Emergency Department Ninewells Hospital
Consultant: Dr Colin Murray

A&E No: E0000368904
Registered By: Vikki McRobbie

Patient Details		
Patient Name: **Yvonne murphy Jamieson**		CHI: **1003820107**
Date of Birth: **10/03/1982**	Age: **40 Years**	
Sex: **Female**	Status: **Never married nor registered civil partnership**	
Religion: **Christian - Church of Scotland**	Ethnicity: **Scottish**	
Occupation:	1st Language:	
School:		
Address: **13 HATTON PLACE** **RATTRAY** **Blairgowrie** **Perthshire** **PH10 7AN** Tel: **01250 875499** Mobile: **07429174088**	Temporary Address: **N/A** Tel:	
1st Contact: **Sheena Brown** Address: **8a Tulloch Court** **Dundee** **Angus** **DD3 6LN** Tel: **07824374282** Relationship: **Aunt**	GP Details: **RD Humble** Address: **10445/1, Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, Blairgowrie, PH10 6BT** Tel: **01250 872552**	
1st Contact Notified: **Yes** (**No**)		

Attendance Details	
Complaint: **overdose**	
Arrival Date: **19/06/2022**	Arrival Time: **17:18**
Arrival Mode: **Ambulance (road)**	Source of Attendence: **999 Emergency Services**
Incident Date: **19/06/2022**	Incident Time: **13:30**
Incident Location: **Home (or other house or garden)**	
Accompanied By: **Unaccompanied**	

Nurse Assessment Details	
Assessment Nurse: **Louise Whyte**	
Triage Time: **17:34**	Pain Score:
Allergies: **Other**	
Immunisation:	
Interventions: **Assisted onto Trolley,Pressure relieving mattress in situ,Brakes on and cot side up,Red patient ID band on,EWS commenced**	
Flow Chart / Discriminator: **Overdose and poisoning / Moderate lethality**	
Manchester Triage / Streaming Decision Making: **Stream 2 - SAS - states to have taken an overdose of her own meds this afternoon. 50x50mg Topiramate and 7x150mg Quetiapine at approx 16.15. Has prev history of the same.**	
Triage Category:	**3 - Urgent**

1g 50mg 1Q
2.5g 4T

PAPERLIGHT TRIAL – CLINICAL DETAILS ON CLINICAL PORTAL

EMERGENCY DEPARTMENT NOTES, all areas v1.3

Clinician's name: D. Lee AP2 (1807)

Patient Surname: ~~Jamieson~~ Forename: YVONNE CHI: 100382 0107 Date: 19/10/0 Tim

RR 16 SpO_2 97% (on RA) T 35.3°C HR 86 BP 121/80 Glucose Ketones Wt

Escalate if concerns or NEWS greater than 7

Date	Drug name	Dose	Method of admin	Signature	Given by	Tim

Nursing interventions.

LFT
PCR

A

B

C

D

E

Use ABCDE for unstable resus room patients

Final Diagnosis: OD with suicidal intent

Treatment Plan:

→ EDOU - need medical RW @ 22:30

Discharge drugs	
Prescribed by	Given by
Outpatient clinic requested	Date Area
Left ED @ 1935	Discharged by Dr. W. Lee
Discharged to EDOU Accompanied by SN	Transport: SAS / own transport trolley

ents Name Yvonne Jamieson A-CHI 1003820107

CLINICIAN G. Booth DATE 19.6.22 TIME 19.45

19.40 Transfered onto bed independently. Water given. To be reviewed at 22.30. Pt states she has no family to collect. Will look into bus times if she gets home. GB

20
Cons Nurse 21

Sleepy but easily rousable
Obs reassuring
Keen to go home now to get last bus home
Only 5 hours post ingestion & Toxbase indicates Min - 6 hours obs.
Plan to keep overnight given Sx & social circumstances
I am happy from G perspective

SENIOR (if involved) TIME SPECIALITY TIME REFERRED

TREATMENT No ongoing specialty & has active forward planning

THB470

Patients Name _____ A-CHI _____

ONCE ONLY PRESCRIPTION

DATE	DRUG	DOSE	METHOD OF ADMIN	SIGNATURE	GIVEN BY	TIME GIVEN

Patients Name _____ A-CHI _____

DISCHARGE PROFILE

Patients Name Yvonne Jamieson A-CHI 100382 + 0107.

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

Valuables / Belongings

Patient accepts responsibility for own belongings/valuables: *Signature* _____

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.

Signed _____ Medical Practitioner Date _____

Out Patients: Date _____	Paed. Liaison HV: Y / N
_____ Time _____	
_____ Area _____	

Discharge Drugs

Prescribed by _____ Given by _____

Left AED at: Admitted 2120	Discharged by: R. Mac.
Discharged to: EDOU.	Accompanied by:

T. 35 32 R16 P. 80 S. 97% BP. 121/80

6/19/2022 Incident Number: CR008768255

Patient Information		Date:	19/06/2022
YVONNE JAMIESON		Incident Number:	CR008768255
Age/Gender:	40 years 3 months 9 days Old Female	Incident Type:	EMG
Address:	13 HATTON PLACE RATTRAY BLAIRGOWRIE,PH10 7AN	Incident Location:	13 HATTON PLACE RATTRAY BLAIRGOWRIE, PH10 7AN
DOB:	10/03/1982		
CHI:	1003820107		
Ethnicity:	White Scottish		

Scottish Ambulance Service

Presenting Complaint

OVERDOSE

Additional Comments

40yof, 999 call. O/a pt alert, police in attendance. O/e obs normal. Pt feeling shaky and dizzy. Pt admitted to the police she had taken the tablets and the police informed the ambulance service. Pt had informed her ex partner who then called the police. Pt refused BM Pt has done similar before but not for a while. Has spent time in Carseview, Murray Royal and Queen Elizabeth in Dunfermline. Strathmore surgery. home Tel. 07429174088 no next of kin

PATIENT ASSESSMENT

ACVPU	Alert		<C>	No		
A	Clear					
B	Breathing Adequately	Yes	Respiratory Rate 18		SPO2	97
C	Pulse Rate		BP		Cap Refill	ECG Rhythm
	92		127/80		<=2 Secs	Sinus Rhythm
	Rhythm		Arm		Central/Peripheral	ECG
	Reg		Right		Peripheral	3 Lead
D	GCS	Eyes	Voice		Motor	PEARL
	15	Spontaneously (4)	Orientated (5)		Obeys Commands (6)	

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
16:55	81	18	124/83	96	<=2s	15	Alert								E9887436
16:35	92	18	127/80	97	<=2 Secs	15	Alert		35.7		Sinus Rhythm				E9887436

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
16:35	18 (0)	97 (0)		0	127 (0)	92 (1)	Alert (0)	35.7 (1)	2

HISTORY

AMPLE

Allergies	MORPHINE,DICLOFENIC
Medication	Topiramate, Quetiapine, Cetirizine, Levothyroxine INHALERS
Past Medical History	Asthma, PTSD
Last Eaten	3 Hours Ago
Events Prior	PT TAKEN 60X50MG OF TOPIRAMATE AND 7X150MG QUETIAPINE AROUND 18.15. PT HAS PTSD, HAS HAD A HARD TIME RECENTLY AND FLT SHE NEEDED HELP AND FELT SUICIDAL. PT FRIEND ON BEING TOLD WHAT PT HAD DONE, CALLED THE POLICE WHO ALERTED AMB CONTROL

OTHER

Additional Resources (On Scene)

SAS Co-Responders	Police Scotland

CLOSE RECORD

Treatment On Scene: Non-Emergency

Conveyance

Transport To Hospital	Normal driving	Pre-Alert	No

INCIDENT LOG

Time Call Received	16:22	Allocated	16:24	Mobile	16:24
First Resource On Scene		Crew On Scene	16:30	Crew Left Scene	16:36
Crew At Hosp		Receiving Hospital	NINEWELLS HOSPITAL	Clear Time	

Crew ID	Crew Grade	Driver
E1001817	Ambulance Technician	YES
E9887436	Ambulance Technician	NO

YVONNE JAMIESON 13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN *GP Practice: Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT*	CHI: 1003820107 Born: 10/03/1982

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	19/06/2022	**Discharge**	20/06/2022
Specialty	Accident & Emergency	**Consultant**	Dr Julie Ronald (6073518)
From	Emergency Dept Observation Unit Ninewells Hospital	**Destination**	Home

Diagnoses

Overdose	

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear Colleague,

Mrs Jamieson attended Ninewells ED via 999 ambulance following an intentional overdose of topiramate and quetiapine. Upon arrival to the ED Mrs Jamieson was clinically stable and minimally symptomatic and so was admitted to the observation unit for a period of observation and review by psychiatric liaison.

Mrs Jamieson remained stable overnight and in the morning psychiatric liaison found her safe for discharge home with out of hours numbers and will contact Mrs Jamieson's community support team (Mel McGinn) to notify them of this admission.

Many thanks for your ongoing care,

Ninewells ED Observation Unit

Medications

Discontinued Medication

Medication Notes

Allergies

Morphine 10mg modified-release capsules	H/O: drug allergy	15/02/2012
Diclofenac potassium 25mg tablets	H/O: drug allergy	05/01/2012

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

n/a

YVONNE JAMIESON 13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN *GP Practice: Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT*	CHI: 1003820107 Born: 10/03/1982

Pharmacy

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Dr Edward Lawrence	Foundation Doctor Year 1	20/06/2022 13:05:40
Pharmacy Sign Off			
Final Sign Off	Dr Julie Ronald	Consultant	21/06/2022 13:59:58

NHS
Tayside

Emergency Department Ninewells Hospital

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

RD Humble
10445/1,Strathmore Surgery
Jessie Street, Blairgowrie, Perthshire
Blairgowrie
PH10 6BT

Dear Doctor

Miss Yvonne Jamieson
13 HATTON PLACE
RATTRAY
Blairgowrie
PH10 7AN

Date of Birth: 10/03/1982
ACHI Number: 1003820107
ED Attendance Number: E0000368904
No. of Previous Attendances: 0
Occupation:
School:
Responsible Consultant:Dr Colin Murray

The above patient attended the Emergency Department Ninewells Hospital on 19/06/2022 at 17:18 and was admitted on 19/06/2022 at 19:37. The letter has been collated by William Lee.

Diagnosis:		
Description	Body Site	Laterality
ED diagnosis - Psychiatry / toxicology - other - see frreetext		

Diagnosis Comments: Topiramate and quetiapine

Procedures:

Prescriptions:

Discharge Destination: Admission to same NHS healthcare provider / hospital - A&E Ward

Discharge Type: Admitted

Referred To:

Notes for GP:
Clinician Name: William Lee, FY2
Time: 1810

Presenting Complaint / Concern: Overdose with suicidal intent

NHS Tayside

o/a - Observations obtained,LFT done and PCR
1930 - repeat observations
1935 - handover given to EDOU forreview at 2230 ?discharge home.

Preparation for Admission by D Goodsir
Does the patient agree with the plan Y

NEWS = 1

Pt accepts responsibility for belongings/valuables Y

Nameband in situ Y RED

PVC inserted Y/N by
Site
Size

Medication placed in appropriate bag

Covid Screen Obtained Y

Pt transferred to ward on trolley/cot sides up

Escort required with pt for admission Y RN escort

NOK/relatives aware of plan for admission N - patient declined for staff to contact NOK she will contact someone herself.

Wellbeing form required N

Independent/Dependant on discharge

Yours sincerely

Emergency Department Ninewells Hospital

Emergency Department Ninewells Hospital
Consultant: Dr Andrew Bogacz

A&E No: E0000205875
Registered By: Sandra Campbell

NHS Tayside

Patient Details	
Patient Name: **Yvonne murphy Jamieson**	CHI: **1003820107**
Date of Birth: **10/03/1982**	Age: **37 Years**
Sex: **Female**	Status: **Never married nor registered civil partnership**
Religion: **Christian - Church of Scotland**	Ethnicity: **Scottish**
Occupation:	1st Language:
School:	
Address: **13 HATTON PLACE** **RATTRAY** **Blairgowrie** **Perthshire** **PH10 7AN** Tel: Mobile: **07598793992**	Temporary Address: **N/A** Tel:
1st Contact: **Sheena Brown** Address: **8a Tulloch Court** **Dundee** **Angus** **DD3 6LN** Tel: **07824374282** Relationship: **Aunt**	GP Details: **RD Humble** Address: **10445/1, Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, Blairgowrie, PH10 6BT** Tel: **01250 872552**
1st Contact Notified: **Yes / No**	

Attendance Details	
Complaint: **SELF HARM**	
Arrival Date: **06/03/2020**	Arrival Time: **01:09**
Arrival Mode: **Ambulance (road)**	Source of Attendence: **999 Emergency Services**
Incident Date: **06/03/2020**	Incident Time: **00:05**
Incident Location: **Home (or other house or garden)**	
Accompanied By: **Unaccompanied**	

Nurse Assessment Details	
Assessment Nurse: **Louise Whyte**	
Triage Time: **01:27**	Pain Score:
Allergies: **Other**	
Immunisation:	
Interventions: **Assisted onto Trolley,Pressure relieving mattress in situ,Brakes on and cot side up,Red patient ID band on,EWS commenced,12L ECG**	
Flow Chart / Discriminator: **Overdose and poisoning / Moderate lethality**	
Manchester Triage / Streaming Decision Making: **999 call, states to have taken a mixed overdose of her own medication, Lamotrigine, levothyroxin and aripiprazole.**	
Triage Category:	**3 - Urgent**

EMERGENCY DEPARTMENT NOTES (STREAM 1 & 2)

SURNAME: JOHNIESON FORENAME: YVONNE A-CHI: 1003820184 DATE: 08/03/20 Patient:

Please date/time and sign all entries

RR: 14 SPO2: 96% T: 36.3 P: 75 BP: 109/70 BM: Ketones: SIRS: Weight: 88 1st CLI

ASSESSMENT/SOCIAL HISTORY

ADL Independent/Dependent

Alert and orientated on arrival. dl Hyde

Re-Triage: Y/N Stream: Time:

INTERVENTIONS

To be completed if further nursing involvement

NEWS (1) & BP. dlw.

12ld ECG completed. dlw.

EVALUATION AND DISCHARGE PLAN

SENIC
(if invo

TREA

Suitably dressed for discharge home Y/N

ADL Independent/Dependent at discharge

PAIN/ABBEY PAIN SCORE: PPURA: EWS at discharge:

Nurse Name: Signature: Time:

3/20

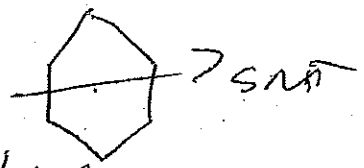
88

Patients Name Yvonne Jamieson A-CHI 1003820107

1st CLINICIAN Sinéad Roeder DATE 6/03/20 TIME 0155

37 ♀ Spontaneous overdose of:
- 7 x lamotrigine 150mg. 11.93mg/kg not toxic
- 7 x levetiracetam 100 ~~mg~~ micrograms 7.45 ~~not~~ micrograms/kg not toxic
- 14 x aripiprazole 5mg. ~~0.8~~ 0.8mg/kg Not toxic
Took at ~~0830~~ 2030. 5½ hours ago. - toxic dose 1mg/kg
Vomited twice. No longer nauseated
In last month c lamotrigine overdose.
Not coping at home.
Argued c partner.
Regrets actions
No ongoing active suicidal thoughts.

C/F
NAD



Obs RR 14 Sats 96%. Temp 36.3 HR 75
BP 109/70

ECG - sinus, reg
- QT normal

plan - ?EDOU.

PMHx
- depression
- hypothyroidism
DMx
- as ECG.
Allergy
- morphine
NR
- diclofenac.

SENIOR (if involved) Mansion TIME _____ SPECIALITY ED TIME REFERRED _____

TREATMENT OD Mixed NAD
Toxic
No ongoing intention
(P) - DC (FU)

THB470

Patients Name _____ A-CHI _____

ONCE ONLY PRESCRIPTION

DATE	DRUG	DOSE	METHOD OF ADMIN	SIGNATURE	GIVEN BY	TIME GIVEN

Patients Name _____ A-CHI _____

DISCHARGE PROFILE

Patients Name YVONNE JAMIESON A-CHI 100382. 0104

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

Valuables / Belongings

Patient accepts responsibility for own belongings/valuables: *Signature* (X) _____

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.

Signed _____ **Medical Practitioner** **Date** _____

Out Patients: Date _____	Paed. Liaison HV: Y / N
_____ Time _____	
_____ Area _____	

Discharge Drugs

Prescribed by _____ Given by _____

Left AED at: 0330	Discharged by:
Discharged to: (14)	Accompanied by: Self

NHS Tayside

NEWS KEY	0	1	2
DATE			
TIME			

NAME: Yvonne Jamieson
DOB/CHI: 100382 0107
WARD: ED
ADMISSION DATE: 6/3/20
WEIGHT

A & B	RESP RATE Write respirations	≥25 21-24 12-20 9-11 ≤8

Complete only ONE SpO2 section based on target saturations. Ensure Oxygen is prescribed on drug chart

A & B	
Scale 1 Sp02 – Target Saturations 94-98% ☐	≥96 94-95 92-93 ≤91
Scale 2 Sp02 – Target Saturations 88-92% ☐ *only use Scale 2 under the direction of a qualified clinician	≥97 on O2 95-96 on O2 93-94 on O2 ≥93 on air 88-92 86-87 84-85 ≤83%
% Inspired 02 and L/M	e.g. 60% / 8L

C	
PULSE RATE record with a • (dot) and join with a – line	150 140 130 120 110 100 90 80 70 60 50 40
C	230 220 210 200 190 180 170 160 150 140 130 120 110

NEWS SCORE
use Systolic BP
mark as shown

BLOOD PRESSURE

MARK AS SHOWN

120

OXYGEN CODES

A	Air
NC	Nasal Cannulae 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
H	Humidified Oxygen

NEWS 1-4

MIN 4 HOURLY OBSERVATIONS
INFORM REGISTERED NURSE
AGREE FREQUENCY OF OBSERVATION REQUIRED
RESPONSE WITHIN 60 MINUTES
LOW CLINICAL RISK

NEWS >5 or 3 in one parameter

MIN HOURLY OBSERVATIONS
URGENT ASSESSMENT BY MEDICAL TEAM
STRUCTURED RESPONSE
THINK SEPSIS
RESPONSE WITHIN 30 MINUTES
MEDIUM CLINICAL RISK

NEWS >7

CONTINUOUS MONITORING
URGENT ASSESSMENT BY SENIOR MEDICAL TEAM
STRUCTURED RESPONSE
CONSIDER ICU/ED
RESPONSE WITHIN 15 MINUTES
HIGH CLINICAL RISK

↓ 60	90	
	80	
	70	
	60	
	50	

D		
NEURO RESPONSE	Alert	A
ANY CHANGE IN NEURO RESPONSE COMMENCE NEURO OBS IMMEDIATE MEDICAL REVIEW	(New) Confusion	C
	Verbal	V
	Pain	P
	Unresponsive	U

E		
TEMPERATURE record with a • (dot) and join with a – line	39	
	38	
	37	
	36	
	35	
Write Actual temperature		36.3

NEWS SCORE (with all obs)	
Frequency of observations H = Hourly, M = Minutes, D = Daily	1 hour
Escalation to medical team/HAN/ANP Y / N / E (exclusion)	N
INITIAL	DS
Check patient's urine output	JI
Consider DELIRIUM – 4AT score	/
BLOOD GLUCOSE:	/
PAIN SCORE	0

NEWS >5-6
or 3 in one parameter
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

RECOGNISE PAIN
PAINAD Score for Non-Verbal Patients
Breathing
Negative vocalization
Facial expression
Body language
Consolability
Total
Pain Assessment Tool for Verbal Patients
Pain Score = 0 (No pain) to 10 (Worst pain)
If pain score is 4 or more, inform medical team and consider analgesia
Pain Assessment Tool for Non-Verbal Patients
If PAINAD score is 4 or more, inform medical team and consider analgesia
Pain Assessment Tool for Patients with Communication Difficulties
If pain score is 4 or more, inform medical team and consider analgesia

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

Neurological Observations – if included

COMA SCORE			
	Eyes Open	Spontaneously	4
		To speech	3
		To pain	2
		None	1
	Best Verbal Response	Oriented	5
		Confused	4
		Inappropriate Words	3
		Incomprehensible Sounds	2
		None	1
	Best Motor Response	Obey commands	6
		Localise pain	5
		Flexion to pain	4
		Abnormal flexion to pain	3
		Extension to pain	2
		None	1

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best response

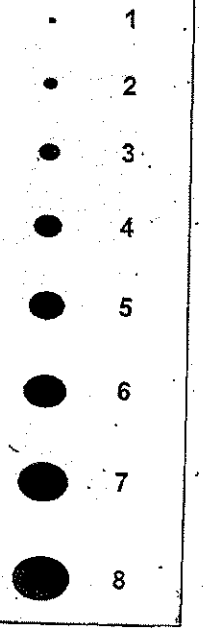
Glasgow Coma Score Total = /15

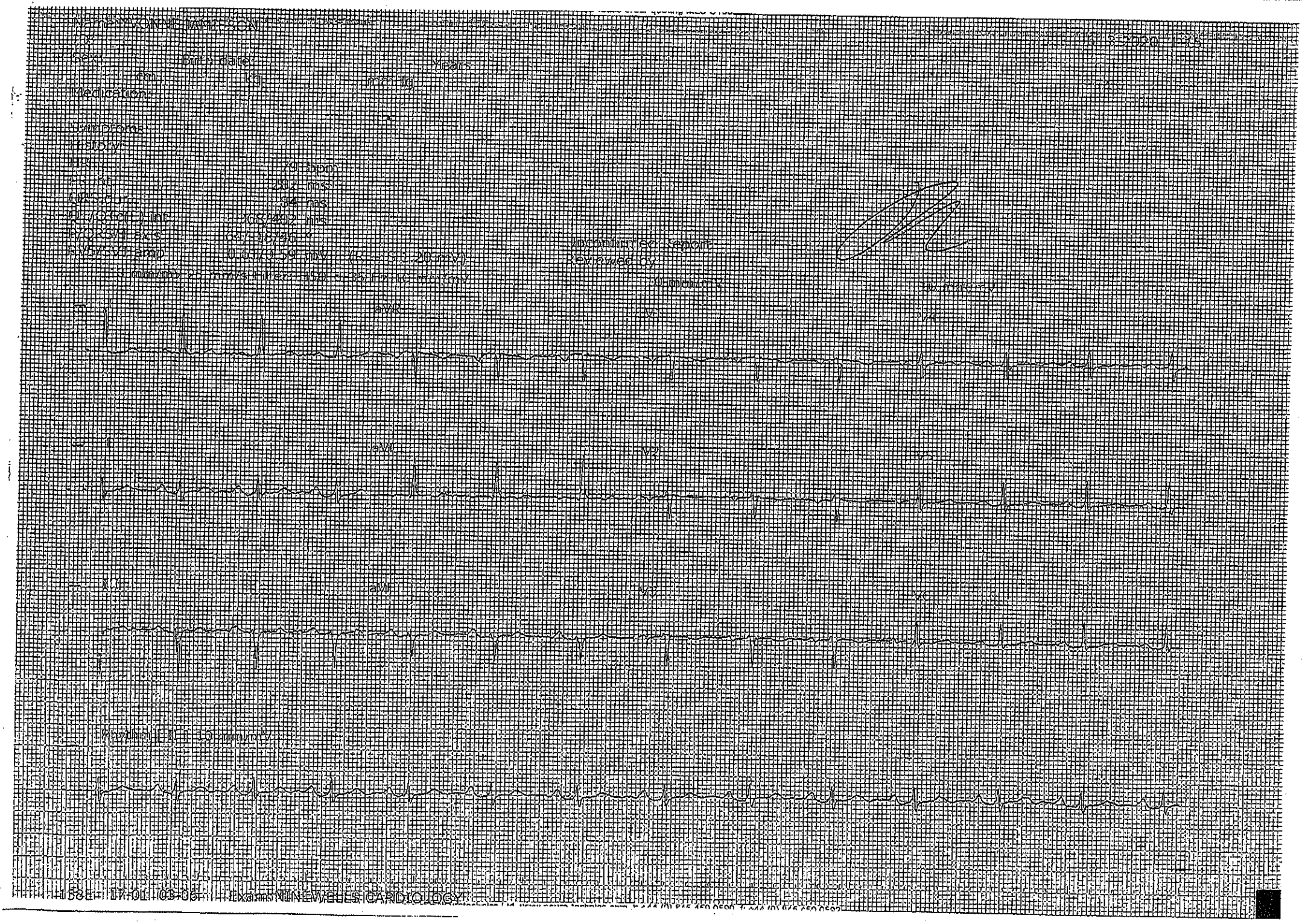
PUPILS			
	+ reacts	right	Size / Reaction
	– no reaction		
	e eye closed	left	Size / Reaction

