

Tayside Out of Hours Service OOH Call Incident Report

Call number:	85018	Receive Date:	5-Jan-2022 16:57
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (39 years)	Gender:	F
Address:	13 Hatton Place Ratray Blairgowrie PH10 7AN	Current Address:	13 Hatton Place Ratray Blairgowrie PH10 7AN
Return Contact No:			
Tel No:	07845 832567		07845 832567
Mobile No:			
Priority:	Routine	Call Origin:	NHS24
Received:	5-Jan-2022 16:57	Calltype:	NHS24 Advised (Info Only)
Advised:	17:46	Arrived PCC:	
Cons start:		Cons End:	

Consulting Doctor:	Own doctor: Richard Humble
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Reported Condition:

SUICIDAL THOUGHTS - 1 WEEK NO COVID SYMPTOMS.

Followups:

None

NHS24 details:

Disposition -	In-Hours Action: Patient to Own GP within 4 hr
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Tayside Out of Hours Service OOH Call Incident Report

Call number:	60259	Receive Date:	5-Mar-2020 21:49
Patient's Name:	Yvonne Jamieson	Gender:	F
Date of birth:	10-Mar-1982 (37 years)	Current Address:	45 Ferguson Park
Address:	13 Hatton Place		Ratray Blairgowrie
	PH10 7AN		PH10 7AU
Return Contact No:			
Tel No:	07387 771899		07387 771899
Mobile No:			
Priority:	NHS24 Advised (Info Only)	Call Origin:	NHS24
Received:	5-Mar-2020 21:49	Calltype:	NHS24 Advised (Info Only)
Advised:	22:08	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Richard Humble
Reported Condition:	OVERDOSE 1 HOUR AGO		
Followups:	None		
NHS24 details:			
Disposition -	999 - Ambulance (ASAP)		

Tayside Out of Hours Service OOH Call Incident Report

Call number:	51030	Receive Date:	2-Feb-2020 15:40
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (37 years)	Gender:	F
Address:	13 Hatton Place Ratray Blairgowrie PH10 7AN	Current Address:	13 Hatton Place Ratray Blairgowrie PH10 7AN
Return Contact No:			
Tel No:	07598 793992		07598 793992
Mobile No:			
Priority:	Routine	Call Origin:	NHS24
Received:	2-Feb-2020 15:40	Calltype:	NHS24 Advised (Info Only)
Advised:	17:31	Arrived PCC:	
Cons start:		Cons End:	

Consulting Doctor:	Own doctor: Richard Humble
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Reported Condition:

MENTAL HEALTH SPIRALLING OUT OF CONTROL - 6 DAYS

Followups:

None

NHS24 details:

Disposition - **Self Care**

Tayside Out of Hours Service OOH Call Incident Report

Call number:	38196	Receive Date:	23-Jun-2018 22:53
Patient's Name:	Yvonne Jamieson	Gender:	F
Date of birth:	10-Mar-1982 (36 years)	Current Address:	56 Grampian Court
Address:	56 Grampian Court		Perth
	Perth		PH1 2ST
Return Contact No:			
Tel No:	01738 564752		01738 564752
Mobile No:			
Priority:	Routine	Call Origin:	NHS24
Received:	23-Jun-2018 22:53	Calltype:	Home Visit
Advised:	00:57	Arrived PCC:	
Cons start:	24-Jun-2018 02:56	Cons End:	24-Jun-2018 03:19
Consulting Doctor:	Michael Milne	Own doctor:	Lindsey Compson

Reported Condition:

VOMITING 3/7 ASTHMATIC, UNDERACTIVE THYROID

Consultation details:

History -	Vomiting for three days. No diarrhoea. Urine smelly and burning dysuria. Lower back pain.
Examination -	Temp 38.3C. O2 Sats 95%. P94. V slight right renal angle tenderness. BP 114/70. Slight suprapubic tenderness. No guarding or peritonism.
Diagnosis -	Probable ascending UTI
Treatment -	IM Stemetil 12.5mg to left deltoid. Advised wait half an hour, then take Co-Amoxiclav 625mg tid (21). Report on fast-track number if not keeping antibiotics down, as would then require admission for IV antibiotics. MSSU sent

Prescriptions:

co-amoxiclav 500mg/125mg tablets 1 tablet - every 8 hours - oral 21.00
prochlorperazine 12.5mg/1ml solution for injection ampoules 12.5mg - ONCE ONLY - intramuscular - deep injection 1.00

Followups:

No Follow Up

Clinical Codes:

K190. Urinary tract infection

NHS24 details:

Disposition - **Contact GP Practice within 4 Hours (ASAP)**

Tayside Out of Hours Service OOH Call Incident Report

Call number:	23993	Receive Date:	2-Feb-2016 18:29
Patient's Name:	Yvonne Jamieson	Gender:	F
Date of birth:	10-Mar-1982 (33 years)	Current Address:	185 Rannoch Road
Address:	185 Rannoch Road		Perth PH1 2DP

Return Contact No:

Tel No:

Mobile No:

Priority: **Routine**Call Origin: **Walk-In Patient**Received: **2-Feb-2016 18:29**Calltype: **Attend**Advised: **:**Arrived PCC: **2-Feb-2016 18:31**Cons start: **2-Feb-2016 18:38**Cons End: **2-Feb-2016 18:48**Consulting Doctor: **Michael Milne**Own doctor: **Claire Hutton**

Reported Condition:

Symptoms: Chest feels tight

Consultation details:

History - **Cough earlier today, associated with chest tightness. Stuffy in the nose, but not wheezy. On 5HTP OTC from Holland and Barrett. Known asthmatic.**

Examination - **Temp 36.0C. BP105/77. P68. PEFr 290 (says best is 300). Chest clear with good AE.No tachypnoea or ^ work of breathing.**

Diagnosis - **Viral URTI.**

Treatment - **Reassured none required**

Followups:

No Follow Up

Clinical Codes:

H05z. Upper respiratory infect.NOS

Respiratory Medicine
Medicine Directorate
Acute Services Division
NHS Tayside
Perth Royal Infirmary
Perth
PH1 1NX

01738 623311
01738 473510
www.nhstayside.scot.nhs.uk

Dr EA Harvey
Mauve Practice, Drumhar Health Cent
North Methven Street
Perth
PH1 5PD

Date	09/04/2013
Your Ref	
Our Ref	AD/CAC/ 1003820107
Enquiries to	
Extension	13612
Direct Line	01738 473612
Email	caroline.chapman@nhs.net

Dear Dr Harvey

Yvonne Jamieson, 185 Rannoch Road, Perth, PH1 2DP DOB: 10/03/1982

Date of Admission:	13.02.13.	Date of Discharge:	14.02.13.
Diagnosis:	Trazodone overdose		
Past medical history:	Asthma, anxiety and depression		

Presentation: This 30 year old lady was admitted with a non accidental overdose of 14 tablets of Trazodone 50 mg around 7 in the evening on the day of her admission. This patient's brother was unwell in ITU at the time of the overdose and she got the news the day prior to her admission which seemed to precipitate it.

Examination: On admission her saturations were 98% on air with a temperature of 31.3, pulse of 90 and blood pressure 107/80. She was alert and orientated. Neurological examination was unremarkable as well as the rest of the examination.

Investigations: Her blood results were unremarkable with a normal kidney and liver function and non impaired coagulation screen. Alcohol was not detected, paracetamol and salicylates were not detected either. Her ECG showed a sinus rhythm and nothing acute was seen on the chest x-ray.

Progress: She was due to be reviewed by the Psychiatrist the next morning but did not want to stay and wait for the review. She left the hospital against medical advice with no follow-up and no treatment.

Yours sincerely

Authorised on 10/04/2013 14:29:20 by Respiratory Peter Brown.

Dr Anne Dethier
Medical ST2 to Dr Peter Brown

Dr Peter Brown
Consultant Physician



Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr

Tayside Out of Hours Service OOH Call Incident Report

Call number:	28430	Receive Date:	13-Feb-2013 18:21
Patient's Name:	Yvonne Jamieson	Gender:	F
Date of birth:	10-Mar-1982 (30 years)	Current Address:	205-208 Rannoch Road
Address:	185 Rannoch Road		Perth PH1 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	NHS24 Advised (Info Only)	Call Origin:	NHS24
Received:	13-Feb-2013 18:21	Calltype:	NHS24 Advised (Info Only)
Advised:	18:36	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Elizabeth Harvey
Reported Condition:	INTENTIONAL OVERDOZE 20 MINS SEE AV		
Followups:	None		
NHS24 details:			
Triage NHS24 -	This call should be transferred via serious and urgent telephony route.		
	Transfer this call to a pharmacist.		
NHS24 Comments	TRAZADONE HYDROICHLORIDE 50MG - STATES HAS		
-	TAKEN MORE THAN 7 - BUT DOESN'T KNOW HOW MANY .		
	SUPPORT WORKER IS NOW WITH THE PATIENT. ((Non-		
	Clinical User) (Edinburgh))		
Disposition -	999 - Ambulance as soon as possible		

Tayside Out of Hours Service OOH Call Incident Report

Call number: 21230	Receive Date: 22-Jan-2013 17:48
Patient's Name: Yvonne Jamieson	
Date of birth: 10-Mar-1982 (30 years)	Gender: F
Address: 185 Rannoch Road Perth PH1 2DP	Current Address: 205-208 Rannoch Road Perth PH1 2DP
Return Contact No:	
Tel No:	
Mobile No:	
Priority: Emergency	Call Origin: NHS24
Received: 22-Jan-2013 17:48	Calltype: Telephone Advice
Advised: 18:05	Arrived PCC:
Cons start: 22-Jan-2013 18:20	Cons End: 22-Jan-2013 18:38
Consulting Doctor: Kay MacCallum	Own doctor: Elizabeth Harvey

Reported Condition:

FACIAL WEAKNESS 5 DAYS SEE A/V

Consultation details:

History -	pmh anxiety disorder, depression , asthma , heart murmur , ovarian cystectomy meds trazodone , clenil Modulite , Serevent , Ventolin , on 16/1/13 had episode when she felt sl R sided facial weakness and ? auditory hallucinations, vomited , ptt states she had some sort of convulsion ,poor historian , initially stated that she went for friend who noted face was sl twisted , but then stated she was on her own bed , thinks she had a fit and was drifting in and out of consciousness , no incontinence tongue biting or injury , no headache , no blurred or double vision , was shaking all over , but think she remembers episode , vomited x 1 , thinks she still has facila weakness , but has been to see her own gp yesterday about another problem ,no mention of any facila asymmetry no new acute problem tonight , and advise attend gp this week for review
Examination -	.
Diagnosis -	anxiety

Followups:

Patient Advised To Contact Own GP

Clinical Codes:

E200. Anxiety States

NHS24 details:

Triage NHS24 - Advise the caller that if they get cut off you will call them back immediately.
This call will be transferred directly to a nurse via serious and urgent telephony route.

The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).

WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery

reopens.

NHS24 Comments **PT HAD HAD 1-SIDED FACIAL WEAKNESS ON 16-17
- JANUARY AND TOOK A CONVULSION FIT WHERE HANDS
WENT NUMB. FACIAL WEAKNESS IS STILL PRESENT BUT
NOT AS BAD. PT HAS AN ANXIETY DISORDER AND IS
ASTHMATIC. ((Non-Clinical User) (Edinburgh))**

Disposition - **Contact GP Practice within 4 Hours (as soon as possible)**

Tayside Out of Hours Service OOH Call Incident Report

Call number:	19487	Receive Date:	16-Jan-2013 22:37
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (30 years)	Gender:	F
Address:	185 Rannoch Road Perth PH1 2DP	Current Address:	205-207 Rannoch Road Perth PH1 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Emergency	Call Origin:	NHS24
Received:	16-Jan-2013 22:37	Calltype:	Mental Health
Advised:	22:54	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	Own doctor:		Elizabeth Harvey
Reported Condition:	SEEING AND HEARING THINGS 3 TO 4 DAYS SEE A/V		
Followups:	None		
NHS24 details:	Triage NHS24 - This call should be transferred via serious and urgent telephony route. Transfer this call to a mental health nurse. The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours). WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.		
NHS24 Comments	NOT ABLE TO SLEEP AS HEARING AND SEEING THINGS THAT ARE NOT THERE - MENTAL HEALTH ISSUES - SKIN COLD TO TOUCH - PT FEEL SSUICIDAL WHEN THEY ARE OWN THERE OWN WITH SOMEONE AT TIME OF CALL ((Other Clinical User) (Edinburgh))		
Disposition -	Contact GP Practice within 4 Hours (as soon as possible)		

Tayside Out of Hours Service OOH Call Incident Report

Call number:	17928	Receive Date:	12-Jan-2013 03:49
Patient's Name:	Yvonne Jamieson	Gender:	F
Date of birth:	10-Mar-1982 (30 years)	Current Address:	185 Rannoch Road
Address:	185 Rannoch Road Perth PH1 2DP		Perth PH1 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Routine	Call Origin:	NHS24
Received:	12-Jan-2013 03:49	Calltype:	Attend
Advised:	04:14	Arrived PCC:	12-Jan-2013 04:33
Cons start:	12-Jan-2013 04:36	Cons End:	12-Jan-2013 04:57
Consulting Doctor: Jonathan Dickson		Own doctor: Elizabeth Harvey	

Reported Condition:
KIDNEY PAIN 1HR SEE A/V
Consultation details:

History -	1 hr of suprapubic and RIF pain , worse after urination. N o haematuria, no diarrrhoea. On trazodone for anxiety and has implanon in situ.No vomitting
Examination -	T 37.4, restless, hr 72 reg , tender RIF and flank with no rebound, active bowel sounds urinalysis = WBC+, RBC ++, protein ++, nitrites +ve
Diagnosis -	upper UTI
Treatment -	given co-amoxyclav 625mg tds x 21 and co-dydramol 2 tabs qds prn x 20 and MSSU sent

Prescriptions:

CO-AMOXICLAV tablets 500mg+125mg [ACTAVIS] 1 tablet 3 times a day for 7 days
21.00 co-dydramol (dihydrocodeine and paracetamol) tablets 10mg+500mg as directed
20.00

Followups:
Patient Advised To Contact Own GP
Clinical Codes:
K190. Urinary tract infection
NHS24 details:

Triage NHS24 -	This call should be directed via triage telephony route.
NHS24 Comments	3RD PARTY CALLER SUPPORT WRK DIONNE SCOT RTN
-	01738 623963. ((Non-Clinical User) (Edinburgh))
	PASSED URINE AND BOWEL MOVEMENTS TODAY. ((Non-Clinical User) (Edinburgh))
Disposition -	Contact GP Practice within 4 Hours (as soon as possible)

Tayside Out of Hours Service OOH Call Incident Report

Call number:	16130	Receive Date:	5-Jan-2013 19:43
Patient's Name:	Yvonne Jamieson	Gender:	F
Date of birth:	10-Mar-1982 (30 years)	Current Address:	185 Rannoch Road
Address:	185 Rannoch Road Perth PH1 2DP		Perth PH1 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Emergency	Call Origin:	NHS24
Received:	5-Jan-2013 19:43	Calltype:	Mental Health
Advised:	19:54	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Elizabeth Harvey
Reported Condition:	SUICIDAL/LOW MOOD 2 WEEKS - SEE A/V		
Followups:	None		
NHS24 details:			
Triage NHS24 -	Transfer this call to a mental health nurse. Transfer this call to an S+U nurse if no mental health nurses are available.		
NHS24 Comments	LOW MOOD, FEELS SUICIDAL, CRYING, CANT SETTLE, HAD CHANGE OF MEDS 3/4 DAYS AGO. HAD TO STOP ONE MEDICATION TO START ANOTHER. CHANGE OF MEDICATION WAS QUITE RAPID. ((Non-Clinical User) (Edinburgh))		
Disposition -	Contact GP Practice within 4 Hours (as soon as possible)		

Tayside Out of Hours Service OOH Call Incident Report

Call number:	54159	Receive Date:	29-Jul-2012 17:22
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (30 years)	Gender:	F
Address:	6 St. Catherines Square Perth PH1 5QT	Current Address:	205-207 Rannoch Road Perth PH1 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Routine	Call Origin:	NHS24
Received:	29-Jul-2012 17:22	Calltype:	NHS24 Advised (Info Only)
Advised:	18:37	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	
Reported Condition:	VAGINAL BLEEDING 2 MINS & LEGS SORE FEW DYS SEE A/V		
Followups:	None		
NHS24 details:			
Triage NHS24 -	This call should be directed via consult telephony route.		
	This call should be directed via triage telephony route.		
	WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.		
	TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within two hours.		
NHS24 Comments	RECENTLY ATTENDED FAMILY PLANNING, HAS ROD IMPLANT, WAS BLEEDING FOR 14 DYS, THEN STOPPED FOR 2 DYS, BLEEDING HAS STARTED AGAIN. SORE LEGS WHEN WALKING. ((Non-Clinical User) (Edinburgh))		
	D/W T/L ANNE DUNN, RE PROCESS 18, ADVISED CS2 APPROPRIATE. ((Non-Clinical User) (Edinburgh))		
	SELF CARE JULIA MCDREMORR CSM ((Non-Clinical User) (Cardonald))		
Disposition -	Self Care		

Message only call for practice

PCC:	PERTH			FOR PRACTICE	
NHS No:	10133982	Call Received:	26/04/2011 06:44	Received by:	(Non-clinical user) (Edinburgh)
Outcome:	Pt advised to contact practice within 36 Hrs - For Information Only			Outcome Code:	NOA8
		Consultation Start:	26/04/2011 06:49	Consultation Finish:	26/04/2011 07:05
Patients Present Location			Patient Home Details (1003820107)		
Address: Flat 7 Tay View House, Shore Road, Perth, PH2 8BW Phone: 07546 396169 Ext:			Name: YVONNE JAMIESON Address: Flat 7 Tayview, Shore Road, Perth, PH2 8BH Phone: Sex: F DOB: 10/03/1982 Age: 29 Years Contact: Yvonne		
Registered GP Details (at time of call)					
Dr CENTRAL HEALTHCARE, Name: CENTRAL Practice: CENTRAL HEALTHCARE					
Clinical Summary:	DIARRHOEA AND VOMITING. FOR 30 MINUTES. AND SAS STACKER CALL.CONSTANT DIARRHOEA FOR 1 HOUR-BLACK STOOL BUT IS ON IRON MEDICATION.VOMITING EVERY 2 MINUTES-NO BLOOD IN VOMIT.SLIGHT ABDOMINAL PAIN.HOT AND COLD SWEATS.PMH-ASTHMA/UNDER ACTIVE THYROID GLAND/DEPRESSION/ SLEEPING PROBLEMS..MEDS-AS PER ECS.. ALLERGY-MORPHINE..CONTACT OWN GP PRACTICE WITHIN 36 HOURS.NO ACTION BY COOP.				
Condition:	V& D 30MINS - 1 HOUR SEE A/V				
Call Number:	0000786593	Received in Coop:	26/04/2011 07:06		

Message only call for practice

PCC:	PERTH			FOR PRACTICE	
NHS No:	9020314	Call Received:	17/07/2010 22:42	Received by:	(Non-clinical user) (Aberdeen)
Outcome:	Pt advised to contact Midwife - For Information Only			Outcome Code:	MIDP
		Consultation Start:	17/07/2010 22:44	Consultation Finish:	17/07/2010 22:58
Patients Present Location			Patient Home Details (1003820107)		
Address: 4 Walker Court, Canal Street, Perth, PH2 8LF Phone: 07562 111995 Ext:			Name: YVONNE JAMIESON Address: 4 Walker Court, Canal Street, Perth, PH2 8LF Phone:		
Registered GP Details (at time of call)			Sex: F		
Dr Name: DOCHERTY, ELSPETH			DOB: 10/03/1982		
Practice: WHITEFRIARS SURGERY RED			Age: 28 Years		
			Contact:		
Clinical Summary:	NO MOVEMENT FROM BABY FOR TODAY AND 20 WEEKS PREGNANT, ROUTINE SCAN YESTERDAY, PREVIOUS HISTORY OF STILLBIRTH AT 24 WEEKS. MIDWIFE CONTACTED.				
Condition:	BABY NOT MOVING 1/7 SEE AV				
Call Number:	0000698926	Received in Coop:	17/07/2010 23:04		

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Obstetrics Ante-NatalF31
TAY General Referral

Consultant / receiving practitioner and/or
specialty clinic

Perth Royal Infirmary
Taymount Terrace
Perth
PH1 1NX

Hospital and hospital address

Hospital unit no.

T202H

Email address

Date of Referral (set by referrer) 10-May-2010

Date referral was submitted 11-May-2010

☐ If patient is an armed forces veteran please tick this box

Urgency of referral

Routine

PATIENT DETAILS

Surname JAMIESON

Forename(s) YVONNE

Title MRS

Sex Female

Date of birth 10-Mar-1982

CHI no. 1003820107

Patient's address

4 WALKER COURT
CANAL STREET
PERTH
PH2 8LF

Contact number(s)

Voice: 07562111995

REGISTERED GP DETAILS

Name Dr JM Auld

GMC code 3172409

GP code 77607

Practice name Whitefriars Surgery (Red)

Practice code 14249

Practice address

WHITEFRIARS STREET
PERTH

Voice: 01738625842

REFERRING PRACTITIONER DETAILS

Name Dr EC Docherty

GMC code 3484335

GP code 77224

Practice name Whitefriars Surgery (Red)

Practice code 14249

Practice address

WHITEFRIARS STREET
PERTH

Voice: 01738625842

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Patient pregnant.

Comment: Yvonne is a 28 year old woman who has one child who is now 7 years old. She had another pregnancy at the end of 2008 beginning of 2009 but sadly had a stillbirth at 24 weeks due to pre-eclampsia. Yvonne had a lot of problems after this with depression and is on Citalopram. She then moved away to Arbroath but has just moved back and evidently is pregnant again, her LMP being on the 21st March. She has now split up from the baby's father and her older child Kyle is in the care of her sister. She is currently taking Folic Acid 5 mgs and I gather that after the stillbirth she was advised if she got pregnant again she should be on Aspirin. As I say unfortunately I do not have her past notes at present. I will arrange an early scan because of her stillbirth but would be very grateful if you could see her at the clinic.

Examinations and Investigations

Never smoked tobacco: Smoking status on date of event: Never smoked. 03-Aug-2009

Most recent height, weight, BMI and Blood Pressure

Height:	1.5	m	Recorded Date:	None provided
Weight:	70	Kg	Recorded Date:	None provided
BMI:	31.1	Kg/m ²	Recorded Date:	None provided
Blood Pressure:	96/68	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
Ectopic pregnancy	-	-	had ectopic	07-Nov-2008
Asthma	-	-	-	01-Mar-1999
Hypothyroidism	-	-	-	31-May-2007
Past History of Depression	-	-	-	09-May-2009

Past procedures

Description	Laterality	Modifier	Date performed
Referral for further care	-	-	11-Nov-2004
Referral for further care	-	-	18-Oct-2001
Referral for further care	-	-	20-Jan-2000
Tetanus vaccination	-	-	07-Nov-1996
Diphtheria vaccination	-	-	07-Nov-1996
Myringotomy and insertion of short term grommet	-	-	01-Apr-1991
Myringotomy and insertion of short term grommet	-	-	01-Nov-1988

Current and recent medication**Current repeat medication**

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
SERETIDE 250 EVOHALER cfc free inh 25mcg 250mcg/act	05374001	120 dose inhaler with counter	2 Puffs Twice daily	-	19-Oct-2006	-
SALBUTAMOL cfc free inh 100micrograms/inhalation	02914002	200 dose inhaler	2 Puffs Take as required	-	19-Oct-2006	-
LEVOTHYROXINE tabs 100micrograms	02008003	tablet(s)	TAKE ONE EACH MORNING	-	06-May-2010	-
LEVOTHYROXINE tabs 50micrograms	02008002	tablet(s)	TAKE ONE EACH MORNING	-	26-Jun-2007	-
LEVOTHYROXINE tabs 25micrograms	02008001	tablet(s)	TAKE ONE EACH MORNING	-	26-Nov-2008	-

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
ASPIRIN disp tab 75mg	01223001	tablet(s)	1 DAILY	-	06-May-2010	-
FOLIC ACID tabs 5mg	02863001	tablet(s)	TAKE ONE DAILY	-	06-May-2010	-

Clinical warnings

Additional relevant information

Administrative information

Referred By:Resident GP

Signature of referring doctor (or other
professional)

Date

Closed NHS24 Call Details

PCC:	PERTH			FOR PRACTICE			
NHS No:	7658237	Call Received:	21/08/2009 19:16	Received by:	(Non-clinical user) (Edinburgh)		
Outcome:	CPN (Dr) to phone patient within 1 Hr			Outcome Code:	CPN2		
		Consultation Start:	21/08/2009 19:37	Consultation Finish:	21/08/2009 19:40		
Patients Present Location				Patient Home Details (1003820107)			
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07876 265074 Ext:				Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: Sex: F DOB: 10/03/1982 Age: 27 years old Contact: Karen White			
Registered GP Details (at time of call)							
Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607							
Clinical Summary:	Description: FEELING SUICIDAL FOR TODAY AND ONLY ABLE TO TALK TO RELATIVE. 2ND CALL TO NHS24. HAD TIE AROUND NECK. OUTCOME SPK TO CPN 1 HR ASAP MOBILE NUMBER 07597282831						
Call Number:	0000594973	Date:	21/08/2009	Time:	19:41	Passed:	19:43
Started	19:44	Status	Telephone				
Urgency:	Within 1 Hour						
Notes to Practice:							
Phoned and spoke to Yvonne. Difficult to gain accurate history but appears she suffered full term miscarriage 4 months ago which contributed to first admission to MR in May due to suicidal ideation. Since then, on Citalopram and Thyroxine but concordance variable. Split with husband ? 2mths ago and now lives with 7 yr old son who is on Child Protection Reg. Says has no CMHT input. States feeling suicidal for last 2-3 days and has tried distraction but no longer working. Disturbed sleep pattern and appetite. Would like to be admitted again. Says ruminating re hanging self and feels will act on this tonight. No family avail. to stay with her. Discussed with Dr Ali at MR who knows her from GP practice and she agreed to assess. OOH Soc Wk contacted re Kyle as no family avail to look after him. Yvonne was assessed at MR and sent home with extra medication. SW informed.							
Diagnosis:							

Suicidal Ideation.							
Drugs:	There were no drugs attached to the call						
Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To: None			Dept:	None	
Review by GP:	☐	When:		Where:			
Patient to contact GP:	☐						
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time
	21/08/2009	19:44	20:44				
	Clinical Group		Name		Completion Date / Time:	21/08/2009 20:44	
Duty Clinician:	Dundee		Mr JOHN HAMILTON		Closed By:	jfhhamilton	

