000	Konakion	1mg	IM	2000	ASMITA Gm	Gm ASMITA	2000

Resuscitation (if call has apply)

Nil	
Inflation breaths:	
Ventilation breaths	
Suction under direct vision	
Mask & IPPV	
Drugs-specify below	
Cardiac massage	
Endo-tracheal tube	
Description of baby at birth/resuscitation details	
Other-specify below	
Resuscitation performed by	
Sign	

Further details

Any anomalies identified at birth should be noted in the relevant sections of the baby/neonatal record for follow up.

Complete details of initial examination on baby record

Resuscitation performed by		
Signed	Print name	Designation/Grade

Baby Identification checked & correctly		
Signed	Print name	Designation
<i>[Signature]</i>	W. T. H. H. H.	SV m/w

Please complete the "Whose Signature" page at the back of the record

Whenever anyone writes in this record for the first time, they should fill in their details below.

Whenever anyone writes in this record for the first time, they should fill in their details below.

Version 6

G81 1AG

Chart No. 1

[illegible]

DATE		TIME		DATE		TIME	
TEMPERATURE	39					39	
	38					38	
	37					37	
	36					36	
	35					35	
HEART RATE	170					170	
	160					160	
	150					150	
	140					140	
	130					130	
	120					120	
	110					110	
	100					100	
	90					90	
	80					80	
	70					70	
SYSTOLIC BLOOD PRESSURE	200					200	
	190					190	
	180					180	
	170					170	
	160					160	
	150					150	
	140					140	
	130					130	
	120					120	
	110					110	
	100					100	
DIASTOLIC BLOOD PRESSURE	130					130	
	120					120	
	110					110	
	100					100	
	90					90	
	80					80	
	70					70	
	60					60	
	50					50	
	40					40	
	MAP No.						
RESPIRATORY RATE (No.)	>30					>30	
	21-30					21-30	
	11-20					11-20	
SATURATION (%)	95-100%					95-100%	
	<95%					<95%	

Immediate Discharge Letter Southern General Hospital



Dr Graham Robertson
The Green Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

The Maternity Unit,
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
31/12/2012

Dear Dr Robertson

Re :

Donald , Diane
18/2 Onslow Road, Drumry, Clydebank, G81 2NE
16/12/1983

This para 0+1 delivered on 30/12/2012 at 04:08. This baby was born at Southern General Hospital.

Labour & Delivery			
Labour onset	Induction	Type Of Delivery	Ventouse - no rotation or unspecified
Induction	Prostaglandin	Augmentation	
Length 1st Stage (hrs,mins)	03:08	Delivery Complications	non reassuring ctg in 2nd stage, kiwi delivery of live boy.
Length 2nd Stage (hrs,mins)	00:53	Placenta	Complete
Length 3rd Stage (hrs,mins)	00:07	Membranes	Complete
3rd stage comments	Cord traction	Tears	
Pain Relief	Entonox	Episiotomy	Yes
Blood Loss (mls)	500	Skin Closure	
Reasons for Instrumental Delivery	Fetal distress		

Infant			
Baby H.P.I.		CHI Number	3012125159
Outcome	Livebirth	OFC (cm)	34.3
Sex	Boy	Crown Heel (cm)	
Gestation	40+1	Cord	On
Apgars	9 (at 5 Mins)	Hips	Normal(Left) Normal(Right)
Birth Weight (grams)	3090	Max Bilirubin	
Subsequent Weight (grams)		Phototherapy	
Vitamin K	Intra Muscular on 30/12/2012	Hearing (L, R)	Pass Pass on 31/12/2012
Baby Discharge Comments	mixed feeding on demand, 3 to 4 hourly. pu, bo. mum coping independently with baby care.	Blood Spot PKU	
		Blood Spot CH	
		Blood Spot CF	
		Blood Spot Repeat	
		Feeding on Discharge	Mixed (Breast and Formula)

Post Natal			
Blood Group	O Positive	Discharge date	31/12/2012
Anti D	Not Required	Discharge Address	home- 07867418252
Date Given		Drugs on Discharge	paracetamol ibuprofen
Rubella Vaccine	Not Required	Follow Up Appt.	
Date Given		Discharge Comments	postnatally well, obs stable as charted, independent with baby care, mixed feeding, mums decision.
Postnatal Hb Result	Not Required	Contraception	Contraception not discussed Reason : not ready to discuss.
Treatment			
Last Smear			

Signature

EMM

Date

31/12/12

Consultant Letter Required? Y / N

Acute Services Division



Women and Children's Directorate

Greater Glasgow
and Clyde

Southern General Hospital

1345 Govan Road
Glasgow G51 4TF
Switchboard 0141 201 1100

Secretary: Leanne
Direct Line: 0141 232 7955

SB/LR/10631776W SG 3295684

DEPARTMENT OF GYNAECOLOGY
DR T DOW, LOCUM
DR K HANRETTY
DR E HADOURA, LOCUM
DR J RICHMOND
DR S PRINGLE
DR C HARDWICK
DR A KHAUND, LOCUM
DR H ALI
DR K SPOWART
DR C TAGGART
DR R PANIGRAHY, LOCUM
DR J ROBERTS
DR V MCKAY
DR R HAWTHORN
DR K GUERRERO
DR S BJORNSSON

DEPARTMENT OF OBSETRICS

Date: 09/01/2013

Dr Robertson
The Green Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr Robertson

Diane Donald - 16/12/1983 - CHI: 1612836909
Flat 2, 18 Onslow Road, Clydebank, G81 2NE

Diane was admitted to the Southern General Hospital on the 29th December 2012 for induction of labour at term. Diane is a para 0+1 and has remained well antenatally. She had some investigations for cervical lengths due to previous cervical surgery but she is otherwise fit and well.

Following one doze of vaginal Prostaglandin she had spontaneous rupture of membranes and went on to labour very quickly. She was delivered by kiwi Ventouse for fetal distress in the second stage. Her son was born on the 30th December 2012 in good condition with a birth weight of 3.0kg.

Postnatally she made a good recovery and was discharged on the 31st December 2012. Discharge medications include oral analgesia.

Yours sincerely

Sarah Barr
Registrar to Dr Roberts

Telepath

MRN
Name
Encounter Number

null
DONALD, DIANE

Gender
Date Of Birth

Female
16-Dec-1983

COPY ONLY DO NOT FILE

SOPRANO

Full Blood Count

Time Collected	01-Dec-2012 11:23	Time Received	01-Dec-2012 11:23
Time Reported	01-Dec-2012 11:55	Order Number	B,12,3382043.M
Status	Final		
Results			
Test Name	Result	Units	Ref. Range
White Blood Count	*11.6	$\times 10^9/l$	4.0 - 11.0 $\times 10^9/l$
Red Cell Count	*3.84	$\times 10^{12}/l$	4.00 - 5.20 $\times 10^{12}/l$
Haemoglobin	120	g/l	115 - 165 g/l
Haematocrit	*0.358	l/l	0.370 - 0.470 l/l
Mean Cell Volume	93.2	fl	80.0 - 100.0 fl
Mean Cell Hgb	31.0	pg	28.0 - 34.0 pg
Platelet Count	248	$\times 10^9/l$	150 - 410 $\times 10^9/l$
Neutrophils	*8.9	$\times 10^9/l$	1.8 - 7.7 $\times 10^9/l$
Lymphocytes	1.8	$\times 10^9/l$	1.0 - 4.8 $\times 10^9/l$
Monocytes	0.7	$\times 10^9/l$	0.2 - 1.0 $\times 10^9/l$
Eosinophils	0.1	$\times 10^9/l$	0.1 - 1.0 $\times 10^9/l$
Basophils	0	$\times 10^9/l$	0.0 - 0.1 $\times 10^9/l$
Nucleated RBC	0	$\times 10^9/l$	

* Abnormal

Prepared for Elizabeth Shephard-Healy (Elizabeth Shephard-Healy) on 29 December 2012 11:32:08

127 30/12
O+vc
R. immune

NHS GREATER GLASGOW & CLYDE

Maternity Early Warning Chart

Plc

SG03295684
DONALD, DIANE
18/2 ONSLOW ROAD
DRUMRY
CLYDEBANK
G81 2NE

16/12/1983
CHI 1612836909

Parity

EDD

Date _____

Chart No.

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE RED OR TWO YELLOW SCORES AT ANY ONE TIME OR ANY OTHER CLINICAL CONCERNS

OBSERVATIONS	
White Zone	Routine observations
Yellow Zone	Increase observations as per local guidelines
Red Zone	Increase observations as per local guidelines

SCORING REFERENCES		
<u>Pain Score</u> Score 0 = No pain at rest No pain on movement Score 1 = No pain at rest Slight pain on movement Score 2 = Intermittent pain on rest Moderate pain on movement Score 3 = Continuous pain at rest Severe pain on movement	<u>Nausea Score</u> Score 0 = None Score 1 = Mild (not distressing, no retching/vomiting) Score 2 = Moderate (troublesome, occasional retching/vomiting) Score 3 = Severe (distressing, frequent retching/vomiting)	<u>Sedation Score</u> Score 0 = None (patient alert) Score 1 = Mild (occasionally drowsy, easy to arouse) Score 2 = Moderate (frequently drowsy, easy to arouse) Score 3 = Severe (somnolent, difficult to arouse) Score 5 = Sleep (normal sleep, easy to arouse)

[illegible]

DATE		TIME		TEMPERATURE		HEART RATE		SYSTOLIC BLOOD PRESSURE		DIASTOLIC BLOOD PRESSURE		MAP No.		RESPIRATORY RATE (No.)		SATURATION (%)		
39	38	37	36	35	170	160	150	140	130	120	110	100	90	80	70	60	50	40
200	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50	40	30	
130	120	110	100	90	80	70	60	50	40	30	20	10	0	-10	-20	-30	-40	
DATE		TIME		TEMPERATURE		HEART RATE		SYSTOLIC BLOOD PRESSURE		DIASTOLIC BLOOD PRESSURE		MAP No.		RESPIRATORY RATE (No.)		SATURATION (%)		
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200	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50	40	30	
130	120	110	100	90	80	70	60	50	40	30	20	10	0	-10	-20	-30	-40	
DATE		TIME		TEMPERATURE		HEART RATE		SYSTOLIC BLOOD PRESSURE		DIASTOLIC BLOOD PRESSURE		MAP No.		RESPIRATORY RATE (No.)		SATURATION (%)		
39	38	37	36	35	170	160	150	140	130	120	110	100	90	80	70	60	50	40
200	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50	40	30	
130	120	110	100	90	80	70	60	50	40	30	20	10	0	-10	-20	-30	-40	
DATE		TIME		TEMPERATURE		HEART RATE		SYSTOLIC BLOOD PRESSURE		DIASTOLIC BLOOD PRESSURE		MAP No.		RESPIRATORY RATE (No.)		SATURATION (%)		
39	38	37	36	35	170	160	150	140	130	120	110	100	90	80	70	60	50	40
200	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50	40	30	
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200	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50	40	30	
130	120	110	100	90	80	70	60	50	40	30	20	10	0	-10	-20	-30	-40	
DATE		TIME		TEMPERATURE		HEART RATE		SYSTOLIC BLOOD PRESSURE		DIASTOLIC BLOOD PRESSURE		MAP No.		RESPIRATORY RATE (No.)		SATURATION (%)		
39	38	37	36	35	170	160	150	140	130	120	110	100	90	80	70	60	50	40
200	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50	40	30	
130	120	110	100	90	80	70	60	50	40	30	20	10	0	-10	-20	-30	-40	
DATE		TIME		TEMPERATURE		HEART RATE		SYSTOLIC BLOOD PRESSURE		DIASTOLIC BLOOD PRESSURE		MAP No.		RESPIRATORY RATE (No.)		SATURATION (%)		
39	38	37	36	35	170	160	150	140	130	120	110	100	90	80	70	60	50	40
200	190	180	170	160	150	140	130	120	110	100	90	80	70	60				

Patient
Over
Medication[illegible]

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

Patient's Own Medicine											
BEFORE ADMISSION	RR DRUG		DATE:	DATE						For Use Y/N	
NEW DOSE	DOSE	ROUTE	INDICATION	INITIALS:	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		DATE:	DATE						For Use Y/N	
NEW DOSE	DOSE	ROUTE	INDICATION	INITIALS:	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		DATE:	DATE						For Use Y/N	
NEW DOSE	DOSE	ROUTE	INDICATION	INITIALS:	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		DATE:	DATE						For Use Y/N	
NEW DOSE	DOSE	ROUTE	INDICATION	INITIALS:	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 _____
CHI No _____

Drug Allergies / Sensitivities None Known ☐ Yes ☐ (provide details below)

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
NER = nebulised	INHAL = inhaled

Please note - Int
FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked 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 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.

☐ 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

Obstetric Anaesthesia Clinic

Name:



SG03295684
DONALD, DIANE
18/2 ONSLOW ROAD
DRUMRY
CLYDEBANK 16/12/1983
G81 2NE CHI 1612836909

Date

9/11/2012

EDD

29/12/12

Parity

0+1

Gestation

32w

Referred by

MW ☐ Obs ☐ Other ☐

Seen by

Barrie

Grade

CONSULTANT

Reason for Referral

Thyroid nodule

History

Awaiting thyroid lobectomy - appears benign on US but cytology not diagnostic.

Nodule stable in size June 2012 - 1 January 2012.

Euthyroid.

US January 2012 - 4 sided thyroid nodule 2.5x2.3x1.8cm.

No ~~respiratory~~ respiratory symptoms/sounds. No dysphagia.

?slightly ↑ in size.

No prev GA.

No fine CTA probs.

Neck - 4 sided lump lower pole thyroid ~ 2cm x 3cm nodule. No tracheal deviation.

Drugs

fesa.

Allergies

NADA.

Airway

own teeth.

Problem List

thyroid nodule.

Management Plan

keep as normal.

NHS GREATER GLASGOW & CLYDE

Maternity Early Warning Chart

Please label

SG03295684

DONALD, DIANE

18/2 ONSLOW ROAD

DRUMRY

CLYDEBANK

G81 2NE

CHI 16/12/1983

1612836909

Parity

EDD

Date _____

Chart No.

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE RED OR TWO YELLOW SCORES AT ANY ONE TIME OR ANY OTHER CLINICAL CONCERNS

OBSERVATIONS

White Zone	Routine observations
Yellow Zone	Increase observations as per local guidelines
Red Zone	Increase observations as per local guidelines

SCORING REFERENCES

<u>Pain Score</u>	<u>Nausea Score</u>	<u>Sedation Score</u>
Score 0 = No pain at rest No pain on movement	Score 0 = None	Score 0 = None (patient alert)
Score 1 = No pain at rest Slight pain on movement	Score 1 = Mild (not distressing, no retching/ vomiting)	Score 1 = Mild (occasionally drowsy, easy to arouse)
Score 2 = Intermittent pain on rest Moderate pain on movement	Score 2 = Moderate (troublesome, occasional retching/vomiting)	Score 2 = Moderate (frequently drowsy, easy to arouse)
Score 3 = Continuous pain at rest Severe pain on movement	Score 3 = Severe (distressing, frequent retching/vomiting)	Score 3 = Severe (somnolent, difficult to arouse)
		Score 5 = Sleep (normal sleep, easy to arouse)

[illegible]

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE RED OR TWO YELLOW SCORES AT ANY ONE TIME OR ANY OTHER CLINICAL CONCERNS

ACTION TAKEN/COMM

SIGNATURA:

[illegible]

ONCE ONLY AND PREMEDICATION DRUGS

[illegible]

BEFORE ADMISSION ☐	LL	DRUG <i>CYCLOPINE</i>		DATE:
NEW DOSE ☐	DOSE <i>50mg</i>	ROUTE <i>oral/IVIM</i>	INDICATION <i>nausea</i>	INITIALS:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) <i>[Signature]</i>		MAX.FREQ. <i>qib</i>	DATE: <i>9/10/12</i>
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

[illegible]

Patient Ow Medic For L Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

BEFORE ADMISSION ☐	MM	DRUG		DATE:
NEW DOSE ☐	DOSE	ROUTE	INDICATION	INITIALS:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

[illegible]

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pt:

BEFORE ADMISSION ☐	NN	DRUG		DATE: _____
NEW DOSE ☐	DOSE _____	ROUTE _____	INDICATION _____	INITIALS: _____
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) _____			MAX.FREQ. _____ DATE: _____
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY _____				

[illegible]

For the
Year
Qty:
Date:
Assess
Ordered
from Ph.

ADMISSION ☐	PP 100		STOPPER	
NEW DOSE ☐	DOSE	ROUTE		INDICATION
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)			MAX.FREQ.
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			DATE:

[illegible]

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

[illegible]

Drug Allergies / Sensitivities None Known ☒ Yes ☐ (provide details below)

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 –

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
NC	= nasogastric	PEG	= percutaneously inserted gastrostomy
NV	= neovagina	PE	= perorally 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.

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 | | |

OBSTETRICS DEPARTMENT

Secretary to Dr Roberts- Cheryl
Tel: 0141 201 2236
Fax: 0141 201 2994
E-mail: cheryl.gaughan@ggc.scot.nhs.uk

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

JR/LR
Clinic: 10/07/12
Dictated:
Typed: 17/07/12
CHI: 1612836909

DR LENNOX
CLYDEBANK HEALTH CENTRE
CLYDEBANK
G81 2TQ

Dear Dr Lennox

DIANE DONALD DOB: 16/12/83 (SG03295684)
17-7 ASHTREE COURT, OLD KILPATRICK, GLASGOW, G60 5JD

Thank you for referring this para 0+1 who I met when she attended my Antenatal Clinic at the Southern General Hospital. She is currently 15+3 weeks gestation giving her an E.D.D of 29th December 2012.

Serum Screening was discussed and this was declined for Down's syndrome and Spina Bifida but will have detailed scan. I note that Diane has had a previous LLETZ procedure and also had a mid trimester termination of pregnancy. In view of this I have arranged for her to have cervical length checked on scan at the same time of her fetal anomaly scan. She is attending Mr Wilson at the Western Infirmary regarding her thyroid nodule. I understand that TFT's have been normal in the past and I shall let Mr Wilson and Dr Lindsay know that she is currently pregnant. I am going to see her back at the clinic here after her detailed scan.

Best Wishes & Kind regards

DR JUDITH ROBERTS
CONSULTANT IN OBSTETRICS & GYNAECOLOGY

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Dear Dr Lennox

DIANE DONALD DOB: 16/12/83 (SG03295684)
17-7 ASHTREE COURT, OLD KILPATRICK, GLASGOW, G60 5JD

I am writing to let you know that Diane is currently pregnant and has just attended my antenatal clinic at 15 weeks gestation with an estimated date of delivery of the 29th December 2012. I understand that she has been under your care over the last couple of years because of thyroid nodule which has been biopsied on a couple of occasions. You have recently referred her to Mr Wilson for consideration of surgical management and she has an appointment for him in August. I have suggested to Diane that it is probably unlikely that she would have any surgery carried out during her pregnancy. She wonders if her nodule is increasing in size but is otherwise very well.

Kind regards
Yours sincerely

JUDITH ROBERTS
CONSULTANT GYNAECOLOGIST

Cc Dr Chris Wilson
Consultant Surgeon
Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT

Patient Name: Diane Donald

Sex: Female

DOB: 16/12/1983

SGH HL

29 584

Pregnancy & EDD Details v1.0
PREGNANCY & EDD DETAILS

Record number	1	Pregnancy episode
Date of record	10/07/2012	GP letter number
		Date registered

EDD DETAILS

ACCEPTED EDD 29/12/2012 Lock as Accepted EDD? Yes

The Accepted EDD has been locked. Note: unlocking it will allow the US age to be updated.

Patient type SGH

US_age 15.4 15 + 3

Based on scan of 10/07/2012

Booking scan confirmed? Yes

Equal to dates

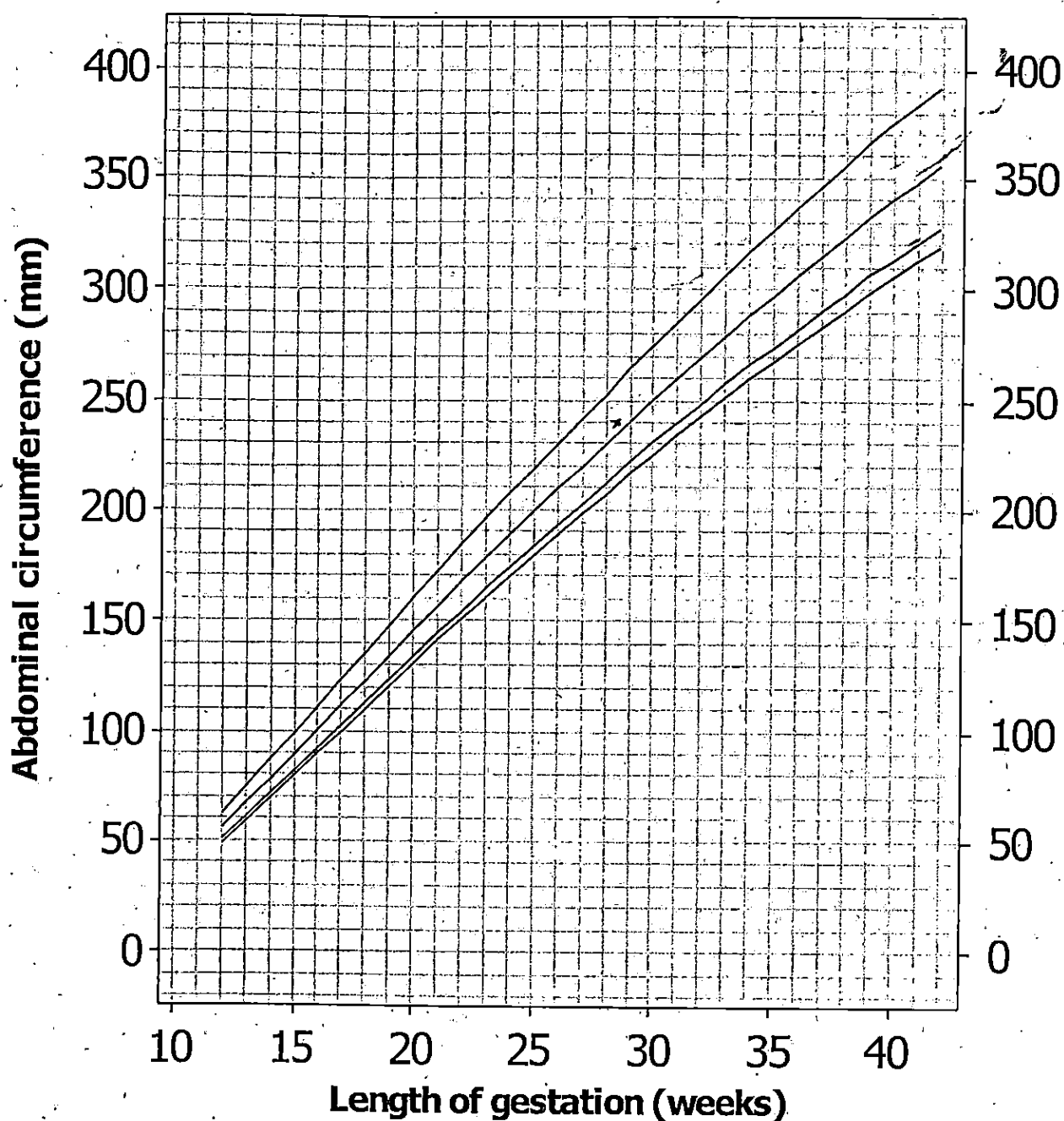
EDD derived from US_age 29/12/2012

☐ Override as EDD

☐ >24 weeks

Abdominal circumference growth

5th, 10th, 50th and 95th centiles



SG03295684

DONALD, DIANE

17-7 ASHTREE COURT

OLD KILPATRICK

GLASGOW

G60 5JD

CHI 16/12/1983

1612836909

Adapted from Loughna et al. Ultrasound, August 2009, Vol 17, Number 3

>15 week/ Fetal Growth & Placental Profile Scan Details

GA >15 WEEK/ FETAL GROWTH & PLACENTAL PROFILE SCAN DETAILS

Fetal no. 1 Date of Scan 09/10/2012 Gestation 28.4 28 + 3

Heart Present Liquor vol Normal Max Pool

Placen. site Posterior Placen. low No

Doppler Done

MCA ☐

Umbilical ☒ EDF Present RI

Uterine ☐

Venous

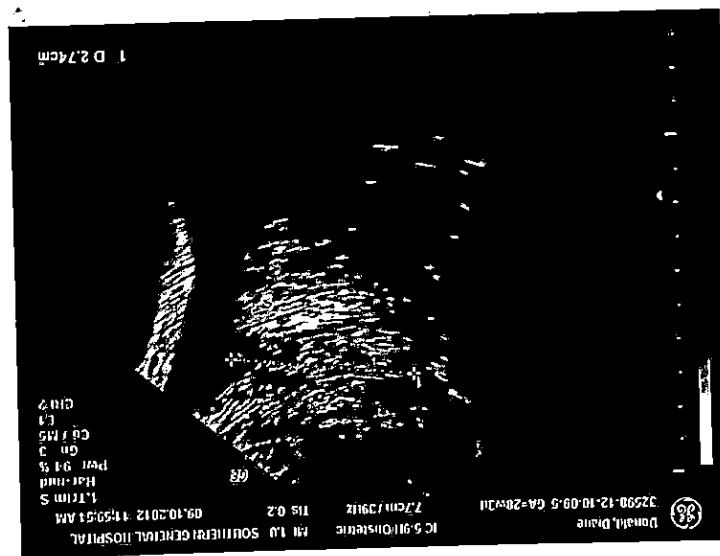
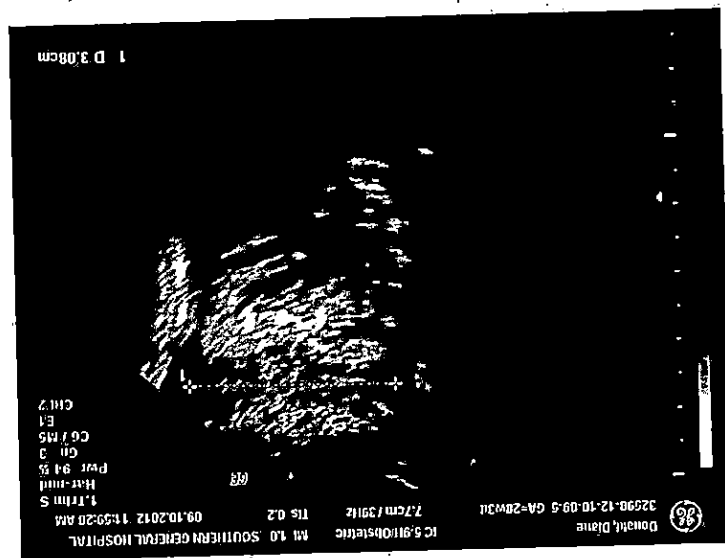
Stomach Normal Kidney Both Present Bladder Normal

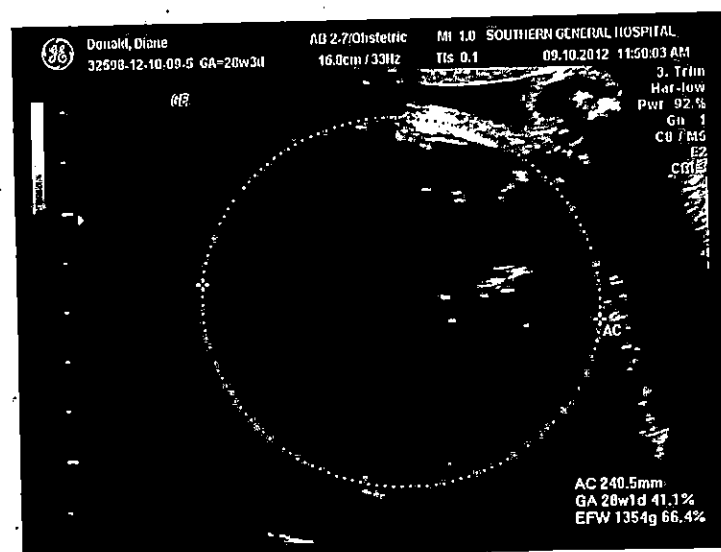
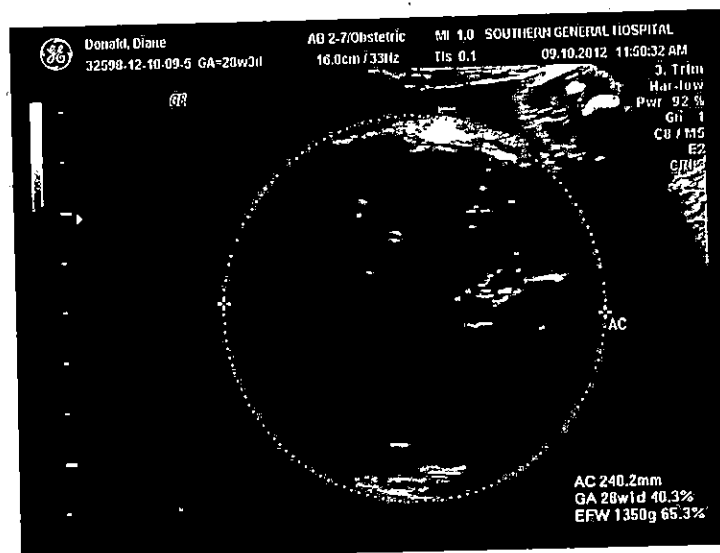
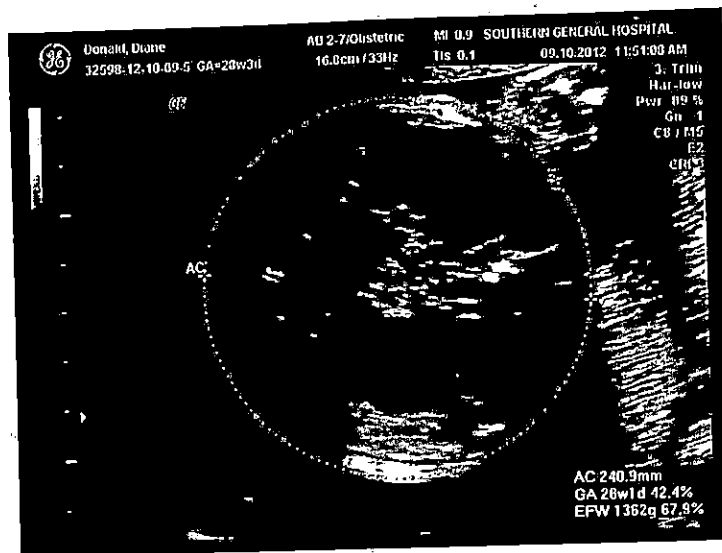
FETAL DETAILS

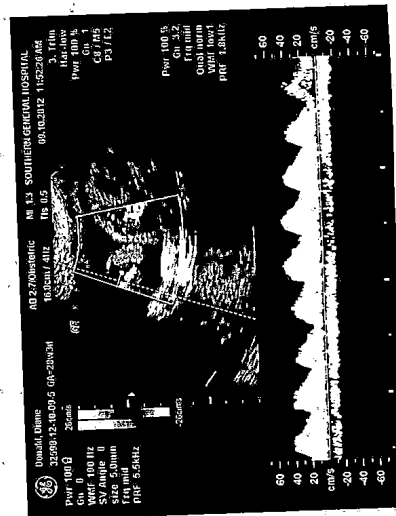
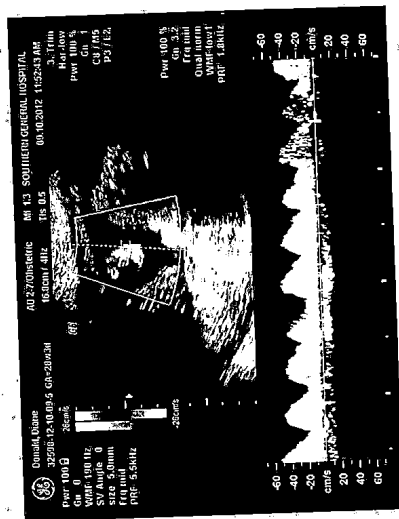
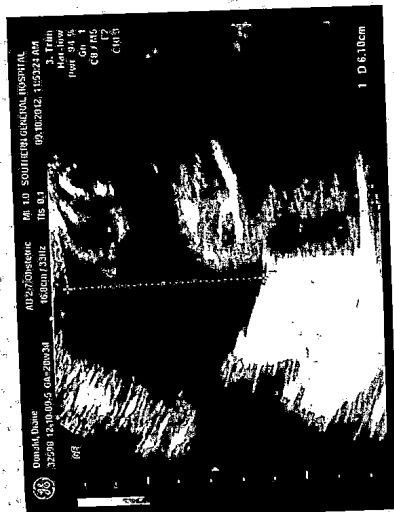
	FL	GA	HC	GA	AC	GA
Presentation Head		0		0	240.9	28

NOTES

TVS cervical length 2.7cm. - Chaperone C Grady.







Cervix Scan Details v1.0

CERVIX SCAN DETAILS

Record number 1

Date of record 15/08/2012

Operator Catriona Maxwell

Indication for scan Other

Specify LLETs & late TOP

Type of scan TA & TV

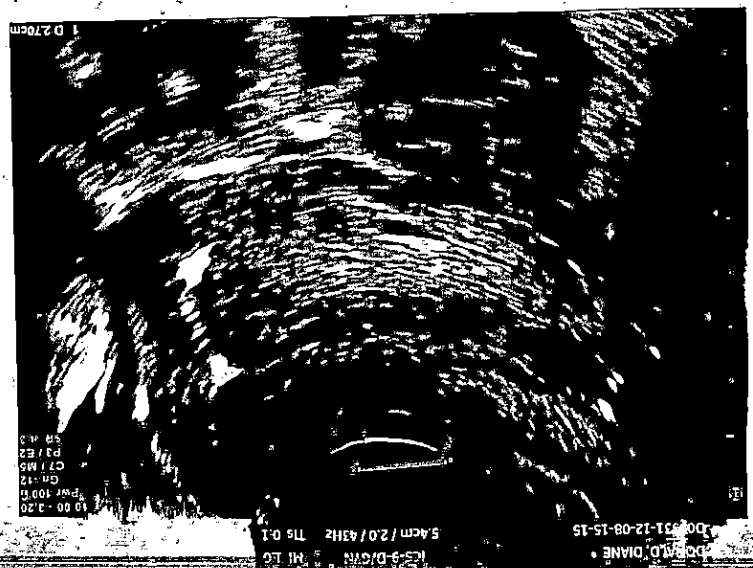
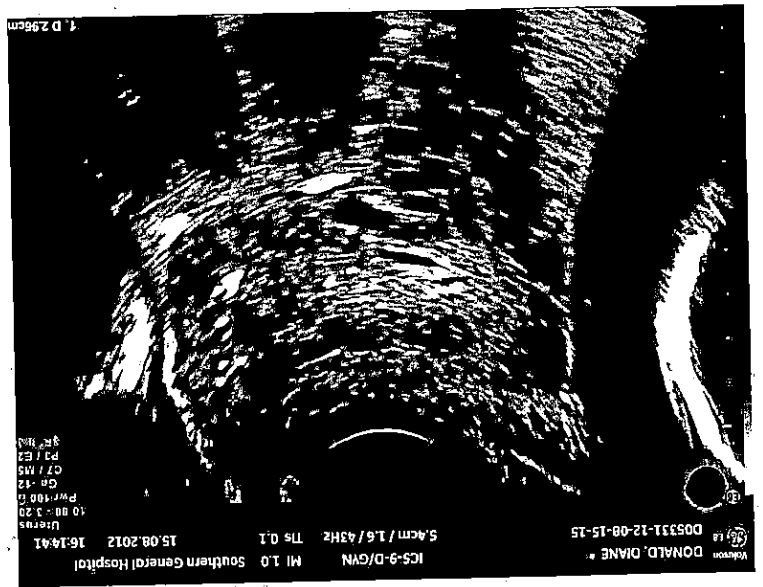
View Average

Cervical length (cm) 2.7

Funneling No

Cervix open No

Comment



Patient Name: Diane Donald

F. male

DOB: 16/12/1983

SGH Hos

156-4

Fetal Anatomy Scan v1.1

FETAL ANATOMY SCAN DETAILS

Record number	1	Date of scan	15/08/2012	Operator	Catrina Maxwell
Accepted EDD	29/12/2012	Gestation	20.6 20 + 4	Total fetal no.	1
Indication	Routine anomaly scan			Comment	
Type of scan	TA	View	Fair		
Repeat in					

FETUS 1 SCAN DETAILS

Head No abn detected

Profile/Lips No abn detected

Ventricles No abn detected

Cerebellum No abn detected

Spine No abn detected

4 chamber heart No abn detected

Outflow Tracks No abn detected

Lung No abn detected

Diaphragm No abn detected

Abdominal wall No abn detected

Stomach No abn detected

Kidneys No abn detected

Bladder No abn detected

Upper rt limb No abn detected

Upper lt limb No abn detected

Lower rt limb No abn detected

Lower lt limb No abn detected

Skeletal abn. No abn detected

Misc other abn. No

Sex Male

Other markers

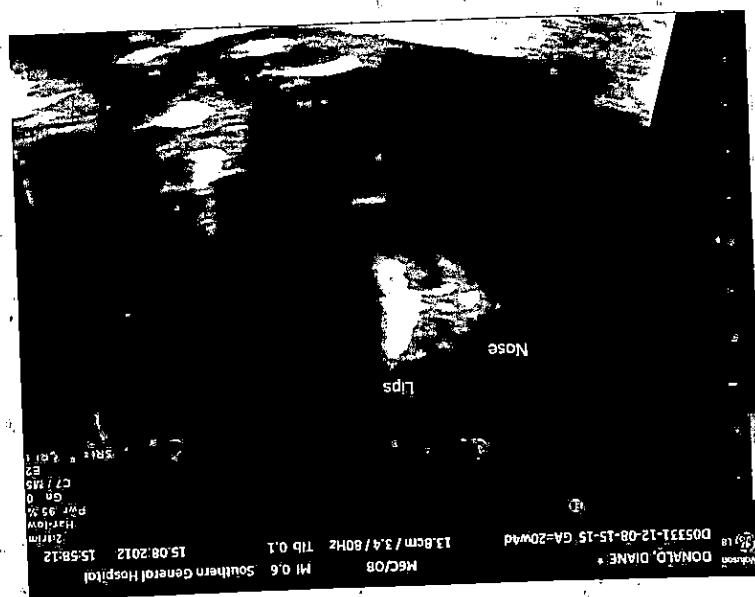
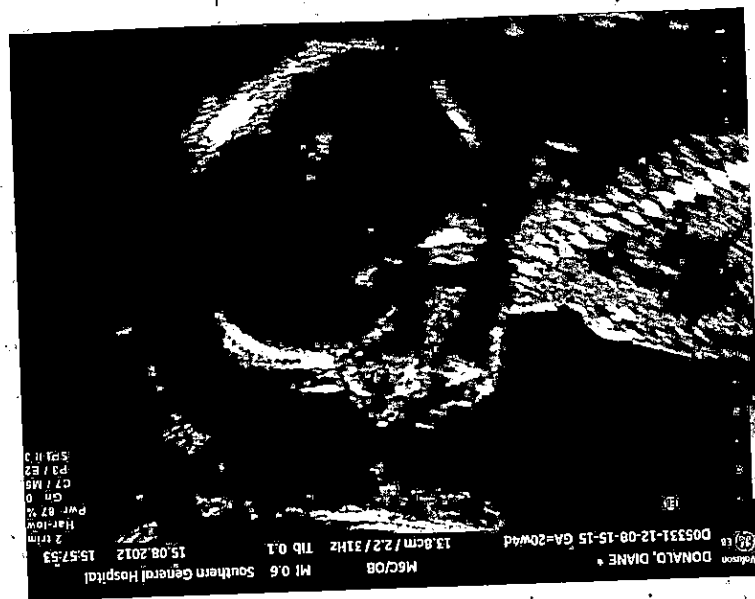
Procedure indic. None

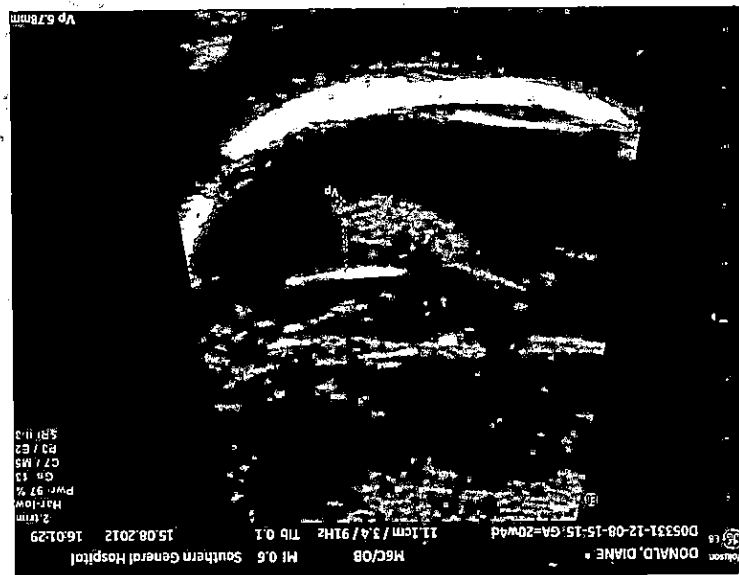
Counselled

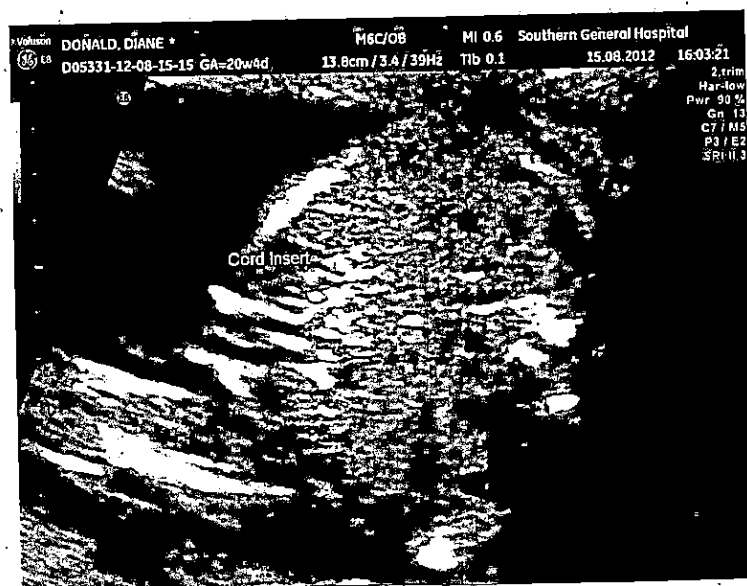
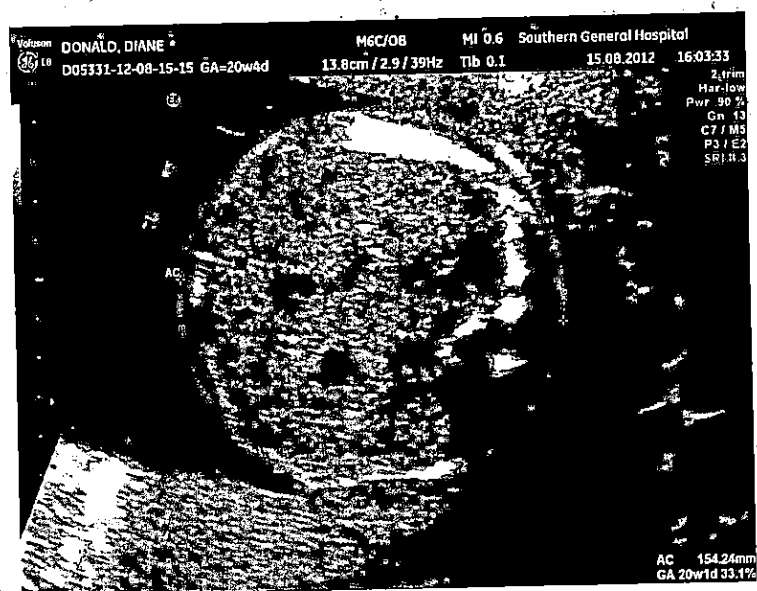
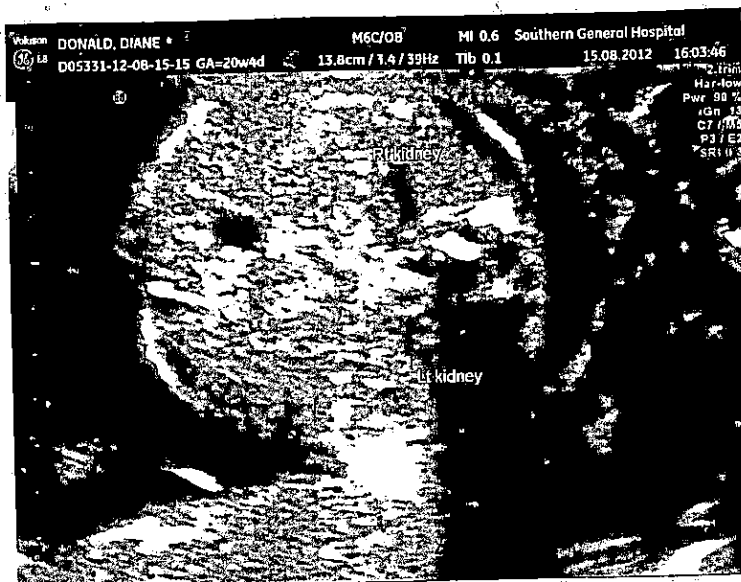
Preg. terminated No

Comment

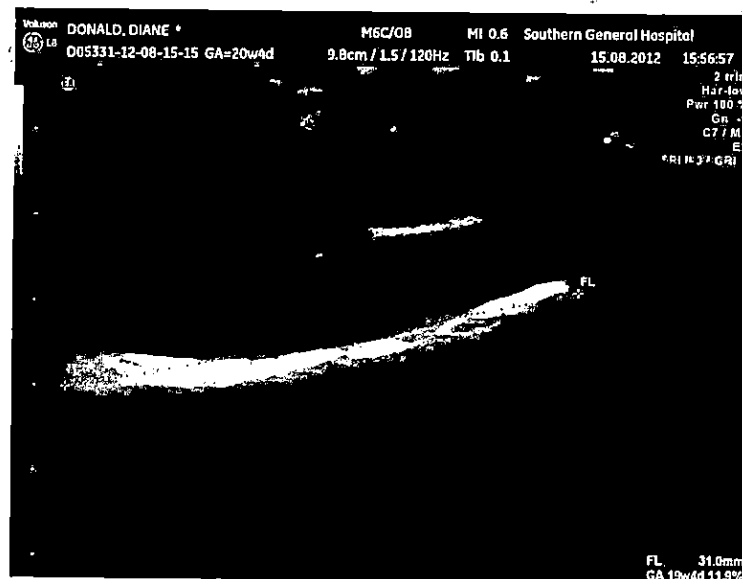
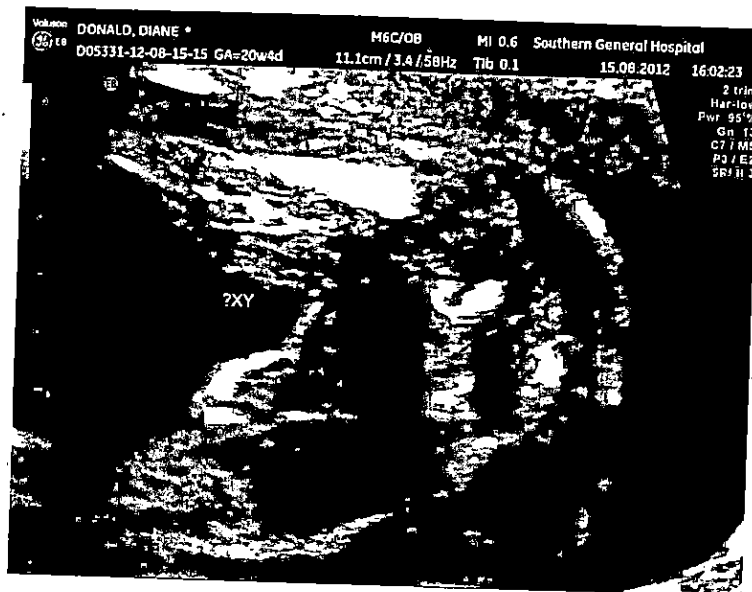
anterior placenta not low











Patient Name: Diane Donald

Page 3

DOB: 16/12/1983

SGH Hospital

<15 wk/Booking Scan v1.1

<15 WEEK / BOOKING SCAN DETAILS

Rec. 1 Date of scan 10/07/2012 Operator Catriona Maxwell Booking Yes
US age 15.4 15⁺ + 3 Comment

Sac(s) seen	Yes	No. seen
Fetal number	1	Chorionicity
Head(s) seen	Yes	No. seen
Fetal heart(s)	Present	No. seen
Bleeding seen	No	
Placental Site	Posterior	Comment
Ovarian cyst	Absent	

Fibroids No

Repeat in Diagnosis

FETAL MEASUREMENTS

	CRL	GA	HC	GA	FL	GA	AC	GA	1st NT	2nd NT	3rd NT
Fetus 1		0	☐ 115	15.4	☒ 16	14.9	☐ 89	15	☐		

NOTES

36 Southern General Hospital
 Date of Exam: 10.07.2012 Page 1/5
Exam Type:

Name: Donald Diane
 Pat. ID: D05336-12-07-10-3
 Indication:

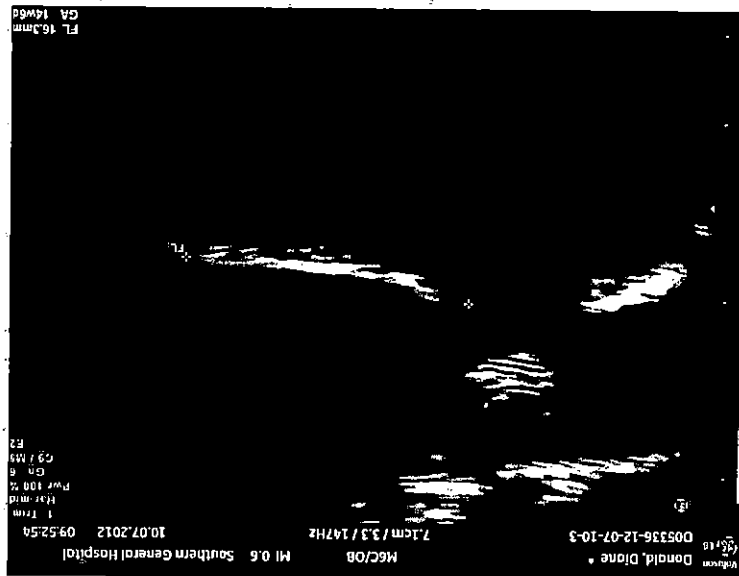
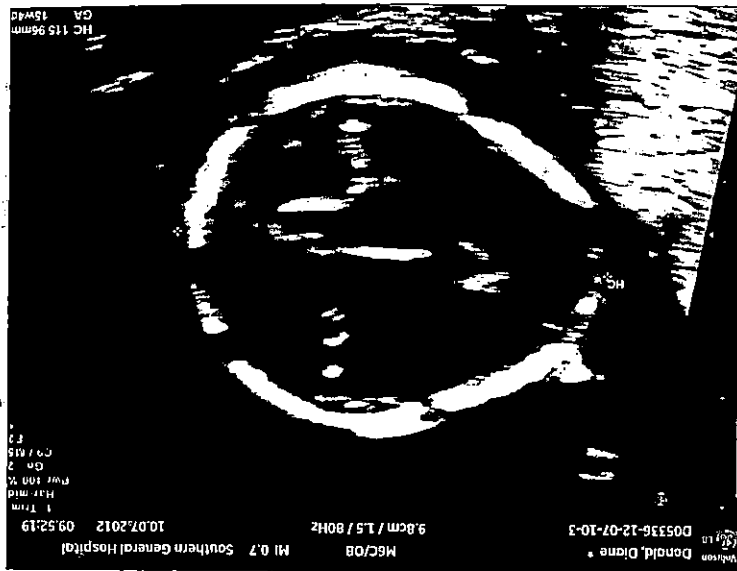
DOB:
 Sex: Other

Perf. Phys.:
 Ref. Phys.:
 Sonogr.:

LMP: GA(LMP): EDD(LMP): G: Ab:
 DOC: GA(AUA): 15w3d EDD(AUA): 29.12.2012 P: Ec:

EFW (Campbell): Value Range Age Range Growth
 AC: Hadlock: *N/A

2D Measurements	AUA	Value	m1	m2	m3	Meth.	Age	Range	Dev.
HC (BMUS)		114.72 mm	114.09	114.10	115.96	avg	15w3d	14w2d-16w4d	
AC (SIZE BMUS)		89.41 mm	89.41			avg	14w6d		
FL (BMUS)		16.2 mm	16.1	16.2	16.3	avg	14w5d	13w5d-15w6d	



ULTRASOUND SCREENING IN EARLY PREGNANCY

Greater Glasgow Ultrasound Departments are taking part in a training initiative supported by the NHS National Services Division, which is overseen by the UK National Screening Committee of the Department of Health. This initiative is to ensure that Sonographers are competent to measure, by ultrasound, the fold at the back of the baby's neck (called the nuchal translucency) and is in preparation for offering a new test to screen for Down's syndrome earlier in the pregnancy than currently screened for. When introduced, the test will be performed between 11+2 and 14+1 weeks of pregnancy in conjunction with a blood test. This test is known as the combined 1st Trimester Screening for Down's Syndrome test.

To ensure Sonographers reach an acceptable standard, a number of measurements from different pregnant women will need to be taken and assessed before the Sonographers are allowed to perform this as part of a local screening programme.

It is vital that this measurement is undertaken correctly and as **this is only a training exercise**, no details of the measurement can be given to you as they may be inaccurate and provide a false result.

We would be very grateful if you would consider being part of this training initiative which will help improve services for others.

All results and measurements are confidential and no other details, such as your name or date of birth are supplied with the measurements for assessment.

If you would like to take part in this training initiative then please indicate this by ticking the 'Yes' box below.

If you **DO NOT** wish to be part of this training initiative then please tick the 'No' box and point this out to the person undertaking your scan.

Thank you for taking the time to read this and if you would like any further information then please discuss this with the Sonographer.

YES ☒ I would like to take part in this training initiative

NO ☐ I do not wish to take part in this training initiative

SIGNED

Donald

Personal details

Family origin BRITISH

Current religion or faith —

Language used at home ENGLISH

Help needed with interpreting, communicating or advocacy No ☐ Yes ☐

Cultural requirements/details on the above

Occupation SALES

Provide details of social circumstances/family support.
Detail any change of partner during pregnancy or the
natal period

LIVES w/ FRIEND

Referrals

/ / To
/ / To
/ / To

NB
Past h/p overdose x 3
but no history of depression
w/ any problems for
several years

Key professionals current partner

Named midwife unaware

Midwifery team

Base

Obstetrician

Clinic

Health Visitor

Base

Social Worker

Base

Health status

Specific dietary needs No ☒ Yes ☐

Smoking status 3 CIGARETTES / DAY

At risk of passive smoking No ☐ Yes ☐

Problem alcohol use No ☒ Yes ☐

Problem drug use No ☒ Yes ☐

Details of any of the above

Domestic Abuse/Routine Enquiry

Seen alone at booking No ☐ Yes ☒

Routine enquiry question asked No ☐ Yes ☒

If not asked, document reason why

Abuse disclosed No ☒ Yes ☐

Current ☐ Past ☐

Please document in 'Further information/details of
maternity care' and ensure all appropriate referrals made

If domestic abuse disclosed remember to tick the box
in the women held record referring midwives back to
summary record (box in special features area).

Comments

Child protection

Issue raised on / /

Comments

Please document in 'Further information/details of
maternity care' and ensure all appropriate referrals made

General Practitioner

Base

Practice code

Other

Designation

Base

Other

Designation

Base

Chronology of Sign

Please detail below the strengths, assets and challenges faced by women and their families throughout pregnancy, birth and the post-natal period.

The chronology should contain:

- The date and time
- A brief description of the event
- Cross-reference to other records e.g. computerised records
- Each entry must be signed

Date/Time	Event	Signature	Initials

Planned place of birth and Pathway for antenatal care red or green

Lead professional DR ROBERTS
Designation CONSULTANT

Change(s) to Planned place of birth and Pathway for antenatal care red or green

Reason

Signed

Booking completed by SROSS

Print SROSS Designation S/M

Date 10/7/12 Gestation 15+3 weeks

Location OPD 43

Date	Gestation	BP	Uanalysis	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry. Please use 24 hour clock				
10/7/12	15+3	123/73	no spec	Booking bloods Declined AFP screening Wishes FIAS @ 20wks Information pack given Undecided re parentcraft classes CIN/III - LLETZ Thyroid Nodule - Attends Mr Wilson - Western Infirmary - Appt 14/8/12 Feels nodule increasing in size since falling pregnant.
10.7.12				Dr. Lindsay - colonic Mr. Wilson - surgical vic

Pro

Remember to sign each entry

thyroid nodule

Dr. Lindsay has ref'd C. Wilson

appt. 14/8

TT's (N) - last Nov. 2011

? + size if pregnant

prev. LLETZ plus late Tol

Cx length at 20wks

See here (6)

Invasive (Cox)

21/8/12

HTS @

hence protein.

106/60

21/8

Dr J. Tan

Well.

Well.

Obdoo 80% FTH

(P) ~~Commonly seen~~

Having thyroid (L) lobectomy after pregnancy

We will consider if needs prior Cx length scans

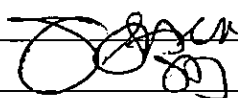
Anaesthetic R/V ~32/40

See here 4152

Reer for 1st at term

div. & Robert

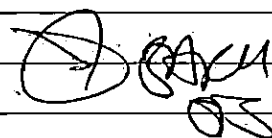
- agrees



21/8/12 d/w Dr Maynard of Livers

- @ Cx length

- no need to re-exam



25/8/12

26wks +3d

Bl pr. 88

59

Urine NAD

no p.v. bl., no TLPs, no pPRoM, FHSV.

anaesth. review booked ✓

seen DR Wilson (surgeon) in August. (could not find letter) → as per pt.'s for surgery p. n.



soft ut.

no T

+ ref HR ± 160 bpm.

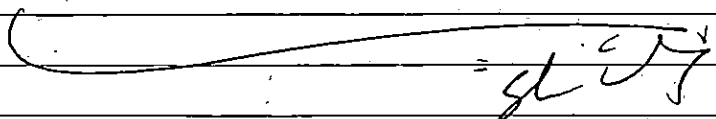
no ankle st.

plan

• next visit

4 wks.

• Discussed re DR Roberts.



SG03295684

DONALD, DIANE

18/2 ONSLOW ROAD

DRUMRY

CLYDEBANK

G81 2NE

16/12/1983

CHI 1612836909

Date	Gestation	Further information/details of mate
------	-----------	-------------------------------------

Remember to sign each entry

14b	114.	
23/12/12	30 ⁺ 4	urine = NAT BP 108/61 oedema FMR Admitted on 8/10/12 PU spotting steroids given no further PU loss O/P = D long lie, cephalic FHR Well Elene Discussed with Reg see 4/12 Book 102 @ Term
20/11/12	34 ⁺	Well. Fetus active. Anaesthetic review - manage as M 108/64 Urine clear See Clydebank ① Needs to deliver around EDD - partner in army See here ④ - aim for membrane sweep - 38-4 + 39 J. B. (Ans).
18.12.12	38 ⁺	BP 103/6 Urine NAT. G = dates. long lie: Cephalic 4/5. FHR FMR V/e - Cervix - very posterior - unable to reach OS. - Membrane sweep not possible. Plan: Membrane sweep @ 39 ⁺ wks - @ Clydebank maternity J.O.L. Booked 30-dec Admit w/ So @ 2pm 29 dec St. J. Hospital

Patient Details

Surname DONALD
Forename DIANE
CHI 1612836909
GP Details LENNOX, CRAIG CLYDEBANK HEALTH CENTRE, KILBOWIE
Age ROAD, CLYDEBANK
Hospital CRNs VOL243511, 10631776W, Y0306254, SG03295684, 1612836909

Referral Details

Date Received 02/05/2012 12:32:15

ReferralID 8952437
Priority ROUTINE
New Priority ROUTINE

Priority History
ROUTINE 02/05/2012 13:24:11

Redirection Information

<u>Specialty</u>	<u>Hospital</u>	<u>Reason</u>	<u>Redirected Date</u>	<u>Redirected By</u>
Obstetrics	Southern General Hospital	Record Creation	02/05/2012 13:24	Lynsey McDonald

Tracking/Vetting Details

Cancer Code
Date Vetted 03/05/2012 10:42:23
Vetting Status Vetted
Outcome Direct OP Appointment
Vetted By Linda Munn

Tests

Clinics

High Risk

Consultant Roberts, Judith, 3407064 Site Southern General Hospital

Instructions 14/52n 8/7 see dr roberts
HRCompleted False

3295684
MKT

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

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE**REFERRAL TO**Obstetrics
GGC ObstetricsSouthern General Hospital
1345 Govan Road
Glasgow
G51 4TFConsultant / receiving practitioner
and/or specialty clinic

Hospital and hospital address

Hospital location code.

G405H

Email address

Urgency of referral

ROUTINE

Date of referral

30-Apr-2012

Date sent

02-May-2012

PATIENT DETAILS

Surname

Donald

Forename(s)

Diane

Title

Miss

Sex

Female

Date of birth

16-Dec-1983

CHI no.

1612836909

Area of

Residence

Patient's address17-7 Ashtree Court
Old Kilpatrick
GLASGOW
G60 5JD

Contact number(s)

Voice: 07791041354

101003556733K

Unique Care Pathway Number: 101003556733K

REGISTERED GP DETAILS

Name

Dr G Robertson

GMC code

4188977

GP code

G87018

Practice name

The Green Medical Practice (18818)

Practice code

40224

Practice addressClydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Contact number(s)

Voice: 0141 531 6425

Facsimile: 0141 531 6433

REFERRING GP DETAILS

Name

Dr G Robertson

GMC code

4188977

GP code

G87018

Practice name

-

Practice code

40224

Practice address

Contact number(s)

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

Description: Pregnant

Comment: Dear Doctor

Diane finds herself pregnant. Her LMP was almost exactly four weeks ago. She is para 0+1 having had a T.O.P at 22 weeks in 2010. Her past medical history includes a benign thyroid nodule, psoriasis but more importantly she had CIN III at colposcopy in 2009 treated with LLETZ. She was supposed to get six monthly smears but has never attended for this. She is a current smoker but plans to quite today. I have given her folic acid, advised her about flu vaccinations when they are back in the practice this autumn and would be very grateful if she could get an appointment for her booking scan.

Many thanks

Dr G Robertson

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

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

Description	Comment	Date of onset	Date recorded
Thyroid nodule	27x22mm left lobe	09-Jun-2010	09-Jun-2010
Psoriasis NOS	-	02-Oct-2008	02-Oct-2008
Overdose of drug	-	06-Jan-2003	06-Jan-2003
Chlamydial infection, unspecified	trachomatis	19-Sep-2002	19-Sep-2002
Congenital nasal septum deviation	-	04-Sep-2001	04-Sep-2001
Vasomotor rhinitis	-	04-Sep-2001	04-Sep-2001
[X]Overdose - paracetamol	-	26-Dec-1998	26-Dec-1998
[X]Overdose - ibuprofen	-	20-Feb-1998	20-Feb-1998
Closed fracture of bones, unspecified	minimally displaced	22-Jun-1995	22-Jun-1995

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Patient pregnant	-	20-Apr-2012	20-Apr-2012
Ultrasound scan	report stated that there was some internal hypervascularity with some peripheral calcification	09-Jun-2010	09-Jun-2010
Fine needle aspiration NOC	the tissue sample was blood stained and therefore not suitable for full analysis	09-Jun-2010	09-Jun-2010
Ultrasound scan NEC	there is a 3x2x1.25 cm lesion in the left lobe of thyroid. This contains some peripheral calcification with some areas of cystic degeneration but is largely solid	17-Mar-2010	17-Mar-2010
Blood grouping	Rh(D) positive	20-Feb-2010	20-Feb-2010
Termination of pregnancy NEC	at 22 weeks	20-Feb-2010	20-Feb-2010
Patient pregnant NOS	-	30-Dec-2009	30-Dec-2009
LLETZ - Large loop excision of transformation zone	CIN3	18-May-2009	18-May-2009
Meningitis vaccination	C	16-Nov-1999	16-Nov-1999

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

No current medications recorded

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Folic Acid Tablets 400 micrograms	90	90 tablet	ONE TO BE TAKEN EACH DAY		20-Apr-2012	20-Apr-2012

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:		20-Apr-2012
Ex smoker:	Recorded through Combined Vaccination priority=2	07-Jan-2010
Ex smoker:	Disease: SPICE Basic Health Values, priority=2	01-Jan-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	22-Oct-2008
Current smoker:	priority=2	22-Oct-2008

Clinical warnings

Additional relevant information

Administrative information

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

Signature of referring doctor (or other professional) Date

EARLY PREGNANCY ASSESSMENT SERVICE



Assessment Form

 SG03295684 DONALD, DIANE 17-7 ASHTREE COURT OLD KILPATRICK GLASGOW G60 5JD CHI 1612836909 16/12/1983		Date: 15.5.12 Consultant on Call: Source of Referral: GP Name: Dr McDevitt GP Address: Clydebank	
Presenting Complaint: RUF Sharp Shooting pains NO PUB. Attended GRTF yesterday. No blood; no SW done yesterday.		LMP: 14.2.12 Gestation: 7.15 Parity: 0+1 POH: - 2010 - TOP - EVAC	
PMH/Operation: Pre-cancerous cells treated. x2 EVAC Nil Medical.		Menstrual Cycle: Regular 28 dys	
Drugs: Folic Acid.		Contraception: unplanned Conceived on mini pill	
Allergies: LINDA		Smear: Due now - never had one Pregnancy Test: end of April Since Urinalysis: NAD Pre-conception cells treated yesterday at MUM.	

EXAMINATION

P: 93 BP: 112/66 T:	U/S Results: 15/5/12 1445
U/S Report:	TAS Single
	1st pregnancy
	Sec. YS, FP
	FWT
	CRL 13.3mm
	= 7+4 WOLS.
	Continuing
	NO adnexal
	masses seen
	SP smooth
	mms

INVESTIGATIONS:

FBC:	Group:	Bhog:

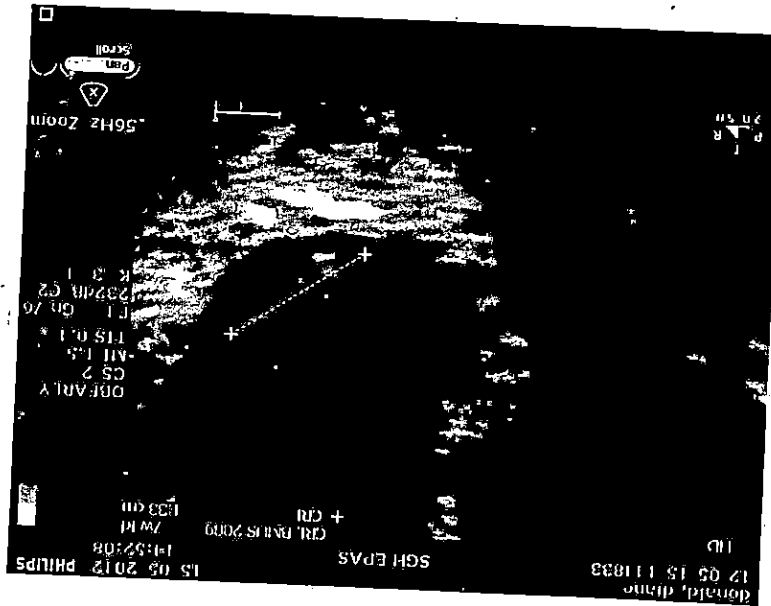
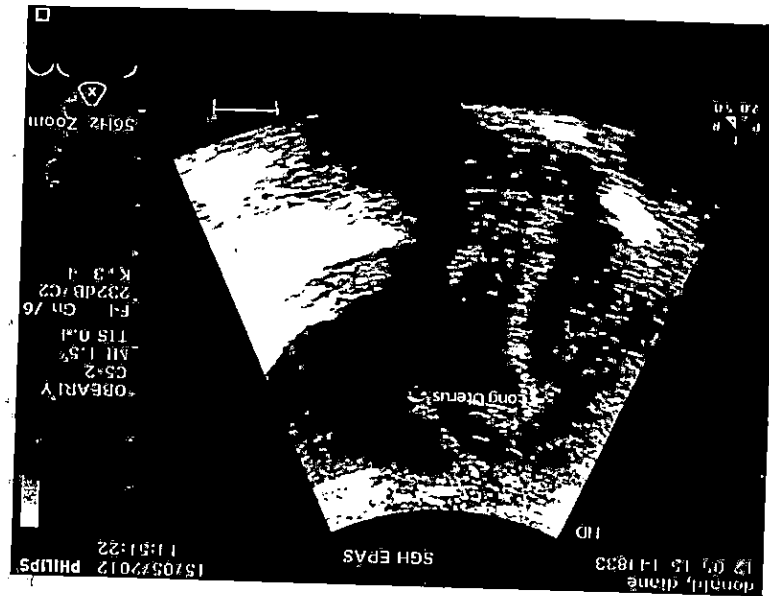
15/5/12 Scan explained to
1500hrs time.
No course booked
for pain. DWZ call
EPAS if pain
returns. SR SMITH
mm

Seen By:
Name: Signature:

Viable Pregnancy: 15/5/12 ANC: 10-7-12 Letter to GP: NO SR SMITH	Non-Viable Pregnancy: Confirmed by scan: 2nd scan offered: Options discussed: Wishes to await events: Theatre: Consent: Misoprostol prescribed: Fasting times explained: Contact Nos. given: Miscarriage leaflets given: Contraceptive advice: Report to DSU/Ward 40 Time:
Inconclusive: Return to EPAS for follow up: bhCG Tracking: Explanation to patient: Doctor informed:	

DISCHARGE MEDICINES

Date	Drug	Dose	Route	Time	Signature of Doctor	Given by	Time Given



Emergency Assessment

Telephone Advice Call

3295684
ON 1015

Date Of Call: 14-5-12.	Time Of Call: 1130
Patient Name: Dianne Donald	Date Of Birth: 16/12/83
Address: 17/7 Ashmore Court Old Kilpatrick	Telephone Number: 07867418252
GP Name: DR McDevitt GP Address: Clydebank M.C.	Booking Hospital: SGH
LMP: 2wks ago Date of PPT:	Previously Attended EPAS Y/N Scanned this pregnancy Y/N
PARA: OH TOP 243 ago	
Referred by: Self GP GYN	COM/MIDWIFE WESTERN
OTHER	

Reason For Call:

light headed sharp shooting pain
Right Side

Advice Given:

advised to go to A+E if pains persist

Childcare Discussed: ☒ Yes ☐ No

Appointment Given: ☒ Yes ☐ No Date: 15/5/12 Time: 2.15

Signature: _____

Date Gestation Antenatal/PNA admission

Remember to sign each entry

10/9/12 PO+1 SGU MAT ASSESS

1600 (23wks) Real pathway

TOP

SG03295684
DONALD, DIANE
18/2 ONSLOW ROAD
DRUMRY
CLYDEBANK 16/12/1983
G81 2NE CHI 1612836909

- NO handheld notes

24th wks

CIN III - treatment 4c Uter
Lumbar problems

Self referral from home/work with h/o
NO FMF since yesterday afternoon

Aware of low (abdo) discomfort, intermittent
and burning sensation in vaginal area

NIL PV
NO SKM
NO ULA

O/A Apologies given for waiting time

BP 102/63 mp 91bpm T 36.0c Urine NAD
O/P F = 25cm soft non tender
Ppf and fhhv 4c sonicaid
149bpm clear + regular Pmf on
auscultation - Diane reassured
for meal rlv in view of low abdo
discomfort AMG mmw Amgillary

1700 wishing to leave mat assess as
abdo discomfort diminishing
encouraged to stay
tea + toast given AMG

10/9/12 24/40 SHO Lament
28y.o. PO+1 (TOP @ 23wks, social reasons)
Singleton

Problems

- ① abdo pain
- ② reduced fetal movement =

Date	Gestation	Antenatal/PNA admission
------	-----------	-------------------------

Remember to sign each entry

Abdo pain this morning
Sharp + burning pain radiating from abdo into groin

• PV loss - creamy d/c

No ABS diagnosed

• constipation • diarrhoea

PV normal

• fever

Reduced FM over 48 hours

Movement felt in department but still not back to normal

OLE, WWP, appears well + comfortable

HR 91 BP 102/63 T 36°C

fundus = dates

Abdo soft, tender RIF

Fetal movement felt

↳ not felt by pt

Drine: NAD

① Reduced FM

↳ reduced perception

Speculum;

unable to visualise

cervix due to pain

Normal vulva

vagina

cream d/c

② DIW. Reg Dr MacPherson

Paracetamol

CMW in next 2 wks

Return if not settling or ↓ FM again

CXA

CMW

SH

Date _____ Gest SG03295684
 Remember to sign e DONALD, DIANE
 18/2 ONSLOW ROAD
 DRUMRY
 CLYDEBANK
 G81 2NE 16/12/1983
 CHI 1612836909

USS - 15.8.2012
 Anterior plac. not low

8/10/12 27+6
 13:00 O+1. Self refer to man following small amount
 (23/52 top) PV bleed small amount
 on wiping. not post coital

O/P Abdomen soft non tender
 F = dakes
 Long 1u ceph. FHR 142bpm
 Per CTG (when machine available)

Max obs. B/P 110/72 P.Tb T36
 Urine - +bld.
 ++ glucose.
 + prot. MSSU ✓

Has some backpain.
 Does not wish speculum on
 this occasion.

13.15 CTG commenced - reactive reassuring
 (14000/min)

08/10/12 Dr Nechev GPST2
 13:20 Para 0+1, 27+6 0 positive
 This afternoon - fresh blood on wiping.
 - no bleeding since then
 - no clots

Low back discomfort earlier - now settled.
 Nil distress

Baby moving.
 No problems with the pregnancy so far.

Declines PV / speculum exam.