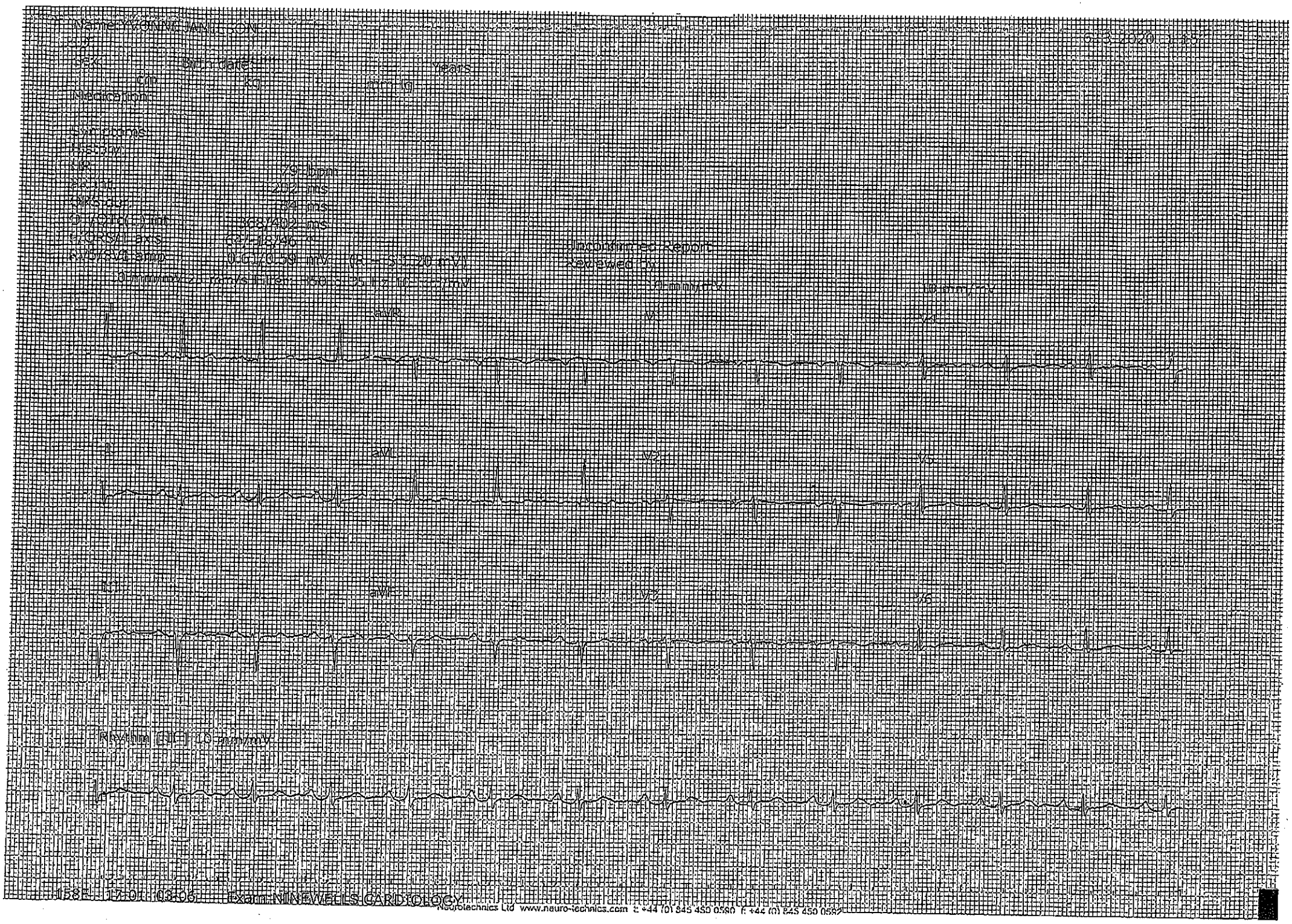
PATTERN OF LIMB MOVEMENTS		
Score 1–5 as below	right	Arm / Leg
	left	Arm / Leg

1, 2, 3 record differences in strength between limbs with movements better than types 4 and 5. 1 – normal strength. 2 – weakness. When R and L limbs are both weak but to different degrees, then 3 – weakest side. 4 – spastic/abnormal flexion. 5 – extension

PUPIL SCALE (mm)




Name
Birth date
Years
cm
kg
Medication
Symptoms
History
Interpretation
Reviewed by
aVR
V1
aVL
V2
aVF
V3
V4
V5
V6
II
Rhythm
Examination


Name:YVONNE JANU
Sex
Cm
Kg
Medication:
Unconfirmed Report
Reviewed by
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
Rhythm (II) 10 mm/mV
Exam:NINEWELLS CARDIOLOGY

Patient Information

YVONNE JAMIESON

Age/Gender:	37y Old Female
Address:	13 HATTON PLACE RATTRAY BLAIRGOWRIE,PH10 7AN
DOB:	10/03/1982
CHI:	1003820107
Ethnicity:	

Date:	05/03/2020
Incident Number:	CR006334144
Incident Type:	EMG
Incident Location:	45 FERGUSON PARK RATTRAY BLAIRGOWRIE, PH10 7AU

Scottish Ambulance Service

Presenting Complaint

O/D OF PRESCRIBED MEDS

Additional Comments

PT SEPARATED FROM LONG TERM PARTNER TODAY. SHE TOOK AN O/D OF OWN MEDS AT ABOUT 2030 TONIGHT. SHE WENT TO A FRIENDS HOUSE, THEY CALLED NHS24 AMBULANCE CALLED. TAKEN LAMOTRIGINE 150MG X 7: LEVOTHYROXINE 100 MG X 7: ARIPIPRAZOLE 5MG X 14. TAKEN WITH MILK. NO ALCOHOL. HAS VOMITED X 2 SINCE. EATEN SOME TOAST SINCE. O/A LYING ON SETEE O/E FEELS DROWSY AND LIGHT HEADED. BP SYSTOLIC BELOW 100. PT NOT SURE WHAT HER NORMAL BP IS. ADMISSION FOR O/D OF SAME MEDS IN JAN 2020

PATIENT ASSESSMENT

AVPU	Alert		<C>	No	
A	Clear				
B	Breathing Adequately: Yes		Respiratory Rate: 16	Oxygen Given: No	
C	Pulse Rate: 80	BP: 94/67	Cap Refill: <=2 Secs	ECG Rhythm: Sinus Rhythm	
	Rhythm: Reg	Arm: Right	Central/Peripheral: Peripheral	ECG: 3 Lead	
D	GCS	Eyes	Voice	Motor	PEARL: Yes
E					

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
00:30	78	18	100/69	100	<=2s		Alert		36.3		Sinus Rhythm				E0014567
00:20	82	16	94/66	100	<=2s	15	Alert		36.6		Sinus Rhythm				E0014567
00:10	80	16	94/67		<=2 Secs		Alert		36.4	4.7	Sinus Rhythm				E0014567

NEWS

Time	Clinical Risk	NEWS
00:30	LOW Immediate Clinical Risk. Treat as per Clinical Practice Guidelines including considering the use of alternative pathways (if appropriate and available).	2
00:20	LOW Immediate Clinical Risk. Treat as per Clinical Practice Guidelines including considering the use of alternative pathways (if appropriate and available).	2
00:10	LOW Immediate Clinical Risk. Treat as per Clinical Practice Guidelines including considering the use of alternative pathways (if appropriate and available).	2

HISTORY

AMPLE

Allergies	MORPHINE.
Medication	LEVOTHYROXINE, ARIPIPRAZOLE, LAMOTRIGINE, SALBUTAMOL INHALER
Past Medical History	Asthma, BIPOLAR DISORDER
Last Eaten	2 Hours Ago
Events Prior	SPLIT WITH PARNER

MEDICAL

Overdose

Mode Of Poisoning	Ingested,
OD Poisoning Substance Type	ANTIPSYCHOTIC, ANTICONVULSANT,
Poisoning Date	05/03/2020
Poisoning Time	20:30
Substance Amount	7 X 150MG LAMOTRIGINE; 14 X ARIPIPRAZOLE 5MG

CLOSE RECORD

Treatment On Scene	Non Emergency

Conveyance

Transport To Hospital	Normal driving	**Pre Alert**	No

INCIDENT LOG

Time Call Received	22:03	**Allocated**	23:58	**Mobile**	00:00
First Resource On Scene		**Crew On Scene**	00:06	**Crew Left Scene**	00:26
Crew At Hosp		**Receiving Hospital**	NINEWELLS HOSPITAL	**Clear Time**	

Crew ID	Crew Grade	Driver
E0018775	Ambulance Technician	YES
E0014567	Paramedic	NO

NHS Tayside

Emergency Department Ninewells Hospital

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

RD Humble
10445/1,Strathmore Surgery
Jessie Street, Blairgowrie, Perthshire
Blairgowrie
PH10 6BT

Dear Doctor

Miss Yvonne Jamieson
13 HATTON PLACE
RATTRAY
Blairgowrie
PH10 7AN

Date of Birth: 10/03/1982
ACHI Number: 1003820107
ED Attendance Number: E0000205875
No. of Previous Attendances: 1
Occupation:
School:
Responsible Consultant:Dr Andrew Bogacz

The above patient attended the Emergency Department Ninewells Hospital on 06/03/2020 at 01:09 and was discharged with no follow up on 06/03/2020 at 04:28. The letter has been collated by Dr Simon Roeder.

Diagnosis:		
Description	Body Site	Laterality
ED diagnosis - Psychiatry / toxicology - other - see frreetext		

Diagnosis Comments: Overdose of levothyroxine, aripiprazole, lamotrigine. Non-toxic for all. No concerning features. No ongoing suicidal thoughts.

Procedures:

Prescriptions:

Discharge Destination: Residential institution - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:

NHS
Tayside

Yours sincerely

Emergency Department Ninewells Hospital

Emergency Department Ninewells Hospital
Consultant: Dr Liz Skelly

A&E No: E0000198323

Registered By: Allison Grant

NHS Tayside

Patient Details	
Patient Name: **Yvonne murphy Jamieson**	CHI: **1003820107**
Date of Birth: **10/03/1982**	Age: **37 Years**
Sex: **Female**	Status: **Never married nor registered civil partnership**
Religion: **Christian - Church of Scotland**	Ethnicity: **Scottish**
Occupation:	1st Language:
School:	
Address: **13 HATTON PLACE** **RATTRAY** **Blairgowrie** **Perthshire** **PH10 7AN** Tel: Mobile: **07598793992**	Temporary Address: **N/A** Tel:
1st Contact: **Sheena Brown** Address: **8a Tulloch Court** **Dundee** **Angus** **DD3 6LN** Tel: **07824374282** Relationship: **Aunt**	GP Details: **RD Humble** Address: **10445/1, Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, Blairgowrie, PH10 6BT** Tel: **01250 872552**
1st Contact Notified: **Yes / No**	

Attendance Details	
Complaint: **OVERDOSE**	
Arrival Date: **29/01/2020**	Arrival Time: **15:43**
Arrival Mode: **Ambulance (road)**	Source of Attendence: **999 Emergency Services**
Incident Date: **29/01/2020**	Incident Time: **14:30**
Incident Location: **Home (or other house or garden)**	
Accompanied By: **Unaccompanied**	

Nurse Assessment Details	
Assessment Nurse: **Gill Morgan**	
Triage Time: **15:45**	Pain Score:
Allergies: **Other**	
Immunisation:	
Interventions: **Assisted onto Trolley,Pressure relieving mattress in situ,Brakes on and cot side up,Red patient ID band on,EWS commenced,Procedure explained and reassurance given**	
Flow Chart / Discriminator:	
Manchester Triage / Streaming Decision Making: **999 pt has taken 7 x 100mg at approx 14.30 pt states feeling suicidal house unkempt previous od**	
Triage Category:	**3 - Urgent**

EMERGENCY DEPARTMENT NOTES (STREAM 1 & 2)

SURNAME: JAMIESON FORENAME: YVONNE A-CHI: 1003820107 DATE: 29/1/20

Please date/time and sign all entries

RR: 16 SPO2: 97 T: 37 P: 74 BP: 124/82 BM: Ketones: SIRS: Weight:

ASSESSMENT/SOCIAL HISTORY ADL – Independent/Dependent

Lives alone

Re-Triage: Y/N Stream: Time:

INTERVENTIONS

To be completed if further nursing involvement

1720

Pt for transfer to EDOU for observation until 1900 then review.

Repeat obs. – NEWS – 0.

730 – ARRIVED EDOU HARD copy with RIO at 1900.

Friend present ——— Minutes.

EVALUATION AND DISCHARGE PLAN

Ambulance booked for Transfer to CARSEVIEW 6238154.

Patients happy & understanding of further assessment needs.

2105 – Discharged to carseview at 2105 with ambulance crew x2. Yvonne satisfied to go and has informed partner

Suitably dressed for discharge home Y/N

ADL Independent/Dependent at discharge

PAIN/ABBEY PAIN SCORE: PPURA: EWS at discharge:

Nurse Name: LINDA THAM Signature: Time: 2115

Patients

1st CLIN

37 F

- Table
- frien
- Take
- No
- Feeli
- Regur and
- Back
- GT r
- Han

ENIOR (if involved)

REATMEN

19:10 W

/20

Patients Name YVONNE JAMIESON A-CHI 1003820107

1st CLINICIAN I·KIBRIA DATE 29/01/2020 TIME 16:30

(37) F · Intentional overdose of 7x 100mg Lamotrigine tablets.

· Tablets taken around 15:00 today after argument with friends & family - taken to end life.

· Taken spontaneously, not planned, no note left.

· No paracetamol taken, no levothyroxine / any other medications.

· Feeling drowsy currently from overdose & slightly nauseated, no vomiting.

· Regrets taking tablets though is unsure if she would try to take another overdose at home.

· Background of bipolar, previous overdoses, normally sees Dr Feeley.

· QT not prolonged on ECG.

· Hypothyroid
· Asthma

· PMH: Bipolar, depression

· DH: · Lamotrigine
· Levothyroxine

· Toxbase informed medical assessment required if >20mg/kg.
· Patient will be less but is symptomatic

· Plan 1) 5hr rlw
2) ? bloods.
- U&E, creatinine, LFTs, FBC, CK

900 N

SENIOR C. MUNRO TIME 17:00 SPECIALITY A&E. TIME REFERRED
(if involved)

TREATMENT

· Agreed it is below toxic level though will require 4hr observations until ~ 19:00 today.

· No bloods required though will need referral to crisis team.

· Plan 1) Admit to EDOU

19° well, seeing Letter, has F/U.

5

Rx/Repeat Rx - 1+ (N) → CARESview

THB470

Patients Name _____ A-CHI _____

ONCE ONLY PRESCRIPTION

DATE	DRUG	DOSE	METHOD OF ADMIN	SIGNATURE	GIVEN BY	TIME GIVEN

- i.heaney@nhs.net.
- Referred patient to crisis team, happy to see though will be a slight delay.
- Notes to be sent to the address above.

– I.Kibria FY1

Patients Name _____ A-CHI _____

DISCHARGE PROFILE

Patients Name YVONNE JAMIESON A-CHI 1003820107

Drugs:	Brought in by Patient (Y) / N	Removed from Patient Y / N
	Returned to Patient Y / N	Transferred to ward (Y) / N
	Other	

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.

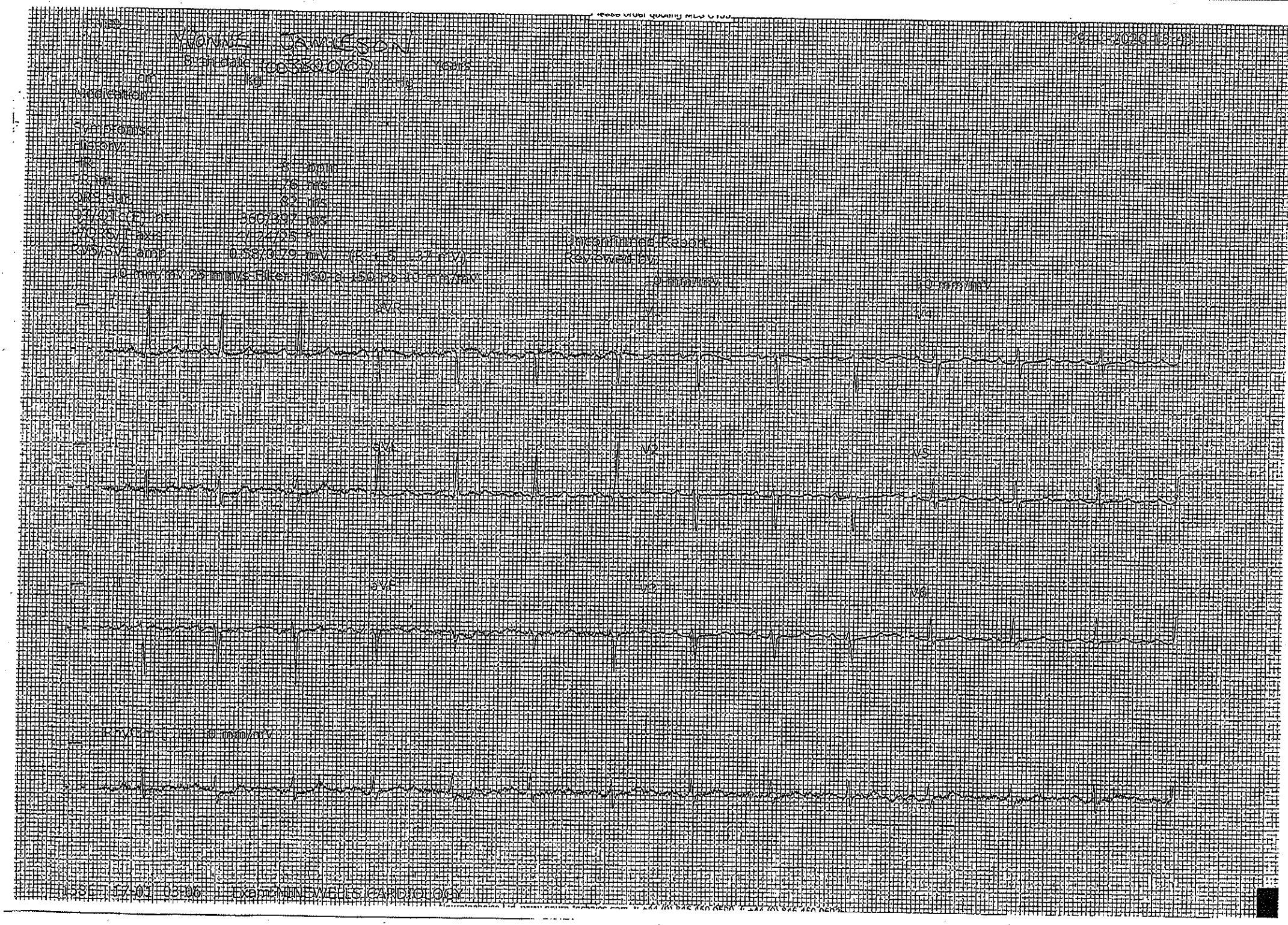
Signed _____ Medical Practitioner Date _____

Out Patients: Date _____	Paed. Liaison HV: Y / N
_____ Time _____	
_____ Area _____	

Discharge Drugs

Prescribed by _____ Given by _____

Left AED at: 2105 → CARSEVIEW CRISIS TEAM	Discharged by: [illegible]
Discharged to: 2105 → CARSEVIEW	Accompanied by: AMBULANCE CREW


Yvonne Lawleson
Birthdate (06/30/1961) Years
Female
Medications:
Symptoms:
Interval
HR 82 bpm
PR Int 176 ms
QRS dur 82 ms
QT/QTc(B) int 360/397 ms
P/QRS/T axes 77 24 25
RV5/SV1 amp 0.58/0.79 mV (RS=1.37 mV)
10 mm/mV 25 mm/s Filter: H50 c 150 b 35 m/mV
Unconfirmed Report
Reviewed by:
10 mm/mV
aVR
V1
V4
aVL
V2
V5
aVF
V3
V6
II rhythm 10 mm/mV
1585 17-01 03:06 Exam by NEWELLS CARDIOLOGY

NHS Tayside

NEWS KEY	0	1	2	3

NAME: YVONNE JAMIESON
DOB/CHI: 100382 0107
WARD: A+E
ADMISSION DATE: 29/1/20
WEIGHT

	DATE		29/1/20	
	TIME		1546	1739
A & B		≥25		
RESP RATE		21-24		
Write respirations		12-20	16	16
		9-11		
		≤8		
Complete only ONE SpO2 section based on target saturations. Ensure Oxygen is prescribed on drug chart				
A & B		≥96	97	96
Scale 1		94-95		
Sp02 – Target Saturations		92-93		
94-98% ☐		≤91		
Scale 2		≥97 on O2		
Sp02 – Target Saturations		95-96 on O2		
88-92% ☐		93-94 on O2		
		≥93 on air		
		88-92		
*only use Scale 2 under the direction of a qualified clinician		86-87		
		84-85		
		≤83%		
A B OXYGEN MODE			A	A
% Inspired 02 and L/M		e.g. 60% / 8L		28
C		150		
		140		
PULSE RATE		130		
		120		
record with a • (dot)		110		
and join with a – line		100		
		90		
		80		
		70	79	73
		60		
		50		
		40		
C		230		
		220		
NEWS SCORE use Systolic BP mark as shown		210		
		200		
		190		
BLOOD PRESSURE		180		
		170		
MARK AS SHOWN		160		
		150		
120		140		
		130	124	119
		120		140

OXYGEN CODES

A	Room Air
ND	Nasal Cannula 2-6 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
H	Humidified Oxygen

NEWS 1-4

MIN 4 HOURLY OBSERVATIONS
INFORM REGISTERED NURSE
AGREE FREQUENCY OF OBSERVATION REQUIRED
RESPONSE WITHIN 60 MINUTES
LOW CLINICAL RISK

NEWS >5 or 3 in one parameter

MIN HOURLY OBSERVATIONS
URGENT ASSESSMENT BY MEDICAL TEAM
STRUCTURED RESPONSE
THINK SEPSIS
RESPONSE WITHIN 30 MINUTES
MEDIUM CLINICAL RISK

NEWS ≥7

CONTINUOUS MONITORING
URGENT ASSESSMENT BY SENIOR MEDICAL TEAM
STRUCTURED RESPONSE
CONSIDER ICU
RESPONSE WITHIN 15 MINUTES
HIGH CLINICAL RISK

| | | |

NAME: DOB/CHI:	WARD: ADMISSION

FLUID CH

Bottle No.	FLUID			RATE OF FLOW (ml/hr)	BATCH No.	ADDITIONS (sign here if dru added subsequer
	SITE	TYPE	AMOUNT ml			

24hr clock	INTAKE in ml			OU	
	IV	ORAL	Running Total	urine	vomit

Preliminary Pressure Ulcer Risk Assessment (PPURA)

The following 4 questions must be completed with ALL patients within 6 hours of admission or for community staff, on the day of admission to the service.
Re-assessment required if the patient condition changes including the day of major surgery

		(please write Yes/No below)
1	Requires assistance and or aids to regularly relieve any pressure area (includes heels/head etc.) Cannot or will not move independently. OR on an operating table for > 2hrs?	
2	Incontinent - urine or faeces in contact with the skin?	
3	BMI <18.5 or >40 / patient appears malnourished?	
4	Pressure Ulcer Grade 1 - 4	
Date		
Time		
Initial		

If Y
adı
If N
pla

DA
TIN

PF
DA

DATE:

24 Hour Management Document

ART

s ly)	BATCH No.	USE 24hr CLOCK START	USE 24hr CLOCK FINISH	Prescribed by (Doctor signature)	Administered by (Signature) 1	Administered by (Signature) 2

UT in ml

aspirate	drain	stool	COMMENTS

take (ml) Output (ml) Total (ml)

SEE EPUAP PRESSURE ULCER CLASSIFICATION 2009

to any question raise the PUP treatment plan and carry out a full asssment within 6 hours of admission (or day of sion to the DN service). **Theatre staff to complete Plan D**

o any question re-assess each shift, or a change in clinical condition then record on traffic lightd and implement **Treatment**

&	Pressure ulcer on admission Y N Source of Ulcer _____ (home other ward/hospital)	Initiate PUP Treatment plan B or C and raise a wound care plan for grade 2 and above pressure ulcers Treatment plan _____ (A B C) Date _____

SSURE ULCER RECORD

TIME	Ulcer Location	EPUAP Grade	Record on AIM any stage 2 if developed in your area, also if the pressure ulcer was present on admission from another area and no record in the notes **state incident reference** number(s) and date	Initials

THB62

Patient Information

YVONNE JAMIESON

Age/Gender:	37 years 10 months 19 days Old Female
Address:	13 HATTON PLACE RATTRAY BLAIRGOWRIE,PH10 7AN
DOB:	9/03/1982
C	
E:	ite British
L	

Date:	29/01/2020
Incident Number:	CR006237472
Incident Type:	EMG
Incident Location:	13 HATTON PLACE RATTRAY BLAIRGOWRIE, PH10 7AN

Scottish Ambulance Service

Presenting Complaint

E

Additional Comments

99 ...L FOR P/T OVERDOSE. P/T ADMITTED TO TAKEN 7*100MG LAMOTRIGINE AT APPROX 14:30. P/T ALSO INDICATED IT WAS HER INTENTION TO KILL HERSELF AS FEELING OVERWHELMED. P/T HOUSE ALSO IN AN UNKEMPT STATE WITH DOG FAECES ALL OVER THE CARPET.