Closed NHS24 Call Details

PCC:	PERTH			FOR PRACTICE			
NHS No:	7657900	Call Received:	21/08/2009 18:18	Received by:	(Non-clinical user) (Glasgow)		
Outcome:	PCEC within 1 Hr			Outcome Code:	PCC2		
		Consultation Start:	21/08/2009 18:29	Consultation Finish:	21/08/2009 18:37		
Patients Present Location				Patient Home Details (1003820107)			
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone:				Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone:			
Registered GP Details (at time of call)				Sex: F DOB: 10/03/1982 Age: 27 years old Contact: Karen			
Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607							
Clinical Summary:	Description: SUICIDAL FOR 1 DAY AND SENT TEXTS TO HUSBAND SAYING WANTING TO LILL HERSELF AND SECOND WITH PICTURE TEXT WITH TIE OR BELT AROUND NECK, PREVIOUS HISTORY OF DEPRESSION, ADVISED OTHER RELATIVE THAT NEED TO GO TO PRI OOH WITHIN 1HR						
Call Number:	0000594945	Date:	21/08/2009	Time:	18:37	Passed:	18:40
Started	19:52	Status	DNA				
Urgency:	Within 1 Hour						
Notes to Practice:							
DNA, BUT SECOND CALL HAS CAME IN AND HAS BEEN PASSED TO CPN.							
Diagnosis:							
AS ABOVE							
Drugs:	There were no drugs attached to the call						
Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To: None			Dept:	None	

Review by GP:	☐	When:		Where:			
Patient to contact GP:	☐						
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time
	21/08/2009	19:52	19:53				
	Clinical Group		Name		Completion Date / Time:	21/08/2009 19:53	
Duty Clinician:	Perth		Clinician Not Specified		Closed By:	angiesmith1	

Message only call for practice

PCC:	PERTH			FOR PRACTICE	
NHS No:	7244077	Call Received:	18/05/2009 03:22	Received by:	(Non-clinical user) (Edinburgh)
Outcome:	Pt advised to contact practice - For Information Only			Outcome Code:	PRCP
		Consultation Start:	18/05/2009 03:33	Consultation Finish:	18/05/2009 03:43
Patients Present Location				Patient Home Details (1003820107)	
Address: Flat B, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07745 447905 Ext:				Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone:	
Registered GP Details (at time of call)				Sex: F	
Dr Name: AULD, JOHN				DOB: 10/03/1982	
Practice: WHITEFRIARS SURGERY RED				Age: 27 Years	
				Contact:	
Clinical Summary:	VAGINAL BLEEDING FOR 4 DAYS AND USING X2 PADS PER 24 HOURS. FRESH BLEEDING. VOMITED X 2 THIS EVENING. FRAGMIN INJECTION X2 LAST WEEK. ADVISED GP TOMORROW.				
Condition:	HEAVY VAGINAL BLEEDING 4/7 SEE A/V				
Call Number:	0000565077	Received in Coop:		18/05/2009 03:44	

Closed NHS24 Call Details

PCC:	PERTH			FOR PRACTICE			
NHS No:	7201553	Call Received:	08/05/2009 19:16	Received by:	(Non-clinical user) (Edinburgh)		
Outcome:	Home Visit within 2 Hrs			Outcome Code:	VIS3		
		Consultation Start:	08/05/2009 19:27	Consultation Finish:	08/05/2009 19:30		
Patients Present Location				Patient Home Details (1003820107)			
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07597 282831 Ext:				Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337 Sex: F DOB: 10/03/1982 Age: 27 years old Contact: Karen (Sister)			
Registered GP Details (at time of call)							
Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607							
Clinical Summary:	Description: DEPRESSED SUICIDAL FOR 3-4 DAYS AND CALL FROM PT'S SISTER AND HUSBAND. PT HAD STILL BORN BABY BOY ON 27.3.09. BABY BOY CALLED JUSTIN. VERY DEPRESSED AND UPSET NOW EXPRESSING THAT SHE WISHES TO KILL HERSELF TO BE WITH HER BABY. FAMILY VERY CONCERNED. OUTCOME H/V 2 HOURS.						
Call Number:	0000561805	Date:	08/05/2009	Time:	19:32	Passed:	19:35
Started	19:45	Status	Telephone				
Urgency:	Within 2 Hours						
Notes to Practice:							
Hx severe post natal depression following birth of son 7years ago. No ongoing issues once this was resolved. Still born baby just two weeks ago and has not felt herself since. Has not eaten properly in days and poor sleep pattern. Loss of motivation and tearful. Family, especially husband have concerns about her safety. Has been texting final messages to husband - wishing she was dead "to be with Justin". Unable to attend to other child "pushing him away". Passive plans of suicide but when assessed further stated she would not rule out anything, OD hanging, jumping from bridge. Feels desperate. Been on CITALOPRAM 2wks. Not adverse to further assessment at MRH. D/w SHO Dr. McKenzie who agreed to see her at Moredun A. Assessed and admitted.							
Diagnosis:							

Post Traumatic Event / Suicidal							
Drugs:	There were no drugs attached to the call						
Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To:	Mental Health Services		Dept:	CPN	
Review by GP:	☐	When:			Where:		
Patient to contact GP:	☐						
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time
	08/05/2009	19:45	20:20				
	Clinical Group		Name		Completion Date / Time:	08/05/2009 20:20	
Duty Clinician:	Dundee		Ms ALISON SCOTT		Closed By:	amscott	

Message only call for practice

PCC:	PERTH			FOR PRACTICE	
NHS No:	7171261	Call Received:	02/05/2009 15:52	Received by:	(Non-clinical user) (Cardonald)
Outcome:	Pt given self care advice - For Information Only			Outcome Code:	SCAI
		Consultation Start:	02/05/2009 17:24	Consultation Finish:	02/05/2009 17:32
Patients Present Location				Patient Home Details (1003820107)	
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337 Ext:				Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337	
Registered GP Details (at time of call)				Sex: F	
Dr Name: AULD, JOHN				DOB: 10/03/1982	
Practice: WHITEFRIARS SURGERY RED				Age: 27 Years	
				Contact: John	
Clinical Summary:	VAGINAL BLEEDING/CHEST PAIN FOR 5 WEEKS/1 WEEK AND PASSING CLOTS AND STRINGY BLOOD. ONLY NOTICEABLE ON TOILET TISSUE NOT SANITARY PAD. ALSO PAIN BETWEEN BREASTS WHEN MOVING AND INHALING DEEPLY, BREAST BONE FEELS TENDER. SYMPTOMS DISCUSSED IN DETAIL AND REASSURED. OUTCOME - SELF CARE. WSG.				
Condition:	CB PV BLEEDING. 1/7 SEE A/V				
Call Number:	0000559603	Received in Coop:		02/05/2009 17:34	

Closed NHS24 Call Details

PCC:	PERTH			FOR PRACTICE			
NHS No:	7142459	Call Received:	25/04/2009 18:08	Received by:	(Non-clinical user) (Edinburgh)		
Outcome:	PCEC within 4 Hrs			Outcome Code:	PCC4		
		Consultation Start:	25/04/2009 21:03	Consultation Finish:	25/04/2009 21:06		
Patients Present Location				Patient Home Details (1003820107)			
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337 Ext:				Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337 Sex: F DOB: 10/03/1982 Age: 27 years old Contact: John			
Registered GP Details (at time of call)							
Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607							
Clinical Summary:	Description: CHEST WALL PAIN FOR 48 HOURS AND INCREASED EPISODES OF SHARP STABBING PAIN BELOW LEFT BREAST - FEELS SOB WHEN OCCUR - FEVER, HOT/COLD FLUSHED, LIGHTHEADED/DIZZY FOR 2/7 - LOWER BACK PAIN - POST PARTUM - STILL BORN CHILD IN MARCH --- PCEC 4 HOURS.. PERTH ROYAL						
Call Number:	0000557651	Date:	25/04/2009	Time:	21:06	Passed:	21:07
Started	21:18	Status	Attend				
Urgency:	Within 4 Hours	Attended:	☒	Date:	25/04/2009	Time:	21 :18
Notes to Practice:							
Hx as above, except pain is retrosternal. pain not ^ by coughing or deep inspiration. Sputum clear in colour a couple of days ago. No leg swelling. Was on Cefalexin as there was a concern that might get infection with a retained piece of placenta following still-birth. O/E No fever. BP110/76. P72. O2 Sats 99 on air. Chest clear. Tender over sternum. No respiratory distress.							
Diagnosis:							
?LRTI with chest wall pain							
Drugs:		Drug Name	Form	Strength	Quantity	Category	
	1	Erythromycin	Tabs	250mg	28	Administered	

		2	Paracetamol	Tabs	500mg x 2	32	Administered	
Outcome:		Death/Presume Life Extinct:		☐	GP to certify:		☐	No Further Action:
		Refer To:		None		Dept:	None	
Review by GP:	☐	When:				Where:		
Patient to contact GP:	☐							
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time	
	25/04/2009	21:18	21:30					
	Clinical Group		Name		Completion Date / Time:	25/04/2009 21:33		
Duty Clinician:	Perth		Dr M MILNE		Closed By:	mrmilne		

Message only call for practice

PCC:	PERTH			FOR PRACTICE	
NHS No:	7009892	Call Received:	25/03/2009 18:40	Received by:	(Non-clinical user) (Glasgow)
Outcome:	Pt advised to contact Midwife - For Information Only			Outcome Code:	MIDP
		Consultation Start:	25/03/2009 18:54	Consultation Finish:	25/03/2009 19:10
Patients Present Location				Patient Home Details (1003820107)	
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07597 282831 Ext:				Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone:	
Registered GP Details (at time of call)				Sex: F	
Dr Name: AULD, JOHN				DOB: 10/03/1982	
Practice: WHITEFRIARS SURGERY RED				Age: 27 Years	
				Contact: John	
Clinical Summary:	CHEST PAIN/VOMITING FOR 1 HR AGO AND PARA 1+0. 23/40 PREGNANT.? MILD TEMP.BRIEF EPISODE CENTRAL,SHARP CHEST DISCOMFORT 1 HR AGO.RELIVED COMPLETELY BY VOMITING++.SL DIZZY.PALE.DRY LIPS.NO SOB.ONGOING COUGH/CLEAR PHLEGM.NOCTURNAL HEARTBURN RECENTLY. INT CENTRAL ABDO ACHE+ LOWER BACKACHE FEW DAYS.HPU-NAD.NO PV DISCHARGE.UNSURE OF LAST FOETAL MOVEMENT.PREV ON LOSEC.D/W MIDWIFE NINEWELLS.PT WILL CALL SAME DIRECTLY NOW.				
Condition:	VOMITING SEVERAL DAYS - 23 WEEKS PREGNANT..CHEST PAINS LAST HOUR				
Call Number:	0000547218	Received in Coop:		25/03/2009 19:14	

Closed NHS24 Call Details

PCC:	PERTH			FOR PRACTICE			
NHS No:	6764869	Call Received:	20/01/2009 18:55	Received by:	(Non-clinical user) (Glasgow)		
Outcome:	PCEC within 1 Hr			Outcome Code:	PCC2		
		Consultation Start:	20/01/2009 19:04	Consultation Finish:	20/01/2009 19:11		
Patients Present Location				Patient Home Details (1003820107)			
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07597 282831 Ext:				Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: Sex: F DOB: 10/03/1982 Age: 26 years old Contact:			
Registered GP Details (at time of call)							
Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607							
Clinical Summary:	Description: NAUSEA/VOMITING FOR 4/7 AND WORSE TODAY, 15 WKS PREGNANT, UNABLE TO KEEP FLUIDS DOWN, FEELS LIGHTHEADED, C/O HEADACHE, PU LESS, URINE DARK, CYCLIZINE WITH NIL EFFECT, HAS BEEN HOSPITALIZED X2 WITH HYPEREMESIS GRAVIDARUM IN PAST FEW WKS, PCEC WITHIN 1 HR, PRI,						
Call Number:	0000528991	Date:	20/01/2009	Time:	19:11	Passed:	19:12
Started	19:45	Status	Attend				
Urgency:	Within 1 Hour	Attended:	☒	Date:	20/01/2009	Time:	19 :40
Notes to Practice:							
15/52 pregnant. Several admissions with vomiting. Dizzy and vomiting stilll despite cyclizine. BP 100/68 HR 108 looks dry urine ketones ++++ D/W obstetrics on call admit N/W ward 36 for rehydration							
Diagnosis:							
hyperemesis gravidarum							
Drugs:	There were no drugs attached to the call						

Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To: Ninewells		Dept: Gynae			
Review by GP:	☐	When:		Where:			
Patient to contact GP:	☐						
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time
	20/01/2009	19:45	20:10				
	Clinical Group		Name		Completion Date / Time:	20/01/2009 21:11	
Duty Clinician:	Rural perth		Dr A COX		Closed By:	sbird	

Message only call for practice

PCC:	PERTH			FOR PRACTICE	
NHS No:	6569283	Call Received:	12/12/2008 22:03	Received by:	(Non-clinical user) (Glasgow)
Outcome:	For information only			Outcome Code:	FIOI
		Consultation Start:	13/12/2008 01:44	Consultation Finish:	13/12/2008 01:45
Patients Present Location				Patient Home Details (1003820107)	
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD			Name: YVONNE JAMIESON		
Phone: 07597 282831 Ext:			Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD		
Registered GP Details (at time of call)			Phone: 01738 639553		
Dr Name: AULD, JOHN			Sex: F		
Practice: WHITEFRIARS SURGERY RED			DOB: 10/03/1982		
			Age: 26 Years		
			Contact: John		
Clinical Summary:					
Condition:	CB VOMITING ONGOING SEE AV				
Call Number:	0000514129	Received in Coop:	13/12/2008 01:48		

Closed NHS24 Call Details

PCC:	PERTH			FOR PRACTICE			
NHS No:	6513009	Call Received:	28/11/2008 19:09	Received by:	(Non-clinical user) (Aberdeen)		
Outcome:	PCEC within 4 Hrs			Outcome Code:	PCC4		
		Consultation Start:	28/11/2008 19:26	Consultation Finish:	28/11/2008 19:33		
Patients Present Location				Patient Home Details (1003820107)			
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337 Ext:				Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John			
Registered GP Details (at time of call)							
Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607							
Clinical Summary:	Description: CENTRAL LOWER ABDOMINAL PAIN FOR 2 DAYS AND 9/40 GESTATION, TOLERATING ONLY VERY SMALL AMOUNTS OF DIET & FLUIDS DURING PREGNANCY, INCREASED TIREDNESS, FEELS GENERALLY UNWELL. PCEC 4HRS PERTH ROYAL.						
Call Number:	0000510139	Date:	28/11/2008	Time:	19:33	Passed:	19:35
Started	19:40	Status	Attend				
Urgency:	Within 4 Hours	Attended:	☒	Date:	28/11/2008	Time:	19 :40
Notes to Practice:							
patient now 9 weeks pregnant . has had scan and singleton in utero. has been vomitting today . trying to eat food as usual . 0/e temp 36.9C. abdo soft . bs .. normal . chest clear . passing urine . urinalysis... no leucos, no blood . some prot . trace ketones. advice re fluids. will not take solids for next few days. stick to milk , milky drinks, lucozade sport , etc. will recontact if concerned.							
Diagnosis:							
emesis in 1st trimester.							
Drugs:	There were no drugs attached to the call						

Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To: None		Dept: None			
Review by GP:	☐	When:		Where:			
Patient to contact GP:	☐						
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time
	28/11/2008	19:40	19:55				
	Clinical Group		Name		Completion Date / Time:	28/11/2008 19:55	
Duty Clinician:	Perth		Dr H MACLARTY		Closed By:	hmaclarty	

Closed NHS24 Call Details

PCC:	PERTH			FOR PRACTICE			
NHS No:	6476766	Call Received:	17/11/2008 20:46	Received by:	(Non-clinical user) (Edinburgh)		
Outcome:	Transport to PCEC within 1 Hr			Outcome Code:	PCT2		
		Consultation Start:	17/11/2008 21:44	Consultation Finish:	17/11/2008 21:57		
Patients Present Location				Patient Home Details (1003820107)			
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext:				Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John			
Registered GP Details (at time of call)							
Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607							
Clinical Summary:	Description: VOMITING FOR 24 HOURS AND 6 WEEKS PREGNANT. UNABLE TO KEEP ANY FOOD OR FLUIDS DOWN. LOOKS PALE AND HAS VOMITED 6 OR 7 TIMES. ALSO HAS SOME PAIN IN LOWER BACK BUT NO ABDOMINAL PAIN. PREVIOUSLY BEEN HOSPITALISED WITH SAME IN PREVIOUS PREGNANCY. TO ATTEND PCEC WITHIN 1 HOUR WITH TRANSPORT.						
Call Number:	0000507759	Date:	17/11/2008	Time:	21:57	Passed:	22:00
Started	22:01	Status	Attend				
Urgency:	Within 1 Hour	Attended:	☒	Date:	17/11/2008	Time:	23 :12
Notes to Practice:							
Started vomiting 24hr ago - several episodes over this period (7-8x) - no vomiting for last 2.5hr. No abdo pain. No PV bleeding. No urinary or gi symptoms. No-one else at home affected with D/V although other child at home slight nausea this morning. Not managing to keep any fluids down currently. Previously admitted with last pregnancy due to vomiting. Currently getting weekly US scans due to "cyst". OE T 37.0oC Moist mucous membranes. Normal skin tone. P 68/min reg. BP 110/63 (sitting) with no significant postural drop in BP on standing. SOU Prot + Bld -ve Gluc -ve Ket trace. Reassured that meantime no evidence of signif dehydration and fairly short hx. Given general advice re fluids and advised regarding rv if continues.							
Diagnosis:							

Probable infective enteritis in pregnant female							
Drugs:	There were no drugs attached to the call						
Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To: None			Dept:	None	
Review by GP:	☐	When:		Where:			
Patient to contact GP:	☐						
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time
	17/11/2008	23:10	23:20				
	Clinical Group		Name		Completion Date / Time:	17/11/2008 23:25	
Duty Clinician:	Perth		Dr H DOUGALL		Closed By:	hdougall	

Closed NHS24 Call Details

PCC:	PERTH			FOR PRACTICE			
NHS No:	6427315	Call Received:	04/11/2008 21:17	Received by:	(Non-clinical user) (Edinburgh)		
Outcome:	PCEC within 1 Hr			Outcome Code:	PCC2		
		Consultation Start:	04/11/2008 21:27	Consultation Finish:	04/11/2008 21:36		
Patients Present Location				Patient Home Details (1003820107)			
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext:				Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John			
Registered GP Details (at time of call)							
Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607							
Clinical Summary:	Description: ABDOMINAL PAIN FOR 1 WEEK AND AT PRI TODAY & HAD ULTRASOUND. CYST NOTED 7 X 8 CMS ON OVARY. PREGNANCY TEST POSITIVE TODAY. PAIN NOT SETTling. PT CALLED EARLY PRENANCY UNIT AT 21.15. ?ECTOPIC PREGNANCY. PCEC PRI WITHIN 1 HOUR.						
Call Number:	0000503948	Date:	04/11/2008	Time:	21:36	Passed:	21:37
Started	21:45	Status	Attend				
Urgency:	Within 1 Hour	Attended:	☒	Date:	04/11/2008	Time:	21 :40
Notes to Practice:							
26 year old. Para 1+0. Age 6 years. SVD. Periods regular since January 2008 after using Depoprovera. Last week started getting low left sided abdo pain. Seen by Out of Hours. Preg. Tests x 2 negative. Positive preg. test at home at beginning of this week. Because of continuing pain, phoned EPAU last night. Seen there today and scans taken. No gestation sac seen. Pregnancy hormones present but low. Sent home after that. Pain worse this evening. Spoke to Gyn nurse who suggests ectopic. At present, still low left abdo pain with radiation round to back. No vaginal discharge. No dysuria. p 86/MIN. bp 102/68.							
Diagnosis:							
?ECTOPIC.							

Drugs:	There were no drugs attached to the call						
Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To: Ninewells		Dept: Gynae			
Review by GP:	☐	When:			Where:		
Patient to contact GP:	☐						
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time
	04/11/2008	21:45	22:00				
	Clinical Group		Name		Completion Date / Time:	04/11/2008 22:01	
Duty Clinician:	Perth		Dr D YOUNG		Closed By:	wyoun	

Closed NHS24 Call Details

PCC:	PERTH			FOR PRACTICE			
NHS No:	6424906	Call Received:	03/11/2008 21:01	Received by:	(Non-clinical user) (Edinburgh)		
Outcome:	Dr to phone patient within 1 Hr			Outcome Code:	DPP2		
		Consultation Start:	03/11/2008 21:37	Consultation Finish:	03/11/2008 21:48		
Patients Present Location				Patient Home Details (1003820107)			
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext:				Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John			
Registered GP Details (at time of call)							
Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607							
Clinical Summary:	Description: RIGHT SIDED ABDO PAIN FOR 1/7 AND 6 WEEKS PREGNANT/LEVEL WITH UMBILICUS/LMP 4-5 WEEKS AGO NORMAL/PHONED EPU TONIGHT/ADVISED TO CALL US IF PAIN WORSENS/PAIN SCALE 8/10/SPEAK TO DR 1 HRS/AS PER KMS						
Call Number:	0000503831	Date:	03/11/2008	Time:	21:48	Passed:	21:49
Started	22:10	Status	Attend				
Urgency:	Within 1 Hour	Attended:	☒	Date:	03/11/2008	Time:	22 :09
Notes to Practice:							
para1+0 LMP16/9/8 = 6+/52 Spot of PVB 2/7 ago. Pain started today - mainly R sided but also in back. On abs for UTI. OE Undistressed apyrexial P 87 BP 104/73 Abdo obese soft non tender. Abdo pain in early pregnancy - nil acute. Has appoint with EPU tomorrow at midday. Advised to take PCM and await scan tomorrow.							
Diagnosis:							
Abdo pain in early pregnancy							
Drugs:		Drug Name	Form	Strength	Quantity	Category	
	1	Paracetamol	tabs	500mgs	8	Administered	

Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To: None		Dept: None			
Review by GP:	☐	When:		Where:			
Patient to contact GP:	☐						
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time
	03/11/2008	22:10	22:29				
	Clinical Group		Name		Completion Date / Time:	03/11/2008 22:29	
Duty Clinician:	Perth		Dr HELEN DOUGALL		Closed By:	hidougall	

Message only call for practice

PCC:	PERTH			FOR PRACTICE	
NHS No:	6407690	Call Received:	30/10/2008 18:50	Received by:	(Non-clinical user) (Edinburgh)
Outcome:	Pt advised to contact Midwife - For Information Only			Outcome Code:	MIDP
		Consultation Start:	30/10/2008 19:00	Consultation Finish:	30/10/2008 19:11
Patients Present Location			Patient Home Details (1003820107)		
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext:			Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553		
Registered GP Details (at time of call)			Sex: F		
Dr Name: AULD, JOHN			DOB: 10/03/1982		
Practice: WHITEFRIARS SURGERY RED			Age: 26 Years		
			Contact:		
Clinical Summary:	VAGINAL BLEEDING FOR 1 HR AND SMALL SPECS OF BLOOD NOTICED ON WIPING, CURRENT UTI, OTHERWISE WELL. NO ABDOMINAL PAIN, NO HEADACHES. GIVEN EARLY PREGNANCY ASSESSMENT CLINIC NUMBER, TO CONTACT MIDWIFE. WORSENING STATEMENT GIVEN.				
Condition:	VAGINAL BLEEDING 1 DAY SEE AV				
Call Number:	0000502487	Received in Coop:	30/10/2008 19:16		

Closed NHS24 Call Details

PCC:	PERTH			FOR PRACTICE			
NHS No:	6394972	Call Received:	26/10/2008 09:19	Received by:	(Non-clinical user) (Edinburgh)		
Outcome:	Untriaged call - OOH Service clinician to phone patient			Outcome Code:	UNT1		
	Consultation Start:	26/10/2008 10:07	Consultation Finish:	26/10/2008 10:07			
Patients Present Location				Patient Home Details (1003820107)			
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext:				Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John			
Registered GP Details (at time of call)							
Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607							
Clinical Summary:	Description: UNTRIAGED CALL FOR X AND HUB TO TRIAGE PLEASE						
Call Number:	0000501577	Date:	26/10/2008	Time:	10:07	Passed:	10:08
Started	11:30	Status	Attend				
Urgency:	Within 1 Hour	Attended:	☒	Date:	26/10/2008	Time:	11 :29
Reason:							
Loin pain							
Notes to Practice:							
Triage-seen at ooh last night and transferred to AE as no GP available-given trimethoprim for UTI but now severe loin pain not helped by Paracetamol. Attend parth PCEC-Dr EC BP 105/82 pulse 86 temp 36.6 preg test negative urinalysis blood 1+ and leu 3+ abd pain for a week l sided sharp pain constant LMP over 28 days ago but periods can be late o/e obs as above soft non tender bs present no peritonism min tenderness l side renal flank IMP ? uti as period is delayed and preg test negative switch from trimethoprim to nitrofurantoin 50mg qds							
Diagnosis:							
UTI and some renal angle discomfort fastrack no given							

Drugs:	There were no drugs attached to the call						
Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To: None			Dept:	None	
Review by GP:	☐	When:			Where:		
Patient to contact GP:	☐						
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time
	26/10/2008	11:14	11:36				
	Clinical Group		Name		Completion Date / Time:	26/10/2008 12:14	
Duty Clinician:	Perth		Dr E DOHERTY		Closed By:	edoherty	

Closed NHS24 Call Details

PCC:	PERTH			FOR PRACTICE			
NHS No:	6393729	Call Received:	26/10/2008 01:59	Received by:	(Non-clinical user) (Edinburgh)		
Outcome:	PCEC within 4 Hrs			Outcome Code:	PCC4		
		Consultation Start:	26/10/2008 01:08	Consultation Finish:	26/10/2008 01:15		
Patients Present Location				Patient Home Details (1003820107)			
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext:				Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John			
Registered GP Details (at time of call)							
Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607							
Clinical Summary:	Description: LEFT FLANK PAIN FOR 1 WEEK - WORSENING 3 HOURS AND RETURN CALLER - ABDO ?DISTENDED, SOFT, HAS FLUTTERY FEELING, MENSTRUAL PERIOD 3 DAYS LATE, PARACETAMOL TAKEN 20:00HRS. WITH EFFECT NIL SINCE. PCEC 4 HRS TO ATTEND PERTH R.I. OOH'S						
Call Number:	0000501456	Date:	26/10/2008	Time:	01:15	Passed:	01:20
Started	01:30	Status	Cancelled				
Urgency:	Within 4 Hours						
Notes to Practice:							
Patient attended A+E.							
Diagnosis:							
See above.							
Drugs:	There were no drugs attached to the call						
Outcome:	Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐	
Refer To:		None		Dept:	None		

Review by GP:	☐	When:		Where:			
Patient to contact GP:	☐						
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time
	26/10/2008	02:30	02:35				
	Clinical Group		Name		Completion Date / Time:	26/10/2008 02:35	
Duty Clinician:	Perth		Clinician Not Specified		Closed By:	louisehutchison	

Message only call for practice

PCC:	PERTH			FOR PRACTICE	
NHS No:	6391934	Call Received:	25/10/2008 17:16	Received by:	(Non-clinical user) (Edinburgh)
Outcome:	Pt advised to contact practice within 36 Hrs - For Information Only			Outcome Code:	NOA8
		Consultation Start:	25/10/2008 19:43	Consultation Finish:	25/10/2008 19:47
Patients Present Location			Patient Home Details (1003820107)		
Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext:			Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553		
Registered GP Details (at time of call)			Sex: F		
Dr Name: AULD, JOHN			DOB: 10/03/1982		
Practice: WHITEFRIARS SURGERY RED			Age: 26 Years		
			Contact:		
Clinical Summary:	ABDO PAIN FOR 3/7 AND C/O LEFT SIDED ABDO PAIN - WAIST HEIGHT - SHARP CONSTANT PAIN - NO FEVER OR OTHER SYMTPOMS - WAS DUE PERIOD ON THURSDAY - IS TRYING FOR PREGNANCY - ADVISED REGULAR PARACETAMOL & MONITER PAIN IF NO EFFECT TO CALL BACK - GP 36 HOURS				
Condition:	CB-L/SIDE ABDO CRAMPS, 3 DAYS, SEE A/V				
Call Number:	0000501344	Received in Coop:	25/10/2008 19:48		

Patient name: YVONNE JAMIESON
Hospital number: 1003820107

Tayside Diagnostic Services

Printed by scrockart (Susan Crockart (non referrer)) at 11 May 2026 10:17

Patient name: YVONNE JAMIESON CHI Number: 1003820107 Sex: Female
Date of birth: 10 Mar 1982
Address: FLAT 2-2, 3 ROXBURGH WAY, GREENOCK PA15 4LN
Report 1/1

Reported	Specialty	Location	Clinician
05 Jan 2018 10:23	Blood Sciences	PRI GYNAE IP	Dr Adam GORDON (Obs and Gynae) (Obstetrics & Gynaecology)

CLINICAL DETAILS :
? pos pt

Sample C185986067 (Blood) Collected 05 Jan 2018 09:42 Received 05 Jan 2018 09:53

TOTAL HCG

TOTAL HCG	1	U/L	0 - 5
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End of reports

Patient name: YVONNE JAMIESON

Hospital number: 1003820107

:

Tayside Diagnostic Services

Printed by scrocart (Susan Crockart (non referrer)) at 11 May 2026 10:18

Patient name: YVONNE JAMIESON CHI Number: 1003820107 Sex: Female
Date of birth: 10 Mar 1982
Address: FLAT 2-2, 3 ROXBURGH WAY, GREENOCK PA15 4LN
Report 1/4

Reported	Specialty	Location	Clinician
14 Dec 2017 10:43	Microbiology	PRI MATERNITY DAY CARE	Nurse Isabella SUTTIE(Obstetrics & Gynaecology)

CLINICAL DETAILS :
Symptoms of UTI?: No
Test reason: Patient pregnant
Antibiotic Therapy: nk
Antibiotic allergies: nk
Known CKD?: No
routine booking bloods.