DE: Not in distress. Vitals - normal.
 Fundus - up to date
 Abdomen - soft
 MSSU - cont

Adv: minor bleeding in pregnancy
 Adv: home with advice about bleeding,
 pain & FM to return.
 Keep APC as planned #6110055

Date	Gestation	Antenatal/PNA admission
Remember to sign each entry		
8/10/12	20 ⁵⁵	Self-referral to MAU 1/c w/o pv bleeding tonight. Was at MAU today 1/c same problem - refused a speculum at this time.
		Po+o, 28+1, healthy pregnancy Hx of CIN III - LLETZ Benign thyroid nodule.
		O/A Non-distressed. BP 107/64 P 105 T 36.4°C Urinalysis: ++ blood.
		O/P Abdomen soft, non-tender. Fundus = dates FMF ✓ CTG commenced @ 2110.
		CTG not recording properly - monitor changed.
		CTG recommenced @ 2135.
		For medical review. PM Murphy
08/10/12	21:30hrs	Asked to review Po+o lady 28+1 wks Previous LLETZ procedure Had an episode of pv spotting today. Declined speculum exam at that time but was discharged. Returned complaining of heavy pv bleeding → bright red blood. Pain = 1 tablet paracetamol. No abdominal pain. • Urinary symptoms • GI symptoms. Placenta anterior not low • 1/5 Comfortable A&E Soft uterus SFH = 25/xo Caput Head: 5/5

Name _____ Date _____ Gestation _____ Antenatal/PNA admission _____

Remember to sign each entry

SG03295684
DONALD, DIANE
18/2 ONSLOW ROAD
DRUMRY
CLYDEBANK
G81 2NE CHI 1612836909
16/12/1983

08/12/12 V/L V/U = (2)
Speculum: Cervix brown blood > 1 teaspoon
Cervix not visible - patient uncomfortable and asked me to stop. Procedure abandoned.

Assessment P.V. weekly @ 28/40 in previous LBFTZ
+ cannot R/O Cervix incompetence

Plan ① Admit
② observe
③ Steroids
④ Consider cervical length scan to see length of cervix as patient cannot tolerate speculum

22⁰⁰ CTG discontinued - reassuring.
Dexamethasone 12mg given IM. AM.

22³⁰ Welcomed to ward so. Advised to monitor P.V. loss / FM / U/A and alert staff if concerned.

09/10/12 07⁰⁰ Sanitary pad in situ. s/m filled (L. MARSHALL)
Small amount of fresh red on wiping only.
FMR. s/m filled

08.20 Care taken over for change of shift.
Diane feels well, ab for walk at 11.00

09.45 Returned from walk, commenced CTG to 0
9.10.12 Enquire fetal wellbeing, FHR. (J. M. H.)

10.00 Diane reports red PV on wiping, having headache. Obs BP 140/90, PUS, temp 36.5 pulse to be reassessed. Kefid given for headache. (J. M. H.)

Ascending 2nd dose of steroids.

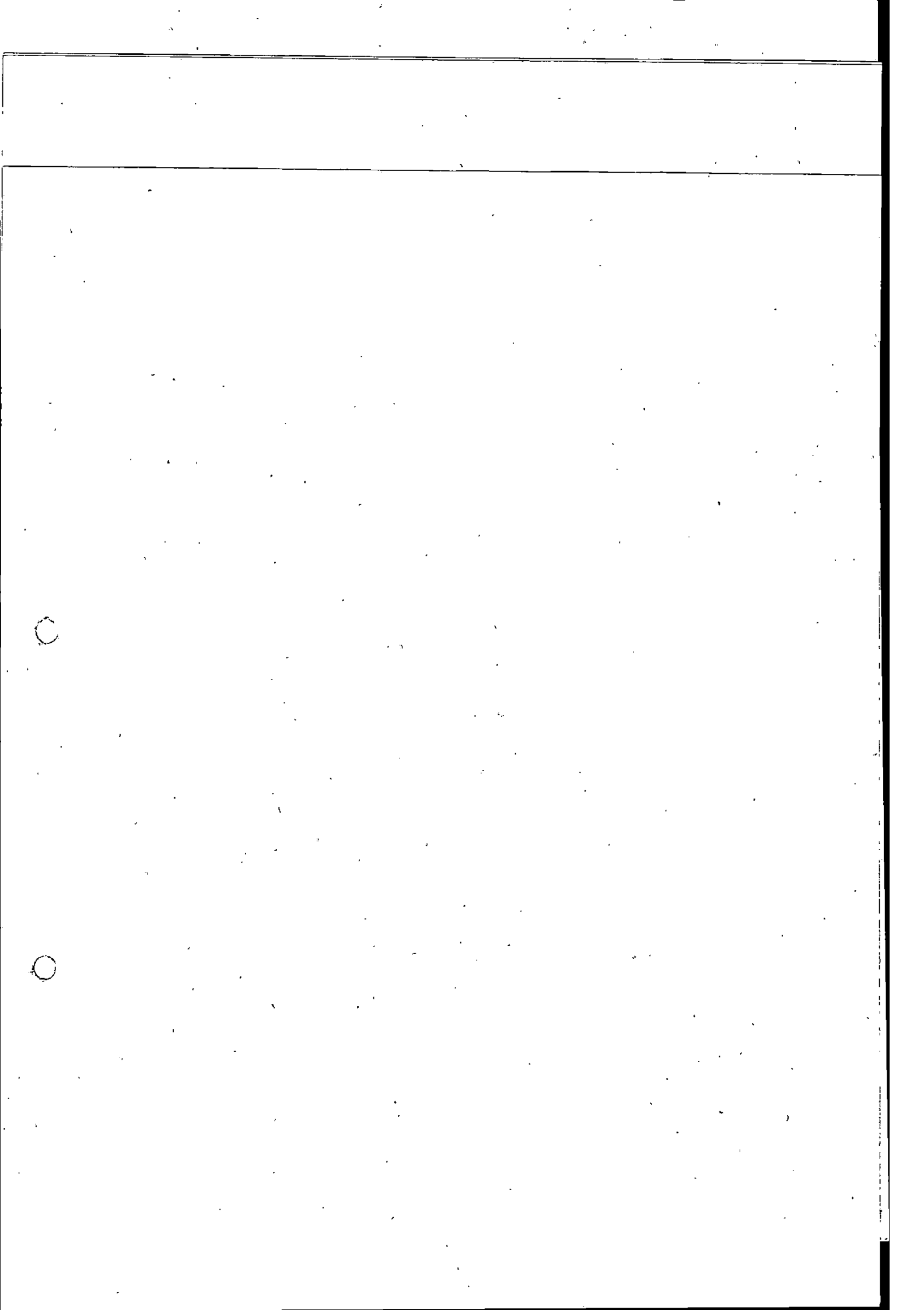
Keep Kefid

Name Diane

Phone 011 111 111 111

CHN

Date	Gestation	Antenatal/PNA admission
Remember to sign each entry		
9/10/10	US	CTG - baseline 125bpm, good variability >5, accelerations present, no decels, overall reassuring, discontinued. (J-11/10)
11.10		Down to scan. (J-11/10)
12.05		Returned from scan. (J-11/10)
14.35		Diane reports PV on wiping, fresh red and also toilet. Commenced CTG to ensure fetal wellbeing. FHM Obs Substochan. BP 104/57, P 89, temp 36.4°C. Sats 97% on air. (J-11/10)
15.30		Diane feels a bit nervous, cyclize 50mg given oral. (J-11/10)
15.40		CTG - baseline 135bpm, good variability >5, accelerations present, no decels, overall reassuring, discontinued. (J-11/10)
18.50		Diane reports nil further PV. (J-11/10)
21 ⁰⁰		Continues to have small fresh red P.V. loss on wiping and after PU. Nil otherwise. Asymptomatic UTI. No V/A. Fmf. CTG commenced to ensure fetal wellbeing obs (N)
		CTG; FH baseline 145bpm. Variability acceptable, decels present. No decels. Same LCC due to FM. V/A nil. Overall reassuring. discontinued. an appropriate for gestation urine, gluc +. Blood Tr. Awaiting MSSA result. (J-11/10)
10/10/12	Obs	No concerns raised. (J-11/10)
10/10/12	0910	Womans still APH. still 1st slight APH. 1st 1st no PP. (J-11/10)
		12.55 FHM with CG transducer FH 135bpm. Obs as charted. (J-11/10)



Notes

Maternity GONEC Approval Assessment Call Record GGC:
Please complete clearly in black ink and in **BLOCK** capitals
Version 1 17.12.09 Approved by GONEC Review 6.12

Surname: DONALD
First Name: ANNA DIANE
DOB (or age): 16/12/83
CHI No or Hosp.no. if CHI n/a:
Phone No.:
Location: WORK
Post Code:
Obstetric History SVD ☐ Forceps/Ventouse ☐ CS ☐

Date: 10/9/12 Time: 1150 Call No.: 1
Caller Name if different:
Delivery Unit:
Consultant/Named Midwife:
Type of Call
Antenatal ☒ EDD:
Prelabour/Intrapartum ☐ Parity: 0+1
Gestation: 24+
umbil disc

CALL REASON

	Yes	No	
Contractions	☐	☒	Frequency 1 in ☐
S.R.O.M.	☐	☒	
Colours of liquor	<u> </u>		
Group B Strep	☐	☐	
Fetal Movements	☒	☐	<u>up yesterday</u>
Headache	☐	☒	
Visual disturbances	☐	☒	
Oedema	☒	☐	<u>feet at night</u>

	Yes	No	
Bleeding	☐	☒	
Minor ☐	Mod ☐	Major ☐	
Rh Pos. ☐	Rh neg. ☐	Rh Unknown ☐	
	None	Mild	Mod Severe
Anxiety/distress	☐	☐	☐
Abdominal pain (Not contractions)	☐	☐	☐
Vag discharge	Yes ☒	No ☐	
Colour	<u>white</u>		
Urinary symptoms	Yes ☐	No ☒	<u>Bo</u>

CLINICAL SUMMARY (including PMH/problems with pregnancy/medications)

Lower right side intermittent and burning sensation in vaginas
no fm's since yesterday

CALL OUTCOME

	YES	NO
Requested to attend unit	☒	☐
Ambulance required	☐	☐
Call back advice given	☒	☐
Woman agrees with plan	☒	☐
Urgent ☐	999 ☐	

Self Care ☐
GP ☐ Day Care ☐
EPAS ☐ Gynae REG ☐

Signature: Anna

Print Name: Christine
Designation: mid

FINAL OUTCOME IF WOMAN ATTENDS

AN ward ☐ DCU ☐ L/S ☐
Routine care ☐

Time in Time out

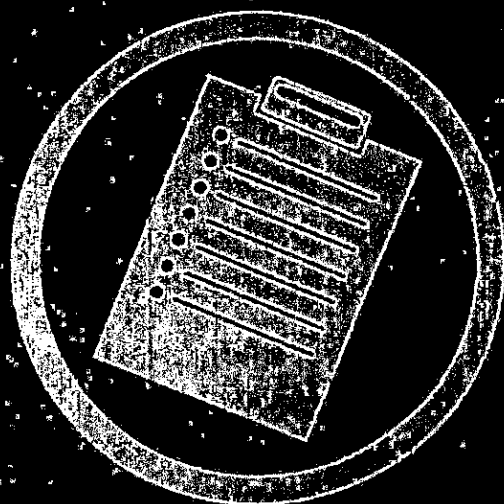
Labour and Birth Record

Confidential

PLEASE USE BLACK INK



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G81 2NE CHI 1612836909



If you find this record,
please return it to the
nearest Maternity Unit or
General Practitioner surgery
as soon as possible.

Labour and birth record: Induction/Augmentation of labour

Date 29/12/12 Time 1500 Gestation 40 Location W0 50

Induction authorised by _____ Explanation/Indications _____ Advice given ☐ No ☐ Yes

Designation/grade _____ History of contractions ☐ No ☐ Yes

Indication for induction

☐ Post dates pregnancy (Refer to KCND Pathways for Maternity Care).

☐ Obstetric complication: specify _____

☐ Membranes swept ☐ No ☐ Yes Date 1/1

☐ Pre-labour rupture of membranes (> 72 hours)

☐ Other: specify CIN III 2010 - LETZ

Initial assessment

Uterine activity ☒ No ☐ Yes Details _____

Membranes ☒ Intact ☐ Unsure ☐ Ruptured on 1/1 at _____

Liquor colour _____ Other vaginal loss _____

Pulse _____ BP / Temp _____ °C Urinalysis _____

Oedema _____ Fetal movements _____

Abdominal examination

Fundal height _____ cm Lie long

Presentation ceph Position B/S

Presenting part - 5th palpable _____

Fetal heart rate (pre VE) _____ Maternal pulse _____

Fetal heart rate (post VE) _____

Comments _____

Cervical scoring

Total score		Relative score			
		0	1	2	3
Cervical feature	Dilation (cm)	<u><1</u>	1-2	2-4	>4
	Length of cervix (cm)	<u>>4</u>	<u>2-4</u>	1-2	<1
	Station (cm)*	<u>0</u>	-2	1/0	+1/+2
	Consistency	<u>Firm</u>	Average	Soft	-
	Position	<u>Posterior</u>	Mid/anterior	-	-

* Relative to the ischial spines

Comments 3rd prod PV

Signature: [Signature] Date 29/12/12

Concerns/Risks/Significant Factors from antenatal period/social history/medical history

Please document here _____

Please complete the "Whose Signature" page at the back of the record

Please use 24 hour clock and sign and date your details in 'Your signature' section on the back cover

29.12.12	14:00	29 year old OTI @ T+0 Admitted oriented to ward so SGH for IDL. A/L well & alert no concerns. <i>Wraykandy</i> 14:30 CTG commenced Obs (N) <i>Heavenly</i>
	15:10	mg prostin p.v. - Difficult ex to reach reassuring CTG
	21:00	CTG commenced prior to re-assessment. Aware of mild regular u/a. Declines analgesia. obs (N). s/m ylls (L. MARSHALL)
	21:45	60mg OF 118 + 1g paracetamol given orally
	21:55	CTG; FH baseline 140-150bpm Accels present. Early decel x1 ↓ 90bpm. Slow recovery. u/a wco - ordinate 3; 4; 10 mins. Short - lasting.
	22:15	V.E V V MAD Cx post- effaced. 1cm dilated V - 3 station Prostin with - held due to regular u/a. 18:50pm CTG; Sharp early decel ↓ 120bpm at times u/a 3-4; 10 mins short - lasting. Unable to tolerate (C) lateral position. Reg asked to review
29.12.12	10:50pm	<u>Reg. review</u> (CTG). P ₁₂₀ , T ₀₂ @ 23 wks, T, IOL (x1 prostin), CIND, 11FT2 H. \$ thyroid nodule, P _{20M} @ 10:40pm clear fluid
		→ Cont.

30/12/12

Hours of labour

☐ Intermittent monitoring

☐ Fetal Scalp Electrode☐ Handheld Doppler☐ Pinard stethoscope

Fetal pH

Liquor

Capit/moulding

Position

Cervical
dilation
(cm)
(x)

$$\frac{1}{2} (x)$$

Descent of
presenting part
(abdominally)
(●)

(●)

Contractions
per 10 minutes
Duration

Mild/fair  30 seconds

Moderate 30-50 seconds

Strong: 50 seconds

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Time (use 24 hour clock)	0700	0800	0900	1000																
Syntocinon																				
Epidural																				
Medications (including all analgesia & antacids)	PRONALGIN 500mg LORAZEPAM 1mg FONDAX																			
Blood pressure																				
Pulse (●)																				
Urine volume																				
Maternal temperature (°C)																				
Pool temperature (°C)																				

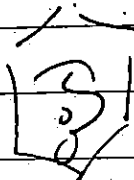
Consideration should be given to pressure area care. Risks include immobility, moisture and poor nutrition.
For further advice see www.healthcareimprovementscotland.org for SSKIN care bundle.

02/12/12 14:00 02/12/12

Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.

Cont.

pt. is contracting 3-4/10 moderate.



soft ut. is bet. cont.
ceph.

(UE) Chapand: connected...

1cm dilated, st-3, ceph. fully effaced cx. + the clear liquor training

CTG: rate 145bpm.

variab. 75

+ the accel.

one variable decel., fall 100 bpm
+ rapid recovery, followed by shallow
early decel. + rapid recovery, < 50% of cont.
now 15 min after PLOT no further
decel.

(P)

extend CTG for now.

call Reg. on call if any
concerns.

had another review on 2/11/12 - treat as (U)

30/12/12

00:10

CTG continued for further 1hr as
requested by Registrar.

CTG FH baseline 140bpm Good variability
accels present. Occasional sharp early shallow

Date June 01/12

Please use 24 hour clock and sign clearly and insert your details in the witness signature section on the back cover

20/12/12	deob	
	V/A remains 4:10 mins. Short - biting	
	patient wishes CTG discontinued its	
	mobile	
	unable to obtain regular series	
	due to obstetric emergency in labour	
	word at present. skin placed	
01 ¹⁰	CTG reviewed by registrar as	
	satisfactory. skin placed	
01 ¹⁵	Requesting diamorphine although doesn't	
	appear disturbed. CTG commenced	
02 ⁰⁰	CTG, FH baseline 130bpm Variability	
	reduced	
02 ¹⁰	Pura O+1 at Term transferred to	
	LS for observation as CTG	
	reduced variability 1% shallow	
	decelerations	
	10% para as CIN III treated with	
	LEKIZ	
	prostin X1 at 1530	
	SRW at 2040 hrs clear liquor	
	drawing Entomox commenced	
	CTG recommenced - For VC to assess MP	
02 ²⁰	Vt V - NHD	
	ex - effused	
	OS - ucm dilated	
	UX - 0-2	
	FSE attached and waiting	

Bradycardia following vt moved into left lateral, buzzed for assistance FH 776bpm.

Please use 24-hour clock and sign accurately, and insert word 'day' in the 'Where situated?' section on the back cover.

30.12.12 2.30am Reg. review

P₁₊₀, Top @ 230kPa, Tol (x1 position) CINTY
LEETZ, & thyroid module, P_{101M} 10.40 club fluid

Called for breadgarden on CTG in 2 min
i rapid recovery.

CTG now rate in 120 bpm

Vanab. 75

acid + ve

decid. early decid. 1 shallow, rapid recovery.

VE just done by M.11. 4cm, st-2

P: Ventilation in, FRC, cis.

IV fluids.

11. lat. position.

Cont CTG monitoring, if any concern

all reg on for possible FRS.

pt in keen for epidural.

will come and review trace again

in 30 min.

S. Ibrahim

0240 Ventilation SLEd in left hand

FBC + GTS obtained + sent as

urgent

Hefmann's SEDs commenced

0245 Paracetamol 150mg given orally

Diane using entrox 'i' good.

effect although requests further

		pain relief - advise that Anesthetist is busy in theatre at present NY
0250		Diane's partner contacted to ensure in
		CTG - FHR baseline 140bpm, reduced variability "1" shallow decelerations
		Cont 2-3:10 mild
0305		Registrar into room - for VT to assess
30/12/17 3:15pm		Reg. review
		CTG: rate 140bpm } reassuring.
		Variable 75
		True accel.
		early decel. shallow & rapid recovery.
		UE <u>chaperoned & consented</u>
		fully dilated, St. zero, ? D.O.A.
		(pt. to V. uncomfortable & contr.)
		<u>P</u> ... Cont. CTG.
		allow thr for head descent & then start active pushing.
		call Reg on call if any concerns.
		<u>S</u>
		S. Ibragh
0325		Diane feeling rectal pressure and urge to push "1" backaches not visible
0330		CTG - FHR baseline 135bpm, fair

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover		
30/12/12	(cont)	variably $\frac{1}{2}$ deep decelerations $\downarrow$ 100bpm good recovery back to baseline Daine continues to involuntary push $\frac{1}{2}$ contractions Cont 4-5:10 mod/shrug Mpr
0345		Deep decelerations persist Olw Sister Zimba will commence active pushing M
0350		legs into lithotomy to aid descent M
0354		Deep late decelerations persist buzzed for assistance Ft 78bpm slow to recover Sr Zimba into room moved who left lateral position Mpr
0355		Registrar into room for VC to assess Vx just visible at height of Contractions For assisted delivery in room Mpr
0400		Pedential block administered Ft 112bpm Paeds called to attend Mpr
0405		Kiwi Cup applied head delivered over 1 Contractions episiotomy performed Paeds in attendance Mpr
0408		Progressed to Kiwi delivery of live boy cried at delivery Syntocinon 100g given in Mpr
0415		Placenta + membranes delivered by CLT - both appear complete Cord pH's obtained Mpr

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
01/12/12	0400	written in retrospect. asked to review para 10 FOL. Postdromes progressed quickly to fully dilated. CTG baseline 125bpm variability 75bpm. Mc. persistent variable deep decels. Genuinely 3 to 4 in 10. Encouraged to actively push. leg contracted ^{error} at now asked to revert. Prepared for assistant delivery. @vinder
30/12/12	4:10	Written in retrospect on 4:10 Asked to see. reviewed E Dr Ibrahim. PO. Fully pushing. CTG. Persistent deep variable decelerations. VE by Dr Ibrahim fully. OA +1 - Discuss for instructed delivery in room. In view of suspected fetal distress. - Pt. v. distressed / uncooperative. - Explained reasons for instructed delivery. - well aware → needs expediting delivery b/c of abnormality FHR. - Understands risks well. - verbal consent obtained. - called away to theatre (maj. PPH to go to ITU) - on arrival back → knew delivery by Dr Ibrahim. - happy baby - good condi. to finish bp.

Date

Time

Page 16

Please use 24-hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.

04:25

30-11-11 4:35am within in neohesperine

- Called for fetal bradycardia.
- VC Chapman & consented fully, st + 1, DOA.
- division for Kiwi del; - 1 noon under
- Pendered nurse block (verbally consented)
- see operative delivery progress

04:40

legs ↓ lithotomy
fingers from labia out
obs stable

assistance given "breastfeeding baby
not interested at present

04:45

Sandwich given
feels well

06:00

up for shower
obs stable
feels well

06:30

IV fluids ↓
out of shower
feels well

for transfer to ward 48

collier drawing clear me

Labour and birth summary - mother page 1

	Date	Onset	Duration	Birth name	Designation
First stage	30/12/12	02:00		Delivered by PIN Number of delivering Midwife	DR IBRAHIM RSR
Second stage	30/12/12	03:15			
Third stage	30/12/12	04:08		Also present	
End of third	30/12/12	04:10			
Total duration of labour				Kwi	
(SRM) /ARM	29/12/12	10:40			

Induction of labour ☐ No ☒ Yes

Indication

Augmentation of labour ☒ No ☐ Yes

Indication

Presence of meconium liquor ☒ 1st stage ☒ 2nd stage

Description of meconium

Maternal pyrexia in labour ☒ No ☐ Yes

Maternal antibiotics given ☒ No ☐ Yes

Details

Shoulder dystocia at birth ☒ No ☐ Yes

Maternal bloods taken ☐ No ☒ Yes

Indication FBL + GCS

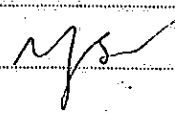
One-to-one midwifery care received throughout labour & childbirth ☐ No ☒ Yes

Comments

Labour & birth discussed ☐ No ☒ Yes

Preferences for labour & birth met ☐ No ☒ Yes

Comments

Signature: 

Date 30/12/12

Analgesia in labour (tick all that apply)

☐ T.E.N.S. ☒ Nitrous oxide & oxygen

☐ Birth pool ☐ IM opiates

☐ Epidural ☐ Water Birth

Other

Analgesia for birth/third stage complication

☐ Spinal ☐ Epidural ☒ Pudendal block

☐ Combined spinal epidural ☐ General

Other

Instruments Tracking Label



s2894-030 2721726
Forcep Delivery Inst (Maternity)

Please complete the "Whose Signature" page at the back of the record

Labour and birth summary - mother page 2

Placenta, cord & membranes

Delivery: ☒ Controlled cord traction
☐ Maternal effort ☐ Manual removal
 Placenta appears ☒ Complete ☐ Incomplete
 Membranes appear ☒ Complete ☐ Incomplete
 Number of umbilical cord vessels 3
 Sent to pathology ☒ No ☐ Yes
 Indication _____

Comments _____

Perineum

☐ Intact ☐ Grazes
☐ 1st degree tear ☐ 2nd degree tear
☒ 3rd degree tear ☐ 4th degree tear
☒ Episiotomy ☐ Labial tear

(If 3rd or 4th degree, document in 3rd stage complications pages)

Perineal suturing

Suture material _____
 Anaesthesia see medical notes
 Technique _____

Rectal exam prior to suturing ☐ No ☐ Yes
 Haemostasis achieved ☐ No ☐ Yes
 Rectal exam following suturing ☐ No ☐ Yes
 abs correct ☐ No ☐ Yes
 Needles correct ☐ No ☐ Yes
 Tampon used ☐ No ☒ Yes
 Tampon removed ☐ No ☐ Yes
 Instruments correct ☐ No ☐ Yes

Checked by _____
 and _____

Advised on perineal care ☐ No ☐ Yes

Sutured by _____

Route	Oral drug administered	Dose	Route
	<u>Syntocinon</u>	<u>1000</u>	<u>ml</u>

Blood loss 500 ml

Blood transfusion/products received ☐ No ☐ Yes

Details _____

Post delivery

Maternal observations

First set on 30/12/12 at 04:30
 Temperature 37.3°C Pulse 88 BP 111/62

Pain/analgesia _____

Fundus firm Lochia ave

Second set on 30/12/12 at 06:30

Temperature _____ °C Pulse 91 BP 105/61

Pain/analgesia Paracetamol 10mg

Fundus firm Lochia ave

Urinary function Catheter in situ

Revised thrombosis risk after birth		
☒ Low	☐ Moderate	☐ High
Actions Required:		

Mother transferred on 30/12/12 at 06:30

To U8

Reason _____

Perineal repair diagram

Please complete the "Whose Signature" page at the back of the record

Labour and birth summary - baby page 1 (If multiple birth please complete multiple birth baby page on reverse)

Mode of delivery KW on 30/12/12 at 04:08 Sex Boy
 Indication Fetal distress Presentation Cephalic Location _____
 Livebirth/Stillbirth 1st Gestation 1st Birthweight 3090 g OFC _____ cm

APGAR	1 min	5 min	10 min
Activity (muscle tone)	<u>2</u>	<u>2</u>	
Pulse	<u>2</u>	<u>2</u>	
Grimace (reflex, irritability)	<u>2</u>	<u>2</u>	
Appearance (skin colour)	<u>1</u>	<u>1</u>	
Respiration	<u>2</u>	<u>2</u>	
Total scores	<u>9</u>	<u>9</u>	
Time to first breath _____			

Cord blood taken at _____ time _____
 Indication _____

Cord pH results No pH taken ☐
 Venous pH 7.30 Arterial pH 7.28
 Base Excess -8.1 Base Excess -7.3

Vitamin K administered
☐ No ☒ Yes
☒ I.M ☐ Oral
 (sign for administration below)

Skin-to-skin contact offered ☐ No ☒ Yes
 Time started 04:30 Time ended _____
 Reason discontinued _____

Comments _____
 First feed offered 30/12/12 time 04:45
 Type of feed B/F NUT INTERESTING
 Comments _____

Record of Vitamin K administration

Date	Drug	Dose	Route	Time (24 hr)	Prescriber (print and sign)	Given by	Time given (24 hr)
<u>30/12/12</u>	<u>KW</u>	<u>1mg</u>	<u>IM</u>	<u>04:15</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>04:15</u>

Resuscitation (tick if not apply)

Nil	☒
Inflation breaths	
Ventilation breaths	
Suction under direct vision	
Mask & IPPV	
Drugs-specify below	
Cardiac massage	
Endo-tracheal tube	
Description of baby at birth/resuscitation details	
Other-specify below	
Resuscitation performed by	
Sign	

Further details

Any anomalies identified at birth should be noted in the relevant sections of the baby/neonatal record for follow up.

Complete details of initial examination on baby record

Resuscitation performed by		
Signed	Print name	Designation/Grade

Baby ventilation and resuscitation by		
Signed	Print name	Designation
<u>[Signature]</u>	<u>N. K. S. C.</u>	<u>M. W.</u>

Please complete the "Whose Signature" page at the back of the record

Details of operative delivery

Type of delivery Kiwi

Decision made

Indication(s): fetal distress.

Procedure started

Time of delivery.

Procedure concluded

Location

RCA/RCOG classification of urgency of caesarean *

Operator S. Ibrahim

Assistant

Anaesthetist

Pre-operative delivery findings

[illegible]

Please use 24-hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.

- 17.12 4:45am. Under C.A., pudendal nerve block, Catheters, w/
- UG. Fully dilated, St +1, DOA
- Mini cup applied on flexor point.
- 2 pulls & 2 contractions.
- episiotomy.
- deliv of single live full term male.
- Complete deliv of placenta & membranes.
- episiotomy repair.
- ut is contracted.
- mid P.v. loss.
- EBL $\approx$ 500cc.

Bole's little is

5-20

S. S.

cond gasen $\begin{cases} 7.28 \\ 7.30 \end{cases}$

* 1 **Emergency:** immediate threat to life of woman or fetus; 2 **urgent:** maternal or fetal compromise which is not immediately life threatening; 3 **Scheduled:** needing early delivery but no maternal or fetal compromise; 4 **Elective:** at a time to suit the patient and maternity team

Please complete the "Whose Signature" page at the back of the record

Operation procedure and findings

Labour

[illegible]

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

[illegible]

Immediate Discharge Letter Southern General Hospital

Dr Graham Robertson
The Green Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ



The Maternity Unit,
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
30/12/2012

Dear Dr Robertson

Re :

Donald , Diane
18/2 Onslow Road, Drumry, Clydebank, G81 2NE
16/12/1983

This para 0+1 delivered on 30/12/2012 at 04:08. This baby was born at Southern General Hospital.

Labour & Delivery			
Labour onset	Induction	Type Of Delivery	Ventouse – no rotation or unspecified
Induction	Prostaglandin	Augmentation	
Length 1st Stage (hrs,mins)	03:08	Delivery Complications	non reassuring ctg in 2nd stage, kiwi delivery of live boy.
Length 2nd Stage (hrs,mins)	00:53	Placenta	Complete
Length 3rd Stage (hrs,mins)	00:07	Membranes	Complete
3rd stage comments	Cord traction	Tears	
Pain Relief	Entonox	Episiotomy	Yes
Blood Loss (mls)	500	Skin Closure	
Reasons for Instrumental Delivery	Fetal distress		

Infant			
Baby H.P.I.		CHI Number	3012125159
Outcome	Livebirth	OFC (cm)	
Sex	Boy	Crown Heel (cm)	
Gestation		Cord	
Apgars	9 (at 5 Mins)	Hips	
Birth Weight (grams)	3090	Max Bilirubin	
Subsequent Weight (grams)		Phototherapy	
Vitamin K	Intra Muscular on 30/12/2012	Hearing (L, R)	Not Recorded Not Recorded
Baby Discharge Comments		Blood Spot PKU	
		Blood Spot CH	
		Blood Spot CF	
		Blood Spot Repeat	
		Feeding on Discharge	

Post Natal			
Blood Group	O Positive	Discharge date	
Anti D		Discharge Address	
Date Given		Drugs on Discharge	
Rubella Vaccine		Follow Up Appt.	
Date Given		Discharge Comments	
Postnatal Hb Result			
Treatment			
Last Smear		Contraception	Contraception not discussed Reason :

Signature _____

Date _____

Consultant Letter Required? Y / N

Maternity Call Record GGC: Please complete clearly in black ink and in BLOCK capitals

Version 1 17.12.09 Approved by GONEC Review 6.12

Print Form

Surname:

Donald

Date:

3.2.10

Time:

08.00

Call No.:

1

First Name:

Adam

Caller name if different:

DOB (or age):

Delivery Unit:

CHI No. or Hosp. no. if CHI n/a:

0306284

Consultant/Named Midwife:

Phone No.:

Type of Call

Location:

Antenatal

EDD:

Post code:

Prelabour/
Intrapartum

Parity:

Obstetric History: SVD

Forceps/Ventouse

CS

CALL REASON (record relevant details only)

Contractions Yes ☐ No ☐

Frequency 1 in

S.R.O.M.

Colour of liquor

Group B Strep

Fetal Movements

Headache

Visual disturbances

Oedema

Yes

No

spotting

Bleeding:

Minor

Mod

Major

Rh Pos.

Rh Neg.

Rh unknown

None

Mild

Mod

Severe

Anxiety/distress:

Abdominal pain

(not contractions)

Yes

No

Vag discharge

Colour

Yes

No

Urinary symptoms

CLINICAL SUMMARY (including PMH/problems with pregnancy/medications)

ADVICE GIVEN

DECISION SUPPORT

Discuss with senior MW/obst

Name:

Call back advice given

Woman agrees with plan

CALL OUTCOME

Requested to attend unit

Yes

No

Ambulance required

Time if arranged:

Routine

Urgent

999

Signature:

Type Name:

FINAL OUTCOME IF WOMAN ATTENDS

Designation:

Time in

Time out

Ref to: AN ward

DCU

L/S

Routine care

56329584

(E) (N)

306254

Hospital use only	Clinic CLYDEBANK	Day Date 3/2/10	Time 2.55	Hospital No.
-------------------	---------------------	-----------------------	--------------	--------------

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Obstetrics
GGC Obstetrics

Queen Mother's Hospital
Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Consultant / receiving practitioner and/or specialty clinic

Hospital and hospital address

Hospital location code

G515H

Email address

Urgency of referral

ROUTINE

Date of referral

15-Dec-2009

Date sent

22-Dec-2009

PATIENT DETAILS

Surname: Donald
Forename(s): Diane
Title: Miss
Sex: Female
Date of birth: 16-Dec-1983
CHI no.: 1612836909

Patient's address

804 Dumbarton Road
Flat 3/1
Dalmuir
CLYDEBANK
G81 4BA

Contact number(s)

Voice: 07791041354

1010000630265

Unique Care Pathway Number: 1010000630265

REGISTERED GP DETAILS

Name: Dr CA Lennox
GMC code: 3317044 GP code: G05517
Practice name: The Green Medical Practice
Practice code: 40224

Practice address

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Contact number(s)

Voice: 0141 531 6425

Facsimile: 0141 531 6433

REFERRING GP DETAILS

Name: Dr D Morrison GP Locum
GMC code: 6128586 GP code: G87018
Practice name: -
Practice code: 40224

Practice address

Contact number(s)

-



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

Description: Pregnant

Comment: Dear Doctor

This 25 year old saw me yesterday having four positive pregnancy tests. She is on the oral contraceptive pill and last had a bleed in September the 18th but really wasn't sure when her LMP was. She was unsure about whether to proceed with the pregnancy or not but has had a scan somewhere and has been told that she is 12 weeks pregnant. It seems she is now keen to proceed with the pregnancy. She has had no previous pregnancies. She is an ex-smoker. I have started her on folic acid.

We are happy to share her care.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

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

Description	Comment	Date of onset
Psoriasis NOS	-	02-Oct-2008
Overdose of drug	-	06-Jan-2003
Chlamydial infection, unspecified	trachomatis	19-Sep-2002
Congenital nasal septum deviation	-	04-Sep-2001
Vasomotor rhinitis	-	04-Sep-2001
[X]Overdose - paracetamol	-	26-Dec-1998
[X]Overdose - ibuprofen	-	20-Feb-1998
Closed fracture of bones, unspecified	minimally displaced	22-Jun-1995

Past procedures (High and medium priority - all)

Description	Comment	Date performed
LLETZ - Large loop excision of transformation zone	CIN3	18-May-2009
1st hepatitis A vaccination	ATYAB02OAJ exp 10-2009	14-Nov-2008
Meningitis vaccination	C	16-Nov-1999
Tuberculosis (BCG) vaccination	-	20-Sep-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Calcipotriol	120	OINT 50MCG/G	Apply sparingly	Twice daily	01-May-2009	0 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Folic Acid	90	TABS 400MICROGRAMS	1 Tab	Daily	09-Dec-2009	0 Days
Diclofenac Sodium	84	Ec TABS 50MG	1 Tab	3 times daily	24-Aug-2009	0 Days
Co-Codamol	100	30mg/500mg TABS	1 or 2 Tabs	4 times daily	24-Aug-2009	0 Days

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		01-Jan-2009
Current smoker:		22-Oct-2008
Current smoker:		22-Oct-2008
Current smoker:		23-Mar-2006
Current smoker:		20-Mar-2003

Clinical warnings**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Fetal Anomaly Screening – Ultrasound Report NHS GG&C



SG03295684
 DIANE DONALD
 804 DUMBARTON ROAD
 FLAT 3/1

S
 L
 8
 F

16/12/1983
 G81 4BA CHI 1612836909

~~in Bold – Mandatory information~~
~~measurements/anatomy checks~~

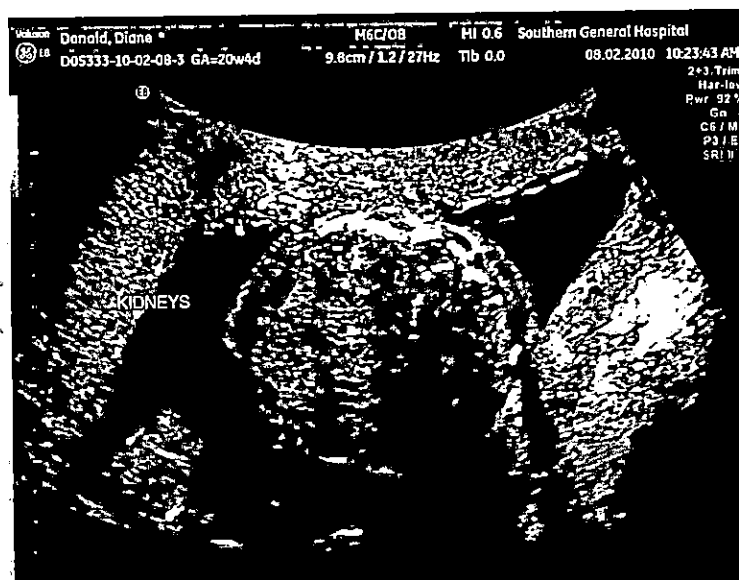
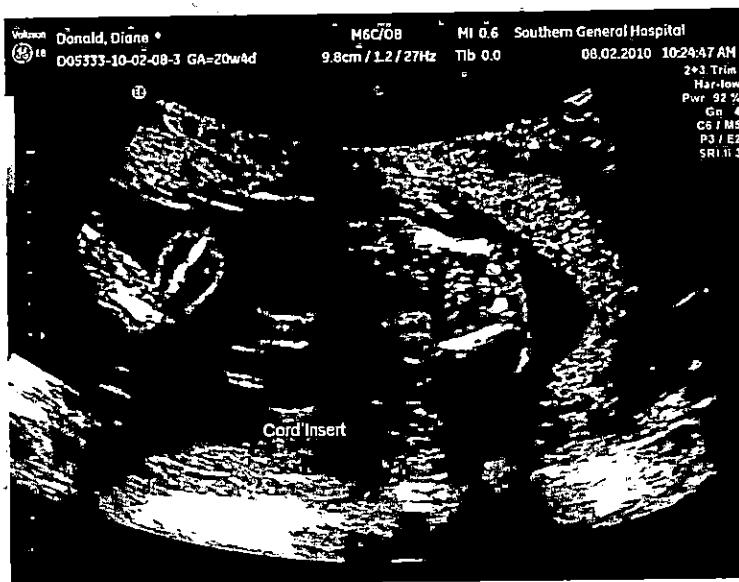
Date	8/2/10	
Gestational Age	40 + 4	
HC (mm)	175.9 mm	
Ventricles (mm)	6.4 mm	
Cerebellum	✓	
TCD (mm)	19.8 mm	
Lips and nasal tip	✓	
Profile	✓	
4 chamber heart	✓	
RVOT	✓	
LVOT	✓	
Diaphragm	✓	
AC (mm)	✓	
Stomach	✓	
Abdominal wall	✓	
Kidneys	✓	
Bladder	✓	
Spine	✓	
Upper limbs	✓	
Hands	✓	
Lower limbs	✓	
Feet	✓	
FL (mm)	✓	
Fetal sex (if requested)	X Y	
Liquor Volume	One	
Placental Site	Anterior PP NC 300L	
Comments		
Review	<i>[Signature]</i>	

Southern General Hospital Date of Exam: 08.02.2010 Page: 1/5
Exam Type:

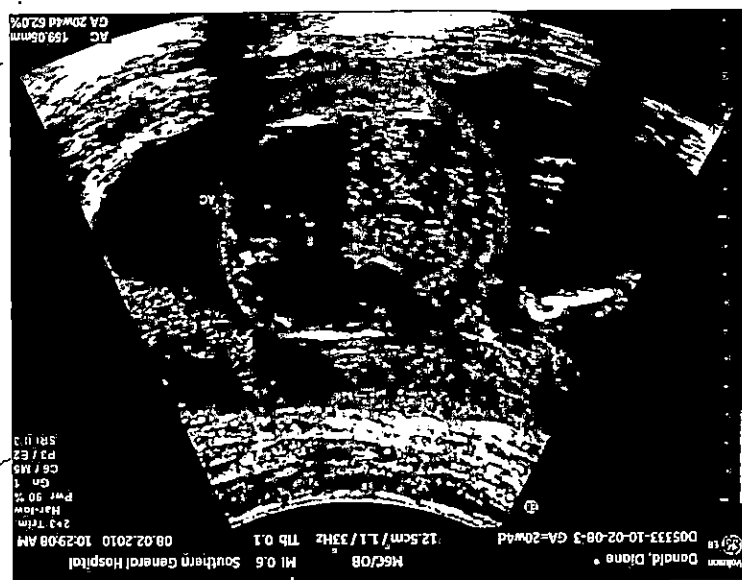
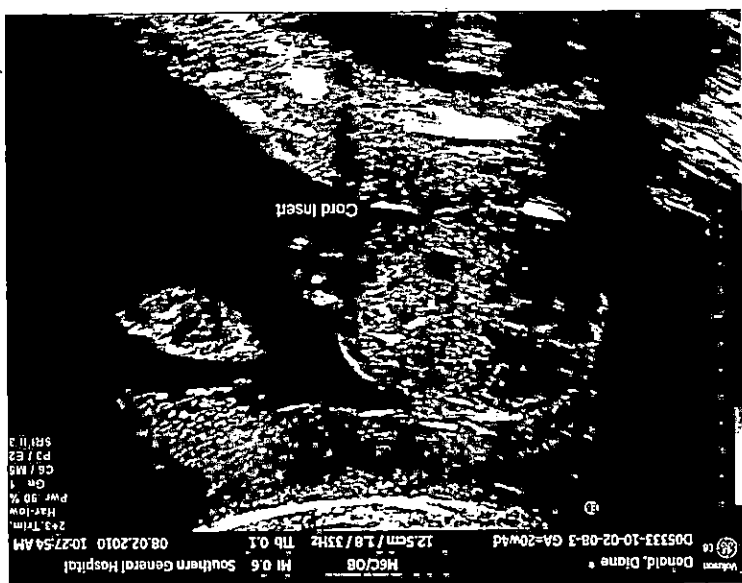
Name: **Donald Diane** Perf. Phys.:
Pat. ID: **D05333-10-02-08-3** DOB: Ref. Phys.:
Indication: Sex: **Other** Sonogr.:
LMP: GA(EDD) **20w4d** EDD **24.06.2010** G **Ab**
DOC: GA(AUA) **20w4d** EDD(AUA) **24.06.2010** P **Ec**

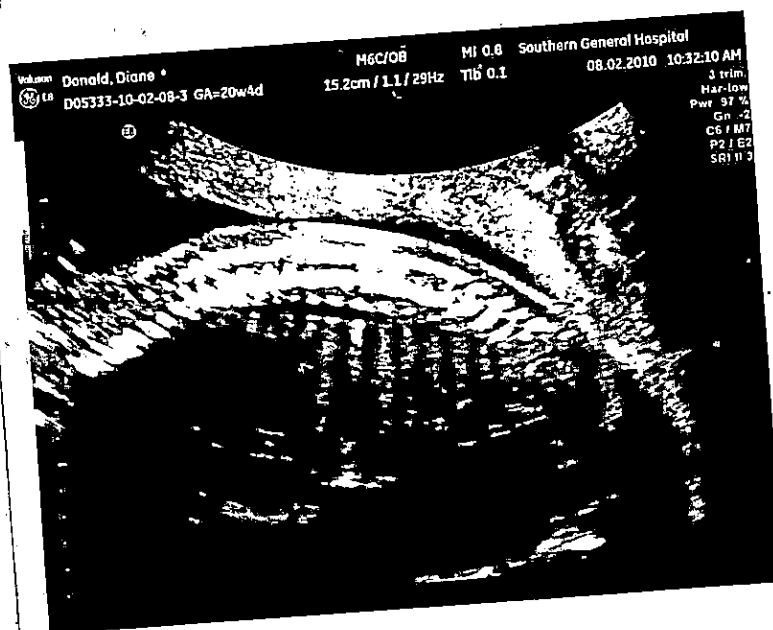
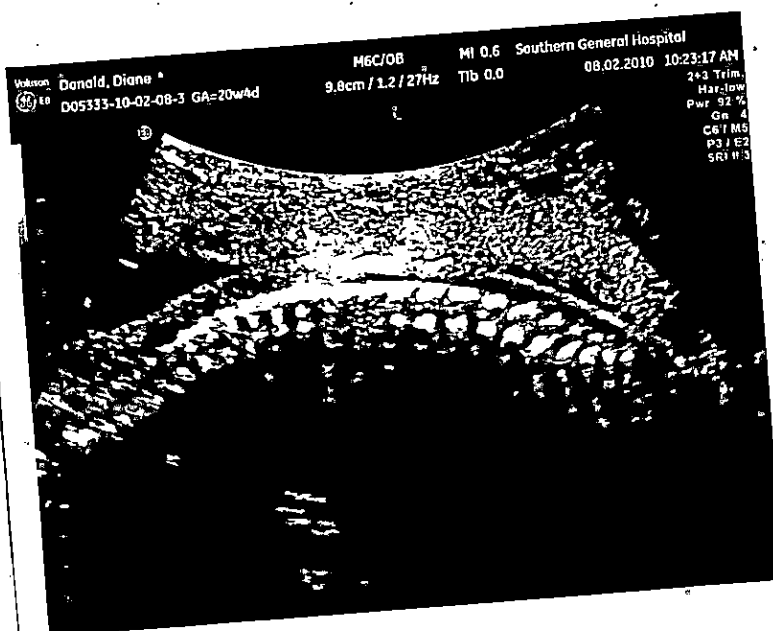
EFW(Campbell) Value Range Age Range Growth
AC Hadlock **N/A**

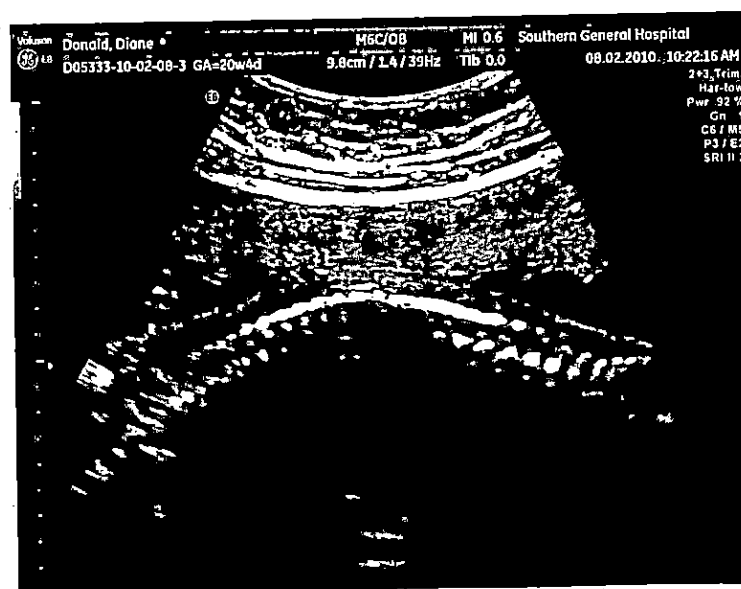
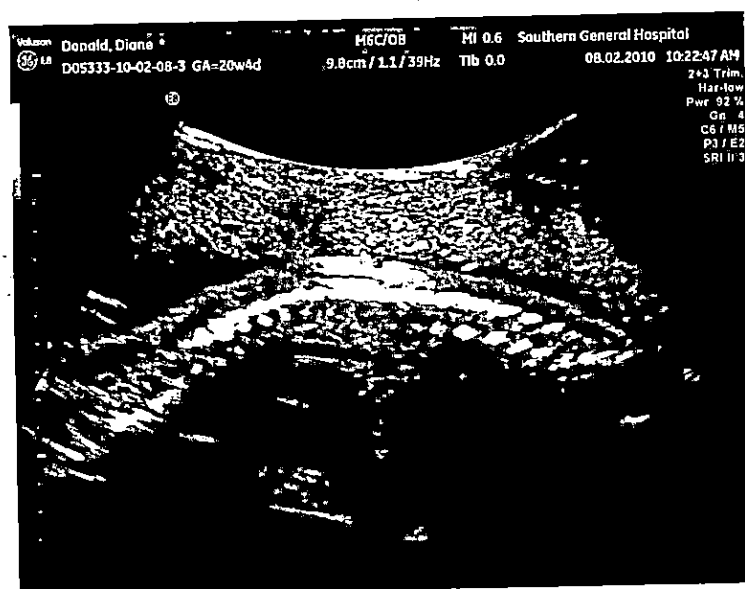
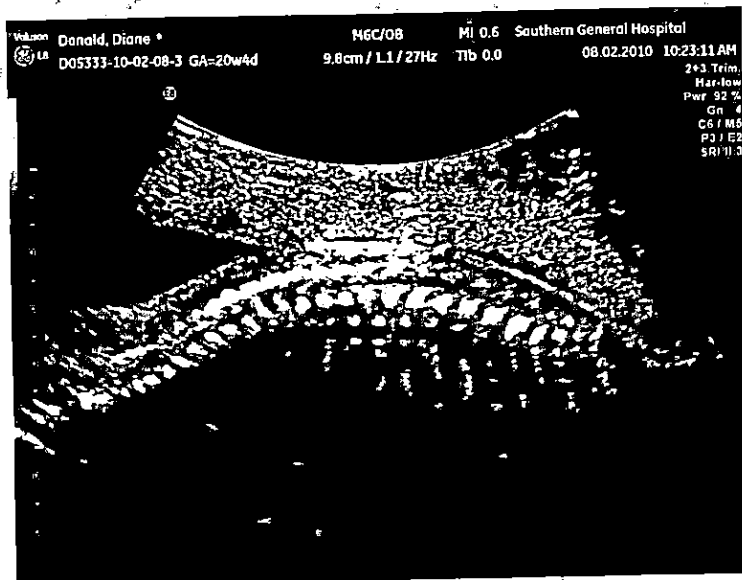
2D Measurements	AUA	Value	m1	m2	m3	Meth.	Age	Range	Dev.
HC(SIZE BMUSI)		175.91 mm	176.63	175.18		avg.	20w1d		
AC(Chitty)		157.07 mm	156.69	159.05		avg.	20w4d		47.2%
FL(Chitty)		32.79 mm	32.79			avg.	20w2d	18w5d-21w6d	34.3%
Cerab(Chitty)		19.83 mm	19.45	20.21		avg.	20w2d	18w5d-21w6d	
CM		4.89 mm	4.89			avg.			
Vp		6.48 mm	6.48			avg.			

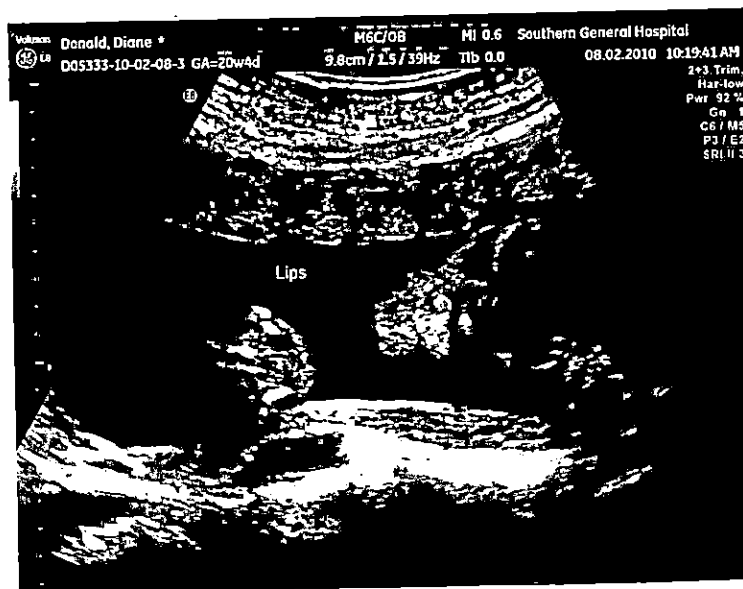
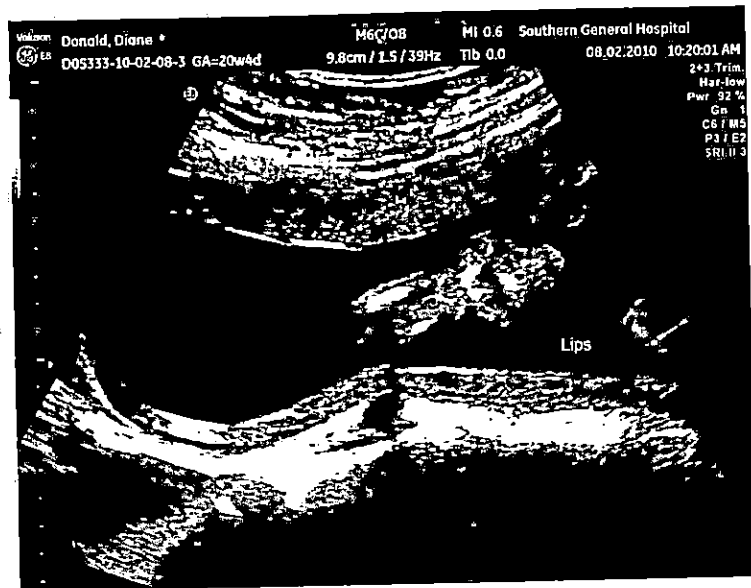


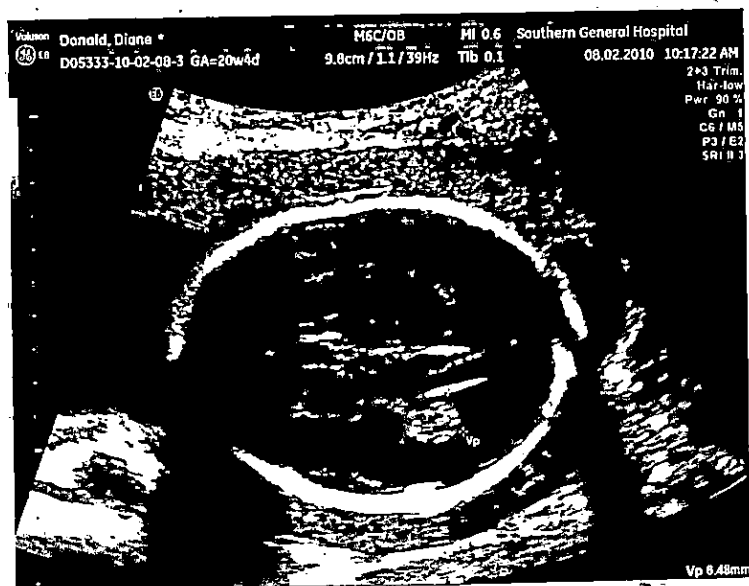
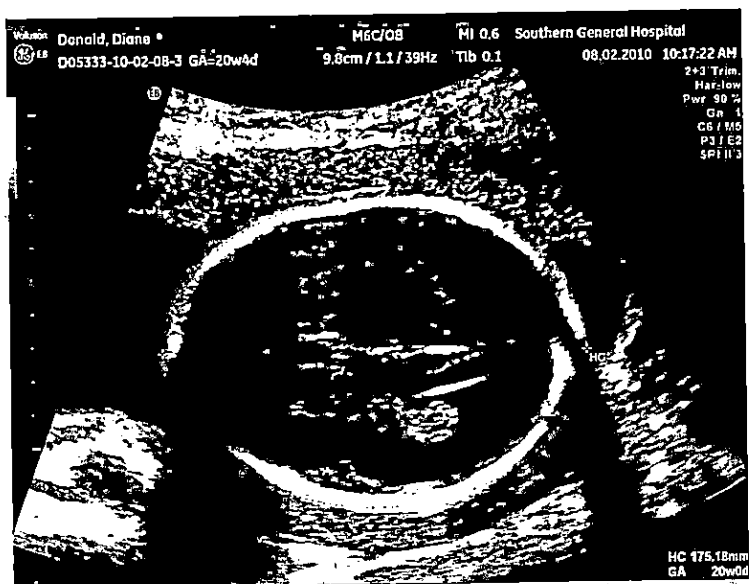
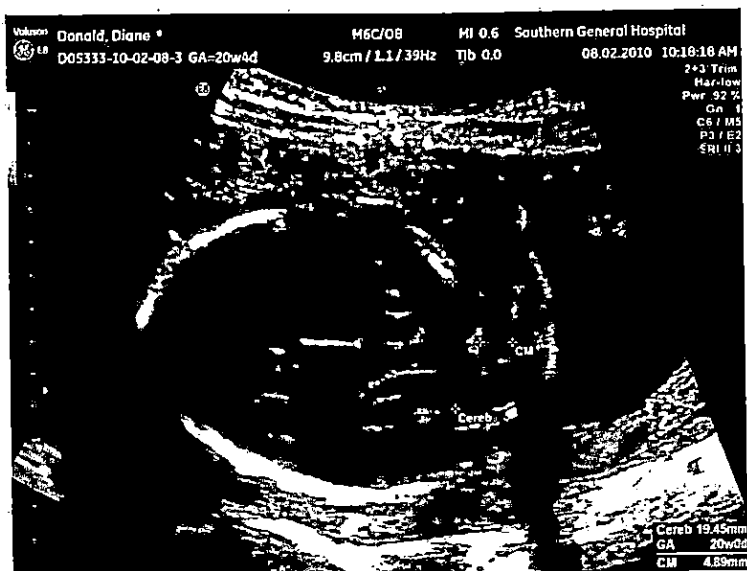


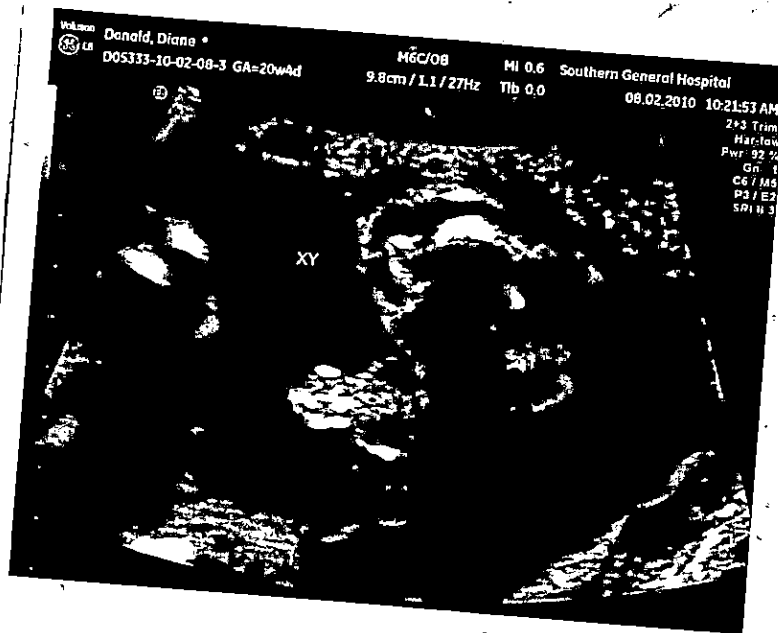












Maternity Summary Record

Please use black ink

Confidential

Personal details

CHI _____ Age _____

Previous surname _____

Likes to be called _____

Home ☒ _____

Other ☒ _____

Change of details

Your address _____

Postcode _____

Home ☒ _____

Other ☒ _____

Partner/supporter details

Please tick if
emergency
contact ☐

Name _____

Date of Birth _____

Relationship _____

Address _____

Postcode _____

Home ☒ _____

Other ☒ _____

Alternative/emergency contact

Name _____

Relationship _____

Address _____

Postcode _____

Home ☒ _____

Other ☒ _____

Directions to home

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1							
2							
3							
4							
5							
6							
7							
8							



SG03295684

DIANE DONALD

804 DUMBARTON ROAD

FLAT 3/1

16/12/1983

G81 4BA

CHI 1612836909

Parity

Agreed EDD

LMP

Blood group

Thrombosis risk factors

☐ Previous DVT ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other _____

Allergies

Height

Weight

BMI

Special features

Had tetanus ✓
Green ✓

Personal details

Ethnic group

Current religion or faith

Language used at home

Help needed with interpreting,
communicating or advocacy No ☐ Yes ☐

Cultural requirements/details on the above
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Occupation

Health and safety advice needed No ☐ Yes ☐

Maternity benefits advice needed No ☐ Yes ☐

.....
tails on the above
.....
.....
.....
.....
.....
.....
.....
.....
.....

Social circumstances/family support
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Referrals

/ / To

/ / To

/ / To

Key professionals

Named midwife

Midwifery team

Base

Ⓢ

Obstetrician

Clinic

Ⓢ

Health Visitor

Base

Ⓢ

Social Worker

Base

Ⓢ

Health status

Specific dietary needs No ☐ Yes ☐

Smoking status

At risk of passive smoking No ☐ Yes ☐

Problem drug/alcohol use No ☐ Yes ☐

Details of any of the above
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Domestic abuse

Seen alone at booking No ☐ Yes ☐

Routine enquiry question asked No ☐ Yes ☐

Abuse disclosed No ☐ Yes ☐

Current ☐ Past ☐

Please document in 'Further information/details of
maternity care' and ensure all appropriate referrals made

Comments
.....
.....
.....
.....
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.....
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.....
.....

Child protection

Issue raised on / /

Comments
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Please document in 'Further information/details of
maternity care' and ensure all appropriate referrals made

General Practitioner

Base

Ⓢ

Practice code

Other

Designation

Base

Ⓢ

Other

Designation

Base

Ⓢ

MIS 170180 cont' sheet lilac

QUEEN MOTHER'S HOSPITAL
ULTRASONIC DEPARTMENT REPORT

LMP

EDD

US consistent with dates YES / NO

Y0306254 CHI:1612836909
DONALD, DIANE
804 DUMBARTON ROAD
FLAT 3/1
CLYDEBANK

G81 4BA

16/12/83
HANRETTY, KEVIN

IF NO US EDD 24/6/2010 BASED ON SCANS OF

6/1/2010 9/12/2009
EPAS

Single/Twins/Triplet

Booking data and Early Pregnancy Scans

Date	6/1/2010			
Gestation by Scan	15+6			
Fetal Number	Single			
Fetal Heart	trc			
CRL	Cereb PIV 14-7mm 7-4mm			
BPD	HC 121.5bw			
FL	18.0bw			
Yolk sac				
Bleeding / Second sac				
Placenta	Ant.			
Molar Changes				
Pelvic Mass / IUCD				
Comments	Fetal stomach bladder seen = Dates			
Diagnosis	15+6			
Repeat				
Operator	Clat/clat			

TRANSFER
FROM
QMH
TO
SCIT

38

Name: DONALD DIANE
 Pat. ID: B52375-10-01-06-13
 Indication: _____

DOB: _____
 Sex: Female
 Date of Exam: 05.01.2010
 Exam Type: _____
 Part. Phys.: _____
 Ref. Phys.: _____
 Sonogr.: _____

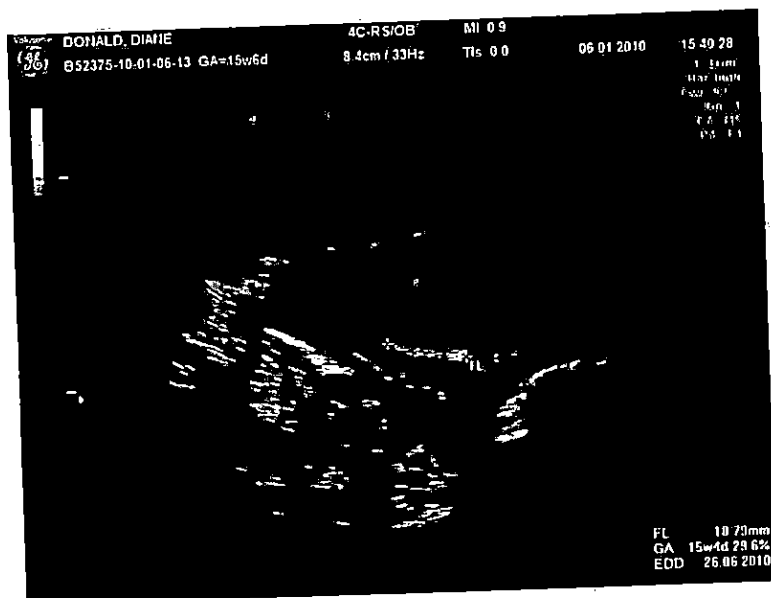
LMP: _____ GA(EDD): 15w6d EOD: 24.06.2010 G: Ab
 DOC: 01.10.2009 GA(AUA): 15w6d EDD(AUA): 24.06.2010 P: Ec

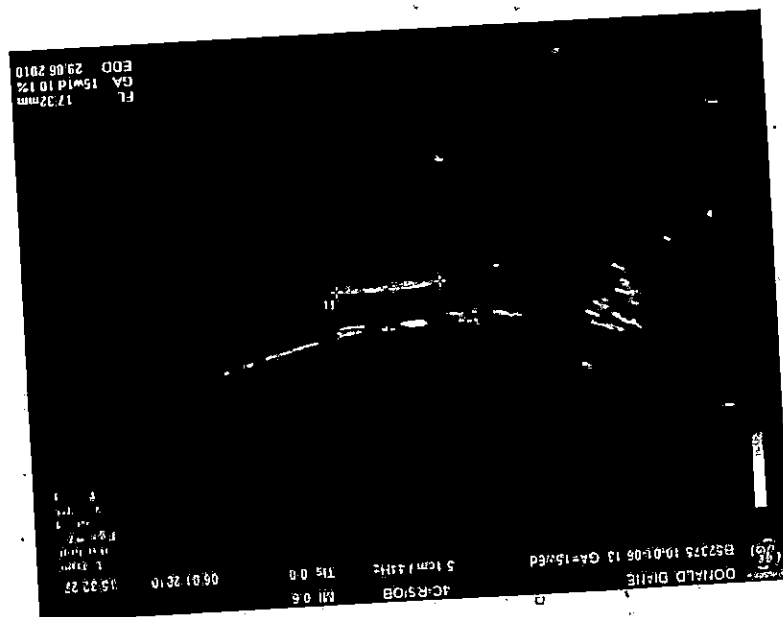
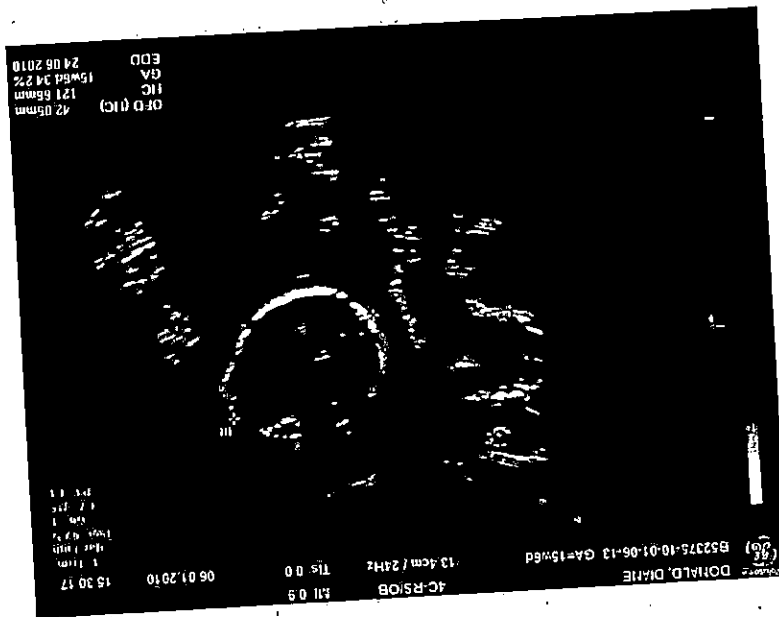
EFW (Hadlock) Value Range Age Range Growth
 Williams N/A

AC/FL

2D Measurements	AUA	Value	m1	m2	m3	Meth.	Age	Range	Dev.
OFD (MC)		42.78 mm	42.05	43.51		avg.			
HC (Chitty)	✓	121.56 mm	121.66	121.45		avg. 15w6d	14w6d-16w6d	33.6%	
FL (Chitty)		18.06 mm	17.32	18.79		avg. 15w2d	14w2d-16w3d	18.3%	
Cereb (Hill)		14.77 mm	14.77			avg. 15w4d	15w1d-16w1d	15.5%	

2D Calculations
 FL/HC (Hadlock) 15% (14 - 17%)





Please use black ink

CHI

Age

Previous surname

Likes to be called

Home ☒

Other ☒

Change

Your address

Postcode

Home ☒

Other ☒

Partner/supporter details

Name *Denise Mullen*

Date of Birth

Relationship

Address *2/3 480 Dumbarton Rd*

Clydebank

Postcode

G81 4DR

Home ☒

Other ☒

Alternative/emergency contact

Name

Relationship

Address

Postcode

Home ☒

Other ☒

Directions to home



Y0306254 CHI:1612836909

DONALD, DIANE

804 DUMBARTON ROAD

FLAT 3/1

CLYDEBANK

G81 4BA

16/12/83

HANRETTY, KEVIN

Parity

Agreed EDD

24/6/2000 LMP

Blood group

24/6/2000

Thrombosis risk factors

☐ Previous DVT

☐ BMI >30

Age >35

☐ Parity >4

☐ Other

Allergies

None

Height *158*

Weight *61*

BMI *24.5*

Special features

CO = 12

Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1						
2						
3						
4						
5						
6						
7						
8						

Ethnic group

Current religion or faith

Language used at home

Help needed with interpreting,
communicating or advocacy

No

Yes

Cultural requirements/details on the above

Specific dietary needs

No

Yes

Smoking status

very occasional

At risk of passive smoking

No

Yes

Problem drug/alcohol use

No

Yes

Details of any of the above

Occupation

Health and safety advice needed

No

Yes

Maternity benefits advice needed

No

Yes

Details on the above

Seen alone at booking

No

Yes

Routine enquiry question asked

No

Yes

Abuse disclosed

No

Yes

Current ☐

Past ☐

Please document in 'Further information/details of
maternity care' and ensure all appropriate referrals made

Comments

Social circumstances/family support

Child protection

Issue raised on

Comments

Referrals

To

To

To

Please document in 'Further information/details of
maternity care' and ensure all appropriate referrals made

Key professionals

Named midwife

Midwifery team

Base

Obstetrician

Clinic

Health Visitor

Base

Social Worker

Base

General Practitioner

Base

☐

Practice code

Other

Designation

Base

☐

Other

Designation

Base

☐

Name of test Result Date Comments

Planned type of antenatal care/place of birth

Change(s) to type of antenatal care/place of birth

Reason

Lead professional

Signed

Designation

Booking completed by

ADAMSON

Print

Designation

M/W

Date

6/1/10

Gestation

15+

weeks

Location

Clydebank

Date

Gestation

BP

Urinalysis

Further information/details of maternity care

Remember to sign each entry and print your signature alongside your first entry

6/1/10

15+

102/50

NAD

Well booking bloods USS
wishes screening AFP HCG taken
& anomaly scan.
Low risk midwife care.

(Signature) ADAMSON

4551

QUEEN MOTHER'S HOSPITAL
EARLY PREGNANCY ASSESSMENT UNIT
TELEPHONE: 0141 201 0509

GP: MCDEVITT, JOYCE J
GP Address: CLYDEBANK HEALTH CENTRE
: CLYDEBANK HEALTH CENTRE
: CLYDEBANK
: G81 2TQ
GP Telephone: 0141 531 6410

Name: DONALD, DIANE
DOB: 16/12/83
Address: 804 DUMBARTON ROAD
: CLYDEBANK 3/1
: G81 4BA
Hospital No: Y0306254
Consultant: HANRETTY, KEVIN P
CHI No: 6909

Dear Dr JOYCE J MCDEVITT

The above patient attended the Early Pregnancy Assessment Unit on 09/12/09

PRESENTING HISTORY

Para 0+0 LMP known Y LMP 18/09/09 EDD 25/06/10
Gestation by dates 11weeks 5days Agrees with scan date Y
Gestation by ultrasound scan Weeks Days

She was referred by Self
Reason for attendance Right iliac fossa pain

RESULTS OF INVESTIGATIONS

FBC indicated Hb gm/dl
Blood group
Anti D administered N Date Anti D administered Dose administered iu
ULTRASOUND FINDINGS

Viable singleton pregnancy consistent with dates
No obvious cause seen for RIF discomfort.

DIAGNOSIS

Viable singleton pregnancy

MANAGEMENT & FOLLOW UP

She has been reassured. There is no indication for further assessment at EPAU but she will contact us if there are any further concerns. She has been advised to attend your surgery to arrange routine antenatal care and to be referred for a booking visit.

NAME: MW. MCFAMAU
STATUS: SISTER

SIGNATURE:
DATE: 09/12/09

E.P.A.U. PATIENT REFERRAL INFORMATION

Surname DONALD

D.O.B 16-12-83

Forename DIANE

Maiden/other Surname _____

Address 804 3/1

G.P. Dr McDEVITT

DUMBARTON RD

Address CLY

DALMUIR

HEAL

CLYDEBANK



Y0306254 CHI:
DONALD, DIANE
804 DUMBARTON ROAD
FLAT 3/1
CLYDEBANK

Postcode G81-4BA

G81 4BA

16/12/83
HANRETTY, KEVIN

Mobile 07791041354 Home phone No 01415610325

Has patient ever attended Q.M.H. before Yes/☒ No

Date of positive pregnancy test 07/12/09

Date of first day of last period 18/09/09

Reason for attending EPAU: ☒ Pain / Bleeding

ferred by G.P. / ☒ Self / Triage / Com Midwives / NHS 24 / Family Planning / Western Infirmary

Date Appointment given:

Time of Appointment:

Date of Call:

Time of Call:

CHILD CARE DISCUSSED

Yes/No

OUT COME:

Signature:

UPDATED 200709

**EARLY PREGNANCY ASSESSMENT UNIT
ADMISSION/DISCHARGE CHECK LIST**

NAAP

Demographic details

GP details

Y0306254 CHI:

DONALD, DIANE

804 DUMBARTON ROAD

FLAT 3/1

CLYDEBANK

16/12/83

G81 4BA

HANRETTY, KEVIN

Telephone number

Next of Kin

Date

9/12/09 1600 SFS

Presenting complaint

Had a fall today. Since fall has had RIF
discomfort
in PV loss

High Risk Factors

YES/NO

LMP

10/57 ago
18/9/09

Cycle: regular/irregular

Date of pregnancy test

Mon, 7/12/09

Estimated gestation by LMP

Date of last Smear

Parity 0+0

Past obstetric history of note

Blood Group

Hb

Relevant medical history

Allergies	YES/NO
Smoker	YES/NO
Medication	YES/NO
Previous GA	YES/NO
Complications	YES/NO

Midwife taking history signature:

Discharge- continuing pregnancy

Anti D required
Referred for booking
Explanation and support/pregnancy information given
Discharge letter for GP
If patient is over 37 yrs or over at time of delivery,
Wish pre-natal diagnosis

YES/NO
YES/NO
YES/NO
YES/NO

YES/NO

Discharge- non-continuing pregnancy

Anti D required
Explanation of loss
Miscarriage literature offered
Management options discussed
Follow up appointment/date for evacuation
Theatre information leaflet given
Records/CMW informed
Pre-pregnancy appointment
GP letter

YES/NO
YES/NO
YES/NO
YES/NO
YES/NO
YES/NO
YES/NO
YES/NO
YES/NO

Midwives signature:

..... *unifall* Date *9/12/09*

Comments

See ultrasound report.
Had appointment on Social Gyn Clinic on
Mon, 14/12/09 - now wishes to continue with the
pregnancy.
Vindictive - NAD

Pregnancy & EDD Details v1.0

PREGNANCY & EDD DETAILS

Record number	1	Pregnancy episode
Date of record	09/12/2009	GP letter number
		Date registered

EDD DETAILS

ACCEPTED EDD	24/06/2010	Lock as Accepted EDD?	Yes
--------------	------------	-----------------------	-----

The Accepted EDD has been locked. Note: unlocking it will allow the US age to be updated.