PATIENT ASSESSMENT

AVPU	Alert		<C>			
A	Clear					
B	Breathing Adequately: Yes		Respiratory Rate 16	SPO2 97		
	Oxygen Given: Yes					
C	Pulse Rate: 86	BP: 121/90	Cap Refill: <=2 Secs	ECG Rhythm: Sinus Rhythm		
	Rhythm: Reg	Arm: Right	Central/Peripheral: Peripheral	ECG: 3 Lead		
D	GCS: 15	Eyes: Spontaneously (4)	Voice: Orientated (5)	Motor: Obeys Commends (6)	PEARL	
E						

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
14:55	86	16	121/90	97	<=2 Secs	15	Alert				Sinus Rhythm				E9888846

NEWS

Time	Clinical Risk	NEWS
14:55		0

HISTORY

AMPLE

Allergies	None
Medication	LAMOTRIGINE, LEVOTHYROXINE
Past Medical History	BIPOLAR
Overdose	Unknown
Last Eaten	Within Past Hour
Events Prior	FEELING OVERWHELMED TOOK OVERDOSE

Social History

Lives alone	No	Living With	SON	Patient Occupation	Does Not Work,
Patients General Appearance	UNKEMPT				
Patient Mobility	Fully Mobile,				

Patient Communication	No Help Required,
Patient Clinical Risk Factors	None Identified,
Patient Enviromental Risk Factors	Unkempt Living. DOG FAECES IN CARPET

Safeguarding

Safeguarding History	Poor State Of Cleanliness,
Safeguarding Signs/Concerns	Neglect,

Safeguarding Assessment	Adult >= 18	Suicide Attempted	Patient

MEDICAL

Overdose

Mode Of Poisoning	Ingested,
OD Poisoning Substance Type	LAMOTRIGINE,

Poisoning Date	29/01/2020	Poisoning Time	14:00
Substance Amount	700MG		

Mental Health

Suicide Plan	Yes Lethal:Don't Know
Signs/Symptoms	Suicide Attempt,
Known To Services	Community Psychiatric Nurse,
Known Conditions	NIL

CLOSE RECORD

Treatment On Scene	Non Emergency

Conveyance

Transport Mode	Normal driving	Pre Alert	No

INCIDENT LOG

Time Call Received	14:41	Allocated	14:43	Mobile	14:43
First Resource On Scene		Crew On Scene	14:51	Crew Left Scene	15:01
Crew At Hosp		Receiving Hospital	NINEWELLS HOSPITAL	Clear Time	

Crew ID	Crew Grade	Driver
E0000037	Paramedic	YES
E9888846	Paramedic	NO

NHS
Tayside

Emergency Department Ninewells Hospital

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

RD Humble
10445/1,Strathmore Surgery
Jessie Street, Blairgowrie, Perthshire
Blairgowrie
PH10 6BT

Dear Doctor

Miss Yvonne Jamieson
13 HATTON PLACE
RATTRAY
Blairgowrie
PH10 7AN

Date of Birth: 10/03/1982
ACHI Number: 1003820107
ED Attendance Number: E0000198323
No. of Previous Attendances: 0
Occupation:
School:
Responsible Consultant:Dr Liz Skelly

The above patient attended the Emergency Department Ninewells Hospital on 29/01/2020 at 15:43 and was admitted on 29/01/2020 at 17:30. The letter has been collated by Dr Imran Kibria.

Diagnosis:		
Description	Body Site	Laterality
ED diagnosis - Psychiatry / toxicology - Antidepressant overdose		

Diagnosis Comments: Patient ingested 7*100mg lamotrigine tablets at 15:00 today after argument with friends/partner. Taken to end life, now regretfull though is unsure if she would attempt to overdose again if she was discharged home. Not planned, did not leave a note. Feeling drowsy and nauseated since taking tablets. ECG normal, no QT prolongation. Dose is sub-toxic and therefore does not require bloods taken. For observation in EDOU until 4hr post-ingestion.

Procedures:

Prescriptions:

Discharge Destination: Admission to same NHS healthcare provider / hospital - A&E Ward

Discharge Type: Admitted

Referred To:

Notes for GP:

NHS
Tayside

Yours sincerely

Emergency Department Ninewells Hospital

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 660111

www.nhstayside.scot.nhs.uk

Yvonne Jamieson
3 Woodley Caravan Park
Arbroath
DD11 2QJ

Date	10/11/2010
Your Ref	
Our Ref	PL/BP/ **1003820107**
Enquiries to	Mrs Britta Peters :
Extension	32959
Direct Line	01382 632959
Email	britta.peters@nhs.net

Dear Ms Jamieson

Yvonne Jamieson, 3 Woodley Caravan Park, Arbroath, DD11 2QJ DOB: 10/03/1982

I am very sorry to hear about the sad loss of baby Travis-Clayton. I would like to offer you the opportunity to return and discuss the events around delivery. I have arranged an appointment for you to attend The Outpatient Department **(downstairs**) at Arbroath Royal Infirmary on

Thursday, 9 December 2010 at 11.45

If this appointment does not suit please contact Beverley Crighton on 01241 822536 to arrange an alternative day.

Yours sincerely

Authorised on 10/11/2010 14:28:59 by Pauline Lynch.

Dr Pauline Lynch
Consultant Obstetrician & Gynaecologist

EPAC SUMMARY **Verbal consent to:** Pelvic exam/TV scan Chaperone: ..... Signed: ..... ity Hospitals – P.R.I.

NAME: Yvonne McLean. CHI: 1003820107

ADDRESS: 1F Menzies Ct Perth. GP: Dr Auld/Dutton. Rec. Whitefriars

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 trimethoprim before positive preg. test. → now on Nitrofurantoin. 6+6

Last Thursday. Cramps

Br. Tenderness Thyroxine Omeprazole folic Acid Asthma

LMP Date: 18.9.08.	
Parity: 1 + 0. SB/NND: EDD by scan	Gestation by Scan:
Pregnancy Test Y/N Positive Y/N	Smoker Y/N
1st Positive Test (Date) 25.10.08	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
	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 : Aravinis / D McKee		Further Action : - Decidua to have blood taken.
Signature: _____		
If appropriate---Checked by_____		G.P. Letter / Scan Report

13:20 FH2 HUNTER Patient initially refused test. - explained importance of blood test. incase of ectopic. as no sac in uterus. with thickened endometrium - or was hysterical. & left without test.

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

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

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

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 advice & aware she may be T/F to Ninewells if they feel she needs to be assessed.

M. Forbes

5/11/08 Contacted Ninewells this am - was admitted there overnight & awaiting scan this morning

M. Forbes.

TH8.(MR) 3

DATE	
6/11/08	Attended today for BHCG (3). Pain persists but not any worse. 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 - IU sac Yolk sac large cyst 7x8cm Rescan 19.11.08 Awais
19.11.08	Attended for scan. Nausea ++ + retching ++. TAS/TVS: IU single pregnancy 6/52 FH seen. Urinalysis - Neg ketones D/W Doctor - does not require IV fluids but to have IM Stemetil + then left home on oral Stemetil. 10.15: IM Stemetil 12.5mg given. 2 co-codamol given. MForbes
12.45hrs.	Discharged home. FARick. Follow-up at booking MForbes.

HISTORY/CONTINUATION SHEET

Gyn ..... UNIT/WARD/DEPT.

Ward/Clinic/Hosp. Jamieson ..... AG Cons.

Surname . MCLEAN
First Name YVONNE M
Address .. 1f Menzies Court
Fairfield Avenue
PERTH
PH1 2TD
G.P. & Add DR BM REILLY

1003820107 C.H.I. No.
M. Stafe
F Sex
USE BLOCK LETTERS OR PATIENT LABEL
14249

Page .....

DATE

10/9/09.

AGE 27 CYCLE 5.7/28.
PARITY P1+1 2/0 SMEAR - 1yr back NAD
L.M.P. 2.9.09 CONTRACEPTION _ Ind.
~~URINALYSIS~~
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 - SOL
VE - UI NS, cyst occupying POD ~ 7.8cms.

S/B Dr. Gordon.

for Laparoscopy - cystectomy +/- oophorectomy
Theatre - 4.11.09
prep - friday prior to theat.

VG
Vidonni
8950 x 4

Consent for Investigation, Treatment or Operation

NHS Tayside

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

1003820107

ALASDAIR DUTTON

Hospital & Ward: Ninewells PRI

Speciality: .....

Consultant: D'Gecon

(USE BLOCK LETTERS OR PATIENT LABEL)

TYPE OF INVESTIGATION, TREATMENT OR OPERATION

(USE BLOCK CAPITALS WITH NO ABBREVIATIONS)

LAPAROSCOPIC CYSTECTOMY (CYST REMOVAL)
+/- OOPHRECTOMY (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: [signature] Date 30/10/09

Print Name: J. Ca Grade Cons

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 JAMIESON **(Block Capitals)**

Date 20/10/05

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

NHS
Tayside

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 – dilitation & curretage
EUA – examination under anaesthetic
IUCD – intra uterine contraceptive device
IUD – intra uterine death
PID – pelvic inflammatory disease
RSO – right salpingo oopherectomy
LSO – left Salpingo oopherectomy
USO – Unilateral salpingo oopherectomy
BSO – bilateral salpingo oopherectomy
TAH – total abdominal hysterectomy
STAH – sub total abdominal hysterectomy
LAVH – laparscopic 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 gondatrophin
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
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Varience/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	
Above Average	1	Tissue Paper	1	Cardiac Failure	5	Below Waist		Female	2	=
Obese	2	Dry	1	Peripheral Vascular	5	Spinal	5	14 – 49	1	10 + AT RISK
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	15+ HIGH RISK
		Discoloured	2					75 – 80	4	
		Broken Spot	3					80+	5	20+ VERY HIGH RISK
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	3
Catheterised/Incontinent of faeces	2	Apathetic	2	CVA	4-6	High Dose		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 1003820107
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

ALASDAIR DUTTON

Age: 27

Phone: 07923084854

Presenting Complaint: Abdo pain

DIAGNOSIS: Ovarian cyst

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 (9) 7 years first.

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: 18 Menzies Court Perth.

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
History of MRSA YES (NO)
If yes, Date Screened:

If positive, date patient informed

Infection Control instructions Given (YES) / NO

P.M.H. IUD 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 bothered 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 2/12/09
Post menopausal: ---
Contraception: None
HRT: ✓

OBSERVATIONS ON ADMISSION

Blood pressure: 108/75
Temperature: 37.4
Pulse: 60
O2 sats: 99% (Air)
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: Neg

TEETH

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

STORAGE OF MEDICATION

Taken Home	O
Drug Trolley	✓
POD	O
CD Cupboard	O
N/A	O

DISCHARGE PLAN

SUPPORTED CARE REQUIRED: Yes O No O

Ie Nursing Home; Residential; Sheltered; Care Manager; Social Work Referral.
Specify Action

Date: 30 10 09 Sign: A Todd

TRANSPORT: To be arranged Neighbour

Is patient able to travel with carers/relatives? Yes O No O

If No, what type of hospital transport required?

1 or 2 Man Ambulance: Ref No: Yes O No O

Hospital Taxi Yes O No O

If Yes, Relatives/Carers informed Date: 30·10·09 Sign: A Todd

PATIENT MEDICATION

Patients own medication returned	N/A O	Yes O	No O
Patient require additional medication		Yes O	No O
Script written – Date:		Yes O	No O
Script in Pharmacy – Date:		Yes O	No O
To Take Out (TTO) dispensed from ward		Yes O	No O
Medicine given to Patient / Carer		Yes O	No O

Date: 3/11/09 Sign:

REFERRALS Details

Practice Nurse	Yes O	No O
District Nurse	Yes O	No O
OPD	Yes O	No O
Other:	Yes O	No O

Date: 3/11/09 Sign:

DOCUMENTATION

Transfer Letter	Yes O	No O
District Nurse Letter	Yes O	No O
Practice Nurse Letter	Yes O	No O
GP Letter (script)	Yes O	No O
Complete Audit / Patient Questionnaire	Yes O	No O

Date: 3/11/09 Sign:

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

Ie Nutrition; Mobilising O; TED Stockings O; Exercises O; Return to Work O; Housework O; Contact GP for Counselling Services O; Driving; Travel O; Other O _____

Signature of Discharging Nurse:	Signature of Patient:
A Todd	Y. Jamieson

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

1003820107

ALASDAIR DUTTON

Name: _____ CHI: _____

MEDICAL ASSESSMENT *COMPLETED BY DOCTORS*	SIGN	DATE/TIME	COMMENTS/INFORMATION
Results available for:			
FBC ✓ U&E ✓	A Todd	30.10.09	SOM ✓
Group & Save ✓	Todd		
CA 125			
LFT'S			
Others ✓ P. TFT	A Todd	30.10.09	
ECG ✓	A Todd	30.10.09	Demo ✓
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: PMI GYNAE

Named Nurse/Midwife: _____

Date: 2/11/09

Patient's Name: JAMIESON
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
DOB/CHI: ___ PH1 2TD

1003820107

Signature: ___ ALASDAIR DUTTON

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 if sko	5
Heavy Sedation C/S up	5
Prone to falls to ward	(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	
30/10/09	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: 30/10/9

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 Mod-alcohol

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

Thyroxine 75 mcg, Citalopram 20mg od

Allergies: NKDA

Menstrual Cycle: LMP: Start Oct '09 Lo due

HRT - Specify:

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 + [redacted], no radiation
No oedema
mid-diastolic murmur

Abdo SNT
BS ++

Calves SNT


Chest clear

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 Thrombopropylaxis is required?

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

Signed: [signature] COOPER

Date: 30/10/9

Time: 12:00

ADDRES[illegible]

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	~~YES~~ /NO
PATIENTS IDENTITY CORRESPOND WITH THEATRE LIST?	YES /NO
TIME LAST ATE	am 8.00 ~~pm~~
TIME LAST DRANK	10.30 am // pm *
PRE-MED Specify	YES/ NO / ~~NA~~
CONSENT FORM SIGNED	~~YES~~ / NO
DENTURES /CROWNS/LOOSE TEETH – denture point provided	YES / NO / ~~NA~~
PROSTHESIS REMOVED	YES / NO / ~~NA~~
MAKE –UP /NAIL VARNISHED REMOVED (from fingers and toes)	YES / NO / ~~NA~~
UNDERWEAR REMOVED	~~YES~~ / NO
JEWELLERY TAPED/REMOVED (in safe keeping)	~~YES~~ / NO
OTHER BODY PIERCINGS (Tongue, umbilicus, eyebrow, nose lip.etc.)	YES / NO / ~~NA~~
CASENOTES /X-RAYS/LAB RESULTS TO THEATRE	~~YES~~ / NO
TED STOCKINGS if required	~~YES~~ / NO / NA
ALLERGIES NOTED:	YES / ~~NO~~
PASSED URINE /RESIDUAL CKECKED (if required)	~~YES~~ / 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) 4.5 Cuffed. Spontaneous / I.P.P.V. _____

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

Monitoring

E.C.G. ✓ 3 lead BP ✓ Right Arm Sa02 ✓ 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 / ~~OOA~~ G. Clark

Diathermy Machine Valleylab Pad Neutralect

Carmed Carmed

Record placement of pads below:

Left thigh Right thigh Other

Mode: Monpolar Bipolar Tripolar

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: _____

NINEWELLS HOSPITAL
WOMEN AND CHILD HEALTH CLINICAL GROUP

PATIENT ACTION CARE PLAN

METHODS OF MOVING AND HANDLING

INTO BATH OR SHOWER

Handling Aid		Manual Support		Supervision of Patient		Patient Independent		No bath or shower	
Ambulift		People 1		2		Additional Information			
Hoist						✓			
Shower Chair									
Other									

TRANSFERS (Including to/from bed: Wheelchair)

Handling Aid		Manual Support		Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People 1		2		Additional Information			
Slide Sheets						✓		✓	
Transfer board									
Other									

TOILETING (Includes on/off bedpans)

Handling Aid		Manual Support		Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People 1		2		Additional Information			
Slide Sheets								✓	
Chair Slide									
Other									

MOVING UP/DOWN BED

Handling Aid		Manual Support		Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People 1		2		Additional Information			
Slide Sheets						✓		✓	
Hand Block									
Rope Ladder									
Other									

SIT UP OVER SIDE OF BED

Handling Aid		Manual Support		Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People 1		2		Additional Information			
Rope Ladder						✓		✓	
Slide Sheets									
Other									

Other Instructions:

Assessors Signature: M Todd

Date Assessed: 30.10.09 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: _____

20.10.09 @ 11.15hrs. Yvonne attended today for pre-clerking.

ASA 1 E/N.

Theatre gynae.

Procedure performed: LAPAROSCOPIC PARA OVARIAN CYSTECTOMY.

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 CHIROCAINE 5MG/ML
Amount: 20MLS.

Additional Information:

LAP BASIC
ID - 006074 2009/10/26 PGYN426
NHS Tayside

FORCEP LAPAROSCOPE BABCOCK (111713)
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.

RECOVERY SUMMARY / EVALUATION

(CARE AS PER CORE CARE PLAN HELD IN DEPARTMENT)

DATE		SIGNATURE
2.11.09	please see recovery room care plan	HR

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

1003820107

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

Ward Round:
Time: ALASDAIR DUTTON

Signature:

Varience	Nursing	SIGN	TIME	EVALUATION / PROGRESS
1.	Operation explained			
2.	Observations stable	MF	1700.	½ - 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 Sips of water.
6.	Pain score <2	MF	1700.	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
Hot pack in situ.
M. Forbes

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

21.00: Settled evening
Temp 37° - due paracetamol at 10pm
Tolerated tea + supper
Up to toilet but HNPU as yet.
Not uncomfortable. MForbes

23⁰⁰ HPU.
Paracetamol 1g given for elevated
temp 37.8. Fan insitu PDonald

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

1003820107

1st post-operative Day

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

ALASDAIR DUTTON

Ward Round:

Time: 1m 1 Laparoscopic assist cystectomy

Temp 2 ~ 38°C

Shunt well.

→ Check Hg. Hbb transfusion.

Signature:

Varience	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	NIL
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.AM	Little assistance needed
11.	Oral hygiene performed	MA	9.AM	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	9.9AM	8\3
Additional comments				
Other Disciplines involved in care				
Counselling Leaflets given, Please specify				

PHYSIOTHERAPY	COMMENTS/SIGN

Pt RIA

LAPAROSCOPIC OVARIAN CYSTECTOMY

0700 Codiene given for discomfort c/n. with good effect.

Temp 37.5 at 0600 - Paracetamol 1g given.

P Ward

0830 S/B Dr. Gordon Lap explained

Breakfast given. Temperature to be monitored prior to discharge.

M Collins.

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

1003820107

post-operative Day

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

Ward Round: ALASDAIR DUTTON

Time:

Signature:

Varience	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

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

1003820107

.....
..... C.H.I. No.
.....
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:

ADMISSION MEDICATION			ACTION		Note: Unless indicated to stop/hold, medication should be continued on TPAR/discharge.
Name	Dose	Frequency	Hold	Stop	Comments (if medication held or stopped)

Non-prescription medications, herbal medications and illicit drugs:

Adverse reactions/Allergies

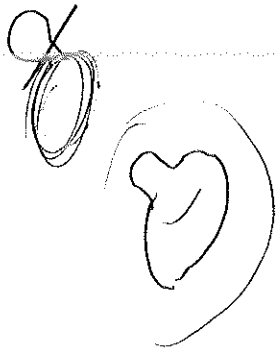
Drug / Substance:	Reaction:	Drug / Substance:	Reaction:	Or No Known Drug Allergies ☐

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:



NHS TAYSIDE SYMPTOMATIC RELIEF PRESCRIBING AND ADMINISTRATION DOCUMENT

NHS Tayside

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 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	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

Medicine	Dose/Frequency	Clinical indication	Exclusion	Precautions /Advice
[6.] Micolette Micro enema-5mL Rectal	1 enema at any one time **Maximum 1 enema in 24 hours**	Constipation	Allergy Patients with acute gastro-intestinal obstruction Patients with inflammatory or ulcerative bowel disease Neutropenic patients Patients receiving radiotherapy to the pelvic area Antenatal patients	Excessive use causes diarrhoea Avoid use in patients with Thrombocytopenia
[7.] Maalox Suspension (aluminium containing product) Oral	20mL, 20 mins. - 1 hour after meals or before bedtime	Dyspepsia	Allergy Use with caution in patients with severe renal impairment Avoid giving to patients who are prescribed ciprofloxacin or tetracyclines Patients with gastro-intestinal inflammation Patients receiving radiotherapy	May impair the absorption of other medicines
[8.] Peppermint Water Oral	10mL at any one time.	Flatulence	Allergy	
[9.] Simple Linctus (sugar free) Oral	10mL at any one time	Irritating cough	Allergy	
[10.] Merocets Lozenges cetylpyridinium Oral	1 lozenge at any one time.	Sore throat	Allergy	
[11.] .Sodium Chloride 0.9% bladder Washout Via urinary catheter	**Maximum 1 instillation in 24 hours**	Maintenance of indwelling urinary catheter	Allergy	
[12.] Anusol Cream Topical	Apply to anal area after bowel movement	Relief of uncomplicated haemorrhoids	Allergy	Patients receiving radiotherapy to pelvic or rectal area

Administration Record

NAME..... D.O.B. / CHI No..... Prescriber's signature.....Date.....

Date	No.	Time	Signature	Date	No.	Time	Signature	Date	No.	Time	Signature	Date	No.	Time	Signature

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: 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

Printed by tjohnston1\ldap.thb.scot.nhs.uk on 30/10/2009 14:13:03

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 GORA1H

HGB	11.2	L g/dL	(12.0-16.0)	WBC	6.8	x10^9/l	(4.0-11.0)
RBC	4.08	x10^12/l	(3.8-4.8)	NE#	4.8	x10^9/l	(2.0-7.5)
HCT	0.357	L	(0.37-0.47)	LY#	1.5	x10^9/l	(1.5-4.0)
MCV	87.5	fl	(80-96)	MO#	0.4	x10^9/l	(0.2-0.8)
MCH	27.5	pg	(27-32)	EO#	0.08	x10^9/l	(0.0-0.4)
MCC	31.4	L g/dl	(32-36)	BA#	0.0	x10^9/l	(0.0-0.1)
				PLT	185	x10^9/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

Printed by tjohnston1\ldap.thb.scot.nhs.uk on 30/10/2009 14:12:51

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

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

1003820107

PF1

ALASDAIR DUTTON

FOR PHARMACY USE

Checked by:

.....

Clinical Pharmacist

Patient Counselled:

.....(Initials)

Medicines Required On Ward

Date.....

Time.....

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

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

16:00

PM

.....Hosp./Inf.

To Dr. .....

.....

.....

HOSPITAL: ..... WARD/CLINIC: .....

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

1003820107

ALASDAIR DUTTON

Y Y | | | | | | C.H.I. No.

.....

..... 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: 2/11/08
(if appropriate)

** Delete as appropriate*

Type of Admission: Elective /Emergency / Urgent / Transfer

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	3/11/8	Gynae	[illegible]	Home			

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: OVARIAN CYST

PRINCIPAL OPERATION / PROCEDURES: LAPAROSCOPIC PARA OVARIAN CYSTECTOMY.

OTHER CONDITIONS:

1, ...
2. .....
3. .....