Sample 17B275178 (Midstream Urine) Collected 11 Dec 2017 10:17 Received 12 Dec 2017 11:33

Urine Culture:

Organism	*	Escherichia coli
Organism Growth	*	10^5 orgs/ml
Amoxicillin		S
Trimethoprim		R
Nitrofurantoin		S
Gentamicin		S
Cefalexin		S

Report 2/4

Reported	Specialty	Location	Clinician
12 Dec 2017 13:42	Microbiology	PRI MATERNITY DAY CARE	Nurse Isabella SUTTIE(Obstetrics & Gynaecology)

CLINICAL DETAILS :
routine booking bloods.

Sample 17V026766 (Venous blood) Collected 11 Dec 2017 10:17 Received 11 Dec 2017 16:06

Hepatitis B (HBsAg) screen:

Hepatitis B (HBsAg) screen	Negative
----------------------------	----------

HIV1&2 Antigen/Antibody:

HIV1&2 Antigen/Antibody	Negative
-------------------------	----------

Syphilis total antibody:

Syphilis total antibody	Negative
-------------------------	----------

Report 3/4

Reported	Specialty	Location	Clinician
12 Dec 2017 11:39	Blood Sciences	PRI MATERNITY DAY CARE	Nurse Isabella SUTTIE(Obstetrics & Gynaecology)

CLINICAL DETAILS :
On T4?: Yes
routine booking bloods.

LAB COMMENTS :
FOQ NOT FILLED IN CORRECTLY. PLEASE CONTACT EXT 32659
IF A HAEMOGLOBINOPATHY SCREEN IS INDICATED.

Sample H175938711 (EDTA) Collected 11 Dec 2017 10:17 Received 11 Dec 2017 12:31

Patient name: YVONNE JAMIESON

Hospital number: 1003820107

:

FBC

Hb	140	g/L	120 - 160
WBC	8.1	x10 ⁹ /L	4.0 - 11.0
PLT	219	x10 ⁹ /L	150 - 400
RBC	4.74	x10 ¹² /L	3.8 - 4.8
HCT	0.430		0.37 - 0.47
MCV	90.9	fl	85 - 105
MCH	29.6	pg	27 - 32
MCHC	325	g/L	320 - 360
NE#	6.1	x10 ⁹ /L	2.0 - 7.5
LY#	1.5	x10 ⁹ /L	1.5 - 4.0
MO#	0.4	x10 ⁹ /L	0.2 - 0.8
EO#	0.10	x10 ⁹ /L	0.0 - 0.4
BA#	0.1	x10 ⁹ /L	0.0 - 0.1

ANC BOOKING BLOODS

ANC BOOKING BLOODS NOT AVAILABLE

Report 4/4

Reported	Specialty	Location	Clinician
11 Dec 2017 13:45	Blood Sciences	PRI MATERNITY DAY CARE	Nurse Isabella SUTTIE(Obs & Gynae-Nurse) (Obstetrics & Gynaecology)

CLINICAL DETAILS :On T4?: Yes
routine booking bloods.

Sample C175938711 (Fluoride Oxalate) Collected 11 Dec 2017 10:17 Received 11 Dec 2017 12:31

GLUCOSE

GLUCOSE (preserved tube) 4.7 mmol/L 3.3 - 5.8

TSH

TSH 1.96 mU/L 0.4 - 4.0

End of reports

Patient name: YVONNE JAMIESON
Hospital number: 1003820107

Tayside Diagnostic Services

Printed by scrockart (Susan Crockart (non referrer)) at 11 May 2026 10:18

Patient name: YVONNE JAMIESON CHI Number: 1003820107 Sex: Female
Date of birth: 10 Mar 1982
Address: FLAT 2-2, 3 ROXBURGH WAY, GREENOCK PA15 4LN
Report 1/1

Reported	Specialty	Location	Clinician
11 Dec 2017 14:47	Blood Sciences	PRI OP GYNAE	Dr Adam GORDON (Obs and Gynae) (Obstetrics & Gynaecology)

CLINICAL DETAILS :
Empty uterus positive test

Sample C175939808 (Blood) Collected 11 Dec 2017 13:44 Received 11 Dec 2017 13:56

TOTAL HCG

TOTAL HCG	1	U/L	0 - 5
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End of reports

Patient name: YVONNE JAMIESON
Hospital number: 1003820107

Tayside Diagnostic Services

Printed by scrocart (Susan Crocart (non referrer)) at 11 May 2026 10:19

Patient name:	YVONNE JAMIESON	CHI Number:	1003820107	Sex: Female
Date of birth:	10 Mar 1982			
Address:	FLAT 2-2, 3 ROXBURGH WAY, GREENOCK PA15 4LN			

Report 1/2

Reported	Specialty	Location	Clinician
14 Feb 2013 00:27 Blood Sciences PRI WARD 4 Dr E BROWN (Not Specified)			

CLINICAL DETAILS :
trasadone overdose.

LAB COMMENTS :
*NB Use mass unit (mg/L) scale for paracetamol
nomogram interpretation.*

Sample C131985947-2 (Blood) Collected 13 Feb 2013 23:04 Received 13 Feb 2013 23:30

C-REACTIVE PROTEIN

C-REACTIVE PROTEIN	LT4		mg/L	0 - 10
--------------------	-----	--	------	--------

PARACETAMOL

PARACETAMOL	NOT DETECTED		mg/L	
-------------	--------------	--	------	--

SALICYLATE

SALICYLATE	NOT DETECTED		mg/L	
------------	--------------	--	------	--

ALT

ALT	26		U/L	5 - 55
-----	----	--	-----	--------

BILIRUBINS

BILIRUBINS	5		umol/L	0 - 21
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ALKALINE PHOSPHATASE

ALKALINE PHOSPHATASE	90		U/L	30 - 130
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ALBUMIN

ALBUMIN	35		g/L	35 - 50
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SODIUM

SODIUM	142		mmol/L	133 - 146
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POTASSIUM

POTASSIUM	3.8		mmol/L	3.5 - 5.3
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UREA

UREA	3.5		mmol/L	2.5 - 7.8
------	-----	--	--------	-----------

CREATININE

CREATININE	71		umol/L	44 - 80
------------	----	--	--------	---------

ESTIMATED GFR

ESTIMATED GFR	GT60		mL/min	
---------------	------	--	--------	--

CKD Stage

CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA .			
-----------	--	--	--	--

ALCOHOL

ALCOHOL	NOT DETECTED		mg/dL	
---------	--------------	--	-------	--

Report 2/2

Reported	Specialty	Location	Clinician
13 Feb 2013 23:45 Blood Sciences PRI WARD 4 Dr E BROWN (Not Specified)			

CLINICAL DETAILS :
trasadone overdose.

Sample H131985947 (EDTA) Collected 13 Feb 2013 23:04 Received 13 Feb 2013 23:30

FBC

Hb	*	11.9	g/dL	12.0 - 16.0
WBC		7.3	x10 ⁹ /L	4.0 - 11.0

Patient name: YVONNE JAMIESON

Hospital number: 1003820107

PLT	220	x10 ⁹ /L	150 - 400
RBC	4.21	x10 ¹² /L	3.8 - 4.8
HCT	* 0.355		0.37 - 0.47
MCV	* 84.3	fl	85 - 105
MCH	28.2	pg	27 - 32
MCHC	33.4	g/dL	32 - 36
NE#	4.6	x10 ⁹ /L	2.0 - 7.5
LY#	2.2	x10 ⁹ /L	1.5 - 4.0
MO#	0.4	x10 ⁹ /L	0.2 - 0.8
EO#	0.07	x10 ⁹ /L	0.0 - 0.4
BA#	0.0	x10 ⁹ /L	0.0 - 0.1
Coagulation Screen			
Prothrombin Time	11.8	secs.	9.5 - 14.0
PT Ratio:	1.0		
APTT	29.9	secs.	22.9 - 34.4
APTT Ratio	1.0		

End of reports

Patient name: YVONNE JAMIESON
Hospital number: 1003820107

NHS Tayside Radiology Report

Printed by scrockart(Susan Crockart (non referrer)) at 11 May 2026 10:20

Patient name: YVONNE JAMIESON CHI Number: 1003820107 Sex: Female
Date of birth: 10 Mar 1982
Address: FLAT 2-2, 3 ROXBURGH WAY, GREENOCK PA15 4LN

Reported	Specialty Location	Clinician	Status
17 Nov 2021 09:05 Radiology	T10445-STRATHMORE SURGERY BLAI	Dr RICHARD D HUMBLE (General Practice)	F

Radiology Examination 8079801: 16 Nov 2021 18:35

XR Shoulder Rt

XR Shoulder Rt

Clinical History :

R shoulder and neck pain on/off since 2020 - had RTA 2020 but not seen at the time -
recurrent pain into shoulder ?arm and when moves shoulder - ?bony pathol/degen
ENTERED BY: Richard Humble (Medical)

BLEEP: 01250 872552

XR Cervical spine :

There is reversal of the normal cervical curvature. Vertebral alignment is otherwise
normal and disc spaces preserved with no bony abnormality demonstrated.

XR Shoulder Rt :

No soft tissue calcification or bony abnormality demonstrated.

DR SUZANNE McCLELLAND / MCCS

End of report

Patient name: YVONNE JAMIESON
Hospital number: 1003820107

NHS Tayside Radiology Report

Printed by scrockart(Susan Crockart (non referrer)) at 11 May 2026 10:20

Patient name: YVONNE JAMIESON CHI Number: 1003820107 Sex: Female
Date of birth: 10 Mar 1982 :
Address: FLAT 2-2, 3 ROXBURGH WAY, GREENOCK PA15 4LN

Reported	Specialty Location	Clinician	Status
17 Nov 2021 09:05 Radiology	T10445-STRATHMORE SURGERY BLAI	Dr RICHARD D HUMBLE (General Practice)	F

Radiology Examination 8079800: 16 Nov 2021 18:35

XR Cervical spine

XR Cervical spine

Clinical History :

R shoulder and neck pain on/off since 2020 - had RTA 2020 but not seen at the time - recurrent pain into shoulder ?arm and when moves shoulder - ?bony pathol/degen
ENTERED BY: Richard Humble (Medical)

BLEEP: 01250 872552

XR Cervical spine :

There is reversal of the normal cervical curvature. Vertebral alignment is otherwise normal and disc spaces preserved with no bony abnormality demonstrated.

XR Shoulder Rt :

No soft tissue calcification or bony abnormality demonstrated.

DR SUZANNE McCLELLAND / MCCS

End of report

Patient name: YVONNE JAMIESON
Hospital number: 1003820107

Confidential Report

Printed by scrockart(Susan Crockart (non referrer)) at 11 May 2026 10:19

Patient name: YVONNE JAMIESON **CHI Number:** 1003820107 **Sex:** Female
Date of birth: 10 Mar 1982 :
Address: FLAT 2-2, 3 ROXBURGH WAY, GREENOCK PA15 4LN

Reported	Specialty	Location	Clinician	Status
12 Dec 2017 13:01	Blood Transfusion	New Location	New Clinician (Not Specified)	F

Blood Group: O POSITIVE

ABO : O

Rh D : Positive

Antibody Status : NAD (No Antibodies Detected)

Please send a sample at 28 to 30 weeks, gestation., Sample tested at Dundee BTS

Sample 10310035421907 (BLOOD) Collected 11 Dec 2017 10:15 Received 12 Dec 2017 11:36

Automated Antibody Screen

Automated Antibody Screen Negative

End of report

Gynaecology Ward
EPAC
Perth Royal Infirmary
Perth
PH1 1NX

Tel: 01738 623311
Fax: 01738 473545
www.nhstayside.scot.nhs.uk

Midwife led clinic:

Date 11/12/17.

Morna Forbes
Adele Norris
Fiona McGlashan

Dear

1003820107

Jamieson
Yvonne

Re:

FLAT 56, GRAMPIAN COURT
CRIEFF ROAD
Perth
PH1 2ST

LJ Compson

The above patient has had a complete miscarriage diagnosed by ultrasound + serial HCG measurement at 6 weeks gestation.

Yours sincerely

Dr Adam Gordon
Consultant Obstetrician & Gynaecologist

Blood Group – Not checked

Anti-D given – Y / (N)

Copy sent to GP (Y) / N



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Respiratory Medicine
Medicine Directorate
Acute Services Division
NHS Tayside
Perth Royal Infirmary
Perth
PH1 1NX

01738 623311
01738 473510
www.nhstayside.scot.nhs.uk

Dr EA Harvey
Mauve Practice, Drumhar Health Cent
North Methven Street
Perth
PH1 5PD

Date	09/04/2013
Your Ref	
Our Ref	AD/CAC/ 1003820107
Enquiries to	
Extension	13612
Direct Line	01738 473612
Email	caroline.chapman@nhs.net

Dear Dr Harvey

Yvonne Jamieson, 185 Rannoch Road, Perth, PH1 2DP DOB: 10/03/1982

Date of Admission:	13.02.13.	Date of Discharge:	14.02.13.
Diagnosis:	Trazodone overdose		
Past medical history:	Asthma, anxiety and depression		

Presentation: This 30 year old lady was admitted with a non accidental overdose of 14 tablets of Trazodone 50 mg around 7 in the evening on the day of her admission. This patient's brother was unwell in ITU at the time of the overdose and she got the news the day prior to her admission which seemed to precipitate it.

Examination: On admission her saturations were 98% on air with a temperature of 31.3, pulse of 90 and blood pressure 107/80. She was alert and orientated. Neurological examination was unremarkable as well as the rest of the examination.

Investigations: Her blood results were unremarkable with a normal kidney and liver function and non impaired coagulation screen. Alcohol was not detected, paracetamol and salicylates were not detected either. Her ECG showed a sinus rhythm and nothing acute was seen on the chest x-ray.

Progress: She was due to be reviewed by the Psychiatrist the next morning but did not want to stay and wait for the review. She left the hospital against medical advice with no follow-up and no treatment.

Yours sincerely

Authorised on 10/04/2013 14:29:20 by Respiratory Peter Brown.

Dr Anne Dethier
Medical ST2 to Dr Peter Brown

Dr Peter Brown
Consultant Physician



Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr

DELIVERY UNIT

Maternity/Gynaecology Unit
Perth Royal Infirmary
Perth
PH1 1NX

Your Ref:
Enquiries to: Mrs Janeen Davidson
Direct Tel No: 01738 473413
Fax No Secty: 01738 473545
Fax No Clinic: 01738 473144
Email: janeen.davidson@nhs.net
Date: 12th November 2009
Date Dictated: 10th November 2009
Our Ref: AFG/JD 100382 / 0107

Dr A H Dutton
Whitefriars Surgery
Whitefriars Street
PERTH

Dear Dr Dutton

Re: Yvonne Jamieson, 1F Menzies Court, Fairfield Avenue, Perth, PH1 2TD

<u>TYPE OF ADMISSION:</u>	Elective
<u>DATE OF ADMISSION:</u>	02.11.09
<u>DATE OF DISCHARGE:</u>	03.11.09
<u>OPERATION:</u>	Laparoscopic left ovarian cystectomy
<u>DIAGNOSIS:</u>	Left Para ovarian cyst
<u>FOLLOW UP:</u>	Nil

This lady underwent the above procedure under general anaesthetic. At operation she was found to have a simple looking Para ovarian cyst with an otherwise normal left ovary. This cyst was removed laparoscopically. Histology has confirmed that it was entirely benign.

Yours sincerely

Dr. Adam Gordon,
Consultant Obstetrician & Gynaecologist.

DELIVERY UNIT

Maternity/Gynaecology Unit
Perth Royal Infirmary
Perth
PH1 1NX

Your Ref:
Enquiries to: Mrs Janeen Davidson
Direct Tel No: 01738 473413
Fax No Secty: 01738 473545
Fax No Clinic: 01738 473144
Email: janeen.davidson@nhs.net
Date: 12th November 2009
Date Dictated: 10th November 2009
Our Ref: AFG/JD 100382 / 0107

Mrs Yvonne Jamieson
1F Menzies Court
Fairfield Avenue
PERTH
PH1 2TD

Dear Mrs Jamieson

The cyst removed from your left ovary has been confirmed as a simple benign cyst. I hope you find this reassuring.

Yours sincerely

Dr. Adam Gordon,
Consultant Obstetrician & Gynaecologist.

Cc: Dr A H Dutton, Whitefriars Surgery, Whitefriars Street, Perth

ACUTE SERVICES DIVISION

Maternity/Gynaecology Unit,
Perth Royal Infirmary,
PERTH.
PH1 1NX Tel: 01738 623311

Our Ref: VL/FC 100382/0107
Date: 11th September, 2009.
(clinic 10.9.09)

Secretary – Fiona Clark
Direct Telephone – 01738 473413
Fax – 01738 473545
email – fionnaclark@nhs.net

Clinic Fax – 01738 473144

Dr. A.H. Dutton,
Whitefriars Surgery,
Whitefriars Street,
PERTH.

Dear Dr. Dutton,

Re: Yvonne Jamieson – 1F, Menzies Court, Fairfield Avenue, Perth.

I reviewed this lady, along with Dr. Gordon, in his Gynaecology Clinic today. She does have a persistent simple cyst which has increased in size to about 8 x 7 x 6 cm. She is mostly asymptomatic from it other than occasional pain in her lower abdomen which is worse prior to a period and mild dysmenorrhoea. She has no pressure symptoms on her bladder or bowel and her periods are regular and not heavy. She is on Thyroxine and Citalopram and has not had any previous abdominal surgery.

On examination the uterus was normal size and I could palpate a cyst measuring 7-8 cm occupying mostly the Pouch of Douglas. We have arranged for her to undergo laparoscopic cystectomy +/- oophorectomy on Monday 2nd November, 2009.

Yours sincerely,

Dr. Vishnavy Laxman,
ST3 to Dr. Gordon.

ACUTE SERVICES DIVISION

Maternity/Gynaecology Unit,
Perth Royal Infirmary,
PERTH.
PH1 1NX Tel: 01738 623311

Our Ref: VL/FC 100382/0107
Date: 19th August, 2009.

Secretary – Fiona Clark
Direct Telephone – 01738 473413
Fax – 01738 473545
email – fionnaclark@nhs.net

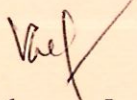
Clinic Fax – 01738 473144

Mrs. Yvonne Jamieson,
1F, Menzies Court,
Fairfield Avenue,
PERTH.
PH1 2TD

Dear Mrs. Jamieson,

Your recent ultrasound scan has shown that your left ovarian cyst is still present. I will arrange for an appointment to be sent to you for Dr. Gordon's Gynaecology Clinic to discuss this further.

Yours sincerely,



Dr. Vishnavy Laxman,
ST3 to Dr. Gordon.

Copy to: Dr. A.H. Dutton, Whitefriars Surgery, Whitefriars Street, Perth.

Women's & Child's Health Clinical
Group
Acute Services Division
Wards 37 & 38
NHS Tayside
Ninewells Hospital and Medical School
DUNDEE
DD1 9SY
Telephone Number 01382 660111
Fax Number
www.nhstayside.scot.nhs.uk



Ms Yvonne Jamieson
1F Menzies Court
Fairfield Avenue
Perth
PH1 2TD

Date	13 May 2009
Dictated	7 May 2009
Our Ref	PL/BP
Enquiries to	Mrs Britta Peters Medical Secretary
Extension	32959
Direct Line	01382 632959
Email	britta.peters@nhs.net

Dear Ms Jamieson

MPI: 100382 0107

I have been unable to contact you by telephone. I see on the ultrasound scan that you have a persistent cyst on the ovary. This may simply disappear by itself. I'm sorry that you've had to come through to Ninewells for your scan. I will arrange for you to have a repeat scan in about 3 months time and a follow-up in the Perth gynaecology clinic. If you have any problems with abdominal pain in the meantime please do not hesitate to contact NHS 24 or your GP.

Yours sincerely


Dr P Lynch
Consultant Obstetrician and Gynaecologist

c.c. Dr J Auld, Whitefriars Surgery, Whitefriars Street, Perth, PH1 1PP
Dr Adam Gordon, Consultant Obstetrician and Gynaecologist, Perth Royal Infirmary

PS: Dear Adam,
Previous letter is enclosed. Unfortunately this lady appears to have been followed up at Ninewells. I would be grateful if you could arrange local follow-up her. I currently hold her Ninewells notes here but will be happy to send these to you after the next PNM meeting due to be held on 21 May 2009.

Needs 3/12 Lynch Scan Appt. August



Headquarters
King's Cross, Cleington Road, Dundee DD3 8EA

Chairperson, Mr Sandy Watson, OBE, DL
Chief Executive, Professor Tony Wells

Women's & Child's Health Clinical
Group
Acute Services Division
Wards 37 & 38
NHS Tayside
Ninewells Hospital and Medical School
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Telephone Number 01382 660111
Fax Number
www.nhstayside.scot.nhs.uk

Dr J Auld
Whitefriars Surgery
Whitefriars Street
Perth
PH1 1PP

Date	21 April 2009
Dictated	17 April 2009
Our Ref	VL/BP
Enquiries to	Mrs Britta Peters
Extension	Medical Secretary
Direct Line	32959
Email	01382 632959
	britta.peters@nhs.net

Dear Dr Auld

RE: YVONNE JAMIESON, 1F MENZIES COURT, FAIRFIELD AVENUE, PERTH, PH1 2TD
MPI: 100382 0107

This patient was unfortunately admitted with heavy bleeding via A & E on 14 April 2009. She had an IUD, which she delivered about 2 weeks ago. On examination when she arrived at the Ward, however, her bleeding had settled. We admitted her for observation over night and she had a scan the following day which revealed 16x22x20mm echogenic mass which was suggestive of RPOC / clots. She also has a simple cyst, which is 43x46x47mm. She was known to have a cyst, which was bigger in size, and this was drained during labour. She was offered surgical and conservative treatment in view of the retained products and she chose to have conservative treatment. She was given a course of antibiotics to take for 7 days and we plan to see her again in 10 days with a repeat scan. We also plan to review her in the gynae outpatient clinic with a repeat scan to look at her cysts to check if they have increased in size or changed in character. She is also undergoing some tests to confirm her Rubella status as there had been some inconclusive results about positive IgM's. We would be happy to see her in future should you have any concerns about her.

Yours sincerely



Dr V Laxman
SpR to Dr P Agustsson
Consultant Obstetrician and Gynaecologist



Headquarters
King's Cross, Cleington Road, Dundee DD3 8EA

Chairperson, Mr Sandy Watson, OBE, DL
Chief Executive, Professor Tony Wells

ACUTE SERVICES DIVISION

Maternity/Gynaecology Unit,
Perth Royal Infirmary,
PERTH.
PH1 1NX Tel: 01738 623311

Our Ref: AG/FC 100382/0107
Date: 25th November, 2008.

Secretary – Fionna Clark
Direct Telephone – 01738 473413
Fax – 01738 473545
email – fionnaclark@nhs.net

Clinic Fax – 01738 473144

Dr. J. Auld,
Whitefriars Surgery,
Whitefriars Street,
PERTH.

Dear Dr. Auld,

Re: Yvonne McLean – 1F, Menzies Court, Fairfield Avenue, Perth.

<u>TYPE OF ADMISSION:</u>	Emergency.
<u>DATE OF ADMISSION:</u>	19.11.08.
<u>DATE OF DISCHARGE:</u>	19.11.08.
<u>OPERATION:</u>	Nil.
<u>DIAGNOSIS:</u>	Hyperemesis.
<u>FOLLOW UP:</u>	Ante-Natal Booking Clinic.

This lady was seen several times at the Early Pregnancy Clinic between the 4th and 10th November, 2008, with bleeding and pain in early pregnancy. An ultrasound scan revealed a normal intrauterine pregnancy consistent with around six weeks gestational size and also identified an additional feature of a simple looking 8 cm left ovarian cyst. She was admitted on the 19th November, 2008, with nausea and retching. She was given IM Stemetil and did not require I.V. fluids. She was discharged home the same day. A repeat scan has been arranged for two weeks. I would be grateful if you could refer her for ante-natal booking in the usual fashion if you have not already done so.

Yours sincerely,

Dr. Adam Gordon,
Consultant Obstetrician & Gynaecologist.

EPAC SUMMARY Verbal consent to: Pelvic exam/TV scan City Hospitals - P.R.I.

NAME: Yvonne McLean. Signed:

CHI: 1003820107

ADDRESS: 1F Menzies Ct Perth.

GP: Dr Auld/Dutton Red. Whitefries

Visit Date: 4.11.08	Contact No: 639553
Consultant: AG	
Visit No:	1 2 3 4 5 6
New/Return:	Time In:
Booked Y/N:	Time Out:
HCG/SCAN	
Referred From:	Referral Reason:
Comments/History	Bleeding Y/N: Pain Y/N: Other Y/N:
UTI was on treatment before positive preg. test. → now on Nitrofurantoin. 6+6	Last Thursday. Cramps Br. tenderness Thyroxine Omeprazole
LMP Date: 18.9.08.	folic acid
Parity: ☐ + ☐ 6	SB/NND: ☐ EDD by scan Gestation by Scan: 35 weeks
Pregnancy Test Y/N	Positive Y/N Smoker Y(N)
1 st Positive Test (Date) 28.10.08	No. Per Day:
INVESTIGATION	HCG Results This Episode
Blood Group	Group Antibodies
HCG:	HCG Results
FBC:	Urinalysis:
Anti D:	Dipslide:
Date/Time:	Result to GP
Vaginal Exam Y/N:	HVS:
Os Open Os Close	Endocervical Smear:
Products of Conception Y/N:	Chlamydia:
Sent to Pathology:	

Signature.....Date.....