Patient type	QMH
--------------	-----

LMP known	No
-----------	----

US_age	11.9	11	+ 6
--------	------	----	-----

Based on scan of	09/12/2009
------------------	------------

Booking scan confirmed?	Yes
-------------------------	-----

Equal to dates

EDD derived from US_age 24/06/2010

☐ Override as EDD

<15 wk/Booking Scan v1.1

<15 WEEK / BOOKING SCAN DETAILS

Rec: 1	Date of scan	09/12/2009	Operator	Maureen McFadden	Booking	Yes
LMP	MA	0 0 + 0	US age	11.9 11 + 6	= dates	
EDD	Comment				Print	

Sac(s) seen Yes No. seen 1

Fetal number 1

Head(s) seen Yes No. seen 1

Fetal heart(s) Present No. seen 1

Bleeding seen

Abn placenta No

Ovarian cyst No

Fibroids No

IUCD

Repeat in

Diagnosis Viable singleton pregnancy

FETAL MEASUREMENTS

	CRL	GA	BPD	GA	FL	GA	AC	GA	1st NT	2nd NT	3rd NT
Fetus 1	52.4	11.9	☒	0	☐	0	☐	0	☐		

NOTES

HC = 70.8mm = 11+6 weeks gestation.
No obvious cause seen for RIF discomfort.

Maternity GONEC Approval Assessment Call Record GGC:
Please complete clearly in black ink and in **BLOCK** capitals
Version 1 17.12.09 Approved by GONEC Review 6.12

Surname: Donald

Date: 8/10/12 Time: 1100 Call No.:

First Name: Banne

Caller Name if different:

DOB (or age): 16/12/83

Delivery Unit:

CHI No or Hosp.no. if CHI n/a: 5603295684

Consultant/Named Midwife:

Phone No.: 07867418252

Type of Call

Location:

Antenatal ☐ EDD:

Post Code:

Prelabour/Intrapartum ☐ Parity: 070

Gestation: 28

Obstetric History SVD ☐ Forceps/Ventouse ☐ CS ☐

CALL REASON

	Yes	No
Contractions	☐	☐
Frequency 1 in	☐	☐
S.R.O.M.	☐	☐
Colours of liquor	<u> </u>	
Group B Strep	☐	☐
Fetal Movements	☐	☒ <u>uns</u>
Headache	☐	☐
Visual disturbances	☐	☐
Oedema	☐	☐

	Yes	No
Bleeding	☒	☐
Minor	☐	☐
Mod	☐	☐
Major	☐	☐
Rh Pos.	☐	☐
Rh neg.	☐	☐
Rh Unknown	☐	☐
Anxiety/distress	☐	☐
Abdominal pain	☐	☐
(Not contractions)	☐	☐
Vag discharge	☐	☐
Colour	<u> </u>	
Urinary symptoms	☐	☐

CLINICAL SUMMARY (including PMH/problems with pregnancy/medications)

Pr bleeding upon wiping
TCU

CALL OUTCOME YES NO

Requested to attend unit ☒ ☐

Ambulance required ☐ ☐

Call back advice given ☐ ☐

Woman agrees with plan ☐ ☐

Urgent ☐ 999 ☐

Self Care ☐

GP ☐ Day Care ☐

EPAS ☐ Gynae REG ☐

Signature: KM'Gals

Print Name:

Designation:

FINAL OUTCOME IF WOMAN ATTENDS

AN ward ☐ DCU ☐ L/S ☐

Routine care ☐

Time in Time out



1612836909

DONALD

F

Diane

16/12/1983

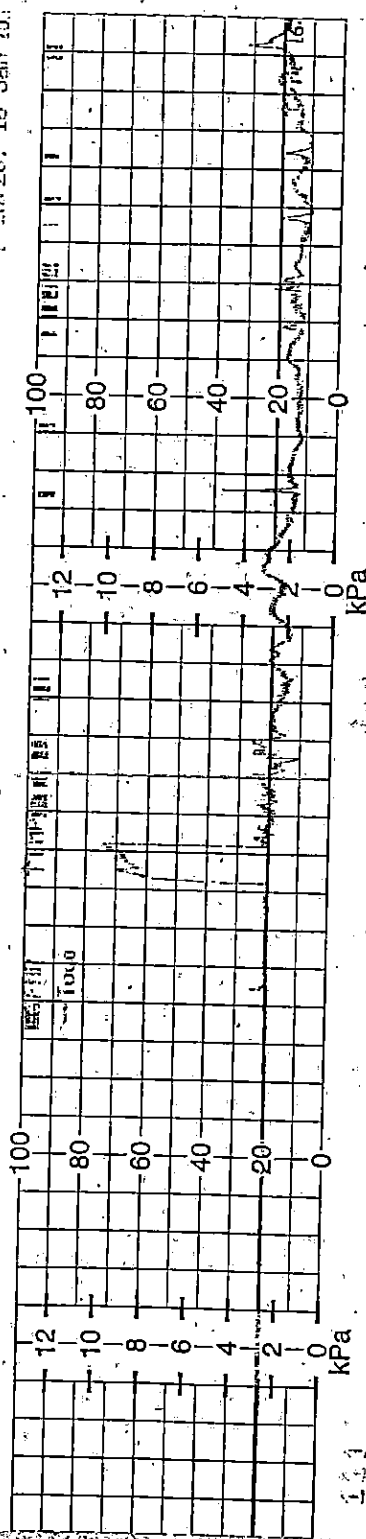
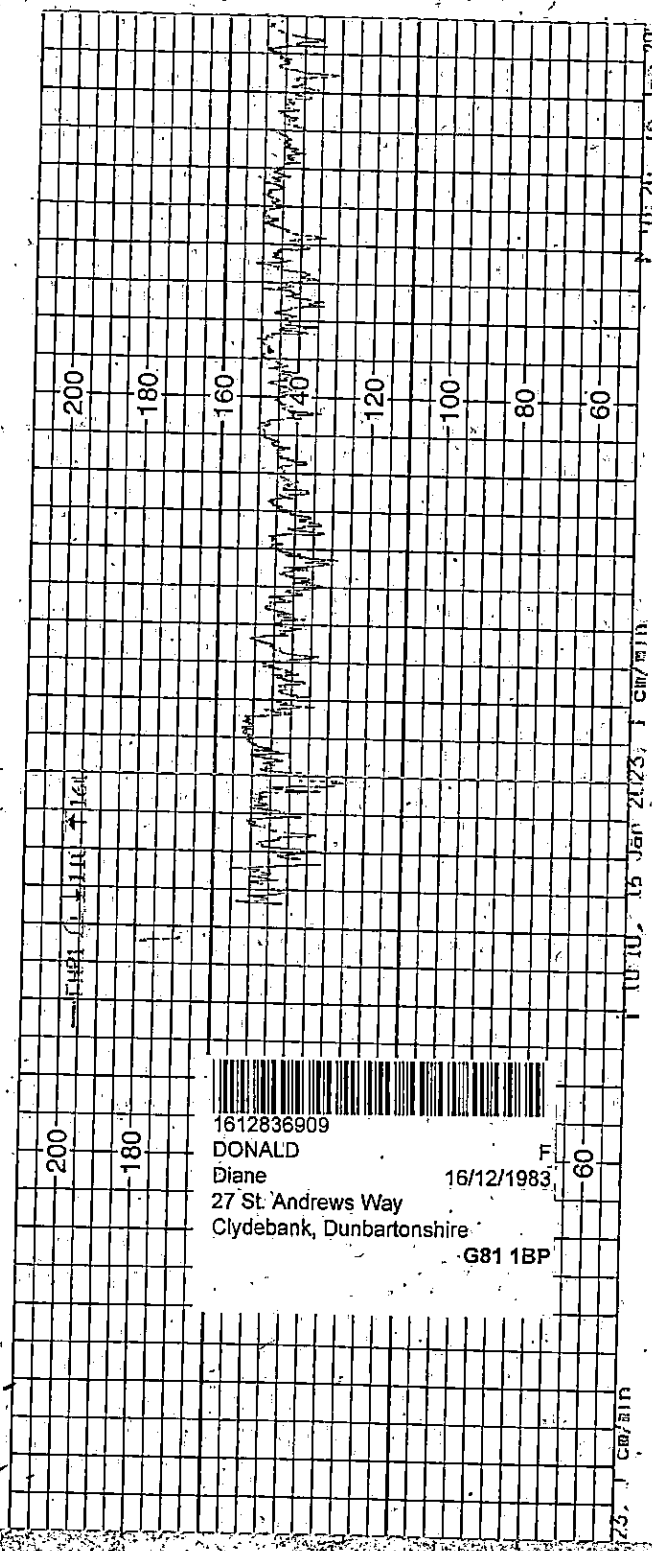
27 St. Andrews Way

Clydebank, Dunbartonshire

G81 1BP

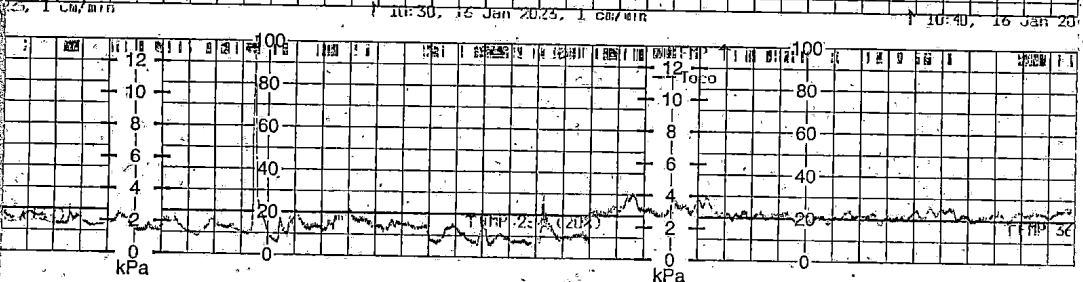
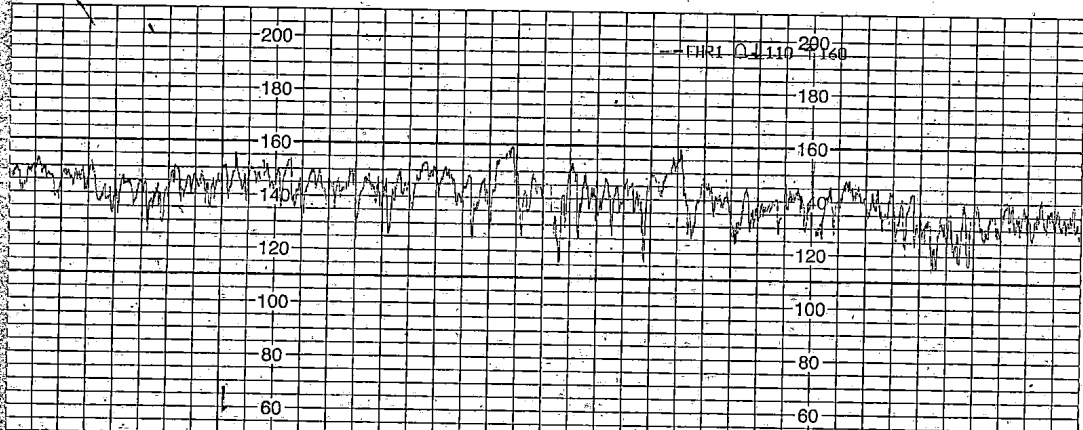
CTG MAU 15/01/23 HT

CTG MAU 16/01/23



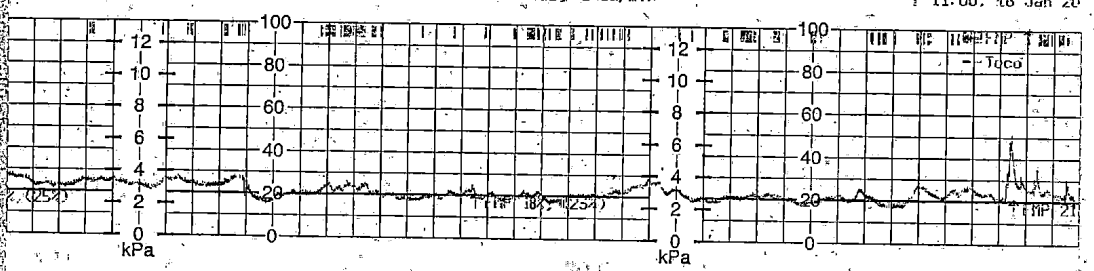
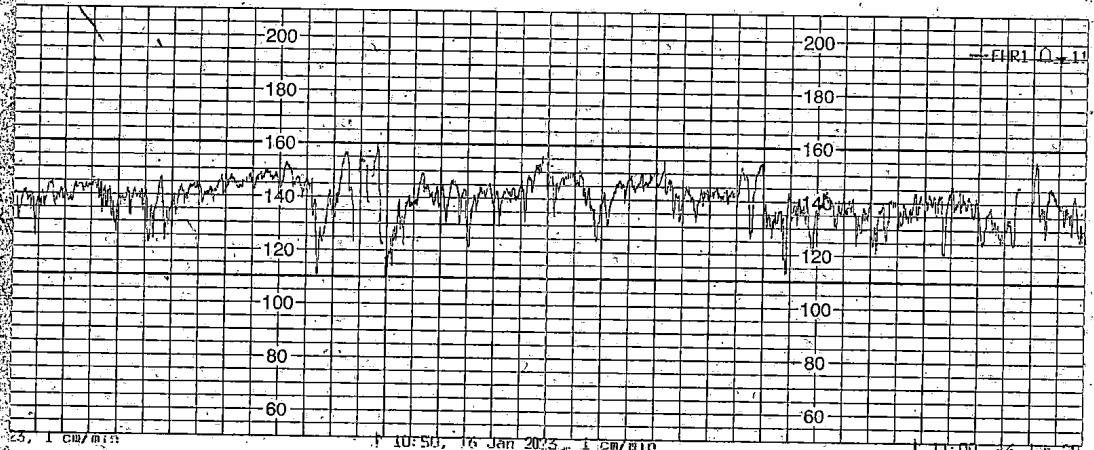
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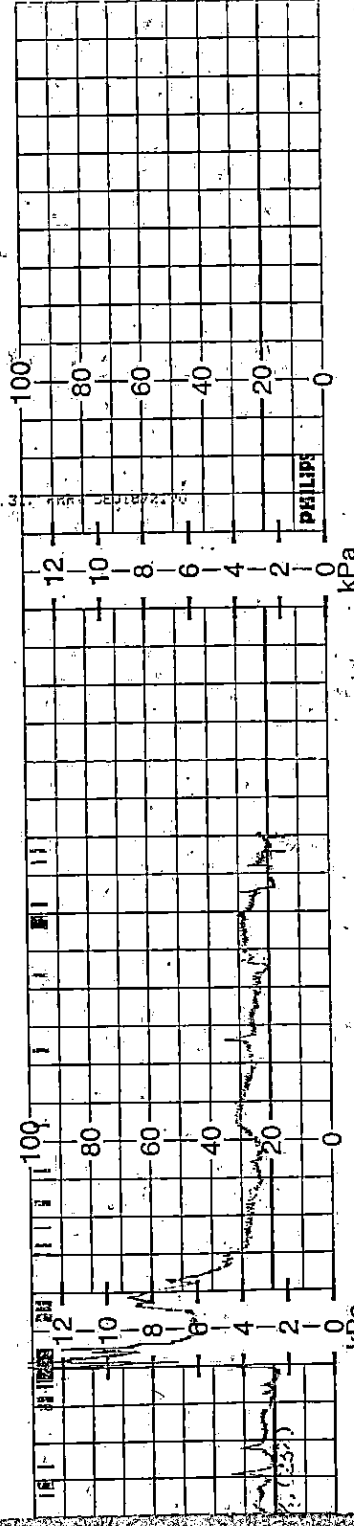
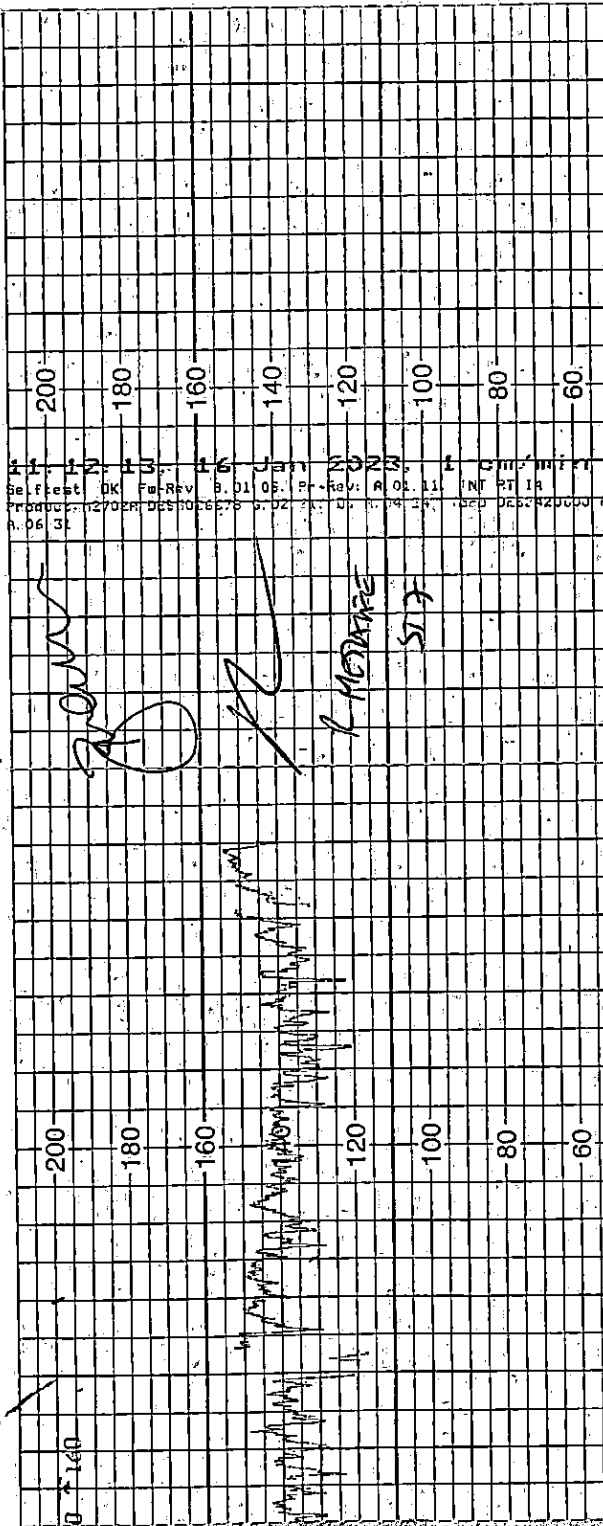
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NHS Greater Glasgow & Clyde

FOR STORING INTRAPARTUM CTG

P



1612836909

DONALD

Diane

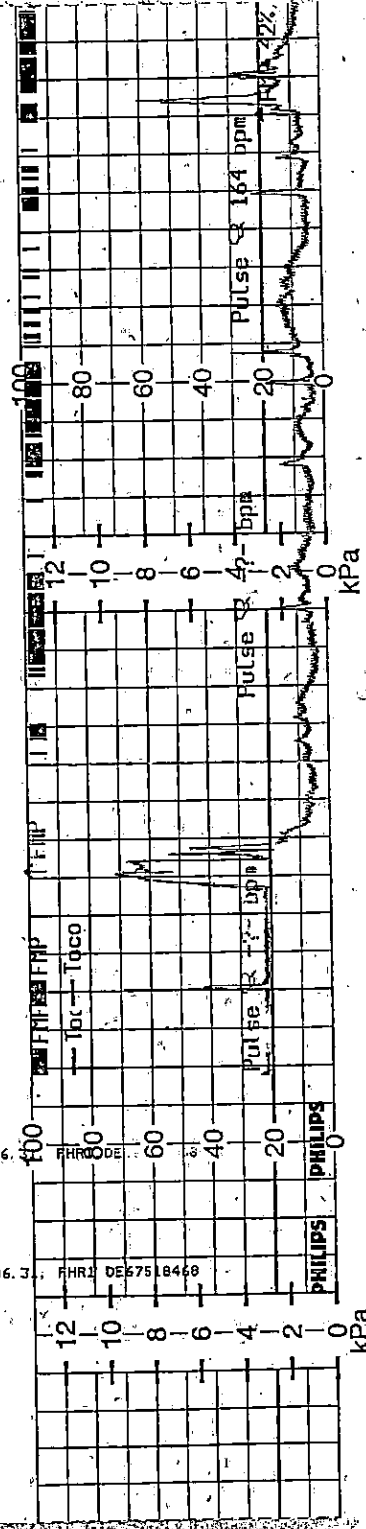
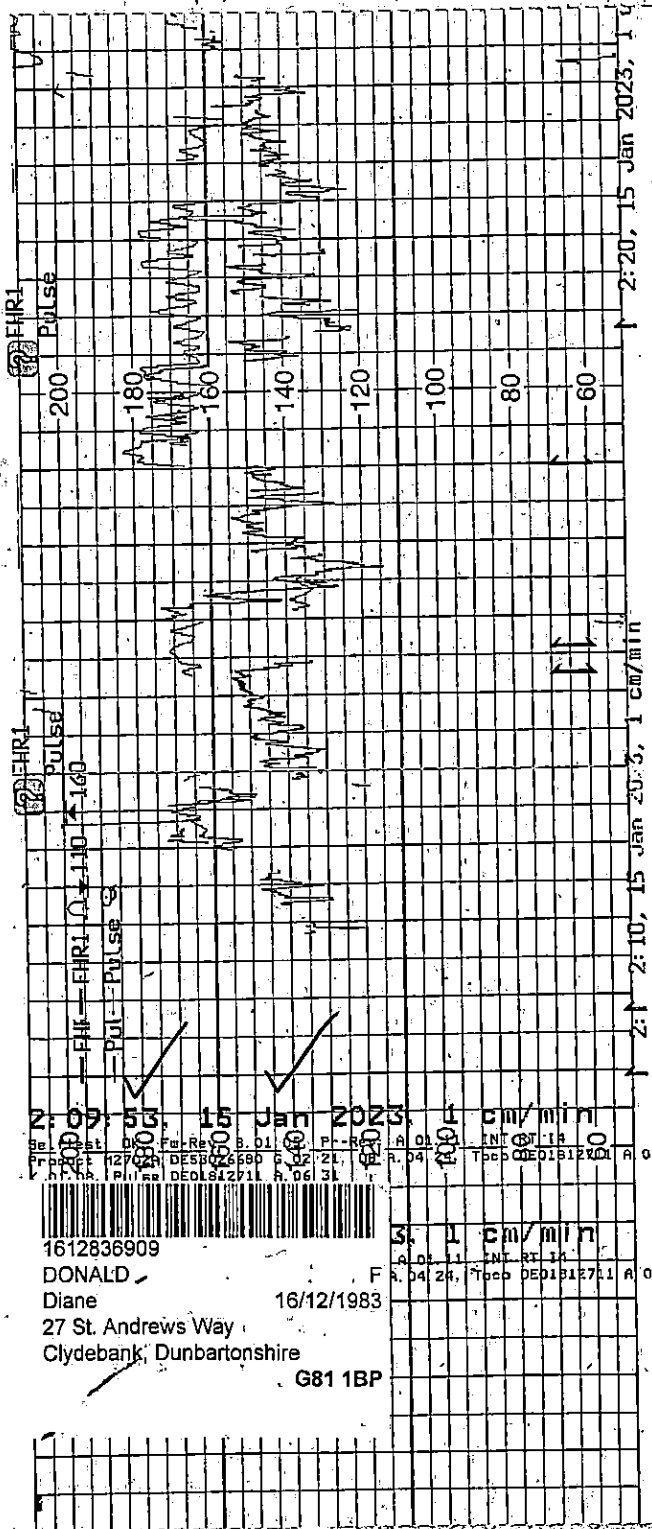
27 St. Andrews Way

Clydebank, Dunbartonshire

16/12/1983

G81 1BP

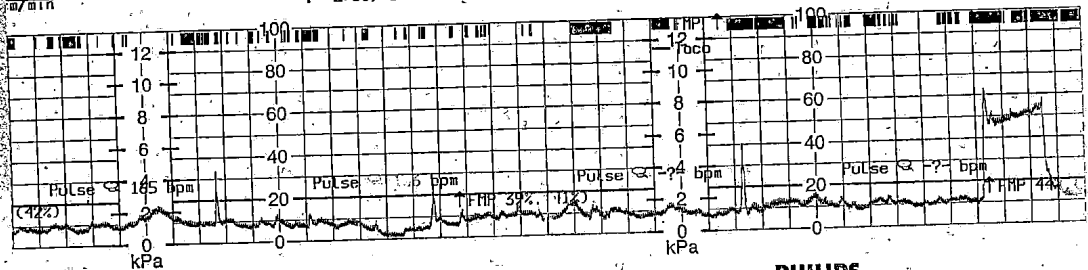
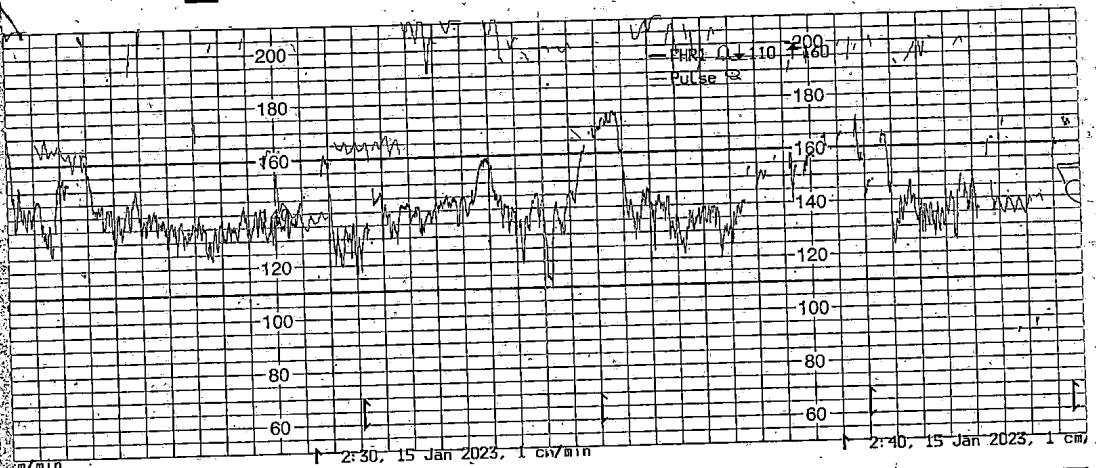
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3	19/1/23 CTM 48 SDG
4	18/01/23 WD 48 KM
5	19/1/23 WD 48 KM
6	19/1/23 WD 48 KM
7	19/1/23 WD 48 LL
8	20/1/23 WD 48 LL
9	23/1/23 DCU Amy
10	24/2/23 DCU A



1612836909
 DONALD
 Diane
 27 St. Andrews Way
 Clydebank, Dunbartonshire
 G81 1BP

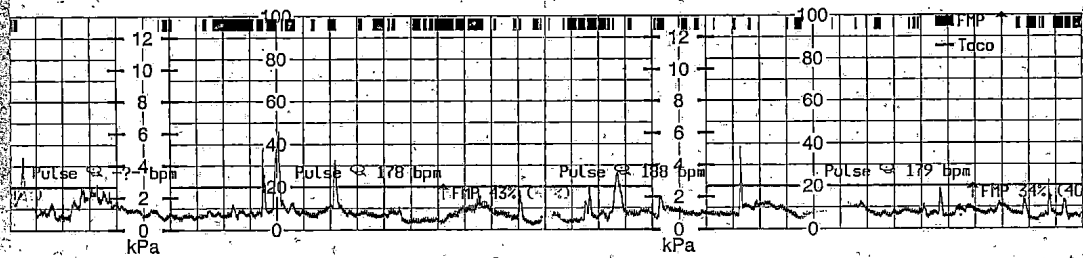
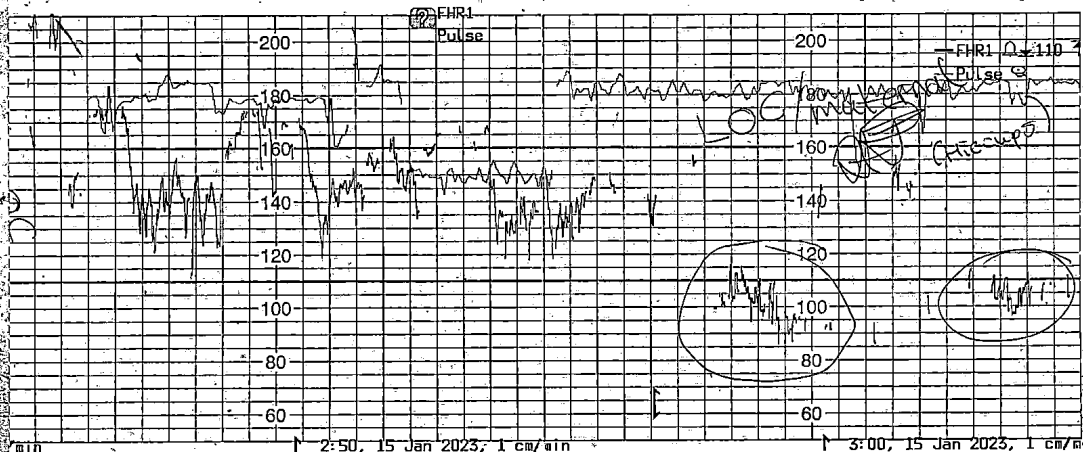
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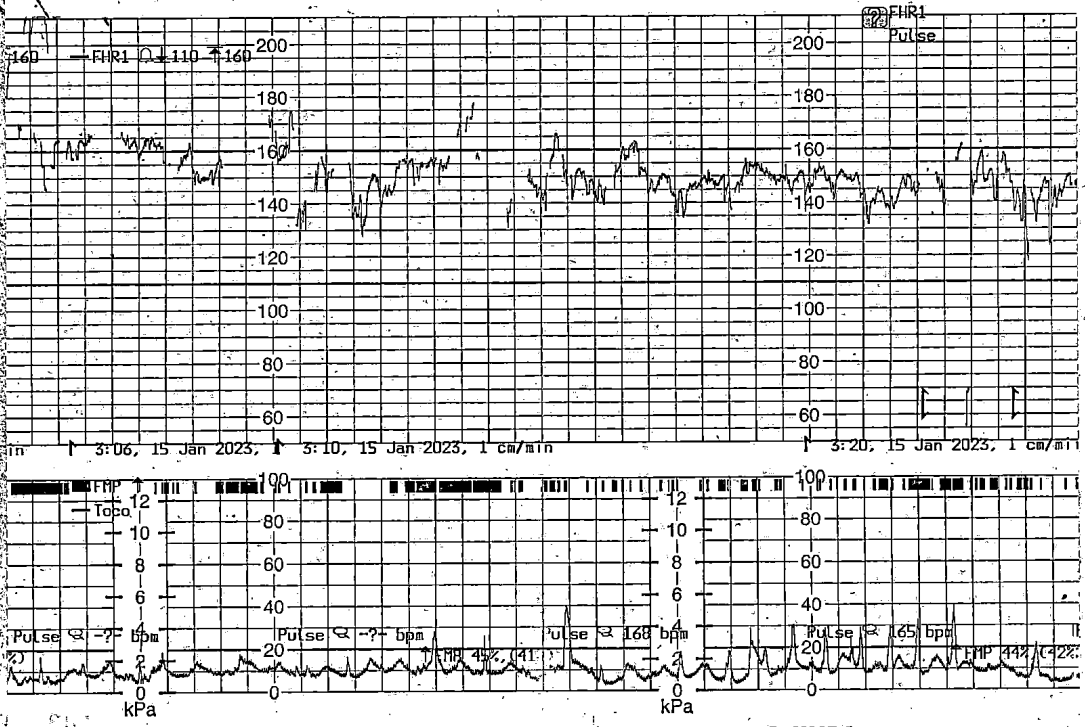
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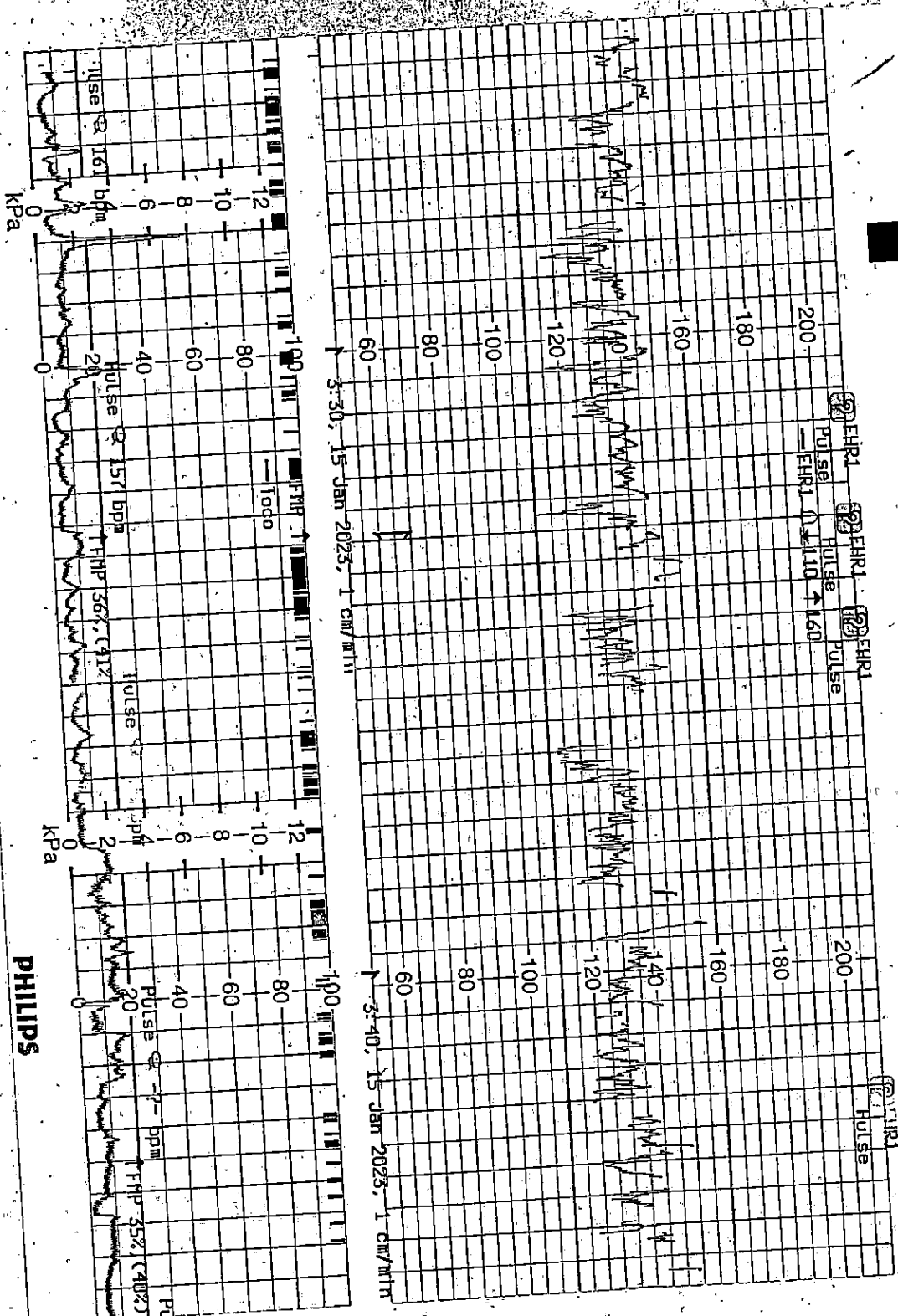
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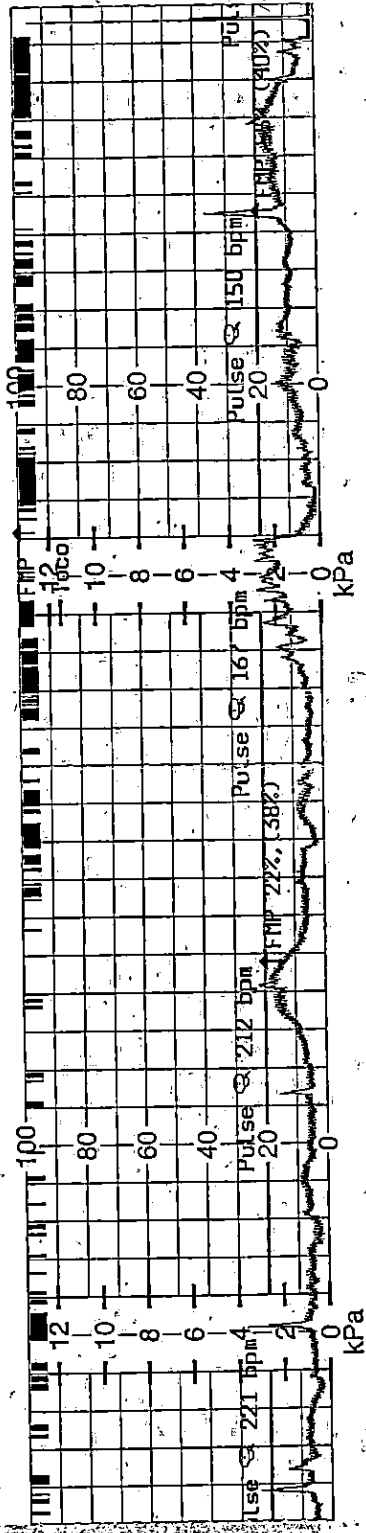
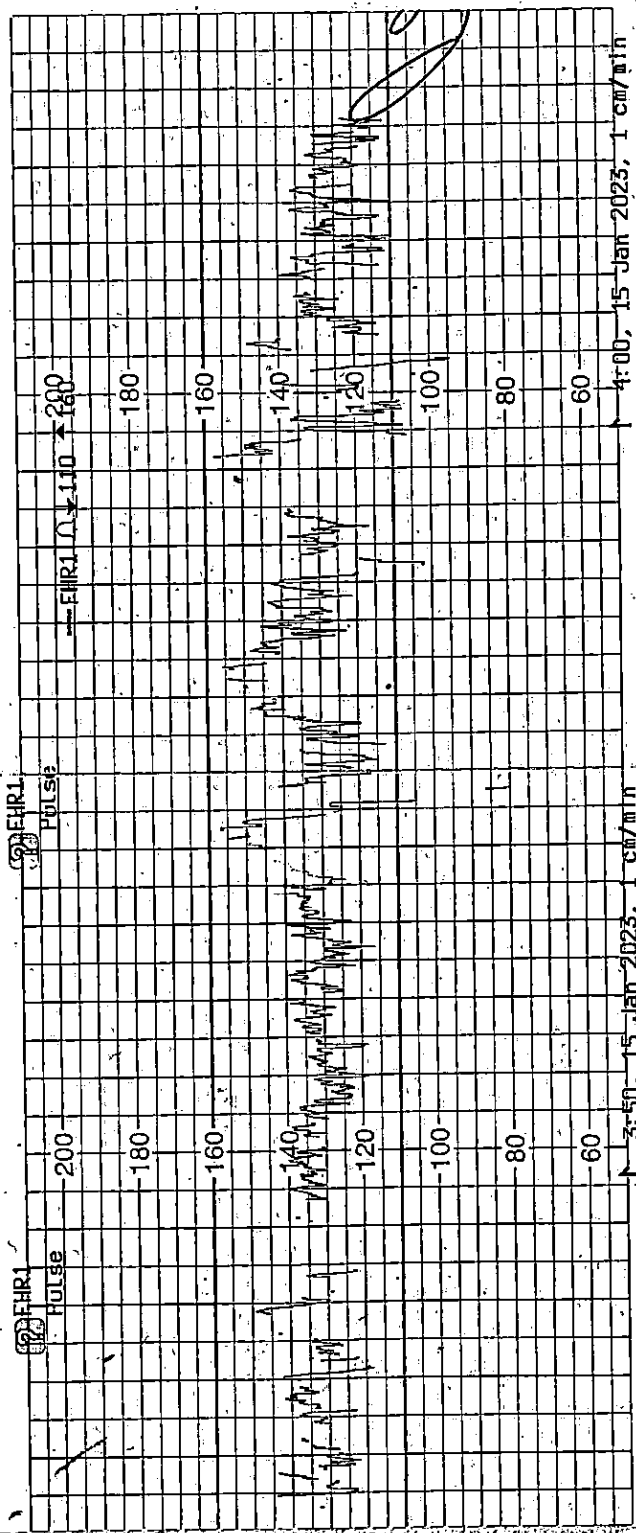
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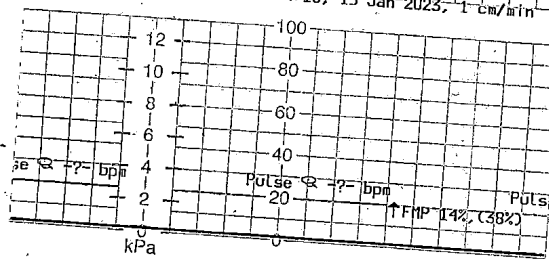
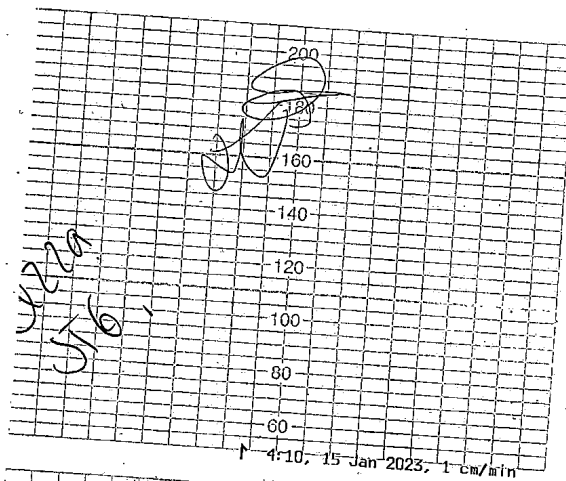
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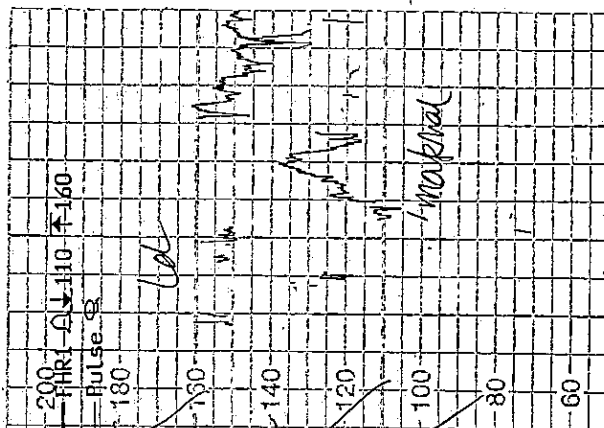


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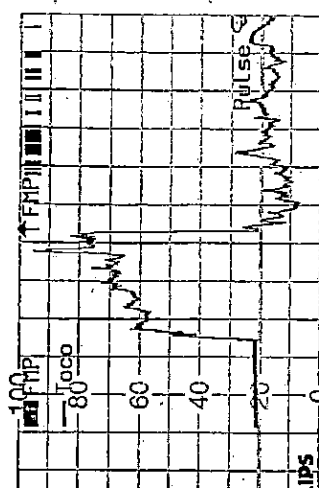
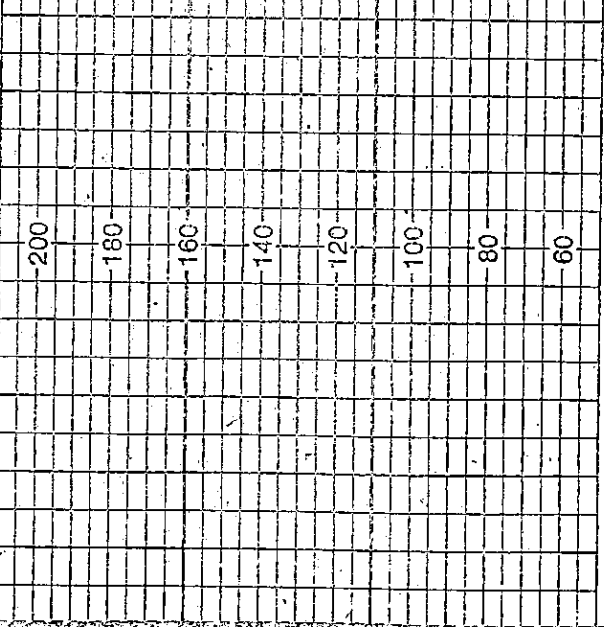
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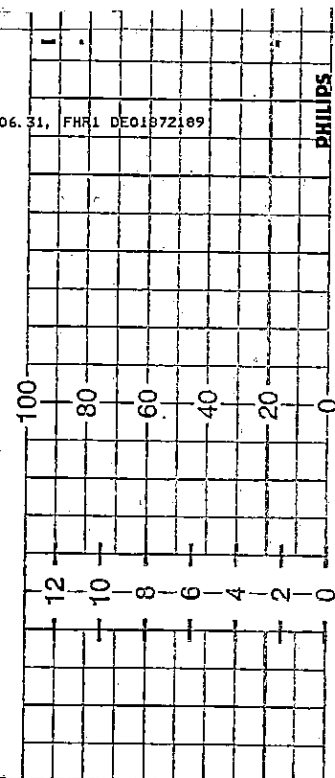
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 Product: H2702A DE53026660 G.02.21 DB A.04.24, Toco: DE01812790 A.06.31, Pulse: DE01812790 A.06.31

DCU
 PR 3676/100
 FM @ 5000 Hz
 NO 51 kPa

9:37:46, 24 Feb 2023, 1 cm/min
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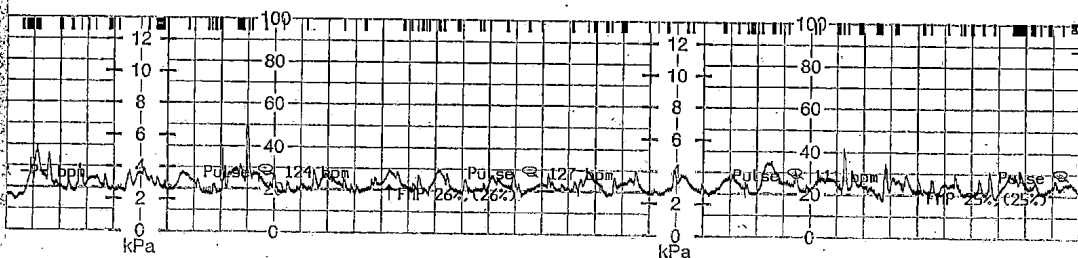
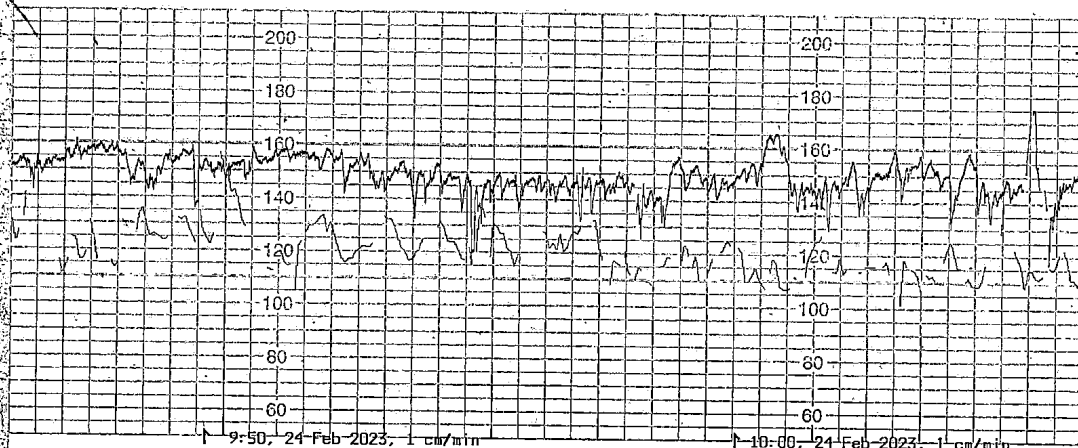


1612836909
 DONALD
 Diane 16/12/1983
 27 St. Andrews Way
 Clydebank, Dunbartonshire
 G81 1BP



REORDER M1911A

PHILIPS



PHILIPS

REORDER M1911A

10:26:05, 23 Jan 2023, 1 cm/min

Set: Fleet OK, Pw: Rev: 3.01.05, Pw: Rev: A.01.11, ENT RT 14
P: 11.11, M2702A DE53026576 5.02.21, D9 A.04.24, Tach: DE01812704 A.06.31, FHR1 DE01872258



1612836909

DONALD

Diane

27 St. Andrews Way

Clydebank, Dunbartonshire

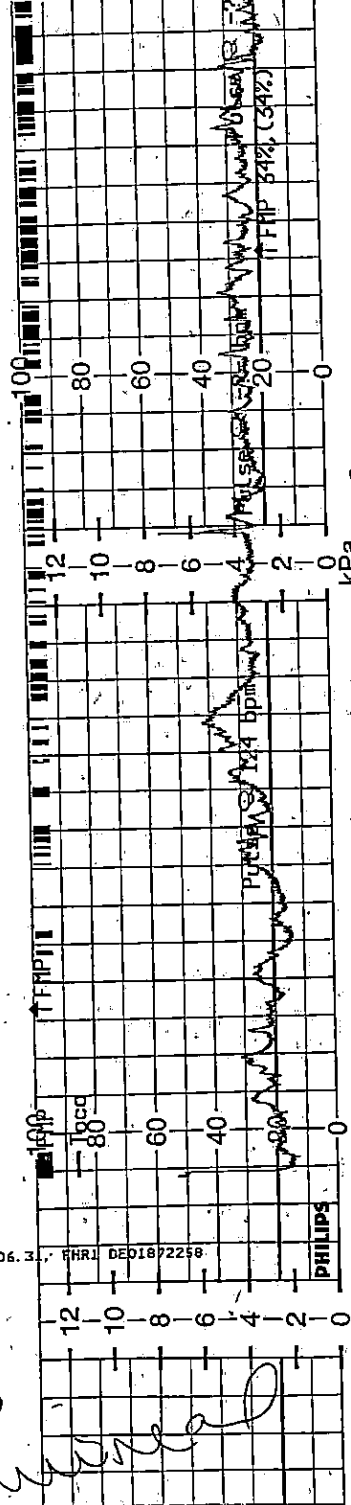
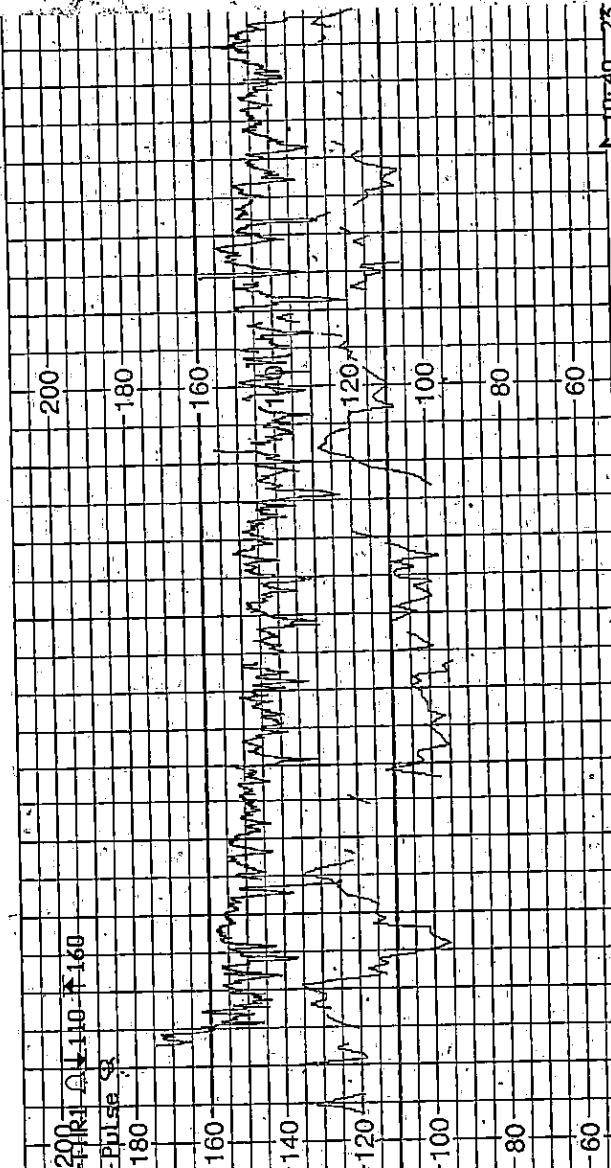
16/12/19E

G81 1B

32x2
RAM
MP-110
C. [Signature]

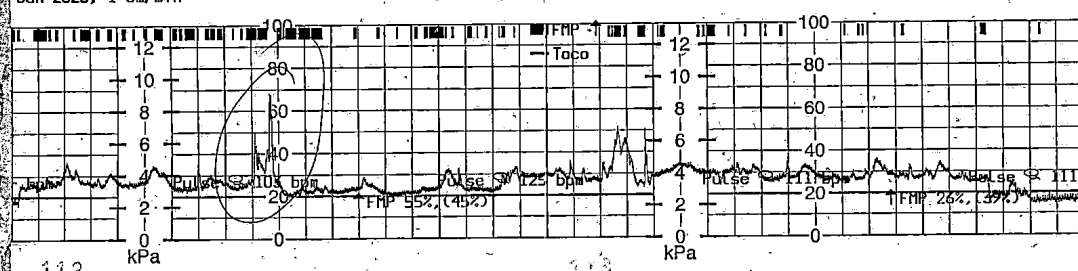
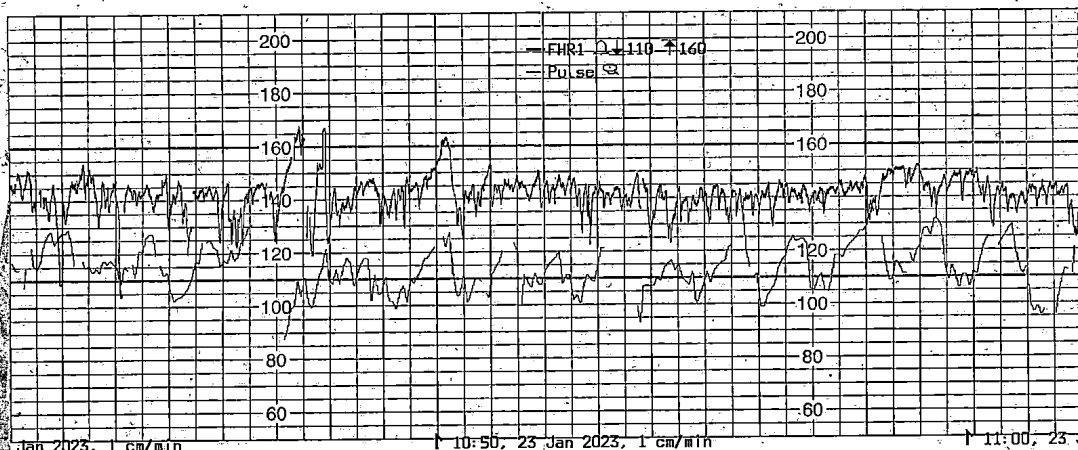
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10:40:25

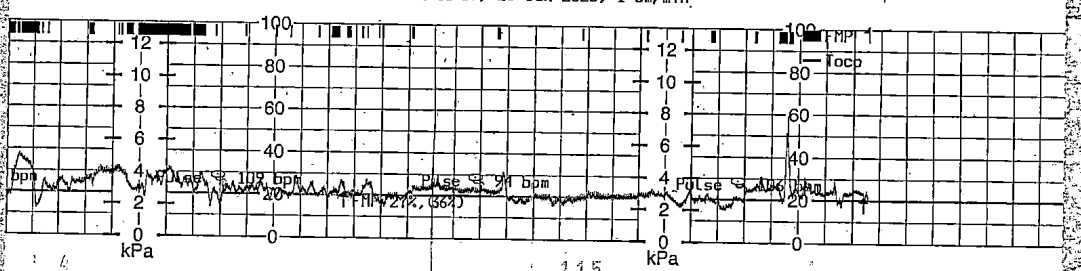
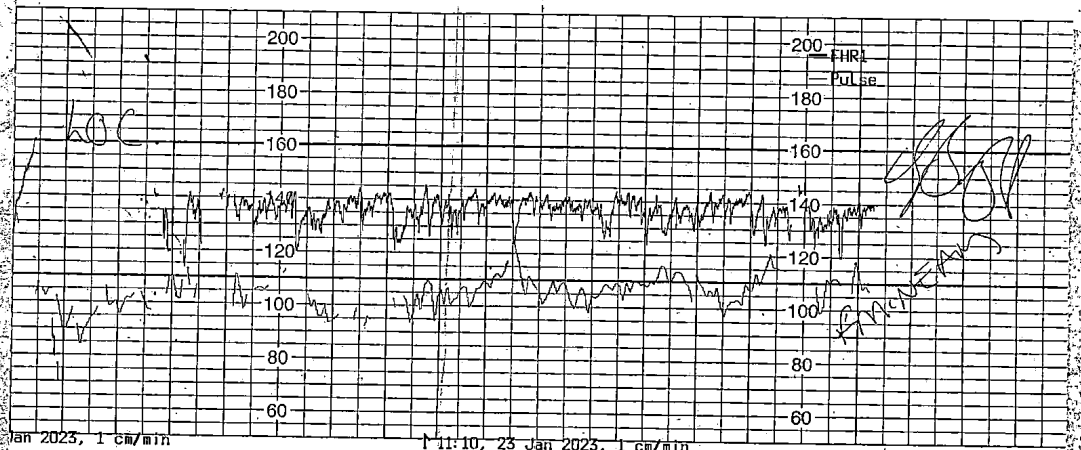


PHILIPS

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112 kPa REORDER M1911A PHILIPS



REORDER M1911A

115

PHILIPS

Rt O2 Sat

Donald, Diane, 1612030709

Gestational Age: 31/6
4:56:40, 20 Jan 2023, 1 cm/min

Saltest OK Product M2102A DE45940307 J130-00 INT RT14
BsmStr A.10.04 FHRI DE933A9173 A.06.31 Toco 9999999999 A.04.30



1612836909

DONALD

Diane

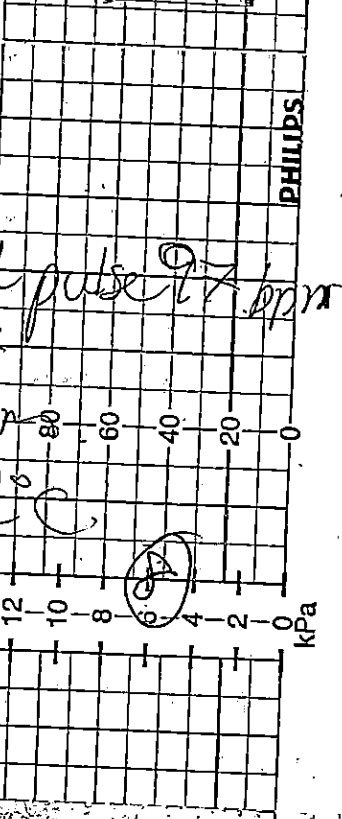
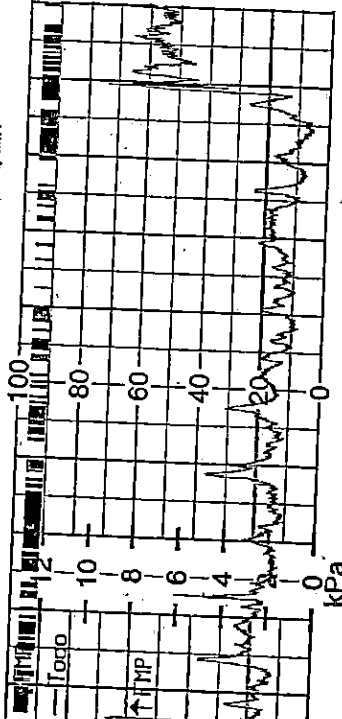
16/12/1983

27 St. Andrews Way

Clydebank, Dunbartonshire

G81 1BP

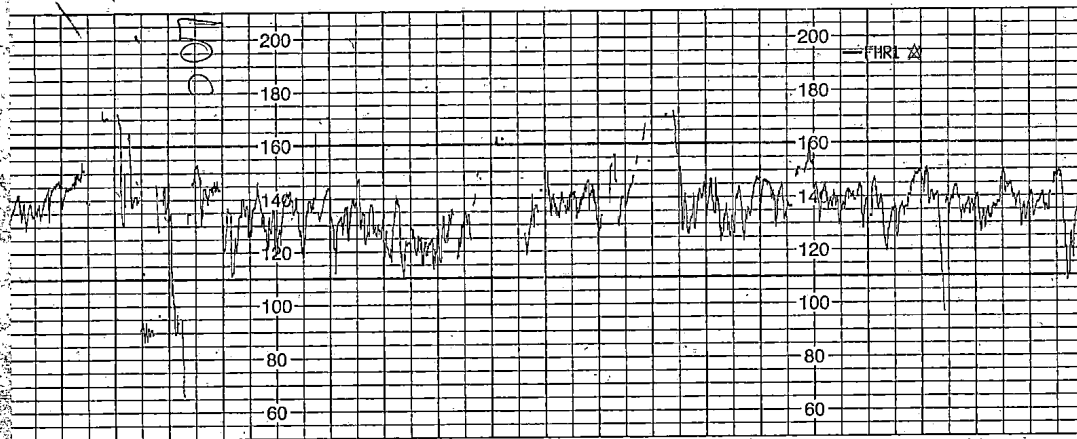
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PHILIPS

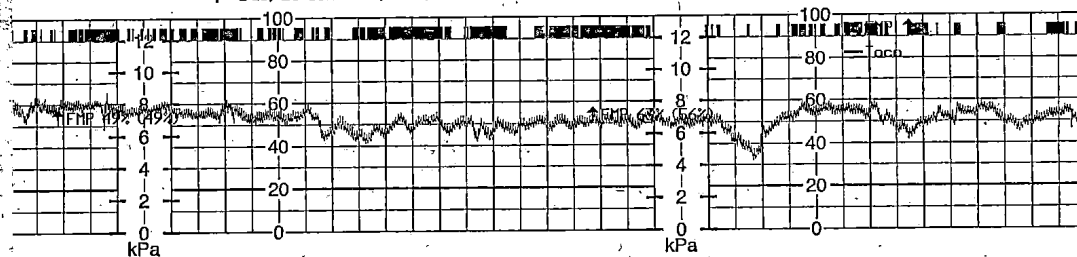
maternal pulse 97 bpm
02/07
97 bpm
36.2°C

REORDER M1911A



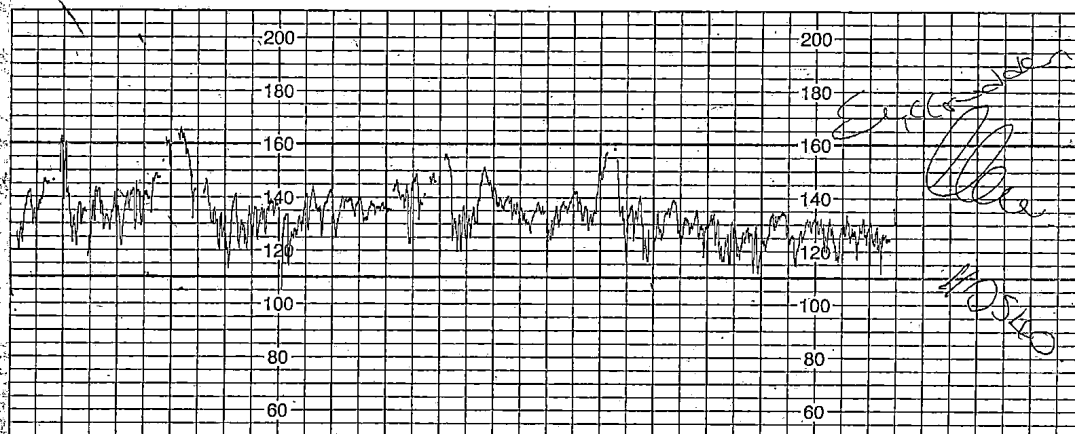
5:10, 20 Jan 2023, 1 cm/min

5:20, 20 Jan 2023, 1 cm/min



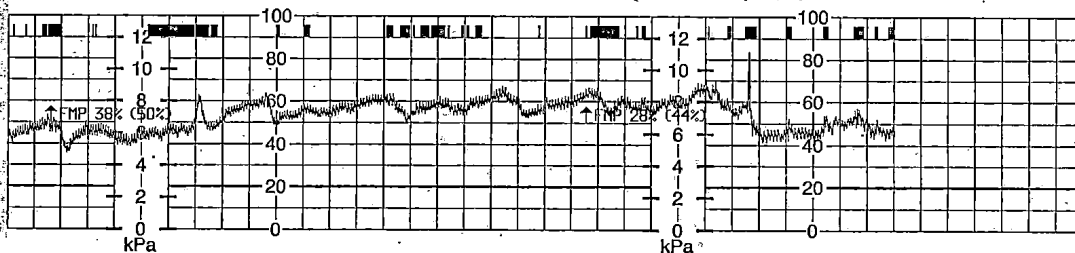
REORDER M1911A

PHILIPS



↑ 5:30, 20 Jan 2023, 1 cm/min

↑ 5:40, 20 Jan '20

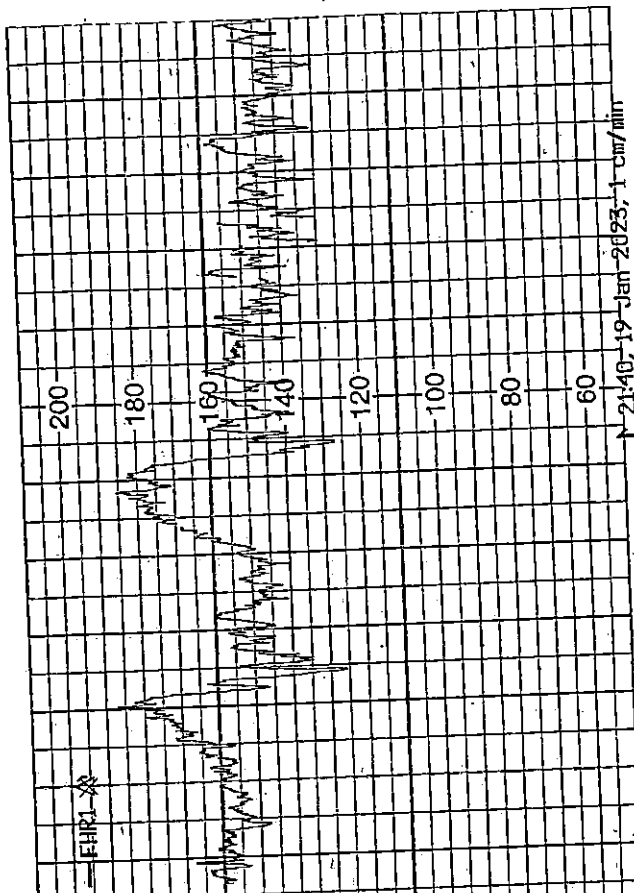


kPa

kPa

REORDER M1911A

PHILIPS



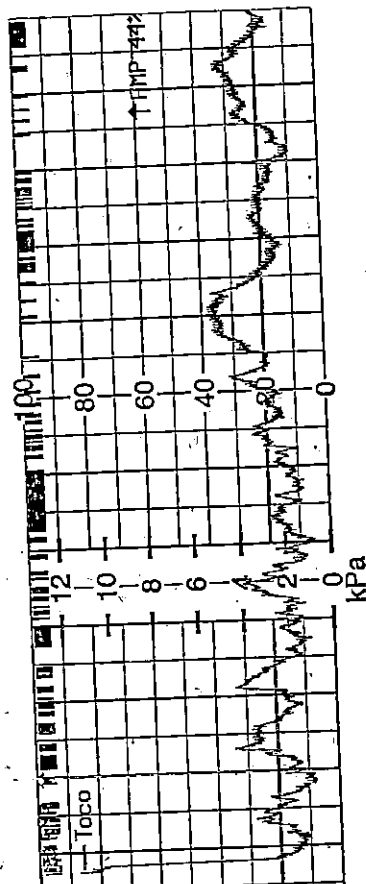
Donald, Diane. 1612836909

Gestational Age: 31/5
21:34:19, 19 Jan 2023, 1 cm/min

Bestest OK Product M2702A DE45749967 139.60 INT QT 14
Bsmstr A.10.04 FHR1 VVVVVVVVVV A.06.31 Toco VVVVVVVVVV A.04.30



1612836909
DONALD
Diane
16/12/1983
27 St. Andrews Way
Clydebank, Dunbartonshire
G81 1BP



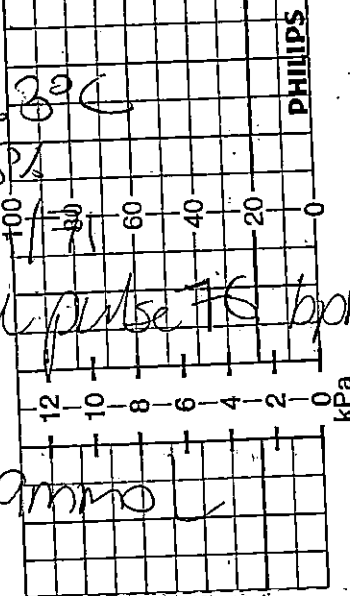
36.3°C

0.8%

maternal pulse 76 bpm

REM

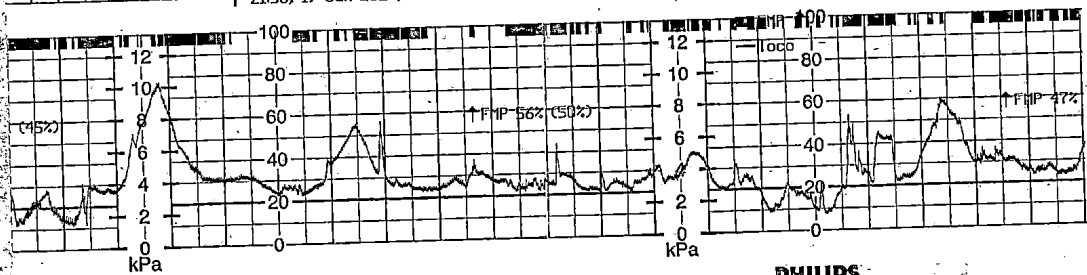
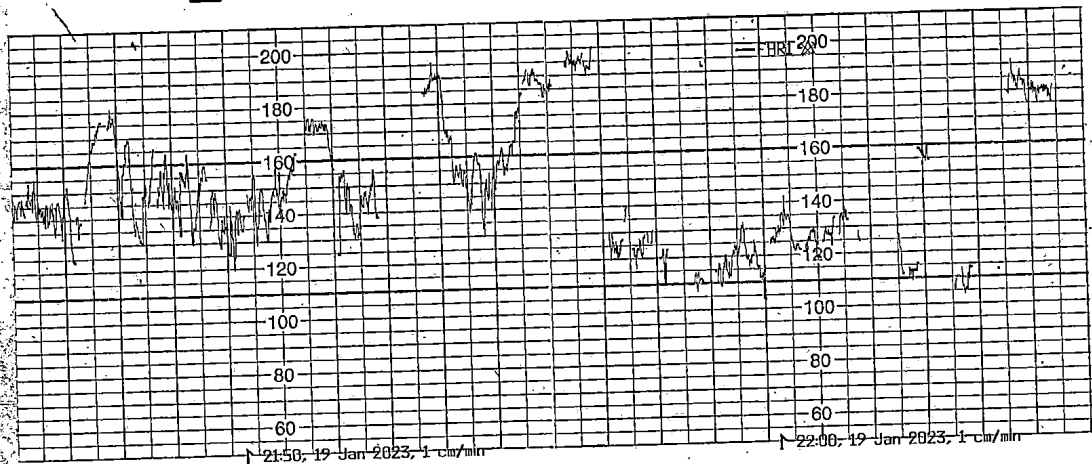
BM 7 ammo