OTHER OPERATIONS / PROCEDURES:

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

Days	MEDICINE TREATMENT ON DISCHARGE NAME OF MEDICINE	DOSE	Times of Administration (Mark √) 8 10 12 14 16 18 20 22 24	DURATION OF TREATMENT	DISPENSED BY PHARMACY Number	Brand Names (for information only)
	Cocodamol 30/500	2 tab	√ √ √ √		30	
	* No changes to regular meds *					

....1st Fold....

7 days supply will be dispensed unless stated otherwise in box provided

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

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

INFORMATION / ADVICE TO PATIENT	☐ YES ☐ NO IF YES, SPECIFY	KNOWN ALLERGIES:
CARE ARRANGEMENTS ON DISCHARGE (TICK BOX)	NONE ☐ DISTRICT NURSE ☐ SOCIAL WORK ☐ HOME HELP/ RELATIVES ☐	

FOLLOW-UP APPOINTMENT	DATE	TIME	CLINIC	DELETE AS APPROPRIATE GIVEN / TO BE SENT	RESULTS AWAITED: YES ☐ NO ☐ IF YES, SPECIFY:

FOR FURTHER INFORMATION CONTACT: DR Gynae (NAME) CNS (STATUS) .....(TEL NO)

Signature: ..... Status: FY2

.... AG ..... Consultant Date: 30/10/8

Dispensed By: .....
Checked By: .....
Date: .....

Final Distribution:

WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

THB(MR)26
4 Part Set

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. / Batch No.	Time Begun / Expected Completion Time	Started By / Added By Initials	Added By Initials	PUMP ID	RECORD OF INFUSION (Please use 24 hour clock when recording time)	Actual Completed TIME/ DATE
A	2/11/09	Hartmans Solution	1000	IV	1h	[signature]	09H19 TIL	13.50	GC			Time / Vol. Inf. / Vol. Left / Initials	
B	2/11/09	Hartmans Sol	1000	I.V.	TH	[signature]	09901 TIL	1525	HC			Time / Vol. Inf. / Vol. Left / Initials	
C												Time / Vol. Inf. / Vol. Left / Initials	
D												Time / Vol. Inf. / Vol. Left / Initials	
E												Time / Vol. Inf. / Vol. Left / Initials	
F												Time / Vol. Inf. / Vol. Left / Initials	
G												Time / Vol. Inf. / Vol. Left / Initials	
H												Time / Vol. Inf. / Vol. Left / Initials	

KNOWN DRUG SENSITIVITY or ADVERSE REACTION

1. None known. 2. 3.

SURNAME	FORENAMES	DATE OF BIRTH	UNIT NUMBER	HEIGHT	WEIGHT	HOSPITAL	WARD	CONSULTANT
JAMIESON	Yvonne	100382	0107			PRI		

PMR191

DAILY FLUID BALANCE CHART

Date: 2.11.09

24 Hr Clock Time	INTAKE in ml.		OUPUT in ml.						COMMENTS
	I.V.	ORAL	Urine	Vomit	Aspirate	Fistulae	Drain	Stool	
1525	1000								
2315			400	Pt Refd					
0815			PU						
0600			PU						

RECOVERY ROOM CARE

ASSESS EVERY 15 MINS.

B.M. STICK [ ] **PRE-OP. BP**

DATE 2/11/9 TIME	15 25	15 30	15 35	15 40	15 50	16 00	16 15	16 35	16 35
O. THERAPY a/min.	10L	10L	5L	5L	5L	5L	5L	5L	5L
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



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 – SpO_2 ↓ ? spasm bagged by Dr Mok – SpO_2 ↑
Routine observations as above. Sips H_2O 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.

NURSING CARE PLAN

THEATRE RECOVERY

Drinking
Communicating
Breathing
Pain Control

Maintaining a Safe Environment
Sleeping
Controlling Body Temperature
Emotional Aspects

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

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION
RECORD START DATE 2/4/08

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward: PRS Ground Up

Consultant: DR GORDON

On admission:
Weight: **Height:**

Patient Name: JAMIESON YVONNE

CHI number: 1003820107

Date of Birth:

1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

(Attach printe

ALASDAIR DUTTON

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSF

Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
2/4/08		1					

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

1.	2.	3.	4.
NKDA			

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	

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.

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						

AS REQUIRED THERAPY

Medicine / Form: SALBUTAMOL		Date										
		Time										
Dose & Frequency: 2 puff PRN	Route: INH 2/11/09	Dose										
		Initials										
Signature: [illegible]	Start Date: ~~[illegible]~~	Date										
		Time										
Indication / Notes: SOB/wheeze	Pharmacy	Dose										
		Initials										

Medicine / Form: Codeine		Date	2/11/9	2/11/9								
		Time	1625	2300								
Dose & Frequency: 30-60mg	Route: PO	Dose	60mg	60mg								
		Initials	CG	RN								
Signature: NOK	Start Date: 2/11/09	Date										
		Time										
Indication / Notes: 4° PRN Pain MAX	Pharmacy: 240mg/24	Dose										
		Initials										

Medicine / Form: Ondensetron		Date										
		Time										
Dose & Frequency: 4mg 8°PRN	Route: IV/IM	Dose										
		Initials										
Signature: NOK	Start Date: 2/11/09	Date										
		Time										
Indication / Notes: N+V	Pharmacy	Dose										
		Initials										

Medicine / Form: cyclizine		Date										
		Time										
Dose & Frequency: 50mg 8°PRN	Route: IV/IM	Dose										
		Initials										
Signature: NOK	Start Date: 2/11/09	Date										
		Time										
Indication/ Notes: N+V	Pharmacy	Dose										
		Initials										

Medicine / Form: Oromorph		Date										
		Time										
Dose & Frequency: 10mg 1°PRN	Route: PO	Dose										
		Initials										
Signature: NOK	Start date: 2/11/09	Date										
		Time										
Indication / Notes: pain	Pharmacy	Dose										
		Initials										

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

REGULAR THERAPY

Date →
Time ↓

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

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

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

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

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

Medicine / Form		Time
Dose	Route	6
Signature	Start Date	8
Pharmacy		12
		14
		18
		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
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3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date → / Time ↓	2/11/09	3/11/09
6		
8	✓	✓
12		
14		
18		
22		

Medicine / Form: CITALOPRAM
Dose: 20mg
Route: PO
Signature: [illegible]
Start Date: ~~3/11/09~~ 2/11/09
Pharmacy:

Medicine / Form: LEVOTHYROXINE
Dose: 75 microgram
Route: PO
Signature: [illegible]
Start Date: ~~3/11/09~~ 2/11/09
Pharmacy:

	6	8	12	14	18	22
		✓				

Medicine / Form: SERETIDE 250
Dose: 2 puff
Route: INH
Signature: [illegible]
Start Date: ~~3/11/09~~ 2/11/09
Pharmacy:

	6	8	12	14	18	22
		✓			✓	

Medicine / Form: Paracetamol
Dose: 1g
Route: IV/PO
Signature: MOK
Start Date: 3/11/09
Pharmacy:

	6	8	12	14	18	22
		RD	@ NM 1400		MF	RD

Medicine / Form:
Dose:
Route:
Signature:
Start Date:
Pharmacy:

	6	8	12	14	18	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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

| | | |

SUMMARY:

Start Time:

Finish Time: GA/IPPV/ETT

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 keep SpO_2 >94% hours

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

Frequency: ..... Duration: .....

Other observations/comments:

Invasive Monitoring and Lines: Routine + ECG

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:

Ondensetron 4mg IV/IM 8° PRN NTV

Dexamethazone 8mg IV 24° PRN NTV

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

Diclofenac

Signature: MOK Name: MOK

RECOVERY ACTIONS:

1. 2mgs I.V. Morphine given @ 1546 Hrs H Cochrane
2. 2mgs I.V. Morphine given @ 1551 Hrs H Cochrane (6mgs
3. 2mgs I.V. Morphine given 1558 Hrs H Cochrane)
4. .....
5. .....
6. .....

RECOVERY TO WARD HANDOVER:

FILE IN NOTES

THB MR 135

ANAESTHETIC RECORD NHS TAYSIDE

Ward / Clinic / Hospital PNI Gynae Dr. Gumbley Cons.

Date: 2/11/09 Ward: Gynae

Theatre: Gynae

Operation Proposed: Laparoscopy cystectomy +/- oophorectomy

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

1003820107

ALASDAIR DUTTON

C.H.I. No. Y Y

M. State

Sex

USE BLOCK LETTERS OR PATIENT LABEL

PRE OP ASSESSMENT

By: MOK Site: Date: 30/10/09

Elective ☐ Scheduled ☐ Urgent ☐ Emergency ☐

Weight/BMI: 134 (29) Pulse: 66 Blood Pressure: 108/75

CVS/RS:

- prev. GA
- FHx
- F+w.
- Asthma → Hospital admission
- Reflux

Other:

Airway Assessment:

NPII.
Neck O.K
MO 2-3FB

FBC ✓ (N) **U&E** ✓ (N) eGFR > 60 **Other** **G&S / XMATCH** (Y) N

Units .....

ECG / CXR ✓ (N) SR,

ASA Grade: **PONV Score:** **Consent for Operation** ☐ .....

Drugs: citalopram 20mg. thyroxine

Allergies: NKDA.

DVT Prophylaxis? YES / NO Method: TEDS

Anaesthetic Plan / Techniques discussed: GA.

Warn: 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 (CMS)

1. MOK
2.

Assistant:

Consultant: .....

Informed Y / N

ANAESTHETIC TECHNIQUE:

INJECTION SITE:

DRUGS & DOSES: 20G D E H
16G D P H

MDZ 2
Alfent. 500 + 500
propofol 130
atracurium 35.
ondensetron 4
cyclizine 50.
Paracetamol. 1g

EQUIPMENT CHECKS: Circuit, Machine & Monitor

Anaesthetic Room ☐ Theatre ☐

AIRWAY AND BREATHING SYSTEM:

Facemask ☐ SV ☐ Circuit ①

Airway - Oral/Nasal ☐ IPPV ☑ Ventilator Primus

LMA/OETT/NETT/Trache Ventilation Mode: VC/PCV

Type ____ V_T 500

Size 7.5. frequency 12

Laryngoscopy Grade: II Throat Pack ☐

PEEP 5. 16 — 20 ↑ HD

P_{AW} ____

HME ☐ pneumo peri

REGIONAL:

BLOCK:

POSITION:

SITE:

NEEDLE/CATH:

TECHNIQUE:

DRUGS:

MONITORING:

ECG	☑	PNS	☑
NIBP	☑	TEMP	☑
SpO_2	☑	URINE	☐
$ETCO_2$	☑	IABP	____
F_iO_2	☑	CVP	____
ET Agent	☑	PAWP	____
VENT ALARM	☑	ODM	____
PAW	☑	Other	____
MIN VOL	☑	Other	____

EVENTS:

1 GA
2 KTS
3 Neo/glyco
4
5
6
7
8
9
10

Patient Position & Protection: + head down

Fluid Warmer: X

Warming Blanket: ☑

I.V. FLUIDS

① CSL 1000

TIME: 30 45 1400 15 30 45 1500 15 30 45 15 30 45 15 30 45 15 30 45

Events: ① ② ③

Morphine 5

TEMP °C: 37.2 37.4

SpO_2	95	98	99	99	99	99	99
F_IO_2 (O_2+N_2O)	RA 1.0		0.6	0.5	0.5	0.5	
E_TCO_2			4.8	4.7	4.6	4.6	
Agent Sevo		1.9	1.9	2.1	2.1	2.2	
CVP							
Urine							
FLUIDS	①						

SpO_2 / Pain / Sedation / Nausea

Jamison
Yuenko.

23.865

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION _____
RECORD START DATE _____

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward:

Consultant:

On admission:
Weight: **Height:**

MCLEAN 1003820107
YVONNE M
1f Menzies Court
Fairfield Avenue
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

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
19/4/05	1015	Prochlorperazine	12.5mg	IM.	AEGH	10.15	MForbes
19/11/08	1035	co-CODAMOL	30/500	2tabs	PO	AEGH	10.40	MFORBES

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	

REGULAR THERAPY

Date →
Time ↓

| Medicine / Form | | Time | | |

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.

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																					
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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																					

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										

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										

REGULAR THERAPY

Date →
Time ↓

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

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

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

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

Medicine / Form			6	8	12	14	18	22
Dose	Route							
Signature	Start Date							
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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

Time																										
6																										
8																										
12																										
14																										
18																										
22																										

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

Time																										
6																										
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18																										
22																										

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

Time																										
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Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

Time																										
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Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

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

General Comments

Medicine	Dose/Frequency	Clinical indication	Exclusion	Precautions /Advice
[6.] Micolette Micro enema-5mL Rectal	1 enema at any one time **Maximum 1 enema in 24 hours**	Constipation	Allergy Patients with acute gastro-intestinal obstruction Patients with inflammatory or ulcerative bowel disease Neutropenic patients Patients receiving radiotherapy to the pelvic area Antenatal patients	Excessive use causes diarrhoea Avoid use in patients with Thrombocytopenia
[7.] Maalox Suspension (aluminium containing product) Oral	20mL, 20 mins. - 1 hour after meals or before bedtime	Dyspepsia	Allergy Use with caution in patients with severe renal impairment Avoid giving to patients who are prescribed ciprofloxacin or tetracyclines Patients with gastro-intestinal inflammation Patients receiving radiotherapy	May impair the absorption of other medicines
[8.] Peppermint Water Oral	10mL at any one time.	Flatulence	Allergy	
[9.] Simple Linctus (sugar free) Oral	10mL at any one time	Irritating cough	Allergy	
[10.] Merocets Lozenges cetylpyridinium Oral	1 lozenge at any one time.	Sore throat	Allergy	
[11.] .Sodium Chloride 0.9% bladder Washout Via urinary catheter	**Maximum 1 instillation in 24 hours**	Maintenance of indwelling urinary catheter	Allergy	
[12.] Anusol Cream Topical	Apply to anal area after bowel movement	Relief of uncomplicated haemorrhoids	Allergy	Patients receiving radiotherapy to pelvic or rectal area

Administration Record

NAME..Yvonne Jamieson..... D.O.B. / CHI No..1003820197.. Prescriber's signature.....Date...30/10/9..

Date	No.	Time	Signature	Date	No.	Time	Signature	Date	No.	Time	Signature	Date	No.	Time	Signature

THB(MR) 024SR

NHS TAYSIDE SYMPTOMATIC RELIEF PRESCRIBING AND ADMINISTRATION DOCUMENT

NHS Tayside

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 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

Staff should use SBAR in all communications relating to clinical matters.

Definition
- **S ituation**
- **B ackground**
- **A ssessment**
- **R ecommendations**

Early Warning Score 4 or more or new red risk
or **concern with a patients condition**

Early Warning Score 6 or more
or **rapidly deteriorating patient**

▼

Inform Nurse in Charge Immediately
Establish Urgency of Clinical Situation
Initiate Treatment/Intervention

▼

Nurse in Charge unable to initiate Treatment/Intervention

▼

Determine level of clinician required
Contact Clinician/ HAN Practitioner
State the appropriate response time
based on urgency of clinical situation

▼

Clinician/HAN Practitioner unable to provide
Review/Treatment within required response time
or Patient Deteriorating

▼

Call appropriate Registrar for immediate review

▼

Patient re-assessed and
treatment initiated

NO →

Registrar unable to
attend immediately
or SEWS increases by 2 or more

▼

Patients clinical condition/score improves

NO →

Call appropriate Consultant.
Consider ICU
referral/review of treatment plan

▼

Continue treatment and
SEWS scoring as required

Pain Assessment & Management Guidelines

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

THBMR-149

NHS Tayside

SBAR Record

Date	Time	Situation / Background	Recommendation / Action	Initials

Management Plan / Local Exclusions

Date	Management of SEWS Observations	Signed

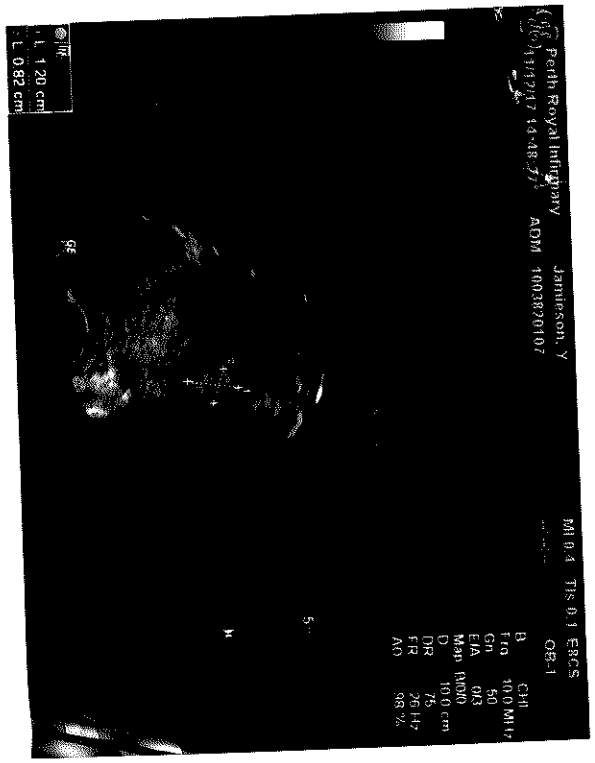
SEWS KEY 0 | 1 | 2 | 3

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.: 01/07/00382

WARD: PMI Gynae
ADMISSION DATE: 2/11/08

DATE:	8/10										
TIME:	01	17	30	18	30	19	22	23	06	10	
RESP. RATE 36+											36+
31 - 35											31 - 35
21-30											21-30
9 - 20	✓	✓	16				15	14	14	✓	9 - 20
≤ 8											≤ 8
SpO_2 93+	99		97				100	100	100	98	93+
90 - 92											90 - 92
85 - 89											85 - 89
< 85											< 85
Inspired O_2% %	A		3L				A	A	A	A	%
TEMP 39°											39°
38°											38°
37°											37°
36°											36°
35°											35°
34°											34°
SEWS SCORE uses Systolic BP 210											210
200											200
190											190
180											180
170											170
160											160
150											150
140											140
130											130
BLOOD PRESSURE 120											120
110	108		107				102		98	115	110
100											100
90											90
80	75										80
70			61							71	70
60											60
50											50
HEART RATE > 170											> 170
160											160
150											150
140											140
130											130
120											120
110											110
100											100
90											90
80											80
70											70
60											60
50											50
40											40
30											30
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
BG											BG
PAIN (guidance for scoring and management overleaf) 3											3
2											2
1											1
0	0		0				0	0	0	0	0
NAUSEA SCORE (0-3)	0		0				0	0	0	0	NAUSEA SCORE
Initial	YK		YK				AT	AT	AT	AT	Initial



SIEMENS

MULTISTIX 8 SG REPORT

Name Yvonne Jamieson Date 6/6.

Ward Gynae 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. ☐	g/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 ☐	8 ☐	LARGE 16 ☐	
GLUCOSE 30 seconds	NEG. ☐	mmol/L 5.5 TRACE ☐	14 + ☐	28 ++ ☐	55 +++ ☐	≥111 ++++ ☐	

PE NOS?

X600270 MP&D

Date at 14 weeks Latex Allergy yes / no Verbal consent for TVS

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

NAME: Yvonne Jamieson CHI: 100382 ~~0102~~ 0107.

ADDRESS: Flat 56
Grampian court.
Creiff Rd.
Perth.

GP: 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 Bleeding Y/N: Pain Y/N: Other Y/N:

PV bleeding last night.

trophon
11/12/2017 13:55 SN:21633-024
Disinfection: PASS Cycle #: 1088
Indicator: PASS FAIL
Operator: AY VP
Probe:
Notes: 100382 0107

LMP Date: 23/10/17.

Parity: 3 + ☐ – 1 child only SB/NND: ☐ EDD by scan Gestation by Scan:

Pregnancy Test Y/N Positive Y/N	Smoker Y/N
1st 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: Os Open Os Close Products of Conception Y/N: Sent to Pathology:	HVS: Endocervical Smear: Chlamydia:

Signature..... 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

Synae UNIT/WARD/DEPT.

Ward/Clinic/Hosp. Synae Cons.

D D M M Y Y
10 05 82 01 07 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

Page

DATE

11/12/17 Shcg = 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 question. Harold

THB.(MR) 3

HISTORY/CONTINUATION SHEET

UNIT/WARD/DEPT.

Ward/Clinic/
Hosp. Cons.

D D M M Y Y
160382 | 07 C.H.I. No.

Surname JAMIESON
First Name YVONNE M. State
Address Flat 56 GRAMPIAN COURT Sex
CLIFF ROAD PERTH

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

USE BLOCK LETTERS OR PATIENT LABEL

DATE

Page

050117 S 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 & BHCG 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. HG=1.

R- Discussed above with Dr Hutton GP. Yvonne has an appointment 050118 to see GP. Has extensive psychiatric history & is currently on Mirtazapine.

CMKrown
CMKrown
SHO

THB.(MR)3A

notes requested

HISTORY/CONTINUATION SHEET

PRI EAC ..... UNIT/WARD/DEPT.

Ward/Clinic/
Hosp. ..... Cons.

D D M M Y Y
10038201107 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

Page .....

DATE	
31/18	11.12.17 HCG <1
	Still pos pT.
0945	BHCG sent. AWarris
	BHCG < 1
	Discussion with Yvonne and her sister. Reassured not pregnant.
	AWarris

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

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

End of report

Report Details: Authorised | **View:** Original

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

Surname: MCLEAN
Forename: YVONNE M
Address:

Cons / GP:
Perth
Tullylumb Terrace
Perth

Sex: Female
CHI: 1003820107
SNBTS Patient Ref.No. 2104109

Ward: Gynae.
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 of Sample: 04/11/2008

Date Reported: 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 63260

Name: MCLEAN Yvonne Sex: F PID: 1003820107 DoB: 10 Mar
Lab No: H08
N/W Ward 36 Clinician: Dr P. AGUSTSSON N36 A

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
Lab No: C085
N/W Ward 36 Clinician: Dr P. AGUSTSSON N36 AG

TOTAL HCG	887	>	U/L	(non-preg.<5)

Lab.Comments: Sample is bl
otherwise st

Sample Date/
05 Nov 2008

Clin.Details: ? ectopic

Request Entered: 05 Nov 2008 01:15 Report Printed: 05 Nov 2008 02:00

Report Details: Authorised | **View:** Original

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

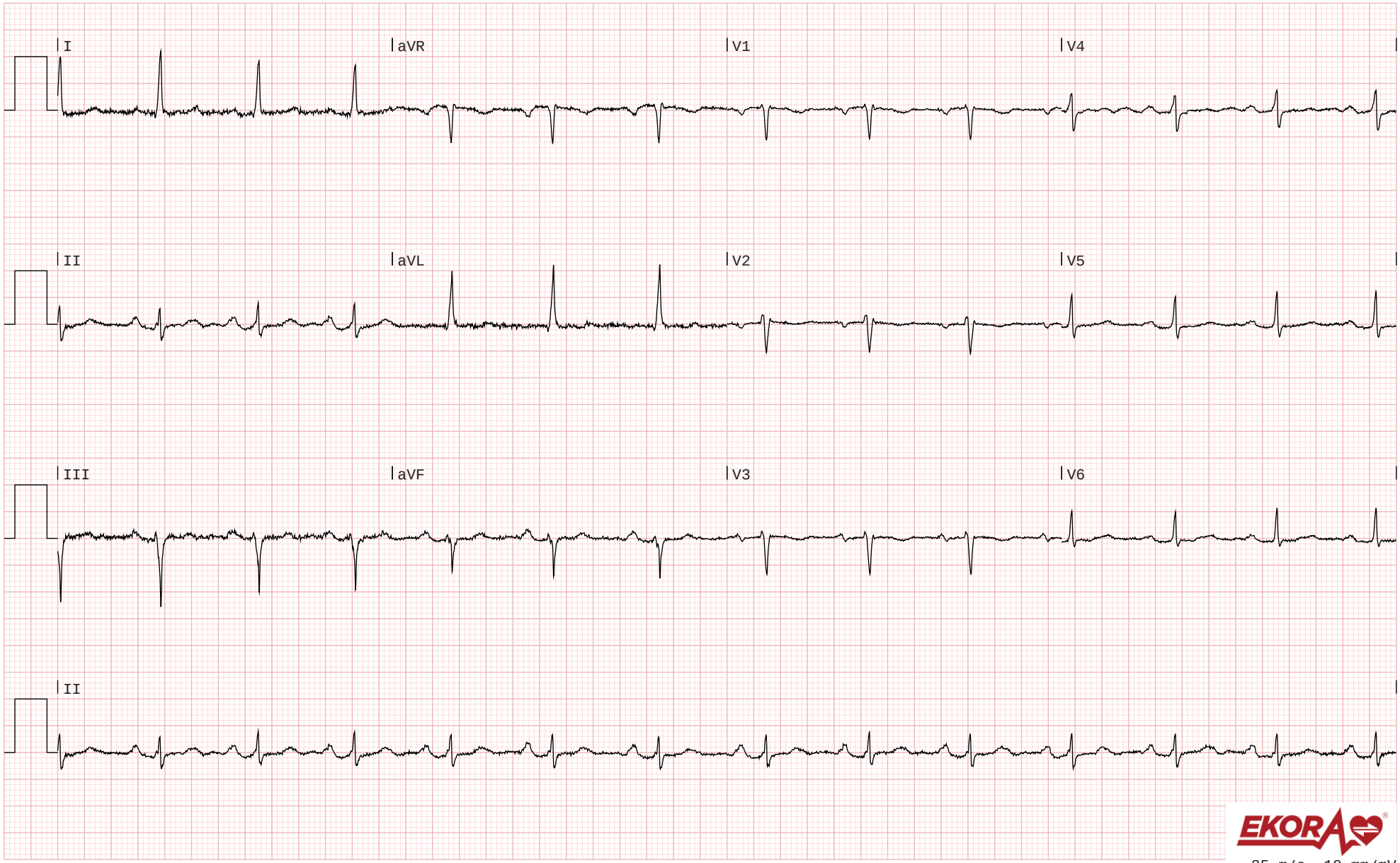
Date of Report: 06 Nov 2008 AUTH:
N36 NG

***** UNCONFIRMED AUTOMATED ANALYSIS *****

Name : Jamieson Yvonne
CHI : 1003820107
Date : 06/03/2020
Time : 01:15:35
Site : Ninewells_Cardiology

Heart Rate : 79 bpm
PR int : 202 ms
QRS dur : 84 ms
QT/QTc : 368/402 ms
P-R-T axis : 64 -18 46

Summary : ** atypical ECG **
Rhythm : Sinus rhythm
Analysis : Low QRS voltage in chest leads



This ECG was processed by ECGManager © 2017 Clinical IT Ltd.