ULTRASOUND FINDINGS (TAS/TVS)		MANAGEMENT
Intact Intrauterine Pregnancy; _____ wk _____ days		_____ Reassurance
Empty Gestation Sac	<20mm in diameter----	Rescan in 7 days
	>20mm in diameter----	Cons. Management + rescan in 7-10 days; OR Medical evac; OR surgical evac. Of uterus
NO FH Activity;	CRL<6mm-----	Rescan in 7-10 days
	CRL>6mm-----	Cons Management + rescan in 7-10 days OR: Medical Evac. OR: Surgical evac of uterus.
Empty Uterus:	Negative Preg Test----	Home
	Positive Preg Test-----	TVS & Serum BHCG level
	Initial BHCG<100-----	Preg. Test in 4-7 days---if POS---TVS + serum BHCG Advise Warning Symptoms
	Initial BHCG>100-----	Repeat after 48 hrs + Registrar review
Retained POC	Initial BHCG>1000-----	Registrar review on obtaining results
	<40mm-----	Rescan in 10 days ? HVS
	>40mm-----	Surgical Evac of Uterus
Adnexal Mass / Ectopic Seen-----		Registrar review.
		ANTI D required?-----Yes/No
Scanned by: <u>Amiris / D.M. K.</u>		Further Action :-
Signature: _____		<u>Decided to have blood taken.</u>
If appropriate---Checked by _____		G.P. Letter / Scan Report

13:20 ^{PM} ~~13:20~~

Patient initially refused test - explained importance of blood test - in case of ectopic as no sac in uterus. with mechanical endometrium - PT was hysterical. & left without test.

14:20 → Now decided to come back for test.
Roll

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp.

Surname ..

First Name

Address ...

G.P. & Addr

1003820107

MCLEAN, YVONNE M

Cons.

C.H.I. No.

M. State

Sex

USE BLOCK LETTERS
OR PATIENT LABEL

UNIT/WARD/DEPT.

DATE

Page

4/11/08

BHCG 830.

2120: Telephone call from Yvonne, saying that she was in a lot of pain. Informed Yvonne of her BHCG result, advised her to try some analgesia - she refused this saying it would not help.

Advised Yvonne to contact NHS 24 in view of her pain as we could not rule out an ectopic but also she has a large Ov cyst which could also be the cause of her pain. Happy to advise & aware she may be T/F to newnells if they feel she needs to be assessed.

M. Forbes

5/11/08

Contacted newnells this am - was admitted there overnight & awaiting scan this morning

M. Forbes

6/11/08

Attended today for BHCG (3).

Pain persists, but not any more.

Will phone at 3pm for results
M. Forbes

BHCG - 1834.

To attend EPAS 10/11/08 for scan
M. Forbes

10.11.08

no bleeding. occ. pain not bad

TVS - 10 sac

Yolk sac

large cyst 7x8cm

Riscan 19.11.08

A. Willis

19.11.08

Attended for scan.

NAUSEA ++ + retching ++.

TAS/TVS: 1-0 single pregnancy

6/52

FH seen.

Urinanalysis - Neg ketones

D/W Dockr -

does not require IV fluids
but to have IM Stemetil + then let
home on oral Stemetil.

10.15: IM Stemetil 12.5mg given.

2 ^{CO-codamol} ~~CO-codamol~~ given. M. Forbes

12.45hrs.

Discharged home. F. Adick

Follow-up at booking M. Forbes

HISTORY/CONTINUATION SHEET

Ward/Clinic/

Hosp.

J. MURPHY

MCLEAN

1003820107

AS

Cons.

Surname

YVONNE M

First Name

1f Menzies Court

Address

Fairfield Avenue

PERTH

G.P. & Add

PH1 2TD

DR BM REILLY

C.H.I. No.

M. State

Sex

USE BLOCK LETTERS
OR PATIENT LABEL

14249

Page

DATE

10/9/09

AGE 27

CYCLE 5-7/28

PARITY P1 + 200

SMEAR - 1yr back NAD

L.M.P. 2.9.09

CONTRACEPTION - nil

G.P. -

URINALYSIS

G.P. -

WEIGHT

pain: worse prior to pds
mild dysmen

no dyspareunia; not sexually active
Bladder / Bowel - NAD

PMH - Thyroxine

Citalopram

no prev surgeries

O/E - well

PA - SGT

VE - ULNS, cyst emptying PDD ~ 7-8cms

S/B Dr. Gordon

for Laparoscopy - cystectomy +/- oophorectomy

Theatre - 4.11.09

prep - Friday prior to that

Va/
Furman
885024

Consent for Investigation, Treatment or Operation



JAMIESON

1003820107

F YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
(PERTH
PH1 2TD

..... Hospital & Ward: Grange PRI

..... Speciality:

ALASDAIR DUTTON

(..... Consultant: D Gordon

(USE BLOCK LETTERS OR PATIENT LABEL)

TYPE OF INVESTIGATION, TREATMENT OR OPERATION

(USE BLOCK CAPITALS WITH NO ABBREVIATIONS)

LAPAROSCOPIC CYSTECTOMY (CYST REMOVAL)
+/- OOPHORECTOMY (LEFT SIDE)

I confirm that I have explained the Investigation/Treatment/Operation* as well as any alternative options, the likely benefits and the probabilities of success. I have explained the risks, serious or frequently occurring complications associated with the procedure, and detailed lifestyle changes that may be caused by, or necessitated by, the procedure. I have also acknowledged and answered concerns.

I have done this in terms that, in my judgement, have been understood.

Health Professional's Name: Adam Gordon Date 30/10/09

Print Name: A Gordon Grade Col

PATIENT / PARENT / GUARDIAN

Please read this form very carefully. If there is anything that you do not understand, or if you would like more information, you should inform the health professional.

I agree to what is proposed which has been explained to me by the health professional named on this form

I agree to the administration of a general, local or other anaesthetic as deemed necessary by the anaesthetist

I understand that students may be present and I understand that this is part of their training

I understand that the procedure may not be carried out by the health professional who has been treating so far. The person will, however, have appropriate experience.

I understand that any procedure in addition to the procedure, investigation or treatment described on this form will only be carried out if it is necessary and in the patients best interests and can be justified for medical reasons

I understand that in the patient's best interests, information regarding the procedure may be stored on computer databases

Continued overleaf

- I understand that radiological images, video recordings or photographic material may be produced as part of the procedure and that these will be stored as part of patient's medical record
- I understand that body tissue which may include body fluids, organs, or parts of them, removed during the procedure may be used for diagnosis and any further treatment and then be discarded or stored
- I acknowledge that the University of Dundee is very active in medical research, the sole aim of which is the benefit of patients, either directly or in the long term. Tissue and anonymous information are the most valuable resources for research
- I do / do not* agree that excess tissue stored for diagnostic purposes may also be used in medical research
- I do / do not* agree to being examined by a medical or dental student whilst under general anaesthesia
- I do / do not* acknowledge that I have received printed information regarding the procedure
- I have been told about additional procedures that may become necessary during my procedure. **I have listed below any procedures that I do not wish to be carried out without further discussion**
-
-

Signature X Y. Samieson Patient? Yes / No

**

Name Yvonne JAN (Mrs) (Block Capitals)

Date 20/10/08

Address (if not the patient)

.....

NOTES TO HEALTH PROFESSIONALS

** Please specify if not the patient

* Delete as appropriate

All **bold** parts should be completed

- All deletions, insertions or amendments to the form are to be made before the explanation is given and the form submitted for signature. Any amendments made thereafter must be countersigned and dated both by the health professional and the patient.
- Patients must be allowed to decide whether they will agree to the procedure and they may refuse or withdraw consent to a procedure at any time.
- A parent or other person with parental responsibility is legally entitled to give or refuse consent to a child's treatment. However, if children aged under 16 years can satisfy the health professional that they understand sufficiently well what treatment is proposed, they may give consent for the procedure without parental consent. Furthermore, if you are not convinced enough, you can ask a parent to countersign as well.
- Adults or individuals 16 years of age or older with incapacity must not be consented on this form.

JAMIESON
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

1003820107

ALASDAIR DUTTON



INTEGRATED CARE PATHWAY

GYNAECOLOGY

OVERNIGHT STAY

NB Care Pathway should never preclude individual clinical judgement from being exercised

Developed - Sept 2007/JB/FG
Review - 2010

Abbreviations

#	fracture	N/A	Non applicable
AF	Atrial fibrillation	N/G	Naso Gastric
AXR	Abdominal x-ray	NBM	Nil By Mouth
BM	Blood Glucose Monitoring	NH	Nursing Home
BO	Bowels Open	NIDDM	Non Insulin Dependant Diabetes Mellitus
BP	Blood Pressure	NOK	Next of Kin
C&S	Culture and Sensitivity	NW	Ninewells
C Diff	Clostridium Difficile	OGD	Oesophageal Gastric Duodonoscopy
CAT/CT	Computerised Axial Tomography	OPA	Out Patient Appointment
COPD	Chronic Obstructive Pulmonary Disease	OT	Occupational Therapist
CPR	Cardio Pulmonary Resuscitation	P	Pulse
CCU	Coronary Care Unit	PCA	Patient Controlled Analgesia
CSU	Catheter Specimen of Urine	PE	Pulmonary Embolus
CVP	Central Venous Pressure	PEG	Percutaneous Endoscopic Gastrostomy
CXR	Chest x-ray	PMH	Past Medical History
DNS	District Nursing Service	POP	Plaster of Paris
DOB	Date of Birth	PRHO	Pre Registration House Officer
DVT	Deep Vein Thrombosis	PRI	Perth Royal Infirmary
ECG	Electrocardiogram	Physio	Physiotherapist
Echo	Echocardiogram	PU	Passed Urine
EEG	Electroencephalogram	PVD	Peripheral Vascular Disease
ERCP	Endoscopic Retrograde Cholangio Pancreatography	R	Respiration
FBC	Full Blood Count	RTA	Road Traffic Accident
GCS	Glasgow Comma Scale	SB	Seen by
GP	General Practitioner	SC	Subcutaneous
Hb	Haemoglobin	SALT	Speech and Language Therapist
HNPU	Has not passed urine	SEWS	Scottish Early Warning Score
IDDM	Insulin Dependant Diabetes Mellitus	SHO	Senior House Officer
IHD	Ischaemic Heart Disease	SHX	Stracathro Hospital
IM	Intra Muscular	SPO2	Saturation Pulse Oximetry
INR	International Ration	SPR	Specialist Registrar
ITU	Intensive Therapy Unit	SW	Social Worker
IV	Intravenous	T	Temperature
IVI	Intravenous Infusion	TEDS	Thrombo Embolic Deterrent Stockings
MDT	Multidisciplinary Team	TIA	Transient Ischaemic Attack
MEWS	Modified Early Warning Score	TPN	Total Parenteral Nutrition
MI	Myocardial Infarction	TPR	Temperature, Pulse, Blood Pressure
mmHg	Millimetres of Mercury	U's & E's	Urea and Electrolyte
MRI	Magnetic Resonance Imaging	USS	Ultrasound Scan
MRSA	Methicillin Resistant Staphylococcus Aureus	UTI	Urinary Tract Infection
MSSU	Mid Stream Specimen of Urine	VQ	Ventilation Quotient

ABBREVIATIONS

PV – per vagina
PR – per rectum
VE – vaginal examination
HVS – high vaginal swab
ECS – endo-cervical swab
RPOC – retained products of conception
ERPOC – Evacuation of retained products of conception
TVS – transvaginal scan
LMP – last menstrual period
PMB – post menopausal bleeding
PFR – pelvic floor repair
TOP – termination of pregnancy
STOP – surgical TOP
MTOP – medical TOP
D & V – dilatation & curettage
EUA – examination under anaesthetic
IUCD – intra uterine contraceptive device
IUD – intra uterine death
PID – pelvic inflammatory disease
RSO – right salpingo oophorectomy
LSO – left Salpingo oophorectomy
USO – Unilateral salpingo oophorectomy
BSO – bilateral salpingo oophorectomy
TAH – total abdominal hysterectomy
STAH – sub total abdominal hysterectomy
LAVH – laparoscopic assisted vaginal hysterectomy
STD – sexually transmitted disease
FH – foetal heart
DVT – deep vein thrombosis
GA – general anaesthetic
GOPD – gynae out-patient dept
LA local anaesthetic
NSAIDS – non steroidal anti-inflammatory drugs
RIF – right iliac fossa
LIF – left iliac fossa
(N)IDDM – (non) insulin dependant diabetes mellitus
BHCG – beta human chorionic gonadotrophin
HRT – hormone replacement therapy
PFR – pelvic floor repair
AR – anterior repair
PR – posterior repair
SSF – sacro spinous fixation
Blue X – pregnancy test kit
CX – cervix
PCOS – polycystic ovarian syndrome
OHSS – ovarian hyperstimulation syndrome
HPV – human papilloma virus
CIN – cervical intra-epithelial neoplasia
DUB – dysfunctional uterine bleed
LLETZ – Large Loop Excision of Transformational Zone

Contributors to ICP

Named Nurse : _____

Anyone using this document must register below:

Name	Designation	Grade	Contact No	Signature	Initials
MURRAY SMITH	SRN	5	0999	Murray	MS
AMIT KODI	SRN	5	0999	Amit	AK
CAROLINE WHITE	SRN	6	0999	Caroline	CW

Variance/s

2. Observation Satisfactory	7. No wound soakage	10. Spontaneously passed urine	14. Bowel activity recorded
3. Oz as prescribed	8. PV Loss satisfactory	11. Personal hygiene performed	15. MH & Waterlow scored daily
4. IVI as prescribed	9. Wound drainage recorded	12. Mobilising	
5. Tolerating fluids and diet	6. Pain score < 2	13. Pressure areas intact	

WATERLOW PRESSURE CHART

BUILD/WEIGHT FOR HEIGHT	SKIN TYPE VISUAL RISK AREAS	SPECIAL RISKS TISSUE MALNUTRITION	SPECIAL RISKS MAJOR SURGERY/TRAUMA	SEX, AGE	SCORE ON ADMISSION
Average 0	Healthy 0	Terminal Cachexia 8	Orthopaedic 5	Male 1	= 10+ AT RISK 15+ HIGH RISK 20+ VERY HIGH RISK 3
Above Average 1	Tissue Paper 1	Cardiac Failure 5	Below Waist 5	Female 2	
Obese 2	Dry 1	Peripheral Vascular 5	Spinal 5	14 - 49 1	
Below Average 3	Oedematous 1	Disease Anaemia 2	A & E Trolley - 2 hours 5	50 - 64 2	
	Clammy (Temp) 1	Smoking 1	Operating Table - 2 hours 5	65 - 74 3	
	Discoloured 2			75 - 80 4	
	Broken Spot 3			80+ 5	
CONTINENCE	MOBILITY	NEUROLOGICAL DEFECT	MEDICATION	APPETITE	
Complete/Catheterised 0	Fully 0	Diabetic 4-6	Steroids 4	Average 0	
Occasionally Incontinent 1	Restless/Fidgety 1	MS 4-6	Cytotoxics 4	Poor 1	
Catheterised/Incontinent of faeces 2	Apathetic 2	CVA 4-6	High Dose 4	NG Tube/Fluids only 2	
Doubly Incontinent 3	Restricted 3	Motor/Sensory 4-6	Anti-inflammatory 4	Nil by Mouth 3	
	Inert/Traction 4	Paraplegia 4-6		Anorexic 3	
	Chairbound 5				

ADMISSION

Name Patient Known by: Yvonne

A JAMIESON
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

1003820107

ALASDAIR DUTTON

Age: 27

Phone: 07923084854

Presenting Complaint: Abdominal pain

DIAGNOSIS: Ovarian cysts

Admission Date: 2/11/09

Planned Treatment/Procedure: Laparoscopic cystectomy
+/- oophorectomy

Patients' perception/understanding: Good

Consultant: Dr Gordon

G.P. Dr Auld

Occupation: Housewife

Religion: /

Requesting a visit from Chaplain or other religious leader: N/A

HOME CIRCUMSTANCES / SOCIAL SUPPORT

Lives with son, 10 years old

Current Services N/A

Identified support on discharge: to be arranged

Discharge Plan initiated on admission YES / NO

Planned Discharge Date: Tuesday 3rd

Next of Kin: Linda Williamson

Relationship: Sister

Address: 1B Menzies Court

Phone number: 07745447905

Other contact: As above only

Address: /

Phone number: /

Valuables taken home YES / NO

Valuables in Hospital Safe Keeping YES / NO

If yes, where /

Hospital policy explained YES / NO

MRSA YES / NO

History of MRSA YES / NO

If yes, Date Screened: /

If positive, date patient informed /

Infection Control instructions Given YES / NO

P.M.H. 10 D at 16 wks

Thyroid problems

Asthma

Previous DVT - Fragmin

Murray Royal - Depression

Medication

Thyroxine

Inhaler Seretide 250

last Ventolin Inhaler

Allergies

NKDA

ICP function and storage discussed with:

Patient: Yes

Relatives aware of ICP & confidentiality YES / NO

Admitting Nurse: A Todd

Disclosure of Patient Information

for audit purposes - discussed and agreed YES / NO

Patient's Signature: Y Jamieson

NUTRITION

Normal: yes
Special Diet: /
Diet Kitchen Notified: N/A
MUST assessment Score: 0
Date Referred to Dietician: N/A
Food & Fluid Chart Commenced: 2.11.09

ELIMINATION

Bowels regular: yes
Constipated: sometimes
Diarrhoea: /
Bladder Continent: /
Frequency: if drinking more
Incontinent: sometimes

SENSES

Registered blind: /
Wears glasses/Lenses: reading / distance
Hearing impaired: /
Hearing Aid: /

SPEECH

Coherent: yes
Incoherent: /

SLEEP

Pattern: not really a good sleeper
Medication: /

MENTAL STATE

Alert/orientated: yes
Confused: /
Anxious/distressed: very anxious
Other: /
Orientated to Ward: yes

PATIENT'S PERSONAL/SPECIFIC CONCERNS

no undue worries
/
/

MENSTRUAL STATUS

Pre menopausal: yes
L.M.P.: irregular 2/10/09
Post menopausal: /
Contraception: none
HRT: /

OBSERVATIONS ON ADMISSION

Blood pressure: 108/75
Temperature: 37.4
Pulse: 66
O2 sats: 99% (A/R)
Respiratory Rate: /
Height: 1.58
Weight: 73.4
BMI: 29
Blood Group: /
Smoker / Non Smoker: /

URINALYSIS

pH: /
SG: /
Protein: /
Blood: +
Glucose: /
Ketones: /
Leukocytes: /
Nitrates: /
M.S.S.U. /

Pregnancy test: non

TEETH

Patients own: yes
Crowns: /
Loose teeth: N/A
Dentures top/bottom: N/A

STORAGE OF MEDICATION

Taken Home 0

Drug Trolley ✓

POD 0

CD Cupboard 0

N/A 0

SIEMENS

MULTISTIX 8 SG REPORT

Name Yvonne Jamieson Date 6.6.

Ward Gynaec Patient No. _____

TESTS

Please tick appropriate box for each test

LEUCOCYTES 1-2 minutes	NEG. ☐	TRACE ☐	SMALL + ☐	MODERATE ++ ☐	LARGE +++ ☐		
NITRITE 60 seconds	NEG. ☐	POSITIVE (any degree of pink colour) ☐					
PROTEIN 60 seconds	NEG. ☐	9/L TRACE ☐	0.30 + ☐	1 ++ ☐	3 +++ ☐	≥ 20 ++++ ☐	
pH 60 seconds	5.0 ☒	6.0 ☐	6.5 ☐	7.0 ☐	7.5 ☐	8.0 ☐	8.5 ☐
BLOOD 60 seconds	NEG. ☐	NON HAEMOLYZED TRACE ☐	HAEMOLYZED TRACE ☐	SMALL + ☒	MODERATE ++ ☐	LARGE +++ ☐	
SPECIFIC GRAVITY 45 seconds	1.000 ☐	1.005 ☒	1.010 ☐	1.015 ☐	1.020 ☐	1.025 ☐	1.030 ☐
KETONE 40 seconds	NEG. ☐	mmol/L TRACE 0.5 ☐	SMALL 1.5 ☐	MODERATE 4 ☐	LARGE 8 ☐		
GLUCOSE 30 seconds	NEG. ☐	mmol/L TRACE 5.5 ☐	14 + ☐	28 ++ ☐	55 +++ ☐	≥111 ++++ ☐	

P = Neg

X600270 MP&D

DISCHARGE PLAN

SUPPORTED CARE REQUIRED:

Yes ☐ No ☒

ie Nursing Home; Residential; Sheltered; Care Manager; Social Work Referral.

Specify Action

Date: 30.10.09 Sign: A. Kool

TRANSPORT:

Is patient able to travel with carers/relatives?

Yes ☒ No ☐

If No, what type of hospital transport required?

1 or 2 Man Ambulance: Ref No:

Yes ☐ No ☐

Hospital Taxi

Yes ☐ No ☐

If Yes, Relatives/Carers informed

Date: 30.10.09 Sign: A. Kool

PATIENT MEDICATION

Patients own medication returned

N/A ☐ Yes ☒ No ☐

Patient require additional medication

Yes ☒ No ☐

Script written - Date:

Yes ☒ No ☐

Script in Pharmacy - Date:

Yes ☒ No ☐

To Take Out (TTO) dispensed from ward

Yes ☐ No ☒

Medicine given to Patient / Carer

Yes ☒ No ☐

Date: 3/11/09 Sign: [Signature]

REFERRALS

Details

Practice Nurse

Yes ☐ No ☒

District Nurse

Yes ☐ No ☒

OPD

Yes ☐ No ☒

Other:

Yes ☐ No ☒

Date: 3/11/09 Sign: [Signature]

DOCUMENTATION

Transfer Letter

Yes ☐ No ☒

District Nurse Letter

Yes ☐ No ☒

Practice Nurse Letter

Yes ☐ No ☒

GP Letter (script)

Yes ☒ No ☐

Complete Audit / Patient Questionnaire

Yes ☐ No ☐

Date: 3/11/09 Sign: [Signature]

DISCHARGE ADVICE - Please tick if information given for any of the following:

ie Nutrition; Mobilising ☐ TED Stockings ☐ Exercises ☐ Return to Work ☐ Housework ☐ Contact GP for Counselling Services ☐ Driving; Travel ☐ Other ☐

Signature of Discharging Nurse:

Signature of Patient:

[Signature]

[Signature]

JAMIESON
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

1003820107

Name: _____

CHI: _____

MEDICAL ASSESSMENT COMPLETED BY DOCTORS	SIGN	DATE/TIME	COMMENTS/INFORMATION
Results available for:			
FBC ✓			
U&E ✓	A	30.10.09	Solid ✓
Group & Save ✓	Ted		
CA 125			
LFT'S			
Others ? TFT	AT	30.10.09	
ECG ✓	AT	30.10.09	Dene ✓
Chest X-Ray			
Scan			
Consent obtained			

Prophylaxis of Venous Thromboembolism:

Previous DVT/PE	(YES/NO	Obesity (BMI > 30)	YES/NO
Major Surgery	YES/NO	Age > 40	YES/NO
Surgery > 30 minutes	YES/NO	Malignancy	YES/NO
		Additional risk factors	

Additional Risk Factors include: immobility > 4 days prior to surgery, severe infection, heart failure, thrombophilia

Risk Category (Circle). Please refer to the Thromboprophylaxis in Elective Surgery Protocol (number 26)

Low Risk

Moderate Risk

High Risk

What Thromboprophylaxis is required?

None π

GECS/TEDS π

Low Dose Fragmin π

High Dose Fragmin π

Other:

Specify: _____

Doctors Signature _____

NURSING PLAN	SIGN	DATE	COMMENTS/INFORMATION
Urinalysis			
Baseline observations			
Pain < 2			
IV Access			
Commenced IV fluids			
Nil by mouth			
No c/o nausea or vomiting			
PV loss satisfactory			
Free fluids and diet			
Theatre check list completed			
TED'S			
Medicine kardex completed			
Pre-medication specify			
Protocol commenced - specify			
Pressure areas intact			
Manual Handling chart commenced			
Waterlow Score			
Discharge Planning			

EDUCATION / INFO	SIGN	DATE	COMMENTS/INFORMATION
Information leaflets given			
Explanation of investigations			
Counselling			

**NINEWELLS HOSPITAL
WOMEN AND CHILD HEALTH CLINICAL GROUP**

**MANUAL HANDLING ASSESSMENT SCORE
AND PATIENT RISK ASSESSMENT**

Ward: PH1 GUMM

Named Nurse/Midwife: _____

Date: 2/11/09

Patient's Name **JAMIESON
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD**

Signature: _____

ALASDAIR DUTTON

1003820107

A. Mobility	
Full Mobility	0
Minimal Assistance	1
Walks with aids/supervision	2
Unstable gait/uncoordinated	5
Can stand/unable to walk	5
Unable to assist	10
Moderate assistance ie post op	5

B. Body Weight/Height	
5 – 8 stones (32 – 51 kg)	1
8 – 10 stones (52 – 64 kg)	2
Over 10 stones (65 kg)	5
At height greater than staff	5

C. Psychosocial	
Well Motivated	0
Apprehensive/Anxious	2
Confused/dementia	5
Irrational behaviour	5

D. Environment	
Spacious	0
Restricted space/obstacles	5
Cold/hot/humid conditions	5
Poor lighting	5

E. Other Risk Factors	
Spinal/Epidural	5
Heavy Sedation	5
Prone to falls	5
Invasive lines	2
Skin lesions	3
Motor/Sensory deficit	5

F. Pain	
No pain	0
Minimal pain	1
Moderate pain	2
Constant pain	3
Severe pain	5

Date	Category and Score						Risk Score
	A	B	C	D	E	F	
2/11/09	0	2	2	0	5	1	10
2/11/09	5	2	2	5	5	1	20
3/11/09	0	2	0	0	5	1	8

**Score of 10+
requires
completion of the
specific action care
plan**

(Adapted for Pilling Risk Calculator 1994)

If the patient score is below 10 place assessment in the nursing notes. If future problems arise, a further assessment must be carried out. If the patient score is above 10 the specific Manual Handling Care Plan must be completed.

Ward 36

Name: _____ Unit No: _____ Date: 30/10/1

PRE ASSESSMENT:

Time: 11:30

Presenting complaint: Dysmenorrhoea

Procedure Proposed: Removal of cyst +/- oophorectomy
(laparoscopic)

Past Medical History:

Asthma

Hypothyroidism

'Irregular heart beat'

No previous ops / anaesthesia

Non-smoker

Med-alcohol

Recent or present drug therapy: Seretide 250 bd, Salbutamol PRN

Thyroxine 75mcg, Citalopram 20mg od

Allergies: NKDA

Menstrual Cycle: _____ LMP: Start Oct '09

HRT - Specify: _____ Lo due

Last Cervical smear (with result): Up to date (N)

Parity / Obstetric history:

Para 2/0

- previous stillbirth 2° PET/HELLP

JAMIESON
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

1003820107

ALASDAIR DUTTON

Name: _____ Unit No: _____ Date: _____

General Physical Examination:

Appears well
Pulse - 62, regular
HS I + II + ~~mid-diastolic~~, no radiation
No oedema mid-diastolic murmur
Chest clear
Abdo SWT
BS ++
Calver SWT

Gynaecological Examination:

Not performed
Bloods ✓
ECG ✓
Consent

Prophylaxis of Venous Thromboembolism:

Previous DVT/PE	YES/NO	Obesity (BMI > 30)	YES/NO
Major Surgery	YES/NO	Age > 40	YES/NO
Surgery > 30 minutes	YES/NO	Malignancy	YES/NO
		Additional risk factors	

Additional Risk Factors include: immobility > 4 days prior to surgery, severe infection, heart failure, thrombophilia

Risk Category (Circle). Please refer to the Thromboprophylaxis in Elective Surgery Protocol (number 26)

Low Risk

Moderate Risk

High Risk

What Thromboprophylaxis is required?