PHILIPS

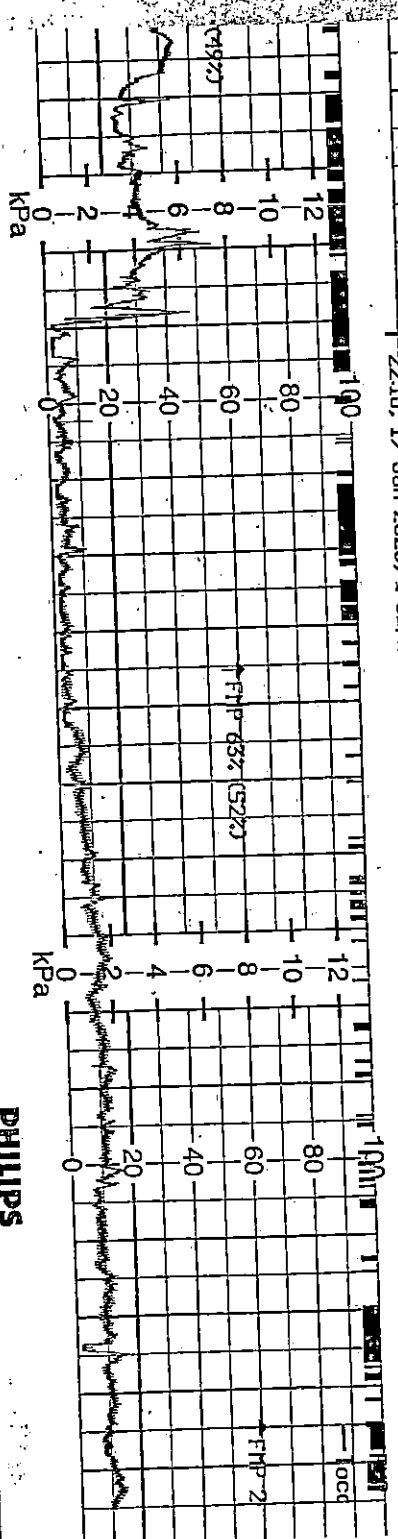
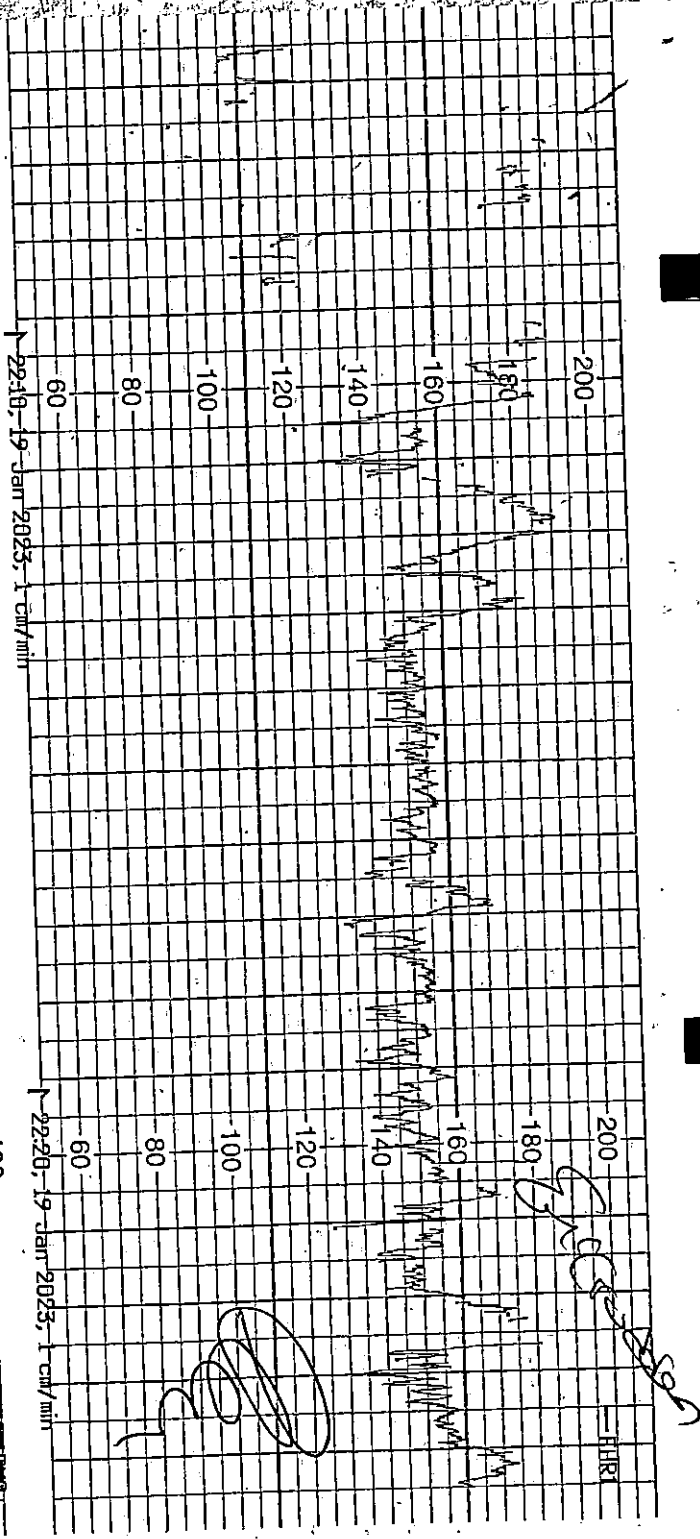
PHILIPS

REORDER M1911A



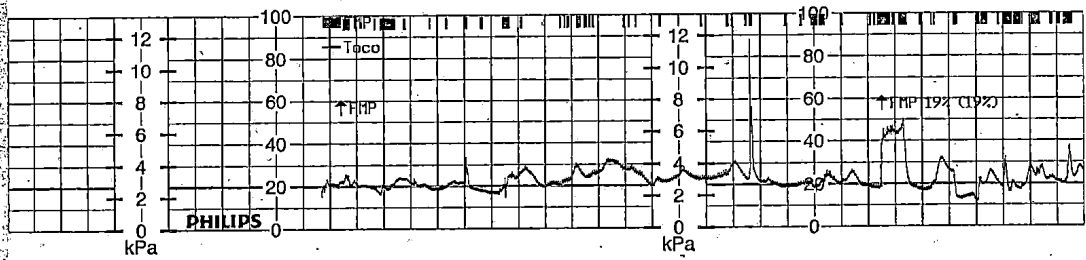
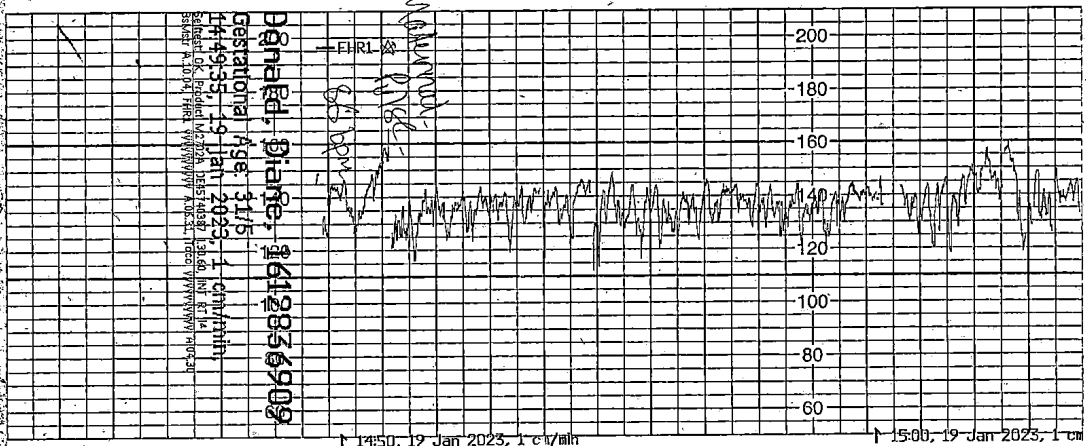
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PHILIPS



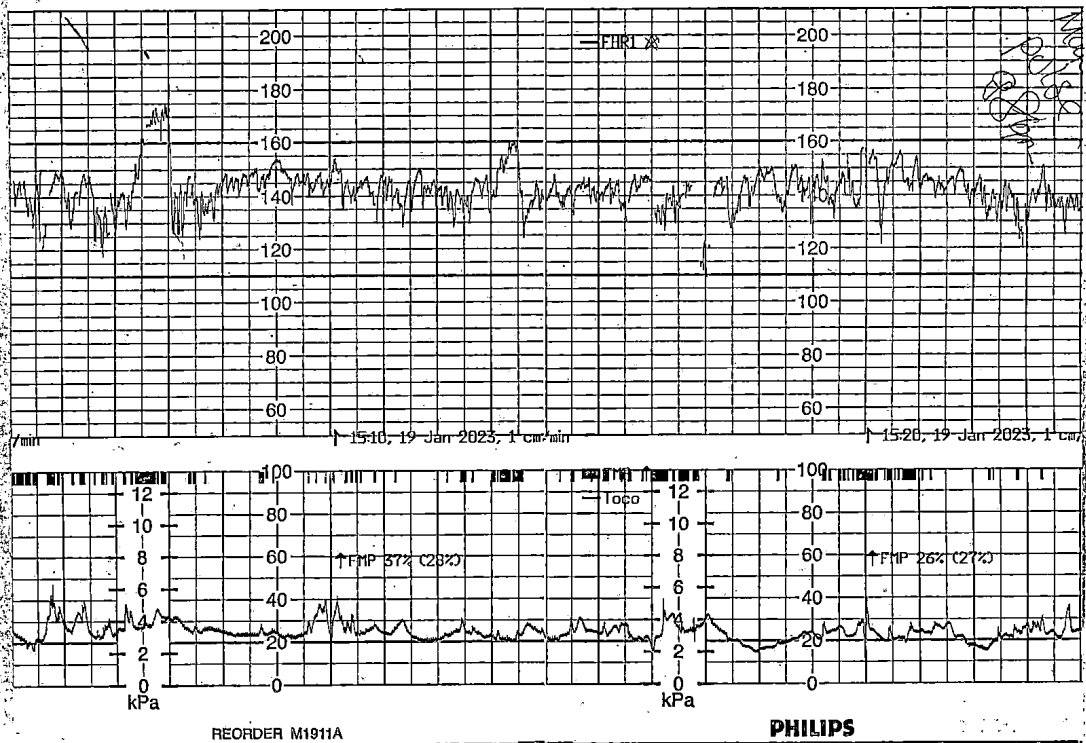
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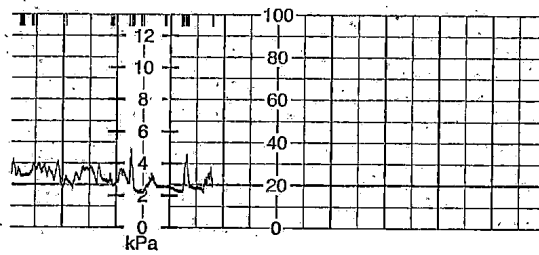
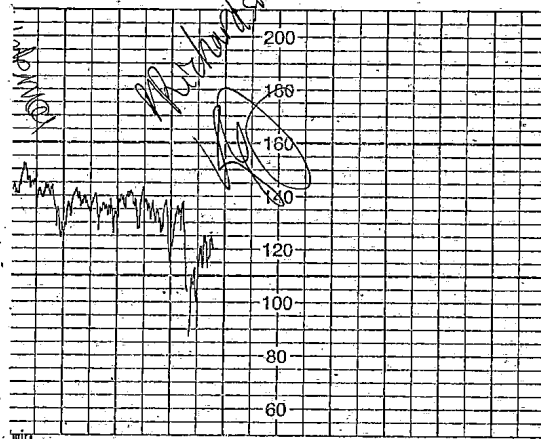
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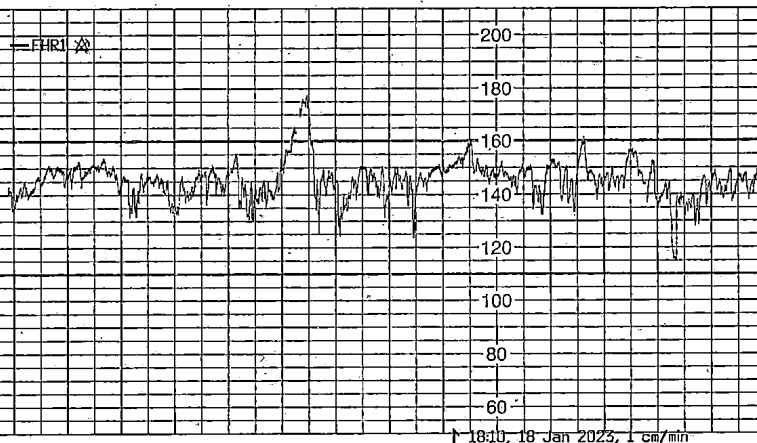
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PHILIPS

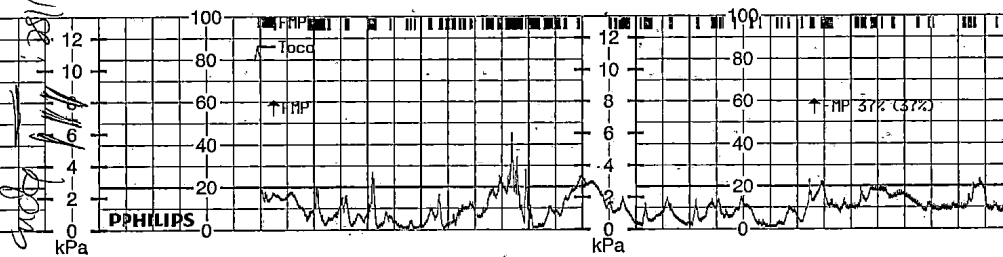




REORDER M1911A

[illegible]

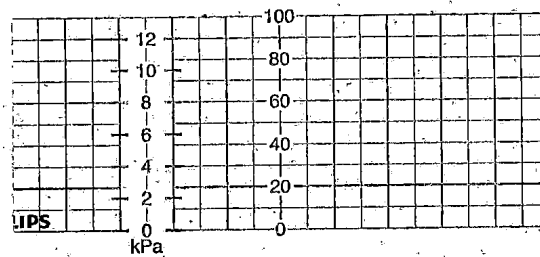
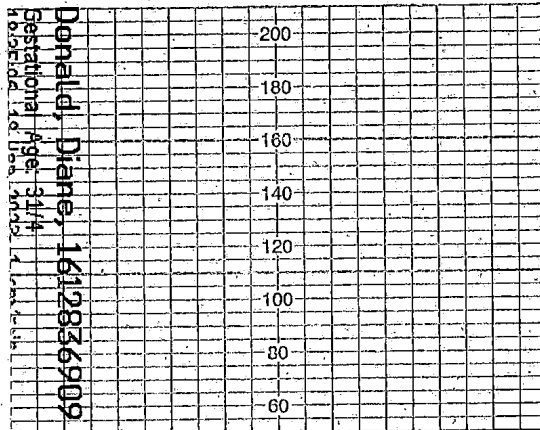
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REORDER M1911A

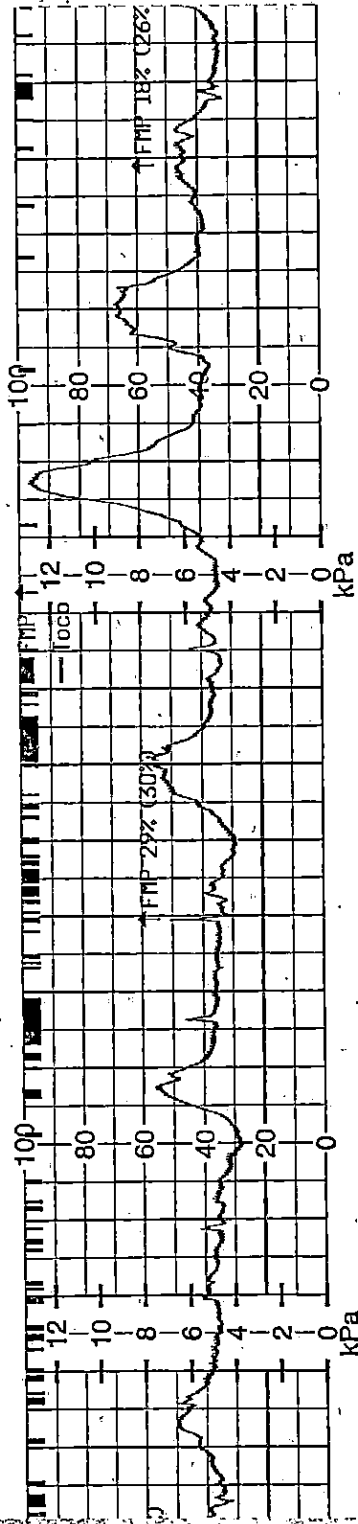
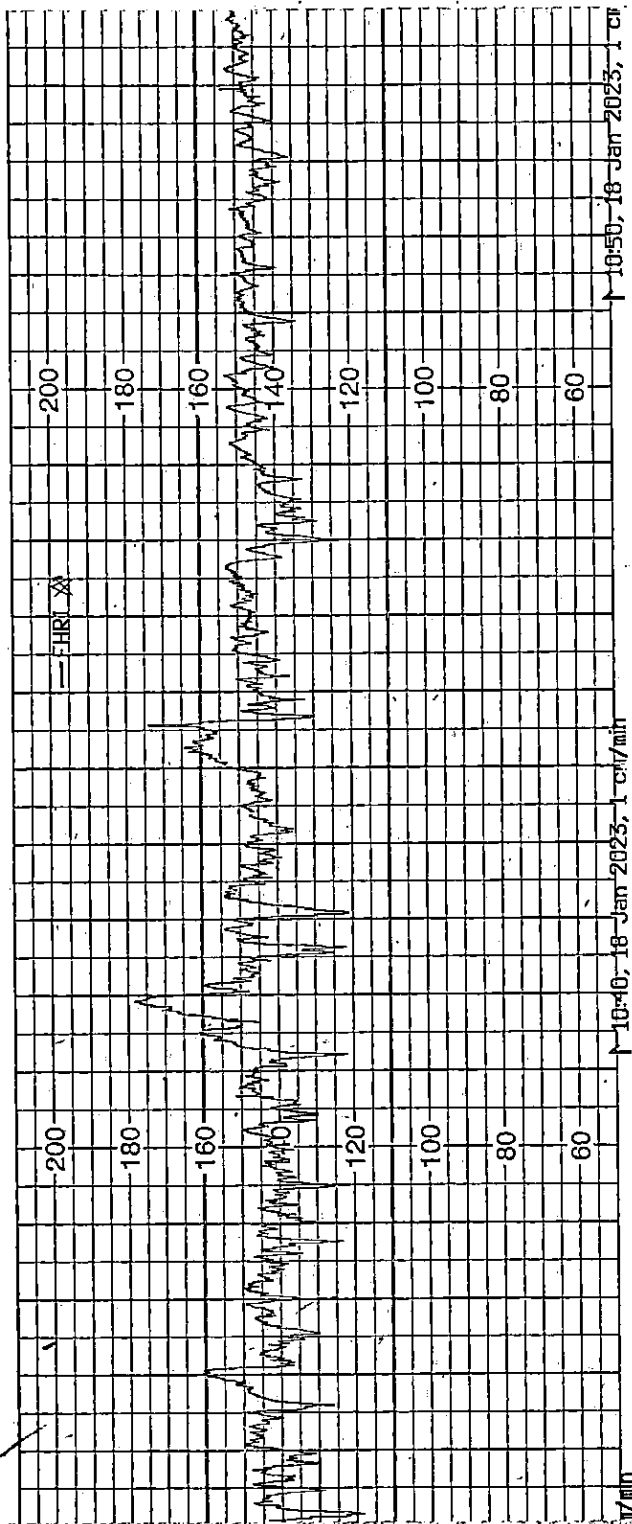
PHILIPS

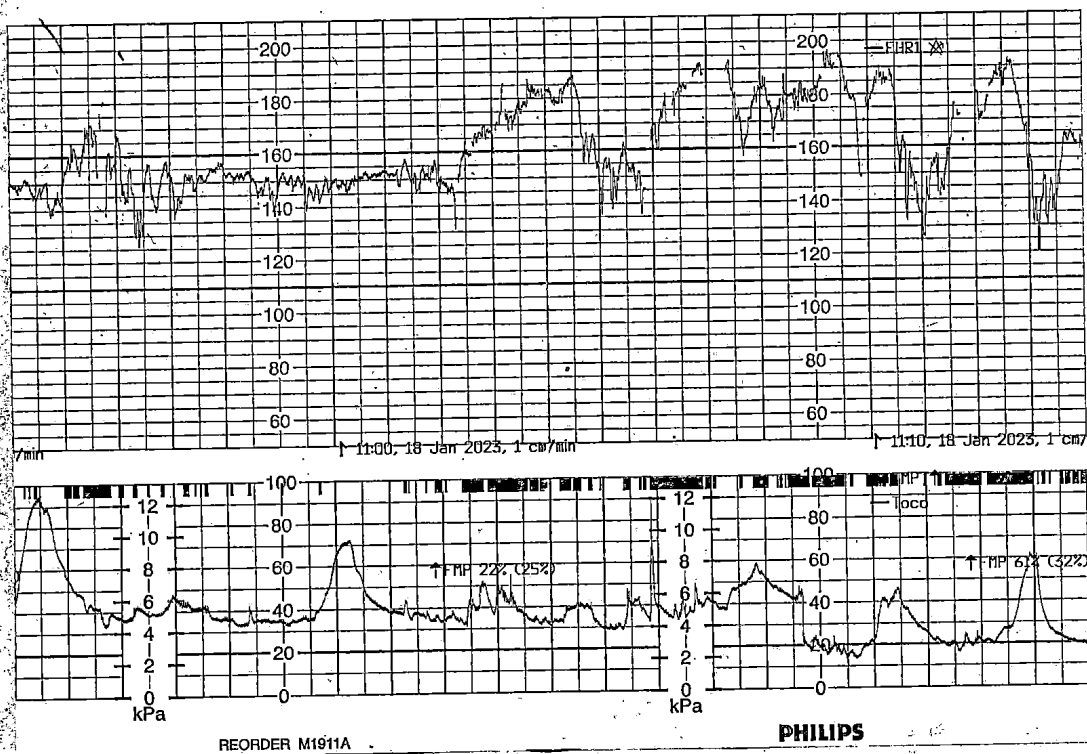
Donald, Diane, 1612836909
Gestational Age 34 1/4
Hospital 1612836909

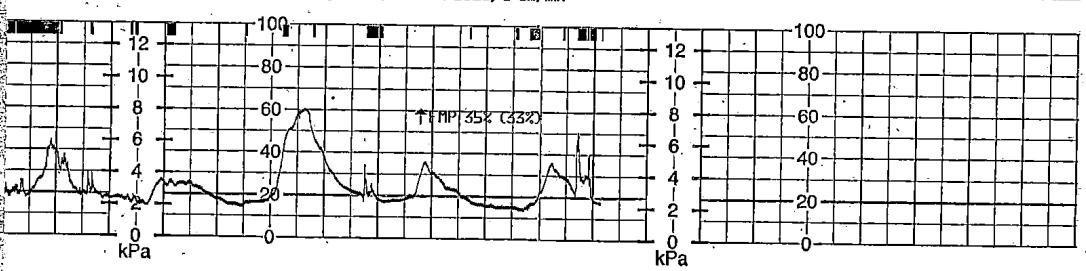
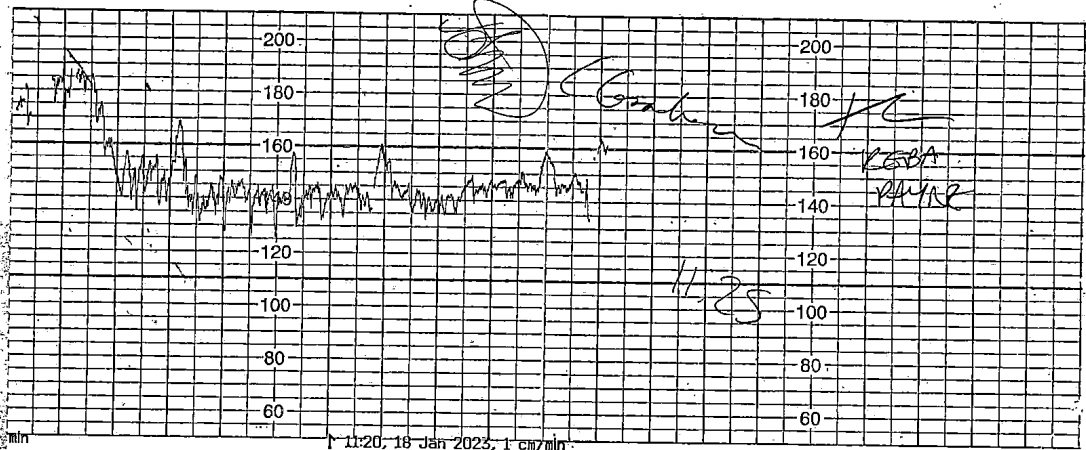


LIPS
kPa

REORDER M1911A

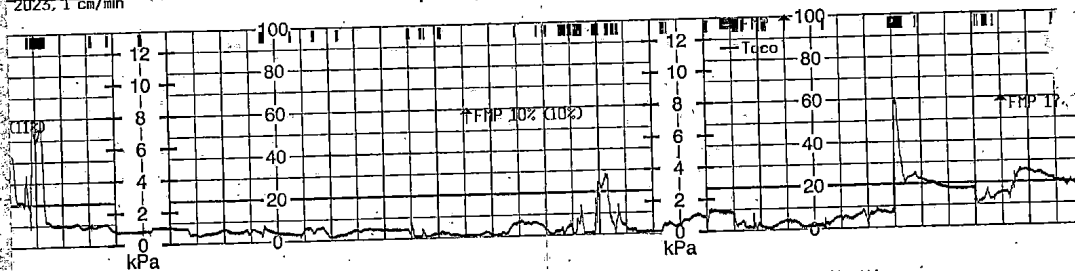
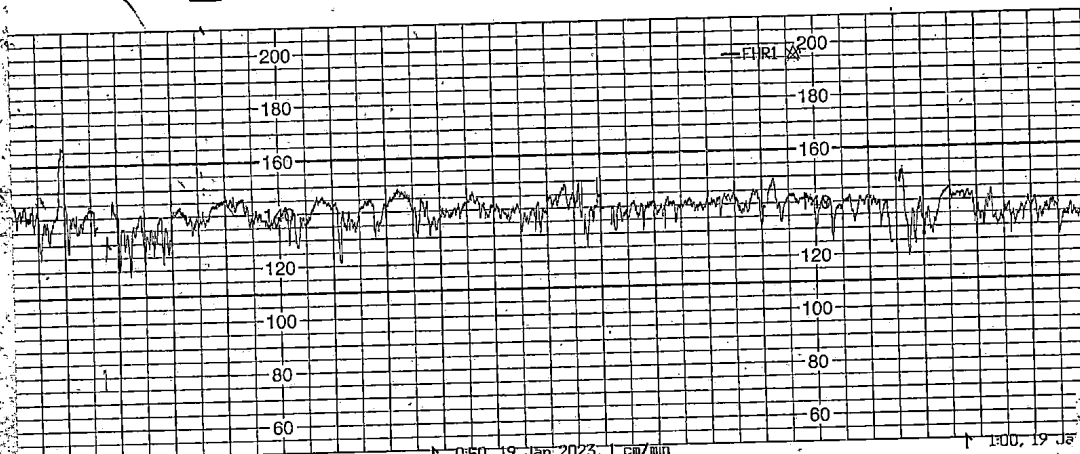






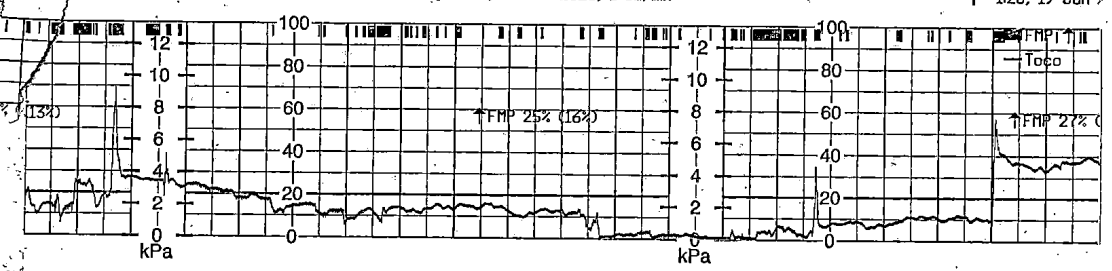
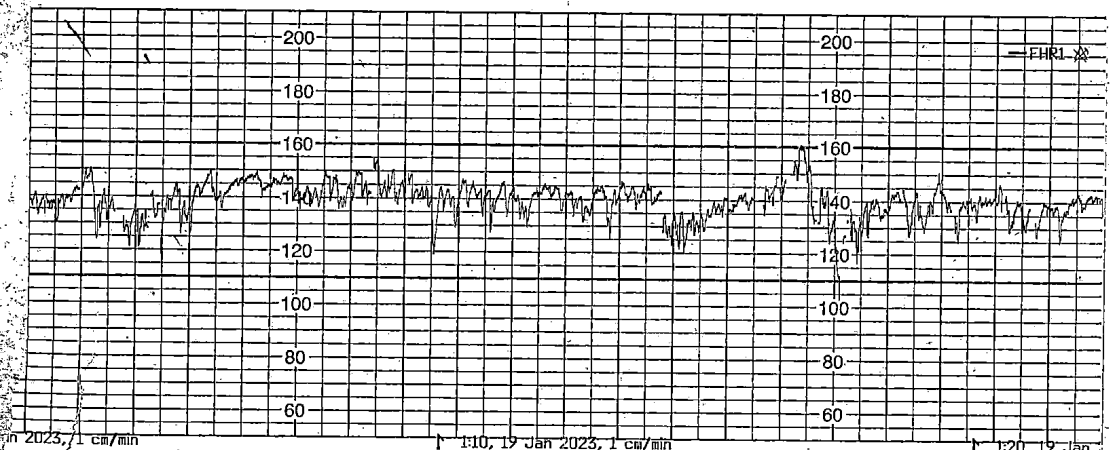
REORDER M1911A

PHILIPS



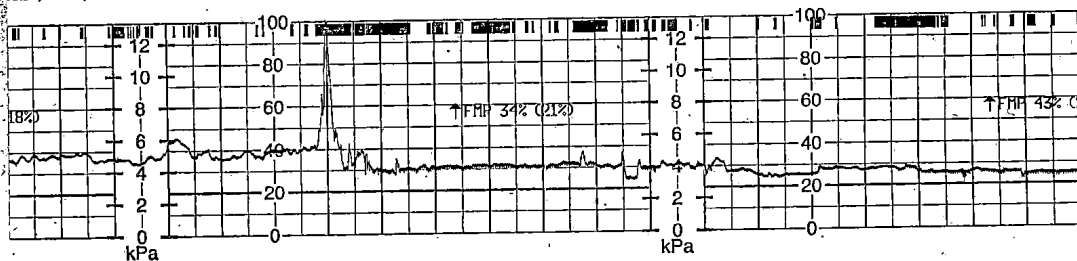
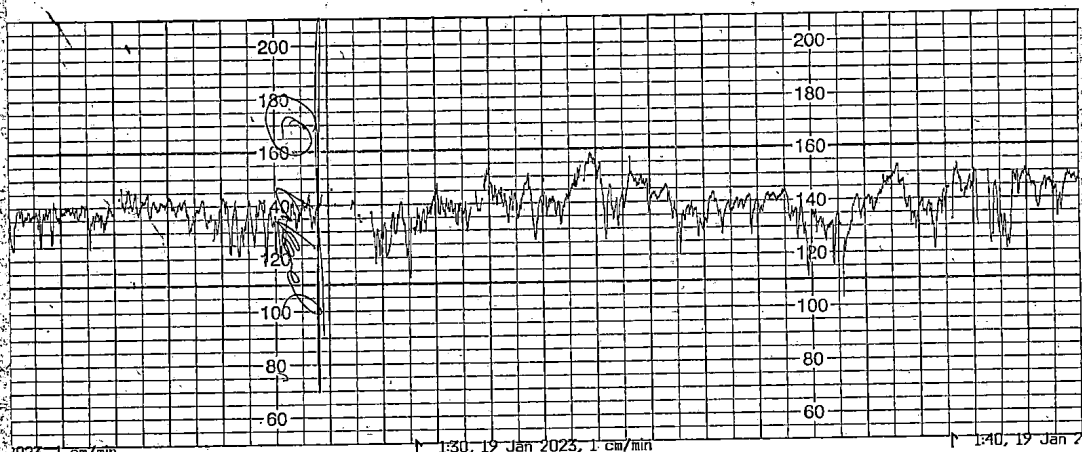
PHILIPS

REORDER M1911A



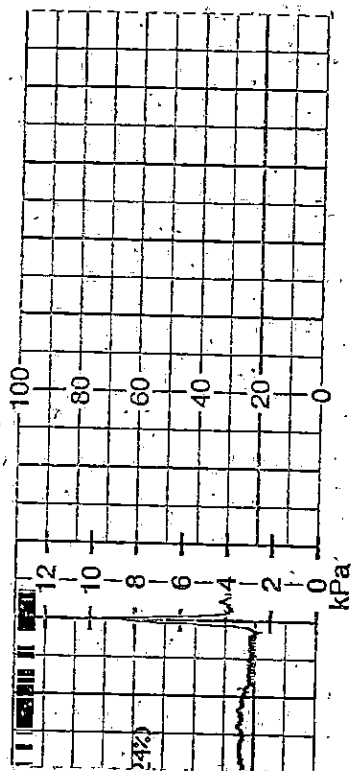
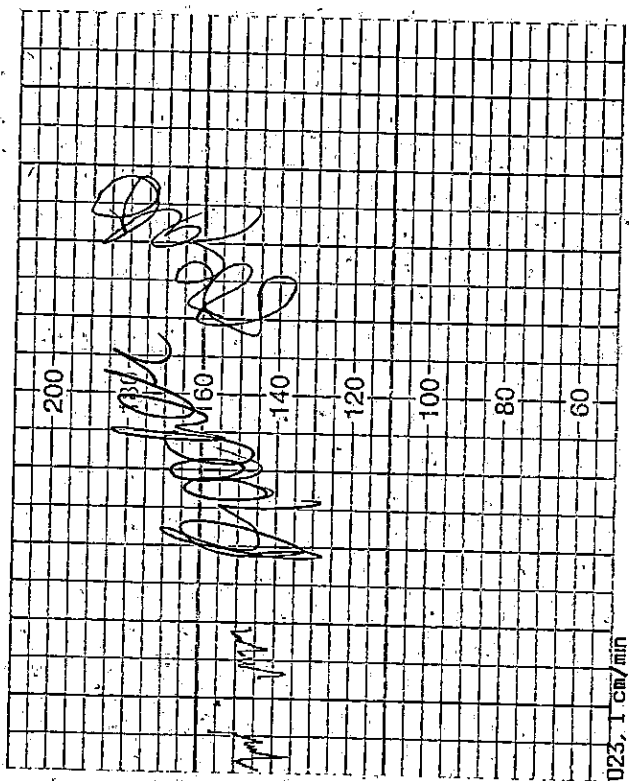
PHILIPS

REORDER M1911A



PHILIPS

REORDER M1911A

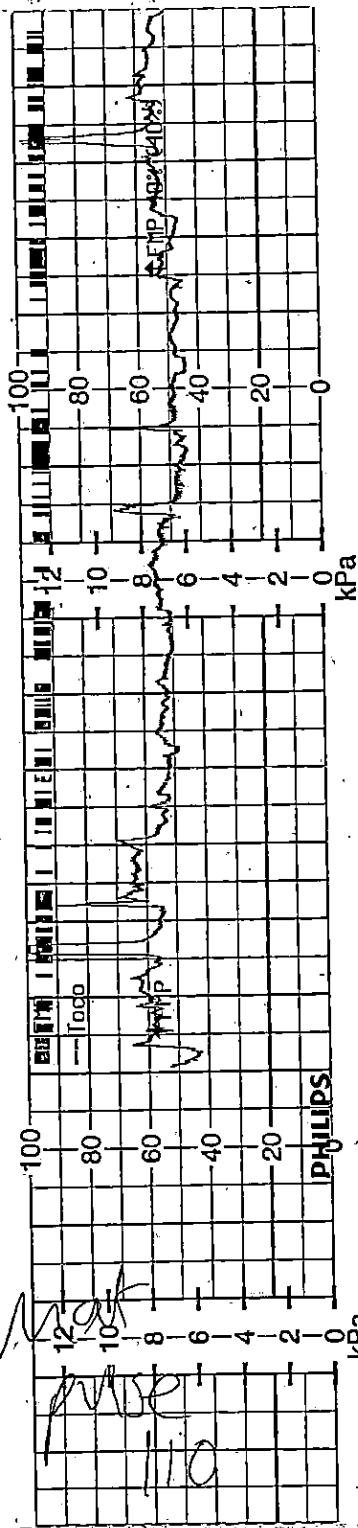
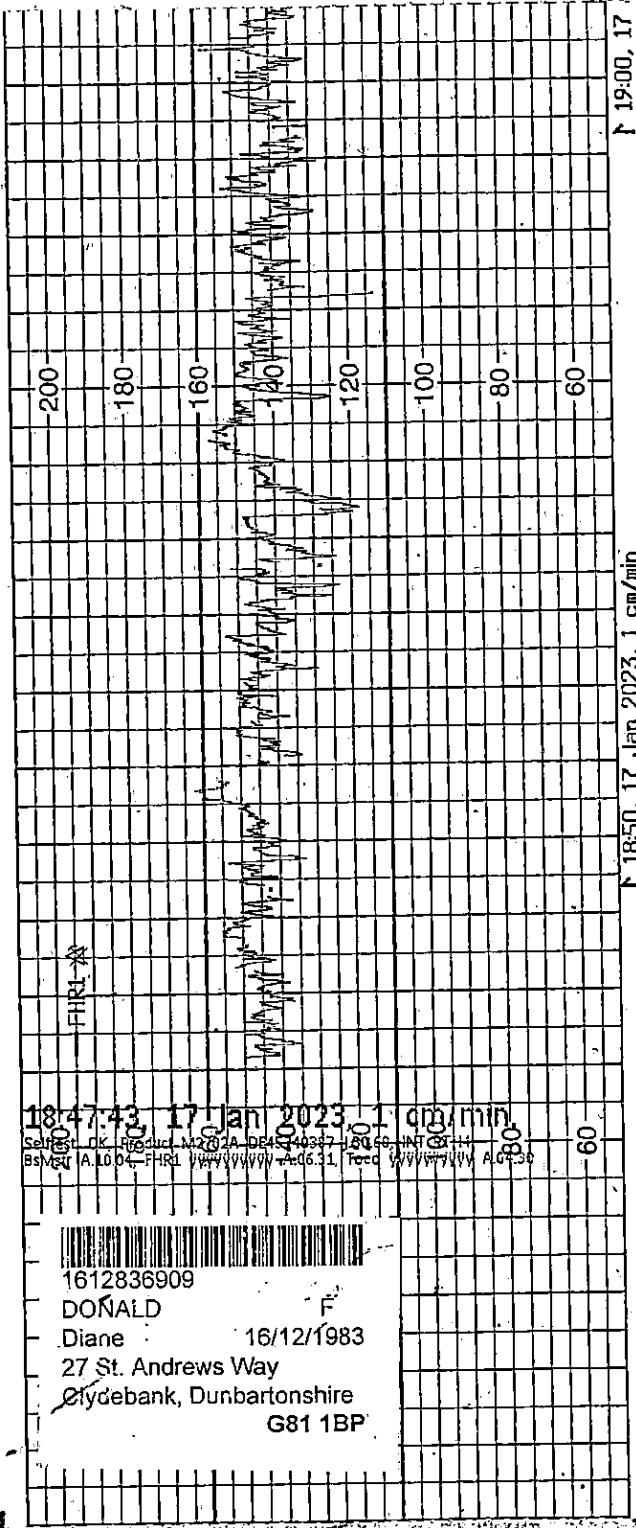


PHILIPS

18:47:43, 17 Jan 2023, 1 cm/min
 Self Test OK, Product M1911A, DE45440387, J8060, INT 07.11
 BSMV1 A.10.04, FHRL VVVVVVVVVV, Ed6.11, Feed VVVVVVVVVV, A04.30

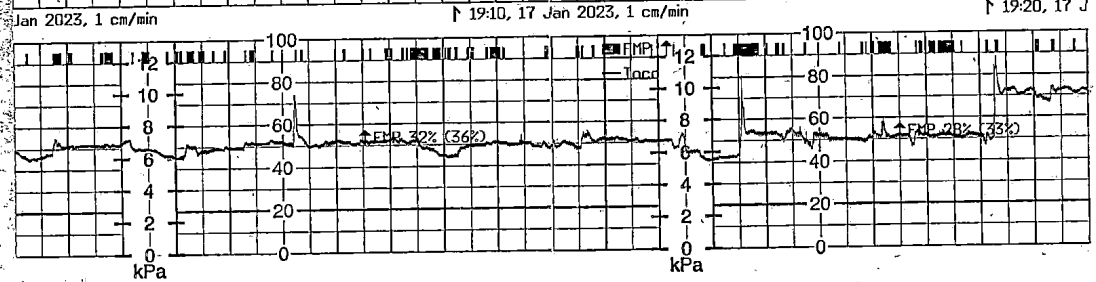
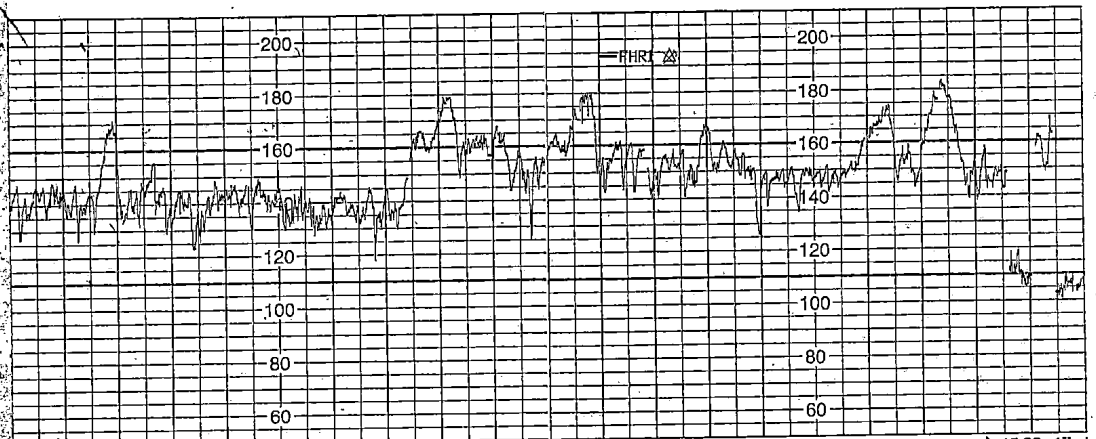


1612836909
 DONALD F
 Diane 16/12/1983
 27 St. Andrews Way
 Clycebank, Dunbartonshire
 G81 1BP



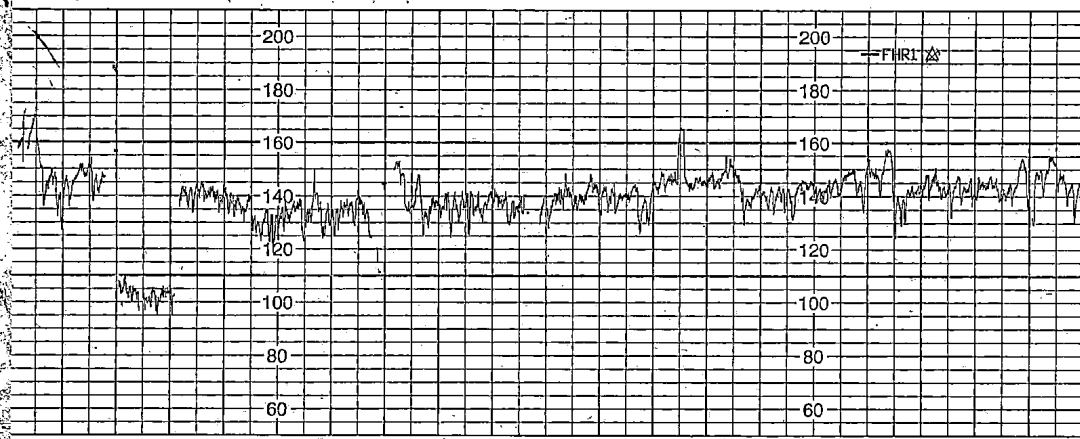
PHILIPS

REORDER M1911A



REORDER M1911A

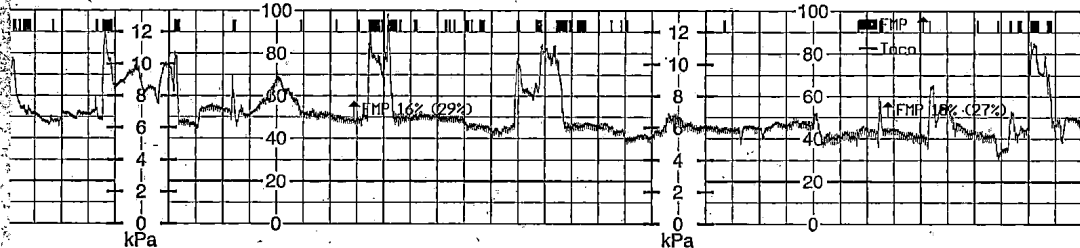
PHILIPS



an 2023, 1 cm/min

19:30, 17 Jan 2023, 1 cm/min

19:40, 17 J

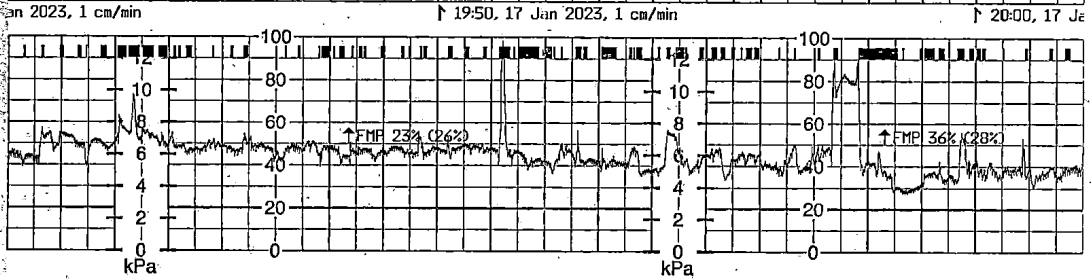
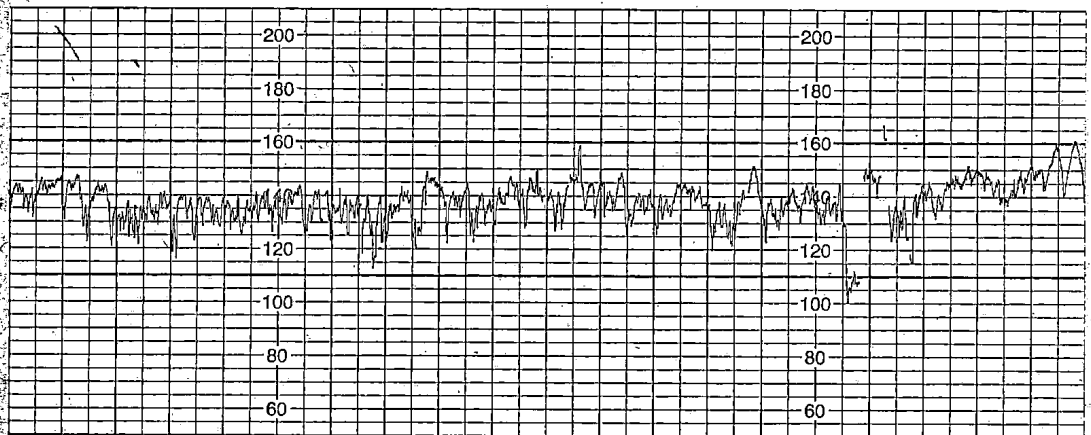


kPa

kPa

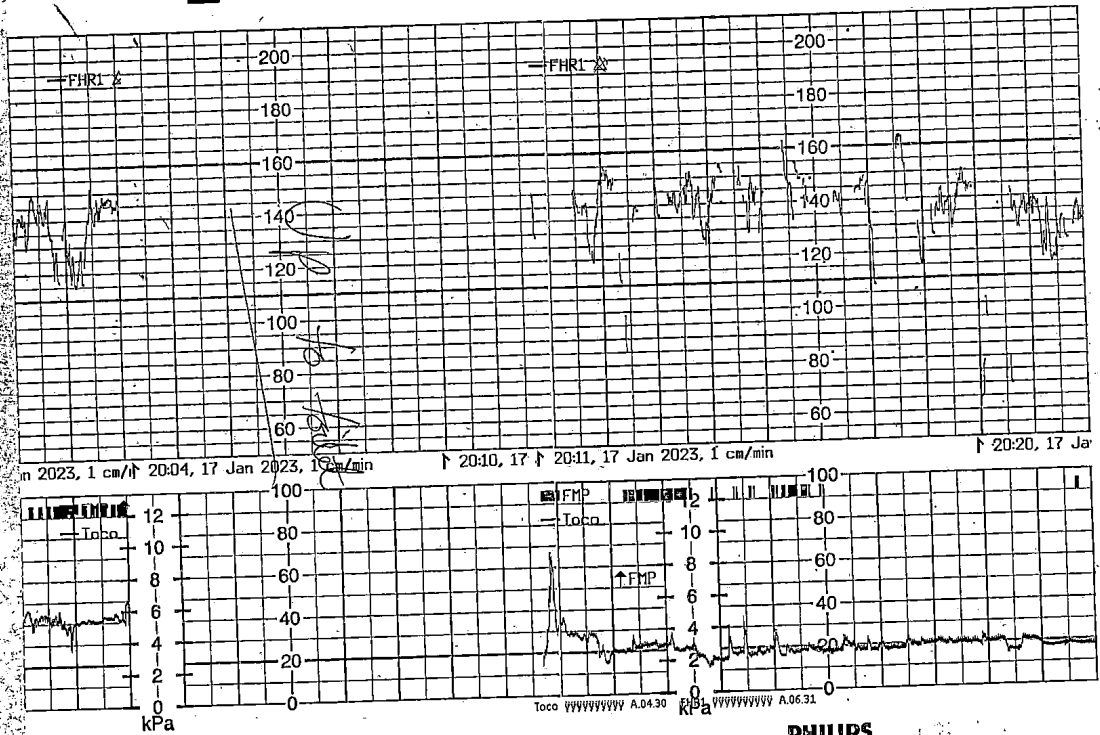
REORDER M1911A

PHILIPS



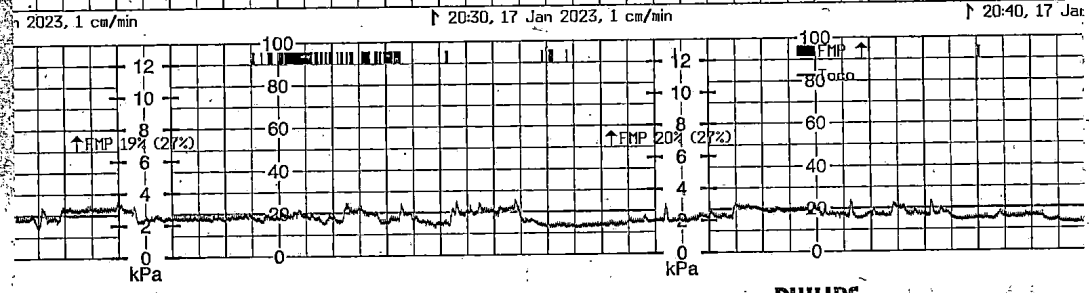
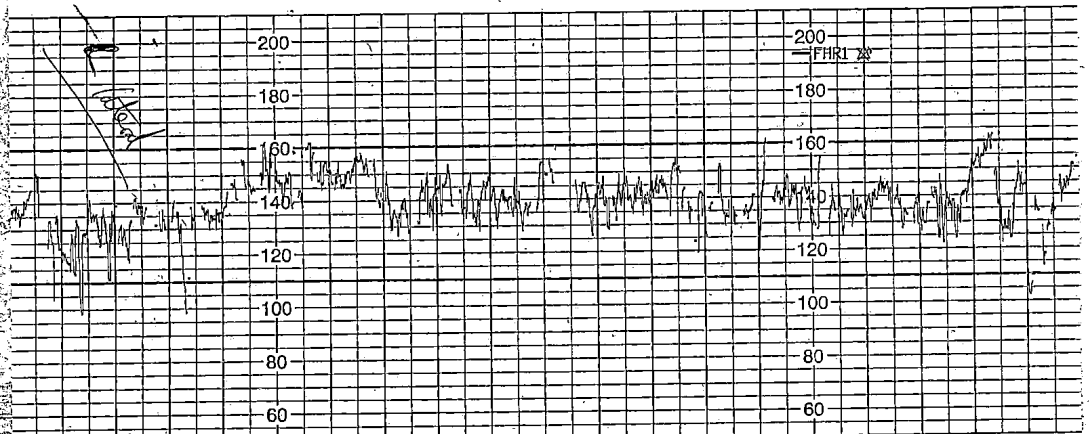
REORDER M1911A

PHILIPS



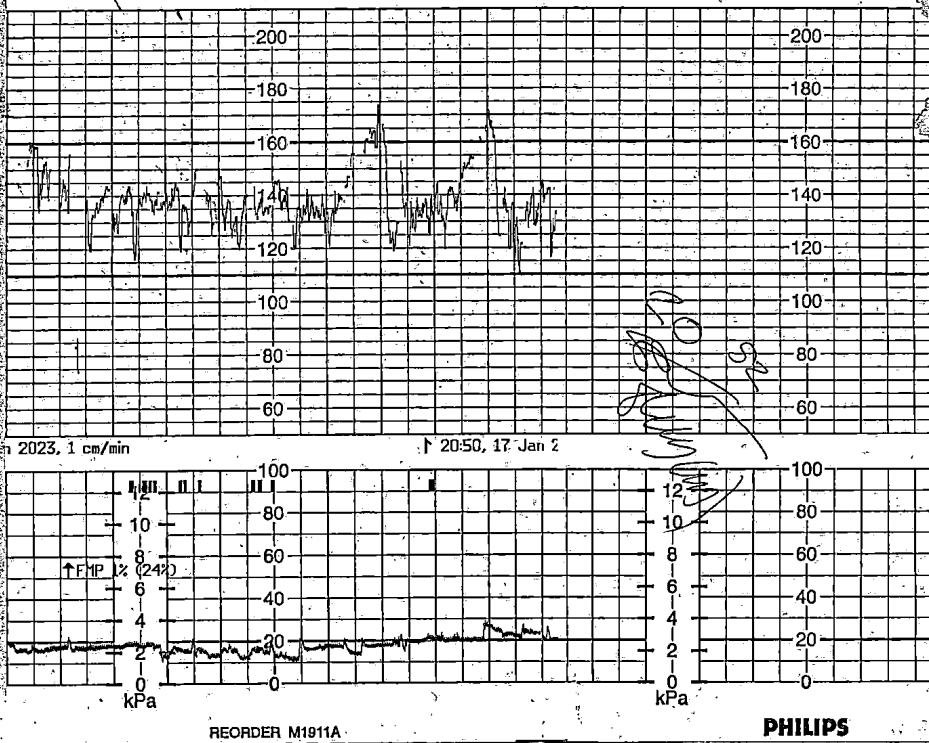
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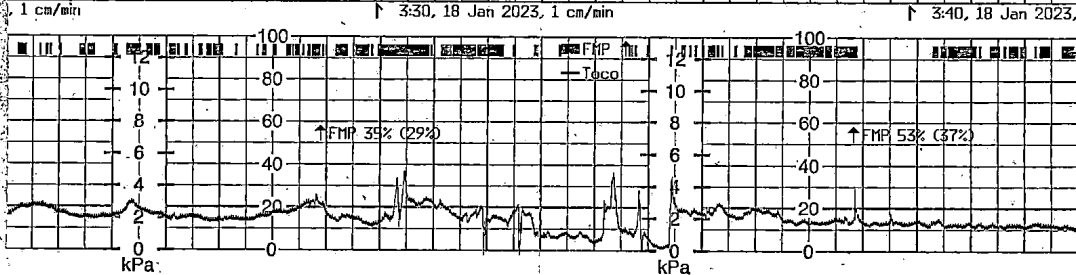
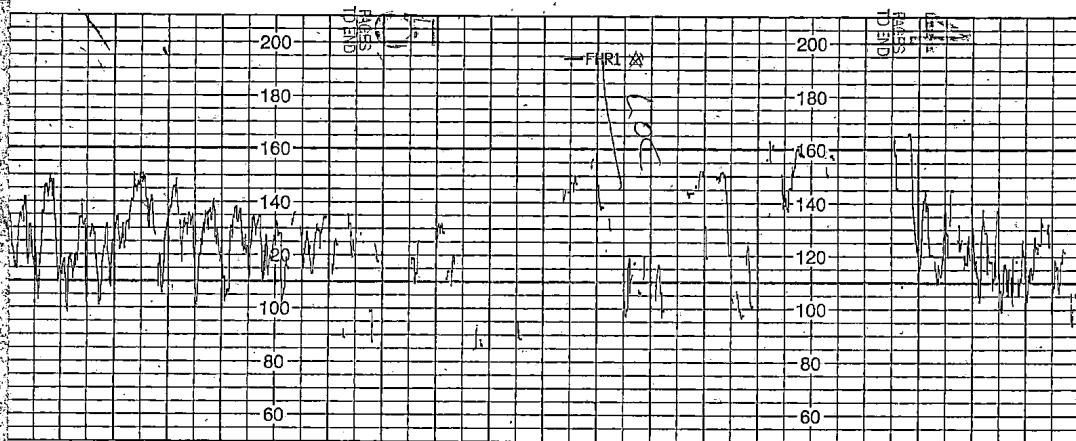
PHILIPS



REORDER M1911A

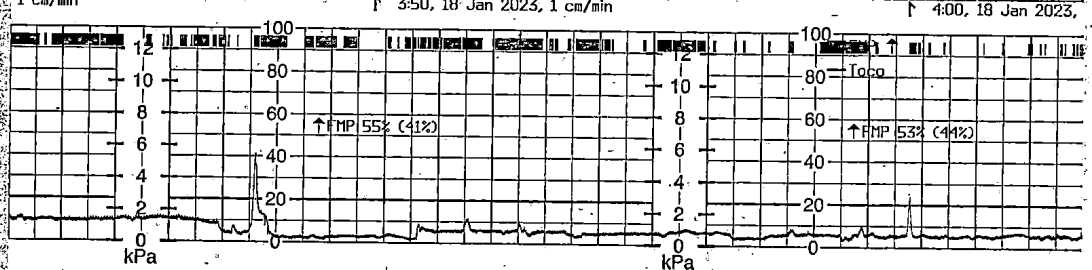
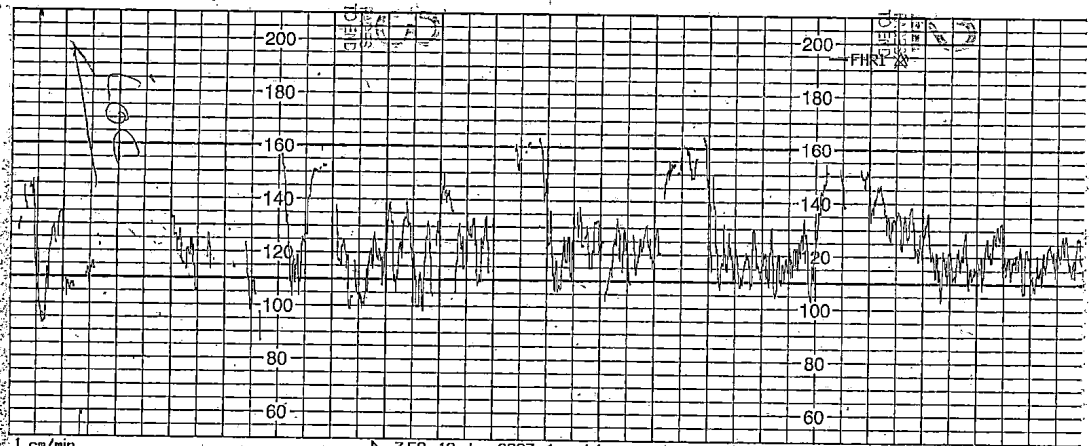
PHILIPS





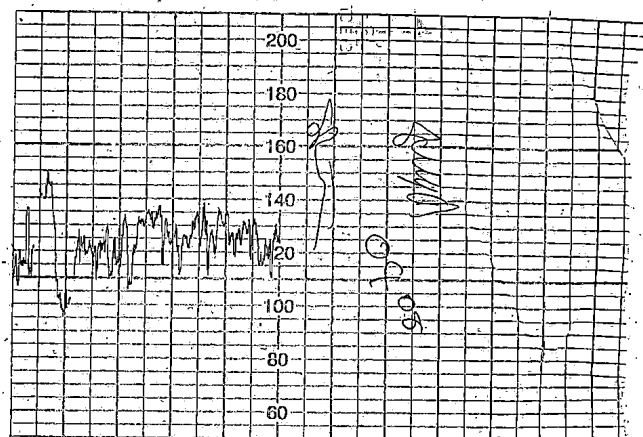
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REORDER M1911A

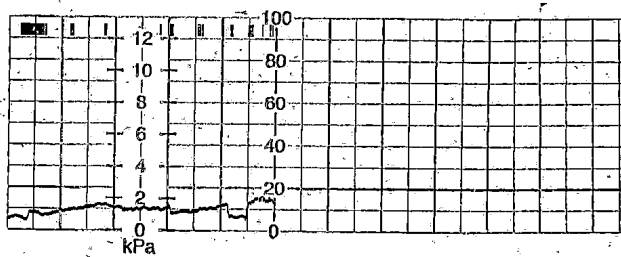


PHILIPS

REORDER M1911A



1 cm/min



PHILIPS

600 18/3/23



1612836909
DONALD
Diane 16/12/1983
27 St. Andrews Way
Clydebank, Dunbartonshire
G81 1BP

7/9/22 OS

27/10/22 EW

16/11/23 CL BT

7/2/23

F LMP Free

8/2/23

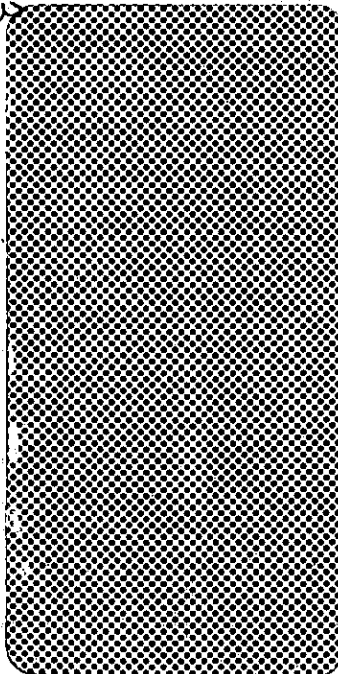
LMP Free - V. Murray

15/2/23 VM Lrt Dop

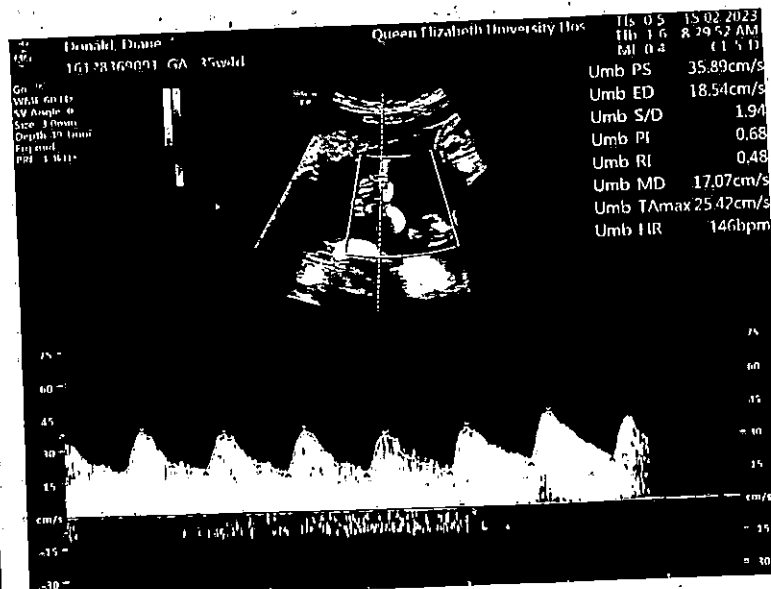
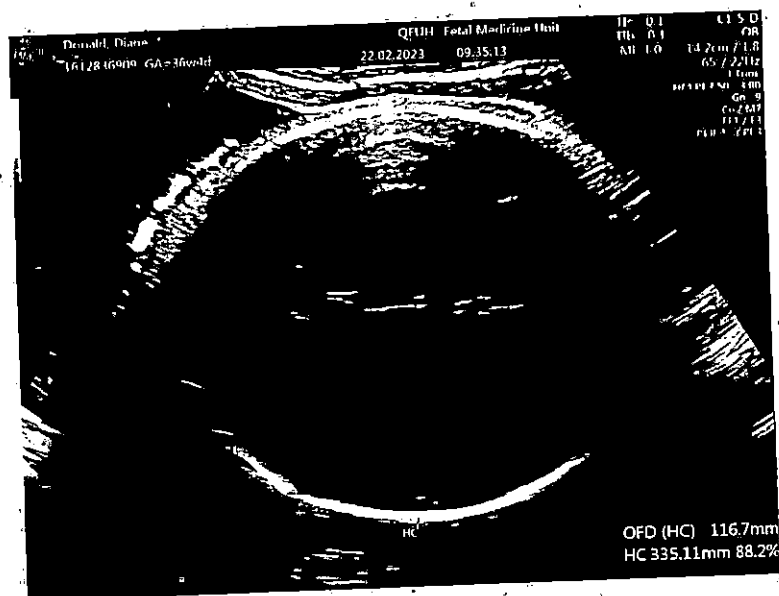
22/2/23 EW

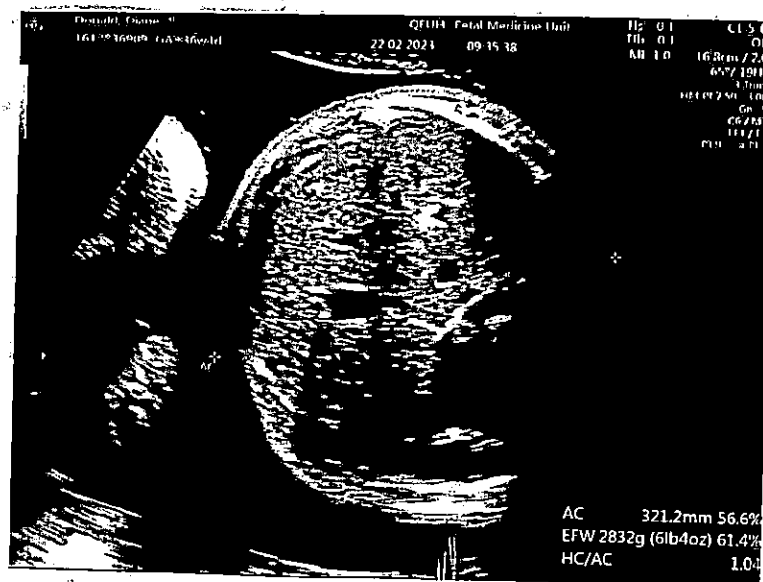


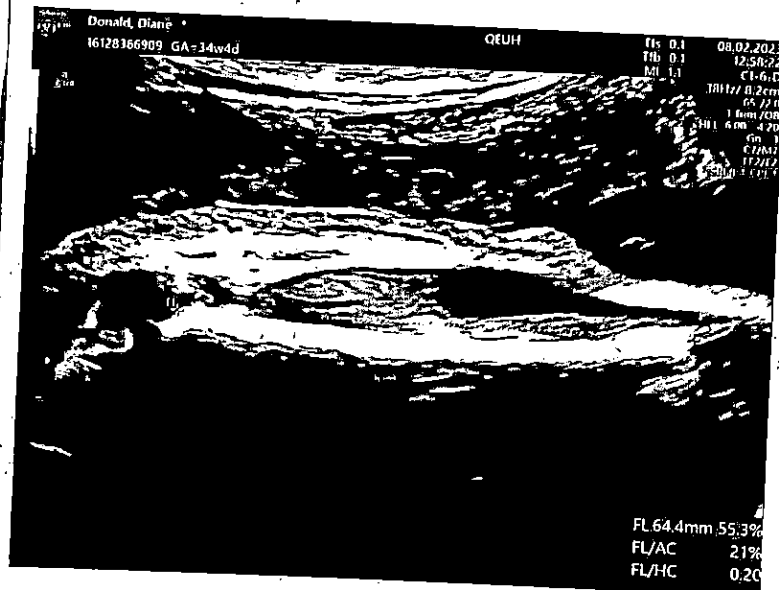
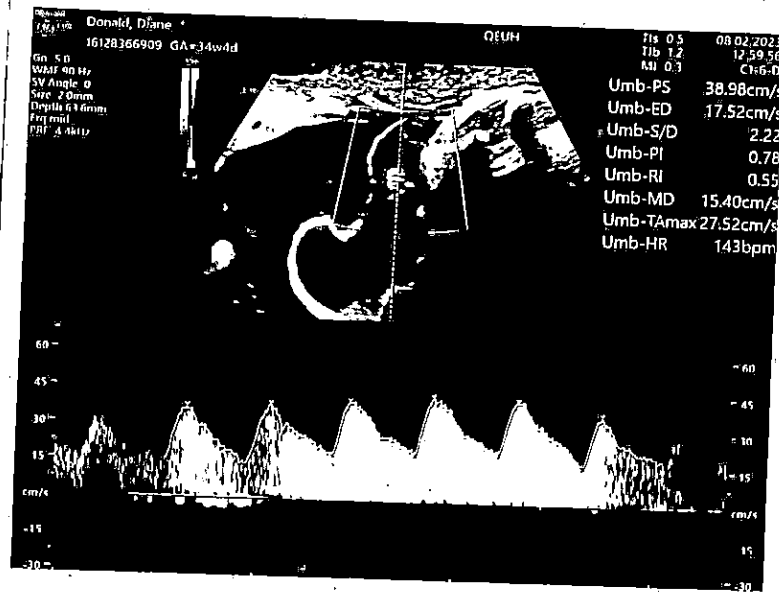
1612836909
DONALD
Diane 16/12/1983
27 St. Andrews Way
Clydebank, Dunbartonshire
G81 1BP

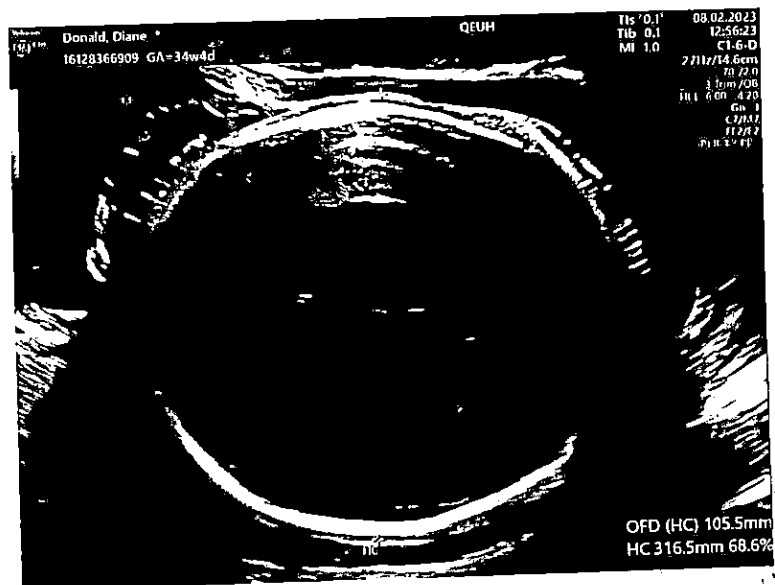


QUEST - Fetal Medicine Unit									
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100 100		100 100		100 100		100 100		100 100	
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100 100		100 100							









QEH- Fetal Medicine Unit

Time: 10:00:00

Ref: 101 000000

Info: 1000

11 W (H) (G) (W)

2D Measurements: AHA

16 W (H) (G) (W)

17 W (H) (G) (W)

18 W (H) (G) (W)

2D Calculations

19 W (H) (G) (W)

20 W (H) (G) (W)

21 W (H) (G) (W)

22 W (H) (G) (W)

23 W (H) (G) (W)

24 W (H) (G) (W)

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95 W (H) (G) (W)

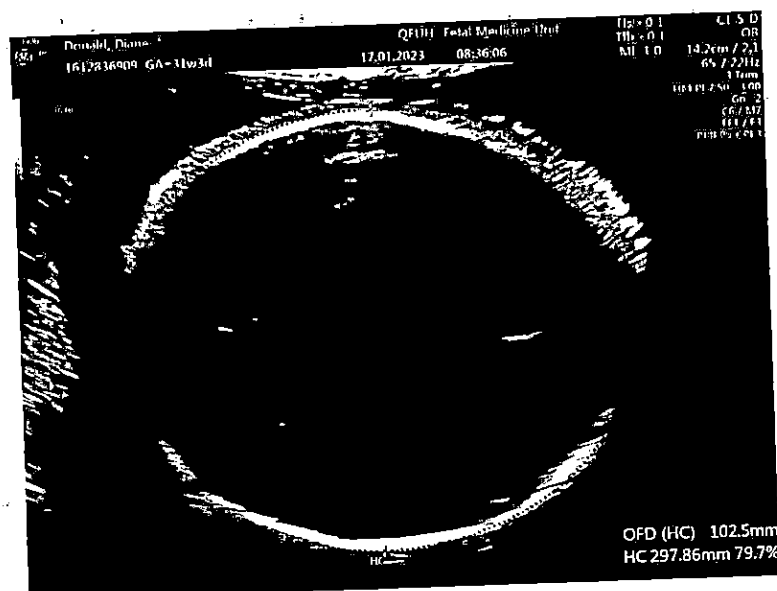
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97 W (H) (G) (W)