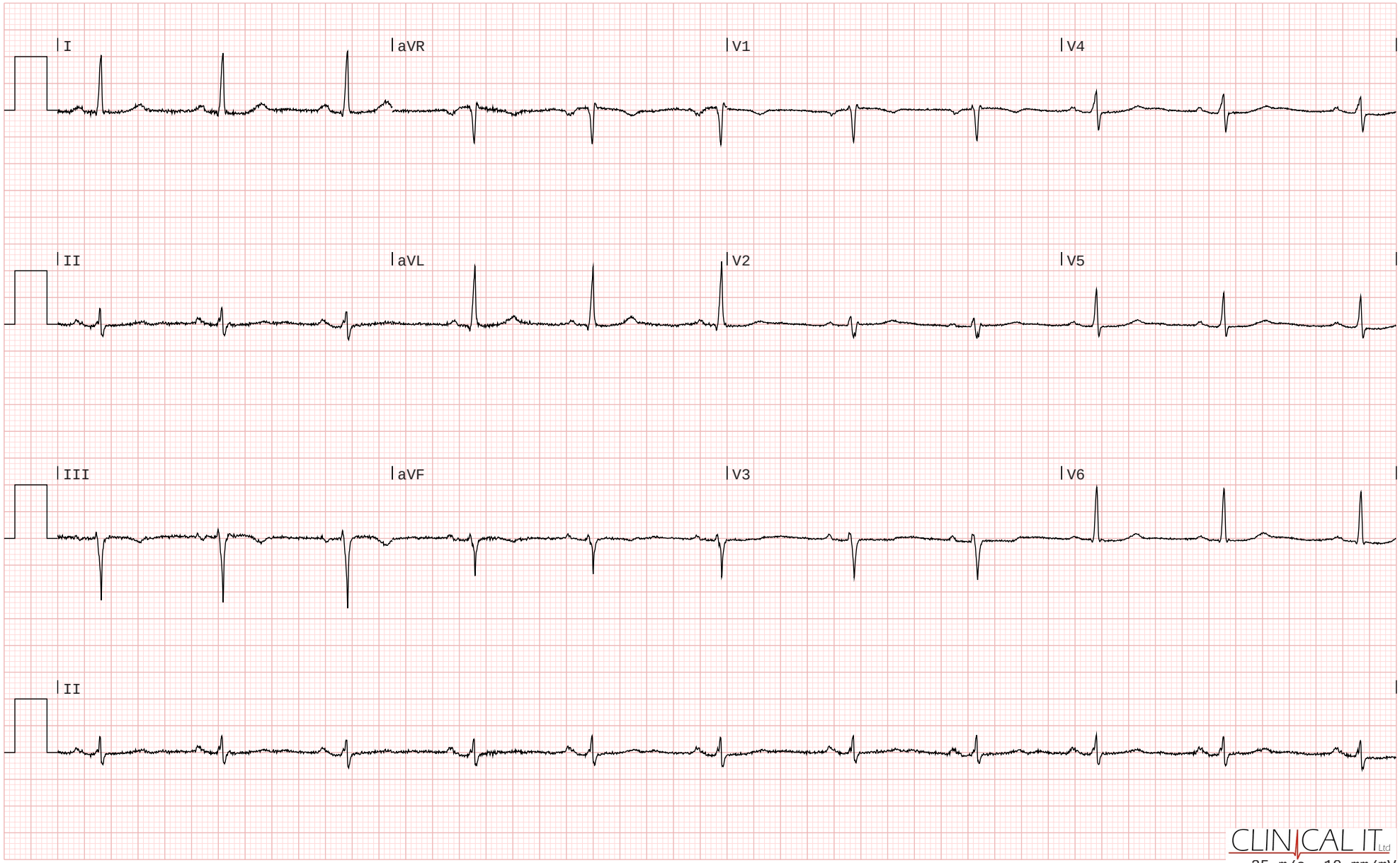
*** UNCONFIRMED AUTOMATED ANALYSIS ***

Name : Jamieson Yvonne
CHI : 1003820107
Date : 09/12/2016
Time : 10:01:37
Site : Mauve_Practice_Drumhar

Heart Rate : 63 bpm
PR int : 174 ms
QRS dur : 80 ms
QT/QTc : 396/404 ms
P-R-T axis : 27 -23 -3

Summary : ** borderline ECG **
Rhythm : Sinus rhythm
Analysis : Minimal voltage criteria for LVH,may be normal variant
Moderate left axis deviation

NHS Tayside



CLINICAL IT Ltd
25 m/s, 10 mm/mV

This ECG was processed by ECGManager © 2015 Clinical IT Ltd.

Date & Time

Medical Clerking Document

NHS Tayside

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: TRAZODONE 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 SAMIESON

CHI 100358 2011 07

Address .....

.....

(To be filled in by admitting nurse)

Time of arrival:

Resps:	17	bpm
O_2 sats:	98	%
Fi O_2:	A	%
Temp:	31.3	°C
BP:		lying
(BP	107/80	standing)
Pulse	90	bpm

A ☑ V ☐ P ☐ U ☐

SEWS Total: 1 *(SEWS>4, inform SpR)*

Medical Clerking

Name of doctor/other .....

F1 ☑ F2 ☐ PA ☐ Print Name MILLAR

SHO ☐ SpR ☐ Other: .....

Bleep #5740

Time of assessment 1150.

Consultant: BROWN

30 ♀

PC: OVERDOSE.

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

Recent bereavement of stepfather. Brother in ITU with pneumonia. Now feels tired - regrets overdose.

TRAZODONE HYDROCHLORIDE 50mg. ◦chest pain ◦sweating/vomiting

PMH

	Yes	No	Details:
MI	☐	☑	*previous baby TRANS-CLAMON (2010)
Angina	☐	☑	Anxiety.
↑ BP	☐	☑	depression
↑ Lipids	☐	☑	Heart murmur.
COPD	☐	☐	
Asthma	☑	☐	
Stroke/TIA	☐	☑	
Diabetes	☐	☑	
Epilepsy	☐	☑	

Other PMH: ◦headache/urinary difficulties.

Feeling low for - in MNT in January.

4/4 ◦ DNA.

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

ADMISSION MEDICATION			ACTION		Note: Unless indicated to stop/hold, medication should be continued on TPAR/discharge.
Name	Dose	Frequency	Hold	Stop	Comments *(if medication held or stopped)*
TRAZADONE	50mg	2 CAPS NOCTE		✓	
NITROFURANTOIN	50mg	BDS.			Acute.
CLOMIPRAMINE	2 TABS	TDS.			
SEROXAT	2 TABS	TDS.			
SALBUTAMOL	PRN.				
THYROXINE	125 micrograms	OD			
Non-prescription medications, herbal medications and illicit drugs:					

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 UNFIT 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 ++ dysuria.
CNS nil
Locomotor nil
Communication nil

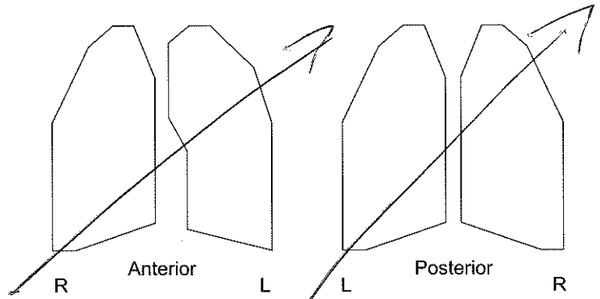
Other Relevant History

(Travel, Family etc)

Examination

General
looks well.
alert + oriented.
GCS 10/10
MSQ 10

Respiratory

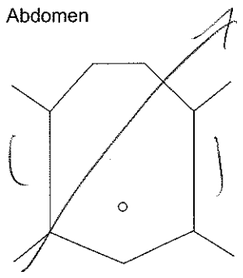


resonant percussion
vesicular breath sounds.

CVS
no heaves/thrills.
no audible murmurs.

HS
S1 + S2 +0.

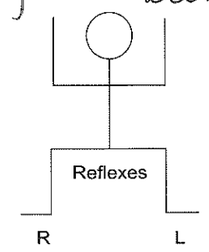
Abdomen



obese.
NSF.

PR: not indicated

CNS grossly in tact
Cranial Nerves:



	LUL	RUL	LLL	RLL
Tone	N	N	N	N
Power	5	5	5	5
Sensation	+	+	+	+

GCS:
E 4 /4
V 5 /5
M 6 /6
Total 15 /15

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

Differential Diagnoses

1. Impulsive overdose.
   - ↳ precipitated by bereavement + brother's ITU admission.
   - ↳ background moderate/depression.

Other Problems to be addressed

Plan

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

1. Chase bloods
2. Cardiac monitor.
3. Ledex
4. psych r/v when c.
5. monitor

Clerking complete. Signed: NA. minim out ~~#5140~~.

(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:
ECG,		
Subsequent ECGs		
CXR		
Other		

Biochemistry

Initial results received — Initials: Time:

PREVIOUS SAMPLES

	Date	13/02	
	Time		
	Na	142	
	K	3.8	
	Urea	3.5	
	Creat	71	
	ALT	76	
	Bil	5	
	Alk Ph	90	
	Alb		
	C.Ca		
	Glu		
	CRP	LT4	
	Chol		
	CK		

eGFR >60

Haematology

Initial results received — Initials: Time:

PREVIOUS SAMPLES

	Date	13/02	
	Time		
	Hb	14.9	
	MCV	84.3	
	WCC	7.3	
	Neut	4.6	
	Lymph	2.2	
	Plat	220	
	INR		
	APTTr		

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
PTr = 1.0
APTT = 29.9
APTTr = 1.0

alcohol – not detected.
paracetamol – not detected.
salicylate – not detected.

Senior Review ☐ / Consultant Ward Round ☑

Name: Brown. Consultant ☐ SpR ☐ SHO ☐

Date 14 / 02 / 2013 Time 1000.

Intentional overdose
Trazodone yesterday

Brother unwell in ITU
Got news yesterday
↳ precipitated it (close to brother)
Step dad died recently
Regretted it afterwards.

Previously been in Murray Royal
↳ uncertain which consultant

O/E
BP 122
HR 59. – 88

Feels very tired at present
Alert + orientated

Son lives c her sister.

ECG
NSR.

CXR N/A.

Other

Diagnoses
Intentional OD
↳ no harm medically

Other Problems

Plan
- Psychiatry Review
- no need for 1:1 nursing

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: WAMESBY **Bleep** 5306.

Date & Time	
14/2/13	STG WALESBY (med reg nights)
0600.	Review of patient
	30 g overdose.
	non-accidental overdose tramadone → 50mg.
	suicidal intent
	ECG - LAD.
	73 bpm sinus
	QTc (N).
	Background
	Asthma
	Hypothyroidism
	Depression.
	Paracetamol & Salicylate not detected.
	BP 95-125 systolic
	37.6°C on cardiac monitor
	HR 62 → sinus
	Sats 96% RA.
	Recent stressful family situation / family unwell
	unplanned
	14 x tramadone ~ 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
	HSIFTITO clear.
	Abdo SNT ✓ Power 5/5 upper + lower
	Plantars ↓↓
	normal eye movements.
	1) monitor until now → fine elimination
	2) Psych R/V in now 5-9 hours.
	↳ pt happy c this

WALESBY
STG 5306

Date & Time	
14/2/13	Patient not willing to stay.
	- Nursing staff informed that patient is not willing to stay for psychiatry r/v
	- 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.

FY1
5/9/13

Perth Royal Infirmaryl

A&E No. **AE-13-002559-1**

TAYSIDE UNIVERSITY HOSPITALS
ACCIDENT & EMERGENCY SERVICES

CONSULTANTS:

W.G. Morrison

NHS 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)**	
POSTCODE **PH1 2DP** TEL. **NO LAND LINE** MOBILE **07752874063**	1st LANGUAGE ETHNIC ORIGIN **White**		TIME SINCE EVENT **0 - 6 Hours**	
			OCCUPATION/SCHOOL **UNEMPLOYED**	
TEMPORARY ADDRESS POSTCODE: TEL.	ALLERGIES **., None known**		GP NAME **Harvey** ADDRESS **MAUVE PRACTICE, DRUMHAR H NORTH METHVEN STREET PERTH** POSTCODE: **PH1 5PD** TEL. **01738622421**	
	REFERRED BY **999 emergency services**			
1st CONTACT **Thomasina Mclean** ADDRESS **LESLIE COURT PERTH** CODE TEL. **unsure** RELATIONSHIP **Mother**	2nd CONTACT ADDRESS TEL.		ACCOMPANIED BY **Unaccompanied**	
	1st CONTACT NOTIFIED **Yes / No**			
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, Sp02, BP, Respiratory rate, Temperature, Advice - verbal

NURSING ASSESSMENT

Stream 2. Overdose of 19 x 50mg trazadone @18:30. Has not vomited.

Patients Name YVONNE JAMIESON A-CHI 1003820107

t CLINICIAN KERI MCCONE DATE 18/2/13 TIME 1930

: OVERDOSE

R ~ 18 TRAZODONE 50mg 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 ITU DUE TO PNEUMONIA
NOW THINKS IT (OVERDOSE) WAS A STUPID THING TO DO
FEELING TIRED & SHAKY

PMH DEPRESSION HYPOTHYROIDISM
ASTHMA OVARIAN CYST REMOVAL

DSH

SH SUPPORTED ACCOMMODATION
HAS SON WHO SHE SEES
EVERY 3 MONTHS

DH NKDA
TRAZADONE ZOPICLONE
SALBUTAMOL

O/E PULSE 98 REGULAR QTc 447 MSECS
BP 131/76 ECG SINUS RHYTHM
RR 14
SpO2 98%

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

ENIOR TIME SPECIALITY TIME
if involved) REFERRED

REATMENT

DISCHARGE PROFILE

Patients Name Yvonne Jamieson A-CHI 100382

Drugs: Brought in by Patient Y / N
Returned to Patient Y / N
Removed from Patient Y / N
Transferred to ward Y / N
Other .....

Valuables / Belongings

Patient accepts responsibility for own belongings / Valuables: *Signature* X 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.....
  (state name & relationship)

from the hospital.

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

Signed .....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. Roeblick
Discharged to: Ward 4	Accompanied by: Porter

REMOVE TO EXPOSE ADHESIVE

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

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

EYES AND PUPIL SIZE AND REACTION

	Left	Right
Pupil size	Normal	Normal

Pupil reaction	Normal	Normal
AMPLE		
Allergies		
Other allergies	MORPHINE	
Medication	TRAZADONE 50mg, LEVOTHYROXINE 25mcg,100mcg	
Past history	DEPRESSION, PREV DSH,ASTHMATIC ,U THYROID .	
Last eaten		
Events prior	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.	
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	

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

Search
Enter word Search
Advanced Search | Unknown poisoning
Need help searching

NPIS 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 Pr

The information on TOXBASE® requires expert clinical interpretation and, therefore, should only be used by clinically trainec 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:

Yes No

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.

Name:
ID:
Sex: Birth date: Years
cm kg mmHg
Medication:

Symptoms:
History:

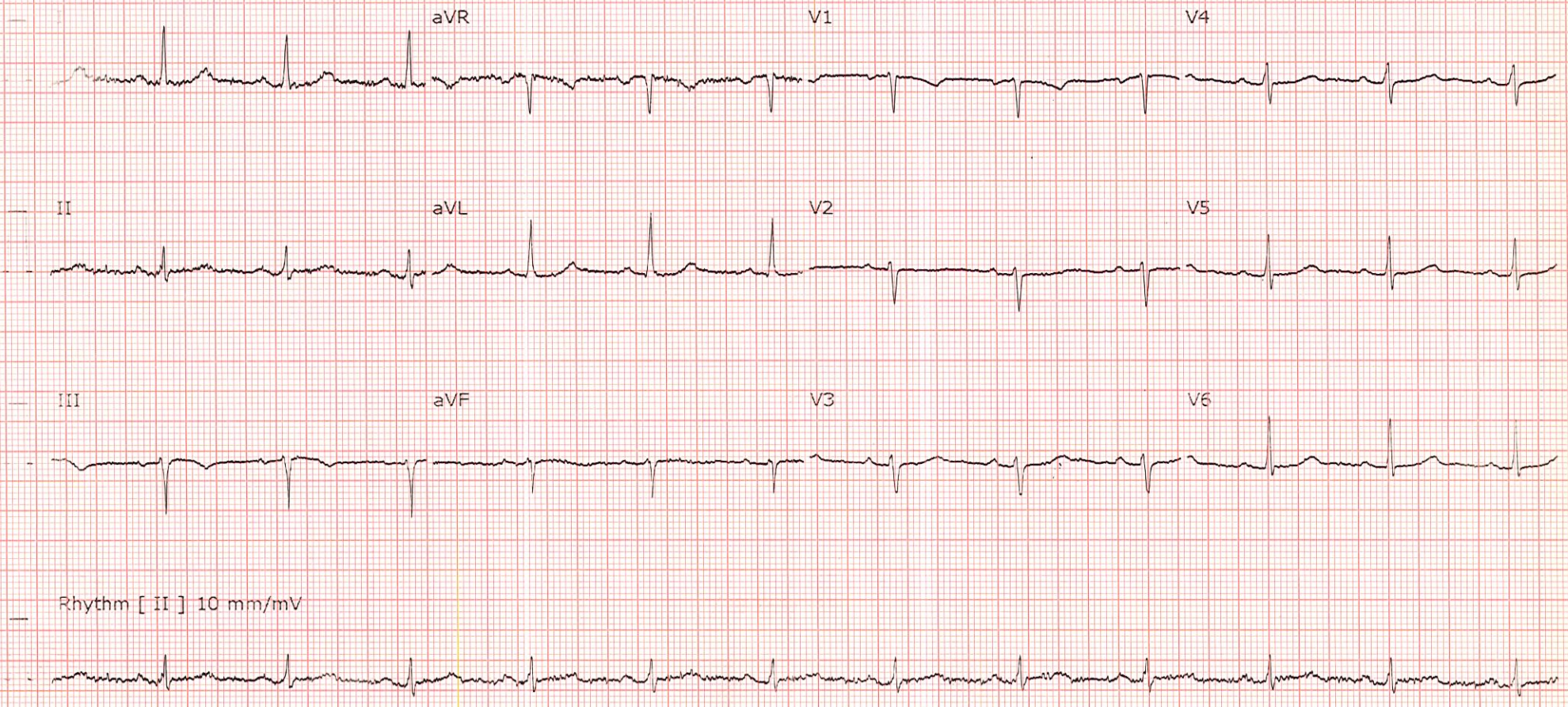
13- 2-2013 19:08

1100 Sinus rhythm
9110 ** normal ECG **

HR	73	bpm
PR int.	158	ms
QRS dur.	86	ms
QT/QTc int.	394/420	ms
P/QRS/T axis	30/-11/6	°
RV5/SV1 amp	0.65/0.62	mV (R + S 1.27 mV)

Unconfirmed Report
Reviewed by:

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



16-02 03-06 Exam:PERTH ACCIDENT

Patient's Telephone No. 07752874063 Time Admitted 22.30 A.M./P.M. Date 13.2.13

Name and Address of Next of Kin Thomasina Mclean Telephone No. Unsure

Leslie Court (Do not Inform Work)

Diagnosis/Operation:—

Weight: Dentures Yes / No Valuables in safe Yes / No

Spectacles Yes / No Hearing aid Yes / No Contact lens Yes / No

Ward/Clinic/ PCI WD4 P3 Cons.

D D M M Y Y
1 0 0 3 8 2 0 1 0 7 CHI No

Surname Jamieson

First Name Yvonne

Address 185 Rannoch Road Perth M/F Sex

Mob. 07752874063 * f ✓

G.P. & Address (G.P. Requests only) DR Harvey, Drumhar Practice

USE BLOCK LETTERS OR PATIENT LABEL

NURSING REPORT

SIGNATURE

14.2.13 03:30

Pt admitted via A&E following an overdose of Trazadone. Pt states she has taken 19x50mg Trazadone.

(O) SBUS o/A=O, Cardiac monitor in situ

(M) Indept.

- Tea provided
- monitor overnight

Donna from Signal @ 13.30 Pt left wd. ✓

PMH
- Anxiety
- Depression
- Heart murmur

HA
Me

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

Please ✓ when medicines are prescribed separately on one of the following:—

Fluid Prescription Sheet ☐

Other (Specify) ☐

DATE	AGE Yrs.	AGE Mths.	AGE Days	Weight
				g

COMBINED MEDICINE PRESCRIPTION SHEET/NURSING REPORT —DAY CASES

HOSPITAL	Ward/Dept.	NAME of PATIENT	D. of B.	UNIT No. / MPI No.	CONSULTANT	KNOWN DRUG SENSITIVITY or ADVERSE REACTION (1)	(2)

THB(MB)32

FOR PHARMACY USE

Checked by: .....

Clinical Pharmacist

Patient Counselled: .....(Initials)

Medicines Required On Ward

Date.....

Time.....

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

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

....1st Fold....

7 days supply will be dispensed unless stated otherwise in box provided

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

Final Distribution:

WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

THB(MR)26
4 Part Set

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

..... RCI .....Hosp./Inf.

To Dr. .....

.....

.....

HOSPITAL: RCI WARD/CLINIC: 4

D D M M Y Y

1	0	0	3	8	2	0	1	0	7

C.H.I. No.

Surname: JAMIESON

First Name: YVONNE M. State

Address: .....

.....

ALWAYS USE BALLPOINT PEN

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

Date Placed on Waiting List: ..... (if appropriate) Date of Admission: 13/2/13

** Delete as appropriate* Type of Admission: Elective /Emergency / Urgent / Transfer

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	14/2/13	GP Med	BROWN	Home			

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: TRAZADONE - OD

PRINCIPAL OPERATION / PROCEDURES: Psychiatry referral

OTHER CONDITIONS:

1, ...
2. .....
3. .....

OTHER OPERATIONS / PROCEDURES:

Days	MEDICINE TREATMENT ON DISCHARGE: NAME OF MEDICINE	DOSE	Times of Administration (Mark √): 8 10 12 14 16 18 20 22 24	DURATION OF TREATMENT	DISPENSED BY PHARMACY: Number	Brand Names (for information only)
	~~NIL OF FURTHER~~	~~50mg~~	✓ ✓ ✓			
	CLOMIPRAMINE	2 daily	✓ ✓ ✓			
	SERTRALINE	2 daily	✓ ✓ ✓			at home
	THYROXINE	125 microgram	✓			
	SALBUTAMOL	2 puff	PRN			

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: GIVEN / TO BE SENT	RESULTS AWAITED: YES ☐ NO ☐ IF YES, SPECIFY:

FOR FURTHER INFORMATION CONTACT: K WALSERY (NAME) ..... (STATUS) 6205 (TEL NO)

Signature: ..... Status: FY1

BROWN .... Consultant Date: 14/2/13

Dispensed By: .....