None π GECS/TEDS π Low Dose Fragmin π High Dose Fragmin π Other: Specify: _____

Signed: Ullrich Cooper

Date: 30/10/9

Time: 12:00

ADDRESS	JAMIESON YVONNE 1F MENZIES COURT FAIRFIELD AVENUE PERTH PH1 2TD	1003820107	ALASDAIR DUTTON
---------	--	------------	-----------------

DATE OF OPERATION: 2/11/09

BEFORE LEAVING THE WARD---CHECK:	
IDENTIFICATION BAND	<u>YES</u> / NO
PATIENTS IDENTITY CORRESPOND WITH THEATRE LIST?	YES / NO
TIME LAST ATE	am <u>2.00</u> pm
TIME LAST DRANK	<u>10.30</u> am / 11 pm *
PRE-MED Specify	YES / NO / <u>NA</u>
CONSENT FORM SIGNED	<u>YES</u> / NO
DENTURES /CROWNS/LOOSE TEETH – denture point provided	YES / NO / <u>NA</u>
PROSTHESIS REMOVED	YES / NO / <u>NA</u>
MAKE –UP /NAIL VARNISHED REMOVED (from fingers and toes)	YES / NO / <u>NA</u>
UNDERWEAR REMOVED	<u>YES</u> / NO
JEWELLERY TAPED/REMOVED (in safe keeping)	<u>YES</u> / NO
OTHER BODY PIERCINGS (Tongue, umbilicus, eyebrow, nose lip.etc.)	YES / NO / <u>NA</u>
CASENOTES /X-RAYS/LAB RESULTS TO THEATRE	<u>YES</u> / NO
TED STOCKINGS if required	<u>YES</u> / NO / NA
ALLERGIES NOTED:	YES / <u>NO</u>
PASSED URINE /RESIDUAL CKECKED (if required)	<u>YES</u> / NO
SUITABLE BED: as per Bariatric Policy	YES / NO / NA
Comments:	

Signature of Ward Nurse *[Signature]*

Signature of Theatre Nurse pp G. Clark

Anaesthetic Room

Anaesthetist: Dr Mok

Type of Anaesthesia

General Spinal Epidural Local Sedation Mask

Block (specify) _____ Laryngeal Mask (size) _____

E.T. Tube (size) 7.5 Guffed. Spontaneous / I.P.P.V. _____

Naso-Pharyngeal (size) _____ Throat Sprayed/Packed _____

Monitoring

E.C.G. ✓ 3 lead BP ✓ Right Arm SaO2 ✓ Right Hand

Capnograph ✓ CVP Arterial

IV Cannula ✓ 20g Left Hand IV Infusion ✓ See Fluid balance Chart Temperature probe

Warming Blanket 16g Right Hand Space Blanket

Bair Hugger ✓ 43°C Boost Blood Warmer

Nursing Report Re: Anaesthetic

Uneventful GA.

^{PP}
Signature of Anaesthetic Nurse / G. Clark

Diathermy Machine Valleylab
Carmed

Pad Neutralect
Carmed

Record placement of pads below:

Left thigh

Right thigh

Other

Mode:

Monopolar

Bipolar

Tri polar

Used:

Yes

No

Patient Position:

Lithotomy

Lloyd Davis

Supine

Other

Patient Moved:

Up/Down

Pre Skin Check

Post Skin Check

intact

Skin Prep chlorhexidine

Name: _____ Unit No: _____

METHODS OF MOVING AND HANDLING

Other Instructions:

Assessors Signature: A Todd

Date Assessed: 50-10-09 Proposed Review Date: _____

Pre-op Ward Round

JAMIESON
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

1003820107

Date: _____

Time: _____

ALASDAIR DUTTON

Consent discussed and signed:

Dr's Signature: _____

30.10.09 @ 11.15 hrs. Yvonne attended today
for pre-clerking.

ATC/D L/N.

Theatre

gynae

JAMIESON
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

1003820107

Procedure performed:

*LAPAROSCOPIC PARA
OVARIAN CYSTECTOMY*

ALASDAIR DUTTON

Surgeon:

Dr Gordon Dr Lakman Dr Munro

Specimens:

Left cyst fluid ② Left para ovarian cyst

Blood Loss:

Drains:

Catheter:

TAPPING

Dressing:

ORSITE x 3 AND SPRAY 3/0 VICRYL RAPIDE

Pack in situ:

yes/no

Type:

Local infiltration at closure:

yes/no

Type

Amount:

*CHIROCAINE 5MG/ML
20MLS*

Additional Information:

LAP BASIC
ID - 006674 2809/10/26 PGTN426
NHS Tayside



FORCEP LAPAROSCOPE BARCOCK (114713)

ID-036758 2009/04/21 N017668
NHS Tayside



TROCAR+ CANNULA 5.5MM
OLYMPUS (A5827/A5826)
ID-015073 2009/10/16 N000699
NHS Tayside



FORCEP GRASPING ETHICON MIC502

ID-015035 2009/10/13 N000662
NHS Tayside



Signature Scrub Nurse: 1st: *H. Anderson*

Signature Floor Nurse: 1st Check: *J. McATEAR*

Signature Scrub Nurse: 2nd:

Signature Floor Nurse: Final Check: *A. URQUHART*

Recovery:

Pain relief:

See anaesthetic sheet

(CARE AS PER CORE CARE PLAN HELD IN DEPARTMENT)

- 14 -

Patient Name--- 1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

Init No.----- Date-----

Ward Round:
Time:

ALASDAIR DUTTON

Signature:

Variance	Nursing	SIGN	TIME	EVALUATION / PROGRESS
1.	Operation explained			
2.	Observations stable	MF	1700.	1/2 - 1° Obs
3.	Maintaining own airway	MF	1700	Yes.
4.	Venflon site satisfactory	MF	1700.	No problems.
5.	Tolerating fluids and diet	MF	1700.	MUST Assessment completed
6.	Pain score <2	MF	1700.	Sips of water Pain = 1. Reg analgesia.
7.	No wound soakage	MF	1700.	Small amount.
8.	PV loss satisfactory	MF	1700	NIL PV
9.	Wound drainage recorded 4hrly	MF	1700	N/A
10.	Spontaneously passed urine			
11.	Personal hygiene performed			
12.	Mobilising			
13.	Pressure areas intact	MF	1700.	
14.	Bowel activity recorded			
15.	MH and Waterlow score recorded	MF	1700	6/20.
PHYSIOTHERAPY				
COUNSELLING / Education / Leaflets/Info				
Additional Information				

1700: Returned from theatre.
Flot pack in situ.

M. Forbes

1800: IV paracetamol 1g.
O₂ discontinued.
Tea taken.

M. Forbes.

2100: Settled evening.
Temp 37.2 - due paracetamol at 19pm.
Tolerated tea + supper.
Up to toilet but H&PU as yet.
Not uncomfortable.

M. Forbes.

2300 H&PU.

Paracetamol 1g given for elevated
temp 37.8. Flot in situ.

P. Donald

1st post-operative Day

Patient Name--

Unit No.----- Date 8/11/19

ALASDAIR DUTTON

Ward Round:

Time:

M 1 Laparoscopic omentectomy

Temp 37.8°C

Shunt OK

→ Check temp. Has temp. t. ven.

Signature:

[Signature]

Variance	MULTIDISCIPLINARY PLAN	SIGN	TIME	COMMENTS
2.	Post-op observations 4hrly			
4.	I.V. fluids discontinued	/	/	/
5.	Fluids & light diet tolerated	MA	8.00am	MUST Assessment completed
6.	Pain score <2	MA	8.30am	NO PAIN
7.	Theatre dressing intact for 24 hours	MA	8.30am	Dressing Removed
8.	PV loss satisfactory	MA	8.30	DIL
8.	Vaginal pack removed	/	/	/
9.	Wound drainage recorded / removed	/	/	/
10.	Suprapubic drainage recorded	/	/	/
10.	Urethral catheter removed	/	/	/
10.	Spontaneously passed urine	/	/	/
11.	Bed bathed Showered	MA	9.0am	Little assistance needed
11.	Oral hygiene performed	MA	9.0am	managed herself
12.	Up to sit /gently mobilising	MA	9am	fully mobile
13.	Pressure areas intact	MA	9am	intact
15.	MH & WL Scored Recorded	MA	9.0am	8/3
Additional comments				
Other Disciplines involved in care				
Counselling Leaflets given, Please specify				

PHYSIOTHERAPY	COMMENTS/SIGN

PARK
LAPAROSCOPIC OVARIAN CYSTECTOMY

0700 Codeine given for discomfort o/n.
with good effect.

Temp 37.5 at 0600 - Paracetamol 1g
given. Arnold

0830 S/B Dr. Gordon Lap explained
Breakfast given. Temp 37.5 at 1000
Monitored prior to discharge.
McCarthy

JAMIESON
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE

1003820107

post-operative Day

Patient Name- PERTH
PH1 2TD

Unit No.----- Date-----

Ward Round:

ALASDAIR DUTTON

Time:

Signature:

Variance	MULTIDISCIPLINARY PLAN	SIGN	TIME	COMMENTS
2.	Post-op observations 4hrly			
4.	I.V. fluids discontinued			
5.	Fluids & light diet tolerated			MUST Assessment completed
6.	Pain score <2			
7.	Theatre dressing intact for 24 hours			
8.	PV loss satisfactory			
8.	Vaginal pack removed			
9.	Wound drainage recorded / removed			
10.	Suprapubic drainage recorded			
10.	Urethral catheter removed			
10.	Spontaneously passed urine			
11.	Bed bathed/Showered			
11.	Oral hygiene performed			
12.	Up to sit /gently mobilising			
13.	Pressure areas intact			
15.	MH & WL Scored Recorded			
Additional comments				
Other Disciplines involved in care				
Counselling Leaflets given, Please specify				

PHYSIOTHERAPY	COMMENTS/SIGN

1003820107

YVONNE

Surname: 1F MENZIES COURT
First Name: FAIRFIELD AVENUE
Address: PERTH
PH1 2TD

C.H.I. No.

[illegible]

ALASDAIR DUTTON

Drug History:

Source(s) of history:

Patient ☐

GP-Referral-Letter

Prescribing-Database

GP Practice

Patient's Own Drugs

Community Pharmacy

Relative

Nursing Home Kardex

Other:

[illegible]

Non-prescription medications, herbal medications and illicit drugs:

Adverse reactions/Allergies

Allergic Reactions/Allergies			
Drug / Substance:	Reaction:	Drug / Substance:	Reaction:

Or ☐ No Known Drug Allergies

Are you satisfied this medication history is complete and accurate? Yes ☐ No ☐

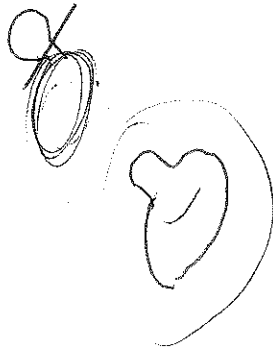
If "no", what further action is necessary (contact GP, etc)?

Doctor's name:

Signature:

Bleep no:

Reviewed by pharmacist?	Name:	Signature:
-------------------------	-------	------------



RECOVERY ROOM CARE

ASSESS EVERY 15 MINS.

B.M. STICK

PRE-OP. BP

DATE	TIME	15	15	15	15	15	16	16	16	16										
8/11/9		25	30	35	40	50	00	15	35	35										
O. THERAPY a/min.		100	100	50	50	50	50	50	50	50										
O. SATURATION		84	100	100	100	97	99	97	98	94										
TEMPERATURE		/	/	/	36.8	/	/	/	/	/										
PULSE		84	69	71	70	74	76	67	67	73										
RESPIRATIONS		10	12	13		13	18	15	13	12										
DRESSING CHECK		/	/	/	/	/	/	/	/	/										
DRAIN CHECK		N/A																		
CIRCULATION		/	/	/	/	/	/	/	/	/										
SENSATION		/	/	/	/	/	/	/	/	/										
MOVEMENT		/	/	/	/	/	/	/	/	/										

CONSCIOUSNESS LEVEL

1 2 2 2/3 3 3 3 2/3 2

1. UNCONSCIOUS

2. ASLEEP
ROUSABLE

3. AWAKE
ORIENTATED

160	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
150	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
140	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
130	129	/	/	/	/	127	/	/	/	/	/	/	/	/	/	/	/	/	/	/
120	111	/	/	/	/	113	/	/	/	/	/	/	/	/	/	/	/	/	/	/
110	105	/	/	/	/	110	/	/	/	113	/	/	/	/	/	/	/	/	/	/
100	93	/	/	/	/	106	/	/	/	100	/	/	/	/	/	/	/	/	/	/
90	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
80	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
70	67	66	67	57	64	67	60	64	/	/	/	/	/	/	/	/	/	/	/	/
60	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
50	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
40	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
30	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
20	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

PAIN SCORE 0-3

0 0 0 0 2 2 1 1 1

0 ASLEEP
COMFORTABLE

1 MILD PAIN

2 MODERATE PAIN

3 SEVERE PAIN

I.V. Morphine given
Oral codeine given

SUMMARY EVALUATION

Into recovery - SpO₂ ↓ 9 spasm bagged by Dr Mok - SpO₂ ↑
Routine observations as above. Sups Flac given 15.45 - tolerated
Heat pack applied - I.V. Morphine given as prescribed - some reaction/
Swelling at venflon site? Morphine - Dr Mok informed.
Feels desperate to pass urine - unable to do so.
Pain eased - now like a period type pain - Codeine given as prescribed.
Swelling? reaction to Morphine - gone.

RECOVERY NURSE

H. Cochrane

Grade

Band 5.

KNOWN DRUG SENSITIVITY or ADVERSE REACTION
CONSULTANT
UNIT No. / MPI No.
D. of B.
NAME of PATIENT
Ward/Dept.
HOSPITAL

Drinking
Communicating
Breathing
Pain Control

Maintaining a Safe Environment
Sleeping
Controlling Body Temperature
Emotional Aspects

NURSING CARE PLAN

THEATRE RECOVERY

DATE	PATIENTS PROBLEMS	No.	NURSING AIMS	NURSING INTERVENTION/ACTION	REVIEW BY/ON	OUTCOME OF INTERVENTION	DATE RES. & SIGNATURE
	Potentially unable to maintain own airway due to effects of anaesthetic agents/analgesia		To maintain patients airway until able to do so independently and prevent respiratory complications	(i) Nurse in lateral position until fully conscious (ii) Record respiratory rate/observe colour – ¼ hourly (iii) Administer oxygen as prescribed (iv) Ensure suction is available			
	Potential haemorrhage and shock following surgery		Early detection of haemorrhage or shock	(i) Record pulse/BP – ¼ hourly (ii) Observe peripheral perfusion (iii) Check wound dressing (iv) If drain(s) present observe volume and type of drainage (v) If urinary catheter present observe and record volume of urine passed.			
	Potential pain due to effects of surgery		To minimise pain	(i) Administer regular analgesia as prescribed providing the patient's condition allows. (ii) Evaluate effects.			
	Restricted oral intake – potential for dehydration		To maintain adequate hydration	(i) Administer intravenous fluids as prescribed. (ii) Maintain accurate fluid balance chart (iii) Check intravenous cannulation site each time fluid is changed.			
	Potential urinary retention		To maintain normal bladder function				

NHS TAYSIDE SYMPTOMATIC RELIEF PRESCRIBING AND ADMINISTRATION DOCUMENT

Symptomatic Relief Policy - An appropriately qualified registered nurse may administer the following medicines to patients over the age of 16. A maximum of 2 doses may be given in any 24-hour period unless a lesser dose is stated. If a pattern of regular usage evolves / or the patient's requirements exceed this, the nurse must contact a registered medical practitioner for advice and patient review.

Medical & Nursing staff must refer to NHS Tayside Generic Symptomatic Relief Policy in ensuring correct prescribing, administration and recording procedures are followed.

Medicine	Dose/Frequency	Clinical indication	Exclusion	Precautions/Advice
[1.] Paracetamol Tablets 500mg Oral	2 tablets (1g) may be given at any one time 2 doses should be separated by a minimum of 4 hours	Mild to moderate pain	Allergy Pregnancy	Do not co-administer with other paracetamol containing medicines e.g. Tylex or Kapake Patient's total daily dose of Paracetamol must not exceed 4g Use with caution in patients with acute liver disease/hepatic impairment History of drug abuse, liver disease, paracetamol overdose Metoprolol accelerates the absorption of paracetamol and enhances its effect Use with caution in patients with clotting disorder / Thrombocytopenia
[2.] Paracetamol Suppositories 500mg Rectal	2 suppositories may be given at any one time 2 doses should be separated by a minimum of 4 hours	Mild to moderate pain where the oral route is unavailable	Allergy Neutropenic patient Pregnancy	Do not co-administer with other paracetamol containing medicines e.g. Tylex or Kapake Total daily dose must not exceed 4g of Paracetamol Use with caution in patients with acute liver disease/hepatic impairment History of drug abuse, alcohol dependency, previous paracetamol overdose Avoid use in patients with Thrombocytopenia
[3.] Senna Tablets 7.5mg Senokot Syrup 7.5mg/5mL Oral	1-2 tablets or 10-20mLs may be given at any one time.	Constipation	Avoid use in patients with intestinal obstruction or suspected obstruction Allergy Patients receiving radiotherapy to pelvic area or abdomen Antenatal patients	Onset of action 8-12 hours May cause abdominal cramps Senna is a stimulant
[4.] Lactulose Liquid Oral	15mL may be given at any one time	Constipation / faecal softener	Patients with intestinal obstruction	Onset of action up to 48 hours May cause abdominal discomfort
[5.] Glycerol Suppositories Rectal 4g	1 suppository at any one time	Constipation	Allergy Neutropenic patients Patients receiving radiotherapy to pelvic area	Avoid use in patients with Thrombocytopenia

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward:	MCLEAN	1003820107
Consultant:	YVONNE M	
On admission:	1f Menzies Court	
Weight:	Fairfield Avenue	
Height:	PERTH	F
	PH1 2TD	
	DR BM REILLY	
		14249

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

[illegible]

KNOWN MEDICINE ALLERGIES/ SENSITIVITIES (if NONE confirmed write NKA in Box 1)

1.	2.	3.	4.
----	----	----	----

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed	Chart Type	Signed
1. Insulin		5. Anticoagulant	
2. Epidural / Pain relief		6. Mental Health Act	
3. Fluid		7. Symptomatic Relief Administration Record	
4. Anaesthetic Chart		8. Other	

CONTINUOUS INFUSIONS/ SYRINGE DRIVER

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

REGULAR THERAPY		Date																															
		Time																															
Medicine / Form		6																															
		8																															
Dose	Route	12																															
		14																															
Signature	Start Date	18																															
		22																															
Pharmacy																																	

Medicine / Form		6																															
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Dose	Route	12																															
		14																															
Signature	Start Date	18																															
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Pharmacy																																	

Medicine / Form		6																															
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Dose	Route	12																															
		14																															
Signature	Start Date	18																															
		22																															
Pharmacy																																	

Medicine / Form		6																															
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Dose	Route	12																															
		14																															
Signature	Start Date	18																															
		22																															
Pharmacy																																	

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINES

If a dose is not administered, initial and enter the appropriate code in the box with a circle drawn round it:

- | | | |
|-----------------------------------|--|-------------------------------------|
| 1. Patient refused | 6. Once only / prn given | 11. No intravenous access |
| 2. Patient unavailable | 7. Dose withheld – Prescriber's instructions | 12. Anaesthetist requested omission |
| 3. Medicine out of stock | 8. Self administered by patient | 13. Other |
| 4. Instructions not clear / legal | 9. Nausea/vomiting | 14. Other |
| 5. Nil by mouth. | 10. Unable to swallow | 15. Other |
- General Comments

REGULAR THERAPY

		Date																																				
		Time																																				
Medicine / Form		6																																				
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Dose	Route	12																																				
Signature	Start Date	14																																				
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Medicine / Form		6																																				
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Signature	Start Date	14																																				
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Medicine / Form		6																																				
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Medicine / Form		6																																				
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Signature	Start Date	14																																				
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General Comments

REGULAR THERAPY		Date																																					
		Time																																					
Medicine / Form		6																																					
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Pharmacy		22																																					
Medicine / Form		6																																					
		8																																					
Dose	Route	12																																					
Signature	Start Date	14																																					
		18																																					
Pharmacy		22																																					

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINES

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- | | | |
|-----------------------------------|--|-------------------------------------|
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CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINES

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- | | | |
|-----------------------------------|--|-------------------------------------|
| 1. Patient refused | 6. Once only / pm given | 11. No intravenous access |
| 2. Patient unavailable | 7. Dose withheld – Prescriber's instructions | 12. Anaesthetist requested omission |
| 3. Medicine out of stock | 8. Self administered by patient | 13. Other |
| 4. Instructions not clear / legal | 9. Nausea/vomiting | 14. Other |
| 5. Nil by mouth. | 10. Unable to swallow | 15. Other |
- General Comments

[illegible]

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
		Initials									
Signature	Start Date	Date									
		Time									
Indication / Notes	Pharmacy	Dose									
		Initials									

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
		Initials									
Signature	Start Date	Date									
		Time									
Indication / Notes	Pharmacy	Dose									
		Initials									

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
		Initials									
Signature	Start Date	Date									
		Time									
Indication/ Notes	Pharmacy	Dose									
		Initials									

[illegible][illegible]

AS REQUIRED THERAPY

Medicine / Form		Date											
		Time											
Dose & Frequency	Route	Dose											
		Initials											
Signature	Start Date	Date											
		Time											
Indication / Notes	Pharmacy	Dose											
		Initials											

Medicine / Form		Date											
		Time											
Dose & Frequency	Route	Dose											
		Initials											
Signature	Start Date	Date											
		Time											
Indication / Notes	Pharmacy	Dose											
		Initials											

Medicine / Form		Date											
		Time											
Dose & Frequency	Route	Dose											
		Initials											
Signature	Start Date	Date											
		Time											
Indication / Notes	Pharmacy	Dose											
		Initials											

Medicine / Form		Date											
		Time											
Dose & Frequency	Route	Dose											
		Initials											
Signature	Start Date	Date											
		Time											
Indication / Notes	Pharmacy	Dose											
		Initials											

NOTES FOR USERS

For Prescribers:

1. Sign your name clearly against each prescription.
2. When medicines are discontinued, draw a single diagonal line through the medicine prescribed section, a single vertical line through the rest of that day's administration boxes and a double diagonal line through the remaining boxes on the administration section for that medicine. The authorised prescriber must then sign and date under this double line.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:
Milligram = mg Gram = g Millilitre = mL Microgram: to be written in full
 Fractions of a milligram should be written in micrograms. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5mL **not** .5mL
5. Method of administration should be abbreviated as follows:
Intravenous = IV Inhalations = INHALE Intramuscular = IM Oral = ORAL
Topical = TOP Vaginal = PV Subcutaneous = SC Sublingual = SL
Intradermal = ID Per rectum = PR Nasogastric = NG

For Nurses:

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

Tayside Clinical Laboratory Services

Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: JAMIESON

Yvonne

Sex: F

PID:

1003820107

DoB: 10 Mar 1982

Lab No: C091610972

PRI Gynaecology Ward

Clinician: Dr A GORDON

PGYNW

GORALH

SODIUM	140	mmol/L	(	135-147	)
POTASSIUM	4.3	mmol/L	(	3.5-5.0	)
UREA	4.9	mmol/L	(	3.3-6.6	)
CREATININE	70	umol/L	(	44-80	)
ESTIMATED GFR	GT60	mL/min			
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
TSH	13.58 **	mU/L	(	0.4-4.0	)
FREE THYROXINE	9.9	pmol/L	(	9.9-22.0	)

Lab.Comments:

Sample is blood unless
otherwise stated

Sample Date/Time

30 Oct 2009

Clin.Details: pre op bloods

Request Entered: 30 Oct 2009 12:19

Report Printed: 30 Oct 2009 13:36

Report Details: Authorised | View: Original

Tayside Clinical Laboratory Services

Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: JAMIESON

Yvonne

Sex: F

PID: 1003820107

DoB: 10 Mar 1982

Lab No: H091610972

PRI Gynaecology Ward

Clinician: Dr A GORDON

PGYNW

GORAIH

HGB 11.2 L g/dL (12.0-16.0)
RBC 4.08 $\times 10^{12}/l$ (3.8-4.8)
HCT 0.357 L (0.37-0.47)
MCV 87.5 fl (80-96)
MCH 27.5 pg (27-32)
MCC 31.4 L g/dl (32-36)

WBC 6.8 $\times 10^9/l$ (4.0-11.0)
NE# 4.8 $\times 10^9/l$ (2.0-7.5)
LY# 1.5 $\times 10^9/l$ (1.5-4.0)
MO# 0.4 $\times 10^9/l$ (0.2-0.8)
EO# 0.08 $\times 10^9/l$ (0.0-0.4)
BA# 0.0 $\times 10^9/l$ (0.0-0.1)

PLT 185 $\times 10^9/l$ (150-400)

Lab.Comments:

Sample Date/Time

30 Oct 2009

Clin.Details: pre op bloods

Request Entered: 30 Oct 2009 12:19

Report Printed: 30 Oct 2009 12:45

SUMMARY:

Start Time:

Finish Time:

Operation Performed:

Operating Surgeon:

Anaesthesia Summary:

ANAESTHETIC DIFFICULTIES & DRUG REACTIONS

POSTOPERATIVE INSTRUCTIONS:

Maintain airway. Observe colour, airway, respiration and pulse continuously until fully awake.

Oxygen 4 L/min via FM for 2 hours

Observations: Pulse, Respiratory Rate, Blood Pressure and Pulse Oximetry

Frequency: Duration:

Other observations/comments:

Invasive Monitoring and Lines:

Fluid Therapy:

Proposed Analgesia:

Discharge: Ward HDU ICU

FLUID BALANCE:

Urine Output:

Blood Loss:

Fluids Given:

Overall:

RECOVERY ROOM: ANALGESIA & OTHER DRUGS:

Dosage, route and frequency:

Order seton 4mg IV/IM 80% per NTV

Dexamethazone 8mg IV 240 per NTV

Morphine 0-10mg in 2mg boluses every 2min.

Diclofenac

Signature: Name:

RECOVERY ACTIONS:

1. 2mgs I.V. Morphine given @ 1546hrs H Cochrane

2. 2mgs I.V. Morphine given @ 1551hrs H Cochrane

3. 2mgs I.V. Morphine given 1558hrs H Cochrane

4.

5.

6.

RECOVERY TO WARD HANDOVER:

F
I
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N
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E
S

ANAESTHETIC RECORD
NHS TAYSIDE

Date: 2/11/08 Ward: GMM

Theatre: GMM

Operation Proposed: Laminectomy +/- Oophorectomy

Ward / Clinic / Hospital: PNT GMM Dr. Gordon

JAMIESON YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

1003820107

ALASDAIR DUTTON

Y Y

C.H.I. No.