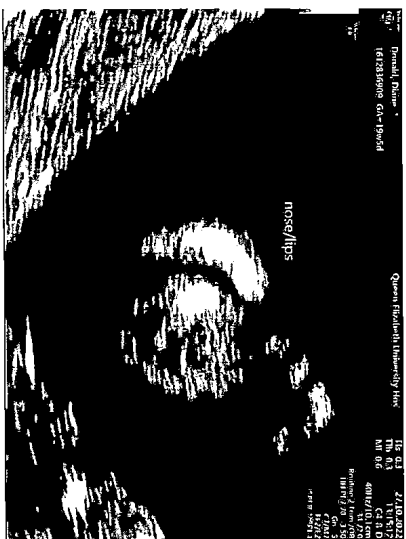
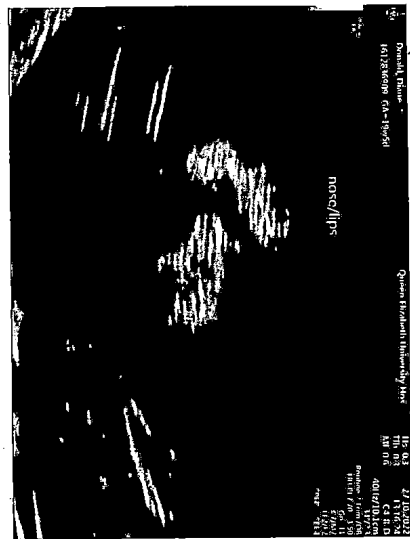
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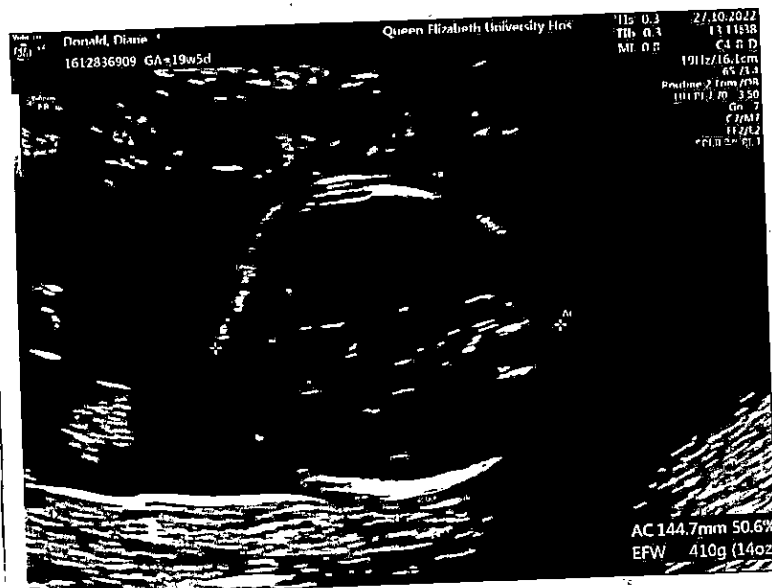
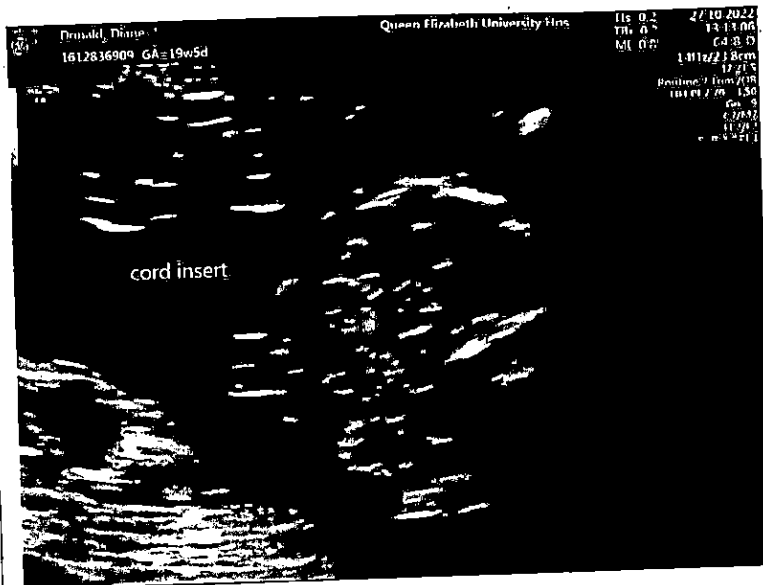
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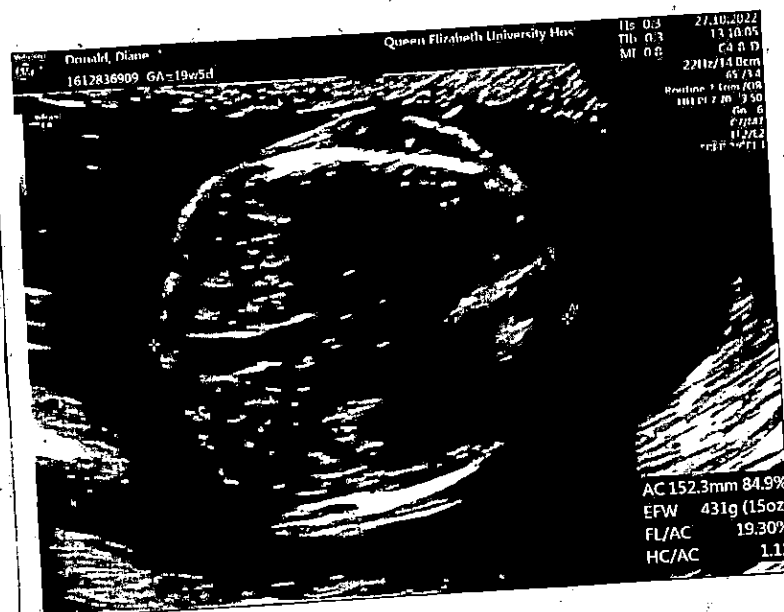
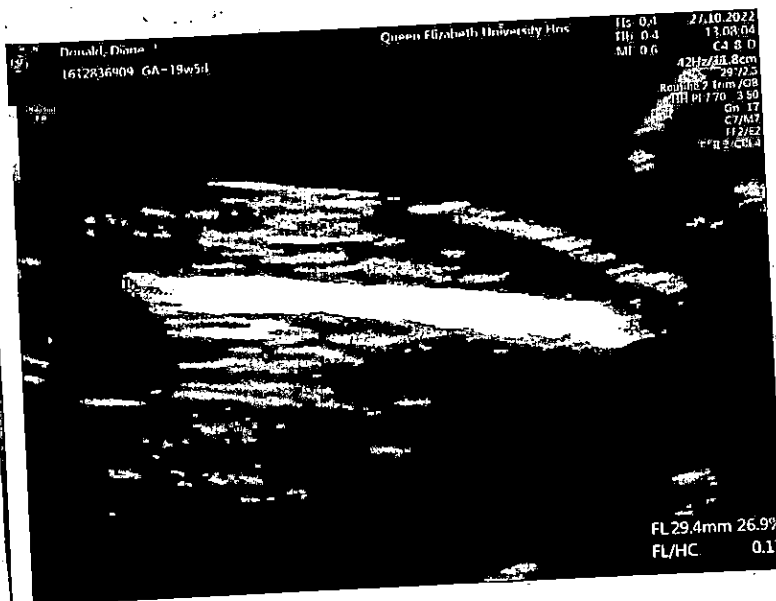
100 W (H) (G) (W)



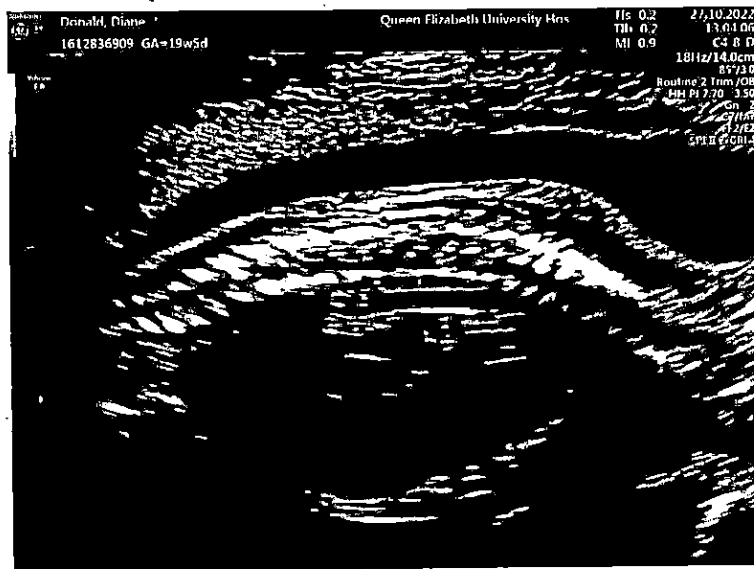
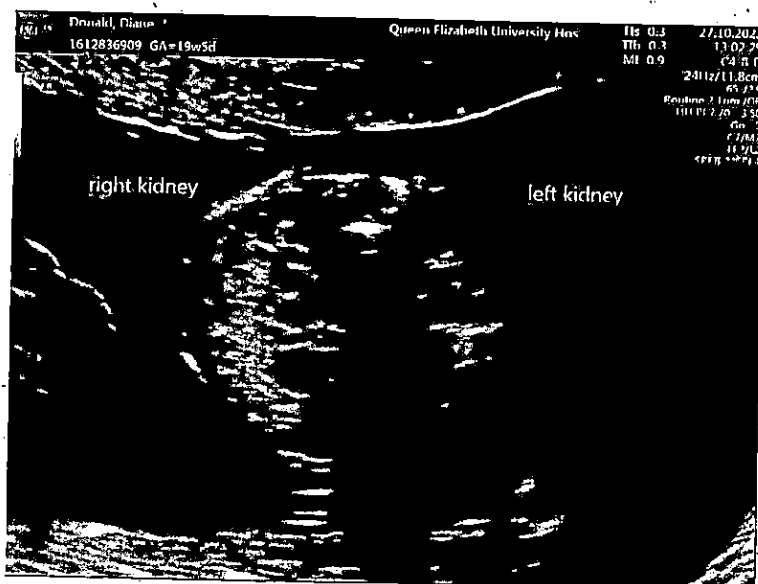








Queen Elizabeth University Hos				Date of Exam: 27.10.2022		Page: 1/2	
Patient: Donald Diane				Type: Female			
Vita No: 1612836909				Right: Male			
Indication:				Exam:			
IMP	GA(DD)	19w5d	EDD	18.03.2023	G	Ab	
DOC	GA(AUA)		FDD(AUA)		P	Er	
EFW(INTERGROW)	Value	Range	Age	Range	GP	INTERGROW	
AC/HC	420g (15oz)	± 63g				N/A	
2D Measurements: ALIA	Value	m1	m2	m3	Meth	GP	Age
OFD (HC)	60.9 mm	60.9			avg.		
HC (INTERGROW)	170.7 mm	170.7			avg.	59.2%	
AC (INTERGROW)	148.5 mm	152.3	144.7		avg.	70.0%	
FL (INTERGROW)	29.4 mm	29.4			avg.	26.9%	
Cereb (Hill)	18.6 mm	18.6			avg.	15.1% 18w2d	
Vp	7.1 mm	7.1			avg.		
2D Calculations							
FL/HC (Hadlock)	0.17 (0.17 - 0.19)		FL/AC			19.80% (20 - 24%)	
HC/AC (Campbell)	1.15 (1.09 - 1.26)						



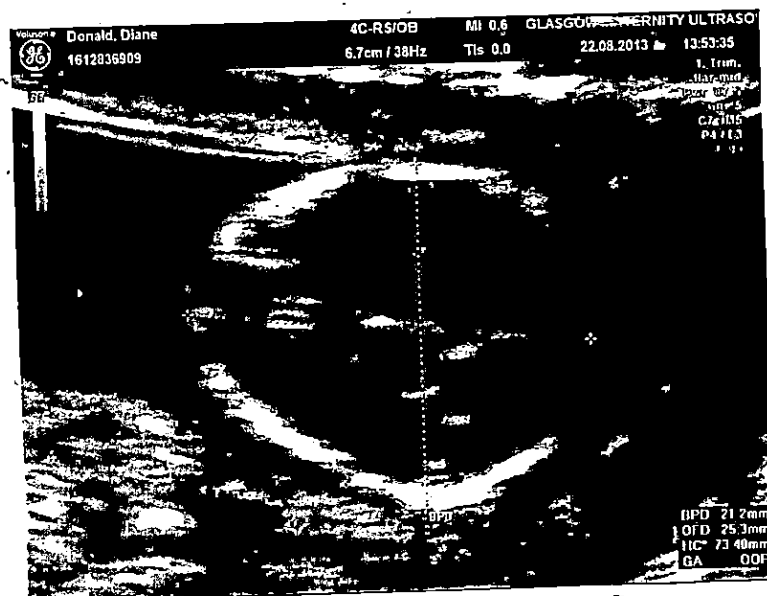
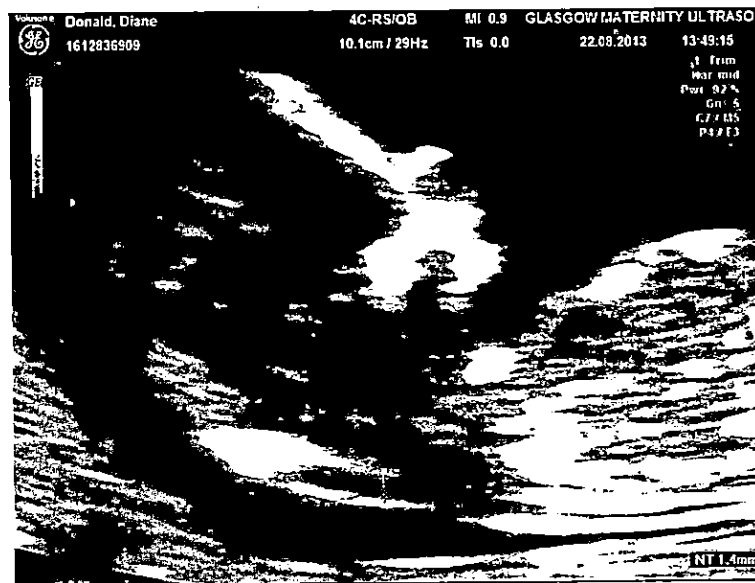
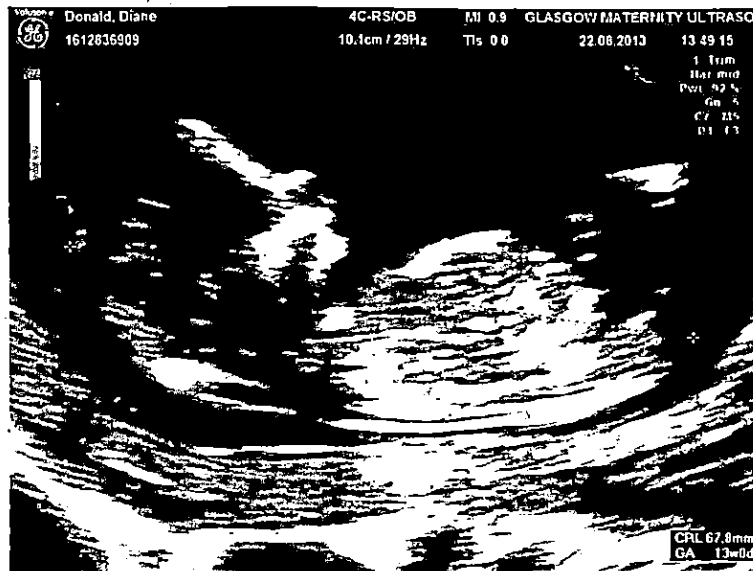
NHS Greater Glasgow & Clyde

FOR STORING ULTRASOUND SCANS

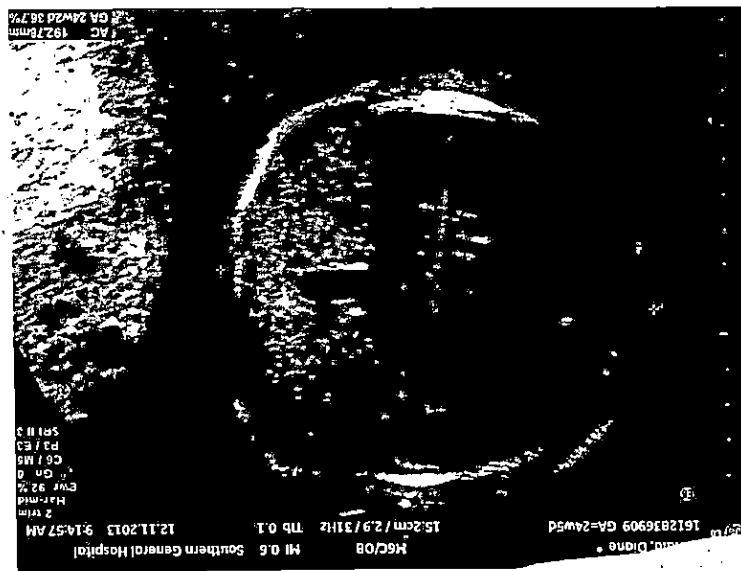
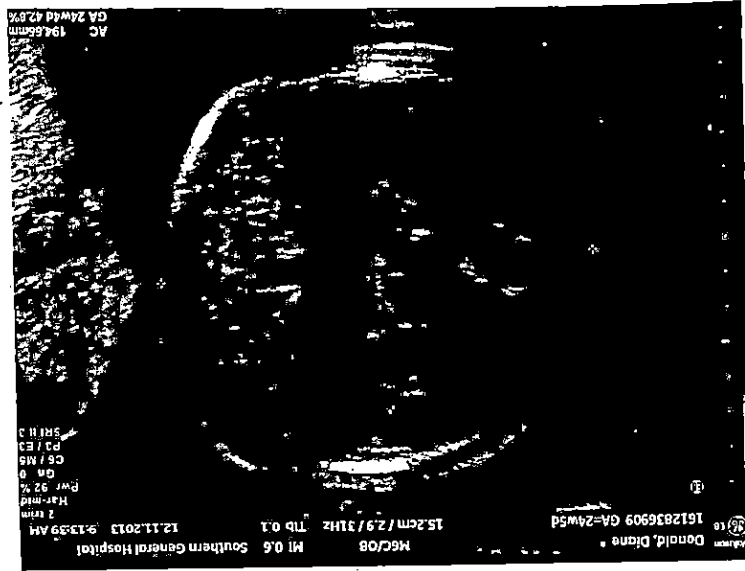
Patient ID Label

1612836909
DONALD
Diane
43 Longden Street
Clydebank, Dunbartonshire
F
16/12/1983
G81 1AG

No.	Date and Initials
1	22/8/13 AD
2	11/10/13 Ray up
3	12-11-13 AD
4	
5	
6	
7	
8	
9	
10	



Volume Donald, Diane



36 Southern General Hospital

Date of Exam: 12.11.2013 Page: 1/6

Name: Donald Diane

Pot. ID: 1612836909 DOB: _____

Indication: _____ Sex: Female

Ref. Phys.: _____

Sonogr.: _____

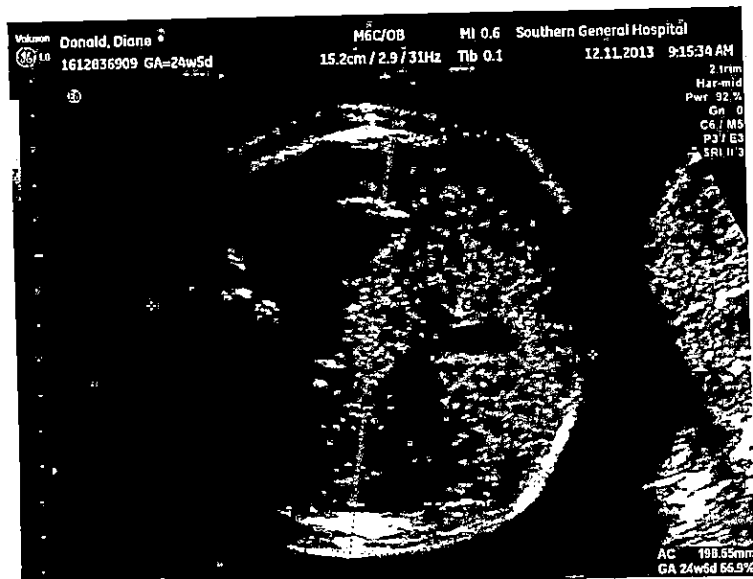
LMP: _____ GA(EDO): 24w5d EDO: 27.02.2014 G: _____ Ab: _____

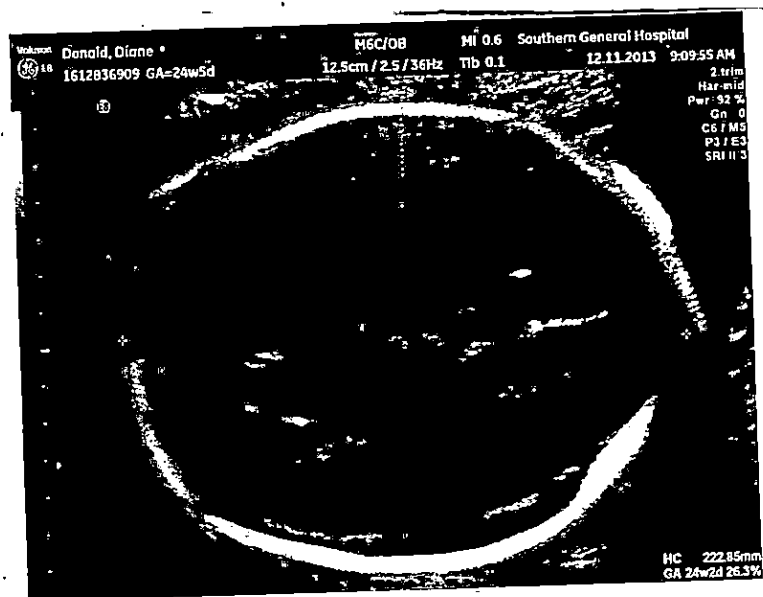
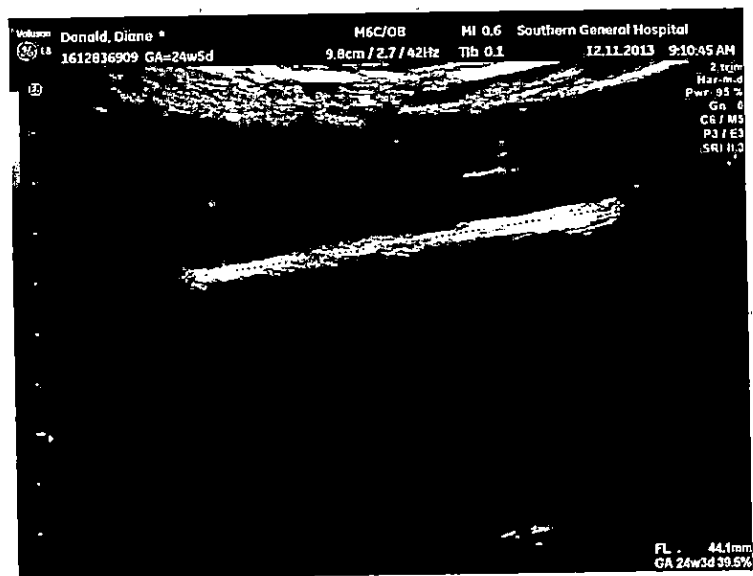
DOC: _____ GA(AUA): 24w6d EDD(AUA): 28.02.2014 "P: _____ Ec: _____

EFW (Campbell) _____ Value _____ Range _____ Age _____ Range _____ Growth _____

AC _____ Hadlock _____ N/A

2D Measurements - AUA	Value	m1	m2	m3	Meth.	Age	Range	Dev.
HC (SIZE BMUS)	224.29 mm	224.29			avg.	24w2d		31.3%
HC (BMUS)	222.85 mm	222.85			avg.	24w2d	22w5d-26w0d	26.3%
AC (SIZE BMUS)	195.33 mm	194.65	192.78	198.55	avg.	24w4d		45.0%
FL (SIZE BMUS)	43.8 mm	43.8			avg.	24w2d		35.0%
FL (BMUS)	44.1 mm	44.1			avg.	24w3d	22w6d-26w4d	39.5%





TOSHIBA 1612836909 DONALD DIANE F 11/10/2013
 Apilo 100 SOUTHERN GENERAL HOSPITAL OB 1 12:03:51

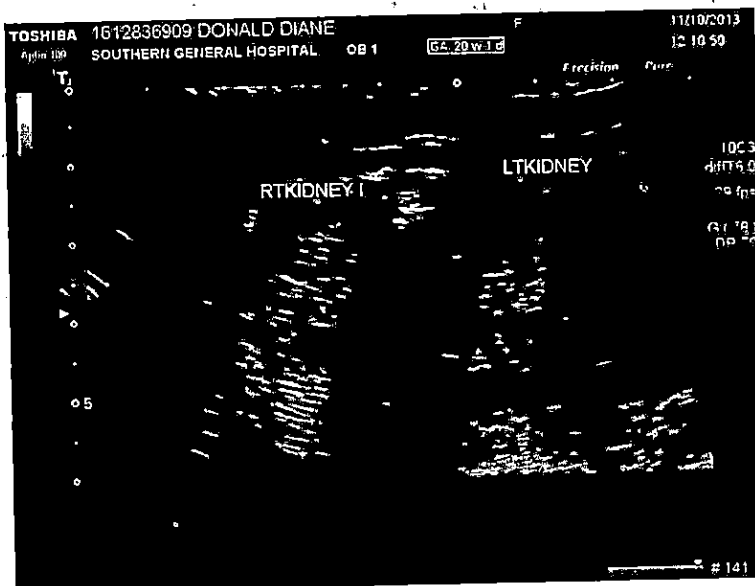
GA 20w1d EDD 27/02/2014 U/S GA 20w0d U/S EDD 28/02/2014 (dd/mm/yyyy)

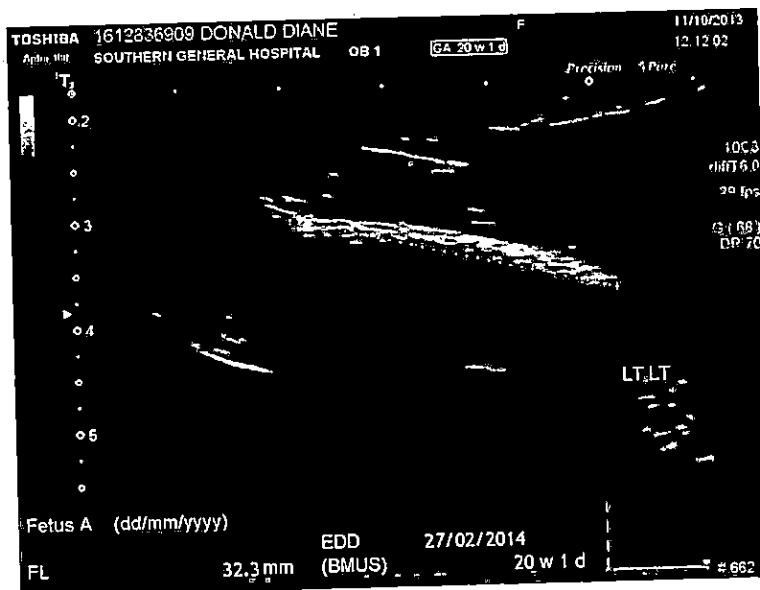
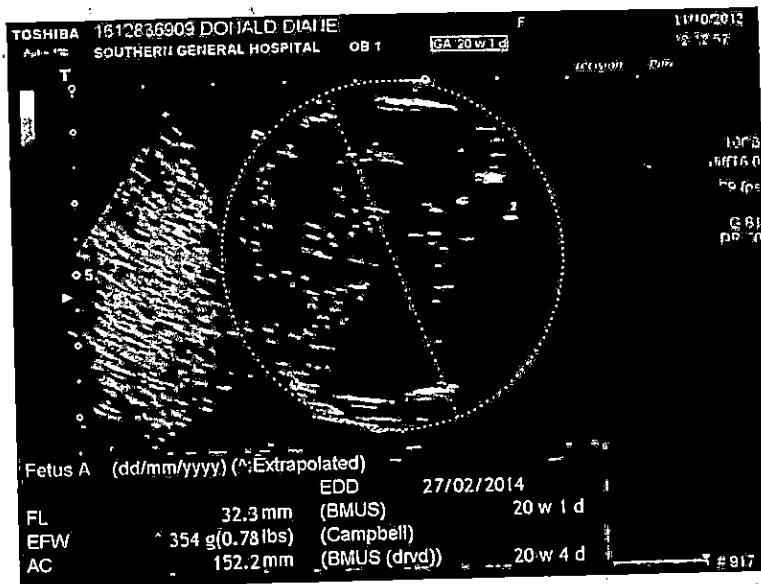
Fetus A This report contains certain statistical values. Check all data.

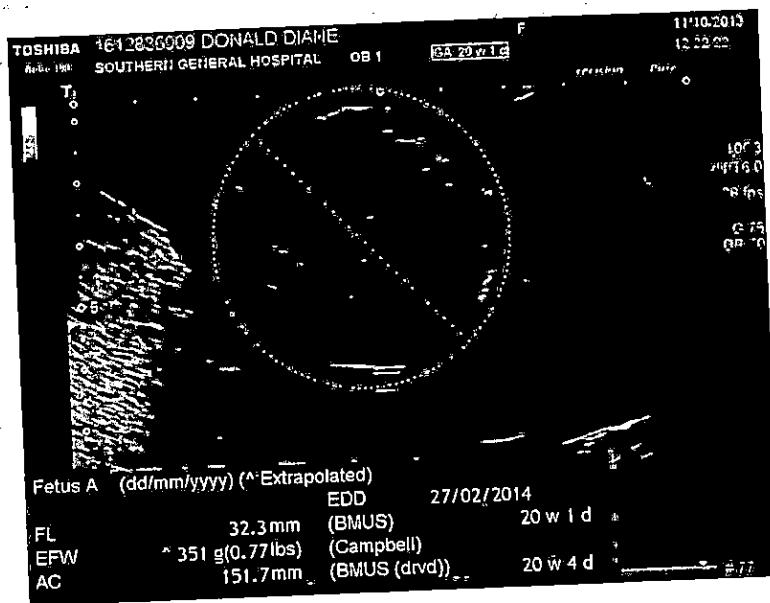
EFW "2": used for EFW ^*EFW is Extrapolated.

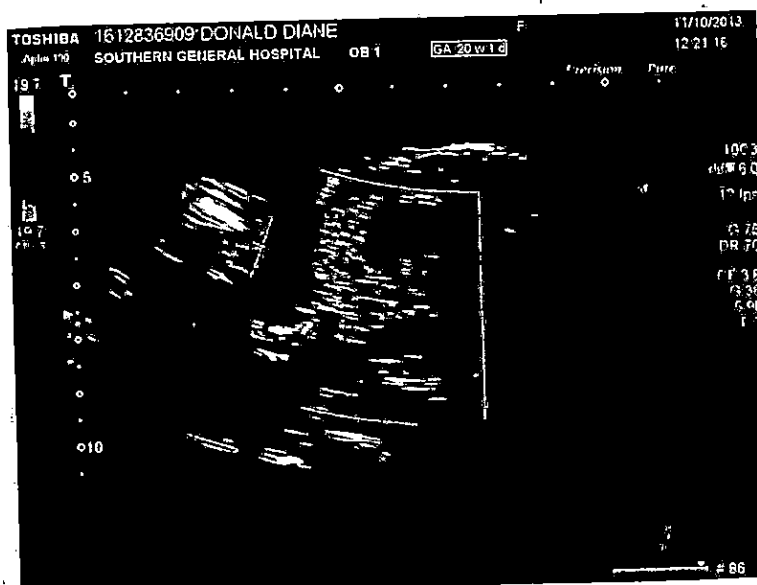
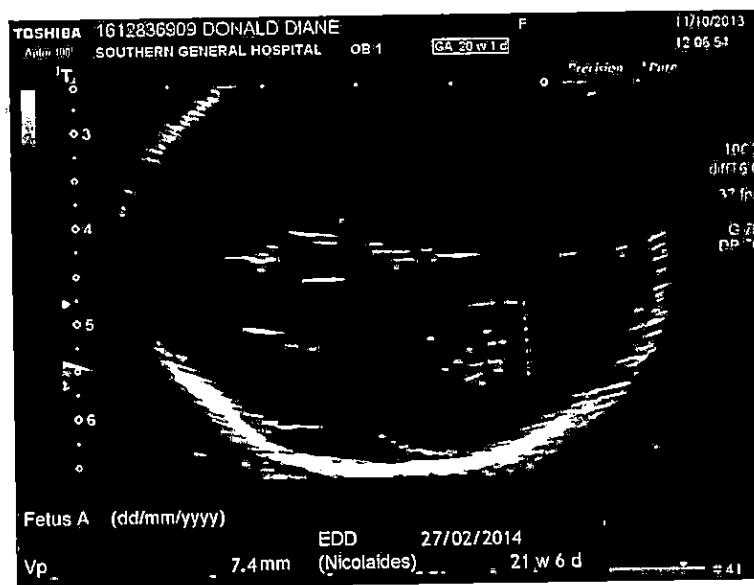
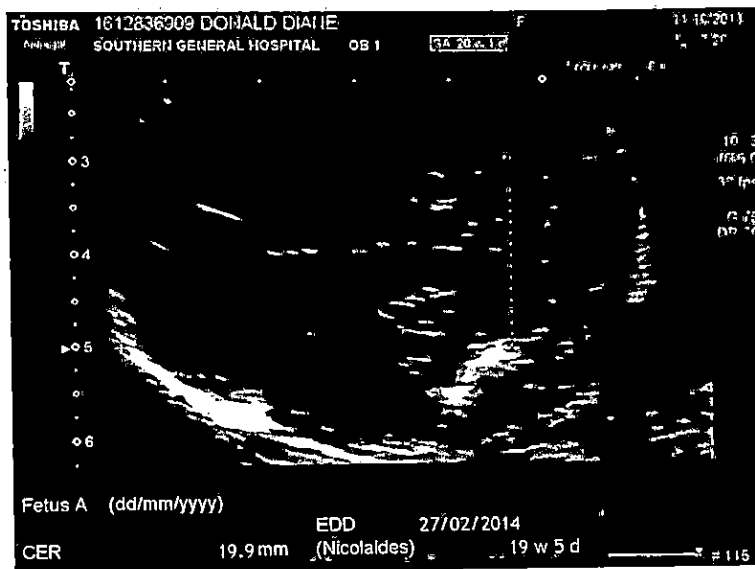
Campbell (AC) 353 g 0.78 lbs

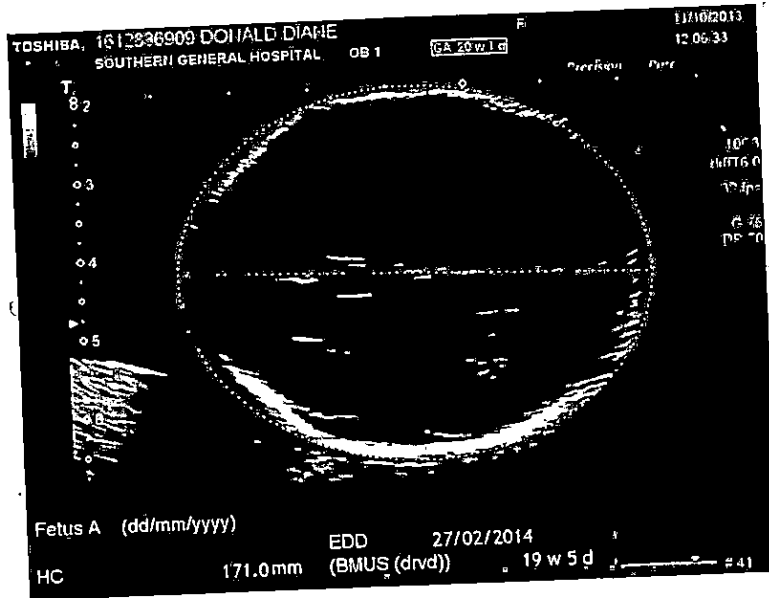
HC	BMUS (drvd)	171.0 mm	19w5d	28tile	162.0 - 190.3mm	171.0	
AC	BMUS (drvd)	152.0 mm	20w4d	68tile	132.9 - 162.7mm	152.2	151.7
FL	BMUS	32.3 mm	20w1d	45tile	28.6 - 36.1mm	32.3	
CER	Nicolaides	19.9 mm	19w5d	34tile	18.2 - 23.1mm	19.9	
Vp	Nicolaides	7.4 mm	21w6d	58tile	5.5 - 8.9mm	7.4	













1612836909

DONALD

Diane

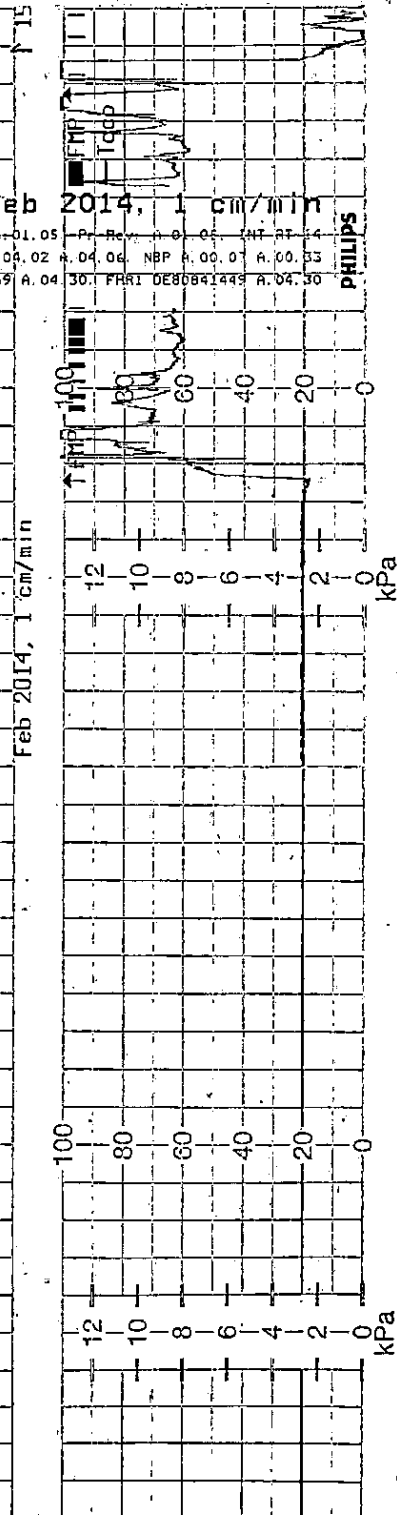
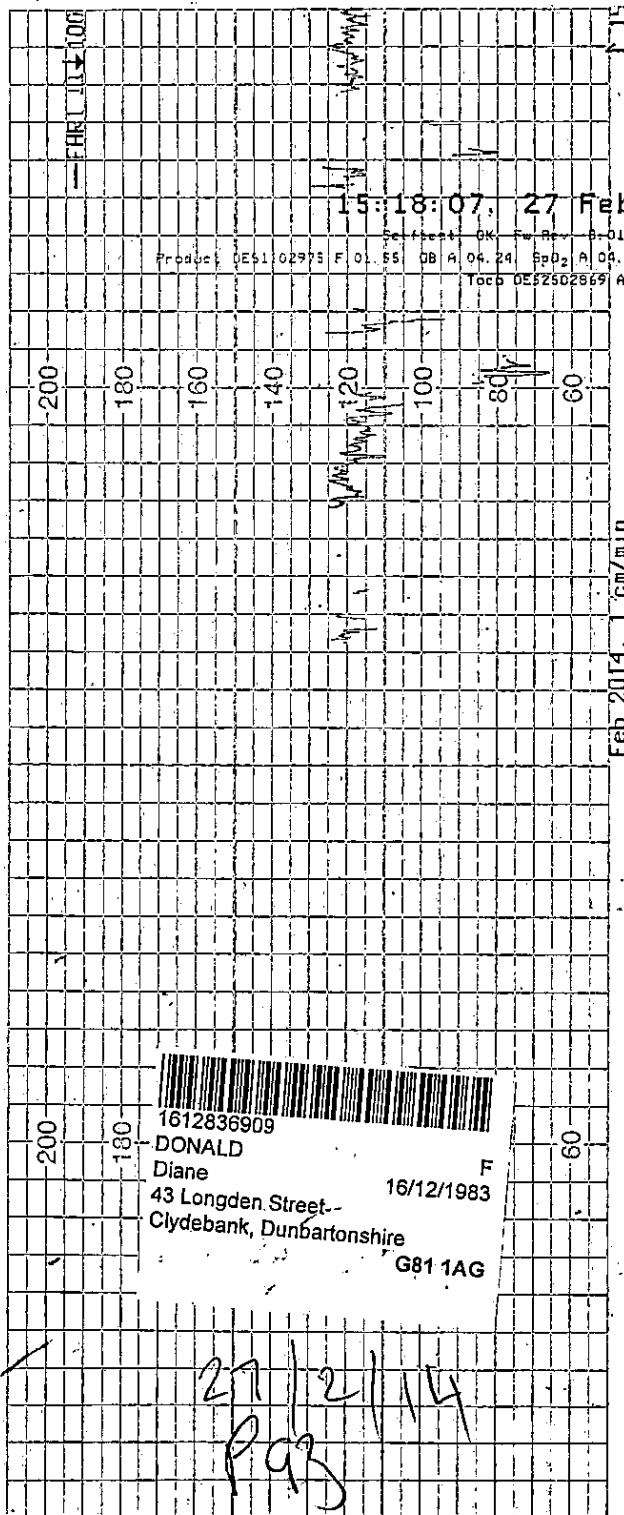
43 Longden Street

Clydebank, Dunbartonshire

F
16/12/1983

G81 1AG

CTG's



PHILIPS

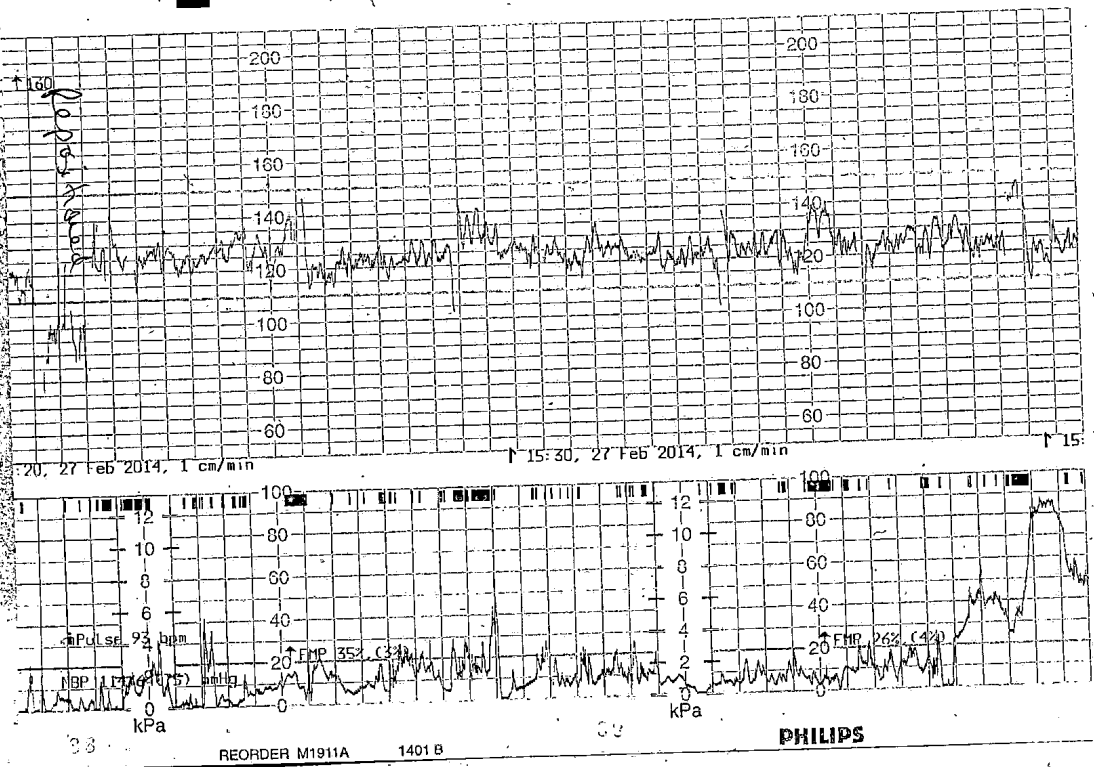
kPa

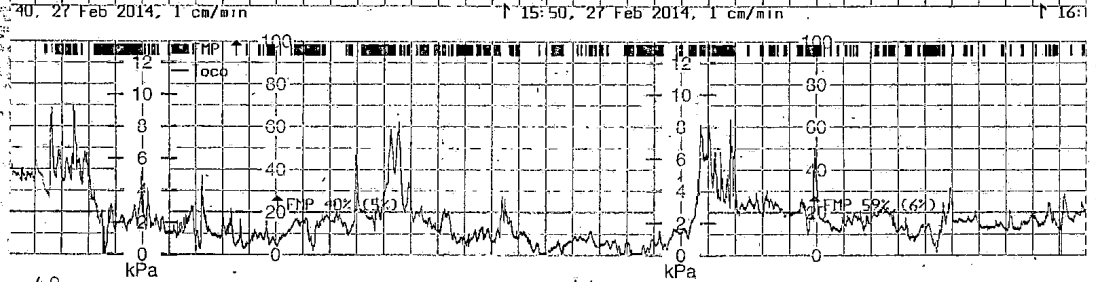
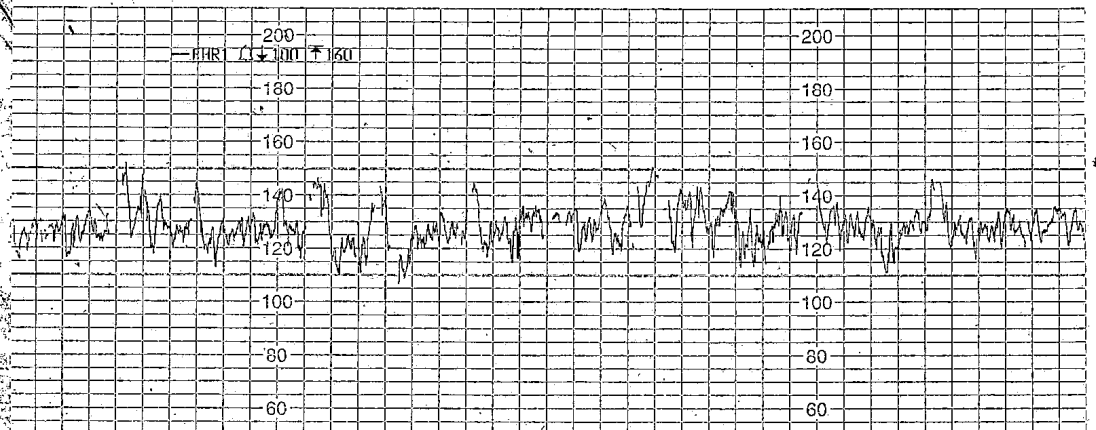
37

REORDER M1911A 1401 B

kPa

36





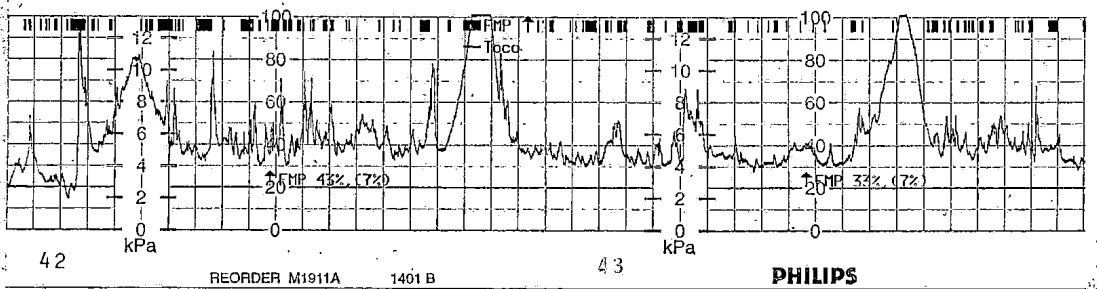
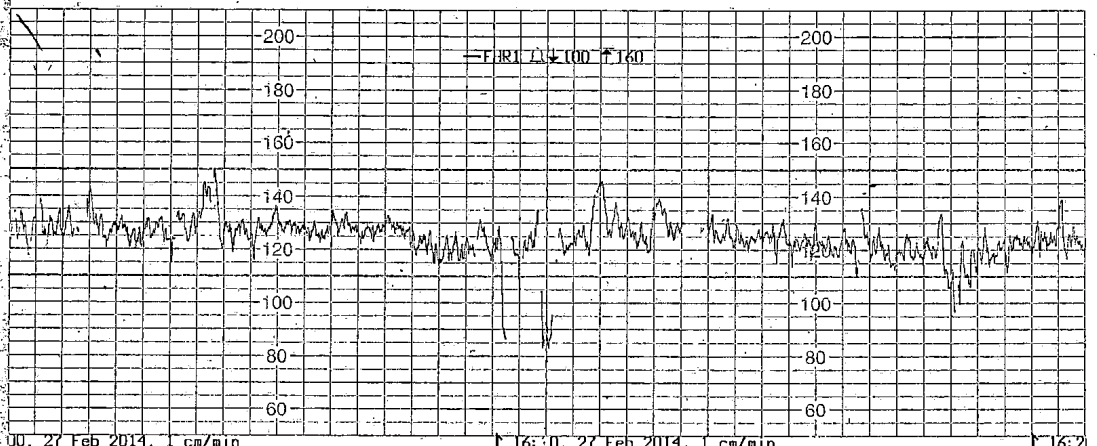
40

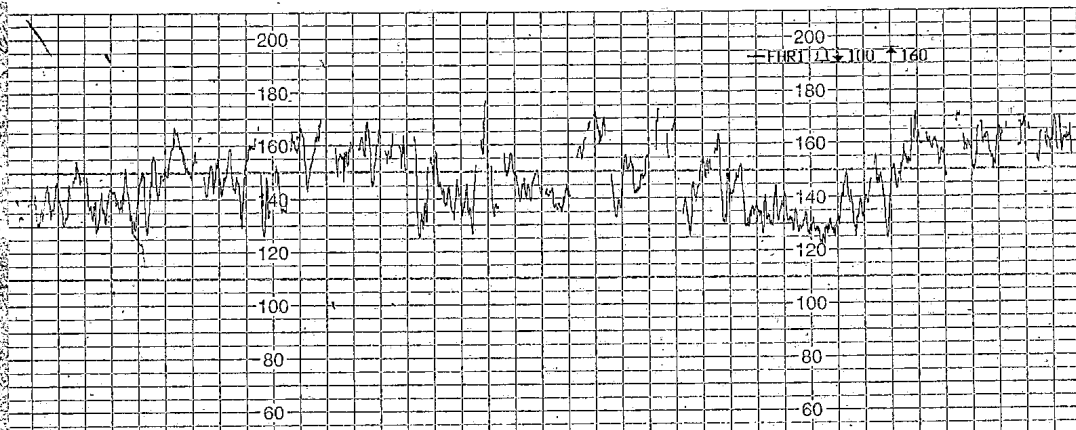
REORDER M1911A

1401 B

41

PHILIPS

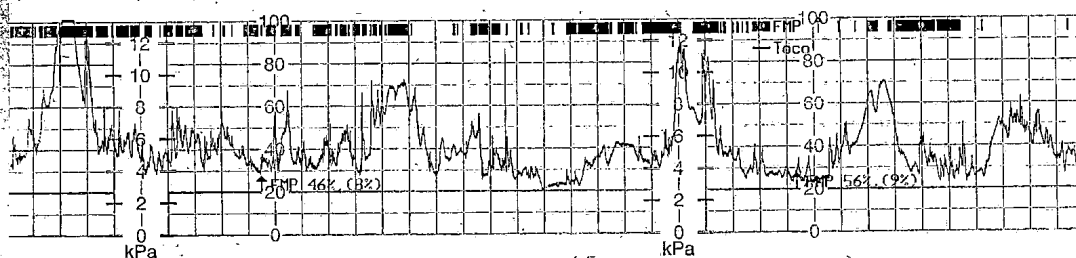




0, 27 Feb 2014, 1 cm/min

16:30, 27 Feb 2014, 1 cm/min

16:40



44

kPa

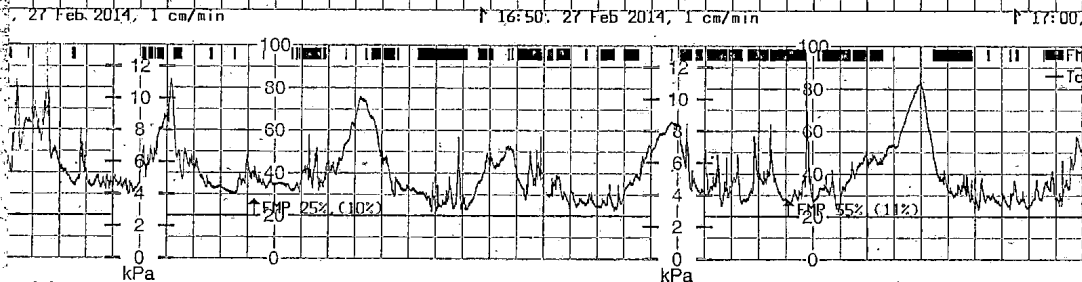
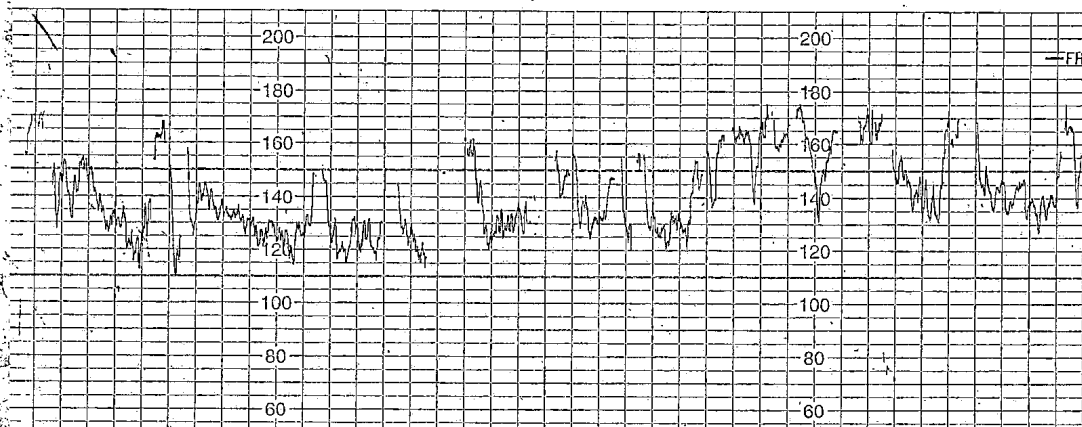
REORDER M1911A

1401 B

45

kPa

PHILIPS



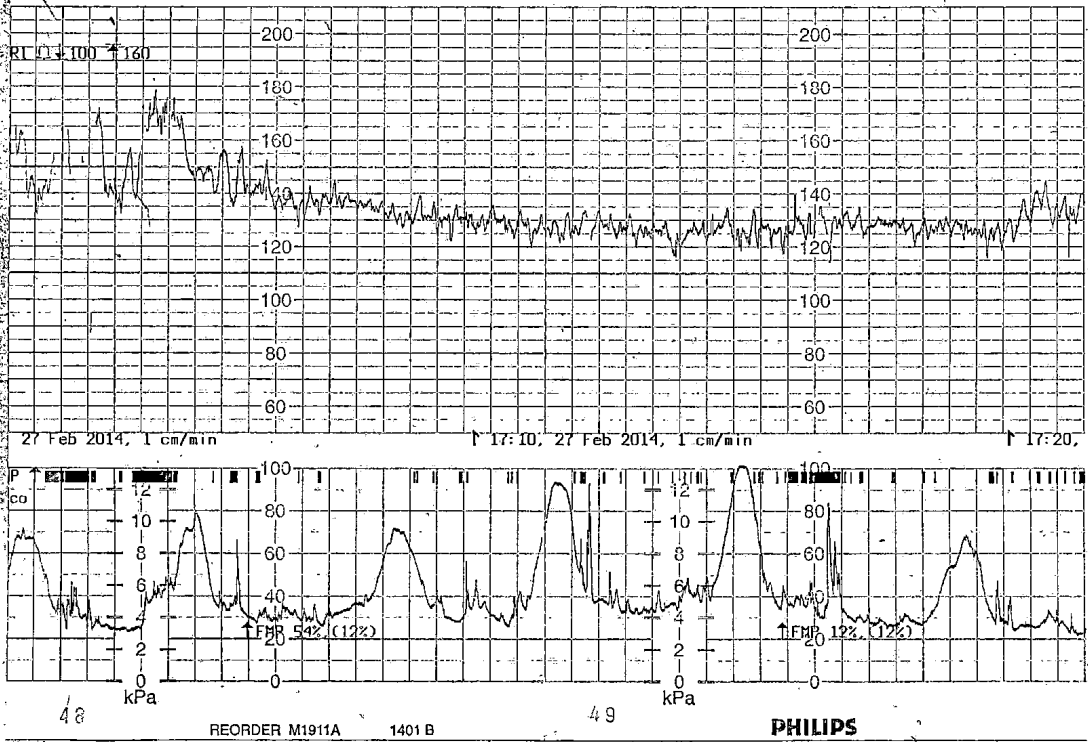
46

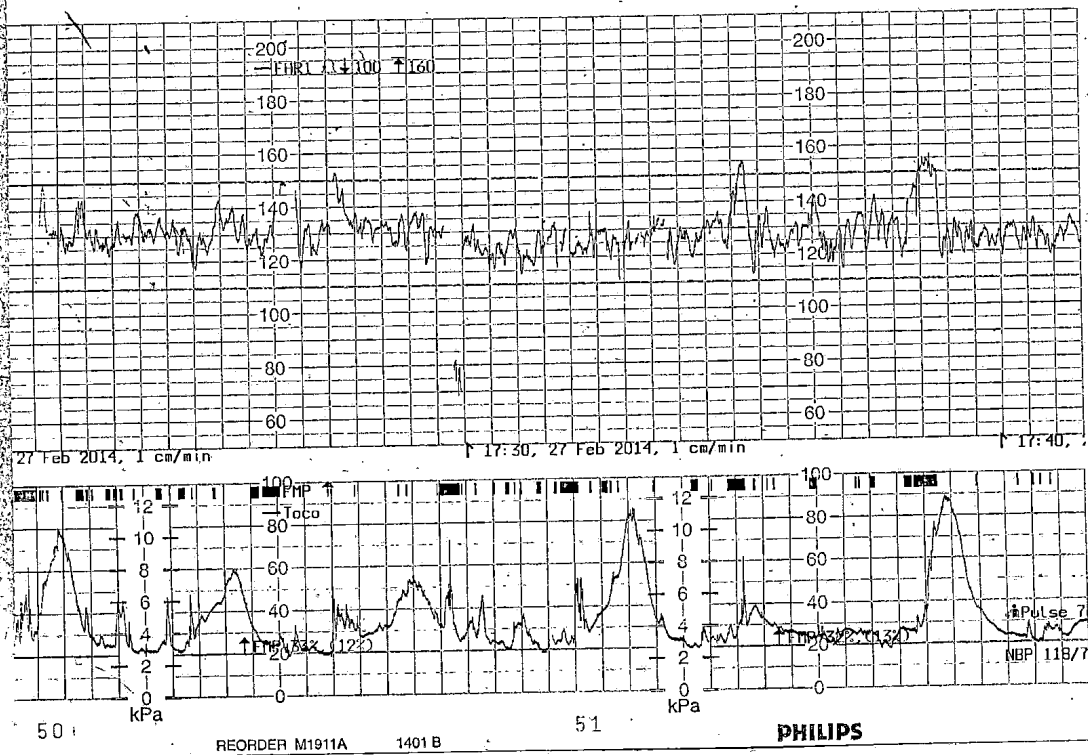
REORDER M1911A

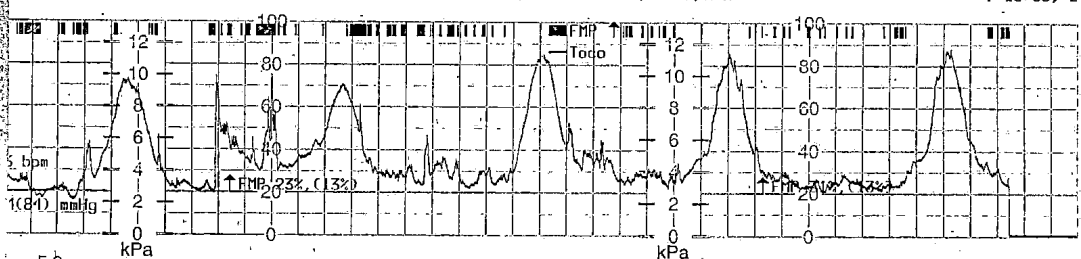
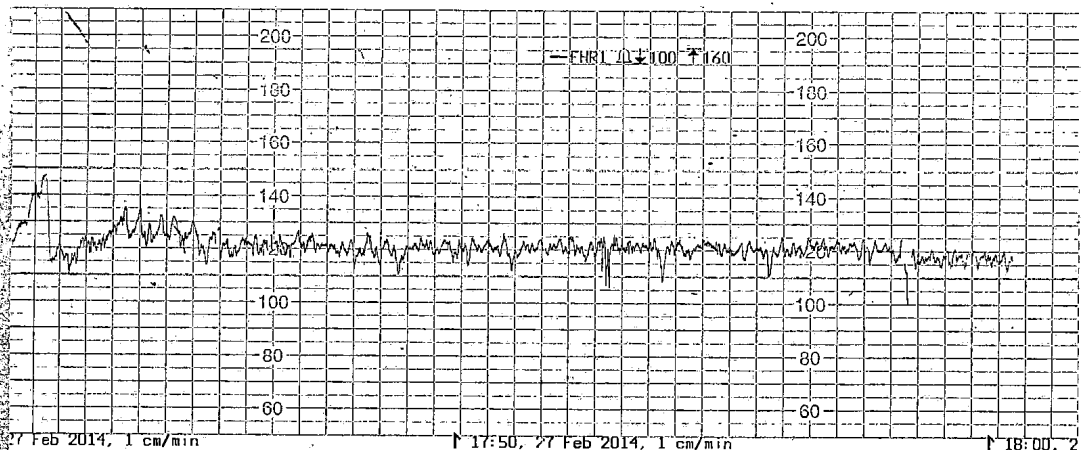
1401 B

47

PHILIPS







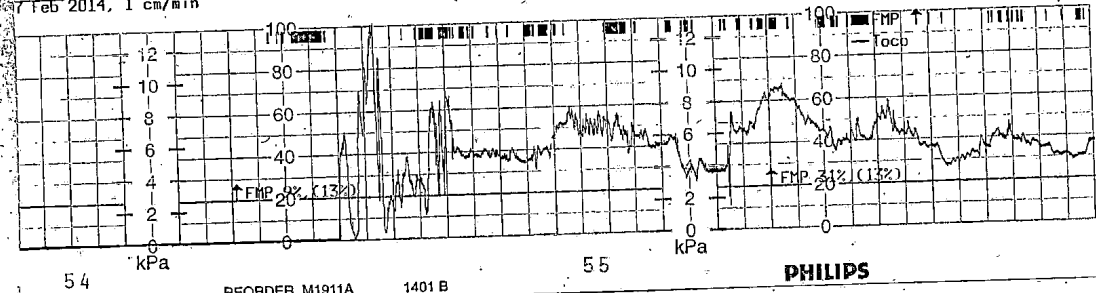
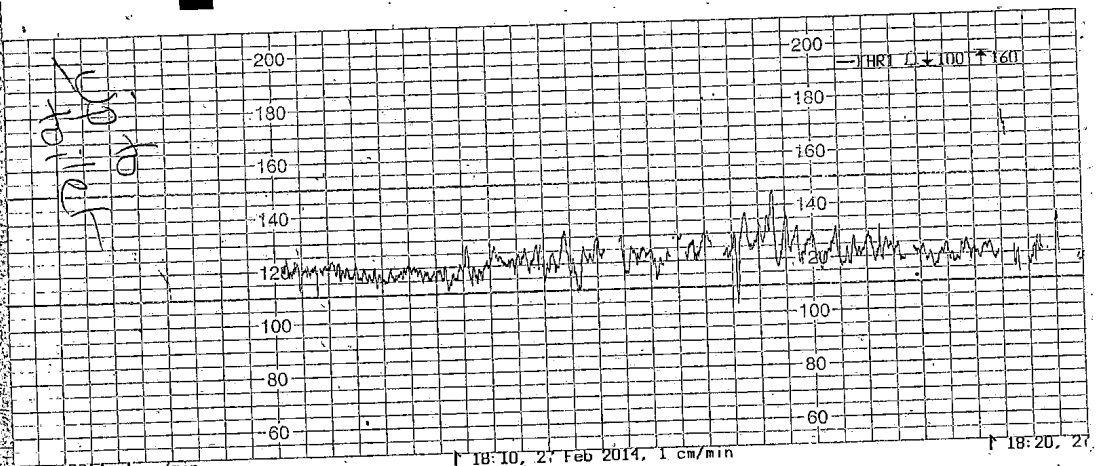
52

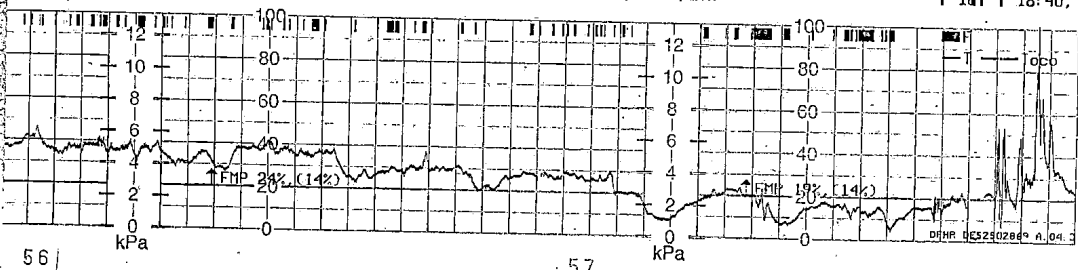
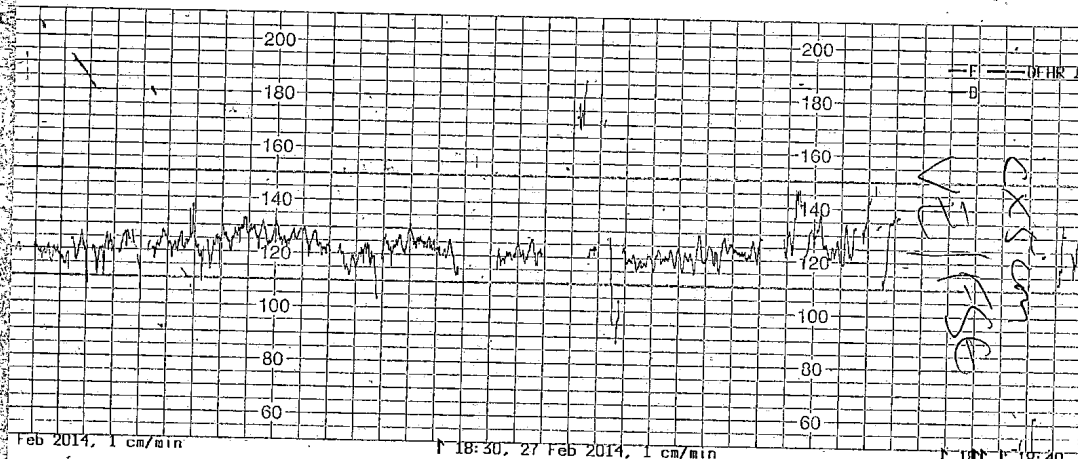
REORDER M1911A

1401 B

53

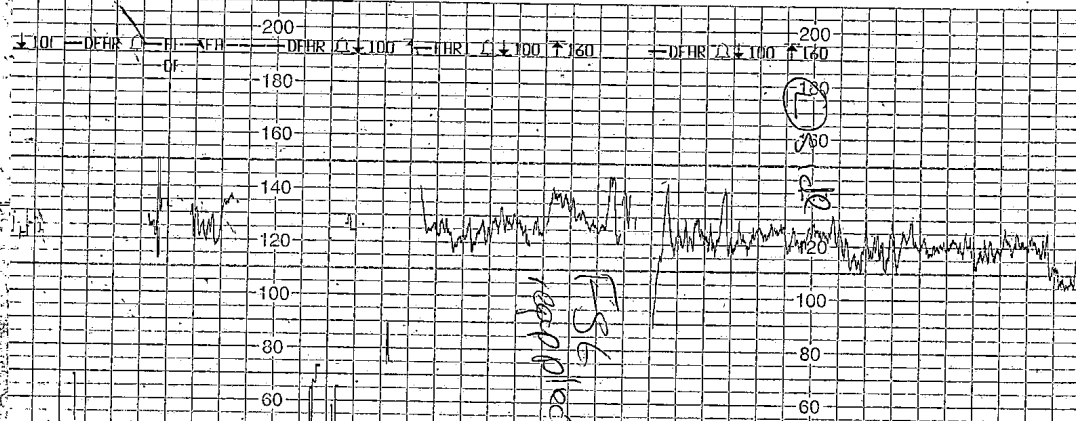
PHILIPS



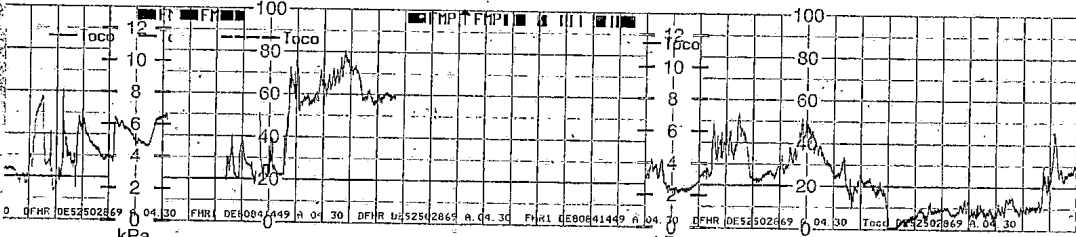


REORDER M1911A 1401 B

PHILIPS



27 Feb 2014, 18:42, 18:46, 18:50, 18:53, 19:00, 27 Feb 2014, 1 cm/min



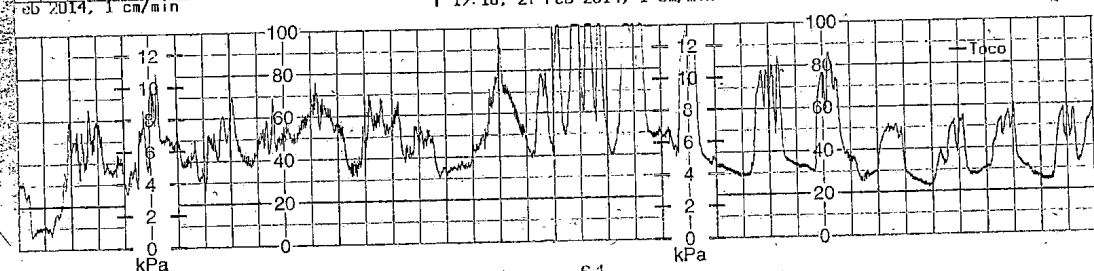
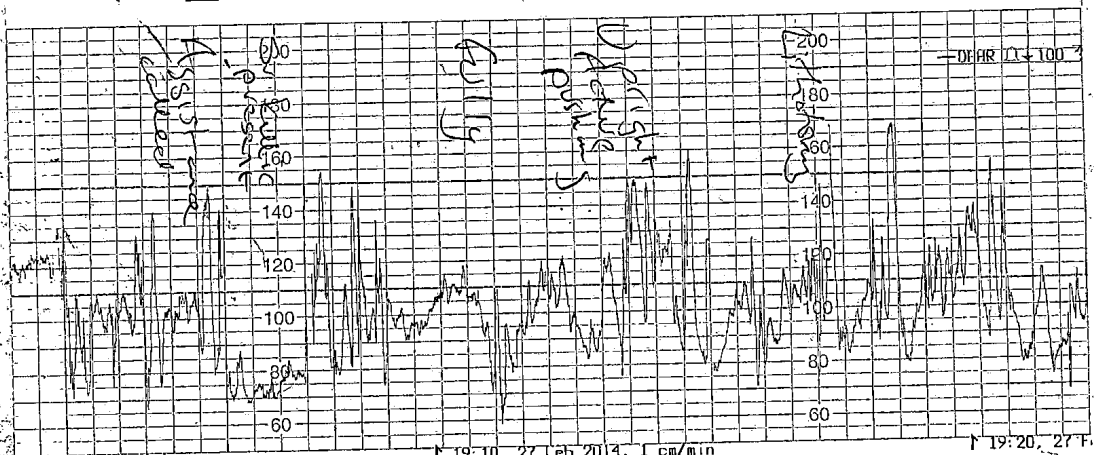
58

REORDER M1911A

1401 B

59

PHILIPS



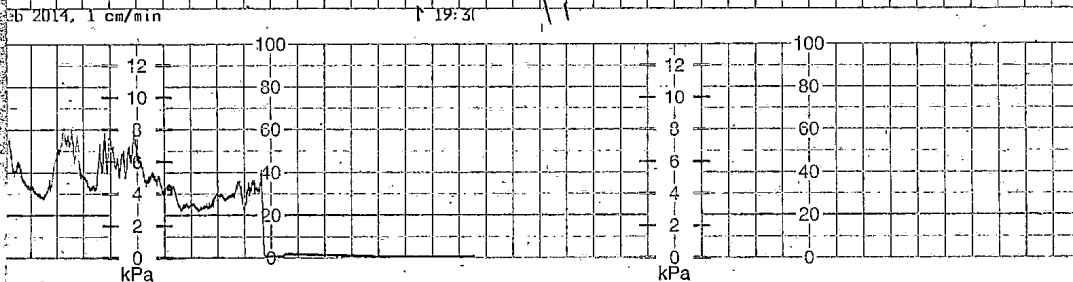
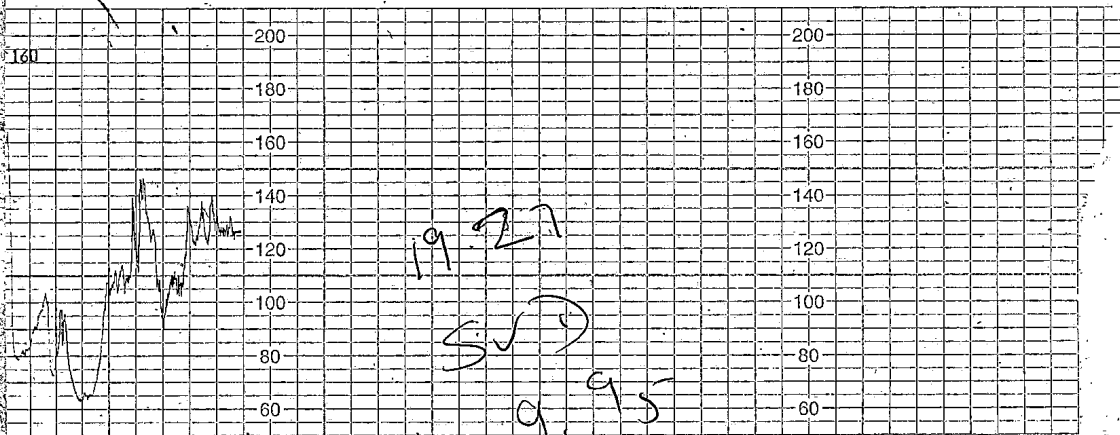
60