Checked By: .....

Date: 14/2/13

DISCHARGE AGAINST MEDICAL ADVICE (GENERAL)

To be filed in patient's Medical Records

* delete as appropriate

Ward/Clinic/ Hosp. PRI 4 Cons.

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

Surname JAMIESON

First Name YVONNE M. State

Address 185 Sex

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

USE BLOCK LETTERS OR PATIENT LABEL

I, Yvonne Jamieson of 185 Rannoch Road

*wish to take my discharge from the hospital

*wish to remove ..... aged .....
from the hospital. (State name and 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 any consequences arising therefrom.

Signed Y. Jamieson *patient/parent or guardian Date 14-2-2013

Signed ..... Witness Date 14/2/2013

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

Signed ..... Medical Practitioner Date 14/2/13
*

THB(MR) 206

HAEMATOLOGY

DMR292

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)	WBC	7.3	x10^9/L	(4.0-11.0)
RBC	4.21	x10^12/L	(3.8-4.8)	NE#	4.6	x10^9/L	(2.0-7.5)
HCT	0.355	L	(0.37-0.47)	LY#	2.2	x10^9/L	(1.5-4.0)
MCV	84.3	L fl	(85-105)	MO#	0.4	x10^9/L	(0.2-0.8)
MCH	28.2	pg	(27-32)	EO#	0.07	x10^9/L	(0.0-0.4)
MCC	33.4	g/dL	(32-36)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	220	x10^9/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

THB 024SS

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD
(3 WEEK RECORD)

NHS Tayside

DATE OF ADMISSION 13/02/13 RECORD START DATE 13/02/13

Hospital /Ward: (4) PAT **Consultant:** BROWN **On admission:** **Weight:** **Height:**	**Patient Name:** YVONNE SHARLESON **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

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By

OTHER MEDICINE CHARTS IN USE

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

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.

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

General Comments

AS REQUIRED THERAPY

Medicine / Form		Date										
SATSUMAMOL		Time										
Dose & Frequency: 2 TABS PRN	Route: INH	Dose										
Signature	Start Date: 13/02	Route										
Indication / Notes: WHEEZE	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										

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

REGULAR THERAPY

Date

Time

OXYGEN

Target O_2 Saturation

88 – 92% 94 – 98%

Continuous / PRN

Signature: [signature] Start Date: 13/02

	6	8	12	14	18	22
OXYGEN						

THROMBOPROPHYLAXIS

Dalteparin S Cut injection

TEDS: None

Dose: 2500units 5000units

Signature | Start Date

	6	8	12	14	18	22
THROMBOPROPHYLAXIS						

Medicine / Form: CLENIL MODULITE

Dose: 2 PUFFS Route: INH

Signature: [signature] Start Date: 13/02

Further Information

	6	8	12	14	18	22
CLENIL MODULITE		✓		✓		✓

Medicine / Form: SEREVENT

Dose: 2 PUFFS Route: INH

Signature: [signature] Start Date: 13/02

Further Information

	6	8	12	14	18	22
SEREVENT		✓		✓		✓

Medicine / Form: THYROXINE

Dose: 125 MICROGRAMS Route: ORAL

Signature: [signature] Start Date: 13/02

Further Information

	6	8	12	14	18	22
THYROXINE		✓				

DRUG DOSAGE CALCULATIONS

REGULAR THERAPY

Date

Time

Medicine / Form

Dose | Route

Signature | Start Date

Further Information

6

8

12

14

18

22

Medicine / Form

Dose | Route

Signature | Start Date

Further Information

6

8

12

14

18

22

Medicine / Form

Dose | Route

Signature | Start Date

Further Information

6

8

12

14

18

22

Medicine / Form

Dose | Route

Signature | Start Date

Further Information

6

8

12

14

18

22

Medicine / Form

Dose | Route

Signature | Start Date

Further Information

6

8

12

14

18

22

Medicine / Form

Dose | Route

Signature | Start Date

Further Information

6

8

12

14

18

22

REGULAR THERAPY

Date

Time

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

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

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

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

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

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

REGULAR THERAPY

Date

Time

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

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

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

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

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

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

SEWS KEY	0	1	2	3

NAME: YVONNE JAMIESON
DOB/CHI: 10/03/82 0107
WARD: A+E → 4
ADMISSION DATE: 13.2.13

NHS Tayside

DATE	13/2/13						14/2/13.																	
TIME	07	10.40	12.40	02.5	06.20	09.30																		

RESPIRATORY RATE
Write Respirations

36 +																								
31 - 35																								
21 - 30																								
9 - 20	14	15	17	18	14	18																		
≤ 8																								

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

SpO2 - Target Saturations 94-98% ☐

94 +	98	100	98	96	97	96																		
90 - 93																								
85 - 89																								
< 85																								

SpO2 - Target Saturations 88-92% ☐

88 +																								
84 - 87																								
80 - 83																								
< 80																								

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

EXAMPLE

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

TEMPERATURE
record & join with a ●
Write Actual Temperature

39°																								
38°																								
37°																								
36°																								
35°																								
34°																								
36.5	36.9	37.3	37.3	37.6	37.1																			

EXAMPLE

PULSE RATE
record & join with a ●

170																								
160																								
150																								
140																								
130																								
120																								
110																								
100																								
90																								
80																								
70																								
60																								
50																								
40																								
30																								
210																								

EXAMPLE

SEWS SCORE uses Systolic BP

BLOOD PRESSURE
record as shown
120
60

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

EXAMPLE

NEURO RESPONSE Any change in neuro response - commence neuro obs - immediate medical review																								
Alert	A	A	A	A	A	A	✓																	
Verbal	V																							
Pain	P																							
Unresponsive	U																							

SEWS SCORE (with all obs)		0	0	0	1	1	0																	
Frequency of observations H = Hourly, M = Minutes, D = Daily	e.g. 1H	1HR	1HR	4°	4°	4°	4°																	
Escalation to medical team/HAN/ANP Y / N / E (exclusion)	e.g. E	N	N	Y	N	N	N																	
Document Pain Score (0 - 3)		0	0	0	0	0	0																	
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		✓	✓	Y	N	Y	Y																	
INITIAL		CO	MR	AD	AK	AJ	MC																	

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

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

SEWS SCORE OF 0	SEWS SCORE OF 1	SEWS SCORE OF 2-3	SEWS SCORE ≥4, OR SCORE OF 3 IN ONE PARAMETER
MINIMUM 8 HOURLY OBSERVATIONS	REGISTERED NURSE TO DETERMINE FREQUENCY OF OBSERVATIONS MINIMUM 4 HOURLY OBSERVATIONS	INFORM THE NURSE IN CHARGE INCREASE FREQUENCY TO HOURLY OBSERVATIONS	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

SEWS KEY	0	1	2	3	NAME:	WARD:
					DOB/CHI:	ADMISSION DATE:

NHS Tayside

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	e.g. V	EXAMPLE
% inspired O2 or L/MIN	e.g. 60%	

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

TEMPERATURE
record & join with a ●
Write Actual Temperature

	EXAMPLE
39°	
38°	
37°	●
36°	
35°	
34°	
	36.5

PULSE RATE
record & join with a ●

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

BLOOD PRESSURE
record as shown
120 ↕ 60

SEWS SCORE uses Systolic BP

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

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	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	

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
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MINIMUM 8 HOURLY OBSERVATIONS	REGISTERED NURSE TO DETERMINE FREQUENCY OF OBSERVATIONS MINIMUM 4 HOURLY OBSERVATIONS	INFORM THE NURSE IN CHARGE INCREASE FREQUENCY TO HOURLY OBSERVATIONS	URGENT ESCALATION 15 MIN OBSERVATIONS UNTIL REVIEW

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If 2 or more of the following:
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- 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

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

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
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

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: C080206656
PGYNW GORA1H

PRI Gynaecology Ward Clinician: Dr A GORDON

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

Sample is blood unless otherwise stated

Lab.Comments:

Sample Date/Time
04 Nov 2008 14:30

Clin.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

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

PGYNW GORA1H

ACKNOWLEDGEMENT OF RECEIPT	
WARD SECRETARY	DOCTOR

THB(MR) 272

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

ObstetricsF3
TAY General Referral

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

Ninewells Hospital
Dundee
DD1 9SY

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

Hospital unit no.
T101H

Email address
-

Date of Referral (set by referrer) 02-Aug-2010

Date referral was submitted 03-Aug-2010

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

Urgency of referral **Urgent**

PATIENT DETAILS

Surname	JAMIESON
Forename(s)	YVONNE
Title	MS
Sex	Female
Date of birth	10-Mar-1982
CHI no.	1003820107

Patient's address

3 WOODLEY CARAVAN PARK
ARBROATH
DD11 2QJ

Contact number(s)

Voice: 07562111995

REGISTERED GP DETAILS

Name	Dr H Blanchfield		
GMC code	4546261	GP code	72451
Practice name	Arbroath Medical Centre		
Practice code	10182		

Practice address

7 HILL PLACE
ARBROATH

Cor

Voice: 01241431144

REFERRING PRACTITIONER DETAILS

Name	Dr H Blanchfield		
GMC code	4546261	GP code	72451
Practice name	Arbroath Medical Centre		
Practice code	10182		

Practice address

7 HILL PLACE
ARBROATH

Cor

Voice: 01241431144

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Gravida 3, para 1, EDD by scan 21.12.2010,

Comment: Dear Doctor Past medical history includes stillbirth at 26 following onset of pre-eclampsia, hypothyroidism. I would be grateful for your review of this twenty eight year old lady as soon as possible please for ongoing growth assessment. She attended the surgery on a Friday PM surgery to state that she has recently moved across to Arbroath and had missed an appointment in Perth for her 2 weekly growth assessment which had been set up because of the history of pre-eclampsia and stillbirth in her last pregnancy. This pregnancy I believe is progressing well and there have been no concerns at all regarding the baby or its growth. She is currently taking Aspirin 75mg once a day along with her Levothyroxine at 125mcg daily. She feels well and is sensing ten + of fetal movements today. On examination her abdomen is consistent with dates and fetal movements were felt. Fetal heart rate was 110 to 120 beats per minute today. BP was 112/70. I have recommended that she book in as soon as possible with the Midwives based in Arbroath but she has specifically requested that she has input in Ninewells with regards monitoring of this pregnancy through this period given her past history and obvious anxieties. Thank you very much for your time and consideration of this patient. Kind regards Yours sincerely Dr Helen Blanchfield HBL/AD cc Midwifes

Examinations and Investigations

Never smoked tobacco:	Smoking status on date of event: Never smoked.	03-Mar-2010
Drinks rarely:	Drinking status on eventdate: Current drinker.	03-Mar-2010
Enjoys moderate exercise:		03-Mar-2010

Most recent height, weight, BMI and Blood Pressure

Height:	1.62	m	Recorded Date:	None provided
Weight:	74.7	Kg	Recorded Date:	None provided
BMI:	28.4	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	116/71	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
Hypothyroidism	-	-	-	31-May-2007
[X]Neurotic depression	-	-	-	06-Aug-2004
Anaemia during pregnancy, childbirth and the puerperium	-	-	-	01-Mar-2002
Asthma	-	-	-	01-Mar-1999
Child removed from protection register	-	-	-	01-Oct-1995
Child on protection register	-	-	sexual abuse allegations	01-Jan-1992

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
LEVOTHYROXINE tabs 100micrograms	02008003	tablet(s)	TAKE ONE EACH MORNING	-	30-Jul-2010	-
LEVOTHYROXINE tabs 25micrograms	02008001	tablet(s)	TAKE ONE EACH MORNING	-	30-Jul-2010	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Additional relevant information

Administrative information

Referred By:Registered GP

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

NHS
SCOTLAND

Pregnancy Record

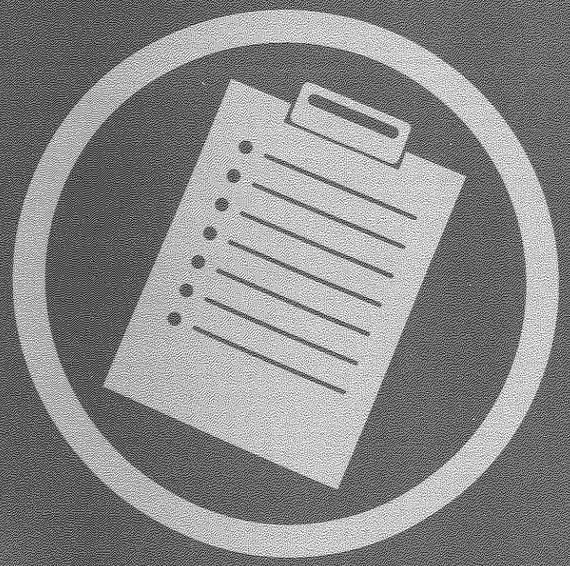
Confidential

PLEASE USE BLACK INK

JAMIESON
YVONNE
4 WALKER COURT
CANAL STREET
PERTH
PH2 8LF

1003820107

JOHN AULD



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

SWHMR developed by the Practice Development Unit of NHS Quality Improvement Scotland

This is your Pregnancy Record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to carry your record during your pregnancy, as this will help communication between you and your maternity care team.

Some women may prefer not to carry their Pregnancy Record. If you do not want to carry your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice.

Please keep your Pregnancy Record safe, confidential and protect it from damage. If you lose your Pregnancy Record, please contact your midwife or maternity unit as soon as possible.

Please remember to take your record with you to all health appointments during your pregnancy. For example, whenever you see your midwife, GP, obstetrician, physiotherapist or when you go for an ultrasound scan. Nearer the time when your baby is due, you may want to carry your Pregnancy Record with you when you go out and about.

You can write in your Pregnancy Record where you see this symbol: ✍

Your Pregnancy Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care. (There may be a small charge for this.)

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Protecting Personal Information'. This is available from your midwife, GP practice or on-line at http://www.show.scot.nhs.uk/confidentiality (see under 'patient guidance').

Help and advice

Please use the following services

✆ .....

Contact details

Perth CMU 01738 473425
Triage Helpline 01382 632075
Perth Clinic 01738 473270
Dr Gordon 01738 473270
NHS 24 08454 24 24 24

Delivery suite .....

✆ .....

Ultrasound department .....

✆ .....

Health Visitor .....

Base .....

✆ .....

✆ .....

Named midwife MIDWIVES (Red Team)
Linda Thorne, Helen Thomson
Barbara Moffat
Lorraine Wheeler
Harriet Denny

Midwifery team 01738 473274

Base .....

✆ .....

General Practitioner DR AULD

Address WHITEFRIARS SURGERY

.....

✆ 01738 625842 Practice code .....

Obstetrician DR A GORDON

Base .....

✆ .....

Domestic Abuse Helpline (10am-10pm, 7days a week) 0800 027 1234
Scottish Women's Aid 0131 226 6606

Local information

.g. antenatal clinic times, breastfeeding support groups

Parentcraft / Birth classes
For information or to book all parentcraft/birth classes,
Please telephone: 01738 473269

Your class starts:
Date: Venue:
Time:

nity staff who care for you. If you have any concerns or preferences about this, please speak to your midwife.

Important information

Surname/ family name

First name(s)

Previous surname

Likes to be called

Date of birth

Your address

Postcode

Home ✆ ~~01382 411995~~

Other ✆

Occupation UNEMPLOYED

Change of address/phone details

3 Woodley Caravan Park
Arbroath Postcode DD11 2QJ

Home ✆

Other ✆

Planned place of birth and lead professional

NINEWELLS
DR GORDON DR Lynch.

JAMIESON
YVONNE
4 WALKER COURT
CANAL STREET
PERTH
PH2 8LF

1003820107

JOHN AULD

Supporter for this pregnancy

Name MRS THOMASINA MCLEAN

Occupation

Relationship to you MOTHER

Partner's date of birth

Address LESLIE COURT
PERTH Postcode

Home ✆

Other ✆ 07955289273

Who would you like contacted in an emergency?

✓ Your ~~partner~~/supporter Alternative person:

Name John Jamieson (Next of Kin Nov 5/10)

Relationship to you Husband.

Address S/A.

Postcode

Home ✆

Other ✆ Mobile: 07821031267

When is your baby due? Your "Estimated Date of Delivery" or EDD

This information is used to work out when your baby is due. This is called your estimated date of delivery (EDD). It is helpful to think of your EDD as a 'rough guide'. Most babies are born during the fortnight before, or the fortnight after your EDD.

Date of the first day of bleeding of your last menstrual period (LMP)? 21 3 10

Agreed EDD 2 12 10

Comments/details

How sure are you of this date? ✓ sure ☐ fairly sure ☐ not sure

Average number of days between the first day of each period (monthly cycle) 28

Have you had any vaginal bleeding since your last menstrual period? ☐ No ✓ Yes

Provisional EDD based on LMP and monthly cycle 28 12 10

Had you been using any contraception? ✓ No ☐ Yes

EDD using dating scan 02 12 10

Type Date stopped

Agreed by

Date of history taking appointment 25 5 10 History taken by L Thorne

Your previous pregnancies

Is current pregnancy with a new partner No ☐ Yes ☐ Para 2 + 0

Full name | Boy ☑ Girl ☐ | Date of birth 110502 | Birthweight (g) 2610 | Gestation 40+2 | Type of birth SVD | Place of birth PRI

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name [illegible] | Boy ☑ Girl ☐ | Date of birth 270309 | Birthweight (g) 560 | Gestation 24+6 | Type of birth SVD | Place of birth Ninewells

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems STILLBIRTH

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Early Pregnancy Losses (less than 20 weeks)

Year	Gestation	Nature of loss	Comments

Your previous pregnancies

Is current pregnancy with a new partner No ☐ Yes ☐ Para +

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Early Pregnancy Losses (less than 20 weeks)

Year	Gestation	Nature of loss	Comments

Your health Have you ever had, or do you currently have, any of the following

Allergies - Please document in special features ? MORPHINE

	No	Yes	Details
Operations		✓	REMOVAL OVARIAN CYST 2009.
Problems with anaesthetics	✓		
Admission(s) to intensive care	✓		
Difficulties accessing your veins	✓		
Asthma or lung problems		✓	SERETIDE & SALBUTAMOL INHALERS
High blood pressure	✓		
Heart problems	✓		
Diabetes/thyroid disorders		✓	HYPOTHYROIDISM.
Epilepsy/neurological problems	✓		
Blood transfusions	✓		
Blood clots/clotting problems	✓		
Kidney or urinary problems	✓		
Liver problems or hepatitis	✓		
Gastro-intestinal disorders	✓		
Problems with fertility or your reproductive system	✓		
Vaginal infections		✓	CHLAMYDIA AS A TEENAGER - TREATED.
Did you have chicken pox as a child?		✓	
Genetic disorder	✓		
Cancer of any kind	✓		
Problems with bones or joints	✓		
Is there anything else about your health which you feel is important for your care providers to know?	✓		

Family health Does anyone in your immediate family, or your baby's father's immediate family, have a history of the following

	No	Yes	Don't know	Details
Asthma or allergies		✓		ON YVONNES SIDE OF FAMILY.
Diabetes		✓		SISTER TYPE (1).
Genetic disorders/attending a genetics clinic	✓			
Pre-eclampsia	✓			
Blood clots (thrombosis)	✓			
Recent/active Tuberculosis (TB)	✓			
Hip problems detected at birth or shortly afterwards	✓			
Abnormalities present at birth	✓			
Learning disabilities	✓			
Permanent hearing loss	✓			
Are you and your baby's father blood relatives?	✓			

[illegible] TWINS - BABY'S FATHER HAS A TWIN

Ethnic Origin (If mixed, tick more than one box)

How do you describe your ethnic group

The term ethnic origin is to describe where your family originates from, as distinct from where you were born. This information will help us to decide which blood screening tests you should be offered and whether your baby may need a BCG (TB) vaccination.

	You	Baby's father
Africa		
North Africa (eg Morocco, Algeria)		
Sub-Sahara (eg Somalia, Kenya, Nigeria)		
Other:		
Asia		
India		
Pakistan		
Bangladesh		
China		
Far East Asia - Other (eg Japan, Korea)		
South East Asia (eg Malaysia, Thailand, Philippines)		
Other:		
Caribbean (eg Jamaica, Trinidad and Tobago, Cuba)		
North America (eg USA, Canada)		
South America (eg Brazil, Argentina)		
Europe		
Britain (England, Scotland & Wales)	✓	✓
Ireland (incl Northern Ireland, Eire)		
Northern Europe (eg Denmark, Norway, Sweden)		
Western Europe (eg France, Germany, Netherlands)		
Eastern Europe (eg Balkans, Poland, Russia)		
Southern Europe (eg Cyprus, Greece, Italy, Spain, Turkey)		
Other:		
Middle East (eg Egypt, Israel, Syria, Yemen)		
Other:		
Declined to give information		
Australasia (New Zealand, Australia)		

What language do you usually use at home? ENGLISH

Do you need help with interpreting, communicating? No ✓ Yes

Details

What is your current religion or faith, if any? ✓

Is blood transfusion acceptable to you? No Yes ✓

Details

Female circumcision No ✓ Yes

Details

Is there any other information that you feel is important for your maternity care? For example your beliefs, social conventions and customs, family structure, ceremonies, dress or diet? No ✓ Yes

Details

Are you a refugee or an asylum seeker? No ✓ Yes

Details

For health information for refugees or asylum seekers visit www.harpweb.org.uk

TB risk questions

	No	Yes
Has either parent or any grandparents been born in a high prevalence area (40 per 100,000)?	✓	
Details		
Has a family member had TB within the last 5 years?	✓	
Details		
Is family likely to live for more than 1 month in a high prevalence area?	✓	
Details		
Has either parent moved from a high prevalence area and not been immunised?	✓	
Details		
Baby requires BCG	✓	
Details		

- If yes to any of these questions please document need for neonatal BCG on the baby's special features box and on the baby record
- For list of countries and areas with TB rates of >40 per 100,000 see www.who.int

Other health-related questions

	No	Yes	Details, information given and referrals
Have you been taking folic acid?	☐	☑	Started ☐ Pre-conception ☑ Before 12 weeks ☐ After 12 weeks — Dose of folic acid ☐ 400mcg ☑ 5mg
Date of your last cervical smear (month/year)	2008		Result NEG. — Next smear due
Have you ever been referred for colposcopy?	☑	☐	Treatment
Your body mass index (BMI) (weight [kg]/height [m]²)	28.5		Weight at booking 72 kg (Document BMI on special features page) — Height 1.60 m
Do you have any special dietary needs?	☑	☐	
Do you go to the dentist regularly?	☐	☑	
Are there any health and safety issues related to your work?	☐	☑	
How many units of alcohol did you drink each week before you became pegnant?	4.		Have the risks of drinking alcohol in pregnancy been explained to you? No ☐ Yes ☑ — One unit of alcohol = half a pint of 3.5% beer or lager or one 25ml measure of spirits. One small (125ml) glass of average strength (12% wine) contains 1.5 units.
How many units of alcohol a week are you drinking now?	—		
Referral for advice on reducing drinking	☑	☐	
Have you smoked cigarettes in the past 12 months prior to pregnancy?	☑	☐	Do you smoke now? ☑ ☐ — Current smokers: cigarettes smoked per day
Former smokers: date stopped	/ /		Are you exposed to cigarette smoking at home? ☑ ☐ — Have the risks of smoking in pregnancy been explained to you? No ☐ Yes ☑
Have you been offered advice on how to stop smoking?	☑	☐	**Details, information given and referrals**
Referral made to smoking cessation service	☑	☐	
Have you ever used any street drugs, gas or glue?	☑	☐	Substances used
If yes, are you currently using any street drugs, gas or glue?	☑	☐	
Have you ever injected drugs?	☑	☐	
Does your current partner use any street drugs, gas or glue?	☐	☐	
Referral for advice on substance abuse	☐	☐	

Other involved professionals (smoking cessation advisor, substance misuse team, dietician etc)

Name — Name

Contact no. ✆ — Contact no. ✆

Address — Address

Medication

Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently? No ☐ Yes ☑

Are you taking any 'over the counter' preparations or medications not prescribed to you? (If yes, include indications) ☑ ☐

Prescribed medication	Dose	Frequency	Route	Duration
FOLIC ACID	5mg	DAILY		
ASPIRIN	75mg	DAILY.		
THYROXINE	100mg	DAILY		

Details

Your mental health

	No	Yes
1. Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness? Details	☑	☐
2. Have you ever had any problems in the past or currently with depression, panic or anxiety?	☐	☑
3. Do you have a history of bipolar disorder (manic depression), puerperal psychosis, schizophrenia or other serious mental illness?	☐	☑
4. If "yes" to questions two or three then:		
Have you ever been admitted to hospital for treatment of a mental illness or treated by a psychiatrist or mental health team?	☐	☑
Details AFTER BIRTH OF 2ND CHILD - STILLBORN. HAD PROBLEMS WITH EX-PARTNER.		
Are any of the problems on-going at the moment?	☐	☑
Details FEELS LOW AT PRESENT - NOT ON MEDICATION.		
Are you getting any help with the problems at the moment?	☑	☐
Details ADVISED TO SEE GP		

Referral needed ☐ No ☑ Yes Details HV, GP & CMHT.