M. State

Sex

USE BLOCK LETTERS OR PATIENT LABEL

PRE OP ASSESSMENT

By: MOK Site: Date: 30/10/08

Elective Scheduled Urgent Emergency

Weight/BMI: 13.4(29) Pulse: 66 Blood Pressure: 108/75

CVS/RS: Other: Airway Assessment:

Preop GA
FHX
Ftw
Asthma -> hospital admission
Reflex

NP II
Neck o.k
MO 2-3FB

FBC U&E Other G&S / XMATCH Y/N

CGFR > 60

ECG/CXR NSR

ASA Grade: PONV Score: Consent for Operation

Drugs: citalopran 20mg
thyroxine

Allergies: MEDIA

DVT Prophylaxis? YES / NO Method: TEDS

Anaesthetic Plan / Techniques discussed: GA. Warm - sore throat dental damage

PREMEDICATION AND INSTRUCTIONS:

Date	Drug and Dose	Form	Route	Time	Signature	Given By	Time

Give routine medications EXCEPT:

Premed Effect:

Fast as per protocol OR fast solids from fluids from

PERSONNEL

Anaesthetist and Grade: MOK (GMS)

Assistant:

Consultant:

Informed Y/N

EQUIPMENT CHECKS: Circuit, Machine & Monitor

Anaesthetic Room ☐

Theatre ☐

AIRWAY AND BREATHING SYSTEM:

Facemask ☐

SV

Circuit

Airway - Oral/Nasal ☐

IPPV

Ventilator

LMA/OETT/NETT/Trache

Ventilation Mode: VC/PCV

Type _____

 V_T

PEEP

Size 7.5

frequency

 P_{AW}

Laryngoscopy Grade: I

Throat Pack

HME

① CSL 1000

[illegible]

NHS TAYSIDE

PATIENTS' FUNDS AND PROPERTY PROCEDURE

PERSONAL DISCLAIMER NOTICE
LOSS OF PERSONAL EFFECTS

NHS TAYSIDE will not accept any responsibility for loss or damage to any article/personal belongings unless such articles/personal belongings (including cash) have been handed over to and accepted by NHS TAYSIDE for safe keeping and an official receipt given.

I have been given the opportunity to read the above and I do not wish to take advantage of the facilities provided.

Section A

Signed: Y. Jamieson Date: 30-10-2009
Hospital: Perth Royal Infirmary Ward No/Name: Gynae.
Print Name: YVONNE JAMIESON

Section B

If this form is being signed on behalf of a patient please state your relationship to the patient:

Signed: _____ Date: _____
Print Name: _____ Relationship: _____

Section C

Witness

Signature: _____
Address: _____

Note for guidance to patients:

It should be understood that when a patient is absent from the ward for treatment (e.g. : x-ray, an operation etc) the safe custody of their property which has not been handed over to NHS TAYSIDE for safe keeping remains their responsibility.

Arrangements are available, whereby, such property (i.e. watches, rings etc) may be handed over to the Nursing staff for safe keeping and appropriate envelopes are available for this



432305
43185
RECEIVED
CIVIL ENGINEERING
MAY 11 1965

10
MAY 11 1965

HP-03

012663 000136 311141 11
00104 000136 311141 11

012663 000136 311141 11
00104 000136 311141 11

58 32

JAMISON
YOUNG

FLUID (ADDITIVE MEDICINE) PRESCRIPTION AND RECORDING SHEET

DATE	FLUID (USE BLOCK LETTERS) ADDITIVE MEDICINE	Vol. (ml) Dose (mg)	Route of Admin. Duration of Admin.	Rate (ml/hr)	DOCTOR'S SIGNATURE	Batch No.	Time Begun Expected Completion Time	Started By		PUMP ID	RECORD OF INFUSION (Please use 24 hour clock when recording time)				Actual Completed TIME/ DATE
								Initials	Added By		Time	Vol. Inf.	Vol. Left	Initials	
A 2/11/91	Hartmanns Solution	1000	IV	7h	[Signature]	09H19 FIL	13:50	QC							
B 2/11/91	Hartmanns Sol	1000	IV	7H	[Signature]	09501 FIL	15:25	HC							
C															
D															
E															
F															
G															
H															

1. Name known.						2.			3.		
SURNAME	FORENAMES	DATE OF BIRTH	UNIT NUMBER	HEIGHT	WEIGHT	HOSPITAL	WARD	CONSULTANT			
Samieson	Yvonne	100382	0107			P21					

DAILY FLUID BALANCE CHART

Date: 2.11.09

[illegible]

SPECIAL INSTRUCTIONS:

IV TOTAL:

ORAL TOTAL:

TOTAL INTAKE:

TOTAL OUTPUT:

BALANCE:

Chart Type	Signed	Chart Type	Signed
1. Insulin		5. Anticoagulant	
2. Epidural / Pain relief		6. Mental Health Act	
3. Fluid		7. Symptomatic Relief Administration Record	
4. Anaesthetic Chart		8. Other	

CONTINUOUS INFUSIONS/ SYRINGE DRIVER

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Signature						
Signature						

REGULAR THERAPY		Date	2	3																
		Time	11	11																
			09	09																
Medicine / Form		6																		
CITALOPRAM		8																		
Dose	Route	12																		
20mg	PO																			
Signature	Start Date	14																		
<i>[Signature]</i>	3/11/09 2/11/09	18																		
Pharmacy		22																		
Medicine / Form		6																		
LEVOTHYROXINE		8																		
Dose	Route	12																		
75 100 mcg	PO																			
Signature	Start Date	14																		
<i>[Signature]</i>	3/11/09 2/11/09	18																		
Pharmacy		22																		
Medicine / Form		6																		
SERETIDE 250		8																		
Dose	Route	12																		
2 puff	INH																			
Signature	Start Date	14																		
<i>[Signature]</i>	3/11/09 2/11/09	18																		
Pharmacy		22																		
Medicine / Form		6																		
Paracetamol		8																		
Dose	Route	12																		
1g	iv/PO																			
Signature	Start Date	14																		
<i>[Signature]</i>	2/11/09	18																		
Pharmacy		22																		
Medicine / Form		6																		
		8																		
Dose	Route	12																		
Signature	Start Date	14																		
		18																		
Pharmacy		22																		

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINES

If a dose is not administered, initial and enter the appropriate code in the box with a circle drawn round it:

- | | | |
|-----------------------------------|--|-------------------------------------|
| 1. Patient refused | 6. Once only / prn given | 11. No intravenous access |
| 2. Patient unavailable | 7. Dose withheld – Prescriber's instructions | 12. Anaesthetist requested omission |
| 3. Medicine out of stock | 8. Self administered by patient | 13. Other |
| 4. Instructions not clear / legal | 9. Nausea/vomiting | 14. Other |
| 5. Nil by mouth. | 10. Unable to swallow | 15. Other |

General Comments

REGULAR THERAPY		Date																															
		Time																															
Medicine / Form		6																															
		8																															
Dose	Route	12																															
Signature	Start Date	14																															
		18																															
Pharmacy		22																															

Medicine / Form		6																															
		8																															
Dose	Route	12																															
Signature	Start Date	14																															
		18																															
Pharmacy		22																															

Medicine / Form		6																															
		8																															
Dose	Route	12																															
Signature	Start Date	14																															
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Medicine / Form		6																															
		8																															
Dose	Route	12																															
Signature	Start Date	14																															
		18																															
Pharmacy		22																															

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINES

If a dose is not administered, initial and enter the appropriate code in the box with a circle drawn round it:

- | | | |
|-----------------------------------|--|-------------------------------------|
| 1. Patient refused | 6. Once only / prn given | 11. No intravenous access |
| 2. Patient unavailable | 7. Dose withheld – Prescriber's instructions | 12. Anaesthetist requested omission |
| 3. Medicine out of stock | 8. Self administered by patient | 13. Other |
| 4. Instructions not clear / legal | 9. Nausea/vomiting | 14. Other |
| 5. Nil by mouth. | 10. Unable to swallow | 15. Other |

General Comments

REGULAR THERAPY		Date												
		Time												
Medicine / Form		6												
		8												
Dose	Route	12												
Signature	Start Date	14												
		18												
Pharmacy		22												

Medicine / Form		6												
		8												
Dose	Route	12												
Signature	Start Date	14												
		18												
Pharmacy		22												

Medicine / Form		6												
		8												
Dose	Route	12												
Signature	Start Date	14												
		18												
Pharmacy		22												

Medicine / Form		6												
		8												
Dose	Route	12												
Signature	Start Date	14												
		18												
Pharmacy		22												

Medicine / Form		6												
		8												
Dose	Route	12												
Signature	Start Date	14												
		18												
Pharmacy		22												

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINES

If a dose is not administered, initial and enter the appropriate code in the box with a circle drawn round it:

- | | | |
|-----------------------------------|--|-------------------------------------|
| 1. Patient refused | 6. Once only / prn given | 11. No intravenous access |
| 2. Patient unavailable | 7. Dose withheld – Prescriber's instructions | 12. Anaesthetist requested omission |
| 3. Medicine out of stock | 8. Self administered by patient | 13. Other |
| 4. Instructions not clear / legal | 9. Nausea/vomiting | 14. Other |
| 5. Nil by mouth. | 10. Unable to swallow | 15. Other |

General Comments

General Comments

AS REQUIRED THERAPY									
Medicine / Form		Date							
SALBUTAMOL		Time							
Dose & Frequency	Route	Dose							
2 puff PRN	INH	Initials							
Signature	Start Date	Date							
	2/11/09	Time							
Indication / Notes	Pharmacy	Dose							
SOR/w hooze		Initials							
Medicine / Form		Date	2/11/09	2/11/09					
Codeine		Time	16:25	23:00					
Dose & Frequency	Route	Dose	60mg	60mg					
30-60mg	PO	Initials	CG	RD					
Signature	Start Date	Date							
NOK	2/11/09	Time							
Indication / Notes	Pharmacy	Dose							
4 PRN pain MAX	240mg/24h	Initials							
Medicine / Form		Date							
Condensation		Time							
Dose & Frequency	Route	Dose							
4mg 8 PRN	IV/IM	Initials							
Signature	Start Date	Date							
NOK	2/11/09	Time							
Indication / Notes	Pharmacy	Dose							
N+V		Initials							
Medicine / Form		Date							
Cyclizine		Time							
Dose & Frequency	Route	Dose							
50mg 8 PRN	IV/IM	Initials							
Signature	Start Date	Date							
NOK	2/11/09	Time							
Indication / Notes	Pharmacy	Dose							
N+V		Initials							
Medicine / Form		Date							
Olanomorph		Time							
Dose & Frequency	Route	Dose							
10mg 1 PRN	PO	Initials							
Signature	Start date	Date							
NOK	2/11/09	Time							
Indication / Notes	Pharmacy	Dose							
pain		Initials							
Medicine / Form		Date							
		Time							
Dose & Frequency	Route	Dose							
		Initials							
Signature	Start Date	Date							
		Time							
Indication / Notes	Pharmacy	Dose							
		Initials							

Indication / Notes	Pharmacy
SOP / w hoeeze	

Indication / Notes	Pharmacy
4° PPN pay	2/1/2018

Indication / Notes N+V	Pharmacy
---------------------------	----------

Indication/ Notes N + V	Pharmacy
----------------------------	----------

Indication / Notes <i>pan</i>	Pharmacy
----------------------------------	----------

Indication / Notes	Pharmacy

AS REQUIRED THERAPY

Medicine / Form		Date											
		Time											
Dose & Frequency	Route	Dose											
		Initials											
Signature	Start Date	Date											
		Time											
Indication / Notes	Pharmacy	Dose											
		Initials											

Medicine / Form		Date											
		Time											
Dose & Frequency	Route	Dose											
		Initials											
Signature	Start Date	Date											
		Time											
Indication / Notes	Pharmacy	Dose											
		Initials											

Medicine / Form		Date											
		Time											
Dose & Frequency	Route	Dose											
		Initials											
Signature	Start Date	Date											
		Time											
Indication / Notes	Pharmacy	Dose											
		Initials											

Medicine / Form		Date											
		Time											
Dose & Frequency	Route	Dose											
		Initials											
Signature	Start Date	Date											
		Time											
Indication / Notes	Pharmacy	Dose											
		Initials											

NOTES FOR USERS

For Prescribers:

1. Sign your name clearly against each prescription.
2. When medicines are discontinued, draw a single diagonal line through the medicine prescribed section, a single vertical line through the rest of that day's administration boxes and a double diagonal line through the remaining boxes on the administration section for that medicine. The authorised prescriber must then sign and date under this double line.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:
Milligram = mg **Gram = g** **Millilitre = mL** **Microgram: to be written in full**
 Fractions of a milligram should be written in micrograms. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5mL **not** .5mL
5. Method of administration should be abbreviated as follows:
Intravenous = IV **Inhalations = INHALE** **Intramuscular = IM** **Oral = ORAL**
Topical = TOP **Vaginal = PV** **Subcutaneous = SC** **Sublingual = SL**
Intradermal = ID **Per rectum = PR** **Nasogastric = NG**

For Nurses:

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

NHS TAYSIDE SYMPTOMATIC RELIEF PRESCRIBING AND ADMINISTRATION DOCUMENT

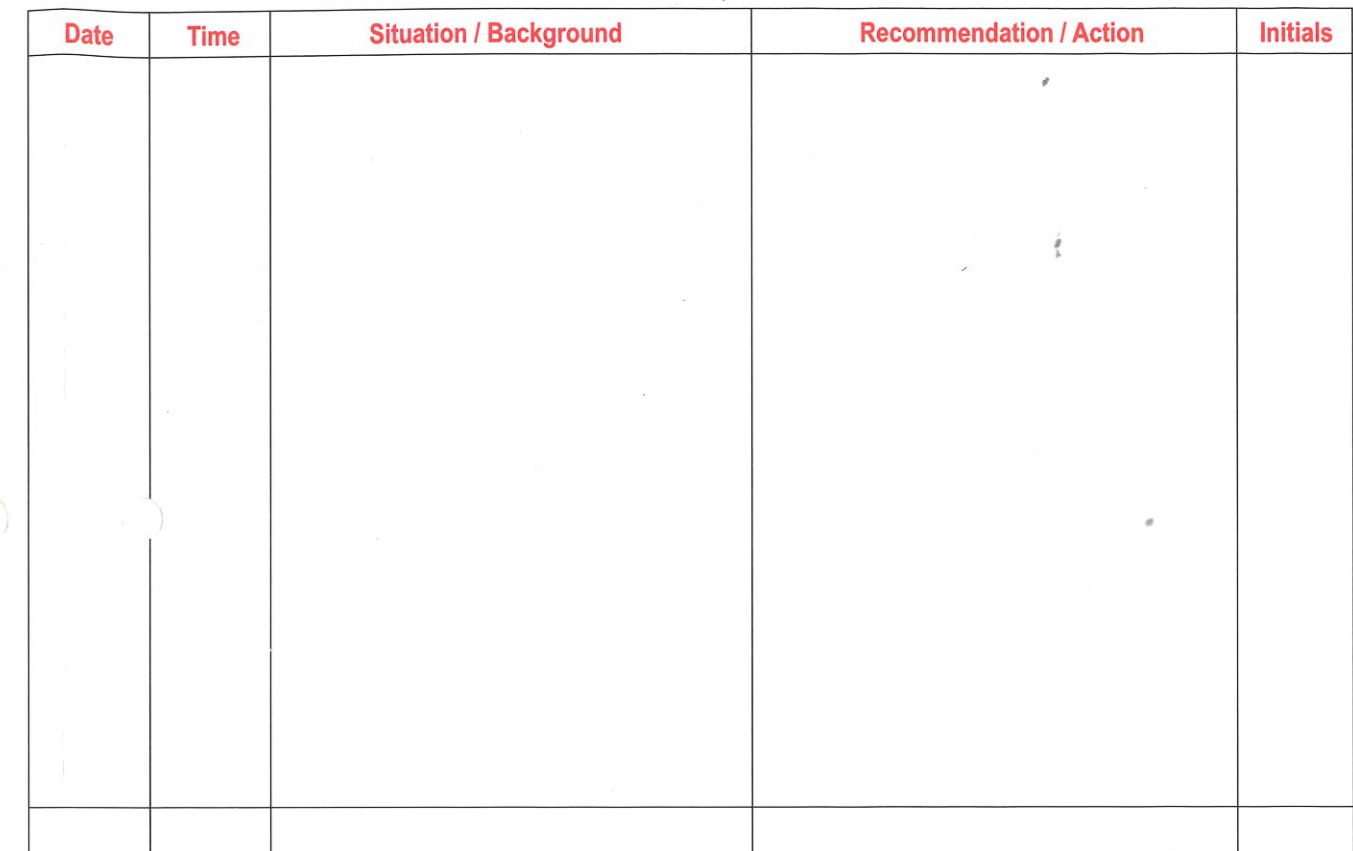
Symptomatic Relief Policy - An appropriately qualified registered nurse may administer the following medicines to patients over the age of 16. A maximum of 2 doses may be given in any 24-hour period unless a lesser dose is stated. If a pattern of regular usage evolves / or the patient's requirements exceed this, the nurse must contact a registered medical practitioner for a advice and patient review.

Medical & Nursing staff must refer to NHS Tayside Generic Symptomatic Relief Policy in ensuring correct prescribing, administration and recording procedures are followed.

Medicine	Dose/Frequency	Clinical indication	Exclusion	Precautions/Advice
[1.] Paracetamol Tablets 500mg Oral	2 tablets (1g) may be given at any one time 2 doses should be separated by a minimum of 4 hours	Mild to moderate pain	Allergy Pregnancy	Do not co-administer with other paracetamol containing medicines e.g. Tylex or Kapake Patient's total daily dose of Paracetamol must not exceed 4g Use with caution in patients with acute liver disease/hepatic impairment History of drug abuse, liver disease, paracetamol overdose Metoclopramide accelerates the absorption of paracetamol and enhances its effect Use with caution in patients with clotting disorder / Thrombocytopenia
[2.] Paracetamol Suppositories 500mg Rectal	2 suppositories may be given at any one time 2 doses should be separated by a minimum of 4 hours	Mild to moderate pain where the oral route is unavailable	Allergy Neutropenic patient Pregnancy	Do not co-administer with other paracetamol containing medicines e.g. Tylex or Kapake Total daily dose must not exceed 4g of Paracetamol Use with caution in patients with acute liver disease/hepatic impairment History of drug abuse, alcohol dependency, previous paracetamol overdose Avoid use in patients with Thrombocytopenia
[3.] Senna Tablets 7.5mg Senokot Syrup 7.5mg/5ml Oral	2 tablets or 10ml given at night. Maximum 1 dose in 24 hours.	Constipation	Avoid use in patients with intestinal obstruction or suspected obstruction Allergy Patients receiving radiotherapy to pelvic area or abdomen Antenatal patients	Onset of action 8- 12 hours May cause abdominal cramps Senna is a stimulant
[4.] Lactulose Liquid Oral	15ml may be given at any one time	Constipation / faecal softener	Patients with intestinal obstruction	Onset of action up to 48 hours May cause abdominal discomfort
[5.] Glycerol Suppositories Rectal 4g	1 suppository at any one time	Constipation	Allergy Neutropenic patients Patients receiving radiotherapy to pelvic area	Avoid use in patients with Thrombocytopenia

SEWS KEY		0	1	2	3	SEWS 0 - 1: Routine Observation:- state frequency: 2 - 3: Inform Nurse in Charge and hourly observation 4 or new red risk: See flow chart overleaf and monitor patient										NAME: YVONNE JAMIESON		D.O.B: 0107 100382		WARD: MRI Suite		ADMISSION DATE: 2/11/08			
DATE: 20/10																									
TIME: 0741P		30	18	30	19	22	25	06	10																
RESP. RATE	36+																				36+				
	31 - 35																				31 - 35				
	21-30																				21-30				
	9 - 20	✓	✓	16			15	14	14	✓											9 - 20				
SpO ₂	≤ 8																				≤ 8				
	93+	99	97			100	100	100	98											93+					
	90 - 92																				90 - 92				
	85 - 89																				85 - 89				
Inspired O ₂ %	< 85																				< 85				
	%	A	3			A	A	A	A											%					
	39°																				39°				
	38°																				38°				
TEMP	37°																				37°				
	36°																				36°				
	35°																				35°				
	34°																				34°				
	210																				210				
	200																				200				
	190																				190				
	180																				180				
	170																				170				
	160																				160				
	150																				150				
	BLOOD PRESSURE	140																				140			
130																					130				
120																					120				
110																					110				
100																					100				
90																					90				
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> 170																					> 170				
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90																				90					
80																				80					
70																				70					
60																				60					
50																				50					
HEART RATE	30																				30				
	40																				40				
	50																				50				
	60																				60				
	70																				70				
	80																				80				
	90																				90				
	100																				100				
	110																				110				
	120																				120				
	130																				130				
	140																				140				
150																				150					
160																				160					
170																				170					
NEURO RESPONSE	Alert	✓				✓	✓	✓	✓											Alert					
	Verbal		✓																	Verbal					
	Pain																				Pain				
	Unresp																				Unresp				
UO < 30mls/hr (3hrs+)																					UO < 30				
SEWS SCORE (with all obs)		0	1			1	0	1	0											SEWS					
PAIN	BG																				BG				
	3																				3				
	2																				2				
	1																				1				
NAUSEA SCORE (0-3)	0	0	0			0	0	0	0											0					
	1																				1				
	2																				2				
	3																				3				
Initial		✓	✓			✓	✓	✓	✓											Initial					

SBAR Record



Date	Management of SEWS Observations	Signed

Pain Score: score 0 = No Pain at Rest No Pain on Movement score 1 = No Pain at Rest Slight Pain on Movement score 2 = Intermittent Pain at Rest Moderate Pain on Movement score 3 = Continuous Pain at Rest	Nausea Score (0-3): 0 = No nausea or vomiting 1 = Nausea only 2 = Vomiting once 3 = Vomiting more than once	For Acute and Chronic Pain For pain score of 2 or more, implement pain assessment chart and complete Assessment Information 5: Pain Management. Refer to Pain Management Guideline/Mini-guidelines. For Cancer Related Pain For pain score of 2 or more, refer to Palliative Guidelines
---	--	--

OPERATION SHEET

NAME:

UNIT NO.:

YVONNE JAMIESON

100382/0107

DATE: 2nd November 2009

SURGEON: Dr Gordon, assistant Dr Laxman & Dr Munro

OPERATION: Left para-ovarian cystectomy

FINDINGS: 8cm para ovarian cyst arising from the superior lateral pole of the ovary. Left fallopian tube stretched over cyst. Right ovary and tube normal. No free fluid.

PROCEDURE: Catheterised. Uterus instrumented. Pneumoperitoneum created. Laparoscopy performed with 5mm port subumbilically, and in right and left iliac fossae with 10mm port suprapubically. Cyst aspirated and separated from fallopian tube with 5mm ligasure. Haemostasis satisfactory. Cyst and fluid sent for histology and cytology. Gas released. Local anaesthetic to skin incision. Subcuticular vicryl to skin. Routine post op.

AG/JD

Date at 14 weeks

Latex Allergy yes / no

Verbal consent for 1 VS

EPAC SUMMARY Tayside University Hospitals - P.R.I.

NAME: Yvonne Jamieson

CHI: 100382 ~~0107~~ 0107 -ADDRESS: Flat 52
Grampian Court
Crest Rd.
PentthGP: Dr. Compson
mauve
DHC

Visit Date: 11/12/17	Contact No: 07391 359 428
Consultant: Ag.	
Visit No: 1	1 2 3 4 5 6
New/Return: New	Time In:
Booked Y/N: NO	Time Out:
HCG/SCAN	
Referred From: CMU	Referral Reason:
Comments/History PV bleeding last night	Bleeding Y/N: Pair V/N: Other Y/N: trophon 11/12/2017 13:55 Disinfection PASS Indicator: PASS FAIL Operator: MY VP Probe: Notes: 100382 0107 SN.21633-024 Cycle #: 1088
LMP Date: 23/10/17	
Parity: 3 + ☐ - 1 child only	Gestation by Scan:
SB/NND: ☐ EDD by scan	
Pregnancy Test Y/N	Positive Y/N
1 st Positive Test (Date)	No. Per Day:
INVESTIGATION	HCG Results This Episode
Blood Group	Group Antibodies
HCG:	HCG Results
FBC:	Urinalysis:
Anti D:	Dipslide:
Date/Time:	Result to GP
Vaginal Exam Y/N:	HVS:
Os Open Os Close	Endocervical Smear:
Products of Conception Y/N:	Chlamydia:
Sent to Pathology:	

Signature: MY Glasgow Date: 11/12/17

ULTRASOUND FINDINGS (TAS/TVS)		MANAGEMENT
Intact Intrauterine Pregnancy; _____ wk _____ days		_____ Reassurance
Empty Gestation Sac	<20mm in diameter----	Rescan in 7 days
	>20mm in diameter----	Cons. Management + rescan in 7-10 days; OR Medical evac; OR surgical evac. Of uterus
NO FH Activity;	CRL<6mm-----	Rescan in 7-10 days
	CRL>6mm-----	Cons Management + rescan in 7-10 days OR: Medical Evac. OR: Surgical evac of uterus.
Empty Uterus:	Negative Preg Test----	Home
	Positive Preg Test-----	TVS & Serum BHCG level
	Initial BHCG<100-----	Preg. Test in 4-7 days---if POS---TVS + serum BHCG Advise Warning Symptoms
	Initial BHCG>100-----	Repeat after 48 hrs + Registrar review
	Initial BHCG>1000-----	Registrar review on obtaining results
Retained POC	<40mm-----	Rescan in 10 days ? HVS
	>40mm-----	Surgical Evac of Uterus
Adnexal Mass / Ectopic Seen-----		Registrar review.
		ANTI D required?-----Yes/No
Scanned by : _____		Further Action : -
Signature: _____		
If appropriate---Checked by _____		G.P. Letter / Scan Report



HISTORY/CONTINUATION SHEET

Ward/Clinic/ Hosp. Gynaec Cons.
 Surname Jamieson D D M M Y Y 1003820107 C.H.I. No.
 First Name Yvonne M. State
 Address Sex
 G.P. & Address (G.P. Requests only) USE BLOCK LETTERS OR PATIENT LABEL

Gynaec UNIT/WARD/DEPT.

DATE

Page

11/12/17 Bhcg = 1

Yvonne contacted ward and informed of result. I have advised her that no further follow up is required. She will contact us if she has any questions. Donald

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp.

D D M M Y Y

1003820107

Cons.

C.H.I. No.

Surname

JAMIESON

First Name

YVONNE

M. State

Address

Flat 56 GRAMPIAN COURT
CLIFF ROAD PERTH

Sex

UNIT/WARD/DEPT.

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS
OR PATIENT LABEL

DATE

Page

080117S Call taken from Yvonne yesterday to say she still had +ve pregnancy test. B- seen by myself 11/12/17 for booking. Presented with PV bleeding but still wished to go ahead with booking appointment & subsequent scan in Gynae. Scan showed empty uterus & Beta HCG=1. Yvonne phoned to speak to myself yesterday to say she still had +ve pregnancy test. Her LMP was 11/12/17. Lasted 1wk - normal period. Only reason for doing pregnancy test was that her friend who has terrible morning sickness did a test which was +ve & her test was +ve. She does not currently have partner & said she had not had intercourse with anyone. Arranged to be seen in Gynae ward this morning.