REORDER M1911A

1401 B

61

PHILIPS



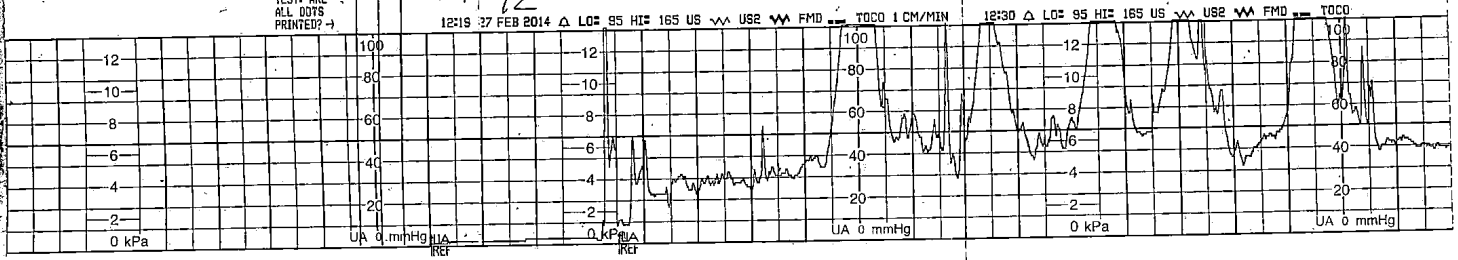
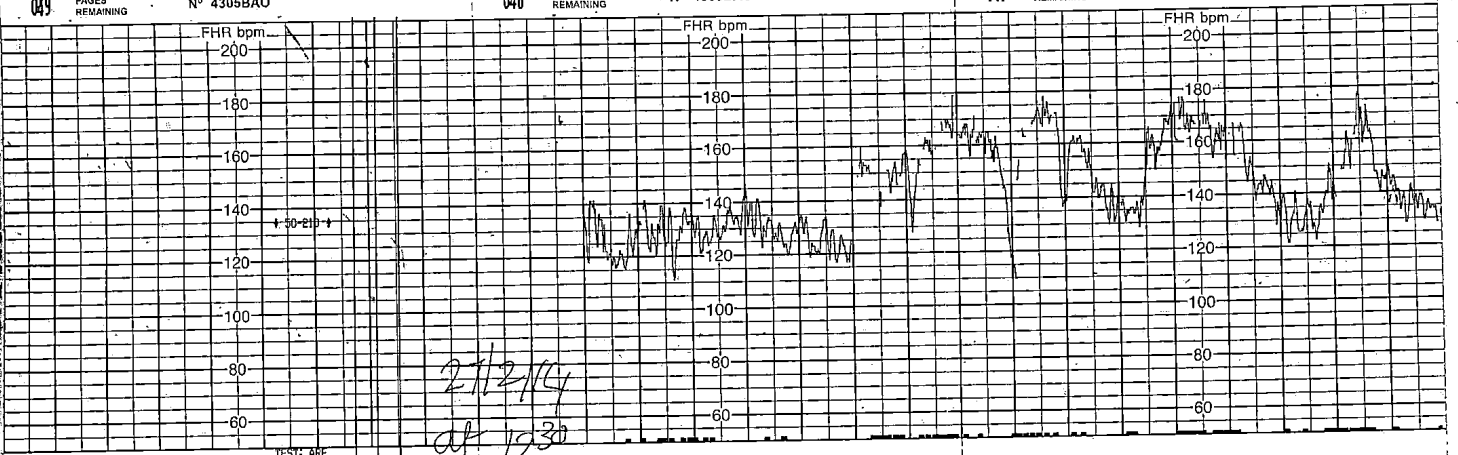
62

REORDER M1911A

1401 B

63

PHILIPS



YES: ARE
ALL DOYS
PRINTED? →

12:19 27 FEB 2014 Δ LO: 85 HI: 165 US: ~ USE ~ FMD ~ TOCO 1 CM/MIN

12:30 Δ LO: 85 HI: 165 US: ~ USE ~ FMD ~ TOCO

12
10
8
6
4
2
0 kPa

100
80
60
40
20
0 mmHg

12
10
8
6
4
2
0 kPa

100
80
60
40
20
0 mmHg

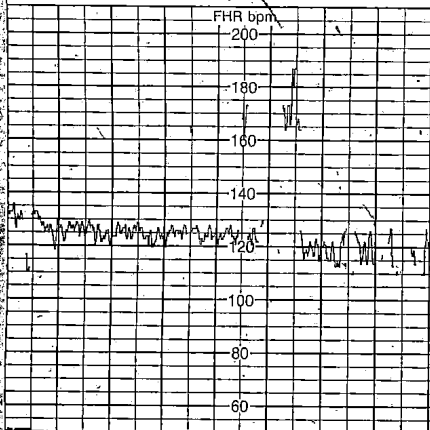
12
10
8
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0 kPa

100
80
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40
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0 mmHg

046

PAGES
REMAINING

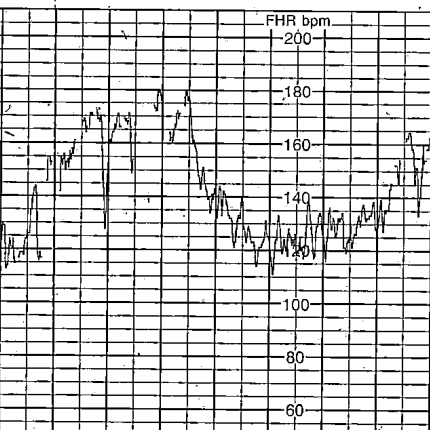
N° 4305BAO



045

PAGES
REMAINING

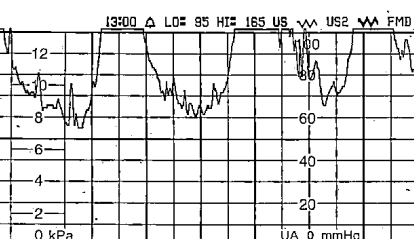
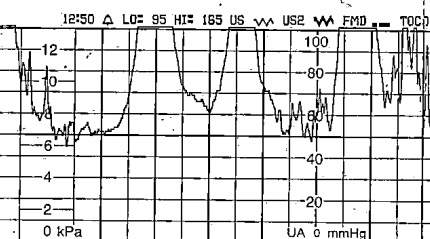
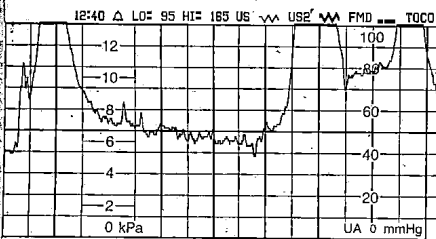
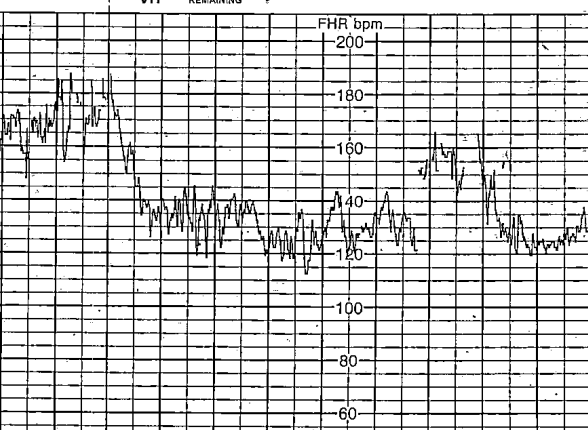
N° 4305BAO



044

PAGES
REMAINING

N° 4305BAO



043

PAGES
REMAINING

N° 4305BAO

FHR bpm

200

180

160

140

120

100

80

60

042

PAGES
REMAINING

N° 4305BAO

FHR bpm

200

180

160

140

120

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041

PAGES
REMAINING

N° 4305BAO

FHR bpm

200

180

160

140

120

100

80

60

TEST ARE
ALL DOTS
PRINTED? →

13:40 Δ LQ= 95 HI= 165 US VV US2 VV FMD TOCO

13:20 Δ LQ= 95 HI= 165 US VV US2 VV FMD TOCO

13:32 27 FEB 1

12

10

8

6

4

2

0 kPa

100

80

60

40

20

0 mmHg

UA 0 mmHg

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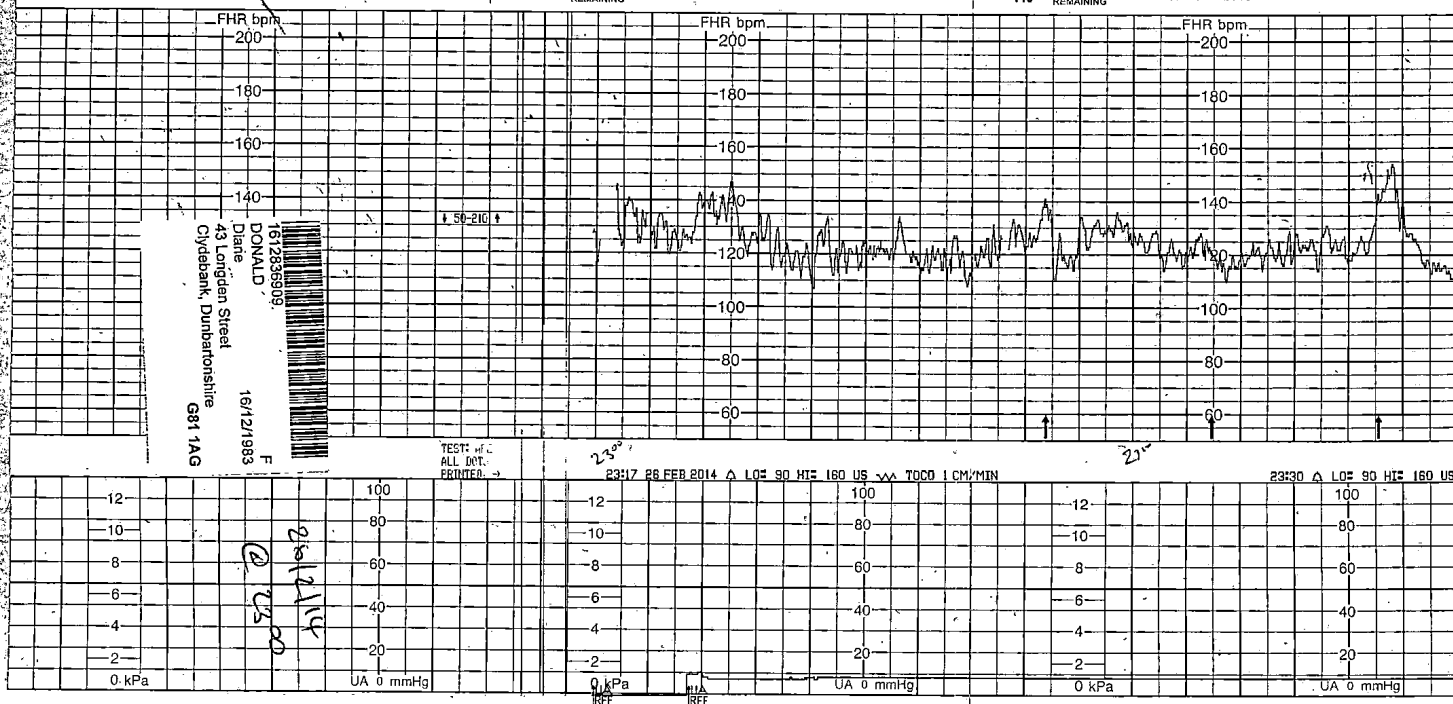
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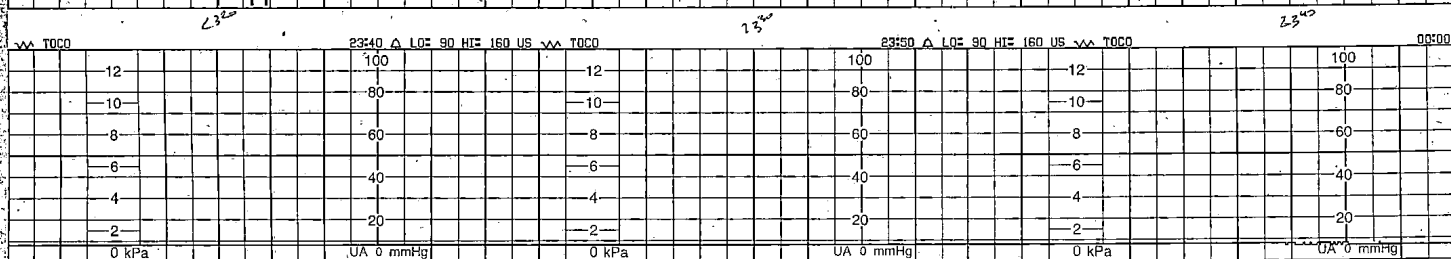
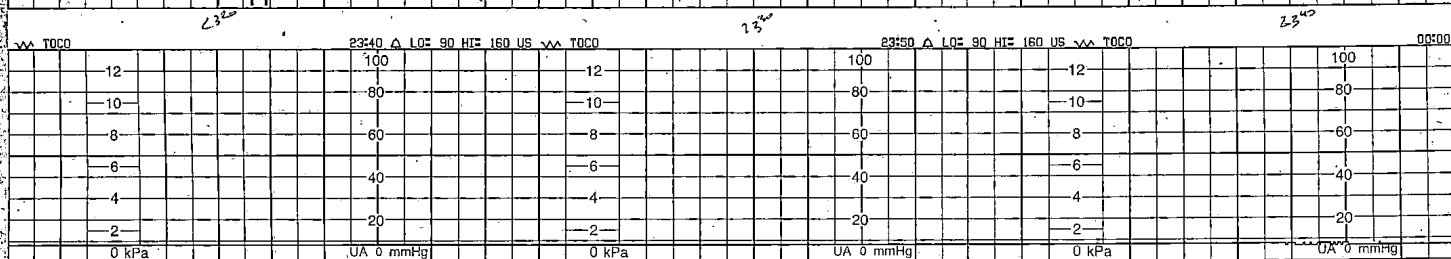
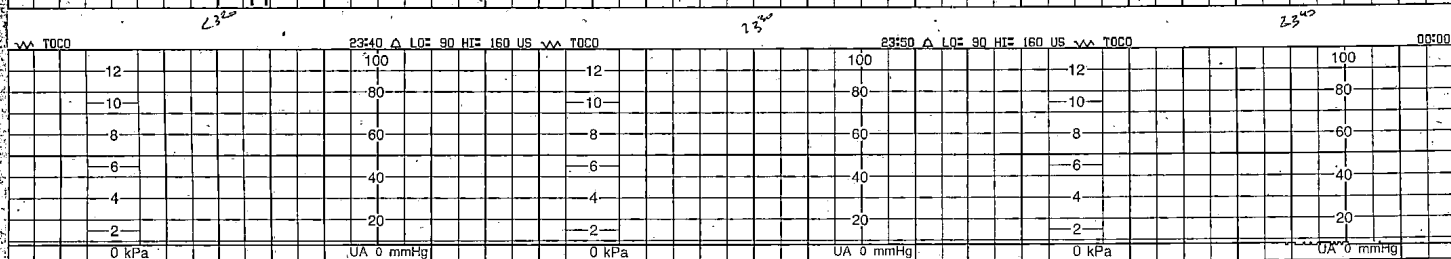
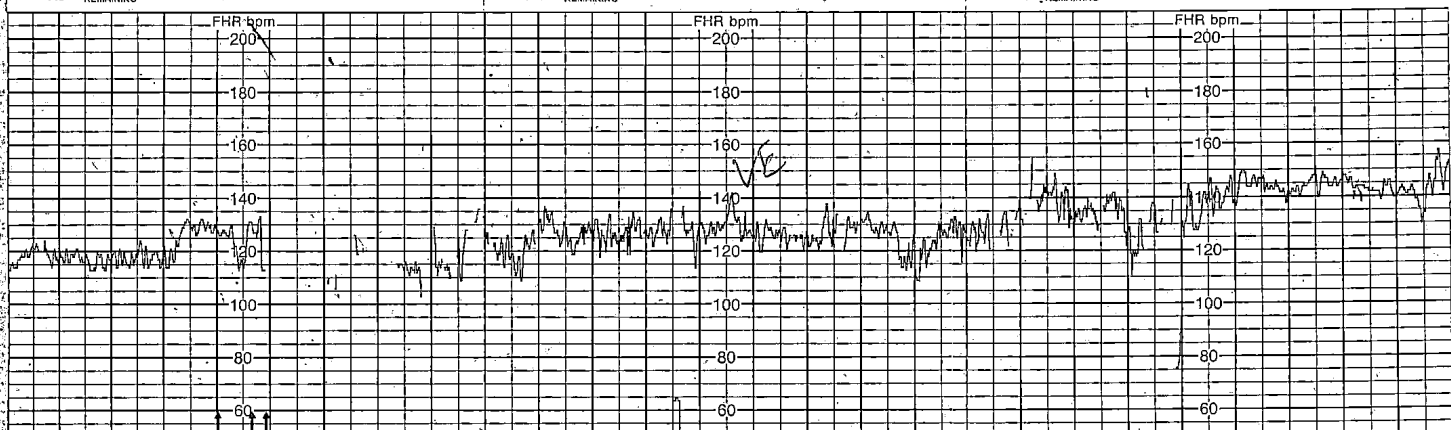
RET

RET

RET

RET





112

PAGES
REMAINING

N° 4305BAO

111

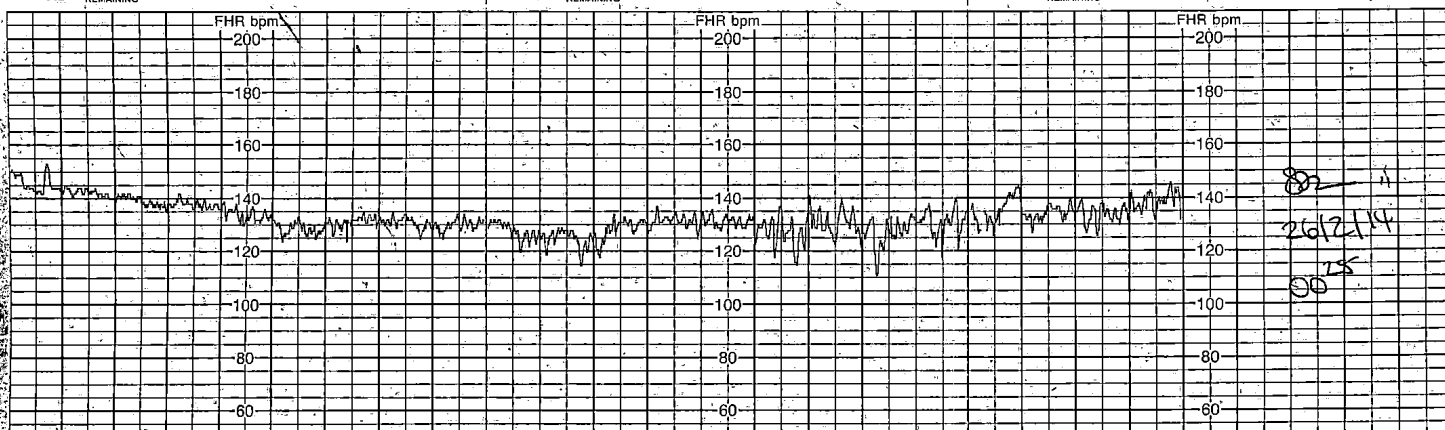
PAGES
REMAINING

N° 4305BAO

110

PAGES
REMAINING

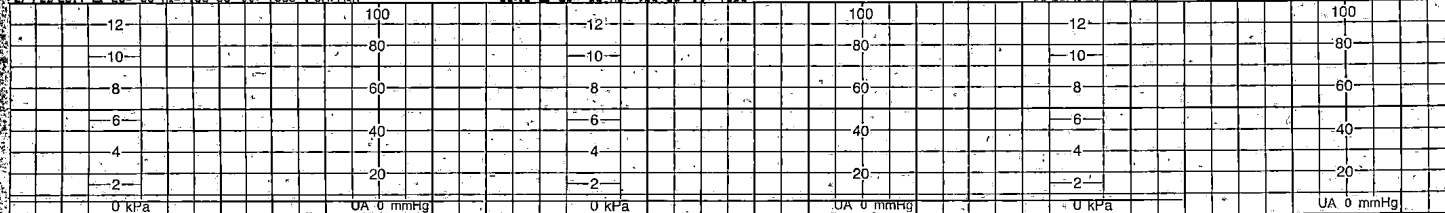
N° 4305BAO



27 FEB 2014 Δ LO= 90 HI= 160 US VV TOCO 1 CM/MIN

00:10 Δ LO= 90 HI= 160 US VV TOCO

00:20 Δ LO= 90 HI= 160



050 PAGES
REMAINING

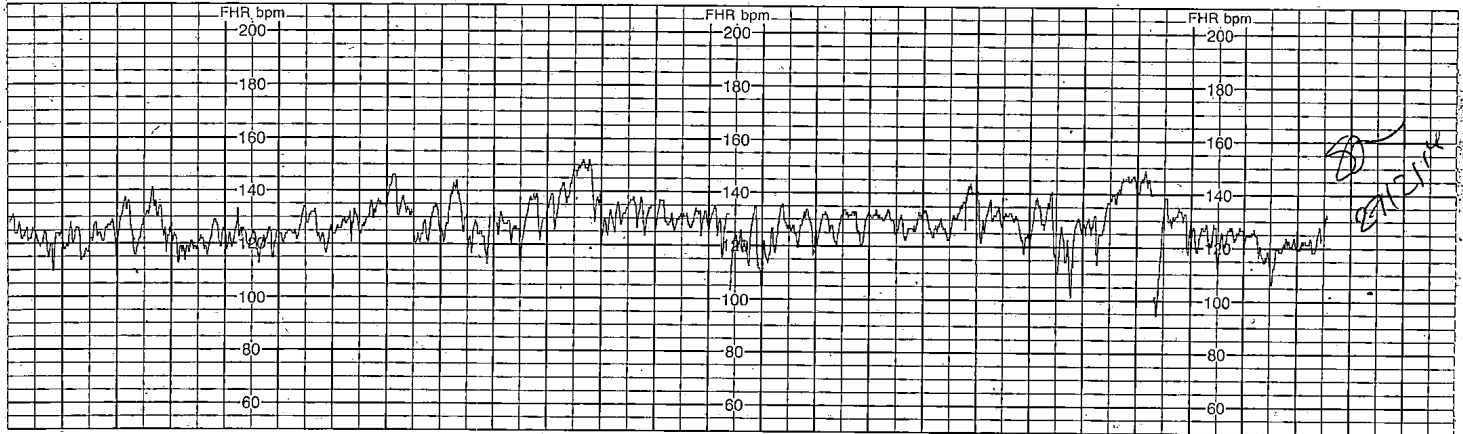
N° 4305BAO

049 PAGES
REMAINING

N° 4305BAO

048 PAGES
REMAINING

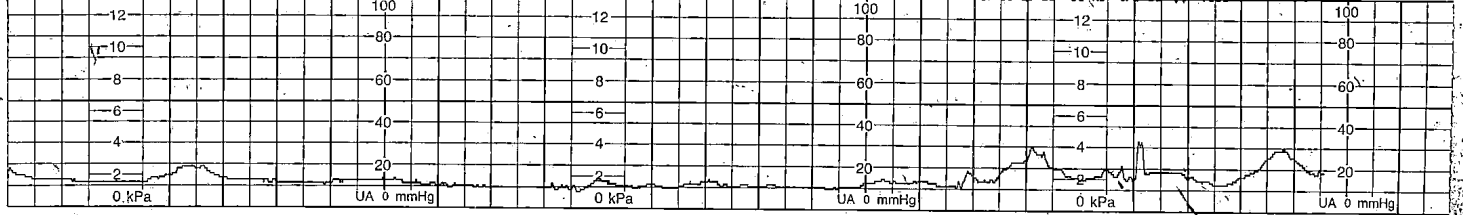
N° 4305BAO



10 HT 170 US 7000

08:50 10 50 HT 170 US 7000

07:00 10 50 HT 170 US 7000



053

PAGES
REMAINING

N° 4305BAQ

052

PAGES
REMAINING

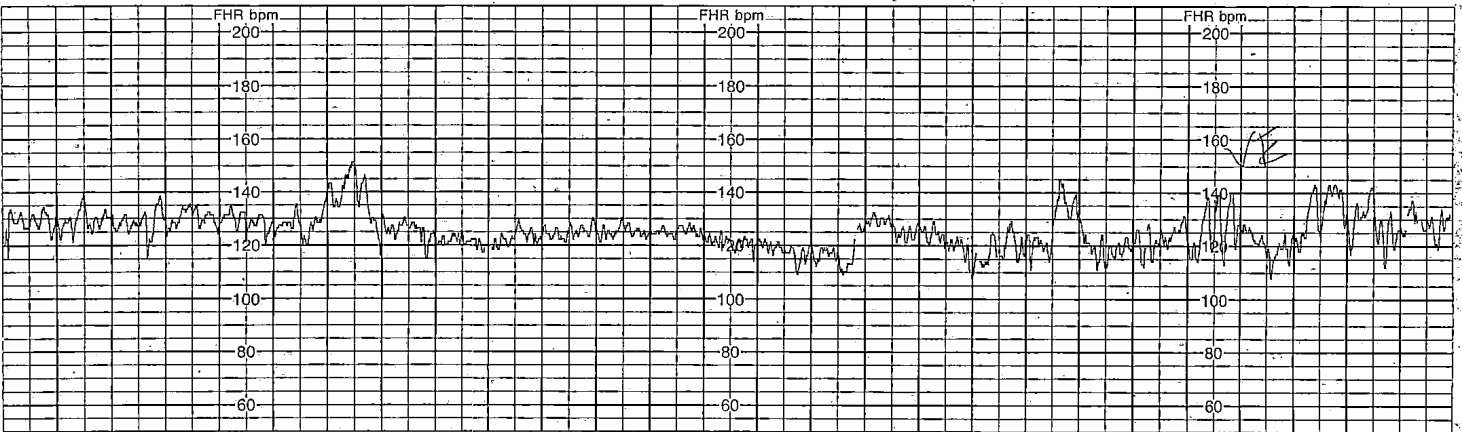
N° 4305BAQ

051

PAGES
REMAINING

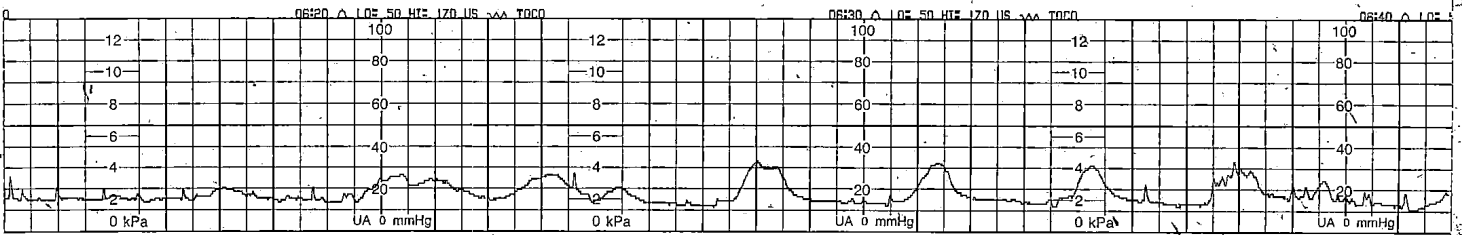
N° 4305BAQ

FHR bpm
200
180
160
140
120
100
80
60



FHR bpm
200
180
160
140
120
100
80
60

FHR bpm
200
180
160
140
120
100
80
60



056

PAGES
REMAINING

N° 4305BAO

055

PAGES
REMAINING

N° 4305BAO

054

PAGES
REMAINING

N° 4305BAO

FHR bpm

200

180

160

140

120

100

80

60

40

20

0

-20

-40

-60

-80

-100

-120

-140

-160

-180

-200

-220

-240

-260

-280

-300

-320

-340

-360

-380

-400

-420

-440

-460

-480

-500

-520

-540

-560

-580

-600

-620

-640

-660

-680

-700

-720

-740

-760

-780

-800

-820

-840

-860

-880

-900

-920

-940

-960

-980

-1000

-1020

-1040

-1060

-1080

-1100

-1120

-1140

-1160

-1180

-1200

-1220

-1240

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-1280

-1300

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-1800

-1820

-1840

-1860

-1880

-1900

-1920

-1940

-1960

-1980

-2000

-2020

-2040

-2060

-2080

-2100

-2120

-2140

-2160

-2180

-2200

-2220

-2240

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-2780

-2800

-2820

-2840

-2860

-2880

-2900

-2920

-2940

-2960

-2980

-3000

-3020

-3040

-3060

-3080

-3100

-3120

-3140

-3160

-3180

-3200

-3220

-3240

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-4000

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-5120

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-5240

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-6000

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-6080

-6100

-6120

-6140

-6160

-6180

-6200

-6220

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-6560

-6580

-6600

-6620

CTG - LIS 30/12/12

CTG TRACING

NA SG03295684
DIANE DONALD
16/12/1983
G81 4BA
UP Practice Code: 40224
CHI:1612836909

Patient Sample Report

Patient

ID: BOSG03295684
 Last Name: DONALD
 First Name: BABY
 Gender/Age: Male, <1 day
 Birth Date: 30.12.2012

Status: ACCEPTED

Analyzed: 30.12.2012 04:30:27

Sample Type: Venous

Sample Number:

Clinician: 7.30

Operator ID: A BAIN

Analyzer

Model: GEM[®] Premier 4000
 Area: SGHW44
 Name: WARD44
 S/N: 06080142

Measured (37.0°C)

CH	50.2	nmol/L
pCO ₂	4.6	kPa
pO ₂	4.5	kPa
Na ⁺	134	mmol/L
K ⁺	4.5	mmol/L
Cl ⁻	99	mmol/L
Glu	5.5	mmol/L
Lac	4.8	mmol/L

CO-Oximetry

tHb	19.8	g/dL
O ₂ Hb	79.6	%
COHb	4.3	%
MetHb	1.5	%
HHb	14.6	%
sO ₂	84.5	%

Derived

BE(B)	-8.1	mmol/L
HCO ₃ ⁻ (c)	17.2	mmol/L

Operator Entered

Temp	37.0	°C
------	------	----

O2 and Vent Settings

FIO ₂		%
------------------	--	---

Patient Sample Report

Patient

ID: BOSG03295684
 Last Name: DONALD
 First Name: BABY
 Gender/Age: Male, <1 day
 Birth Date: 30.12.2012

Status: ACCEPTED

Analyzed: 30.12.2012 04:26:24

Sample Type: Arterial

Sample Number:

Clinician: 7.28

Operator ID: A BAIN

Analyzer

Model: GEM[®] Premier 4000
 Area: SGHW44
 Name: WARD44
 S/N: 06080143

Measured (37.0°C)

CH	↑ 53.6	nmol/L
pCO ₂	5.5	kPa
pO ₂	↓ 3.5	kPa
Na ⁺	↓ 134	mmol/L
K ⁺	↑ 4.8	mmol/L
Cl ⁻	100	mmol/L
Glu	5.1	mmol/L
Lac	↑ 4.9	mmol/L

CO-Oximetry

tHb	↑ 19.1	g/dL
O ₂ Hb	↓ 60.0	%
COHb	↑ 4.3	%
MetHb	1.1	%
HHb	↑ 34.5	%
sO ₂	↓ 63.5	%

Derived

BE(B)	↓ -7.7	mmol/L
HCO ₃ ⁻ (c)	↓ 18.8	mmol/L

Operator Entered

Temp	37.0	°C
------	------	----

O2 and Vent Settings

FIO ₂		%
------------------	--	---

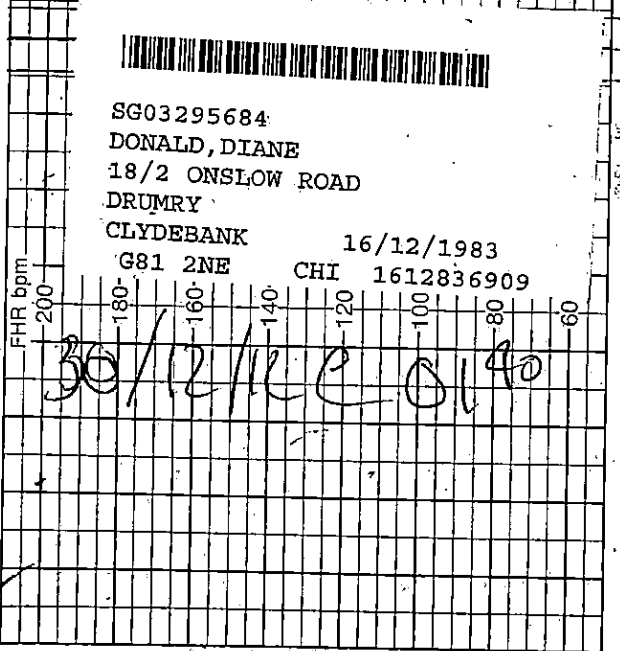
↑↓ Outside Reference Range

↑↑↓↓ Outside Critical Range

118

PAGES
REMAINING

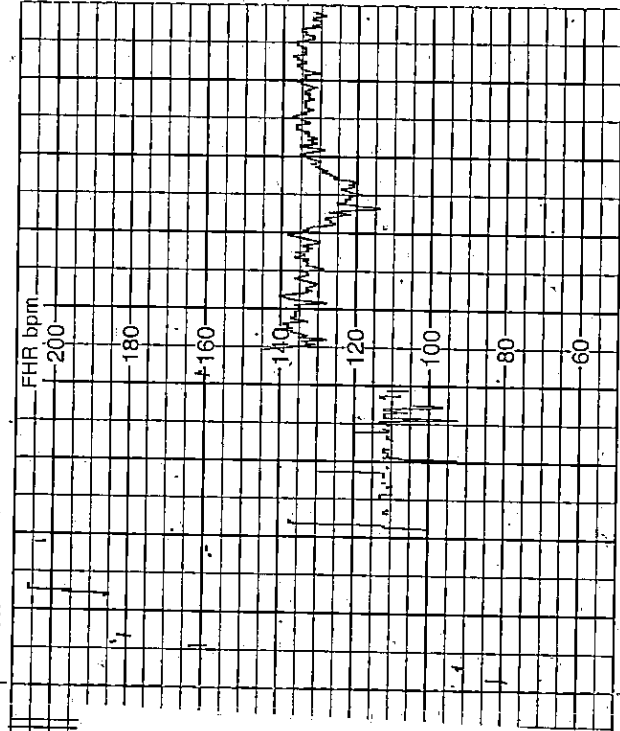
N° 4305BAO



117

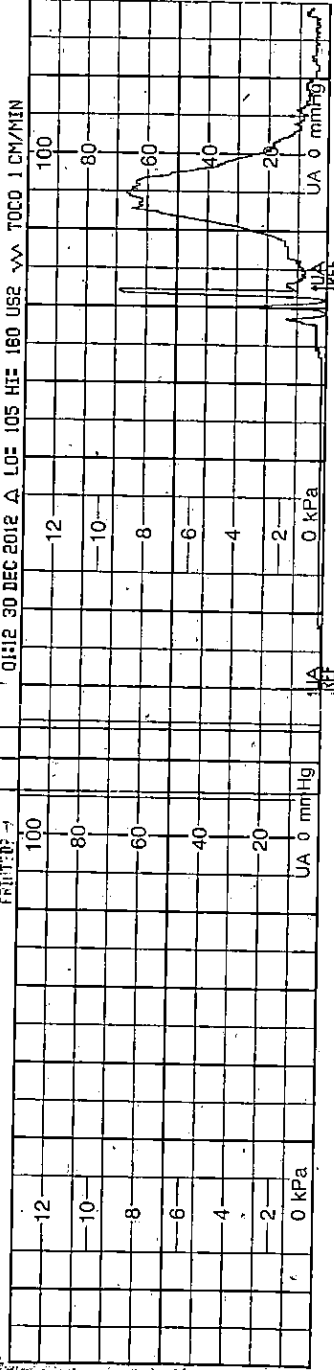
PAGES
REMAINING

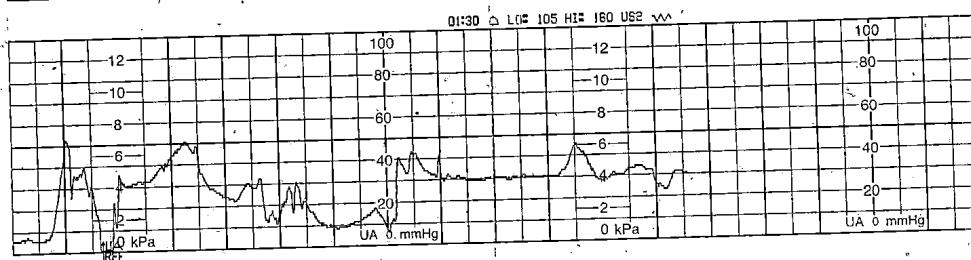
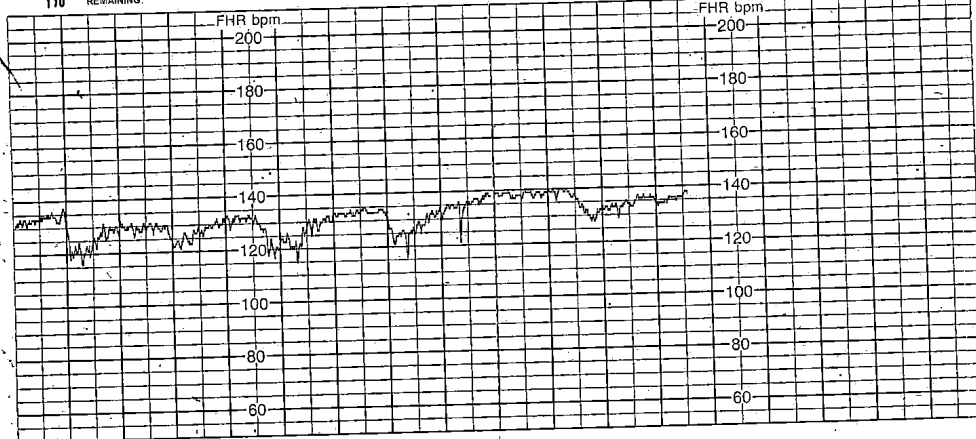
N° 4305BAO

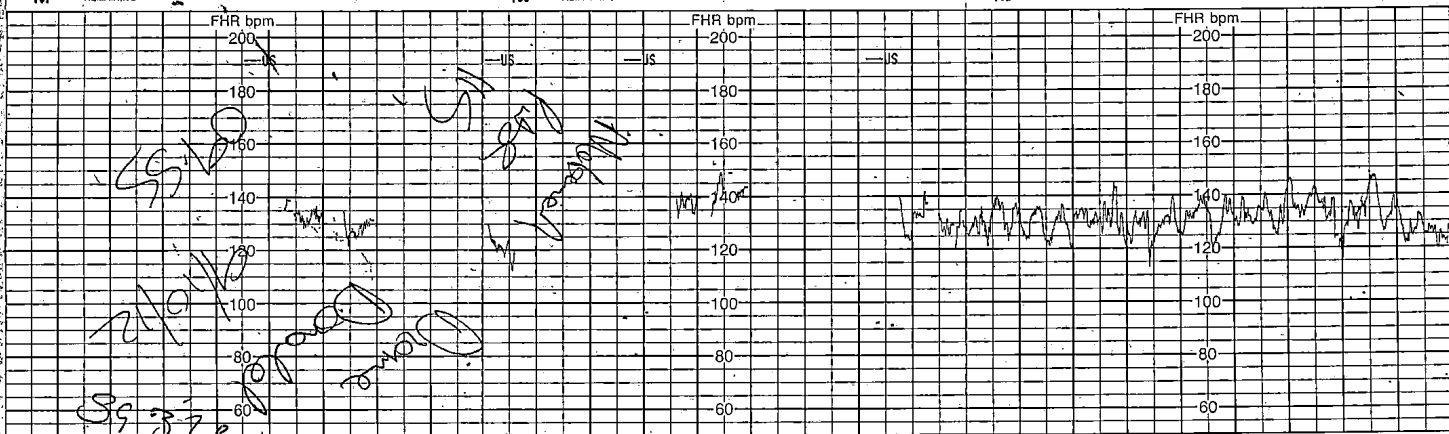


RES. ARE
GUT. DOTS
FRONTIER

01:12 30 DEC 2012 Δ LO= 105 HI= 160 US2 VV T0C0 1 CM/MIN







SG03295684
DONALD, DIANE
18/2 ONSLOW ROAD
DRUMRY
CLYDEBANK 16/12/1983
G81 2NE CHI 1612836909

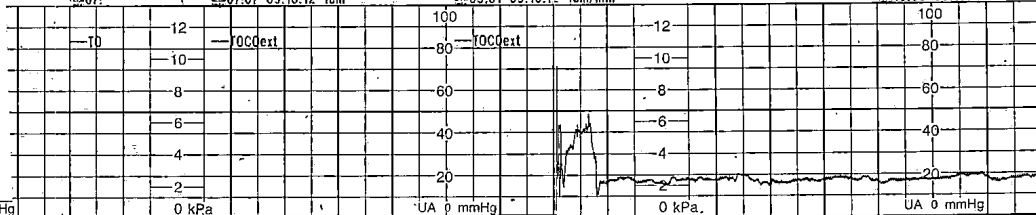
UA 0 mmHg

07:07

07:07 09.10.12 1cm

09:51 09.10.12 1cm/min

10:00 09.10.12 1cm/min



UA 0 mmHg

0 kPa

UA 0 mmHg

104

PAGES
REMAINING

N° 4305BAO

103

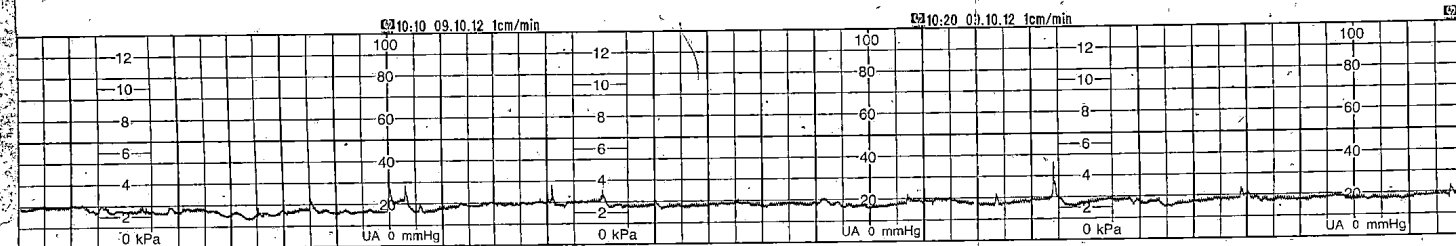
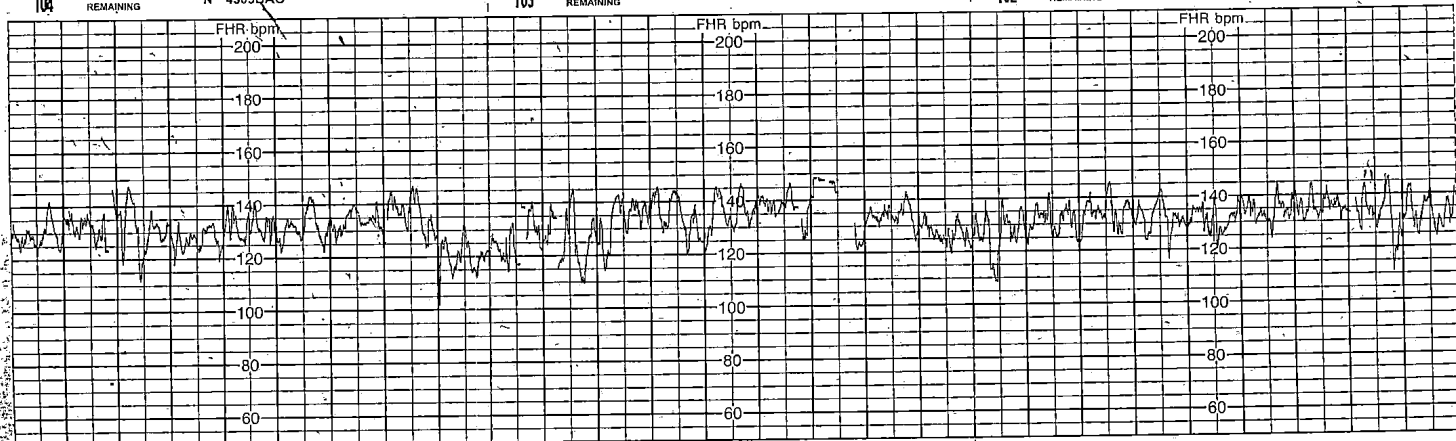
PAGES
REMAINING

N° 4305BAO

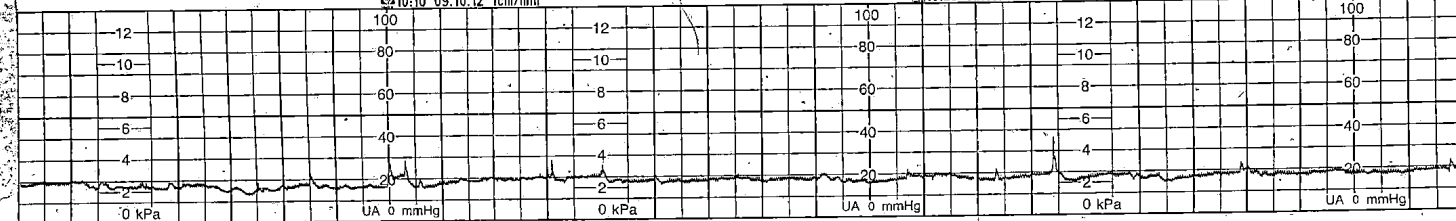
102

PAGES
REMAINING

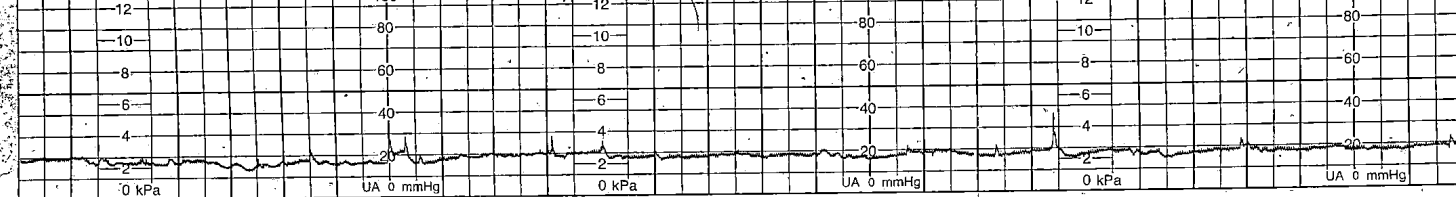
N° 4305BAO



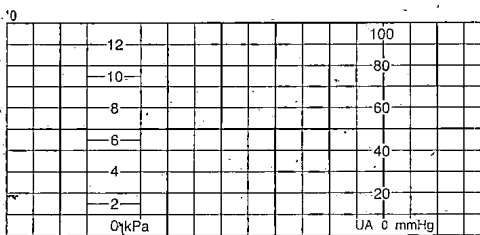
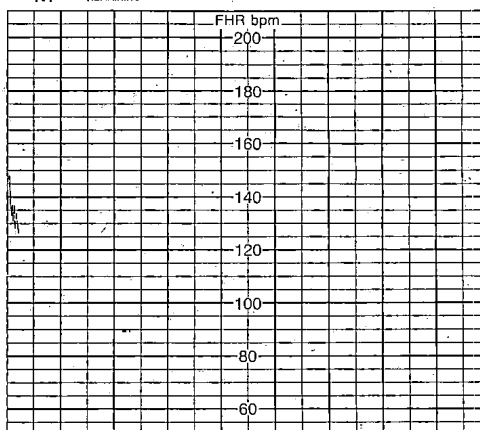
09:10:20 09:10:12 1cm/min

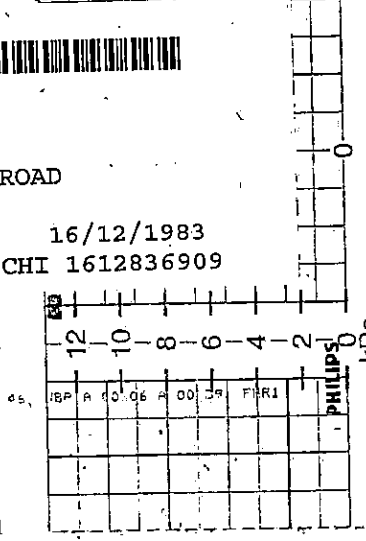
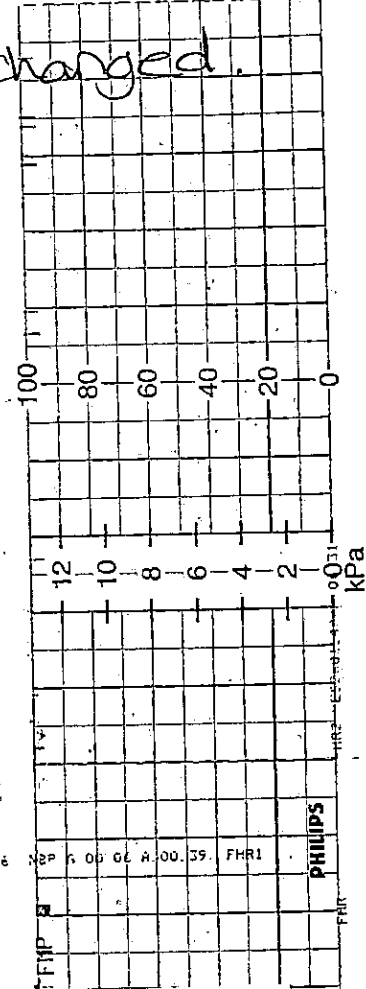
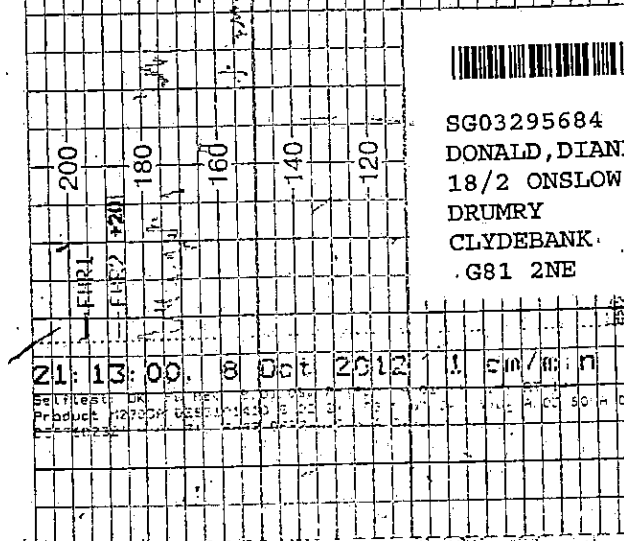
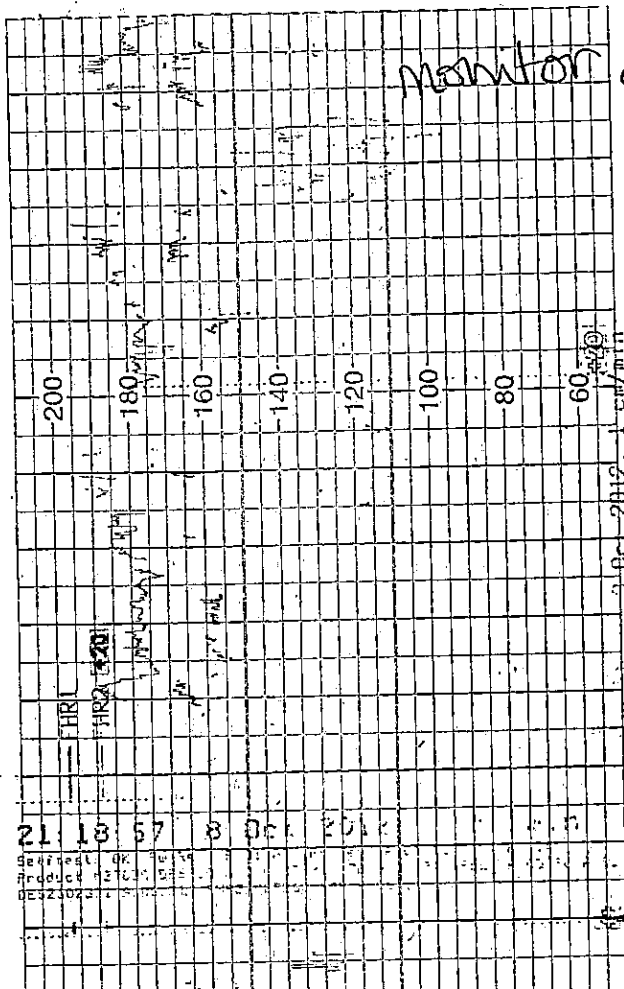


09:10:20 09:10:12 1cm/min



09:10:20 09:10:12 1cm/min





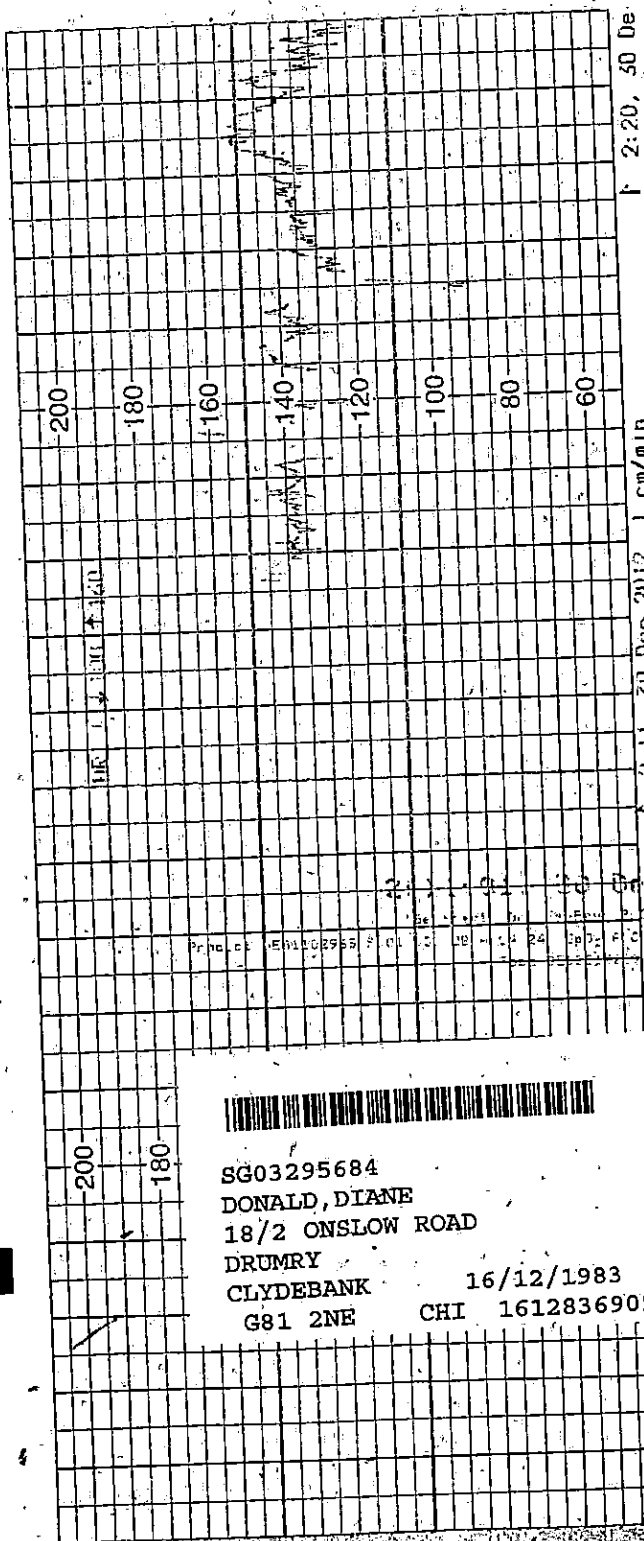
PHILIPS

PHILIPS

PHILIPS

PHILIPS

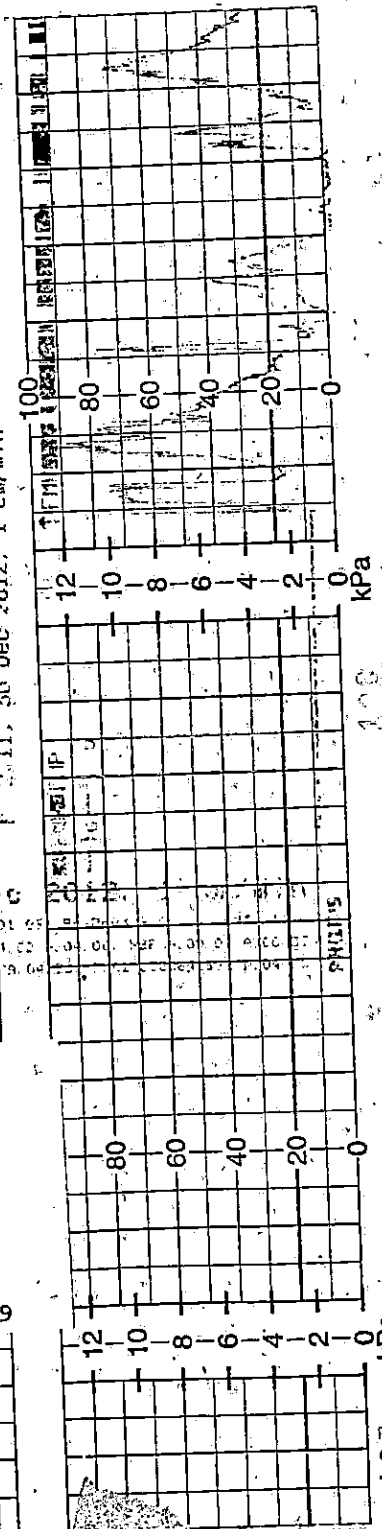
REORDER M1911A 1206 B



SG03295684
 DONALD, DIANE
 18/2 ONSLOW ROAD
 DRUMRY
 CLYDEBANK
 G81 2NE

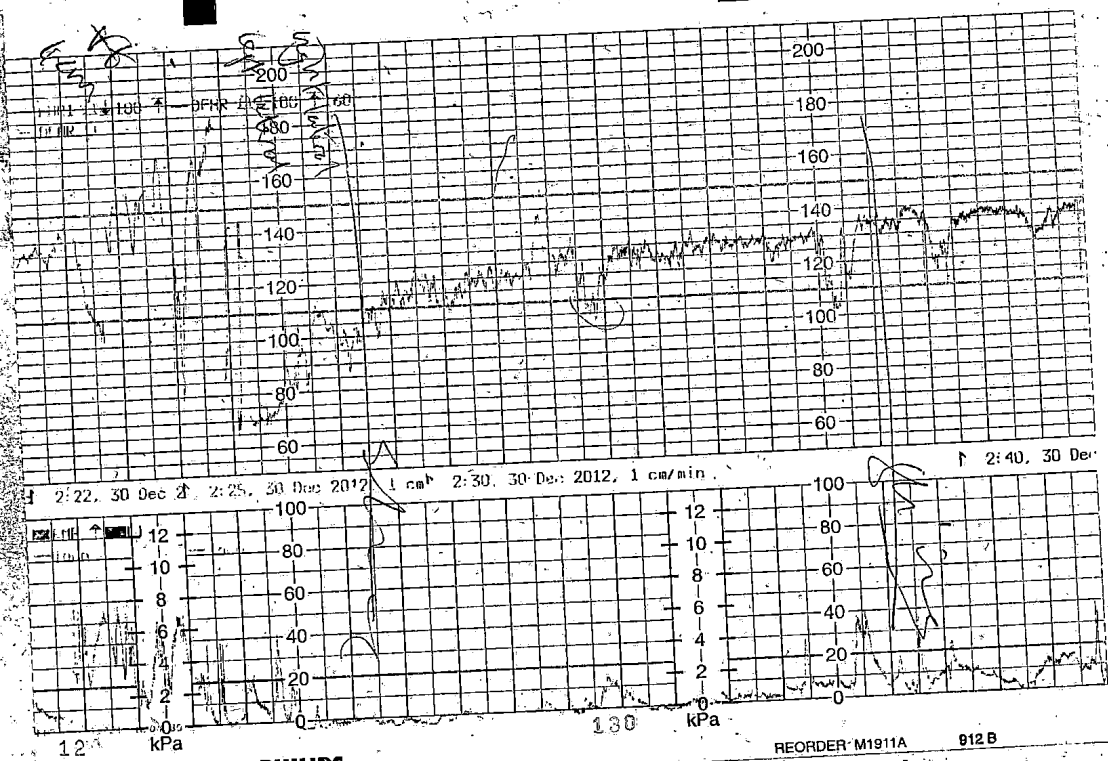
16/12/1983

CHI 1612836909



PHILIPS

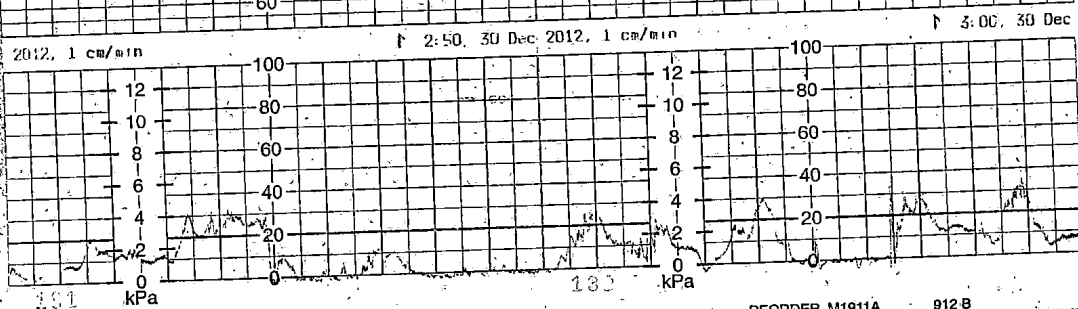
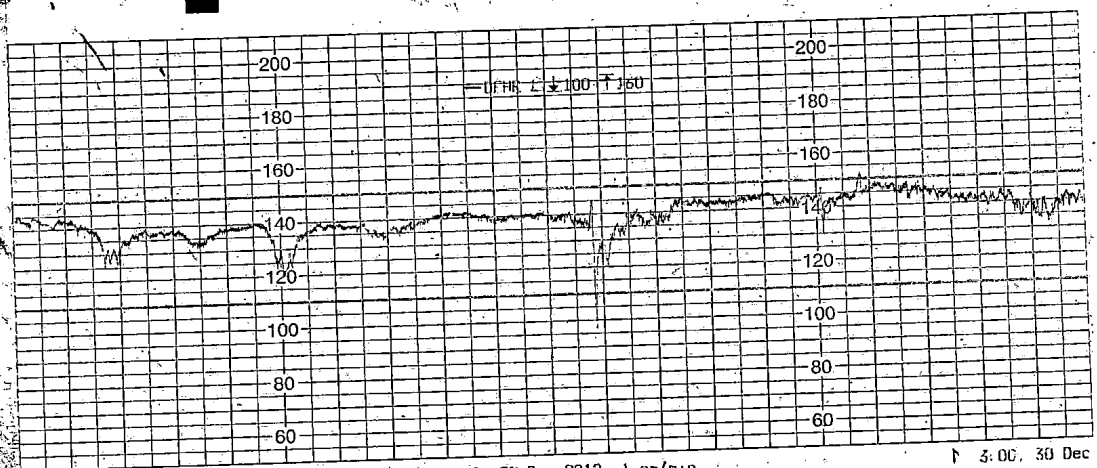
REORDER M1911A 912 B



PHILIPS

REORDER M1911A

912 B



131

kPa

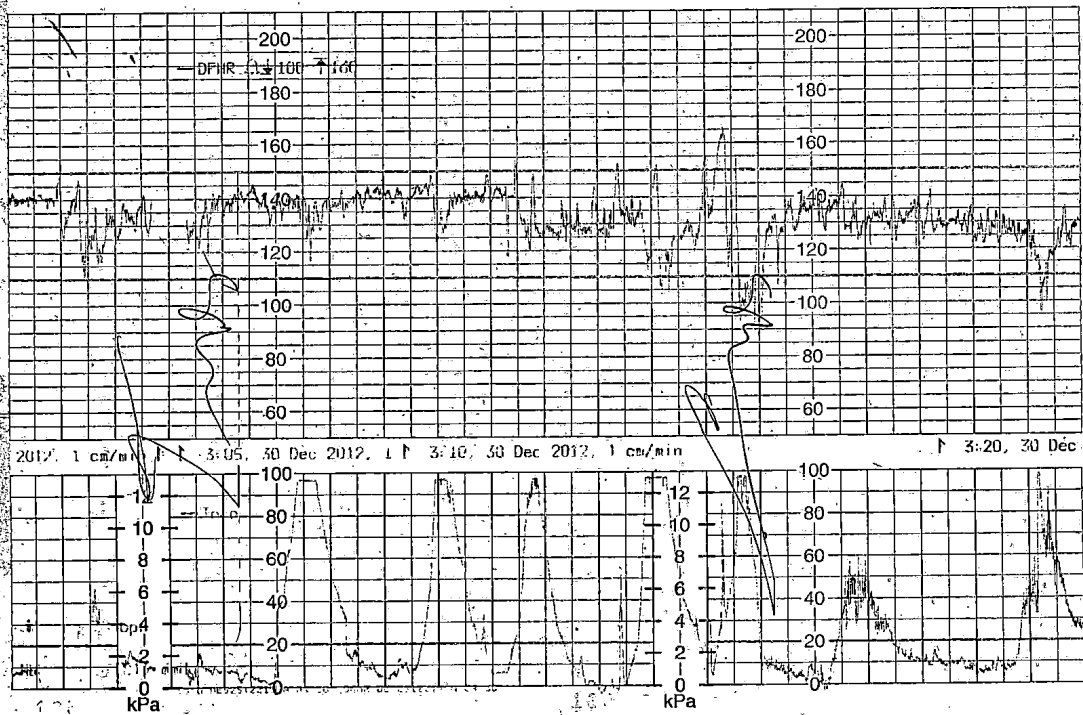
132

kPa

PHILIPS

REORDER M1911A

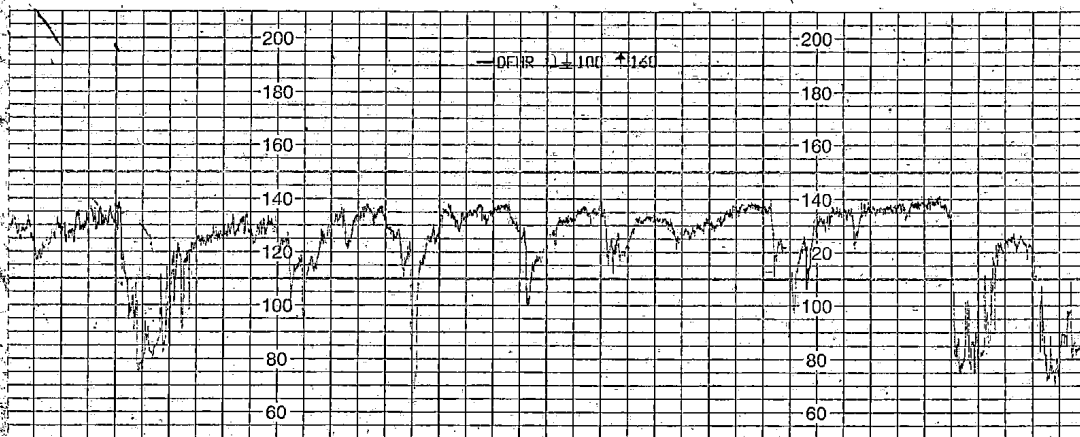
912 B



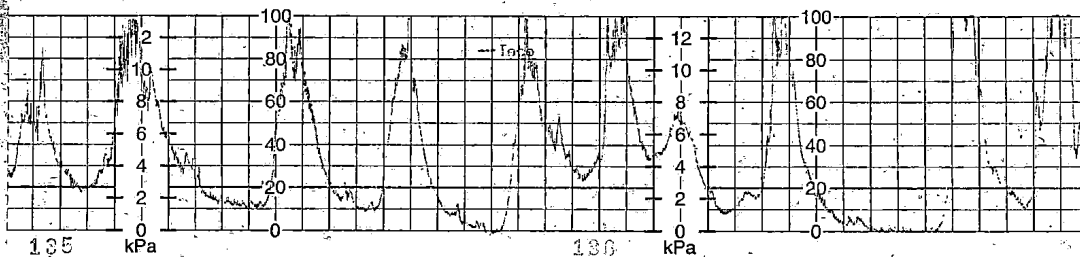
PHILIPS

REORDER M1911A

912 B



201%, 1 cm/min ↑ 3:30, 30 Dec 2012, 1 cm/min ↑ 3:40, 30 Dec



135

kPa

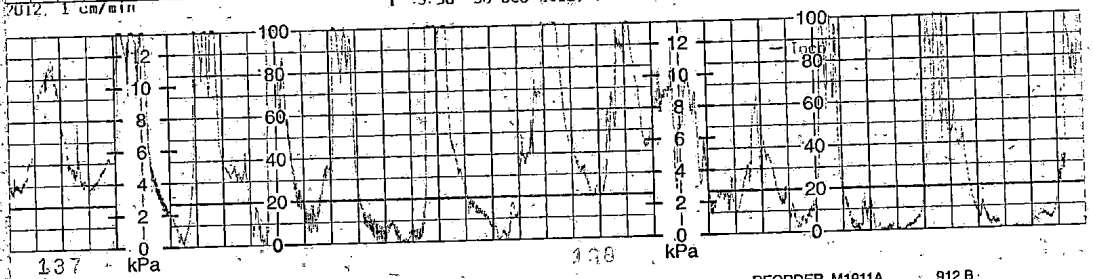
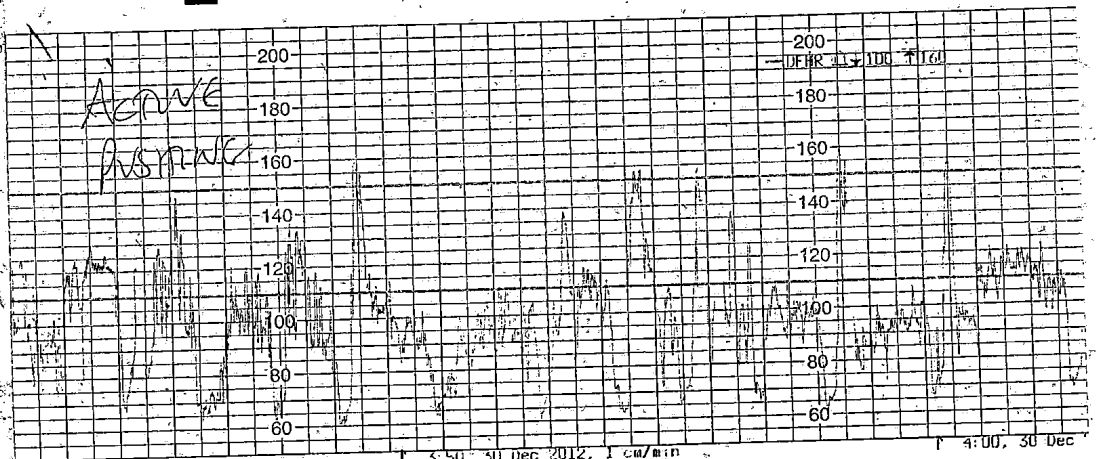
136

kPa

PHILIPS

REORDER M1911A

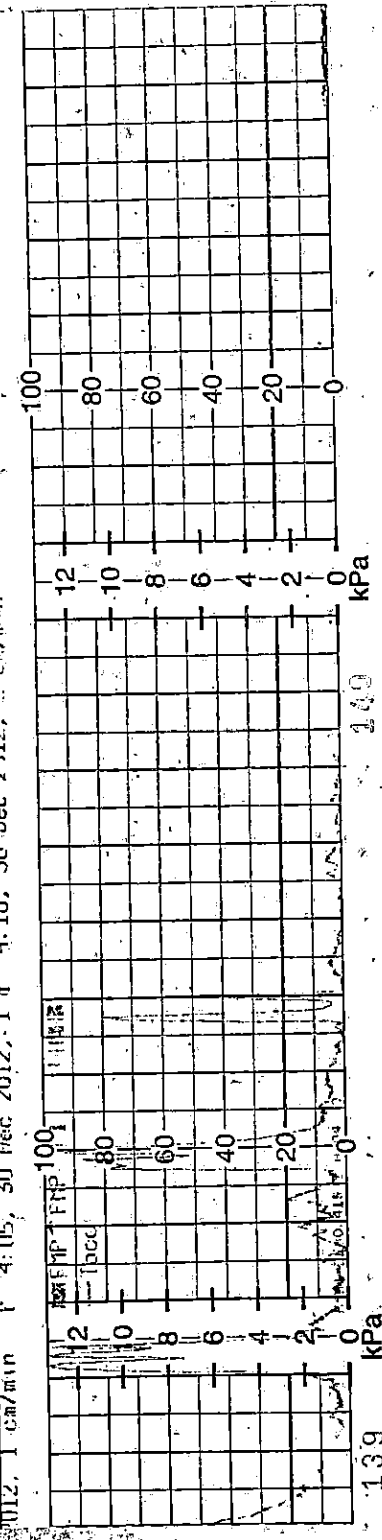
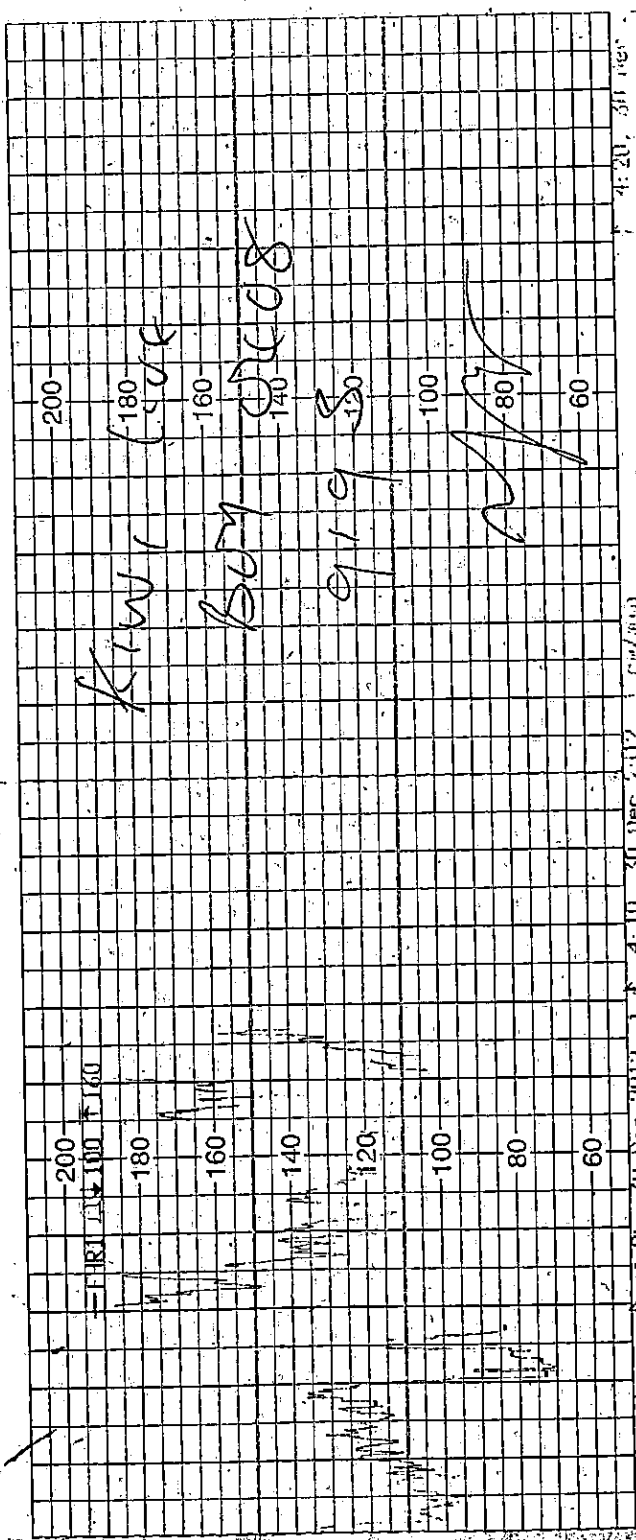
912 B