Home circumstances and support needs

	No	Yes
Are you still in school?	☑	☐
Are you living in or leaving looked after care services?	☑	☐
Do you feel that you have someone to support you through your pregnancy?	☐	☑
Are you in temporary housing?	☑	☐
Do you need further advice on finances, benefits or housing issues?	☑	☐
If you have other children do they live with you?	☑	☐
If no, who looks after them? SISTER.		
Have you ever needed social work assistance?	☑	☐
Do you have difficulty with reading?	☑	☐
Do you have any difficulties with filling in forms or writing letters?	☑	☐
Do you have any disabilities?	☑	☐

Details

Referal needed ☐ No ☑ Yes Details UNBORN BABY PROTOCOL

Other support and professionals

Name of social worker — Name of of mental health team/nurse/psychiatrist

Contact no. ✆ JENNA HORSBURGH — Contact no. ✆

Address COLONSAY RESOURCE CENTRE, COLONSAY PERTH ST. 783450. — Address

Other involved workers
(family support, learning support worker, guidance teacher etc)

10 03 82 0107

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special Features

Name YVONNÉ JAMIESON

Age 28 Parity 2+0

Agreed EDD 02 12 10

Blood group O POS.

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies ? MORPHINE

BMI 28.5 Smoker No ✓ Yes ☐

See maternity summary record ✓

Pregnancy

Special features	Plans for care
PRV STILLBIRTH @ 24+6.	V. Early onset PET
ON THYROXINE	Serial Scans
ASTHMATIC	
HISTORY OF DEPRESSION.	
	Aspirin 75mg → 36wks.
	Fetal Anomaly Scan.
	BP 4 weekly until 24 weeks then fortnightly Weekly from 36wks.

Special features Labour, birth & after your baby is born

Special features	Plans for care	Notes for paediatrician
24/28/30 f. injury	PRAM. ✓ CMHT ✓	
	Normal Labour discharge	

Antenatal Steriods given No ☐ Yes ☐ Date Time Details

Repeat dose Date Time Date Time

Consent for blood and other tests offered in pregnancy (Blood Group, Full Blood Count & Infectious Diseases)

I have received the information leaflet *'A Guide to Routine Blood Tests Offered During Pregnancy'* and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

- ✓ **I wish** ☐ **I do not wish** to be tested for Blood Group
- ✓ **I wish** ☐ **I do not wish** to be tested for Full Blood Count
- ✓ **I wish** ☐ **I do not wish** to be tested for Rubella status
- ✓ **I wish** ☐ **I do not wish** to be tested for Syphilis
- ✓ **I wish** ☐ **I do not wish** to be tested for Hepatitis B
- ✓ **I wish** ☐ **I do not wish** to be tested for HIV
- ✓ **I wish** ☐ **I do not wish** to be tested for Haemoglobinopathies
- ✓ **I wish** ☐ **I do not wish** to be tested for Chlamydia (aged under 25 years)
- ✓ **I wish** ☐ **I do not wish** to be tested for blood glucose levels
- ✓ **I wish** ☐ **I do not wish** to be tested for
- ✓ **I wish** ☐ **I do not wish** to be tested for

Signature: Y: McLean **Date** 28 05 10.

Witness: S. Yeaman **(Health professional)**

(Please sign and print name)

Designation: Midwife **Date** 28 05 10

Signature: **Date**

Information for you

Blood tests and other tests

During your pregnancy you will be offered several blood tests to check on your health and your baby's health. Your midwife will give you information leaflets on many of these tests. Maternity care staff will discuss all the blood tests with you. When you are sure that you understand about the tests, you will be asked if you want to have them done or not, and your wishes will be followed. For some of the blood tests you will be asked to sign a consent form.

Maternity care staff will tell you how to find out the results of any tests that you have. They will also organise any follow up care that may be needed.

Results should be filed between the 'your notes and questions pages' near the back of the notes so that they do not obscure the 'Special Features' boxes. Computer print outs can be hole punched and tagged into the record or the 'mount sheet' can be used for smaller results.

Test	Gestation when test due	Date taken indicate if declined	Results/Action
Blood Group	12+28		
Full Blood Count	12+28		
Rubella status	12		
Syphillis	12		
Hepatitis B	12		
HIV	12		
Screening for ☐ Spina Bifida ☐ Down's Syndrome	15-18		
Antibody check	12+28		
Random blood glucose	12+28		
Haemoglobinopathy - sickle cell and thalassaemia			
Chlamydia (if under 25)			
Mid stream urine specimen for bacteriology	12		
Other			

If you have Rhesus Negative blood

This section ☐ does not apply to you ☐ applies to you

Your blood is Rhesus Negative. You will be offered 'Anti-D' to prevent any problems developing.

Discussions/plans Signed / /

Prophylactic 'Anti-D' given 28 weeks Dose Signed Date given / /

Prophylactic 'Anti-D' given 34 weeks Dose Signed Date given / /

During your pregnancy you will be offered several tests to check on your baby's health. These include ultrasound scans and may include blood tests to screen for risk of fetal abnormalities including Down's Syndrome and Spina Bifida.

Your local maternity team will explain what ultrasound scans will be offered to you and you will be asked to complete the appropriate consent for these tests.

The ultrasound scans you are likely to be offered by your local maternity services are:

☑ Dating scan ☐ Nuchal translucency scan 11-13 weeks ☑ Detailed scan at 20 weeks
☑ Growth scan as required ☑ Placental site scan as required ☐ Other

Consent for screening tests offered in pregnancy (Down's Syndrome and Neural tube defects)

I have received the information leaflet 'A Guide to the Screening Test for neural tube defects and Down's Syndrome' and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

☐ I wish ☑ I do not wish to be screened for the risk of Neural tube defects

☐ I wish ☑ I do not wish to be screened for the risk of Down's Syndrome

Signature: K. Samuda. Date 25/5/10

Witness: Khorne Kathorne (Health professional)

(Please sign and print name)

Designation: Midwife Date 25/5/10.

	Discussed (or note if mother declined discussion)	Signed	Date
Benefits of breastfeeding to the baby (protects against gastro-enteritis and diarrhoea, urinary tract infections, ear infections and chest infections; may also protect against allergies and diabetes)	✓	Khorne	25/5/10.
Benefits of breastfeeding to the mother (protects against breast cancer, ovarian cancer and hip fractures in later life)	✓		
No other food or drink needed (for up to 6 months)	✓		
Importance of skin-to-skin contact after delivery (keeps baby warm and calm, promotes bonding, helps breastfeeding)	✓		
Importance of good positioning and attachment			
Getting feeding off to a good start			
• Baby-led feeding			
• Problems with using teats, dummies, nipple shields			
• Help will be available with feeds			
• Importance of rooming-in/keeping baby nearby			
• Baby's sleeping place (To reduce risk of cot death, babies should sleep in parents' room until 6 months. It is safest to put your baby back in the cot before you go to sleep rather than letting them sleep with you)			
Leaflets given and discussed			

Antenatal checklist reproduced with permission of UNICEF baby friendly initiative.

Antenatal appointments

Date	Weeks pregnant	Height of uterus (cm)	Blood pressure	Urinalysis	Oedema (swelling)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood tests taken and results
23.5.10			96/88	+/Pot ++Ketones							
28/5/10	13+		100/82								
16.7.10	20+2		110/70	NAD							U+Es Urate LFTs TFTs
5/8/10.	23+		120/60								

Weight in late pregnancy kg

Date

Please remember to complete the 'Whose signature?' section on the back cover of the pregnancy record

Other information/plans/referrals etc	Return in (weeks)	Signature
Been feeling nauseated and not eaten much. Healthy Start signed, booking bloods and TFTs taken. On Thyroxine 100mcg and 5ug Folic Acid. Also taking 75mg aspirin as had PET & last pregnancy. Stopped at present.		S. Seaman. SCM.
Has been having deliveries being Asp due to Nausea. → To restart Aspirin + folic.	20	Dr. Scan & scan
Check U+E's/Urate/LFTs at 20 wks.		
On Thyroxine 125mcgs can be able to take soluble aspirin - require tablet form. S/B Dr Gordon : see every two weeks scan + BP check. well ; Fmtt : feeling good	2 weeks	BRankin Pg/s
Transfer of Care to Arbroath. Pram referal Completed by S.W for John. U/s arranged for 12/8/10. Appt for Dr Lynch 19/8/10. Need Thyroxine Checked next visit.	1	C Field.
9/8/10 NWS ANC planned IS NEXT SCAN ORGANISED? Kalewel PW		

Date	Weeks pregnant	Height of uterus (cm)	Blood pressure	Urinalysis	Oedema (swelling)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood tests taken and results
9/8/10	24										
19/8/10	25+		118/70	Tr Prot							
21/8/10	26.26.		110/74	MSSU sent Concentrated urine NEG.	NIL.	Parts felt.	H	MF			HB RBS LFTs Thyroxine

Weight in late pregnancy kg

Date

Please remember to complete the 'Whose signature?' section on the back cover of the pregnancy record

Other information/plans/referrals etc	Return in (weeks)	Signature
John phoned – Yvonne working unwell for 1/52 now had contacted NHS 24 who said it was nothing to worry about. Says she is keeping very little "down" and is exhausted. This is just the way she felt when she was second child @ this gestation in March 2001. Advised to phone triage immediately – number given. Discussed notes were in A+E. Phoned Triage – had not yet arrived. If I cannot contact him they will ask couple to collect notes en route. Phoned contact no. Yvonne answered. John will phone Triage and they will collect notes.		Kate Mwt
USS performed Plan agreed as discussed Seeing CMHT on 31/8/10. Healthstart Vits issued Well. Continues ASPrin	1/52 2/52	

Date	Time	Details

Please use 24 hour clock and sign each entry

17/7/10 0830 Asked to review by NWs. Yvonne unsure of feeling fms since yesterday. Unable to get through to NWs for review so was seen in CAU PRI.
FHH 140 - 156bpm using Sonocaid. fms felt by midwife then by Yvonne. Yvonne now feels reassured that's the baby is moving. Had scan yesterday. For CWFHS scan & ANC 30/7/10. To contact NWs if CWFHS advice needed meantime.
J Hazelton

8/9/10 8/9/10. 28+1 Came for check FMF ↓ Not feeling at all well ↑ fm.
T- 36.9 P- 88 BP 120/80. Uni + Protein
States symptoms she feels today ~~have~~ are the same as when she lost baby last time.
Very, very anxious. Sounds like she has

Date	Time	Details

Please use 24 hour clock and sign each entry

8/9/10 a bad cold but Yvonne adamant this is the way she felt the last time
OP t = 25cm feels a little S.F.D.
abdomen soft
FHH ✓
Yvonne not feeling baby move very much.
DIW Reg in NIW to attend 37a
CTG commenced & non emergency ambulance ordered
S Hazelton.

2005 Care taken over CTG still in progress Fm's felt baseline satisfactory but acceleration not so good to remain in situ - no dec noted

2030 CTG remains unchanged Fm's felt but accelerations ↑ 5-7 bpm. Maternal position changed and hot drink given.

2040 Phone ambulance they will be within one hour.

Date	Time	Details
Please use 24 hour clock and sign each entry		
8/9/10	2045	Phone bleep no 5400 to speak to obstetric reg re CTG tracing.
	2055	Spoke Obstetric Registrar - Dr Bandyopadhyan informed him of the CTG with variability of 5-7 bpm and the lack of accelerations No dec noted and Yvonne states she is feeling FM's. Plan:- to keep Yvonne on CTG meantime if any concerns or worsening of tracing send immediately. - Ambulance is due within next 35mins
	2100	Ambulance arrived for T/F to N/W's wo 37A. L. H—

Date	Time	Details
Please use 24 hour clock and sign each entry		

Antenatal CTG Proforma	Reassuring	Non-Reassuring		NHS Tayside
Baseline rate (bpm)	110 – 160 Rate: 150bpm	Less than 109	Rate:	Comments:
		More than 161	Rate:	
		Sinosoidal pattern for 10 minutes or more		
NB Rising baseline rate even within normal range may be of concern if other non-reassuring features present				
Variability (bpm)	5 bpm or more	Less thatn 5 bpm for more than 40 minutes		Comments:
Accelerations	Present	None for 40 minutes		
Decelerations	None	Unprovoked deceleration/s		
		Decelerations related to uterine tightenings (not in labour)		
Opinion	*Normal CTG All 4 features reassuring*	*Abnormal CTG (1 or more non reassuring feature)*		
	Maternal pulse:	Membranes ruptured: Y / N If yes, date and time:	Liquor Colour	Gestation (wks): 28

Reason for CTG: ✓ FM's felt

Action: (An abnormal CTG requires prompt review by experienced obstetrician / senior midwife)

To be reviewed by Obstetrics N/W

Date: 8/9/10 Time: 2100 Signature: L Harrold Print: L H— Designation: M/W

Breech Presentation at 36 weeks

Date

External Cephalic Version discussed and information given ☐ No ☐ Yes

External Cephalic Version offered ☐ No ☐ Yes

External Cephalic Version offer accepted ☐ No ☐ Yes

Details of ECV procedure

Record of cervical stretch and membrane sweep for postmaturity

Date Time Gestation

Record of discussion prior to the procedure

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Signature: Date

Cervical examination

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

* Relative to the ischial spines

Comments

Plans following procedure

Antenatal Care

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born

Special features	Plans for care	Notes for paediatrician
24/28/30 fortnightly	PRAM ✓ CMHT ✓	

Antenatal Steriods given No ☐ Yes ☐ Date Time Details

Repeat dose Date Time Date Time

Information for you

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

Forms — **Date received**

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

Benefits and Entitlements

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

Blood tests in pregnancy

- 'A Guide to Routine Blood Tests Offered During Pregnancy' 25.5.10
- 'A Guide to the Screening Test for Spina Bifida and Down's Syndrome' 25.5.10

Pregnancy, babycare and breastfeeding

- 'Ready, Steady, Baby!'
- Information on wearing a car seat belt safely during pregnancy
- 'Reduce the Risk of Cot Death' www.sidscotland.org.uk
- 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' 25.5.10.
- 'Breastfeeding and Returning to Work' www.healthscotland.com
- 'A Parents' Guide to Newborn Blood Spot screening'
- 'Your Baby's Hearing screen'
- 'BCG and your baby' www.healthscotland.com
- 'Talking about postnatal depression' www.healthscotland.com
- 'Smoking - giving up during pregnancy: A guide for pregnant women who want to stop smoking' www.healthscotland.com

Others

-
-
-
-
-

Your ultrasound scans

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

Dating Scan

Date	Gestation	EDD by scan	Fetal heart	Signature
			No ☐ Yes ☐	
Details				

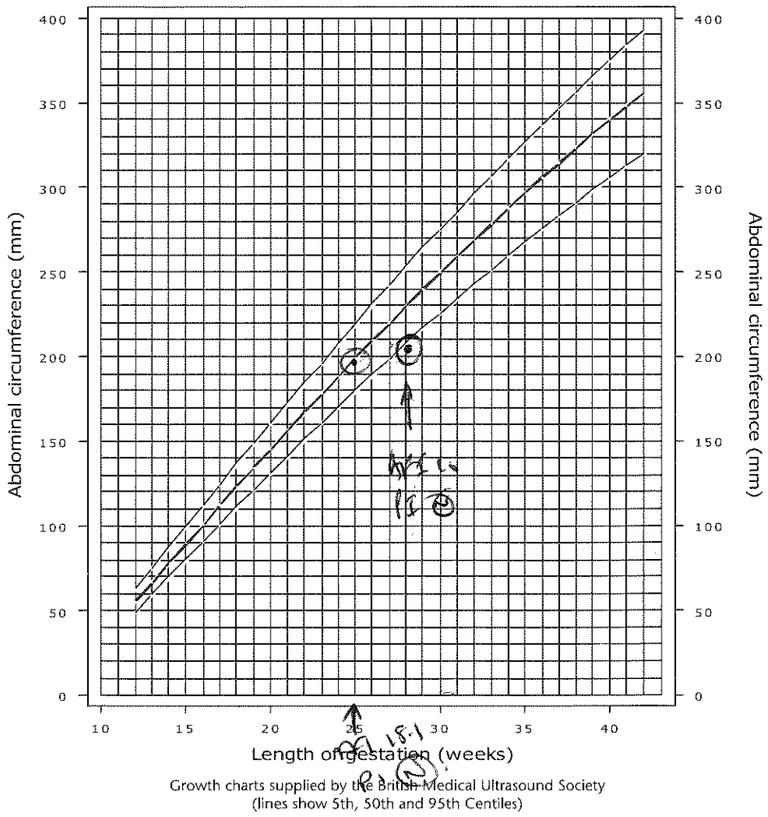
Detailed Scan

Date	Summary of findings	Signature

Other Scans

Date	Gestation	Amniotic Fluid Index (AFI) Oligo/normal/ polyhydramnios	Growth Within Normal Limits/<5th Centile/>95th Centile	Fetal presentation (Cephalic, breech, transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature

Abdominal circumference growth

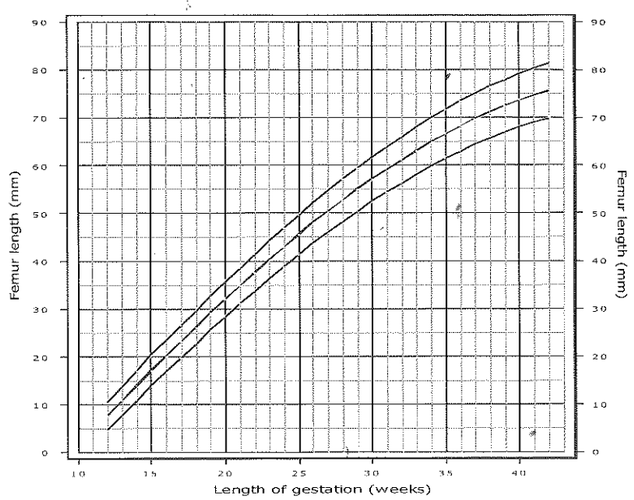


Growth charts supplied by the British Medical Ultrasound Society
(lines show 5th, 50th and 95th Centiles)

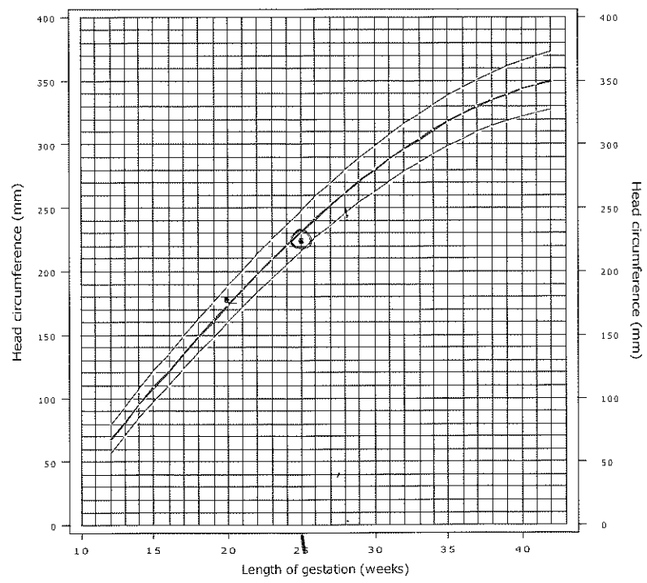
Your ultrasound scans (continued)

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

Femur length



Head circumference growth



Any further notes on ultrasound scans
(Please date and sign entry and complete "Those Signature" page at back of record)

Your preferences for labour and the birth of your baby

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

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

How do I feel about labour and birth?
What are my expectations?

I expect proper care + attention to both myself and baby.

Who do I want with me during labour and birth?

My Friend Charmaine McCole + My Husband John Samieson.

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

I do expect privacy to a certain extent with birthing partner.

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?
e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).
Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

I wish my baby to be monitored electronically for heartbeat.

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

I do wish to have an epidural if possible.

Vaginal examinations to assess my progress during labour
My feelings about these are:

I wish my vaginal examinations to be done by female as I don't feel comfortable with a male - No Prejudice here.

How would I like to give birth?
My position for birth - kneeling, standing, squatting or sitting upright ?

NO PERFERENCE.

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

Already know Sex of child.

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

I wish my placenta to be delivered with injection.

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

Skin to Skin Contact

Would I like my baby to have Vitamin K?

I do wish my Baby to have Vitamin K.

Other questions or special requirements that I have

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

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

Signature: **Date** / /

Preparing for birth - what to pack in your bag

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

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

Your notes and questions

Please use this page to write down any notes or questions

What is shared care? - MATERNITY MIDWIVES + OWN G.P

17/07/2010 - NOT much Movements from Junior -
- Appro about 6 5 kicks today.

I Phoned NHS 24 as I was worried about having no movement that I could feel from baby.

- Ask why they have got a yes down about Refer any history of Bipolar disorder? - Mental health. Page.

Your notes and questions (continued)

Please use this page to write down any notes or questions

Plan of care for your pregnancy

This chart is used to record a plan of care for your pregnancy. Your midwife or doctor will tick the boxes to show when an appointment is due, where it will take place, and whether a blood test or ultrasound scan is planned. Details of each appointment can be written below.

If this is your first baby you will usually have 10 appointments, if you have had a baby before you will usually have 7 appointments.

Week number	8		10		12		14		16		18		20		22		24		26		28		30		32		34		36		38		40	41	42
Health centre/surgery																																		
Maternity unit																																		
Home																																		
Blood tests																																		
Ultrasound																																		

Your appointments

Day	Date	Time	Where & who with	Things you want to discuss
FRIDAY	30.7.10	9.30	SCAN C.D.	
		9.40	ANC.	
FRI.	10.9.10	2.30	A1 MATY.	

Your antenatal care and planned place of birth

Type of antenatal care
Shared Care

Lead professional
Name DR GORDON
Role OBSTETRICIAN

Planned place of birth
NINEWELLS

Plans discussed & agreed
Signed L Thorne 25/5/10

Change(s) to type of antenatal care/lead professional or planned place of birth

Reason for change(s)

Plans discussed & agreed
Signed / /

Change(s) to type of antenatal care/lead professional or planned place of birth

Reason for change(s)

Plans discussed & agreed
Signed / /

Whose signature?

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

Name (please print)	Signature	Job title
L THORNE	L Thorne	MW
JOYCE HAZLETON	J Hazleton	M/W
KATE WEIR	Kate Weir	MW

NHS TAYSIDE

PERINATAL MENTAL HEALTH INTEGRATED CARE PATHWAY
MIDWIFERY STANDARDS

Date 5/8/10	GESTATION 24 – 28 weeks		
Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐			
Feels a little down at times CMHT Alerted HV alerted.		Signature C Field.	
Written information given to mother ☐	Date of Letter to HV 5/8/10	Date Referred to Obstetrician	
Verbal information given to mother ☐	Date of Letter to GP	Date Referred to Community Mental Health Service 5/8/10	
Voluntary Sector (please state)		Other (please state)	

ate	GESTATION 34 – 36 weeks		
Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐			
		Signature	
Written information given to mother ☐	Date of Letter to HV	Date Referred to Obstetrician	
Verbal information given to mother ☐	Date of Letter to GP	Date Referred to Community Mental Health Service	
Voluntary Sector (please state)		Other (please state)	

Date	GESTATION 38 – 41 weeks		
Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐			
		Signature	
Written information given to mother ☐	Date of Letter to HV	Date Referred to Obstetrician	
Verbal information given to mother ☐	Date of Letter to GP	Date Referred to Community Mental Health Service	
Voluntary Sector (please state)		Other (please state)	

Reason Code for Non- assessment:	
1) Client did not attend	2) Client chooses not to answer question
3) Lack of appointment time	4) Other (please state)

Written information – highlight Ready Steady Baby PND section Pg 107-109 to all primiparous women. Previous PND or PMI risk factors identified – Talking about PND leaflet use – PMH website/Useful Weblinks http://www.tayside.scot.nhs.uk/nhstayside/intranet/clinicalnetworks/perinatalmentalhealth/

NHS TAYSIDE

PREGNANCY AND SMOKING RECORD - S3

Name:	JAMIESON YVONNE	1003820107
Post Code:	4 WALKER COURT CANAL STREET PERTH PH2 8LF	
CHI:		JOHN AULD

Ask woman:

1. How many cigarettes do you smoke in a day? ☐ Carbon monoxide level ☐

2. Have you tried to stop smoking in the past? Yes ☐ No ☐

If yes did you access any support services or use any nicotine replacement therapy?