A- Message from Gynae. HCG=1.

R- Discussed above with Dr Hutton GP. Yvonne has an appointment 080118 to see GP. Has extensive psychiatric history & is currently on Meltazapine.

CatKrow
CatKrow
SLW

notes requested ✓

HISTORY/CONTINUATION SHEET

PR1 EAC

UNIT/WARD/DEPT.

Ward/Clinic/

Hosp.

Cons.

D D M M Y Y

1003820107

C.H.I. No.

Surname

Jamieson

First Name

Yvonne

M. State

Address

Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS
OR PATIENT LABEL

DATE

Page

5/1/18

11.12.17 HCG < 1

Still pos PT.

0945

βHCG sent.

Anuria

βHCG < 1

Discussion with Yvonne and her
sister. Reassured not pregnant.

Anuria

NHS Tayside, Ninewells Hospital, Dundee, Blood Sciences Report

Printed by anorris(Adele Norris (non referrer)) at 05 Jan 2018 10:45

Patient name: YVONNE JAMIESON **CHI Number:** 1003820107 **Sex:** Female
Date of birth: 10 Mar 1982 :
Address: 56 Grampian Court, Crieff Road, Perth PH1 2ST

Reported	Specialty	Location	Clinician	Status
05 Jan 2018 10:23	Blood Sciences	PRI GYNAE IP	Dr Adam GORDON (Obs and Gynae) (Obstetrics & Gynaecology)	F

Sample C185986067 (Blood) Collected 05 Jan 2018 09:42 Received 05 Jan 2018 09:53

CLINICAL DETAILS :
? pos pt

Sample C185986067 (Blood) Collected 05 Jan 2018 09:42 Received 05 Jan 2018 09:53

TOTAL HCG

TOTAL HCG	1	U/L	0 - 5
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End of report

NHS Tayside, Ninewells Hospital, Dundee, Blood Sciences Report

Printed by ijagusinski(Irene Jagusinski (non referrer)) at 11 Dec 2017 15:42

Patient name: YVONNE JAMIESON **CHI Number:** 1003820107 **Sex:** Female
Date of birth: 10 Mar 1982 :
Address: FLAT 56, GRAMPIAN COURT, CRIEFF ROAD, PERTH PH1 2ST

Reported	Specialty	Location	Clinician	Status
11 Dec 2017 14:47	Blood Sciences	PRI OP GYNAE	Dr Adam GORDON (Obs and Gynae) (Obstetrics & Gynaecology)	F

Sample C175939808 (Blood) Collected 11 Dec 2017 13:44 Received 11 Dec 2017 13:56

CLINICAL DETAILS :
Empty uterus positive test

Sample C175939808 (Blood) Collected 11 Dec 2017 13:44 Received 11 Dec 2017 13:56

TOTAL HCG

TOTAL HCG	1	U/L	0 - 5
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End of report



=====

Blood Transfusion Laboratory
PERTH ROYAL INFIRMARY Tel: 01738 473 338
ANTENATAL / SEROLOGY REPORT

=====

Surname: MCLEAN	Cons / GP:
Forename: YVONNE M	Perth
Address:	Tullylumb Terrace
	Perth

Sex: Female	
CHI: 1003820107	Ward: Gynae.
SNBTS Patient Ref.No. 2104109	Facility Code: 0T202H\NAE

=====

Blood Group: O Rh(D) Positive
Patient Phenotype:
Irregular Antibody Screen: No Atypical Red Cell Antibodies Detected

Group and Save Sample

=====

Event Number: 3101169	Date Reported: 04/11/2008
Date of Sample: 04/11/2008	Date Received: 04/11/2008 15:00

4/11/08 BHCG - 830
5/11/08 BHCG - 887

Report Details: Authorised | View: Original

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602

Name: MCLEAN Yvonne Sex: F PID: 1003820107 DoB: 10 Mar
N/W Ward 36 Clinician: Dr P. AGUSTSSON Lab No: H085
N36 AC

HGB 12.9 g/dL (12-16) WBC 11.3 H x10^9/l (4-11)
RBC 4.39 x10^12/l (3.8-4.8) NE# 8.1 H x10^9/l (2.0-7.5)
HCT 0.386 (0.37-0.47) LY# 2.3 x10^9/l (1.5-4.0)
MCV 87.9 fl (80-96) MO# 0.7 x10^9/l (0.2-0.8)
MCH 29.4 pg (27-32) EO# 0.14 x10^9/l (0-0.4)
MCC 33.4 g/dl (31.5-36.0) BA# 0.0 x10^9/l (0-0.1)
PLT 258 x10^9/l (150-400)

Lab.Comments:

Sample Date,
05 Nov 2008

Clin.Details: ? ectopic

Request Entered: 05 Nov 2008 01:15

Report Printed: 05 Nov 2008 01:19

Report Details: Authorised | View: Original



Tayside Clinical Laboratory Services

Telephone 01738 473223 (PRI) 01382 632602

Name: MCLEAN

Yvonne

Sex: F

PID: 1003820107

DoB: 10 Mar 1968

N/W Ward 36

Clinician: Dr P. AGUSTSSON

Lab No: C0852
N36 AGU

TOTAL HCG

887 >

U/L

(non-preg.<5)

Lab.Comments:

Sample is blo
otherwise sta

Sample Date/t
05 Nov 2008

Clin.Details: ? ectopic

Request Entered: 05 Nov 2008 01:15

Report Printed: 05 Nov 2008 02:00



Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : MCLEAN, Yvonne
CHI No : 1003820107 Clinician: - NOT GIVEN
DoB : 10 Mar 1982 Sex: F N/W Ward 36
Post Code: PH1 2TD

08B247029 Date/Time of Specimen: 05 Nov 2008 08:00
Midstream Urine

No Growth

Date of Report: 06 Nov 2008
N36 NG

AUTH:

Medical Clerking Document

Referral Information

(collected from GP/A&E or other source)

Date 13 / 02 / 2013 Time of referral

Day: Mon ☐ Tues ☐ Wed ☒ Thurs ☐ Fri ☐ Sat ☐ Sun ☐

Source: GP ☐ A&E ☐ Other ☐

Name of referring clinician

Contact Telephone Number

Provisional Diagnosis:

TRAZADONE OD

Other Medical Problems:

Other Info: (including treatment given)

Lives alone? No ☐ Yes ☐ Discharge problems likely? No ☐ Yes ☐ Details:

Transport: Ambulance ☐ Private ☐

GP letter faxed (425556) ☐ / with patient ☐ / no letter ☐

Signed: Name:

(Patient label if available)

First Name YVONNE

Family Name SAMUELSON

CHI 1005820107

Address

(To be filled in by admitting nurse)

Time of arrival:

Resps: 17 bpm

O₂ sats: 98 %

Fi O₂: A %

Temp: 31.3 °C

BP: lying

(BP 107/80 standing)

Pulse 90 bpm

A ☒ V ☐ P ☐ U ☐

SEWS Total: 0 (SEWS > 4 inform SpR)

Medical Clerking

Name of doctor/other

Bleep #540

Consultant:

DOWN

F1 ☒ F2 ☐ PA ☐ Print Name MILLER

Time of assessment 150

SHO ☐ SpR ☐ Other:

30

PC: overdose

HPC: non-accidental overdose yesterday evening ~ 14
heralded. Living at women's unit - feeling low -
Took tablets - to escape. No plan/will.

Recent bereavement of stepfather. Brother in ICU with pneumonia.
Now feels tired - rejects overdose

TRAZADONE HYDROCHLORIDE 50mg 1000 pain or anxiety

PMH

	Yes	No	Details:
MI	☐	☒	
Angina	☐	☒	Anxiety.
↑ BP	☐	☒	depression
↑ Lipids	☐	☒	Heart murmur.
COPD	☐	☒	
Asthma	☒	☐	
Stroke/TIA	☐	☒	
Diabetes	☐	☒	
Epilepsy	☐	☒	

Other PMH:

headache / upset
disturbances.

feeling low for -
in MHT in Jersey.

#1 of Am.

Drug History

Source(s) of history: Patient

☒ GP Referral letter

☐ Prescribing database

GP practice 

Patient's Own Drugs

Community pharmacy

Relative Nursing Home Prescription ☐

Other

[illegible]

Adverse reactions / Allergies

No Known Drug ☒ Allergies	OR	Drug / Substance:	Reaction:	Drug / Substance:	Reaction:
		MORPHINE			

Are you satisfied this medication history is complete and accurate? Yes ☐ No ☐

If "no", what further action is necessary (contact GP, etc)

Reviewed by pharmacist? Name Signature

Social History

Occupation UNIT FOR WORK

Housing: Lives alone? Yes ☐ No ☒ Own ☐ Shelt ☐ RH ☐ NH ☐

Smoking: Never ☒ Ex ☐ (stopped years) Current / day

~~Alcohol: units/week~~

Social Care: Home Help ☐ District Nurse ☐ Meals on wheels ☐

Other social issues:

Systemic Enquiry

Respiratory *nil*
 Cardiovascular *nil*
 GI *nil*
 GU *frequency ++ do*
 CNS *nil*
 Locomotor *nil*
 Communication *nil*

Other Relevant History

(Travel, Family etc)

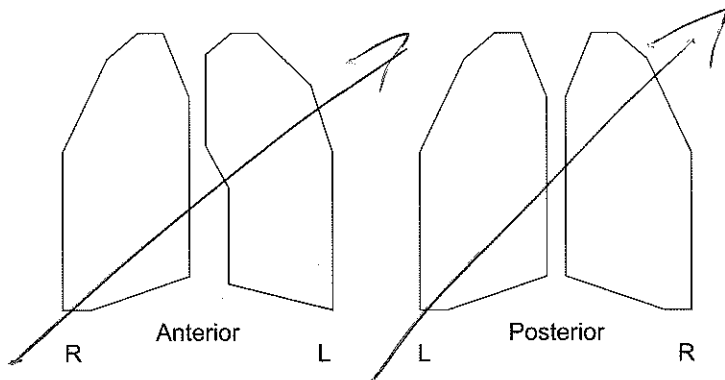
Examination

General

looks well.
alert + oriented.
0900000

MSQ *10*

Respiratory



resonant percussion
regular breath
clear

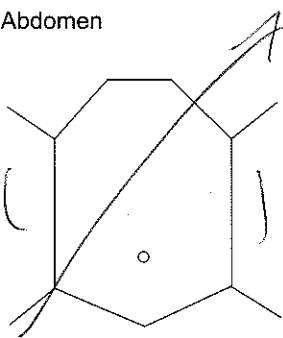
CVS

no heaves/brn'th
audible murmur

HS

S1 + S2 +0.

Abdomen



clear.
SPH

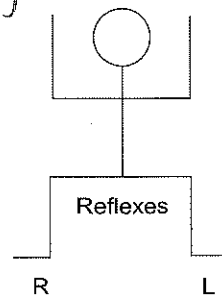
PR:

not indicated

CNS

grossly in fair

Cranial Nerves:



	LUL	RUL	LLL	RLL
Tone	<i>(N)</i>	<i>(N)</i>	<i>(N)</i>	<i>(N)</i>
Power	<i>5</i>	<i>5</i>	<i>5</i>	<i>5</i>
Sensation	<i>+</i>	<i>+</i>	<i>+</i>	<i>+</i>

GCS:

E *4* / 4
 V *5* / 5
 M *6* / 6
 Total *15* / 15

Other (inc. locomotor, gait, skin, etc)

Differential Diagnoses

Other Problems to be addressed

- ① Impulsive disorder.
- ② precipitated by bereavement + brother ITU admission
- ③ background moderate/depression.

Plan

ECG ☐ CXR ☐ ABG ☐ BI. Cultures ☐ Bloods: ☐

- ① chase bloods
- ② Odeac monitor.
- ③ Lexid
- ④ psych v/w none.
- ⑤ monitor

Clerking complete. Signed: _____

(Note: name and bleep number must appear at the front of the clerking)

Results

(Note: It is important to document times when results are recorded and to initial in the box provided)

Initials: Time:

ECG₁

Subsequent ECGs

CXR

Other

Biochemistry

Initials: Time:

Initial results received

	Date	13/02	
	Time		
PREVIOUS SAMPLES	Na	142	
	K	3.8	
	Urea	3.5	
	Creat	71	
	ALT	26	
	Bil	5	
	Alk Ph	90	
	Alb		
	C.Ca		
	Glu		
	CRP	LT4	
	Chol		
	CK		

Haematology

Initials: Time:

Initial results received

	Date	13/02	
	Time		
PREVIOUS SAMPLES	Hb	11.9	
	MCV	84.3	
	WCC	7.3	
	Neut	4.6	
	Lymph	2.2	
	Plat	220	
	INR		
	APTT _r		

Other Bloods:

Time:

Trop T		

ABG

Initials				
Time				
FiO ₂				
pH				
PCO ₂				
PO ₂				
Bicarb				
BE				
Sats				
Hb				

Urinalysis

Other Investigations:

PT = 11.8
PTT = 1.0
APTT = 29.9
APTT_r = 1.0

alcohol - not detected.
paracetamol - not detected.
salicylate - not detected.

Date 14 / 02 / 2013 Time 1000.

Intentional overdose
trazodone yesterday

Broke up with ITM
Got news yesterday
↳ precipitated it (close to broke)
step dad died recently
Regretted it afterwards.

Previously been in Munnay Royal

↳ uncertain which consultant

O/E

BP 122

HR 59. - 88

Feels very tired at
present

Alert + orientated

Son lives with her sister.

ECG

WSR.

CXR

N/A.

Other

Diagnoses

Intentional OD

↳ no harm medically

Other Problems

Plan

Psychiatry Review

no need for
Yume monitoring

Referral to:

Destination plan: Home ☐ Ward ☐Other: Psych R/V

Adults With Incapacity form required?

No ☐ Yes ☐Completed ☐

Length of stay

<24° ☒ 24-72° ☐ >72° ☐

Resus. Status:

Normal ☒**Not for 2222** ☐

(If not for 2222, document fully and complete form)

DVT prophylaxis:

None at present ☐ TEDS ☐ LMWH ☐

Signature:

Name:

W. Walsby Bleep 5306.

14/2/13

STY WALESBY (med Reg rights)

0600.

Review of patient

30 ♀ overdose.

Non-accidental overdose trazodone.

suicidal intent

ECG - LAD.

73 bpm sinus

QTc (N).

→ 50mg.

Background

Asthma

Hypertension

Depression.

Paracetamol & Salicylate not detected.

SP 95-125 systolic

37.6°C

on cardiac monitor

HR 62

→ sinus

SpO₂ 96% RA.

Recent stressful family situation / family

unwell

unplanned

14 x trazodone ~ 18:30.

She told support worker following → admitted A&E.

regretted it as soon as did it

her son is her protective factor

Feels well now

HSE FIDT

All clear.

Abdo SNT ✓

lower S/S upper + lower

Plantar ↓

normal eye movements.

1) monitor until none

→ time elimination

2) Psych A/P in none

5-9 hours.

↳ pt happy & this

Walesby

WALESBY

STY 5306

14/2/13

Patient not willing to stay.

- Nursing staff informed that patient is not willing to stay for psychiatry RV

- D/W seniors - No suicidal thoughts ongoing
No risk harm to others

↳ Not detainable.

- D/W patient that it would be preferable to see psychiatry who will be around in 2 hours time

- Still not willing to stay.

W Frazer
F-11
5799

[illegible]

TAYSIDE UNIVERSITY HOSPITALS ACCIDENT & EMERGENCY SERVICES

CONSULTANTS:

W.G. Morrison



Tayside

REGISTERED BY: deidre kaye

SURNAME Jamieson	DOB 10 Mar 1982	CHI 1003820107	DATE 13 Feb 2013	TIME OF ARRIVAL 19:04
FORENAME Yvonne	AGE 30 Years		COMPLAINT overdose	
ADDRESS 185 RANNOCH ROAD PERTH	SEX Female	STATUS Separated	LOCATION OF INCIDENT Home or other house and garden	
	RELIGION None		MODE OF ARRIVAL Ambulance (road)	
	1st LANGUAGE		TIME SINCE EVENT 0 - 6 Hours	
POSTCODE PH1 2DP	ETHNIC ORIGIN White		OCCUPATION/SCHOOL UNEMPLOYED	
TEL. NO LAND LINE				
MOBILE 07752874063				
TEMPORARY ADDRESS	ALLERGIES ., None known		GP NAME Harvey	
POSTCODE:	REFERRED BY 999 emergency services		ADDRESS MAUVE PRACTICE, DRUMHAR H NORTH METHVEN STREET PERTH	
TEL.				
1st CONTACT Thomasina Mclean	2nd CONTACT		POSTCODE: PH1 5PD	
ADDRESS LESLIE COURT PERTH	ADDRESS		TEL. 01738622421	
POSTCODE	TEL.		ACCOMPANIED BY Unaccompanied	
TEL. unsure	1st CONTACT NOTIFIED Yes / <u>No</u>			
RELATIONSHIP Mother				
TRIAGE TIME 19:08	TRIAGE NURSE neil burnside		IMMUNISATIONS	
FLOW CHART / DISCRIMINATOR / PAIN SCORE Overdoses and poisoning, Moderate lethality, 0			TRIAGE CATEGORY 3	
TRIAGE INTERVENTIONS 12L ECG, Heart rate, SpO2, BP, Respiratory rate, Temperature, Advice - verbal				
NURSING ASSESSMENT Stream 2. Overdose of 19 x 50mg trazadone @18:30. Has not vomited.				

NURSING NOTES

Surname **Jamieson** Forename **Yvonne** A-CHI 1003820107

ASSESSMENT:

RE-TRIAGE to: (Using Man. Triage)
Time: Transferred to:

Nurse Name:
Signature:
Time:

INTERVENTIONS:

T: 36.9 P: 77 BP: 131/76 R: 14 SpO2: 98 BM:

TRIAGE DATE & TIME: 13/02/2013 19:08

Procedure explained and reassurance given

20:05

Awaiting bed in ward 4. ID Band applied
Did not wish anyone informed of admission

20:40 Core taken over by SN Reddick.

20:45 observations repeated - sews score 0
Yvonne complaining of the cold, Extra blanket provided,
Tea provided & Toast.

21:25 Bed now available for Yvonne in ward 4.

EVALUATION:

PAIN SCORE: 0/10
WATERLOW SCORE: <10

Admitted ward 4 - Bed available
Patient is aware of reason for admission.
Yvonne did want to be contacted at this point.
Sews score 0 prior to transfer.
Appeared happy with treatment in A&E.

Nurse Name: M. REDDICK
Signature: M. Reddick
Time: 21:35

Patients Name YVONNE GAMBESON A-CHI 1003820107

CLINICIAN KER MAONE DATE 18/2/13 TIME 1930

OVERDOSE

R ~ 18 TRAZADONE ~~SOM~~ SWALLOWED TONIGHT AT 1830 - SUICIDAL INTENT
SHORTLY AFTER TOLD SUPPORT WORKER (AT SUPPORTED ACCOMMODATION COMPLEX)
HISTORY OF
RECENTLY DOWN DUE TO BEREAVEMENT (STEPFATHER DIED 3/52 AGO) & NEWS
TODAY THAT BROTHER IS INTUBATED IN ICU DUE TO PNEUMONIA
NOW THINKS IT (OVERDOSE) WAS A STUPID THING TO DO
FEELING TIRED & SHIVERY

PHYS DEPRESSION HYPOTHYROIDISM DSH SHX SUPPORTED ACCOMMODATION
ASTHMA OVARIAN CYST REMOVAL HAS SON WHO SHE SEES
EVERY 3 MONTHS

DRUGS NCOA
TRAZADONE ZOPICLONE
SALBUTAMOL

OK PULSE 98 REGULAR QTC 447 MSECs
BP 131/76 ECG SINUS RHYTHM
RR 14
SpO2 98%

PLAN CARDIAC MONITORING
REFERRED TO WD 4 - MED SOR HAPPY TO ACCEPT

ENIOR _____ TIME _____ SPECIALITY _____ TIME _____
if involved) REFERRED

TREATMENT

DISCHARGE PROFILE

Patients Name Yvonne Jamieson A-CHI 100382

Drugs: Brought in by Patient ☒ Y ☐ N
 Returned to Patient ☐ Y ☒ N
 Other
 Removed from Patient ☒ Y ☐ N
 Transferred to ward ☐ Y ☒ N

Valuables / Belongings

Patient accepts responsibility for own belongings / Valuables: Signature Y. Jamieson
 Book No. Page No. Where stored Receipt No.
 Taken by Taken by Police: Signature

Discharge against Medical Advice

I, of
 > wish to take my discharge from the hospital
 > wish to remove aged
 from the hospital. (state name & relationship)

I appreciate that this is against the advice and wishes of the Consultant in charge or his Deputy.
 I acknowledge that I have been informed of the dangers of doing so and I accept full responsibility for my action and consequences arising therefrom.

Signed (patient / parent or guardian) Date

Signed Witness Date

I confirm that I have explained the dangers that might arise out of his/her decision to take his/her own discharge
 ned Medical Practitioner Date

Out Patients: Date
 Time
 Area

Paed. Liaison HV: Y / N

Discharge Drugs

Prescribed by Given by

Left AED at: 21:40

Discharged by: M. Reddick

Discharged to: ward 4

Accompanied by: Porter

E-Pacer PATIENT REPORT

Time 19:04 Date 13/02/2013

PATIENT AND INCIDENT DETAILS

Incident number	ED003566985.001
Name	YVONNE MURPHY-JAMIESON
Age	30
Date of birth	10/03/1982
Gender	Female
CHI number	1003820107
Incident location	ANCHOR HOUSE 205-207 RANNOCH ROAD PERTH
Incident post code	PH1 2DP
Incident type	EMG
Call received	13/02/2013, 18:31
Call passed	13/02/2013, 18:34
Crew mobile	13/02/2013, 18:34
Crew at scene	13/02/2013, 18:37
Crew left scene	13/02/2013, 18:52
Patient at hospital	13/02/2013, 18:55
Receiving hospital and department	PRIN Perth Royal Infirmary

PRIMARY SURVEY

RESPONSE

AVPU Alert

AIRWAY

Airway assessment Clear

BREATHING

Breathing rate Normal

Respiratory rate

CIRCULATION

Pulse rate Normal

Most peripheral pulse found Radial

Cap refill rate

Skin colour Normal

Skin texture Dry

C-SPINE INJURY

Suspicion of CSI No evidence of C-spine injury

PATIENT CONSENT

Patient consent	Treatment benefits explained, Risks of condition explained, Risk of refusal explained, Capacity to understand risks and treatment
-----------------	---

AMPDS

Dispatch code	33C06	Emergency response req'd
Final code	23B01	Overdose without priority symptoms

GCS

Final GCS eye opening	Spontaneous
Final GCS verbal response	Orientated
Final GCS motor response	Obeys commands

VITAL SIGNS

ECG	RTS	SEWS	GCS Total	SpO2 %	Temp °C	Pain score	Blood sugar mmol / l	Peak flow %	Cap refill (secs)	BP mm Hg	Resp. rpm	Pulse rhythm	Pulse bpm	Time hr : min
-	7.550	0	15	98	36.9	0/10	-	-	<2 secs	111 / 81	14	Reg	74	18:37

EYES AND PUPIL SIZE AND REACTION

Pupil size	Left	Right
	Normal	Normal

Pupil reaction	Normal	Normal
AMPLE		
Allergies	MORPHINE TRAZADONE 50mg, LEVOTHYROXINE 25mcg,100mcg DEPRESSION, PREV DSH,ASTHMATIC ,U THYROID . 999 CALL TO 30 YOF FEELING DEPRESSED ,SUICIDAL SAYS SHE SWALLOWED ? 18 TRAZADONE 50mg AT APPROX 1830 TONIGHT ,NOT WITNESSED BUT EMPTY PACKS ACCOMP, NO VOMITING, NO PAIN BUT FEELING DROWSY, PT HAS OD BEFORE AND ATTENDED M/ ROYAL. STABLE EN ROUTE . PT STAYING AT ANCHOR HALFWAY HOUSE IN RANNOCH RD.	
Other allergies		
Medication		
Past history		
Last eaten		
Events prior		
PATIENT HANDOVER		
On arrival at scene	Standing	
Scene removal	Walking	
Transportation	Seated	
Care delivery at hospital	Chair	
Time of handover	19:00	
Report ID	95f86f59-69e3-476a-ad63- 8b332c160244	



UK NPIS 0844 892 0111
Ireland NPIC (01) 809 2566
mail@toxbase.org

Search

[Advanced Search](#) | [Unknown poisoning](#)
[Need help searching](#)



National Poisons
Information Service

A service commission
Protection /

General Info Specialist areas Chemicals Exposure in pregnancy Poisons A-Z Dosag

Trazodone Hydrochloride

Updated 10/2012

The information on TOXBASE® requires expert clinical interpretation and, therefore, should only be used by clinically trained professionals, who are aware of the relevant clinical case history. In severe or complex cases, including multiple ingestions always discuss your case with your poisons service: in the UK NPIS 0844 892 0111, in Ireland NPIC (01) 809 2566.

TOXBASE® entries should not be used as patient information sheets.

Please let us know what you think of TOXBASE

Your opinions and experiences of using TOXBASE are important in assisting us to improve our service.

We would be grateful if you would complete a short questionnaire.

The form will open in a new window - you can choose to complete and submit now, or once you have finished your enquiry.

Please select:

Type of Product

Antidepressant acting as a serotonin modulator.

Ingredients

Trazodone hydrochloride
Capsules - 50 mg, 100 mg
Tablets - 150 mg
Liquid - 50 mg/5 mL

Toxicity

Death has occurred after ingestion of 4.5 g and survival after 3.5 g (de Meester et al, 2001).

Doses of 1.5-3 g have caused significant cardiovascular toxicity such as hypotension, AV conduction del QT interval, torsade de pointes; with convulsions and respiratory arrest also reported (Gamble and Pete Flomenbaum and Price, 1986; Service and Waring, 2008; Chung et al, 2008).

Peak plasma levels are reached 1 hour after ingestion in a fasting state, and after 2 hours with food. Te elimination half-life is 5-9 hours (Martindale, 2010).

ALERT BOX

All patients who have taken a deliberate overdose should be referred for assessment.

All patients who have exceeded their prescribed dose of 2 or more of their cardiac medicines should be referred for medical assessment irrespective of the dose ingested.

All children who have ingested any amount of trazodone should be referred for medical assessment.