PHILIPS

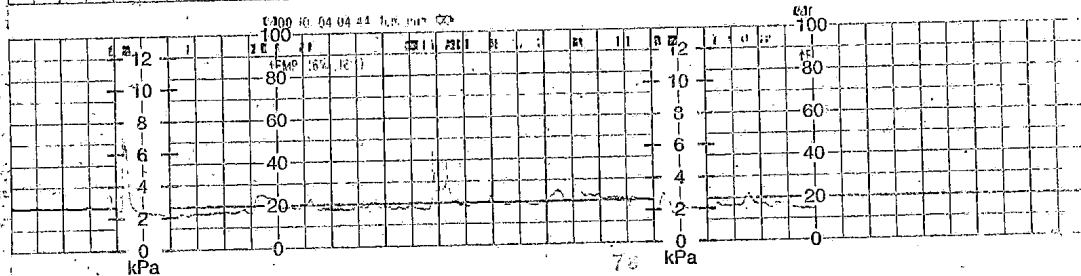
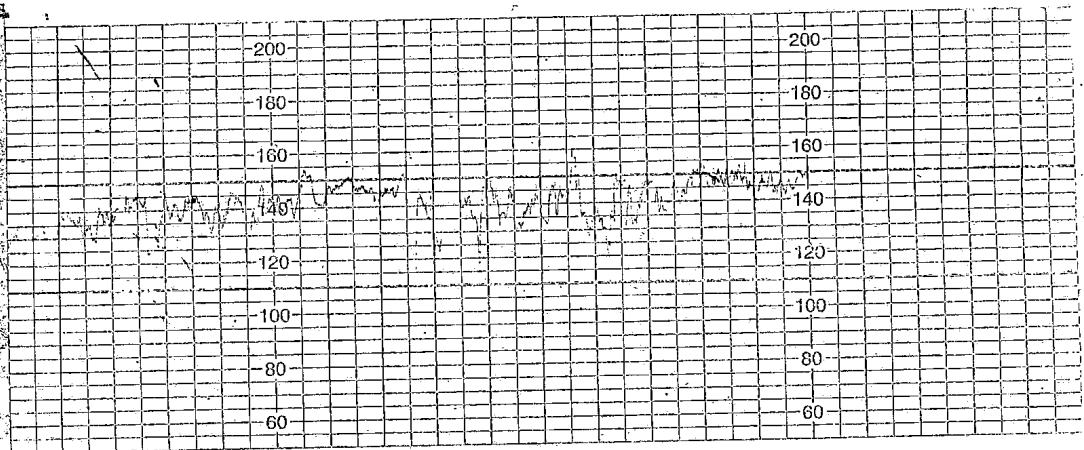
REORDER M1911A

912 B



REORDER M1911A 912 B

PHILIPS



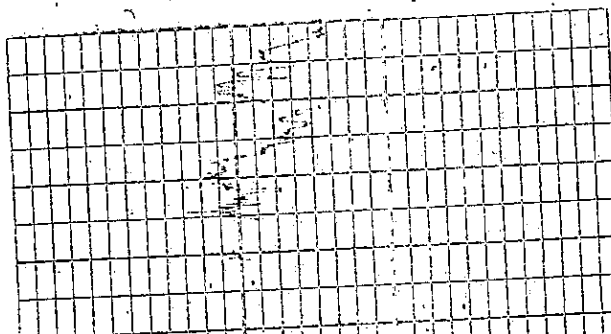
kPa

76 kPa

PHILIPS

REORDER M1911A

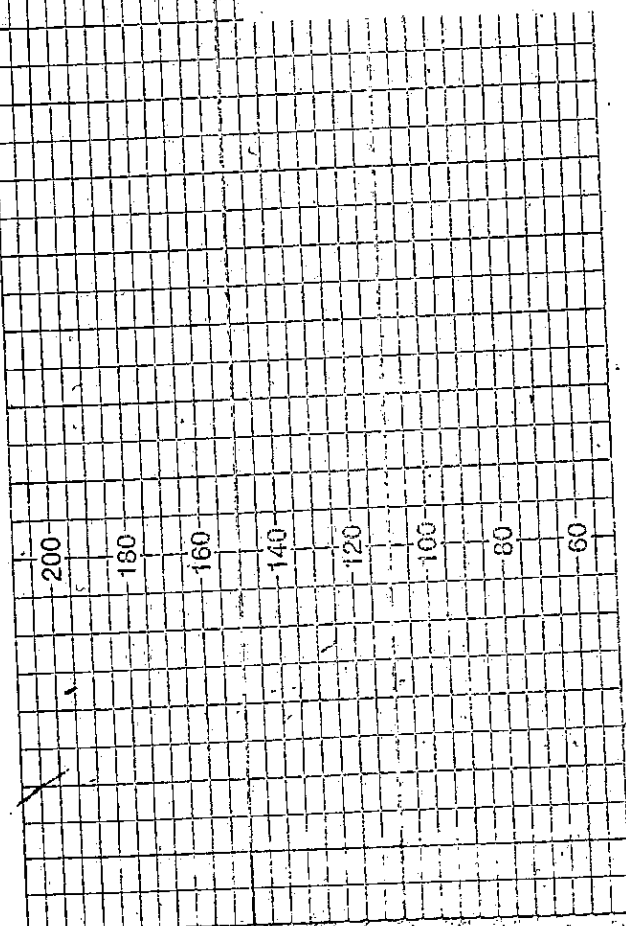
1203 B



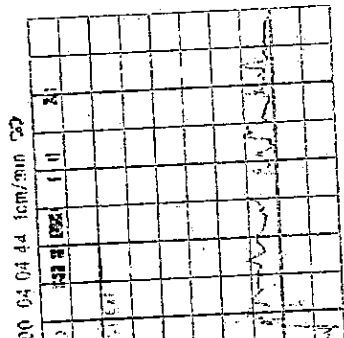
200
180
160



SG03295684
DONALD, DIANE
18/2 ONSLOW ROAD
DRUMRY
CLYDEBANK 16/12/1983
G81 2NE CHI 1612836909

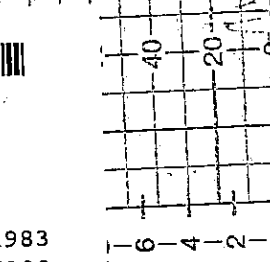


200
180
160
140
120
100
80
60

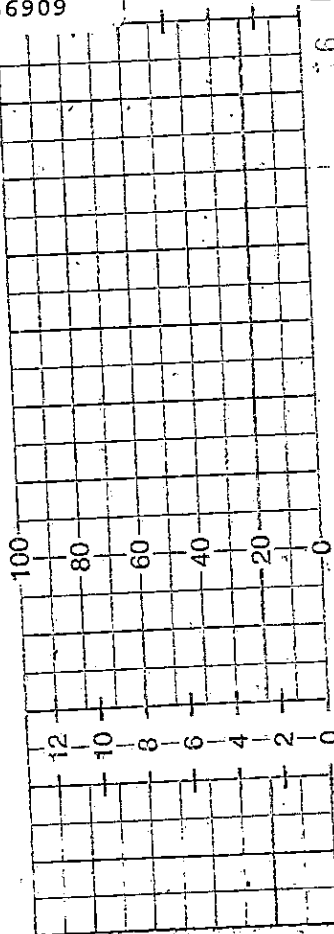


20 04 04 44 1cm/min 20

1 11 21



6 4 2 0 kPa



100
80
60
40
20
0

75 kPa

76 kPa

PHILIPS

REORDER M1911A 1203 B

PAGES

N° 4305BAO

PAGES
REMAINING

N° 4305BAO

PAGES
REMAINING

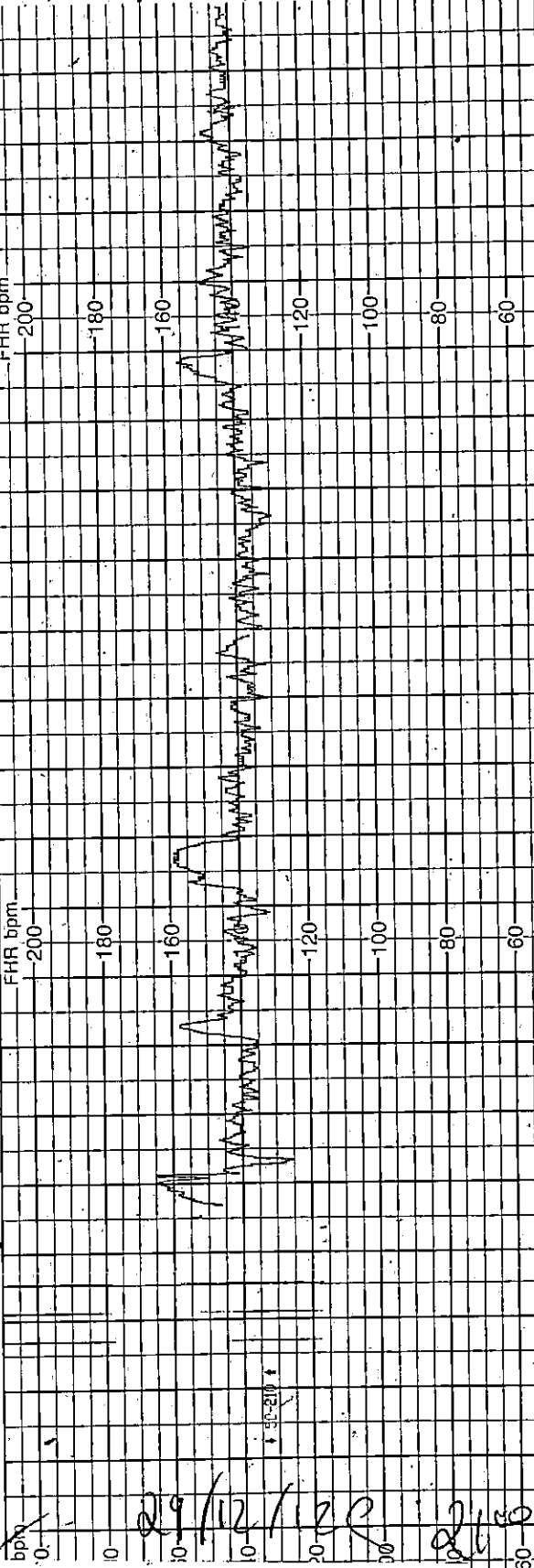
N° 4305BAO

137



SG03295684
DONALD, DIANE
CHI:1612836909

29/12/2008 21:00



BP
P

11/1/08

20:40 Δ L0F 105 HI= 160 US2 ∞ T0C0

30:29 20 DEL 20 105 HI= 160 US2 ∞ T0C0 1 CM/MIN

30:29 20 DEL 20

100

80

60

40

20

0

0 kPa

0 mmHg

0 mmHg

0 kPa

0 mmHg

0 mmHg

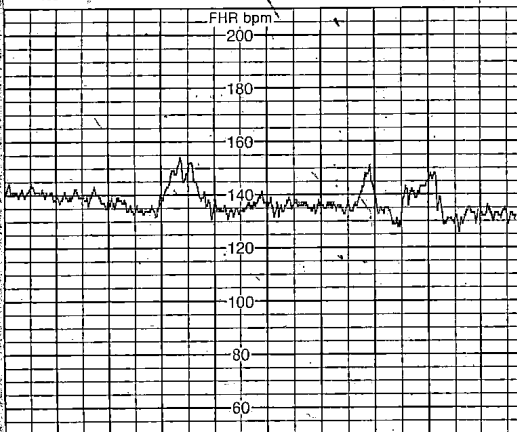
0 kPa

0 mmHg

136

PAGES
REMAINING

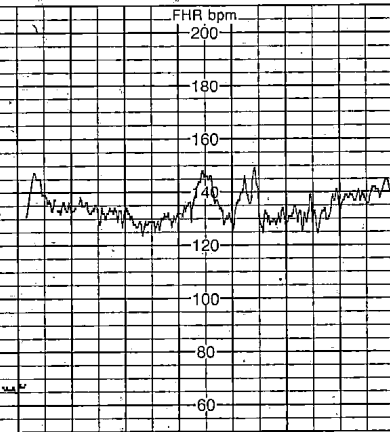
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135

PAGES
REMAINING

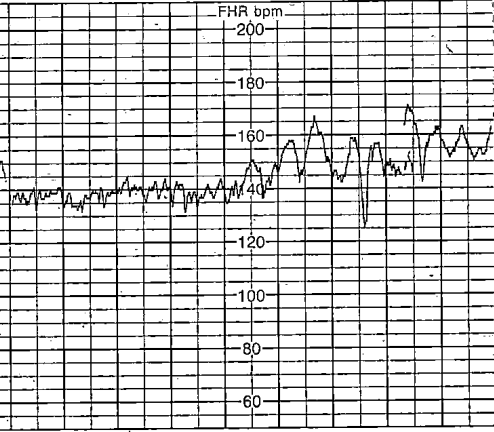
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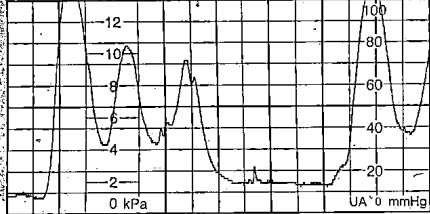
134

PAGES
REMAINING

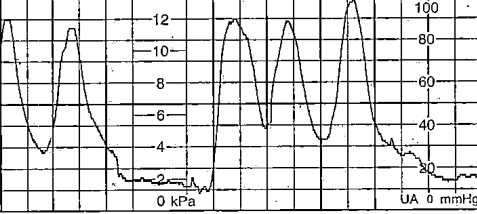
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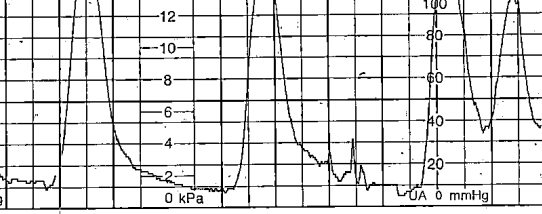
20:50 Δ LO 105 HI 160 US2 T000

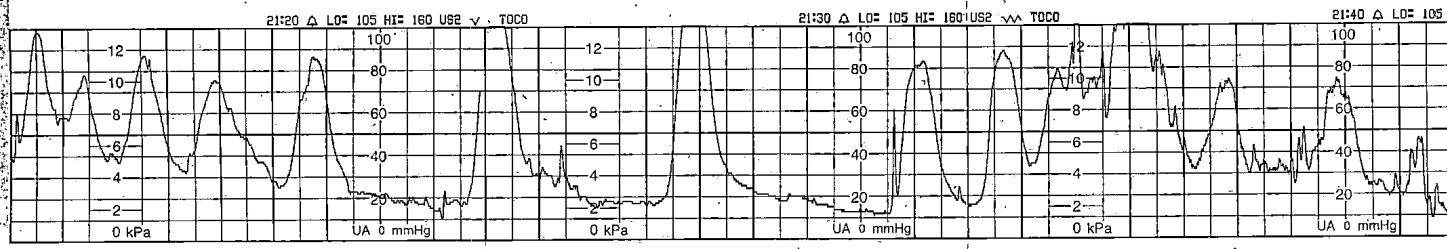
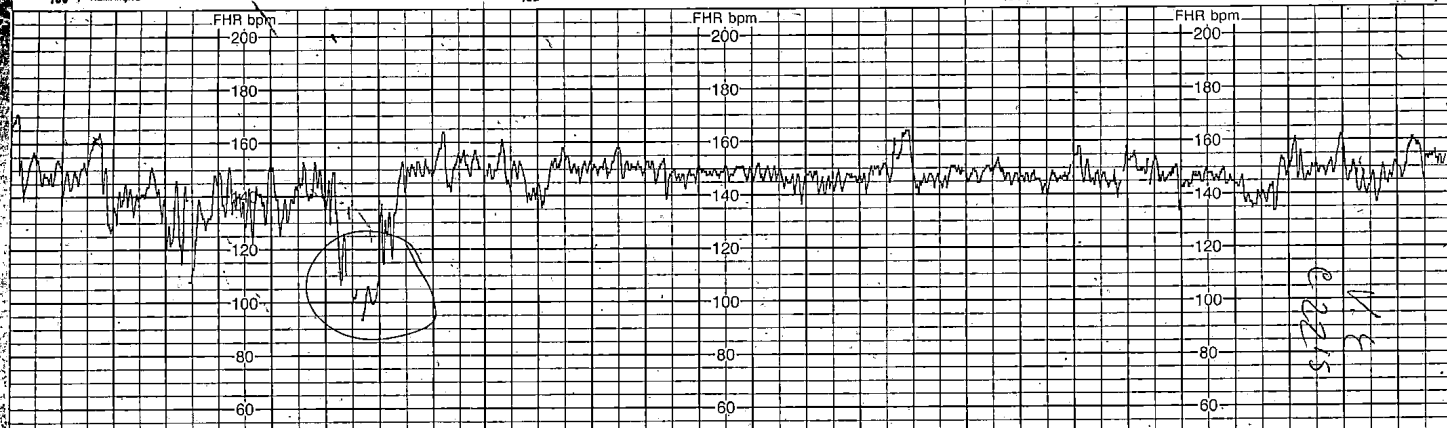


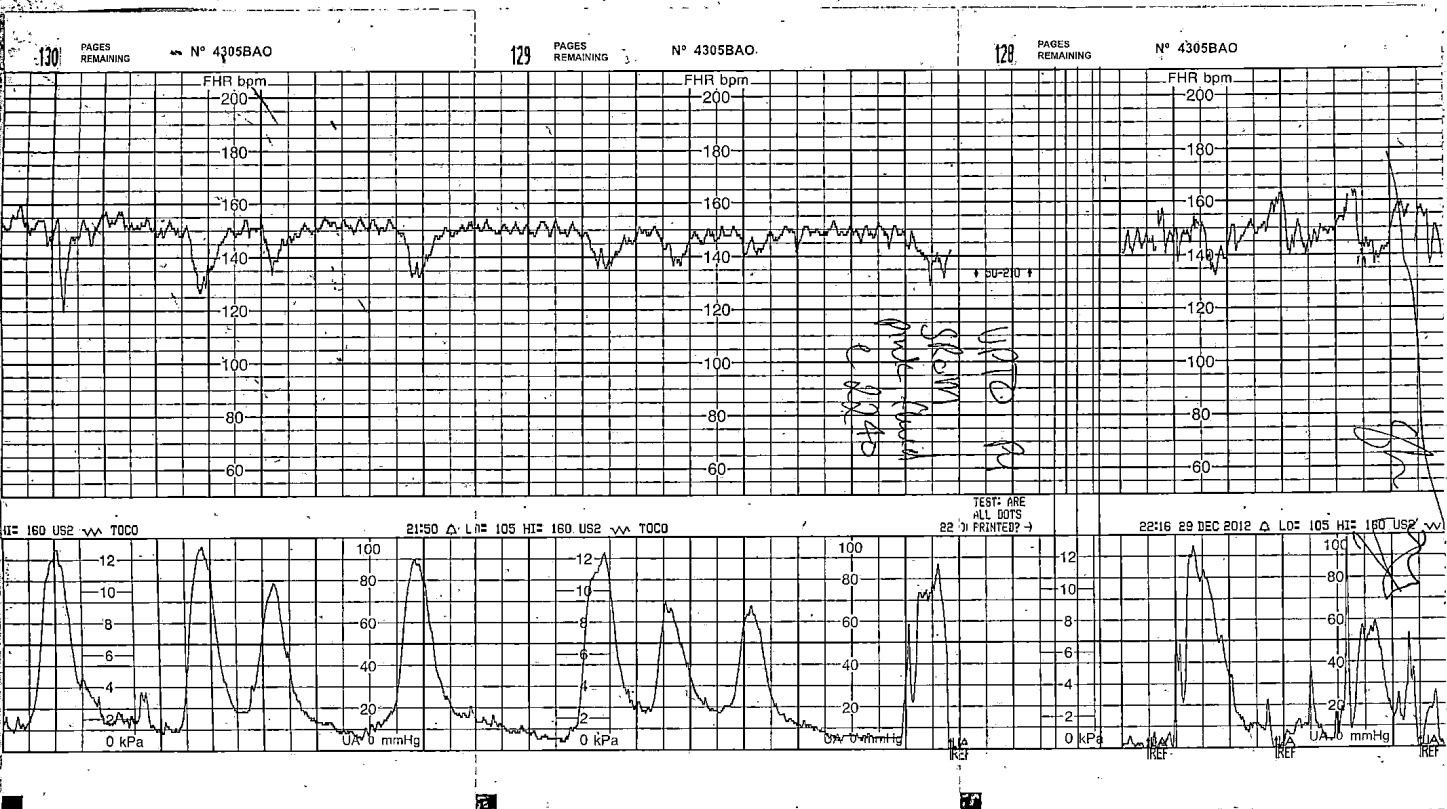
21:00 Δ LO 105 HI 160 US2 T000

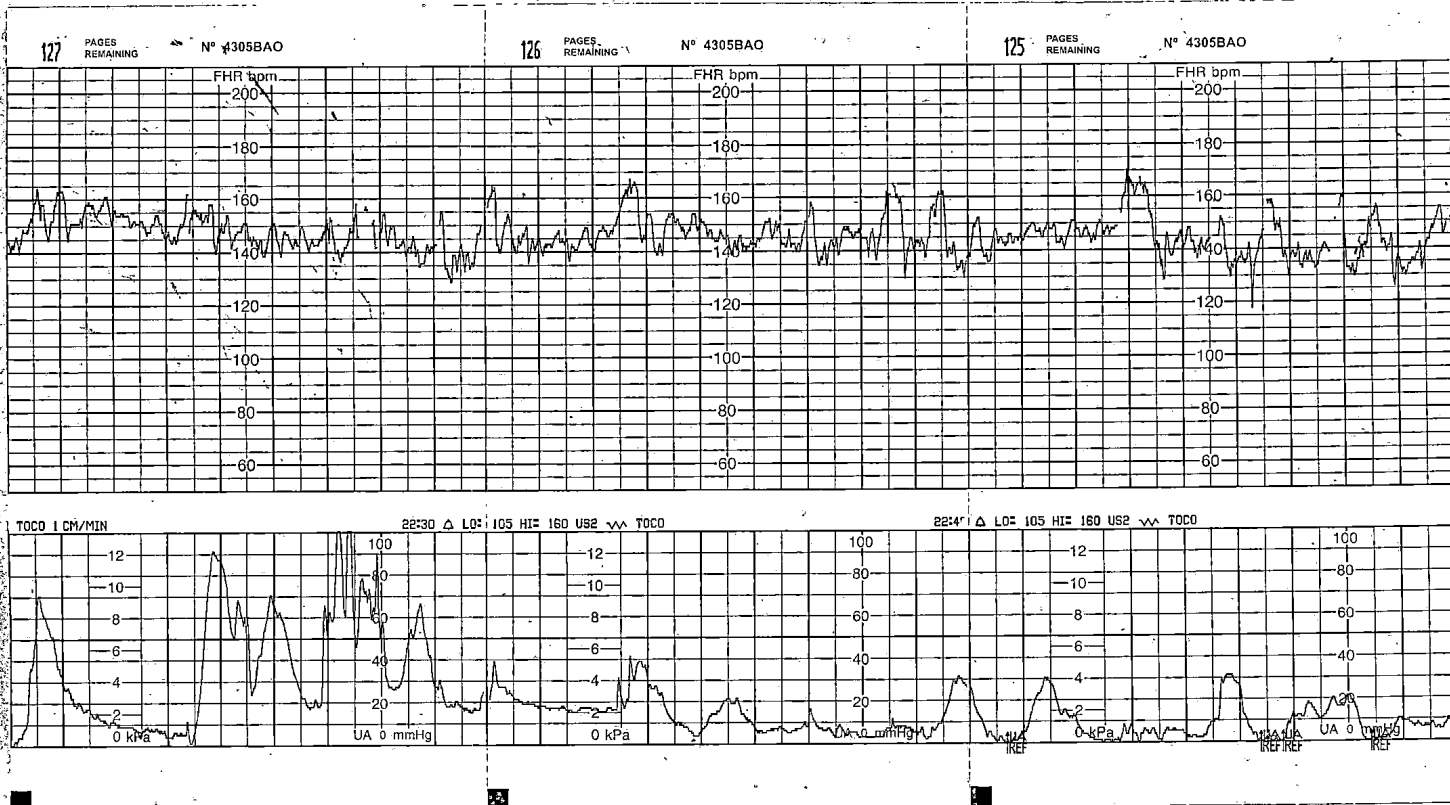


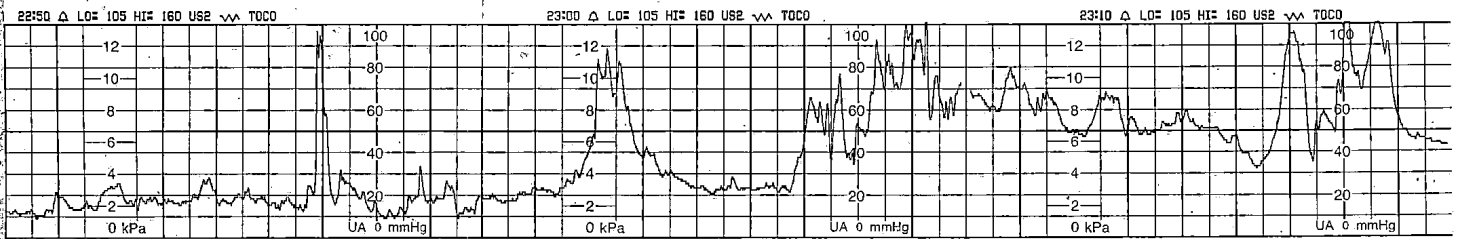
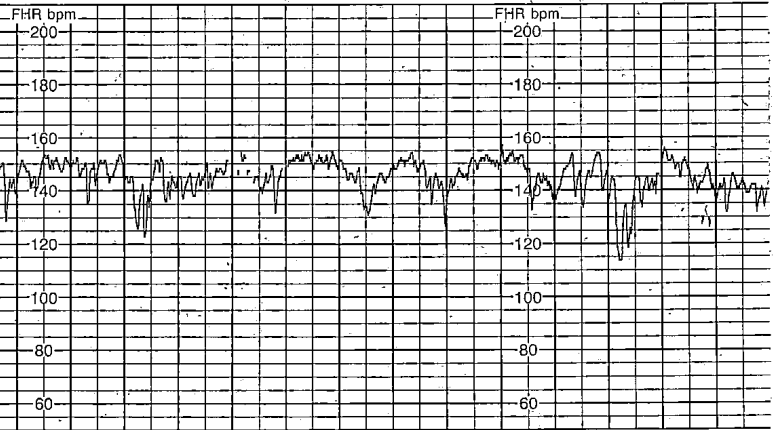
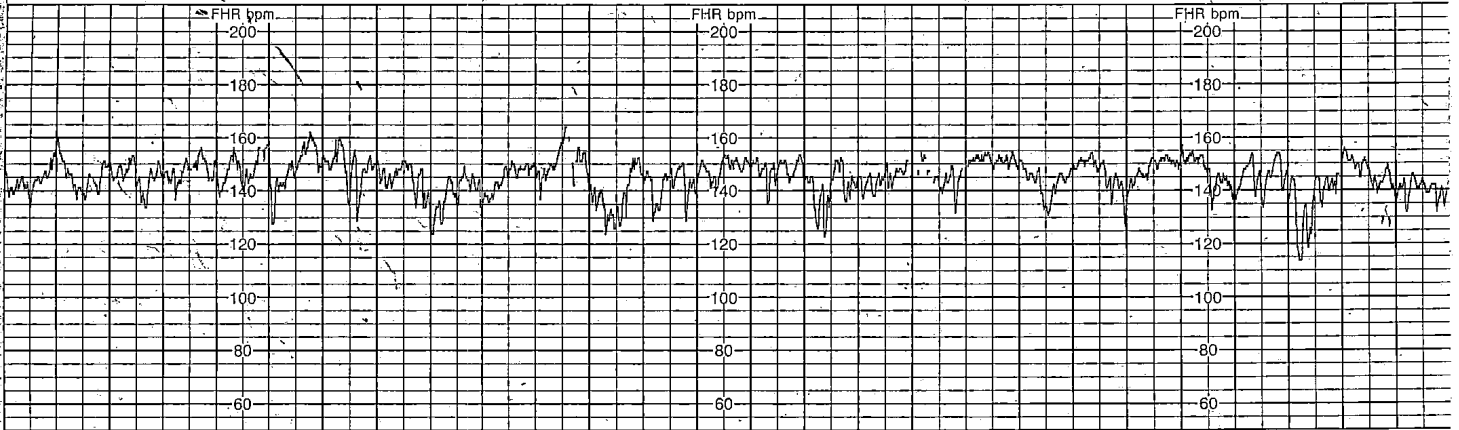
21:10 Δ LO 105 HI 160 US2 T000











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PAGES
REMAINING

N° 4305BAO

120

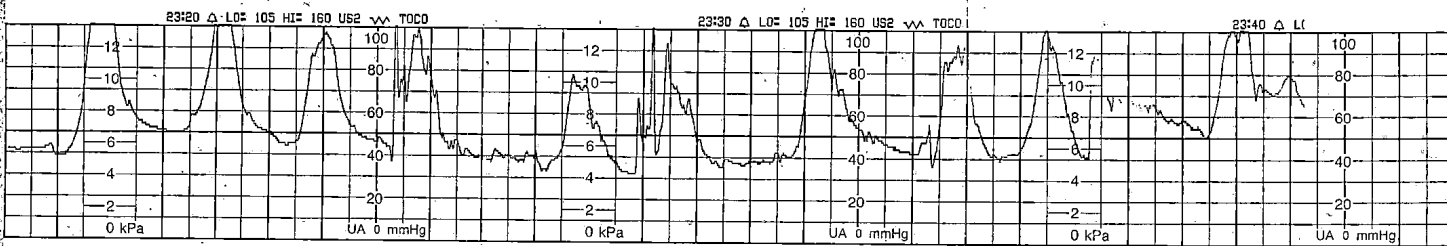
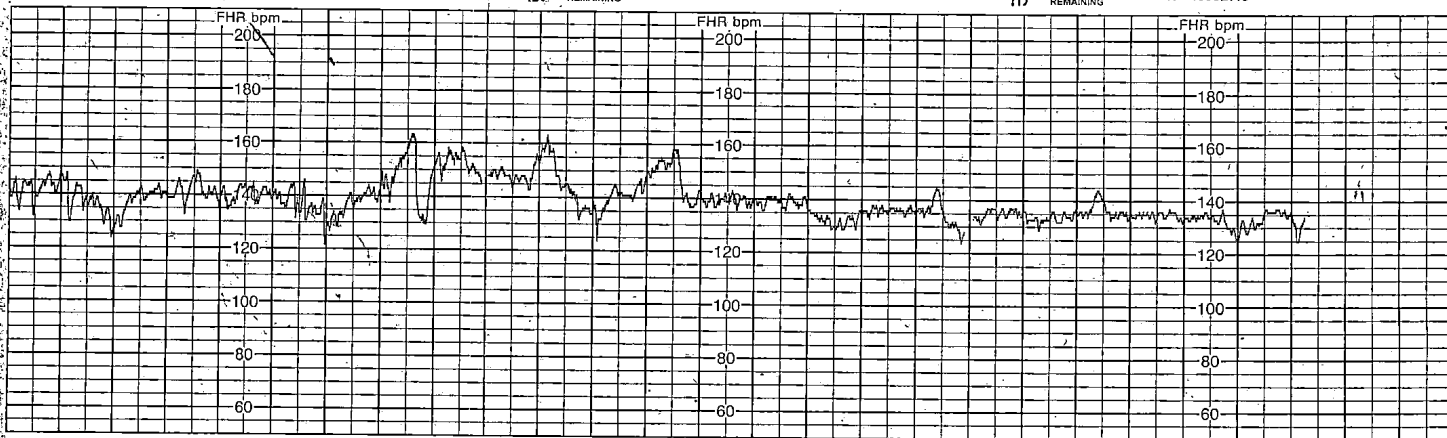
PAGES
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N° 4305BAO

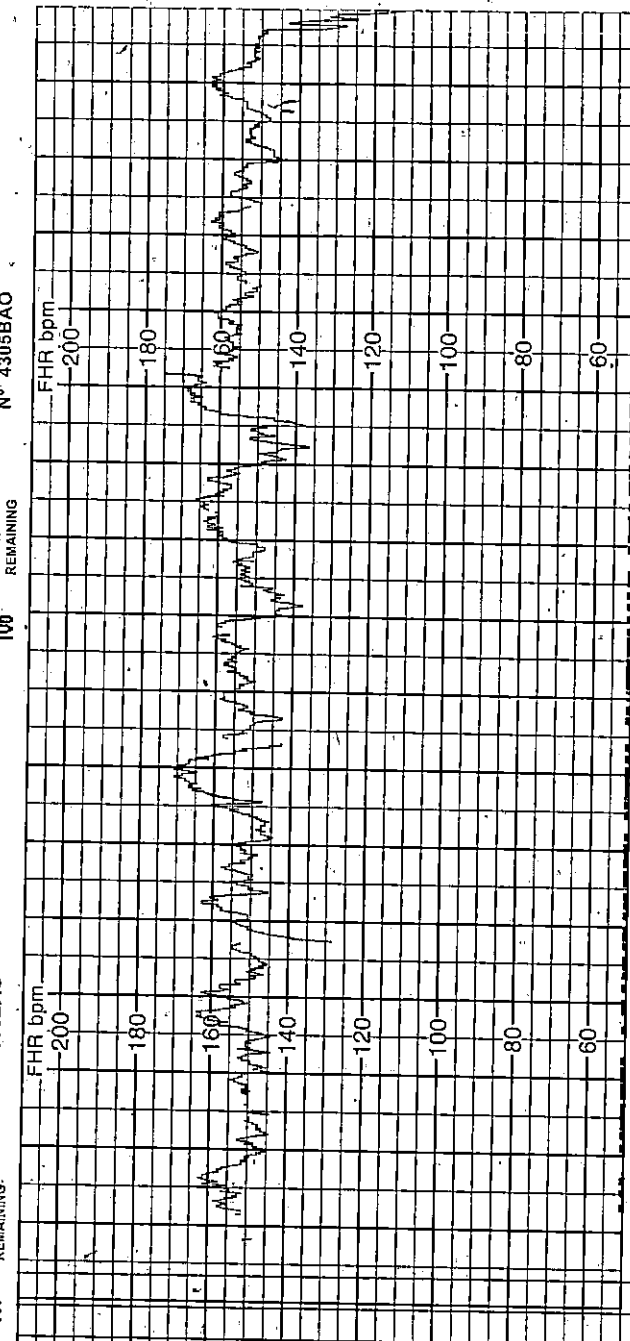
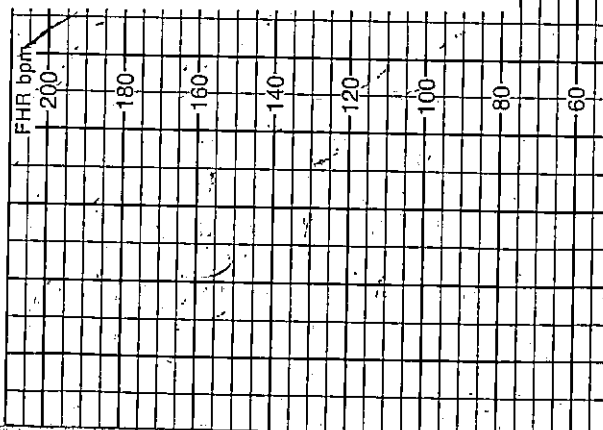
119

PAGES
REMAINING

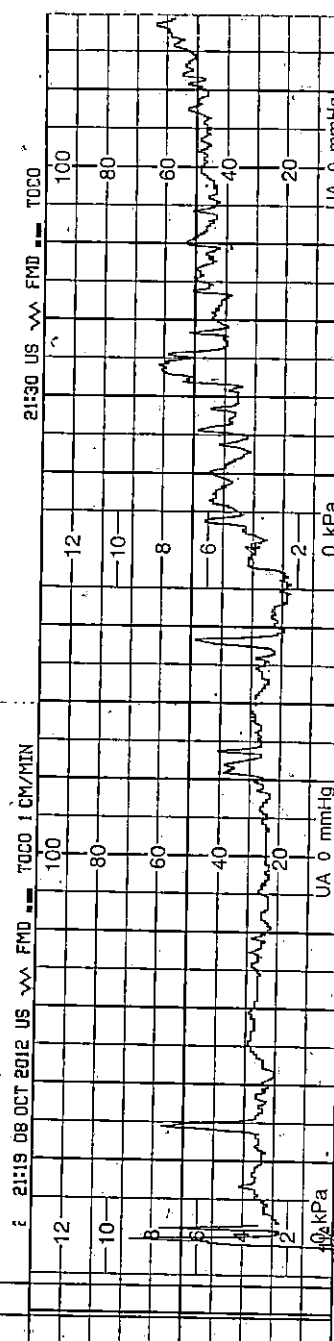
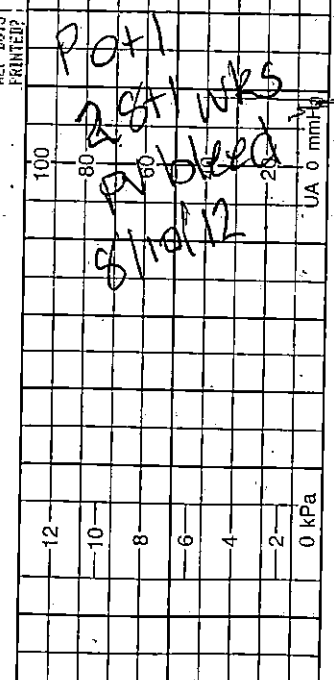
N° 4305BAO



SG03295684
DONALD, DIANE
17-7 ASHTREE COURT
OLD KILPATRICK.
GLASGOW 16/12/1983
G60 5JD CHI 1612836909



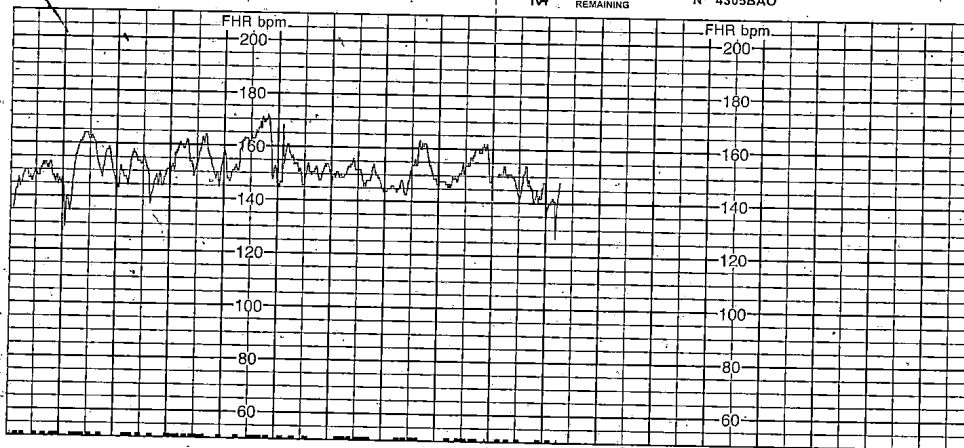
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ALL DATA
PRINTED?



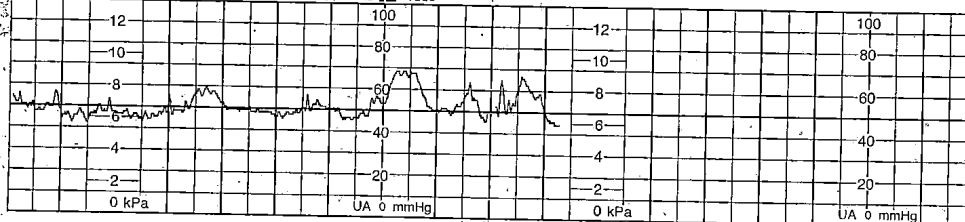
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PAGES
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N° 4305BAO



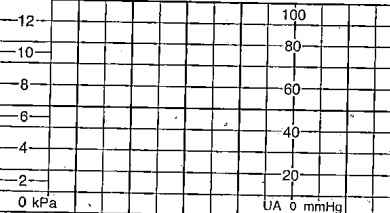
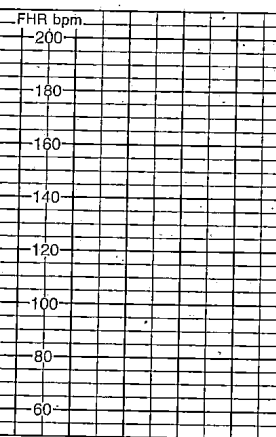
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104

PAGES
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N° 4305BAO



N° 4305BAO

PAGES
REMAINING

148

N° 4305BAO

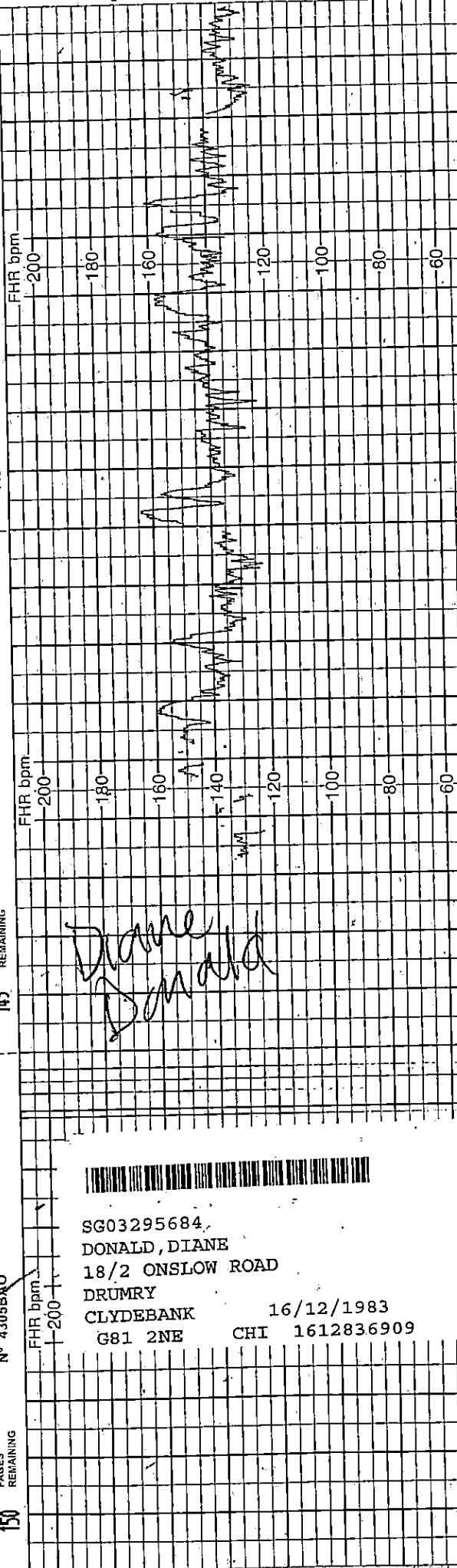
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149

N° 4305BAO

PAGES
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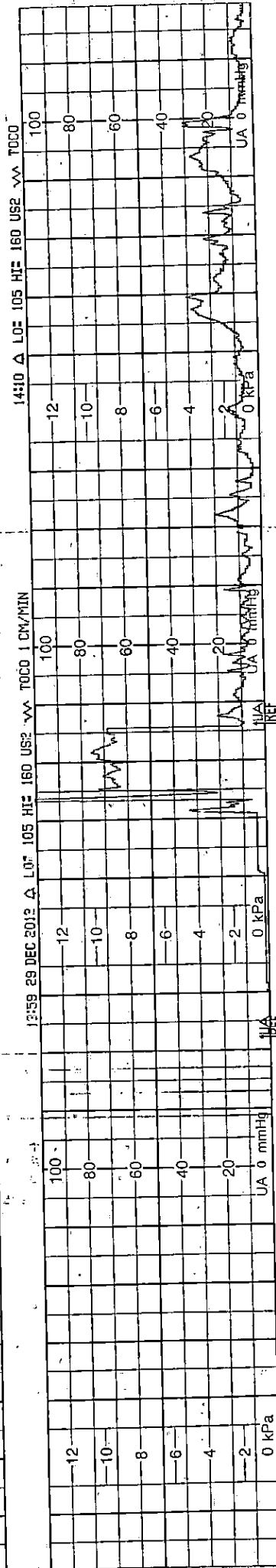
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Diane Donald



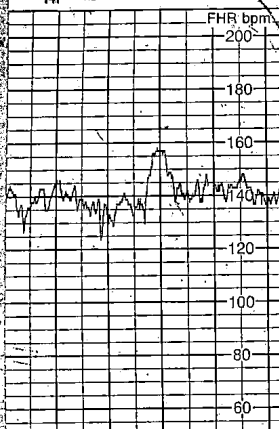
SG03295684
DONALD, DIANE
18/2 ONSLOW ROAD
DRUMRY
CLYDEBANK
G81 2NE
16/12/1983
CHI 1612836909



147

PAGES
REMAINING

N° 4305BAO



146

PAGES
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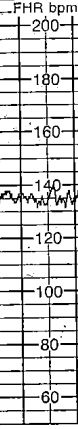
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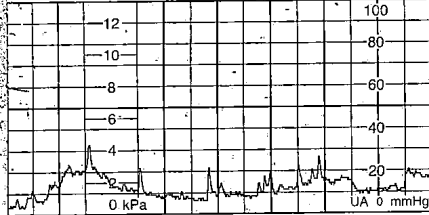
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PAGES
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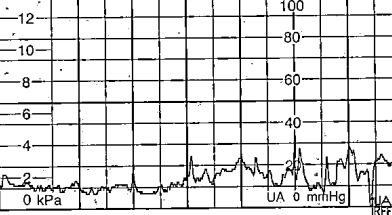
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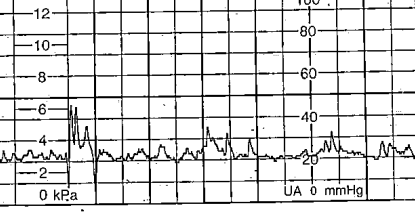
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14:30 Δ L0= 105 HI= 160 US2 T0C0



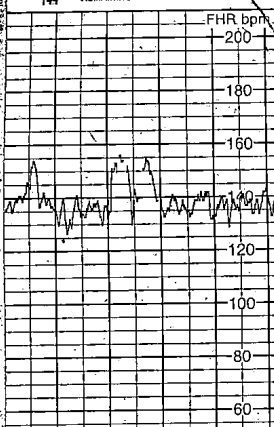
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144

PAGES
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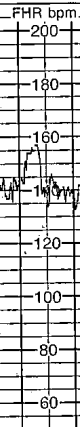
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143

PAGES
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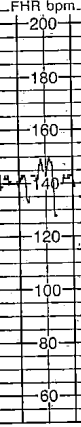
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142

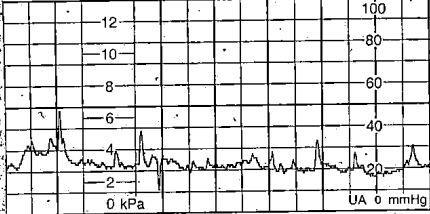
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N° 4305BAO



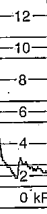
TOCO

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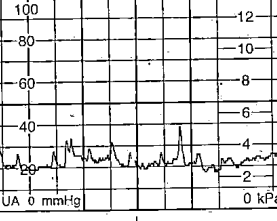
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UA 0 mmHg

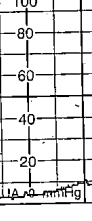


0 kPa

15:00 Δ L0= 105 HI= 160 US2 √ TOCO



0 kPa

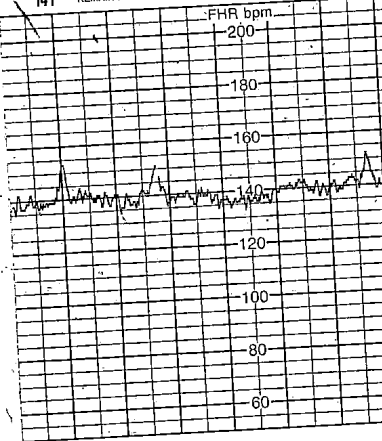


UA 0 mmHg

141

PAGES
REMAINING

N° 4305BAO

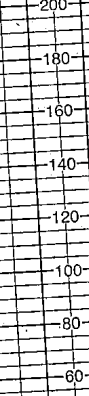
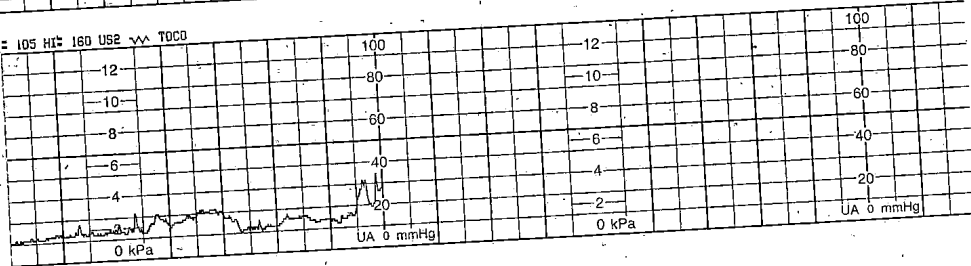


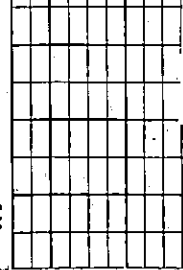
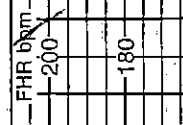
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PAGES
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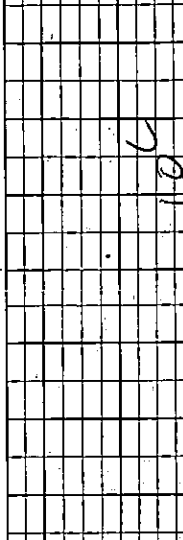
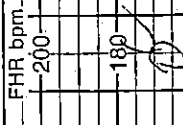
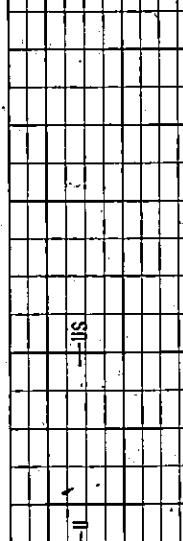
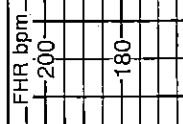
FHR bpm

= 105 Hz 180 USE $\sim$ TOCO



SG03295684
 DONALD, DIANE
 18/2 ONSLOW ROAD
 DRUMRY
 CLYDEBANK
 G81 2NE CHI 1612836909

16/12/1983



11:

13:06

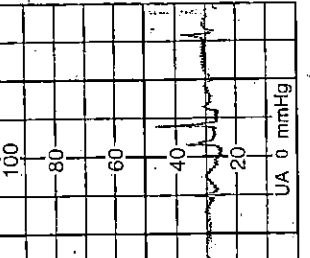
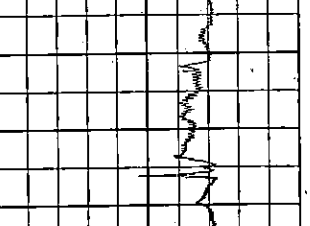
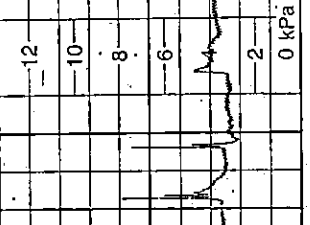
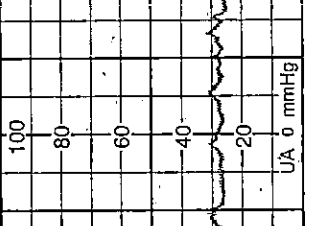
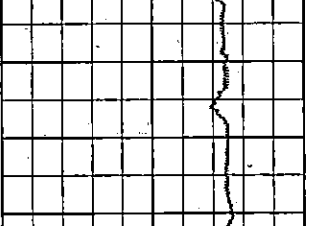
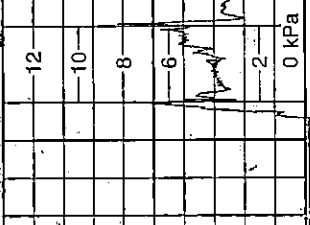
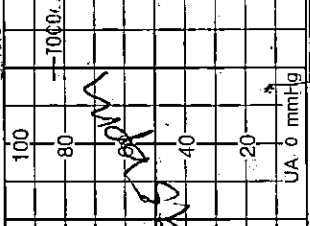
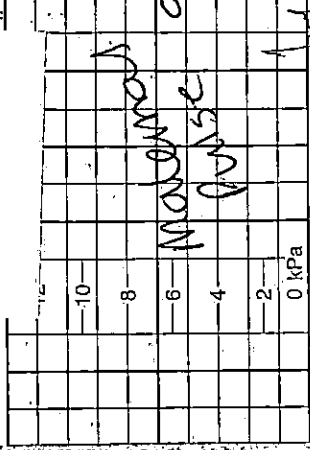
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075

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N° 4305BAO

074

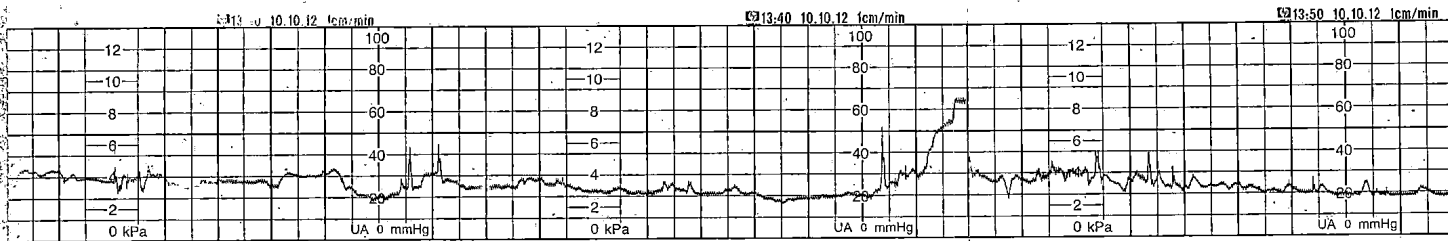
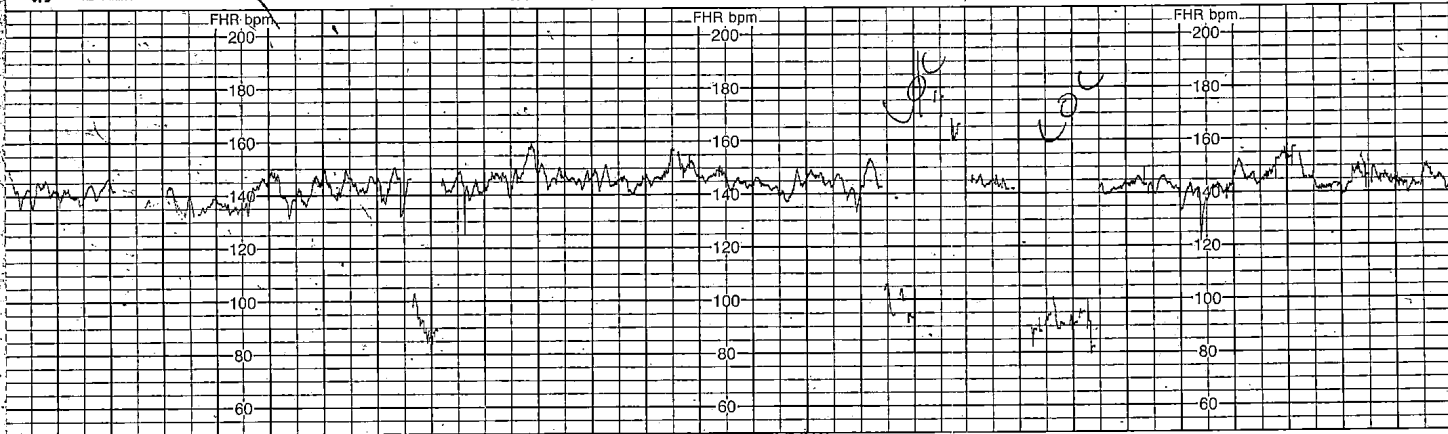
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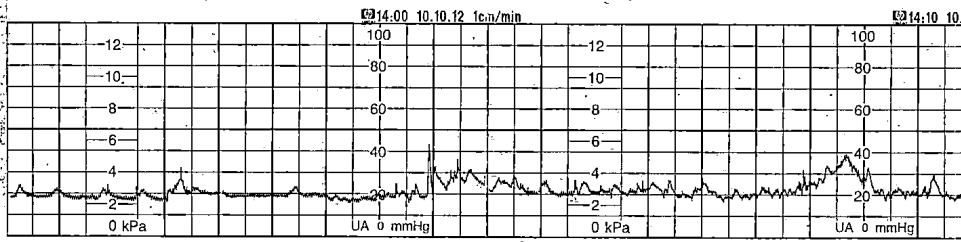
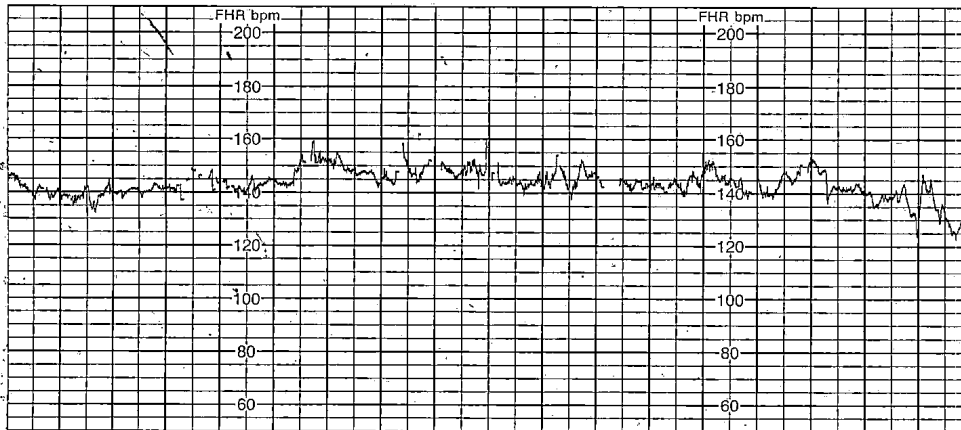
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073

PAGES
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N° 4305BAO





086

PAGES
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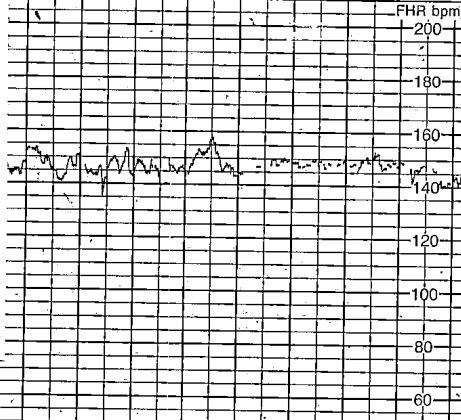
SG03295684
DONALD, DIANE
CHI:1612836909

085

PAGES
REMAINING

N° 4305BAO

FHR bpm

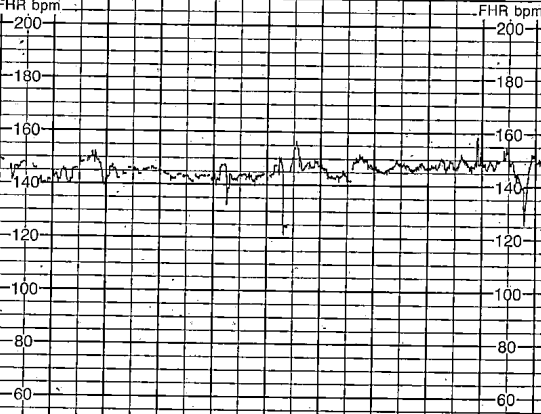


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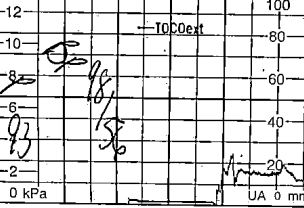
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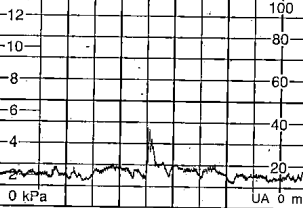
FHR bpm



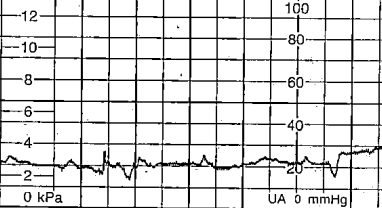
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022:10 09.10.12 1cm/min



022:20 09.10.12 1cm/min



083

PAGES
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N° 4305BAO

082

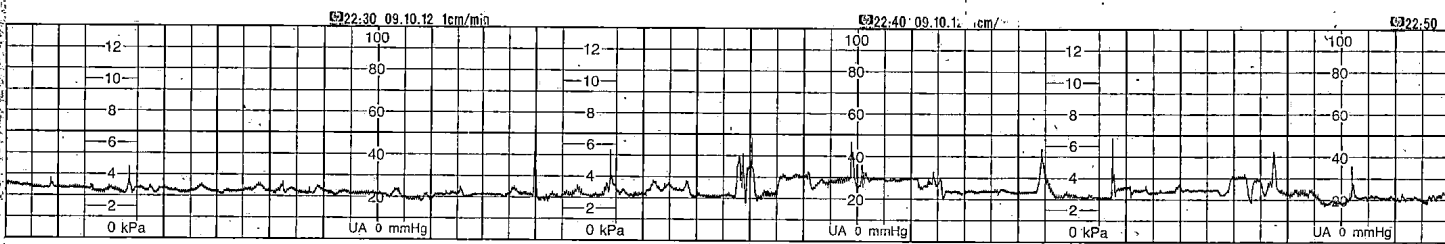
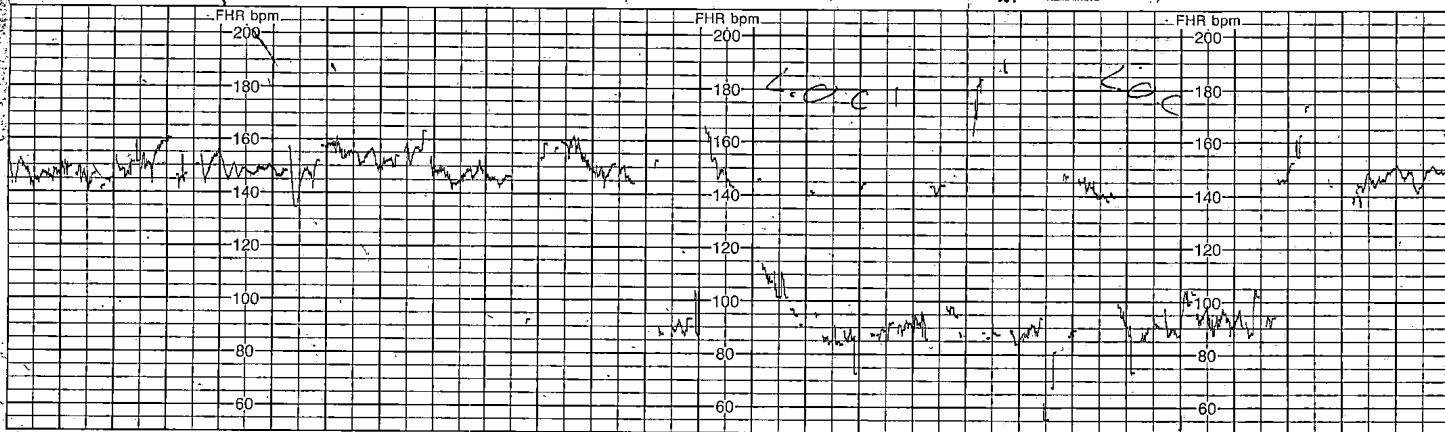
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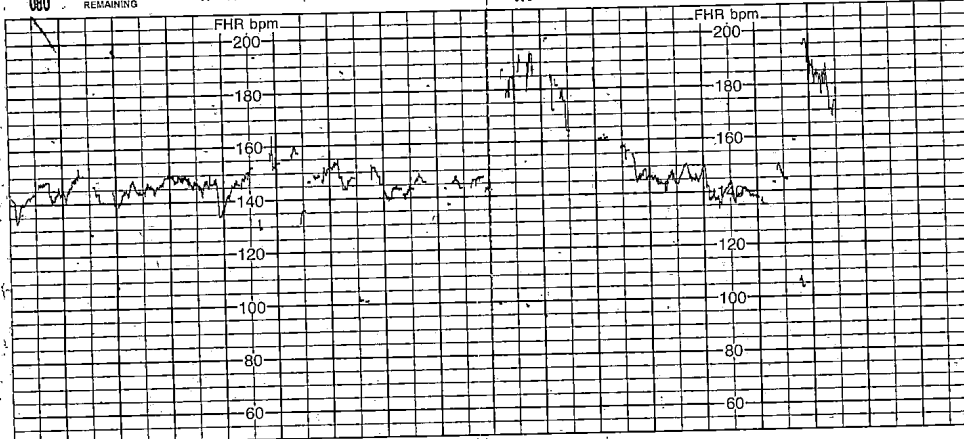
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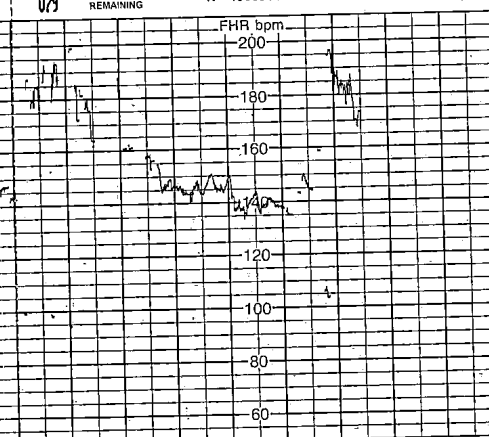
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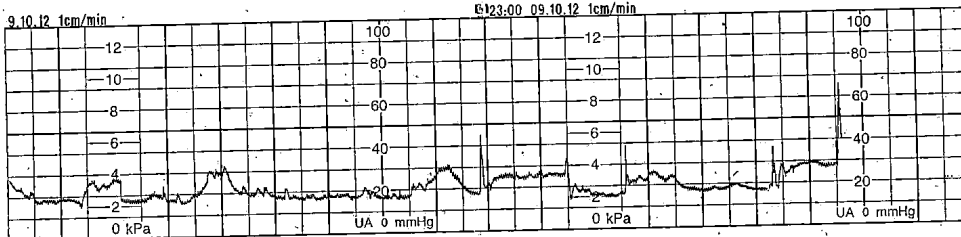
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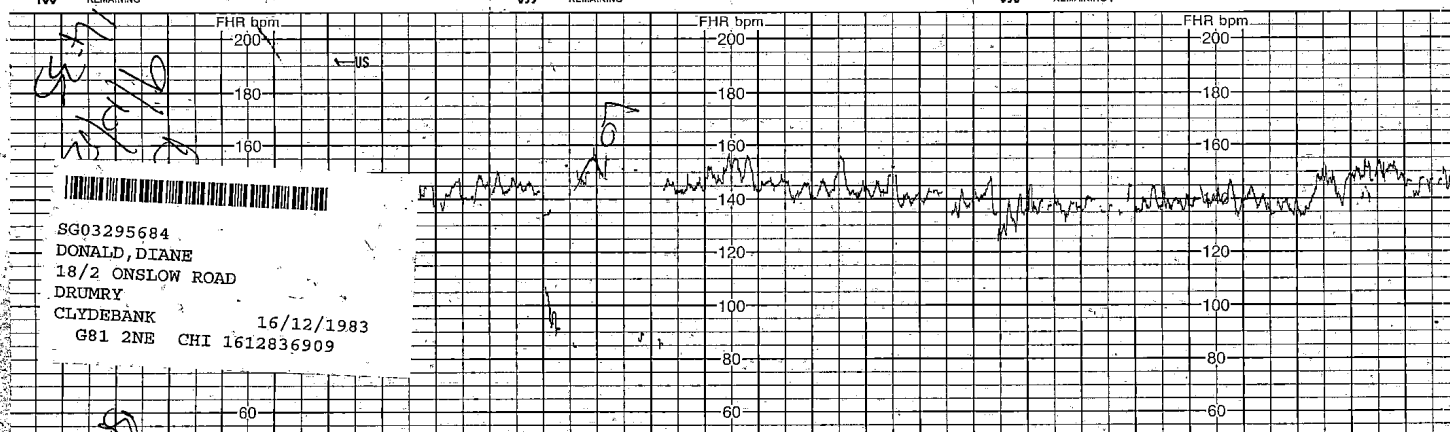
N° 4305BAO



9.10.12 1cm/min

E123:00 09.10.12 1cm/min





SG03295684

DONALD, DIANE

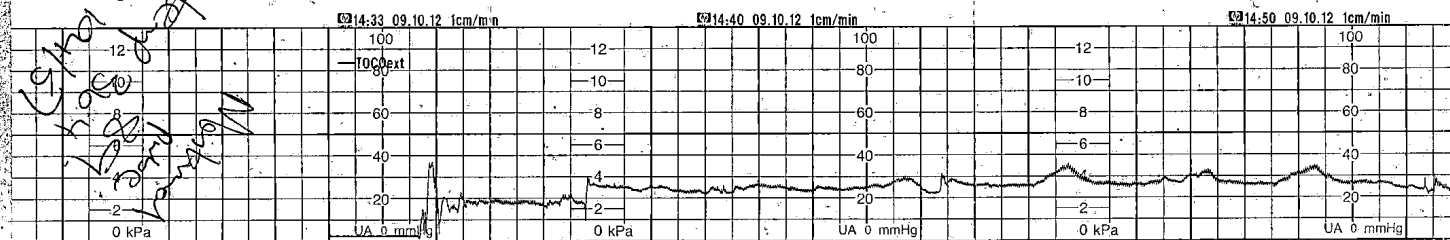
18/2 ONSLOW ROAD

DRUMRY

CLYDEBANK

G81 2NE CHI 1612836909

16/12/1983



14:33 09.10.12 1cm/min

14:40 09.10.12 1cm/min

14:50 09.10.12 1cm/min

097

PAGES
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N° 4305BAO

096

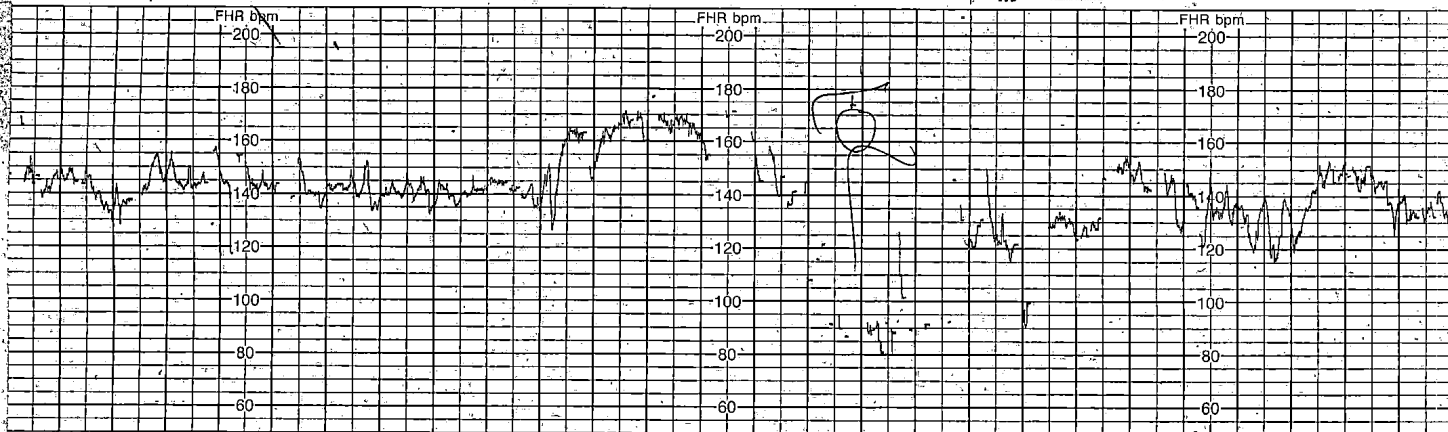
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PAGES
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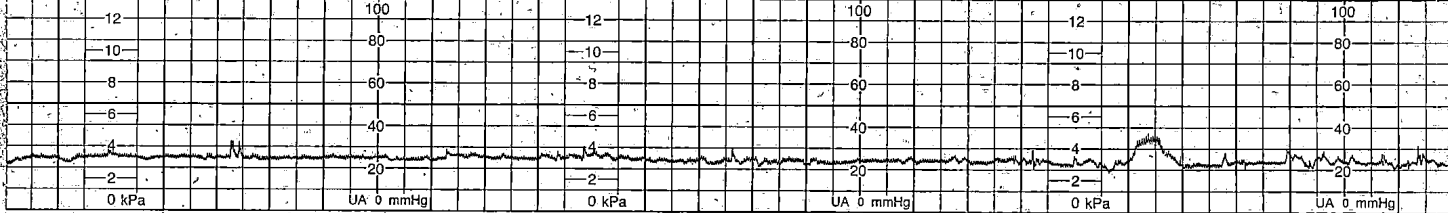
N° 4305BAO



0915:00 09.10.12 1cm/min

0915:10 09.10.12 1cm/min

0915:20 09.10



DONALD DIANE

WGT L8 MEDICAL

WGT1124660 16/12/83

NOT STATED

167062H- Reported: 27/12/98

27/12/98 11:45

11:03 Authorised By: Auto

RESULTS	CONSTITUENT
140	Sodium 135-144 mmol/l
3.8	Potassium 3.5-5.1 mmol/l
	Chloride 97-108 mmol/l
28	Total CO ₂ 22-32 mmol/l
2.7	Urea 2.5-7.5 mmol/l *
53	Creatinine 60-110 µmol/l *
	Serum Osmolality 275-295 mmol/kg
	Urine Osmolality mmol/kg
	Calcium 2.20-2.65 mmol/l
	'Corrected' Calcium 2.16-2.53 mmol/l
	Phosphate 0.8-1.45 mmol/l
	Total Protein 60-77 g/l
	Albumin 36-50 g/l
	Bilirubin 3-18 µmol/l
	Alkaline Phosphatase 70-260 U/l *
	Gamma G.T. 5-50 U/l
	AST 10-35 U/l
	ALT 10-50 U/l
	Total CK 10-171 U/l
	CK-MB Ratio
5.9	Glucose 2.80-6.0 mmol/l
	Urate 0.10-0.42 mmol/l *
	Amylase 0-100 U/l

*Reference ranges for these assays have significant age and sex dependence.