Adults who have ingested 15 mg/kg or more trazodone, or those who are symptomatic, should be referred for medical assessment.

$$Q\% = \frac{Q1}{\sqrt{RR}} \quad \frac{10}{\sqrt{20}}$$

$$\approx 0.5$$

$$\rightarrow 0.447$$

$$0.8944 \ 271$$

$$\frac{0.4}{\sqrt{0.8}}$$

$$\frac{4}{\sqrt{20.04}}$$

$$\frac{4}{\sqrt{10}}$$

Name:

ID:

Sex:

cm

Birth date:

kg

mmHg

Years

1100 Sin rhythm
9110 ** normal ECG **

13-2-2013 19:08

Medication:

Symptoms:

History:

HR

PR

73 bpm

158 ms

86 ms

394/420 ms

30/-11/6 °

0.65/0.62 mV (R + S 1.27 mV)

10 mm/mV 25 mm/s Filter: H50 d 100 Hz 10 mm/mV

Unconfirmed Report
Reviewed by:

10 mm/mV

10 mm/mV

aVR

V1

V4

II

aVL

V2

V5

III

aVF

V3

V6

Rhythm [II] 10 mm/mV



Tayside Clinical Laboratory Services

Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: JAMIESON

Yvonne

Sex: F

PID: 1003820107

DoB: 10 Mar 1982

Lab No: H131985947

PRI Ward 4

Clinician: Dr E. BROWN

P4

BROE1C

HGB 11.9 L g/dL (12.0-16.0)
 RBC 4.21 x10¹²/L (3.8-4.8)
 HCT 0.355 L (0.37-0.47)
 MCV 84.3 L fl (85-105)
 MCH 28.2 pg (27-32)
 MCC 33.4 g/dL (32-36)

WBC 7.3 x10⁹/L (4.0-11.0)
 NE# 4.6 x10⁹/L (2.0-7.5)
 LY# 2.2 x10⁹/L (1.5-4.0)
 MO# 0.4 x10⁹/L (0.2-0.8)
 EO# 0.07 x10⁹/L (0.0-0.4)
 BA# 0.0 x10⁹/L (0.0-0.1)

PLT 220 x10⁹/L (150-400)

APTT 29.9 secs. (22.9-34.4)
 APTT Ratio 1.0
 Prothrombin Time 11.8 secs. (9.5-14.0)
 PT Ratio: 1.0

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
 13 Feb 2013 23:04

Clin.Details: trasadone overdose

Request Entered: 13 Feb 2013 23:30

Report Printed: 13 Feb 2013 23:45

REPORT RECEIVED

DOCTOR'S INITIALS

BIOCHEMICAL MEDICINE

DMR 374

Tayside Clinical Laboratory Services

Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: JAMIESON

Yvonne

Sex: F

PID: 1003820107

DoB: 10 Mar 1982

Lab No: C131985947

PRI Ward 4

Clinician: Dr E. BROWN

P4

BROE1C

SODIUM 142 mmol/L (133-146)
 POTASSIUM 3.8 mmol/L (3.5-5.3)
 UREA 3.5 mmol/L (2.5-7.8)
 CREATININE 71 ** umol/L (44-80)
 ESTIMATED GFR GT60 mL/min
 CKD Stage IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA
 ALT 26 U/L (5-55)
 BILIRUBINS 5 umol/L (0-21)
 ALKALINE PHOSPHATASE 90 U/L (30-130)
 ALBUMIN 35 g/L (35-50)
 C-REACTIVE PROTEIN LT4 mg/L (0-10)
 PARACETAMOL NOT DETECTED
 SALICYLATE NOT DETECTED
 ALCOHOL NOT DETECTED

Lab.Comments: *NB Use mass unit (mg/L) scale for paracetamol
 nomogram interpretation.*

Sample is blood unless otherwise stated

Sample Date/Time
 13 Feb 2013 23:04

Clin.Details: trasadone overdose

Request Entered: 13 Feb 2013 23:30

Report Printed: 14 Feb 2013 00:27

REPORT RECEIVED

DOCTOR'S INITIALS

Patient's Telephone No. 07752874663 Time Admitted 22.30 A.M (P.M.)		Date 13.2.13		Ward/Clinic/PC1 W04		Case PB	
Name and Address of Next of Kin Theresia McLean		Telephone No. Unkn		D D M M Y Y 1003820107		CHL NO	
Diagnosis/Operation:--		Legic cant (Do not inform NOK)		Surname Jamieson		M State f.	
First Name Aileen		Address 185 Kinnear Road Perth		First Name Aileen		M State f.	
Dentures Yes / No		Valuables in safe Yes / No		G.P. & Address (G.P. Requests only) 07752874663		USE BLOCK LETTERS OR PATIENT LABEL	
Spectacles Yes / No		Hearing aid Yes / No		G.P. & Address (G.P. Requests only) 07752874663		USE BLOCK LETTERS OR PATIENT LABEL	
Weight:		Dentures Yes / No		Valuables in safe Yes / No		G.P. & Address (G.P. Requests only) 07752874663	
Spectacles Yes / No		Hearing aid Yes / No		G.P. & Address (G.P. Requests only) 07752874663		USE BLOCK LETTERS OR PATIENT LABEL	
14.2.13 03.30		NURSING REPORT		DR Harvey, Drumhwa Practice		SIGNATURE	
Pt admitted via A&E following an overdose of Trazadone. It states she has taken 19x50mg Trazadone.		PMU - Anxiety		DR Harvey, Drumhwa Practice		SIGNATURE	
(C) Sows of A=O, cardiac monitor instl		PMU - Depression		DR Harvey, Drumhwa Practice		SIGNATURE	
(M) Inept		PMU - Heart murmur		DR Harvey, Drumhwa Practice		SIGNATURE	
Tea provided		PMU - Heart murmur		DR Harvey, Drumhwa Practice		SIGNATURE	
- mental overcast		PMU - Heart murmur		DR Harvey, Drumhwa Practice		SIGNATURE	
Danna form signed @ 13.30 R left wd. ✓		PMU - Heart murmur		DR Harvey, Drumhwa Practice		SIGNATURE	
Date		Medicines and (Special Instructions)		Dose		Form	
Method of Administration or Site of Application		Times of Administration (24 hour clock)		Signature of Prescriber		Given by and Time	
AGE Yrs. Mths. Days		Weight g		Signature of Prescriber		Given by and Time	
DATE		D. of B.		CONSULTANT		KNOWN DRUG SENSITIVITY or ADVERSE REACTION	
NAME of PATIENT		UNIT No. / MPI No.		CONSULTANT		KNOWN DRUG SENSITIVITY or ADVERSE REACTION	
Ward/Dept.		D. of B.		CONSULTANT		KNOWN DRUG SENSITIVITY or ADVERSE REACTION	
HOSPITAL		D. of B.		CONSULTANT		KNOWN DRUG SENSITIVITY or ADVERSE REACTION	
Please ✓ when medicines are prescribed separately on one of the following:--		Fluid Prescription Sheet		Other (Specify)		COMBINED MEDICINE PRESCRIPTION SHEET/NURSING REPORT - DAY CASES	
HOSPITAL		Ward/Dept.		D. of B.		CONSULTANT	
NAME of PATIENT		UNIT No. / MPI No.		CONSULTANT		KNOWN DRUG SENSITIVITY or ADVERSE REACTION	
D. of B.		D. of B.		CONSULTANT		KNOWN DRUG SENSITIVITY or ADVERSE REACTION	
D. of B.		D. of B.		CONSULTANT		KNOWN DRUG SENSITIVITY or ADVERSE REACTION	

THB(MR)
206

FOR PHARMACY
USE

Checked by:

Clinical Pharmacist

Patient Counsellor:

.....(Initials)

Medicines Required
On Ward

Date.....

Time.....

.....2nd Fold.....

When Medicines are
be dispensed All
copies to be sent to
Pharmacy

....1st Fold....

7 days
supply will
be dispensed
unless
stated
otherwise
in box
providedDischarge
Prescriptions should
normally be sent to
pharmacy at least
24 hours before
discharge

Final Distribution:

WHITE - GP
PINK - Pharmacy
YELLOW -
Case Records
BLUE - Audit/CodingDISCHARGE NOTIFICATION AND
PRESCRIPTION FORM

HOSPITAL:

WARD/CLINIC:

D D M M Y Y
1 0 0 3 8 2 0 1 0 7 C.H.I. No.

To Dr.

Surname:

First Name:

Address:

M. State

ALWAYS USE BALLPOINT PEN

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor)

Date Placed on Waiting List:

Date of Admission:

* Delete as appropriate

Type of Admission: Elective /Emergency / Urgent / Transfer

TRANSFERRED TO:

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	HOSPITAL	SPECIALITY	CONSULTANT
	14/2/13	Med	P. BROWN	Home			

DIAGNOSIS AND OPERATIONS	PRINCIPAL DIAGNOSIS:	PRINCIPAL OPERATION / PROCEDURES:
	TRAZADONE - OD	Pain management
	OTHER CONDITIONS:	OTHER OPERATIONS / PROCEDURES:
	1, 2, 3,	

MEDICINE TREATMENT ON DISCHARGE		DOSE	Times of Administration (Mark ✓)												DURATION OF TREATMENT	DISPENSED BY PHARMACY	
Days	NAME OF MEDICINE		8	10	12	14	16	18	20	22	24					Number	Brand Names (for information only)
	NALOXONE 50	50															
	CURAMOL 100 TABLETS	2 x 1															
	STEEVENT	2 x 1															if home
	TRAMADOL 100mg	123															
	PARALIN 100mg	2 x 1															

DISCONTINUED MEDICINE	REASON DISCONTINUED
1.	
2.	
3.	
4.	

INFORMATION / ADVICE TO PATIENT	☐ YES ☐ NO IF YES, SPECIFY				KNOWN ALLERGIES: MORPHINE
CARE ARRANGEMENTS ON DISCHARGE (TICK BOX)	NONE ☐	DISTRICT NURSE ☐	SOCIAL WORK ☐	HOME HELP/ RELATIVES ☐	
FOLLOW-UP APPOINTMENT	DATE	TIME	CLINIC	DELETE AS APPROPRIATE	RESULTS AWAITED: YES ☐ NO ☐
				GIVEN / TO BE SENT	IF YES, SPECIFY:.....
FOR FURTHER INFORMATION CONTACT	K. WILSON (NAME)				
	 (STATUS)				

Signature: Status:

..... Consultant Date:

Dispensed

By:

Checked

By:

Date:

DATE OF ADMISSION

13/02/15

RECORD START DATE

13/02/13

Hospital /Ward: (4) Pr4 Consultant: Brown On admission: Weight: Height:	Patient Name: YVONNE SHULET CHI number: 100382 0107 Date of Birth: (Attach printed label here)
---	---

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

MEDICINE ALLERGIES/ SENSITIVITIES

IF NIL KNOWN TICK HERE THEN DATE & SIGN ☐

1. Morphine	2.	3.	4.
-------------	----	----	----

ONCE ONLY PRESCRIPTIONS

[illegible]

OTHER MEDICINE CHARTS IN USE

OTHER MEDICINE CHARTS IN USE			
Chart Type		Signed	
1. Insulin		4. Anticoagulant	
2. Epidural / Pain relief		5. Mental Health Act	
3. Fluid		6. Other	

CONTINUOUS INFUSIONS																											
Date	Drugs						12/24 Hourly Dose				Route				Prescribed By				Date Stopped				Comments				
Date																											
Time																											
Initials																											
Initials																											

Date	Drugs						12/24 Hourly Dose				Route				Prescribed By				Date Stopped				Comments			
Date																										
Time																										
Initials																										
Initials																										

Date	Drugs						12/24 Hourly Dose				Route				Prescribed By				Date Stopped				Comments			
Date																										
Time																										
Initials																										
Initials																										

Date	Drugs						12/24 Hourly Dose				Route				Prescribed By				Date Stopped				Comments			
Date																										
Time																										
Initials																										
Initials																										

Date	Drugs						12/24 Hourly Dose				Route				Prescribed By				Date Stopped				Comments			
Date																										
Time																										
Initials																										
Initials																										

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINES		
If a dose is not administered, initial and enter the appropriate code in the box with a circle drawn round it:		
1. Patient refused	6. Once only / prn given	11. No intravenous access
2. Patient unavailable	7. Dose withheld – Prescriber's instructions	12. "On Pass"
3. Medicine out of stock	8. Self administered by patient	14. Other
4. Instructions not clear / legal	9. Nausea/vomiting	15. Other
5. Nil by mouth.	10. Unable to swallow	16. Other
General Comments		

REGULAR THERAPY		Date																									
		Time																									
OXYGEN		Continuous / REM	6																								
Target O ₂ Saturation			8																								
88 - 92% <u>94 - 98%</u>			12																								
Signature	Start Date		14																								
<i>WA</i>	<i>13/02</i>		18																								
			22																								

THROMBOPROPHYLAXIS																										
Dalteparin S Cut injection		6																								
TEDS		8																								
<u>None</u>		12																								
Dose		14																								
2500units 5000units		18																								
Signature	Start Date	22																								

Medicine / Form																										
<u>CLEVAL MODULATE</u>		6																								
Dose	Route	8																								
<u>2 PUPS</u>	<u>IM</u>	12																								
Signature	Start Date	14																								
<i>WA</i>	<i>13/02</i>	18																								
Further Information		22																								

Medicine / Form																										
<u>SELEVENT</u>		6																								
Dose	Route	8																								
<u>2 PUPS</u>	<u>IM</u>	12																								
Signature	Start Date	14																								
<i>WA</i>	<i>13/02</i>	18																								
Further Information		22																								

Medicine / Form																										
<u>THYROXINE</u>		6																								
Dose	Route	8																								
<u>125</u>	<u>ORAL</u>	12																								
Signature	Start Date	14																								
<i>WA</i>	<i>13/02</i>	18																								
Further Information		22																								

DRUG DOSAGE CALCULATIONS

REGULAR THERAPY		Date																												
		Time																												
Medicine / Form		6																												
		8																												
Dose	Route	12																												
Signature	Start Date	14																												
		18																												
Further Information		22																												
Medicine / Form		6																												
		8																												
Dose	Route	12																												
Signature	Start Date	14																												
		18																												
Further Information		22																												
Medicine / Form		6																												
		8																												
Dose	Route	12																												
Signature	Start Date	14																												
		18																												
Further Information		22																												
Medicine / Form		6																												
		8																												
Dose	Route	12																												
Signature	Start Date	14																												
		18																												
Further Information		22																												
Medicine / Form		6																												
		8																												
Dose	Route	12																												
Signature	Start Date	14																												
		18																												
Further Information		22																												
Medicine / Form		6																												
		8																												
Dose	Route	12																												
Signature	Start Date	14																												
		18																												
Further Information		22																												

AS REQUIRED THERAPY

Medicine / Form		Date									
Sparibumol		Time									
Dose & Frequency	Route	Dose									
2 pumps PO BID	INH										
Signature	Start Date	Route									
[Signature]	1/3/02										
Indication / Notes	Pharmacy	Initials									
WHEE											

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
Signature	Start Date	Route									
Indication / Notes	Pharmacy	Initials									

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
Signature	Start Date	Route									
Indication / Notes	Pharmacy	Initials									

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
Signature	Start Date	Route									
Indication / Notes	Pharmacy	Initials									

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
Signature	Start Date	Route									
Indication / Notes	Pharmacy	Initials									

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
Signature	Start Date	Route									
Indication / Notes	Pharmacy	Initials									

AS REQUIRED THERAPY

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
Signature	Start Date	Route										
Indication / Notes	Pharmacy	Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
Signature	Start Date	Route										
Indication / Notes	Pharmacy	Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
Signature	Start Date	Route										
Indication / Notes	Pharmacy	Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
Signature	Start Date	Route										
Indication / Notes	Pharmacy	Initials										

NOTES FOR USERS

For Prescribers:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:
Milligram = mg Gram = g Millilitre = ml Microgram: to be written in full
 Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml
5. Method of administration should be abbreviated as follows:
Intravenous = IV Inhalations = INH Intramuscular = IM Oral = Oral Topical = TOP Vaginal = PV
Subcutaneous = S Cut Sublingual = S Ling Intradermal = ID Per rectum = PR Nasogastric = NG

For Nurses:

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

SEWS KEY

0123

NAME: YVONNE JAMIESON

DOB/CHI: 100382 0107

WARD: A+E -> 4

ADMISSION DATE: 13.2.13

DATE

13/2/13

TIME

08:40

RESPIRATORY RATE

Write Respirations

36 +
31 - 35
21 - 30
9 - 20
≤ 8

SpO2 - Target Saturations

94-98% ☐

Complete only ONE SpO2 section based on target saturations. Ensure oxygen is prescribed on TPAP

94 +
90 - 93
85 - 89
< 85

SpO2 - Target Saturations

88-92% ☐

88 +
84 - 87
80 - 83
< 80

AIR / OXYGEN CODE

% inspired O2 or L/MIN

e.g. V
e.g. 60%

TEMPERATURE

record & join with a

39°
38°
37°
36°
35°
34°

EXAMPLE

36.5

Write Actual Temperature

170
160
150
140
130
120
110
100
90
80
70
60
50
40
30

PULSE RATE

record & join with a

100
90
80
70
60
50
40
30

EXAMPLE

80

SEWS SCORE

uses Systolic BP

210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

BLOOD PRESSURE

record as shown

120
60

EXAMPLE

101
80

NEURO RESPONSE

Any change in neuro response - commence neuro obs - immediate medical review

Alert A
Verbal V
Pain P
Unresponsive U

SEWS SCORE (with all obs)

000110

Frequency of observations
H = Hourly, M = Minutes, D = Daily
e.g. 1H

Escalation to medical team/HAN/ANP
Y / N / E (exclusion)
e.g. E

Document Pain Score (0 - 3)

Blood Glucose (mmol/L)

Catheterised patients, > 90 mls/3 hrs Y / N
If No - contact medical staff immediately

Non catheterised patients,
Passed urine in 8 hours? Y / N
If No - contact medical staff if concerns

INITIAL

10

DOCUMENT ALL ACTIONS, INTERVENTIONS, EXCLUSIONS AND CLINICAL RESPONSES IN THE NURSING RECORDS

SEWS SCORE OF 0

MINIMUM 8 HOURLY OBSERVATIONS

SEWS SCORE OF 1

REGISTERED NURSE TO DETERMINE FREQUENCY OF OBSERVATIONS

MINIMUM 4 HOURLY OBSERVATIONS

SEWS SCORE OF 2-3

INFORM THE NURSE IN CHARGE

INCREASE FREQUENCY TO HOURLY OBSERVATIONS

SEWS SCORE ≥4, OR SCORE OF 3 IN ONE PARAMETER

URGENT ESCALATION

15 MIN OBSERVATIONS UNTIL REVIEW

SEWS ≥4: THINK SEPSIS

If 2 or more of the following:

- Temperature >38 or <36
- Altered Mental State
- Respiratory Rate >20 breaths / minute
- Known/suspected neutropenia
- Pulse Rate >90 beats per minute
- White cell <4 or >12 AND clinical suspicion of infection commence "Sepsis 6 Bundle" within 1 hour

REFER TO LOCAL ACTION AND ESCALATION TOOL

OXYGEN CODES	
A	Room Air
NC	Nasal Cannula 1 - 6 L/min
SM	Simple Mask 5 - 10 L/min
V	Venturi
	24% (Blue)
	28% (White)
	35% (Yellow)
	40% (Red)
	60% (Green)
RM	Reservoir Mask 15 L/min
NB	Nebuliser

PAIN ASSESSMENT	
SCORE 0 = No Pain	
SCORE 1 = No Pain at Rest, Slight Pain on Movement	
SCORE 2 = Intermittent Pain at Rest, Moderate Pain on Movement	
SCORE 3 = Continuous Pain at Rest	
For Acute, Chronic & Palliative Pain - See local NHS Tayside Guidelines	

Refer to Acute Kidney Injury (AKI) guidelines on staffnet

SEWS KEY 0 1 2 3

NAME:

WARD:

DOB/CHI:

ADMISSION DATE:

DATE

TIME

RESPIRATORY RATE

Write Respirations

36 +
31 - 35
21 - 30
9 - 20
≤ 8

Complete only ONE SpO2 section based on target saturations. Ensure oxygen is prescribed on TPAR

SpO2 -

Target Saturations

94-98% ☐

94 +
90 - 93
85 - 89
< 85

SpO2 -

Target Saturations

88-92% ☐

88 +
84 - 87
80 - 83
< 80

AIR / OXYGEN CODE
% inspired O2 or L/min e.g. V e.g. 60%

TEMPERATURE

record & join with a

39°
38°
37°
36°
35°
34°

Write Actual Temperature

36.5

PULSE RATE

record & join with a

170
160
150
140
130
120
110
100
90
80
70
60
50
40
30

SEWS SCORE
uses Systolic BP

BLOOD PRESSURE

record as shown

120
60
60
70
80
90
100
110
120
130
140
150
160
170
180
190
200
210

NEURO
RESPONSE
Any change in neuro response -
commence neuro obs - immediate
medical review

Alert A
Verbal V
Pain P
Unresponsive U

SEWS SCORE (with all obs)

Frequency of observations
H = Hourly, M = Minutes, D = Daily
Escalation to medical team/HAN/ANP
Y / N / E (exclusion)
Document Pain Score (0 - 3)
Blood Glucose (mmol/L)
Catheterised patients, > 90 mls/3 hrs Y / N
If No - contact medical staff immediately
Non catheterised patients,
Passed urine in 8 hours? Y / N
If No - contact medical staff if concerns

INITIAL

DOCUMENT ALL ACTIONS, INTERVENTIONS, EXCLUSIONS AND CLINICAL RESPONSES IN THE NURSING RECORDS

SEWS SCORE
OF 0

MINIMUM
8
HOURLY
OBSERVATIONS

SEWS SCORE
OF 1

REGISTERED NURSE TO
DETERMINE FREQUENCY
OF OBSERVATIONS

MINIMUM 4
HOURLY OBSERVATIONS

SEWS SCORE
OF 2-3

INFORM THE
NURSE IN CHARGE
INCREASE
FREQUENCY TO
HOURLY OBSERVATIONS

HOURLY OBSERVATIONS

SEWS SCORE 24,
OR SCORE OF 3
IN ONE PARAMETER

URGENT
ESCALATION
15 MIN OBSERVATIONS
UNTIL REVIEW

HOURLY OBSERVATIONS

SEWS 24: THINK SEPSIS
If 2 or more of the following:
• Temperature >38 or <36
• Altered Mental State
• Respiratory Rate >20 breaths / minute
• Known/suspected neutropenia
• Pulse Rate >90 beats per minute
• White cell <4 or >12 AND clinical
suspicion of infection commence
“Sepsis 6 Bundle”
within 1 hour

Refer to Acute Kidney
Injury (AKI) guidelines
on staffnet

OXYGEN
CODES

A Room Air
NC Nasal Cannula
1 - 6 L/min
SM Simple Mask
5 - 10 L/min
V Venturi
24% (Blue)
28% (White)
35% (Yellow)
40% (Red)
60% (Green)
RM Reservoir Mask
15 L/min
NB Nebuliser



Tayside

REFER TO LOCAL ACTION AND ESCALATION TOOL

BIOCHEMICAL MEDICINE

DMR 374

Tayside Clinical Laboratory Services

Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: JAMIESON

Yvonne

Sex: F

PID: 1003820107

DoB: 10 Mar 1982

Lab No: C091610972

PRI Gynaecology Ward

Clinician: Dr A GORDON

PGYNW GORA1H

SODIUM	140	mmol/L	(	135-147	)
POTASSIUM	4.3	mmol/L	(	3.5-5.0	)
UREA	4.9	mmol/L	(	3.3-6.6	)
CREATININE	70	umol/L	(	44-80	)
ESTIMATED GFR	GT60	mL/min			
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
TSH	13.58 **	mU/L	(	0.4-4.0	)
FREE THYROXINE	9.9	pmol/L	(	9.9-22.0	)

Lab. Comments:

Sample is blood unless otherwise stated

Sample Date/Time
30 Oct 2009

Clin. Details: pre op bloods

Request Entered: 30 Oct 2009 12:19

Report Printed: 30 Oct 2009 13:36

REPORT RECEIVED

DOCTOR'S INITIALS

DMR 374

BIOCHEMICAL MEDICINE

Tayside Clinical Laboratory Services

Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MCLEAN

Yvonne

Sex: F

PID: 1003820107

DoB: 10 Mar 1982

Lab No: C080206893

PRI Gynaecology Ward

Clinician: Dr A GORDON

PGYNW GORA1H

TOTAL HCG	1834 >	U/L	(	non-preg.<5	)
-----------	--------	-----	---	-------------	---

Lab. Comments:

Sample is blood unless otherwise stated

Sample Date/Time
06 Nov 2008 09:00

Clin. Details: ?ECTOPIC PREGNANCY

Request Entered: 06 Nov 2008 09:16

Report Printed: 06 Nov 2008 11:14

REPORT RECEIVED

DOCTOR'S INITIALS

BIOCHEMICAL MEDICINE

DMR 374

Tayside Clinical Laboratory Services

Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MCLEAN

Yvonne

Sex: F

PID: 1003820107

DoB: 10 Mar 1982

PRI Gynaecology Ward

Clinician: Dr A GORDON

Lab No: C080206656

PGYNW GORA1H

TOTAL HCG

830 > U/L (non-preg.<5)

Lab.Comments:

Sample is blood unless
otherwise statedSample Date/Time
04 Nov 2008 14:30Clin.Details: POSITIVE PREGNANCY TEST
NO GESTATIONAL SAC

Request Entered: 04 Nov 2008 14:51

Report Printed: 04 Nov 2008 15:42

REPORT RECEIVED

DOCTOR'S INITIALS

Tayside Pathology Laboratories
Ninewells Hospital, Dundee

NON-CERVICAL CYTOLOGY REPORT

JAMIESON, Yvonne

10 Mar 1982

TC09003193

PRI Gynaecology Ward

CHI No. 1003820107

Clinician Dr A GORDON

Date Recvd 03 Nov 2009

Date Issued 03 Nov 2009

Nature of Specimen(s)

FNA Para-ovarian cyst (left side).

Clinical Information Supplied

Large cyst on ultrasound scan. Abdominal pain and dysmenorrhoea.

Macro Report

Received are 10ml yellow/brown fluid.

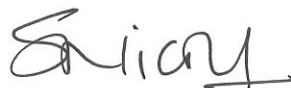
Micro Report

This sample contains a background of blood, lymphocytes and degenerate macrophages in keeping with origin from a cyst of indeterminate type.

Signature of Pathologist



Dr G Reid



Dr SM Nicoll

LM

file

THB(MR) 272

CYTOLOGY CODING	
C1	Inadequate/Unsatisfactory
C2	Benign/Negative
C3	Atypia, probably benign/equivocal
C4	Suspicious of malignancy
C5	Malignant

Page 1 of 1

PGYNW

GORA1H

ACKNOWLEDGEMENT OF RECEIPT	
WARD SECRETARY	DOCTOR
	

Tayside Pathology Laboratories
Ninewells Hospital, Dundee

BIOPSY REPORT

JAMIESON, Yvonne 10 Mar, 1982 TS09026119
PRI Gynaecology Ward CHI No. 1003820107
Clinician Dr A GORDON
Date Recvd 03 Nov 2009 Date Issued 06 Nov 2009

Nature of Specimen(s)

Left para-ovarian cyst.

Clinical Information Supplied

Large cyst right adnexa on USS. Pain abdominal plus dysmenorrhoea.
Date of LMP - 4 weeks back. Irregular.

Macro Report

The specimen comprises a ruptured thin walled cystic structure measuring 56x23x35mm in maximum diameter. The surface of the cystic structure is smooth and unremarkable. The lumen is roughened with areas of haemorrhage. No evidence of fallopian tube present. The specimen is serially sectioned and representative blocks processed (A-E). Tissue remains.

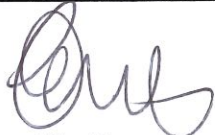
(MUNA)

Micro Report

The sections show a simple serous cyst. The external surface has a mesothelial lining, and no ovarian stroma is identified, consistent with the clinical impression of a para-ovarian cyst. No borderline changes are seen and there is no evidence of malignancy.

Left para-ovarian cyst - Serous cyst

Signature of Pathologist(s)



Professor CS Herrington
MM



ACKNOWLEDGEMENT OF RECEIPT	
WARD SECRETARY	DOCTOR
	