Further information may be obtained from the
Duty Biochemist (211-3355/3341)

MP 11/96

BIOCHEMISTRY REPORT

DONALD DIANE

WGT A/E

WGT1124660 16/12/83

NOT STATED

166977G Reported: 27/12/98

26/12/98 00:40

23:45 Authorised By: Auto

RESULTS	CONSTITUENT
141	Sodium 135-144 mmol/l
3.6	Potassium 3.5-5.1 mmol/l
	Chloride 97-108 mmol/l
24	Total CO ₂ 22-32 mmol/l
3.3	Urea 2.5-7.5 mmol/l *
57	Creatinine 60-110 µmol/l *
	Serum Osmolality 275-295 mmol/kg
	Urine Osmolality mmol/kg
	Calcium 2.20-2.65 mmol/l
	'Corrected' Calcium 2.16-2.53 mmol/l
	Phosphate 0.8-1.45 mmol/l
	Total Protein 60-77 g/l
	Albumin 36-50 g/l
	Bilirubin 3-18 µmol/l
	Alkaline Phosphatase 70-260 U/l *
	Gamma G.T. 5-50 U/l
	AST 10-35 U/l
	ALT 10-50 U/l
	Total CK 10-171 U/l
	CK-MB
	Ratio
5.7	Glucose 2.80-6.0 mmol/l
	Urate 0.10-0.42 mmol/l *
	Amylase 0-100 U/l

*Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the
Duty Biochemist (211 - 3355/3341) MP 11/96

BIOCHEMISTRY REPORT

DONALD DIANE

WGT L8 MEDICAL

WGT1124660 16/12/83

DR J HUNTER

879035C Reported: 21/02/93

21/02/98 12:16

08:00 Authorised By: SC

RESULTS		CONSTITUENT
139		Sodium 135-144 mmol/l
4.1		Potassium 3.5-5.1 mmol/l
104		Chloride 97-108 mmol/l
17	LOW	Total CO ₂ 22-32 mmol/l
12.2		Urea 2.5-7.5 mmol/l
161		Creatinine 60-110 µmol/l
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
2.33		Calcium 2.20-2.65 mmol/l
2.25		'Corrected' Calcium 2.16-2.53 mmol/l
2.21	HIGH	Phosphate 0.8-1.45 mmol/l
68		Total Protein 60-77 g/l
44		Albumin 36-50 g/l
6		Bilirubin 3-18 µmol/l
239		Alkaline Phosphatase 70-260 U/l
14		Gamma G.T. 5-50 U/l
2	LOW	AST 10-35 U/l
		ALT 10-50 U/l
		Total CK 10-171 U/l
		CK-MB Ratio
		Glucose 2.80-6.0 mmol/l
		Urate 0.10-0.42 mmol/l
		Amylase 0-100 U/l

*Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the
Duty Biochemist (211 - 3355/3341)

MP 11/96

DONALD DIANE

WGT

A/E

WGT1124660

16/12/83

895611H

20/02/98

Reported: 20/02/98

19:35

19:08

Authorised By: Auto

RESULTS		CONSTITUENT
148	HIGH	Sodium
4.3		135-144 mmol/l
		Potassium
		3.5-5.1 mmol/l
23		Chloride
		97-108 mmol/l
5.2		Total CO ₂
		22-32 mmol/l
85		Urea
		2.5-7.5 mmol/l *
		Creatinine
		60-110 µmol/l *
		Serum Osmolality
		275-295 mmol/kg
		Urine Osmolality
		mmol/kg
		Calcium
		2.20-2.65 mmol/l
		'Corrected' Calcium
		2.16-2.53 mmol/l
		Phosphate
		0.8-1.45 mmol/l
		Total Protein
		60-77 g/l
		Albumin
		36-50 g/l
		Bilirubin
		3-18 µmol/l
		Alkaline Phosphatase
		70-260 U/l *
		Gamma G.T.
		5-50 U/l
		AST
		10-35 U/l
		ALT
		10-50 U/l
		Total CK
		10-171 U/l
		CK-MB
		Ratio
		Glucose
		2.80-6.0 mmol/l
		Urate
		0.10-0.42 mmol/l *
		Amylase
		0-100 U/l

*Reference ranges for these assays have significant age and sex dependence. Further information may be obtained from the Duty Biochemist (211-3355/3341)

MP 11/96

THIS LINE

DONALD DIANE

F/1

WGT L8 MEDICAL

WGT1124660 16/12/83

DR J HUNTER

895826E Reported: 22/02/98

22/02/98 10:27

09:58 Authorised By: Auto

98

RESULTS	CONSTITUENT
140	Sodium 135-144 mmol/l
4.1	Potassium 3.5-5.1 mmol/l
	Chloride 97-108 mmol/l
24	Total CO ₂ 22-32 mmol/l
4.2	Urea 2.5-7.5 mmol/l *
69	Creatinine 60-110 µmol/l *
	Serum Osmolality 275-295 mmol/kg *
	Urine Osmolality mmol/kg
	Calcium 2.20-2.65 mmol/l
	'Corrected' Calcium 2.16-2.53 mmol/l
	Phosphate 0.8-1.45 mmol/l
	Total Protein 60-77 g/l
	Albumin 36-50 g/l
	Bilirubin 3-18 µmol/l
	Alkaline Phosphatase 70-260 U/l *
	Gamma G.T. 5-50 U/l *
	AST 10-35 U/l
	ALT 10-50 U/l
	Total CK 10-171 U/l
	CK-MB
	Ratio
	Glucose 2.80-6.0 mmol/l
	Urate 0.10-0.42 mmol
	Amylase 0-100 U/l

*Reference ranges for these assays have significance
age and sex dependence.

Further information may be obtained from the
Duty Biochemist (211 - 3355/3341)

MP 11/96

DO NOT STICK BELOW THIS LINE

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST DEPARTMENT OF HAEMATOLOGY

CONSULTANT & PATIENT LOC
OR
GP NAME & ADDRESS

BURDEN

Ward G2 - Dermatology

SURNAME
DONALD

FORENAME
DIANE

SEX

D.O.B. AGE
18.12.83

HOSPITAL
1124660

LABORATORY No.
H.90511.7138.R

REPORT

Cumulative Haematinics
11.05.99

(210-1000)
(75-600)

VB12

Folate

Ferritin 23

FRD BURDEN

11.05.99 Ferritin normal range 15-300 ng/ml please note patients over 65 years with values between 15-45 ng/ml result is borderline

DATE OF REPORT 11.05.99	TIME 16:02
RUN 454	TL
DATE OF SAMPLE 11.05.99	TIME 10:10

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST DEPARTMENT OF HAEMATOLOGY

TANT BURDEN NT LOC Ward 62 - Dermatology		SURNAME DONALD		FORENAME DIANE	
SEX F		D.O.B. AGE 16.12.83		HOSPITAL 1124660	
ADDRESS		LABORATORY No. H.90510.0519.Z			

PORT

Cumulative FBC's

	20.02.98	26.12.98	27.12.98	10.05.99	
WBC	11.70	7.51	10.10	6.65	(4.00-11.00)
RBC	5.10	4.58	4.87	4.72	(3.80-5.80)
Hb	14.8	13.6	14.3	14.2	(11.5-16.5)
Hct	0.445	0.397	0.417	0.419	(0.370-0.470)
MCV	87.3	86.7	85.6	88.8	(80.0-100.0)
MCH	29.0	29.7	29.4	30.1	(27.0-32.0)
Plts	194	237	257	209	(150-400)
Neuts	8.18	4.52	8.28	4.12	(2.00-7.50)
Lymphs	1.54	2.10	1.34	1.56	(1.50-4.00)
Monos	0.45	0.59	0.45	0.53	(0.20-0.80)
Eos	1.50	0.23	0.01	0.41	(0.04-0.40)
ESR			5	6	(2-10)
GFST					
Retics					(25.0-85.0)

FULL BLOOD COUNT

DATE OF REPORT	TIME
10.05.99	15:39
RUN	
369	
DATE OF SAMPLE	TIME
10.05.99	15:27

G

12th

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST DEPARTMENT OF HAEMATOLOGY

CONSULTANT DR R. FOX PATIENT LOC. Level 8 West - Medicine		SURNAME DONALD		FORENAME DIANE	
NAME ADDRESS		SEX F	D.O.B. AGE 16.12.83	HOSPITAL 1124660	LABORATORY No. H. 81228.4071.J

PORT

COAGULATION SCREEN

PROTHROMBIN	14	SECONDS	(10-13)
PARTIAL THROM TIME	32	SECONDS	(26-36)
INT. RATIO	1.2		
DER FIBRINOGEN	2.34	g/l	(1.50-4.50)

Authorised by: DONALD TAYLOR

ko

DATE OF REPORT 28.12.98	TIME 15:23
RUN 858	
DATE OF SAMPLE 28.12.98	TIME 14:32

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

DEPARTMENT OF HAEMATOLOGY

CONSULTANT *DR R. FOX*

PATIENT LOC. *Level 8 West - Medicine*

ME
LESS

SURNAME
DONALD

FORENAME
DIANE

SEX
F

D.O.B. AGE
16.12.83

HOSPITAL
1124660

LABORATORY No.
H, 81227.0086.H

AT

Cumulative FBC's

	20.02.98	26.12.98	27.12.98	
WBC	11.70	7.51	10.10	(4.00-11.00)
RBC	5.10	4.58	4.87	(3.80-5.80)
Hb	14.8	13.6	14.3	(11.5-16.5)
Hct	0.445	0.397	0.417	(0.370-0.470)
MCV	87.3	86.7	85.6	(80.0-100.0)
MCH	29.0	29.7	29.4	(27.0-32.0)
Plts	194	237	257	(150-400)
Neuts	8.18	4.52	8.28	(2.00-7.50)
Lymphs	1.54	2.10	1.34	(1.50-4.00)
Monos	0.45	0.59	0.45	(0.20-0.80)
Eos	1.50	0.23	0.01	(0.04-0.40)
ESR			5	(2-10)
GFST				
Retics				(25.0-85.0)

HHH

FULL BLOOD COUNT

DATE OF REPORT	TIME
27.12.98	12:36
RUN	
91	MJ
DATE OF SAMPLE	TIME
27.12.98	11:36

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST DEPARTMENT OF HAEMATOLOGY

CONSULTANT DR R. FOX
 INT LOC. Level 8 West - Medicine
 NAME
 ADDRESS

SURNAME DONALD		FORENAME DIANE	
SEX F	D.O.B. AGE 16.12.83	HOSPITAL 1124660	LABORATORY No. H, 81227.4034.G

REPORT

COAGULATION SCREEN

PROTHROMBIN	14	SECONDS	(10-13)
PARTIAL THROM TIME	29	SECONDS	(26-36)
PT. RATIO	1.2		
FIBRINOGEN	2.55	g/l	(1.50-4.50)

Authorised by: MARGARET JANE CARTWR

HH

DATE OF REPORT 27.12.98	TIME 15:47
RUN 852	
DATE OF SAMPLE 27.12.98	TIME 11:28

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST DEPARTMENT OF HAEMATOLOGY

SULTANT Dr. J. Hunter		SEX F		D.O.B. AGE 16.12.83		HOSPITAL 1124660		LABORATORY NO. H.81226.0209.A	
ACCIDENT LOC Accident and Emergency		SURNAME DONALD		FORENAME DIANE		78M			

Cumulative FBC's
26.12.98
20.02.98

WBC	11.70	7.51
RBC	5.10	4.58
Hb	14.8	13.6
Hct	0.445	0.397
MCV	87.3	86.7
MCH	29.0	29.7
PLTs	194	237
Neuts	8.18	4.52
Lymphs	1.54	2.10
Monos	0.45	0.59
Eos	1.50	0.23
ESR		
GFST		
Retics		

(4.00-11.00)
(3.80-5.80)
(11.5-16.5)
(0.370-0.470)
(80.0-100.0)
(27.0-32.0)
(150-400)
(2.00-7.50)
(1.50-4.00)
(0.20-0.80)
(0.04-0.40)
(2-10)
(25.0-85.0)

FULL BLOOD COUNT

DATE OF REPORT 27.12.98	TIME 17:33
RUN	
DATE OF SAMPLE 26.12.98	TIME 23:55

G

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST DEPARTMENT OF HAEMATOL

CONSULTANT
& PATIENT LOC. *Dr. J. Hunter*
OR
GP NAME *Level B West - Medicine*
& ADDRESS

SURNAME

DONALD

FORENAME

DIANE

SEX

F

D.O.B. AGE

16.12.93

HOSPITAL

1124660

LABORATORY No.

H.90221.404

REPORT

WES

CONSUI
& PATIEI
OR
GP NAT
& ADD

REP

COAGULATION SCREEN

PROTHROMBIN 13 SECONDS
PARTIAL THROM TIME 28 SECONDS
INT. RATIO 1.1
DER FIBRINOGEN 3.06 g/l

CSE : PT NORMAL RANGE 10-13 SECS
PTT NORMAL RANGE 26-36 SECS
PFIB Normal range 1.5 - 4.5 g/l

Authorised by: T.H.Cavanagh

DATE OF REPORT	TIME
21.02.98	11:30
RUN	
255	
DATE OF SAMPLE	TIME
21.02.98	11:02

12th

WES

CONSULTANT
& PATIENT
OR
GP NAME
& ADDRESS

REPORT

WES

CONSULTANT
& PATIENT
OR
GP NAME
& ADDRESS

REP

LOW HOSPITALS UNIVERSITY NHS TRUST DEPARTMENT OF HAEMATOLOGY

SURNAME	FORENAME	LABORATORY No.
DONALD	DIANE	H.80220.4149.0
SEX	D.O.B. AGE	HOSPITAL
F	16.12.83	1124660

CONSULTANT stated
Patient and Emergency

CLINICAL SCREEN	12	SECONDS
HEMOGLOBIN	28	SECONDS
THROM TIME	1.1	d/l
ATID	3.06	
BRINDGEN		

PT NORMAL RANGE 10-13 SECS
PTT NORMAL RANGE 24-36 SECS
PFIB Normal range 1.5 - 4.5 d/l

Authorised by: T.H. Cavanagh

DATE OF REPORT
21.02.98
RUN
251
DATE OF SAMPLE
20.02.98

G

12th

11th

10th

9th

8th

7th

6th

5th

4th

3rd

2nd

WE

CONSULTANT
& PATIENT
OR
GP NAME
& ADDRESS

REF

WES

CONSULTANT
& PATIENT
OR
GP NAME
& ADDRESS

AFFIX 1st REPORT HERE

ST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

DEPARTMENT OF HAEMATOLOGY

REPO: CONSULTANT
LOC No consultant stated
Accident and Emergency

SURNAME

DONALD

FORENAME

DIANE

SEX

F

D.O.B. AGE

16.12.83

HOSPITAL

1124660

LABORATORY No.

H.80220.0712.6

Cumulative FBC's

20.02.98

MC 11.70

Hb 5.10

14.8

0.445

97.3

29.0

194

8.18

1.54

0.45

1.50

L8M

(4.00-11.00)

(3.90-5.60)

(11.5-16.5)

(80.0-100.0)

(28.0-32.0)

(140-450)

(2.00-7.50)

(1.50-4.00)

(0-19)

(<90.0)

DATE OF REPORT

21.02.98

TIME

09:12

RUN

869

BK

DATE OF SAMPLE

20.02.98

TIME

FULL BLOOD COUNT

Hct

WBC

Hct

MCV

MCH

Information for you about

Your baby's movements in pregnancy

This information has been adopted and adapted for
NHS GG&C with permission from The Royal College of
Obstetricians and Gynaecologists produces:
www.rcog.org.uk/files/rcog-corp/GTG57RFM25022011.pdf.

Review Date July 2015

Maternity Assessment – Contact Numbers

Princes Royal Maternity Phone: 0141 211 5352

Royal Alexandra Hospital Phone: 0141 314 3741

Southern General Hospital Phone: 0141 201 4363

About this information

This information is for you if you would like to know about your baby's movements during pregnancy. It may also be helpful if you have concerns that your baby has not been moving as much as usual or if you feel that there are changes in your baby's movements.

It tells you about:

- what are normal movements for an unborn baby
- what affects how much you feel your baby move
- what you should do if your baby's movements reduce or change
- what care you will have if your baby's movements reduce or change.

This information aims to help you and your healthcare team make the best decisions about your care. It is not meant to replace advice from a doctor or midwife about your own situation.

What are normal movements for an unborn baby in pregnancy?

Most women are first aware of their baby moving when they are 18–20 weeks pregnant. However, if this is your first pregnancy, you may not become aware of movements until you are more than 20 weeks pregnant. If you have been pregnant before, you may feel movements as early as 16 weeks. Pregnant women feel their unborn baby's movements as a kick, flutter, swish or roll.

As your baby develops, both the number and type of movements will change with your baby's activity pattern. Usually, afternoon and evening periods are times when babies

What should I do if I find my baby's movements are reduced again?

When you go home we will advise you to keep an eye on your baby's movements and, should your baby have another episode of reduced movements, you must again contact your local maternity unit immediately. Never hesitate to contact your midwife or local maternity unit for advice, no matter how many times this happens.

They will ask you about your baby's movements. You will have a full antenatal check-up, including checking your baby's heartbeat.

They will monitor your baby's heart rate, usually for at least 20 minutes. This should give you reassurance about your baby's wellbeing. You should be able to see your baby's heart rate increase as they move. You will usually be able to go home once you are reassured.

Your midwife may arrange an ultrasound scan to check on the growth of your baby, as well as the amount of amniotic fluid around your baby, if:

- your uterus measures smaller than expected
- your pregnancy has risk factors associated with stillbirth
- the heart-rate monitoring is normal but you still feel that your baby's movements are less than usual.

You usually have the scan within 24 hours of the request.

These investigations usually provide reassurance that all is well. Most women who experience one episode of reduction in their baby's movements have a straightforward pregnancy and go on to deliver a healthy baby.

If there are any concerns about your baby, your doctor and midwife will discuss this with you. They may arrange follow-up scans. In some circumstances, we may advise that it would be safer for your baby to be born as soon as possible. This would depend on your individual situation and how far you are in your pregnancy.

appears to move more often: During both day and night, your baby has sleep periods that mostly last between 20 and 40 minutes, and are rarely longer than 90 minutes. Your baby will usually not move during these sleep periods.

The number of movements tends to increase until 32 weeks of pregnancy and then stay about the same, although the type of movement may change as you get nearer to your due date. Often, if you are busy, you may not notice all of these movements. Importantly, you should continue to feel your baby move right up to the time you go into labour. Your baby should move during labour too.

Why are my unborn baby's movements important?

During your pregnancy, feeling your baby move gives you reassurance of their wellbeing.

If you notice your baby is moving less than usual or if you have noticed a change in the pattern of movements, it may be the first sign that your baby is unwell. Therefore it is essential that you contact your midwife or local maternity unit immediately so that they can assess your baby's wellbeing.

How many movements are enough?

There is no specific number of movements which is normal. During your pregnancy, you need to be aware of your baby's individual pattern of movements. A reduction or a change in your baby's movements is what is important.

What factors can affect me feeling my baby move?

You are less likely to be aware of your baby's movements when you are active or busy.

If your placenta (afterbirth) is at the front of your uterus (womb), it may not be so easy for you to feel your baby's movements.

Your baby lying head down or bottom first will not affect whether you can feel it move. If your baby's back is lying at the front of your uterus, you may feel fewer movements than if their back is lying alongside your own back.

What can cause my baby to move less?

Certain drugs such as strong pain relief or sedatives can get into an unborn baby's circulation and can make your baby move less. Alcohol and smoking may also affect your baby's movements.

In some cases, a baby may move less because they are unwell. Rarely, a baby may have a condition affecting the muscles or nerves that causes them to move very little or not at all.

Should I use a chart to count my baby's movements?

There is not enough evidence to recommend the routine use of a movement chart. It is more important for you to be aware of your baby's individual pattern of movements throughout your pregnancy and you should seek immediate help if you feel that the movements are reduced.

What if I am unsure about my baby's movements?

If you are unsure whether or not your baby's movements are reduced, you should lie down on your left side and focus on your baby's movements for the next 2 hours. If you do not feel ten or more separate movements during these 2 hours, you should take action (see below).

What should I do if I feel my baby's movements are reduced or changed?

Always seek professional help immediately. Never go to sleep ignoring a reduction in your baby's movements. Do not rely on any home kits you may have for listening to your baby's heartbeat.

Your care will depend on the stage of your pregnancy:

- **Less than 24 weeks pregnant.** Most women first become aware of their baby moving when they are 18–20 weeks pregnant. If by 24 weeks you have never felt your baby move, you should contact your midwife, who will check your baby's heartbeat. They may arrange an ultrasound scan and refer you to a specialist fetal medicine centre to check your baby's wellbeing.
- **Between 24 weeks and 28 weeks pregnant.** You should contact your midwife, who will check your baby's heartbeat. You will have a full antenatal check-up that includes checking the size of your uterus (womb), measuring your blood pressure and testing your urine for protein. If your uterus measures smaller than expected, they may arrange an ultrasound scan to check on your baby's growth and development.
- **Over 28 weeks pregnant.** You must contact your midwife or local maternity unit immediately. **You must not wait until the next day to seek help.**

ADDRESSOGRAPH LABEL		COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
NA		PRE - OP SWAB COUNT	K. TAYLOR	M. SEWART M. Stewart
DC	1612836909 DONALD Diane 16/12/1983	PRE - OP INSTRUMENT COUNT	K. TAYLOR	M. SEWART M. Stewart
HC	27 St. Andrews Way Clydebank, Dunbartonshire G81 1BP	FINAL SWAB COUNT	K. TAYLOR	M. SEWART M. Stewart
		FINAL INSTRUMENT COUNT	K. TAYLOR	M. SEWART M. Stewart
		FINAL DISPATCH COUNT	K. TAYLOR	M. SEWART M. Stewart
SCRUB PRACTITIONER VERIFICATION				
I have reviewed this count and can verify my count is correct				
SCRUB PRACTITIONER 1 (Sign) <i>[Signature]</i>				
SCRUB PRACTITIONER 2 (Sign) N/A ☐				

OPERATION :

ELECTIVE SECTION 1 FORCES

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

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

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

Swabs (2x2)	<i>10</i>	Pledgelets		Caesarean Roll		ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (10x10)	<i>15</i>	Tapes				
Abdominal packs	<i>7</i>	Sloops/Slings				
Sutures	<i>2</i>	Bulldogs				
Blades		Shods				
IV lines		Ports				
Syringes		Tibbs Cannula				
Discard-a-pad	<i>1</i>	Staple Gun Inserts				
Diathermy pencil	<i>1</i>	Spears				
Diathermy tips		Retrieval Bag (Bert)				
Scratch pad		Digital Tourniquets		Throat Pack IN	☐	
Reels		Pen & Ruler		Throat pack OUT	☐	
Patties		Bi-Polar			☐	
				Total Number	☐	

DISCREPANCY IN COUNT - THIS SECTION N/A ☐

DETAIL IN WHICH COUNT DISCREPANCY OCCURRED:-

Detail of the discrepancy:-

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

Scrub Practitioner Signature if count still incorrect

Datix is Completed ☐

Datix Incident Number

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

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

16128369
DONALD
Diane
27 St. Andrews Way
Clydebank, Dunbartonshire
G81 1BP



Consent Form

Name of proposed procedure or course of treatment
(Include brief explanation if medical term not clear)

Elective Caesarean Section

Statement of health professional

(to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient, in particular, I have explained:

The intended benefits: *Delivery of baby/babies through a cut in the abdomen (tummy) and uterus (womb) in a situation where the risks of vaginal delivery are more than those of a caesarean section operation*

Serious risks:

- Emergency hysterectomy, 7-8 women in every 1000 (uncommon)
- Need for further surgery at a later date, 5 women in every 1000 (uncommon)
- Admission to intensive care unit, 9 women in every 1000 (uncommon)
- Increased risk of a tear in the womb in future pregnancies, 2-7 women in every 1000 (uncommon)
- Developing a blood clot, 4-16 women in every 10 000 (rare)
- Stillbirth in future pregnancies, 1-4 women in every 1000 (uncommon)
- In a future pregnancy, the placenta covers the entrance to the womb (placenta praevia), 4-8 women in every 1000 (uncommon)
- Injury to the urinary system, 1 woman in every 1000 (rare)
- Death, approximately 1 woman in every 12 000 (very rare)

Frequent risks:

- Common: persistent wound and abdominal discomfort, repeat caesarean section in subsequent pregnancies, readmission to hospital, minor cuts to the baby's skin
- Uncommon: haemorrhage, infection

Any extra procedures which may become necessary during the procedure

blood transfusion

other procedure (please specify) hysterectomy, repair to damaged organs

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet/tape has been provided

This procedure will involve (please circle):

☒ general and/or regional anaesthesia

☐ local anaesthesia

☐ sedation

Signed

Date:

22/2/23

Name (PRINT)

R. METCALFE

Job title

ST 7

Contact details (if patient wishes to discuss options later)

Woman's Consent

Signed

Date:

22/2/23

Name (PRINT)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe she can understand

Signed

Date:

Name (PRINT)

SURNAME

FORENAME

UNIT NO.

AGE

WARD



1612836909

DONALD

Diane

16/12/1983

27 St. Andrews Way

Clydebank, Dunbartonshire

G81 1BP

DATE

01032023

PRE-OP INSTRUCTIONS

Pre-operative notes

ODM - melformin + insulin
Awaiting 24hr type.
migraines
↑ HR past week - asymptomatic other than
palpitations
Previous GA - Keyhole surgery 10 yrs
- no issues (no spinal) /
no Pbt issues GA. epidural
no SOB, no blackouts

AIRWAY

well loose
no issues, no issues
neck OK, JPA

ASA GRADE

1 2 3 4 5 E

C. SECTION CATEGORY

1 2 3 4

PARA

2+0

WEEKS

37+4

Hb

115

WBC

7.0

PLATELETS

207

DATE

27/12/23

CONSENT / RISKS DISCUSSED

Technique ☒ Info card read ☐
Failure / inadequate ☒ ↓ BP ☒
Motor block ☒ Headache ☒
Nerve injury ☒ Infection ☒
Total Spinal ☐ All the above ☐
Epidural Haematoma/Paralysis ☒

CURRENT MEDICATION

melformin, insulin - no choral
2am, 2pm - had usual dose last
NSAIDS: night w 1915

ALLERGIES

NKDA

OTHER RESULTS

P106 → 92
Sats 97% O₂A
105/76

HEIGHT (M) 1.59

WEIGHT (KG) 72

BMI 29

PRE-OP BP

BM 4.1 @ 0805

POST-OPERATIVE INSTRUCTIONS AND NOTES

Time of first post-operative dose of LMWH: _____

Time of first post-operative dose of long acting opiate: _____

PROCEDURE PERFORMED

LUSCS @ 1130.
CBL = 2.2 L - for con + FBC
pre LMWH

PROBLEMS FOR FUTURE REFERENCE

For a further spinal CSL post-op
please.

ANAESTHETIST

Sign:

[Signature]

Print:

HARRER

If Trainee: Consultant Present ☐ Informed ☐ Not informed ☒

SURGEON

HIGGINS

Continuous epidural

Technique details

Asepsis ☐ Sitting Lateral 16G/18G Level ☐

LOR to Air/Saline at cm. Catheter cm at skin

Aspiration:

Comments:

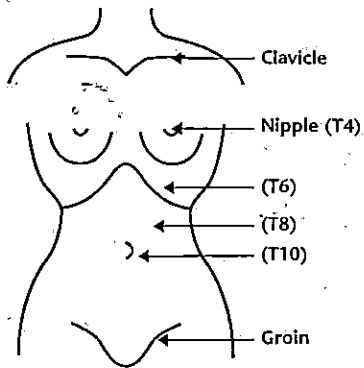
ANAESTHETIST

Sign: _____

Print: _____

[illegible]

	Motor block
0	Normal movement
1	Slight weakness
2	Marked weakness
3	No movement

[illegible][illegible]

	Time	Top-up	Sign.
1			
2			
3			
4			
5			
6			
7			
8			
9			

IV SITES

EPIDURAL INFUSION	
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100	

[illegible][illegible]A large grid of graph paper, consisting of 20 columns and 10 rows of squares, intended for drawing a picture.[illegible][illegible][illegible][illegible]

Machine Check ☐		Ventilation		Hand 165 ☒ R	
☐ Oral/Nasal ☐ Mask ☐ Cuff ☐ Pack Phar. Airway Tube/LMA size: Laryngoscopy Grade: 1 2 3 4		☒ Spontaneous Vt ☐ IPPV f Circuit PAW Ventilator		Forearm L R Internal jugular L R Other L R Blood warmer ☐	

Aseptic ☒ <u>Sitting/Lateral</u> Level: <u>L4/5</u> Spinal ☒ Epidural ☐ CSE ☐ LOR to air/saline at cm Catheter cm at skin		ECG ☐ SpO2 ☒ NIBP ☒ ETCo2 ☐ ETAA ☐ ABP ☐ PNS ☐ Arterial line:
LA to skin: <u>3ml + 1% lidocaine to skin</u> Needle: <u>25G Whitmore, Sterile technique - gown, gloves, drape (waist, hat)</u> Spinal Drugs: <u>0.5% chlorhexidine to skin, allowed to dry</u> Comments: <u>1st pass, clear CSF no complications</u> <u>2nd 0.5% ropivacaine + 30mcg diamorphine</u> Comfortable throughout surgery ☐		

Block height to cold (c) to sharp (s)	Motor block R/L <u>Dense motor block bilaterally</u>
Lower <u>R/L</u> R/L	<u>T2 Bilateral</u> <u>0930 1000</u> <u>Alfentanil 20mcg X 2</u>

Time	SpO2	FiO2	EtCo2	EtAA	Temp	Fluid	CVP	Blood Loss	Urine Output
0930	98	21	47	100	100				
0935	99	21	47	100	100				
0940	97	21	47	100	100				
0945	100	21	47	100	100				
0950	100	21	47	100	100				
0955	100	21	47	100	100				
1000	100	21	47	100	100				
1005	100	21	47	100	100				
1010	100	21	47	100	100				
1015	100	21	47	100	100				
1020	100	21	47	100	100				
1025	100	21	47	100	100				
1030	100	21	47	100	100				
1035	100	21	47	100	100				
1040	100	21	47	100	100				
1045	100	21	47	100	100				
1050	100	21	47	100	100				
1055	100	21	47	100	100				
1100	100	21	47	100	100				
1105	100	21	47	100	100				
1110	100	21	47	100	100				
1115	100	21	47	100	100				
1120	100	21	47	100	100				
1125	100	21	47	100	100				
1130	100	21	47	100	100				
1135	100	21	47	100	100				
1140	100	21	47	100	100				
1145	100	21	47	100	100				
1150	100	21	47	100	100				
1155	100	21	47	100	100				
1200	100	21	47	100	100				
1205	100	21	47	100	100				
1210	100	21	47	100	100				
1215	100	21	47	100	100				
1220	100	21	47	100	100				
1225	100	21	47	100	100				
1230	100	21	47	100	100				
1235	100	21	47	100	100				
1240	100	21	47	100	100				
1245	100	21	47	100	100				
1250	100	21	47	100	100				
1255	100	21	47	100	100				
1300	100	21	47	100	100				
1305	100	21	47	100	100				
1310	100	21	47	100	100				
1315	100	21	47	100	100				
1320	100	21	47	100	100				
1325	100	21	47	100	100				
1330	100	21	47	100	100				
1335	100	21	47	100	100				
1340	100	21	47	100	100				
1345	100	21	47	100	100				
1350	100	21	47	100	100				
1355	100	21	47	100	100				
1400	100	21	47	100	100				
1405	100	21	47	100	100				
1410	100	21	47	100	100				
1415	100	21	47	100	100				
1420	100	21	47	100	100				
1425	100	21	47	100	100				
1430	100	21	47	100	100				
1435	100	21	47	100	100				
1440	100	21	47	100	100				
1445	100	21	47	100	100				
1450	100	21	47	100	100				
1455	100	21	47	100	100				
1500	100	21	47	100	100				
1505	100	21	47	100	100				
1510	100	21	47	100	100				
1515	100	21	47	100	100				
1520	100	21	47	100	100				
1525	100	21	47	100	100				
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1545	100	21	47	100	100				
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1555	100	21	47	100	100				
1600	100	21	47	100	100				
1605	100	21	47	100	100				
1610	100	21	47	100	100				
1615	100	21	47	100	100				
1620	100	21	47	100	100				
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1755	100	21	47	100	100				
1800	100	21	47	100	100				
1805	100	21	47	100	100				
1810	100	21	47	100	100				
1815	100	21	47	100	100				
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1835	100	21	47	100	100				
1840	100	21	47	100	100				
1845	100	21	47	100	100				
1850	100	21	47	100	100				
1855	100	21	47	100	100				
1900	100	21	47	100	100				
1905	100	21	47	100	100				
1910	100	21	47	100	100				
1915	100	21	47	100	100				
1920	100	21	47	100	100				
1925	100	21	47	100	100				
1930	100	21	47	100	100				
1935	100	21	47	100	100				
1940	100	21	47	100	100				
1945	100	21	47	100	100				
1950	100	21	47	100	100				
1955	100	21	47	100	100				
2000	100	21	47	100	100				
2005	100	21	47	100	100				
2010	100	21	47	100	100				
2015	100	21	47	100	100				
2020	100	21	47	100	100				
2025	100	21	47	100	100				
2030	100	21	47	100	100				
2035	100	21	47	100	100				
2040	100	21	47	100	100				
2045	100	21	47	100	100				
2050	100	21	47	100	100				
2055	100	21	47	100	100				
2100	100	21	47	100	100				
2105	100	21	47	100	100				
2110	100	21	47	100	100				
2115	100	21	47	100	100				
2120	100	21	47	100	100				

Patient: 1612838909
 Date of birth: DONALD F
 Diane 16/12/1983
 CHI No: 27 St. Andrews Way
 Clydebank, Dunbartonshire
 G81 1BP

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART



Patient's weight and height
 Weight (kg) Height (cm)

Prescription details									Administration details				
Date	Time	Name of fluid	Volume (ml)	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
11/3/23	1130	CSL	500	IV	20 → over 2 hours		HARPER		11/3/23	11:30	DC		

*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:		Example:	
Rate of flow =	Volume of fluid (ml) x 20	500ml over 1 hour	167 drops/min
(drops/min)	Duration of admin (min)	500ml over 4 hours	42 drops/min
		500ml over 6 hours	28 drops/min
		500ml over 8 hours	21 drops/min
NB: 1ml = 20 drops (for a standard giving set)			



1612836909
DONALD F
Diane 16/12/1983
27 St. Andrews Way
Clydebank, Dunbartonshire
G81 1BP

Blood Group:	O+ve
Hb:	115
Latest BMI / Weight	72 Kg
Date obtained for G&S:	27/12/23
Time obtained for G&S:	09.30



Postpartum Haemorrhage Vigilance (PHV)

Complete risk assessment on admission to labour ward, every 4 hours during labour, at 2nd stage and prior to planned delivery.

*Major risk factors ≥ 1 of the following = super active 3 rd stage					
Date: 1/3/24	Time:				
Placenta Praevia	X				
Previous PPH ≥ 1000 mls	X				
Anaemia ≤ 90 g/L	X				
Multiparity Gravida ≥ 5 Para 4	X				
Clotting abnormality	X				
Multiple pregnancy	X				
Prolonged 2 nd stage (≥ 3 hrs prim, ≥ 2 hrs parous)	X				

If ≥ 1 major risk factor
or
if ≥ 3 moderate risk factors
Super active third stage
management is required.



Super active third stage
management =
5 international units
IV Syntocinon® and
1ml IM Syntometrine®
with delivery of anterior
shoulder- unless there is
specific contraindications to
Syntometrine®
(e.g. hypertension or
cardiac disease).
If Syntometrine®
contraindicated use
5 international units
IV Syntocinon® and
10 international units
IM Syntocinon® with delivery
of anterior shoulder.

Note: Placenta should be
delivered only after signs of
separation.



Is super active third stage
management required?

Yes

No

*Moderate risk factors ≥ 3 of the following = super active 3 rd stage					
Date: 1/3/23	Time:				
Asian ethnicity	X				
Obesity BMI ≥ 35 kg/m ²	X				
Estimated fetal weight ≥ 4 kg	X				
Previous LUSCS	X				
Pre eclampsia PIH	X				
Suspected or Proven Placental Abruption	X				
Induction of Labour/Augmentation	X				
Pyrexia in Labour $\geq 38^{\circ}\text{C}$	X				
Prolonged Labour ≥ 12 hrs	X				
Mediolateral Episiotomy	X				
Operative Vaginal Delivery / LUSCS	X				
Total moderate risk factors:	1				

Blood
Loss: 2200

Mode of
Delivery: EL CS

Assessed by: Sign *Amurphy* Print *Amurphy*

Date: 27/12/23

*Remember if $\uparrow$ BP or cardiac disease **NO Syntometrine***

For S/A 3rd stage.

Please use 23 home blocks and 10 extra each day.

Remember to complete the "Whose signature?" section on the back cover of the record.

1230 Discharged home following PR Bleed
- nil since morning 10/10/12. GTT
normal. Steroids completed. Aware
to contact. Maternity assessment
if any further concerns. 98

Antenatal assessments/admissions/multi-professional assessment

Antenatal Care

[illegible]

Antenatal Care

Antenatal Care

[illegible]

Antenatal assessments/admissions/multi-professional assessment

Antenatal Căre

Please use 24-hour clock and sign name clearly
Remember to complete the "Who's signed it?" section on the back cover of the record.

10-10-68, 10-11-68, 10-12-68, 10-13-68, 10-14-68, 10-15-68, 10-16-68, 10-17-68, 10-18-68, 10-19-68, 10-20-68, 10-21-68, 10-22-68, 10-23-68, 10-24-68, 10-25-68, 10-26-68, 10-27-68, 10-28-68, 10-29-68, 10-30-68, 10-31-68, 11-1-68, 11-2-68, 11-3-68, 11-4-68, 11-5-68, 11-6-68, 11-7-68, 11-8-68, 11-9-68, 11-10-68, 11-11-68, 11-12-68, 11-13-68, 11-14-68, 11-15-68, 11-16-68, 11-17-68, 11-18-68, 11-19-68, 11-20-68, 11-21-68, 11-22-68, 11-23-68, 11-24-68, 11-25-68, 11-26-68, 11-27-68, 11-28-68, 11-29-68, 11-30-68, 12-1-68, 12-2-68, 12-3-68, 12-4-68, 12-5-68, 12-6-68, 12-7-68, 12-8-68, 12-9-68, 12-10-68, 12-11-68, 12-12-68, 12-13-68, 12-14-68, 12-15-68, 12-16-68, 12-17-68, 12-18-68, 12-19-68, 12-20-68, 12-21-68, 12-22-68, 12-23-68, 12-24-68, 12-25-68, 12-26-68, 12-27-68, 12-28-68, 12-29-68, 12-30-68, 12-31-68, 1-1-69, 1-2-69, 1-3-69, 1-4-69, 1-5-69, 1-6-69, 1-7-69, 1-8-69, 1-9-69, 1-10-69, 1-11-69, 1-12-69, 1-13-69, 1-14-69, 1-15-69, 1-16-69, 1-17-69, 1-18-69, 1-19-69, 1-20-69, 1-21-69, 1-22-69, 1-23-69, 1-24-69, 1-25-69, 1-26-69, 1-27-69, 1-28-69, 1-29-69, 1-30-69, 1-31-69, 2-1-69, 2-2-69, 2-3-69, 2-4-69, 2-5-69, 2-6-69, 2-7-69, 2-8-69, 2-9-69, 2-10-69, 2-11-69, 2-12-69, 2-13-69, 2-14-69, 2-15-69, 2-16-69, 2-17-69, 2-18-69, 2-19-69, 2-20-69, 2-21-69, 2-22-69, 2-23-69, 2-24-69, 2-25-69, 2-26-69, 2-27-69, 2-28-69, 2-29-69, 2-30-69, 3-1-69, 3-2-69, 3-3-69, 3-4-69, 3-5-69, 3-6-69, 3-7-69, 3-8-69, 3-9-69, 3-10-69, 3-11-69, 3-12-69, 3-13-69, 3-14-69, 3-15-69, 3-16-69, 3-17-69, 3-18-69, 3-19-69, 3-20-69, 3-21-69, 3-22-69, 3-23-69, 3-24-69, 3-25-69, 3-26-69, 3-27-69, 3-28-69, 3-29-69, 3-30-69, 3-31-69, 4-1-69, 4-2-69, 4-3-69, 4-4-69, 4-5-69, 4-6-69, 4-7-69, 4-8-69, 4-9-69, 4-10-69, 4-11-69, 4-12-69, 4-13-69, 4-14-69, 4-15-69, 4-16-69, 4-17-69, 4-18-69, 4-19-69, 4-20-69, 4-21-69, 4-22-69, 4-23-69, 4-24-69, 4-25-69, 4-26-69, 4-27-69, 4-28-69, 4-29-69, 4-30-69, 5-1-69, 5-2-69, 5-3-69, 5-4-69, 5-5-69, 5-6-69, 5-7-69, 5-8-69, 5-9-69, 5-10-69, 5-11-69, 5-12-69, 5-13-69, 5-14-69, 5-15-69, 5-16-69, 5-17-69, 5-18-69, 5-19-69, 5-20-69, 5-21-69, 5-22-69, 5-23-69, 5-24-69, 5-25-69, 5-26-69, 5-27-69, 5-28-69, 5-29-69, 5-30-69, 5-31-69, 6-1-69, 6-2-69, 6-3-69, 6-4-69, 6-5-69, 6-6-69, 6-7-69, 6-8-69, 6-9-69, 6-10-69, 6-11-69, 6-12-69, 6-13-69, 6-14-69, 6-15-69, 6-16-69, 6-17-69, 6-18-69, 6-19-69, 6-20-69, 6-21-69, 6-22-69, 6-23-69, 6-24-69, 6-25-69, 6-26-69, 6-27-69, 6-28-69, 6-29-69, 6-30-69, 7-1-69, 7-2-69, 7-3-69, 7-4-69, 7-5-69, 7-6-69, 7-7-69, 7-8-69, 7-9-69, 7-10-69, 7-11-69, 7-12-69, 7-13-69, 7-14-69, 7-15-69, 7-16-69, 7-17-69, 7-18-69, 7-19-69, 7-20-69, 7-21-69, 7-22-69, 7-23-69, 7-24-69, 7-25-69, 7-26-69, 7-27-69, 7-28-69, 7-29-69, 7-30-69, 7-31-69, 8-1-69, 8-2-69, 8-3-69, 8-4-69, 8-5-69, 8-6-69, 8-7-69, 8-8-69, 8-9-69, 8-10-69, 8-11-69, 8-12-69, 8-13-69, 8-14-69, 8-15-69, 8-16-69, 8-17-69, 8-18-69, 8-19-69, 8-20-69, 8-21-69, 8-22-69, 8-23-69, 8-24-69, 8-25-69, 8-26-69, 8-27-69, 8-28-69, 8-29-69, 8-30-69, 8-31-69, 9-1-69, 9-2-69, 9-3-69, 9-4-69, 9-5-69, 9-6-69, 9-7-69, 9-8-69, 9-9-69, 9-10-69, 9-11-69, 9-12-69, 9-13-69, 9-14-69, 9-15-69, 9-16-69, 9-17-69, 9-18-69, 9-19-69, 9-20-69, 9-21-69, 9-22-69, 9-23-69, 9-24-69, 9-25-69, 9-26-69, 9-27-69, 9-28-69, 9-29-69, 9-30-69, 10-1-69, 10-2-69, 10-3-69, 10-4-69, 10-5-69, 10-6-69, 10-7-69, 10-8-69, 10-9-69, 10-10-69, 10-11-69, 10-12-69, 10-13-69, 10-14-69, 10-15-69, 10-16-69, 10-17-69, 10-18-69, 10-19-69, 10-20-69, 10-21-69, 10-22-69, 10-23-69, 10-24-69, 10-25-69, 10-26-69, 10-27-69, 10-28-69, 10-29-69, 10-30-69, 10-31-69, 11-1-69, 11-2-69, 11-3-69, 11-4-69, 11-5-69, 11-6-69, 11-7-69, 11-8-69, 11-9-69, 11-10-69, 11-11-69, 11-12-69, 11-13-69, 11-14-69, 11-15-69, 11-16-69, 11-17-69, 11-18-69, 11-19-69, 11-20-69, 11-21-69, 11-22-69, 11-23-69, 11-24-69, 11-25-69, 11-26-69, 11-27-69, 11-28-69, 11-29-69, 11-30-69, 12-1-69, 12-2-69, 12-3-69, 12-4-69, 12-5-69, 12-6-69, 12-7-69, 12-8-69, 12-9-69, 12-10-69, 12-11-69, 12-12-69, 12-13-69, 12-14-69, 12-15-69, 12-16-69, 12-17-69, 12-18-69, 12-19-69, 12-20-69, 12-21-69, 12-22-69, 12-23-69, 12-24-69, 12-25-69, 12-26-69, 12-27-69, 12-28-69, 12-29-69, 12-30-69, 12-31

[illegible]

Antenatal Care

Please use 24 hanging and clip fasteners.
Remember to complete the "Who's Signaling?" section on the back cover of the record.

[illegible]

Breech Presentation at 36 weeks

Date

Antenatal Care

External Cephalic Version discussed and information given

☐ No ☐ Yes

/ /

External Cephalic Version offered

☐ No ☐ Yes

/ /

External Cephalic Version offer accepted

☐ No ☐ Yes

/ /

Details of ECV procedure

Fetal heart checked and recorded ☐ No ☐ Yes**Record of cervical stretch and membrane sweep for postmaturity**

Date / / Time Gestation

Record of discussion prior to the procedure

Abdominal examination**Cervical examination**

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate (pre VE) Maternal pulse

Fetal heart rate (post VE)

Total score		Pain score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/	-	-

Special features/Labour, birth & after your baby is born		
Special features	Plans for care	Notes for paediatrician
Anaesthetic R/V ~32/40		

Antenatal Steroids given No ☐ Yes ☐ Date ____/____/____ Time ____:____:____ Details _____
 Repeat dose Date ____/____/____ Time ____:____:____ Date ____/____/____ Time ____:____:____

Information for you

Your midwife or doctor will give you the following leaflets, booklets and information.

Forms

- FW8 Maternity Exemption form (your entitlement to free prescriptions during pregnancy and for one year after your baby is born)
- Mat B1 form (for an employer or the Benefits Agency confirming your estimated date of delivery. You can ask for this form from your 20th week of pregnancy)

Date received

____/____/____

____/____/____

Benefits and Entitlements

- Parent's Guide to Money
- 'A Guide to Maternity Benefits' NI 17A www.dwp.gov.uk
- 'Pregnancy and work: what you need to know as an employee' www.bis.gov.uk

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Screening tests in pregnancy

- 'Your guide to screening tests during pregnancy'

____/____/____

Pregnancy, baby care and breastfeeding

- 'Ready, Steady, Baby' www.readysteadybaby.org.uk There are Easy Read versions of 'Ready, Steady, Baby', available free from Health Scotland Telephone 0131 536 5500 and ask for 'My Pregnancy, My Choice' and 'You and your Baby'
- Information on wearing a car seat belt safely during pregnancy see 'Ready, Steady, Baby'
- 'Reduce the Risk of Cot Death' www.scottishcotdeathtrust.org
- 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' www.healthscotland.com
- 'Breastfeeding and Returning to Work' www.healthscotland.com
- 'Your Guide to Newborn Screening Tests'
- 'Your Baby's Hearing screen' www.healthscotland.com
- 'BCG and your baby' www.healthscotland.com
- 'Talking about postnatal depression' www.healthscotland.com
- How to Stop Smoking and Stay Stopped www.healthscotland.com +/- Fresh Start
- Smokeline NHS Stop smoking 0800 84 84 84 and www.canstopsmoking.com
- Support for alcohol issues is available from Drinkline Scotland on 0800 7 314 314 or at www.alcohol-focus-scotland.org.uk

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Others

- Antenatal education sessions discussed Yes ☐ No ☐
 Booked to attend Yes ☐ No ☐

____/____/____

Your ultrasound scans

Details of any ultrasound scans that you may choose to have will be entered below or the computer print out results of your scans will be attached.

Dating Scan +/- NT measurement

Date	Gestation	EDD by scan	Fetal heart	NT measurement performed	Signature
10-7-12	18+3	29-Dec-12	No ☐ Yes ☒	—	<i>Chapman</i>
Details					

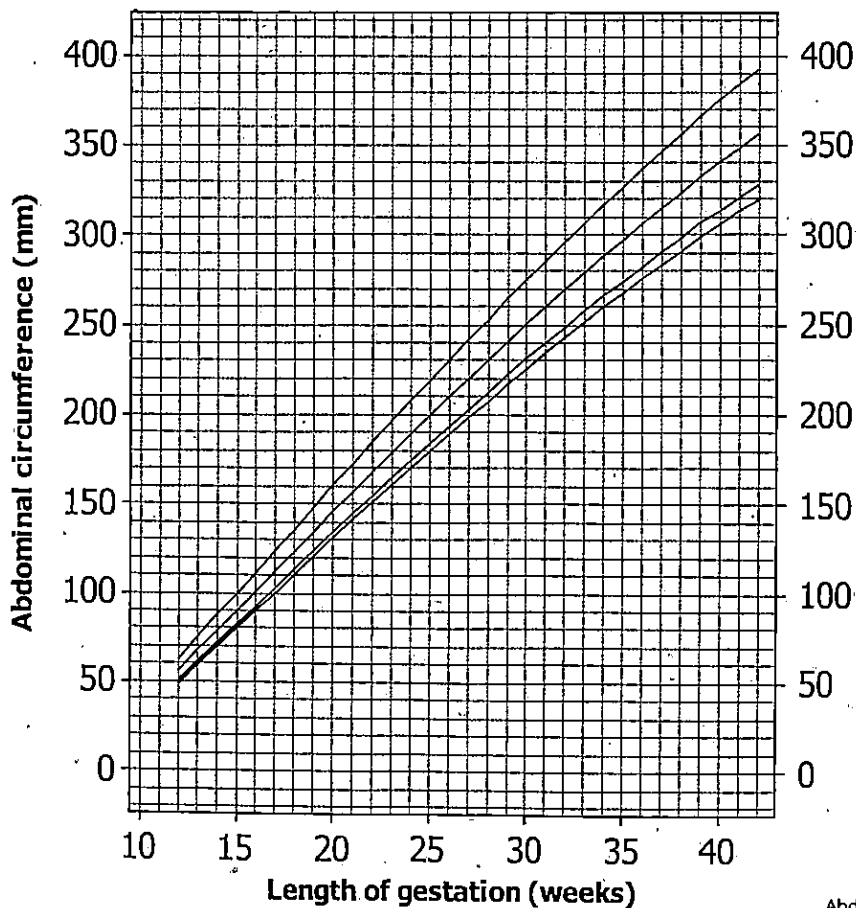
Detailed Scan / Fetal Anomaly Scan delete as appropriate

Date	Summary of findings	Signature
15-8-12	ANTERIOR PLACENTA - LOW LIE. NO ANOMALY SEEN.	<i>Chapman</i>
	Base Menu completed No ☐ Yes ☒	

Other Scans

Date	Gestation	Amniotic Fluid Index (AFI) Oligo/normal/polyhydramnios	Growth Within Normal Limits / 5th Centile / >95th Centile	Fetal presentation (Cephalic, breech, transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature
9/10/12	28+3	N	N	ceph	fine	low	fine	AM

Abdominal circumference growth

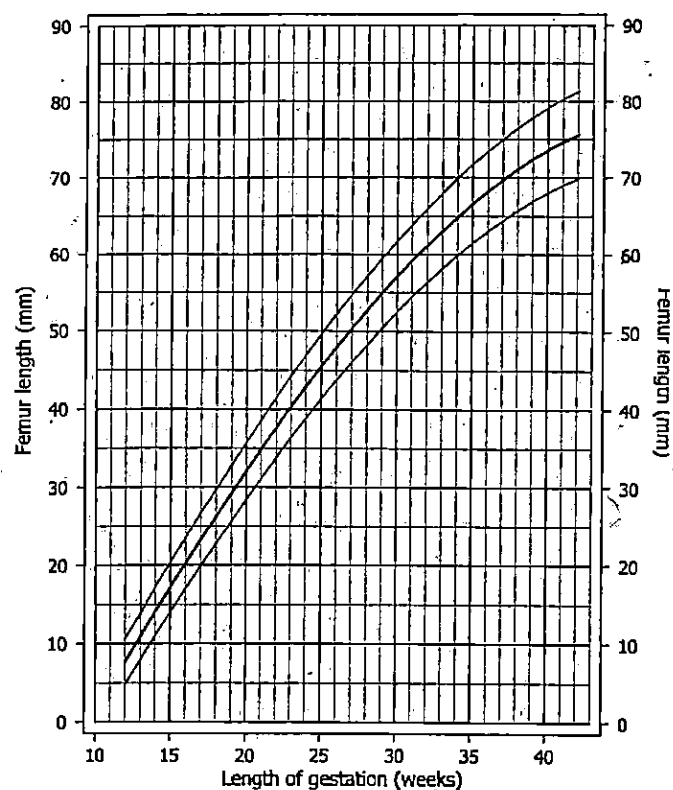


Abdominal circumference growth chart adapted from,
Loughna et al. Ultrasound, August 2009, Vol 17, Number 3
(lines show 5th, 10th, 50th, 95th centiles)

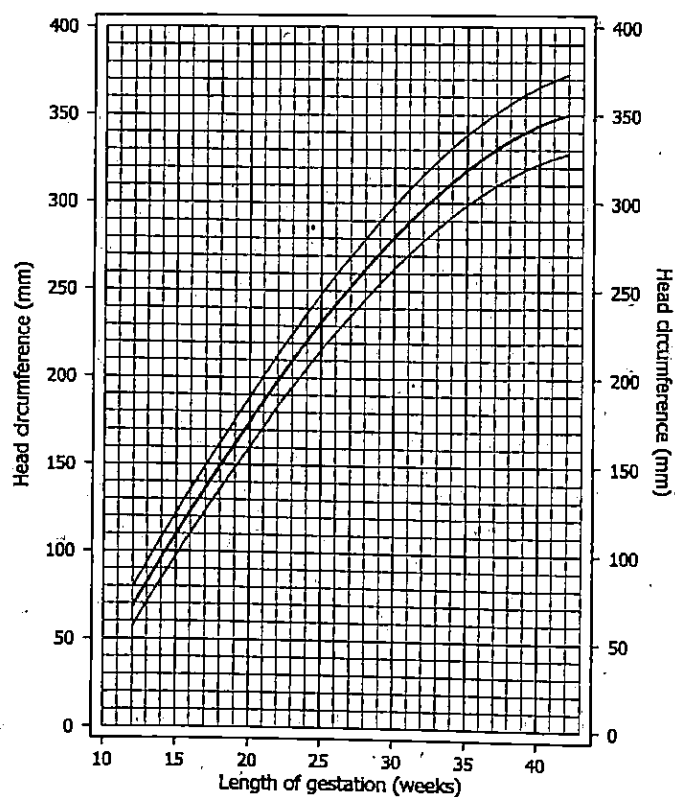
Your ultrasound scans (continued)

Details of any ultrasound scans that you may choose to have will be entered below.

Femur length



Head circumference growth



Growth charts supplied by the British Medical Ultrasound Society
(lines show 5th, 50th and 95th centiles)

Any further notes on ultrasound scans

(Please date and sign entry and complete 'Whose Signature' page at back of record).

Your preferences for labour and the birth of your baby

Please use the section below to write down your preferences for labour and birth.

Alternatively you may wish to attach your own birth plan here. Plans for labour and birth will be individual. They depend on your wishes, your health, your circumstances and what is available at your maternity unit or in your home. You will probably find it helpful to discuss these issues with your birth partner, your midwife, and/or members of your maternity care team during your pregnancy.

During labour, members of your maternity care team will read this section and discuss it with you so they understand your preferences. However you may need to keep an open mind if complications arise for you or your baby. If this happens, your midwife or doctor will discuss events with you and your birth partner. They will be able to inform you of your options in your particular circumstances.

How do I feel about labour and birth?

What are my expectations?

Who do I want with me during labour and birth?

My environment for labour and birth

Things I might want to consider: privacy, quiet, my own music, food and drink, lighting, comfort aids such as pillows, bean bags, chairs or a mattress.

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?

e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).

Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

How will I cope with labour/contractions?

Things I might want to try: relaxation and breathing, changing my position, massage, water (shower, bath or water pool), complementary therapies, a T.E.N.S. machine, 'gas and air', injection of a morphine-related drug or an epidural? (Note: an epidural service is not available in all maternity units and at all times).

Vaginal examinations to assess my progress during labour

My feelings about these are:

How would I like to give birth?

My position for birth - kneeling, standing, squatting or sitting upright?

Discovering the sex of my baby - do I want to find this out for myself?

Would I like my placenta to be delivered with or without an injection? (An injection often helps to reduce bleeding).

After my baby's birth

(Note: skin-to-skin contact with your baby is usually encouraged straight after birth)

Would I like my baby to have Vitamin K?

Other questions or special requirements that I have 

If you have given birth before, you may want to think about your experiences. Please write down anything you would like your midwife or other maternity staff to know. 

Discussion of preferences for labour and birth/issues arising
(Maternity care staff - please sign and date all entries)

Signature: _____

Date ____/____/____

Preparing for birth - what to pack in your bag

Here are some suggestions for what to take to the maternity unit. Please remember to take your Pregnancy Record, as it is very important. If you are having a home birth, your midwife will discuss other things that you will need to prepare.

For the birth	After the birth	
• comfortable clothes • music • snacks and drinks • toiletries • phone numbers • phone cards or change • camera • • • •	• clothes/nightwear for you • underwear • maternity bra • sanitary towels • breast pads • • • • •	• clothes for going home • baby clothes – sleep suits, vests, scratch mitts, hats and shawl • nappies • • •
		Please note If you are travelling by car your baby will need a properly fitted car seat for all journeys.

Your notes and questions

Please use this page to write down any notes or questions 

Haemorrhoids - proctosydal aintment }
or anusol }

Minor ailments

Your notes and questions (continued)

Please use this page to write down any notes or questions 

Lined area for notes and questions.

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from

Ward 48

To (address)

Home address

GP

at

Named caseload holder as per KCND Pathways for Maternity Care

Obstetrician

Midwife

Paediatrician

GIRFEC lead professional

Labour, birth and postnatal period

☐

Gravida

☐

Para

Onset of labour

☐

Spontaneous

☐

Induced: indication

Mode of delivery

on

day

at

Sex

Indication

Presentation

Position

Location

Livebirth/Stillbirth Gestation

Birthweight

g

Blood loss

mls

APGARs

☐

1 minute

☐

5 minutes

☐

10 minutes

Placenta/membranes

Perineum/abdominal wound

Sutures

Haemoglobin

127

g/dl

on 30/12/12

Repeat

☒

Not needed

☐

done

due on / /

Blood group

Opos

Irregular antibodies

☐

Yes

☒

No

anti-D needed

☒

No

☐

Yes

anti-D given on / /

Blood transfusion

☐

Yes

☒

No

Rubella status

Immune

Vaccination needed

☒

No

☐

Yes

Vaccinated on / /

Contraception/sexual health needs discussed

☐

No

☐

Yes

Details

Cervical smear due

☐

No

☐

Yes: due in

(month) 20

Discharge medication

☐

No

☐

Yes: details

Postnatal check with

Arranged for / /

Mother to arrange ☐

Problems identified during pregnancy, labour/birth

Problems in the postnatal period/referrals, investigations or results pending including recommendation to seek pre-pregnancy counselling prior to planning any subsequent pregnancies

Signed

[Signature]

Designation

n/w

Please complete the "Whose Signature" page at the back of the record

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°C: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Date				
1	30.12.12	T 37.2 P 97 BP 120/74 RR 14 well	low mobile legs NAD	conf firm Cordal
2	31/12/12	T 36.8 P 84 BP 117/62 RR well	mobile legs NAD 1st Visit	Soft firm
③	1/1/13	T 36.3 P 76 BP 110/60 RR	Mobile legs conf	full * umbilicus
		- Discussed Reduction of Cot death risks - Wishes to express discussed options around - Support at home		
2	2/1/13	Well Postnatally	Mobile legs conf	✓ full umbilicus
⑥	4/1/13	10 ⁰⁰ Tired but well	Mobile legs ✓	full w-c
⑩	8/1/13	See Discharge Summary		

Observations outwith this range seek advice from a multi-professional colleague

7/10/16				
Locoma Ave.	Epis.	Cath ensu.	BFCue and Support	HKave
all	Eps	Cath in situ	Rabie	R.Mh
Ave	Clear neely	Pu✓ Bo✓ haemorrhoids - has treatment	Bo Plan/ See tomorrow contacts✓	OMullarey
Ready and advice given				
Ave.	Conf.	Pu✓ Bo -	Plan See Friday Contacts	OMullay
Red ave ⇒ reducing	healing	Pu Bo Discomfort from haemorrhoids has instilled	Miss visit x 3. Has contact no.	JMoocher
				OMullarey

Your progress

Normal pulse range 50-100bpm: Normal Temp. range 36-38°C: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm.

[illegible]

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Your postnatal care

Please use 24 hour clock and sign each entry.

Remember to complete the 'Whose signature?' section on the back cover of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care
30-12-12	admitted to ward 48 with baby, introductions made. P.N Check satisfactory. urinary catheter in situ - clear urine noted B.F. at admission: completed with baby.
09 ³⁰	P.N. Well, having cuddle with baby, advised seek assistance as required. <i>HSadotas</i>
12 ⁰⁰	Asleep, suggested wake and offer feed, seek assistance as required. <i>Sm Shorman</i>
12 ³⁰	Has managed to rest a little, suggested offer baby feed, happy to do nappy change independently. <i>Sm Shorman</i>
15 ⁰⁰	Reports baby had short B.F, sucked n.d off, advised seek assistance each for B.F support & position & attachment check. <i>Sm Shorman</i>
17 ⁴⁵	Assistance given with A.F, baby fed by staff, took 15ml with maximum encouragement. <i>Sm Shorman</i>
20 ¹⁵	Clear urinary catheter. <i>Sm Shorman</i>
20 ¹⁵	Care assumed by Sm C. Monaghan, with partner no concerns at present. <i>Sm EM</i>
31/12 00 ²⁰	Appears to be asleep left undisturbed. <i>Sm EM</i>
01 ⁵⁰	Pls check as charted, fundus firm, lochia and cath in situ due out @ 04 ⁰⁰ . Discharge talk complete. keen for home today. <i>Sm EM</i>
06 ⁰⁰	Urinary catheter removed by Sm C Monaghan. Passed 250mls urine spontaneously. <i>Sm EM</i>
08 ⁵⁰	No concerns at present. P.U'd, N.A.W. Coping independently with baby care. Keen for discharge home. <i>Sm EM</i>
10 ⁰⁰	Discharge talk completed. No concerns. <i>Sm EM</i>

Please use 24 hour clock and sign each entry.

Please complete the "Whose Signature" page at the back of the record

Breastfeeding your baby

Breastfeeding your baby may be a new experience for you, or you may already have skills and confidence. This section contains items for discussion, observation and support as you breastfeed your baby. Your midwife and maternity care team will support you. When you and your midwife feel you are confident with the items, you can then sign them off to mark your progress.

Your copy of 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' provides sound advice that you and your partner can refer to. Please let your midwife know if you need another copy. Or visit www.healthpromotionagency.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding	/ /	/ /
Positioning my baby for breastfeeding	/ /	/ /
Principles of good attachment	/ /	/ /
How to recognise that my baby is feeding well including effective milk transfer	/ /	/ /
My baby's feeding and sleeping patterns for the first few days	/ /	/ /
'Baby led' feeding	/ /	/ /
When my milk 'comes in'	/ /	/ /
Rooming in at the maternity unit	/ /	/ /
Sharing a bed with my baby - the risks discussed further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"	/ /	/ /
Winding my baby	/ /	/ /
My baby's needs (exclusive breastmilk for around the first six months of life)	/ /	/ /
Why dummies or teats should not be used	/ /	/ /
How to hand express my breastmilk	/ /	/ /
Expressing breastmilk a) washing & dry storing equipment	/ /	/ /
b) safe storage	/ /	/ /
Signs that my baby is feeding well and thriving	/ /	/ /
Monitoring for wet and dirty nappies	/ /	/ /
Breastfeeding support in my community	/ /	/ /
Breastfeeding support is available from the following organisations:-		
The Breastfeeding Network 0300 100 0210 www.breastfeedingnetwork.org.uk		
National Breastfeeding Helpline 0300 100 0212 www.feedgoodfactor.org.uk		
NCT - 0300 330 0771 7 days 0800 -2200 www.nct.org.uk		
La Leche League - 0845 120 2918 www.laleche.org.uk		
Information on alcohol consumption and breastfeeding	/ /	/ /
Other things that I want to ask about:		

Formula feeding your baby

As with general baby care, you may already be skilled in making up formula feeds and formula feeding your newborn baby, or it may be a new challenge. Your midwife and maternity care team will support you. The list below can be used to check that you feel confident formula feeding your baby. Please sign off the items when you feel ready.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit	/ /	/ /
The importance of good hand hygiene	/ /	/ /
Sterilising equipment	/ /	/ /
Making up a formula feed correctly and safely (always following the manufacturer's instructions)	/ /	/ /
Making up each feed as required, use of whey based milks for first 12 months and one to one demonstration if required	<i>E. McGr</i> 31/12/12	/ /
Giving a formula feed correctly and safely	/ /	/ /
Winding my baby	/ /	/ /
My baby's feeding and sleeping patterns for the first few days	/ /	/ /
'Baby led' feeding	/ /	/ /
'Rooming in' at the maternity unit	/ /	/ /
Sharing a bed with my baby - the risks discussed Further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"	/ /	/ /
Choosing the right type of milk for my new baby (whey based)	/ /	/ /
Signs that my baby is feeding well and thriving	/ /	/ /

Further information on preparing formula feeds can be found at www.babyfriendly.org.uk Including information in different languages.

Other things about feeding that I want to ask about:

Feeling confident with your baby

Whether you are a first time parent, or if you have experience of looking after new babies, there may be things that you want to discuss and practice with maternity care staff. The list below can be used as a starting point to ensure that you feel confident meeting your baby's needs. Please sign off the items when you feel ready. Remember there can be lots to learn, and it can be quite normal for this to take a while.

Don't forget that your 'Ready, Steady, Baby!' book contains useful advice and information that you and your partner/supporter can refer to. Or visit www.readysteadybaby.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Baby communication and attachment (skin to skin, touch or massage, talking to baby, eye contact, responding to non-verbal cues, instinctive skills and how babies learn etc)	/ /	/ /
Handling my baby safely	/ /	/ /
Choosing nappies for my baby	/ /	/ /
Changing my baby's nappies	/ /	/ /
Caring for my baby's cord	/ /	/ /
A 'top and tail' wash/caring for my baby's skin	30/12/12	/ /
Bathing my baby	/ /	/ /
How to reduce the risk of cot death	/ /	/ /
Signs that my baby is well	/ /	/ /
Signs that my baby may be ill	/ /	/ /
Car safety and home safety	/ /	/ /
Registering the birth/registering with a GP	/ /	/ /
Social support	/ /	/ /
Other things I want to ask about:		

Information for you (indicate when received) ☐

Do you still have your copy of
'Ready, Steady, Baby!'

☐ No ☐ Yes

Easy Read Versions of Ready Steady Baby are available from NHS Health Scotland free of charge please contact 0131 536 5500

Please remember that some health advice changes over time. Friends and relatives may be unaware of new guidance about preventing cot death. Please share your information with them to help keep your baby safe.

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful: 

The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

How I feel I am coping

My mood and emotions

How I feel I am doing as a parent

Not liking my baby at the moment

Difficulties with my baby's feeding

Managing my tiredness

Questions about my baby

Coping with my baby's crying

My anxieties

Relationships with my family

Thinking about your pregnancy, labour and birth

Pregnancy, labour, birth and the time afterwards are unique experiences. They can have a powerful effect on how you feel and your relationships with your baby, partner, family and your maternity care team. 

Your midwife will ask you about your experiences in the early days following the birth. You may have questions that you want to ask or issues to discuss – or you may not. You may find it helpful to think about your experiences of maternity care so far, and discuss events with your partner or the person supporting you. Please use the space below to jot down any questions or issues to discuss.

Please remember that you can talk to any member of your maternity care team (such as your midwife, General Practitioner or obstetrician) about your experiences *at any time after the birth*. Some women wish to do this a few weeks, or even many months after the birth, or if they are thinking about becoming pregnant again.

Your health after the birth

Blood test results and actions				
Date	Time	Investigation	Indication	Result/Actions

Discharge from midwifery care

Date 8/1/13 Days postnatal 10

Special features identified (please sign and date each entry)

Birth Registered
when Register baby with GP

General wellbeing and mental health

Postnatally +
Emotionally
Well

Contraception

Longer acting contraception (LAC) discussed Yes ☒ No ☐

Reversible contraception discussed Yes ☐ No ☒

Has LAC contraception been provided Yes ☐ No ☐

It is recommended that you commence a reliable method of contraception by Day 21

Advised

Sexual health

(www.sexualhealthscotland.co.uk)

Physical Exercise and Healthy Lifestyle Advice
Importance of healthy eating and maintaining a healthy weight discussed Yes ☒ No ☐

Handover to health visitor completed ☐ No ☒ Yes

Health Plan Indicator allocated (circle as appropriate): core additional Include in handover to health visitor

Six week follow-up appointment discussed/arranged

☐ No ☒ Yes

Details

arr G.P.

Signed M. Murray

Print name M. Murray

Designation

Midwife

Please complete the "Whose Signature" page at the back of the record

Current smoker? ☒ No ☐ Yes /day
Has risk of passive smoking to baby been explained? ☐ No ☒ Yes

Don't smoke or allow anyone else to smoke in the same room as your baby.

It's best if nobody smokes in the house, including visitors.

Anyone wishing to smoke should go outside.

Do not smoke or allow anyone to smoke in a car your baby is travelling in.

For further information about alcohol consumption following the birth.

See www.readysteadybaby.org.uk

Any problems

Details

Passing urine ☒ No ☐ Yes

Pelvic floor ☒ No ☐ Yes

Bowel function ☒ No ☐ Yes

Breasts ☒ No ☐ Yes

Perineum/abdomen ☒ No ☐ Yes

Lochia/menstruation ☒ No ☐ Yes

Cervical smear due ☐ No ☒ Yes

covered

Concerns

actulose

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
I. A. CAMPBELL	<i>Michael G Campbell</i>	Physio
JULIE MULLANEY	<i>Orminorey</i>	Midwife
FIONA BRADMAN	<i>F Bradman</i>	HSP Physio
Anne Fisher	<i>Anne Fisher</i>	n/w
S. HART	<i>S. Hart</i>	(Comm AMW)
C. Monaghan	<i>C. M</i>	GP
K. McMAHON	<i>EMM</i>	MP
J. MOON	<i>J. Moon</i>	MLW
JULIE MURPHY	<i>J. Minorey</i>	n/w

Version 6

41667

Immediate Discharge Letter Southern General Hospital

Dr Craig Lennox



The Maternity Unit,
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
27/02/2014

Dear Dr Lennox

Re :

Donald , Diane
43 Longden Street, Clydebank, Dumbartonshire, G81 1AG
16/12/1983
1612836909
Consultant : Judith Roberts

CHI: 1612836909

This para 1+0 delivered on 27/02/2014 at 19:27. This baby was born at Southern General Hospital.

Labour & Delivery			
Labour onset	Induction	Type Of Delivery	Normal (SVD)
Induction	ARM + Prostaglandin	Augmentation	IOL FOR MATERNAL REQUEST -
		Delivery Complications	SOCIAL ISSUES, PRIMED, ARM AND
			FSE, PROGRESSED TO SVD OF LIVE
Length 1st Stage (hrs,mins)	03:15		GIRL, APGAR 9/1 9/5, EBL 400MLS,
			THIRD STAGE COMPLETE.
Length 2nd Stage (hrs,mins)	00:17	Placenta	Complete
Length 3rd Stage (hrs,mins)	00:07	Membranes	Complete
3rd stage comments	Cord traction	Tears	2nd degree tear
Pain Relief	Entonox	Episiotomy	No
Blood Loss (mls)	400	Skin Closure	VICRYL RAPIDE
Reasons for Instrumental Delivery			

Infant			
Baby H.P.I.	2702148026	CHI Number	2702148026
Outcome	Livebirth	OFC (cm)	
Sex	Girl	Crown Heel (cm)	
Gestation	40+0	Cord	
Apgars	9 (at 5 Mins)	Hips	
Birth Weight (grams)	3542	Max Bilirubin	
Subsequent Weight (grams)		Phototherapy	
Vitamin K	Intra Muscular	Hearing (L, R)	Not Recorded Not Recorded
Baby Discharge Comments		Blood Spot PKU	
		Blood Spot CH	
		Blood Spot CF	
		Blood Spot Repeat	
		Feeding on Discharge	

Post Natal		
Blood Group	O Positive	Discharge date
Anti D		Discharge Address
Date Given		Drugs on Discharge
Rubella Vaccine		Follow Up Appt.
Date Given		Discharge Comments
Postnatal Hb Result		

SG 32-1004

(4)

NHS
SCOTLAND

Your Combined Pregnancy and Postnatal Record

Confidential

PLEASE USE BLACK INK



1612836909
DONALD
Diane
43 Longden Street
Clydebank, Dunbartonshire
G81 1AG

F
16/12/1983

232 9456

Answer
Machine

232 9455 desk
8.30

Disch 8/3/14

Visits 3

Blood Spec 4/3/14



Please bring your record to all
healthcare appointments and
hospital admissions.

If found please return this record
to the nearest Maternity Unit or
General Practitioner surgery
as soon as possible.