Details: _____

3. Are you interested in stopping smoking? Yes ☐ No ☐

4. Are you ready to stop? Yes ☐ No ☐

Midwife to complete tick all that apply:

1. Discussed health risks of smoking in pregnancy. ☐

2. Smoking Cessation Information Pack given. ☐

3. Referral to Smoking Cessation Services. ☐ Which? _____

4. Information given re accessing NRT ☐ Where? _____

5. Information given re incentive scheme. ☐

Date:	Please discuss and document any progress and referrals at each visit:	Signature:

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
Address	**3, Woodley Caravan Park, Arbroath, Angus, DD11 2QJ**	Sex	**Female**	GP	**Js Cherry Medical Centre 7 Hill Place Arbroath**
		Hospital Number	**1003820107**		**DD11 1AE**
		Midwife	**Christine Field**		
		Obstetrician	**Dr A Gordon**		
Telephone	**07562111995**	Paediatrician	**Dr Birgit Wefers**	Telephone	**01241 431144**

DELIVERY SUMMARY

Labour Onset	**Not applicable**		
Augmentation	**Not applicable**		
		Membrane Rupture To Birth Interval	**00:01 (hrs:mins)**
Intrapartum Problems	**No**	First Stage	**00:00 (hrs:mins)**
Third Stage	**Removed at Caesarean Section**	Second Stage	**00:00 (hrs:mins)**
	Oxytocics: Syntocinon i/v (bolus), Syntocinon i/v (infusion)		
Sterilisation	**Not Applicable**	Third Stage	**00:00 (hrs:mins)**
Pain Relief	**Delivery: Spinal, General Anaesthetic**		
Placenta	**Condition: Normal**		
	Completeness: Complete	Membranes	**Complete**
Blood Loss	**300 mls**		
Perineum	**No Sutures**		
Postpartum Problems	**No**		

Livebirth 10:50 Thursday 09 September 2010

Baby	**Baby Jamieson (Male)**	Other number	
Birth Order	**1 of 1**	Hospital Number **M35820**	Birth Status **Livebirth at 28+1 weeks**
			Birth Weight **815 grams (1 lbs & 13 ozs)**
Method of Delivery	CS2 Maternal or fetal compromise which is not immediately life threatening		
Indication	Suboptimal CTG (no mec), *Intrauterine Growth Restriction, Previous stillbirth at 24 weeks with HELLP Syndrome*		
Time of Birth	10:50		
Resuscitation	Tracheal ventilation with tracheal suction		
Drugs	Not known		
Liquor	Clear		
Apgar Scores	5 at 1 min, 9 at 5 min		
Mins To Reg Resp	Not achieved		
Special Care	Immediate Neonatal Unit admission for NSBU - Ninewells SCBU, Dr Birgit Wefers, Prematurity, 46008		
Shoulder Dystocia	Not Recorded		
Delivered By	Dr Rachel Roberts (SpR (Registrar)) assisted by Dr Aik Ying Goh (SHO)		

Signature _____ **Date** 9-9-10

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
Address	**3, Woodley Caravan Park, Arbroath, Angus, DD11 2QJ**	Sex	**Female**	GP	**Js Cherry Medical Centre 7 Hill Place Arbroath DD11 1AE**
		Hospital Number	**1003820107**		
		Birth Order	**1 of 1**		
		Midwife	**Christine Field**		
		Obstetrician	**Dr A Gordon**		
Telephone	**07562111995**	Paediatrician	**Dr Birgit Wefers**	Telephone	**01241 431144**

Birth Register

Total Length Of Labour (hr:min)	**00:00**
Estimate of Gestation	**28+1 weeks**
Booking Status	**Booking for Delivery**
Onset	**Not applicable**
Presentation	**Other Cephalic**
Augmentation	**Not Applicable**
Third Stage	**Removed at Caesarean Section**
Placenta	**Condition: Normal** **Completeness: Complete**
Pain Relief	**Delivery: Spinal, General Anaesthetic**
Perineum	**No Sutures**
Delivered By	**Dr Rachel Roberts (SpR (Registrar))**
Assisted By	**Dr Aik Ying Goh (SHO)**
Midwife Present	**Mrs Karen Robertson (Hospital Midwife)**
CTG Results	**Definite problem, Suboptimal CTG**
Blood Loss	**300 mls**
Intrapartum Problems	**No**
Postpartum Problems	**No**
PN Analgesia/Anaesthesia	
Feeding Intention	**Breast**

Place of Delivery	**Theatre**
Parity	**2+0**
Memb Rupt To Birth	**00:01 (hrs:mins)**
First Stage	**00:00 (hrs:mins)**
Second Stage	**00:00 (hrs:mins)**
Third Stage	**00:00 (hrs:mins)**
Membranes	**Complete,**

Livebirth Baby: 1 10:50 Thursday 09 September 2010

Other number	
Hospital Number	**M35820**
Birth Weight	**815 grams (1 lbs & 13 ozs)**
Head Circumference	
Length	
Vitamin K	**Konakion given Intramuscular (1 mg)**
Admitted To Special Care	**Yes**

Sex	**Male**
Resuscitation Method	**Tracheal ventilation with tracheal suction**
Resuscitation Drugs	**Not known**
Apgar	**5 at 1 min / 9 at 5 mins / Not Known at 10 mins**
Liquor	**Clear**
Mins to Spontaneous Respiration	**Not achieved**
Method of Delivery	**CS2 Maternal or fetal compromise which is not immediately life threatening**
Congenital Anomaly	**No**
Indication	**Suboptimal CTG (no mec), *Intrauterine Growth Restriction. Previous stillbirth at 24 weeks with HELLP Syndrome***

Signed _____ Midwife/SHO/Registrar/Consultant Date 9.9.10

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
Address	**3, Woodley Caravan Park, Arbroath, Angus, DD11 2QJ**	Sex	**Female**	GP	**Js Cherry Medical Centre 7 Hill Place Arbroath**
		Hospital Number	**1003820107**		
		Midwife	**Christine Field**		**DD11 1AE**
		Obstetrician	**Dr A Gordon**		
Telephone	**07562111995**	Paediatrician	**Dr Birgit Wefers**	Telephone	**01241 431144**

Thromboembolism Prophylaxis Summary

Factor	**Score**
Birth method of type caesarean	3
Total Score	**3**

The suggested action is:

Early mobilisation and hydration
TED stockings
Fragmin 5000iu o.d. for 5 days

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
Address	**3, Woodley Caravan Park, Arbroath, Angus, DD11 2QJ**	Sex	**Female**	GP	**Js Cherry Medical Centre 7 Hill Place Arbroath**
		Hospital Number	**1003820107**		
		Midwife	**Christine Field**		**DD11 1AE**
		Obstetrician	**Dr A Gordon**		
Telephone	**07562111995**	Paediatrician	**None Recorded**	Telephone	**01241 431144**

ASSISTED DELIVERY SUMMARY (Printed 9 September 2010)

Baby 1 10:50 Thursday 09 September 2010

Assessment of fetus

No. fetal blood samples	0

Pre-op assessment of breech

Type of breech presentation	None Recorded
Scan for breech assessment	None Recorded
Estimated fetal weight	None Recorded
Attitude	None Recorded

Abdominal findings prior to delivery

Abdominal Lie	Longitudinal
Presentation prior to delivery	Breech
Abdominal station	Free

Liquor volume	None Recorded
Position of presenting part	None Recorded
Pelvimetry performed	None Recorded
E.C.V. attempted	None Recorded

Vaginal findings prior to delivery

Cervical dilation	0
Presenting part	Breech
Station of presenting part	-3
Caput	None
Moulding	None
Liquor state	Clear

Type of operative delivery CS2 MATERNAL OR FETAL COMPROMISE WHICH IS NOT IMMEDIATELY LIFE THREATENING

Delivered by	Dr Rachel Roberts, SpR (Registrar)		
Type of decision authority	Consultant	Decision Authorised by	Prof G Mires, Consultant
Others Present	Goh, Aik Ying Dr - SHO, Devaney, Andrew Dr - SHO, Theatre Staff - ,		

Procedure details

Indication for CS 1 or 2	Suboptimal CTG (no mec)	Additional important reasons	Intrauterine Growth Restriction. Previous stillbirth at 24 weeks with HELLP Syndrome
Decision to Delivery Interval (hrs:mins)	02:05		
Type of skin incision	Low transverse	Drains inserted	No
Type of uterine incision	Lower Segment		
Normal intra-abdomen findings	Yes	Uterine closure material	Vicryl
		Skin closure material	Prolene on beads
Uterine cavity checked	Yes	Uterine cavity empty	Yes
Tubal Ligation	No		
Closure following section	Routine	Remove skin sutures	Yes
		Specify	Remove in 5 days please

Perineum

Episiotomy performed	None Recorded	Hospital follow-up of perineum	None Recorded
Degree of perineal tearing	None Recorded		

Suturing

Damage required suturing	None Recorded
Revised post delivery findings	No

Cord blood results

Cord gases at delivery	Yes

Arterial blood gases

Arterial pH	7.224
Arterial Base Excess	-4.1

Venous blood gases

Venous pH	7.219
Venous Base Excess	-3.6

Arterial pC02	**8.18**	Venous pCO2	**8.52**

Third stage

Total Blood Loss	**300 mls**		
Completeness of placenta	**Complete**		
Completeness of membranes	**Complete**		
Catheterized	**Yes**	Type of Catheter	**Foley**
Volume of Urine	**mls**	Remove in	**1 days**
Colour of Urine	**Clear**		

Additional operative details

Baby delivered with membranes intact, ARM performed while baby in membrane bag. 2 loops of cord tightly around neck.

Name of person recording Name: **Dr Aik Ying Goh** Status: **SHO** Signed: _____ Date: 9/9/10

NHS Tayside

CONSENT FOR INVESTIGATIONS, TREATMENT OR OPERATION FORM
(Please complete using block capitals & no abbreviations)

NHS Tayside

Patient's Surname	JAMIESON	**Hospital/Ward**	NN LABOUR
Other Names	YVONNE	**Speciality**	OBSTETRICS
CHI Number	1003820107	**Consultant**	DR P LYNCH.

Patient Label can be used

Name of proposed procedure or course of treatment

CAESAREAN SECTION

The site / side of surgery

I have explained the procedure to the patient. In particular I have explained:

Intended Benefits: DELIVERY OF BABY.

Significant Risks: Major Bleeding
Infection
Clots (DVT/PE)
Injury to Bladder/bowel
Injury to baby
(PAED DOCTORS TO BE PRESENT)

Any extra procedures which may become necessary during the procedure:

Blood Transfusion ☑

Other (specify)

(The need and alternatives have been discussed with the patient)

I have also discussed what the procedure is likely to involve, the benefits and the significant risks of any available alternative (including no treatment), and any particular concerns of this patient. I have done this in terms that, in my judgement have been understood.

The following information leaflet(s) has been given

Has the patient ever been notified that they are at increased risk of CJD or vCJD for public health purposes?

No	☑	Proceed as normal
Unable to Respond	☐	Proceed as normal unless high risk tissue, e.g. Brain, Spinal Cord Posterior Eye and Quarantine instruments pending contact with infection control for further advice.
Yes	☐	Ask for further explanation. Quarantine instruments pending contact with infection control for further advice.

Clinicians Signature:	AGash	**Date**	9/9/10
Name Printed:	A GOH	**Grade**	ST2
Contact Details	54000		

Please Turn over for Patient Section

NHS Tayside

CONSENT FOR INVESTIGATIONS, TREATMENT OR OPERATION FORM

This page is to be completed by the patient/representative.

Please read this form carefully. If you have any further questions, do ask; we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree: To the procedure or course of treatment described on this form.

To the administration of a general, local or other anaesthetic as appropriate, following informed discussion including the benefits and significant risks with the anaesthetist.

I understand:

- That any procedure in addition to those described above will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- That you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- Information including digital information (radiological e.g. x-rays, CT and MRI scans, video and/or photographic material) may be stored as part of the patients medical records and may be stored on computer databases.
- Body tissue e.g. fluids, organs or parts of them may be removed during the procedure and used for diagnosis, my future treatment and then discarded or stored as considered appropriate.

Please tick ✓appropriate box if you agree to

☐ Excess body tissue not required for diagnosis or future treatment being used for medical research (the University of Dundee is very active in medical research and donations of excess body tissues are a valuable resource for research)

☐ To photographs and other digital images being used for teaching, in presentations at conferences or available on websites and in publications

(If consent is withdrawn at a later date it may not be possible to withdraw images that are already in the public domain) NB Medical staff you must complete the appropriate medical photography forms.

I have been told about additional procedures as specified which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

Specified Additional Procedures

Additional Procedures I do not want carried out

Patient's Signature: ✱ Y-Jamieson. **Date:** ✱ 9/9/10

Print Name: _____

Witness Signature **Date:**

(if patient unable to sign)

Print Name _____

Statement of Interpreter (if applicable): I have interpreted the information above to the patient to the best of my ability and in a way in which I believe the patient can understand.

Interpreters Signature: **Date:**

Name Printed:

Day of Operation

I have marked the skin at the operation site and / or confirmed consent ☐

Signature **Date**

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
Address	**3, Woodley Caravan Park, Arbroath, Angus, DD11 2QJ**	Sex	**Female**	GP	**Js Cherry Medical Centre 7 Hill Place Arbroath**
		Hospital Number	**1003820107**		
		Midwife	**Christine Field**		**DD11 1AE**
		Obstetrician	**Dr A Gordon**		
Telephone	**07562111995**	Paediatrician	**Dr Birgit Wefers**	Telephone	**01241 431144**

MOTHER'S DISCHARGE SUMMARY (Printed 7 October 2010)

Social history	**Single One parent Family**	Obstetric History	**Parity 2+0**
Smoking Status	**Non Smoker at booking Non Smoker at delivery**	Onset	**Not applicable**
Augmentation	**Not applicable**	Membrane To Birth	**00:01**
Delivery (most significant method)	**CS2 Maternal or fetal compromise which is not immediately life threatening**	First Stage	**Unknown**
Indication	**Suboptimal CTG (no mec), *Intrauterine Growth Restriction. Previous stillbirth at 24 weeks with HELLP Syndrome***	Second Stage	**Unknown**
Intrapartum Problems	**No**		
Third Stage	**Removed at Caesarean Section**	Third Stage	**00:00**
Management	**Primary Oxytocic :** Syntocinon i/v (bolus), Syntocinon i/v (infusion).		
Tubal Ligation	**No**		
Pain Relief	**Delivery:** Spinal, General Anaesthetic		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**300 mls**	Postpartum Problems	**No**
Perineum	**No Sutures**		

Livebirth Baby: 1 10:50 Thursday 09 September 2010

Baby	**Baby Jamieson (Male)**	Other number	**Livebirth at 28 weeks**
Birth Order	**1 of 1**	Hospital Number **0909105596**	**815 grams**

Blood Group	**Not Known**	Rhesus Group	**Not Known**
Mother's HB	**Not Recorded**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Breast**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharged	**11/9/2010 at 15:00 from Ward 38, WITHOUT BABY , BABY ON NEONATAL UNIT**	Postnatal Stay	**2 days**
Family Planning	**Discussed, Planned method Implant**		
Postnatal Smear	**Recommended**		
Medication	**Analgesics, fragmin**		
Follow Up	**Postnatal check at Health Centre/Surgery. Other clinic follow up Meeting due to pram referal later this month.**		
Recommendation	**No**		
Discharged To	**Ronald MacDonald Suite, Ninewells Hospital**		

ASSESSED FIT FOR DISCHARGE Name: **Mrs Jacqueline Lafferty** Status: **Hospital Midwife** Signed: _____ Date: _____

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
Address	**3, Woodley Caravan Park, Arbroath, Angus, DD11 2QJ**	Sex	**Female**	GP	**Js Cherry Medical Centre 7 Hill Place Arbroath DD11 1AE**
		Hospital Number	**1003820107**		
		Midwife	**Christine Field**		
		Obstetrician	**Dr A Gordon**		
Telephone	**07562111995**	Paediatrician	**Dr Birgit Wefers**	Telephone	**01241 431144**

MOTHER'S DISCHARGE SUMMARY (Printed 11 September 2010)

Social history	**Single One parent Family**	Obstetric History	**Parity 2+0**
Smoking Status	**Non Smoker at booking Non Smoker at delivery**	Onset	**Not applicable**
Augmentation	**Not applicable**	Membrane To Birth	**00:01**
Delivery (most significant method)	**CS2 Maternal or fetal compromise which is not immediately life threatening**	First Stage	**Unknown**
Indication	**Suboptimal CTG (no mec), *Intrauterine Growth Restriction. Previous stillbirth at 24 weeks with HELLP Syndrome***	Second Stage	**Unknown**
Intrapartum Problems	**No**		
Third Stage	**Removed at Caesarean Section**	Third Stage	**00:00**
Management	**Primary Oxytocic :** Syntocinon i/v (bolus), Syntocinon i/v (infusion).		
Tubalisation	**No**		
Pain Relief	**Delivery:** Spinal, General Anaesthetic		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**300 mls**	Postpartum Problems	**No**
Perineum	**No Sutures**		

Livebirth Baby: 1 10:50 Thursday 09 September 2010

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Feeding	**Breast**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
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Medication	**Analgesics, fragmin**		
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Recommendation	**No**		
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ASSESSED FIT FOR DISCHARGE Name: **Mrs Jacqueline Lafferty** Status: **Hospital Midwife** Signed: J Lafferty Date: 11/9/10

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Management	**Primary Oxytocic :** Syntocinon i/v (bolus), Syntocinon i/v (infusion).		
Tubal ligation	**No**		
Pain Relief	**Delivery:** Spinal, General Anaesthetic		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
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ASSESSED FIT FOR DISCHARGE

Name: **Mrs Jacqueline Lafferty** Status: **Hospital Midwife** Signed: J Lafferty Date: 11/9/10

Tayside University Hospitals

Women's and Reproductive Health
Community Midwives
Perth City
Perth Royal Infirmary
PH1 1NX

Recipient:

Date
Your Ref
Our Ref
Enquiries to Midwifery Unit
Extension
Direct Line 01738 47-3274
Email

JAMIESON
YVONNE
4 WALKER COURT
CANAL STREET
PERTH
PH2 8LF

1003820107

07562111995

JOHN AULD

Dear [redacted]

The above client was assessed by me today 25/5/10. During this assessment I noted she had the following predisposing factors for Postnatal Depression:

- - Previous depression - resulting in hospital
- - admission.
- - On going problems with regards to marriage break up and eldest son being in care.

Therefore she may benefit from extra support during her pregnancy to reduce or eliminate the likelihood of postnatal depression.

Yours sincerely

Linda Thorne

MIDWIFE NAME: LINDA THORNE

CONTACT NUMBER: 01738 473425.

FOR PHARMACY USE

Checked by

Clinical Pharmacist

Patient Counselled

(Inits)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf. .....

To Dr. .....

.....

.....

Ward/Clinic/ Hosp. ..... Gynae Cons.

JAMIESON
YVONNE
4 WALKER COURT
CANAL STREET
PERTH
PH2 8LF

1003820107

JOHN AULD

Surname .....
First Name .....
Address .....
.....
G.P. & Addres

C.H.I. No. .....
M. State .....
Sex .....

USE BLOCK LETTERS OR PATIENT LABEL

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

Date Placed on Waiting List (if appropriate) .....

Date of Admission: .....

*Delete as appropriate

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

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT

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

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION / PROCEDURES:

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES:

KW TFT 20 weeks.

MEDICINE TREATMENT ON DISCHARGE — Days	NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓) 8 10 12 14 16 18 20 22 24	DISPENSED BY PHARMACY — Number	Brand Names (for information only)
28	INSULIN ACT/MIX S/C	7 unit		✓	28	
28						

.... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ☐ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. ..... Consultant
2. ..... Sen. Registrar/Registrar
3. ..... Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature ..... Status .....

for ..... Consultant Date 16/7/12

Dispensed By .....

Checked By .....

Date 16/7/12

Final Distribution

WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26 DTH
4 Part Set

Ninewells Hospital Post-caesarean section Spinal/Epidural Opioid Monitoring Chart

(See over for guide to completion)

Name ..... YVONNE JAMIESON

DOB / CHI ..1003820107..

(or preferably affix patient label)

Spinal Diamorphine 0.3mg / Fentanyl 10mcg+Morphine 0.2mg / Fentanyl 12.5mcg

Or Epidural Diamorphine 3mg / Morphine 2mg given at 10:30 hrs

Ondansetron 4mg/Cyclizine 50mg/..... given at 10:55 hrs

Spinal/epidural opiods may cause respiratory depression (diamorphine up to 12 hrs) (morphine up to 24 hrs)

1. have Naloxone 0.4mg/ml readily available.
2. maintain IV access until patient meets criteria to end recording
3. give *NO* other opioids until complains of wound pain

If respiratory rate below 8/min or patient unrousable:

give Naloxone 0.1 mg increments iv until RR above 10/min and patient fully conscious again

If recordings reach Action Limits (see over):

contact Maternity Anaesthetist (4025)/Anaesthetic Consultant (Bleep number - switchboard)

Respiratory arrest call 2222

Date -/-/-	Time (24 hr clock) + Initials	Sedatn Score (0-3)	Resp rate (breaths /min)	SpO2 % *guide 2	Heart rate (rhythm if not sinus)	BP	Pain Score (0-2)	Pain site (e.g. wound)	Sickness score (0-3)	Pruritus Score (0-4)	Temp *guide 3E	Motor Block (0-3) *guide 3D	Level of block R L *guide 3D	PA score *guide 3D
Action limits – call if:		≥ 2	< 10 or > 30	< 95%	< 50 or > 110	< 90 or ↓>30%	≥ 2	Outside wound area	≥ 3	≥ 2	< 36.0	≥ 1 4hrs post-block	> T4 (or rising level)	
Arrival in observation area (time 0) - attach monitors immediately. Please record in ALL SHADED AREAS (guidance PTO)														
1st 5 mn	12:10	1	16	97	88	105/56	0	–	0	0	36.2			
2nd 5 mn	12:15	1	16	*97	86	109/63	0	–	0	0	-------	-------	-------	-----
3rd 5 mn	12:20	1	17	*97	91	103/66	0	–	0	0	-------	-------	-------	-----
4th 5 mn	12:25	1	16	*96	81	106/62	0	–	0	0	-------	-------	-------	-----
5th 5 mn	12:30	1	16	*97	80	110/60	0	–	0	0	-------	-------	-------	-----
6th 5 mn	12:35	1	16	*98	90	111/64	0	–	0	0	*			
									Pressure areas OK? (Y) / N (if N call anaes.)					
If no action limits exceeded for 30 mins – change to ½ hourly recordings in ALL SHADED AREAS (guidance PTO)														
1st 30mn	13:00	1	17	99	81	106/62	0	–	0	0	*	*	*	
2nd 30mn	13:30	0-1	16	95	80	110/62	0	–	0	0	*	*	*	
3rd 30mn	14:00	0	16	99	80	116/60	0	–	0	0	*	*	*	
4th 30mn	14:30	0	16	94	82	124/61	0	–	0	0	*	*	*	
	NB Fragmin								Pressure areas OK? (Y) / N (if N call anaes.)					
If no action limits exceeded for 2 hours – can discharge to ward. Start hourly recordings of ALL SHADED AREAS (guidance PTO).														
1st hrly	15:00	0	17	98	84	116/60	0	–	0	0	36.5			
2nd hrly														
3rd hrly														
4th hrly														
5th hrly														
6th hrly														
7th hrly														
8th hrly														
9th hrly														

If no action limits exceeded for 9 hours – stop monitoring intrathecal/epidural diamorphine and return to routine post-CS monitoring.

Ninewells Hospital Post-caesarean section Spinal/Epidural Opioid Monitoring Chart

GUIDE to completion of form

1. **All patients post-CS should have one to one clinical observation until discharge from the observation area [1].**
2. **On arrival in the observation area connect and start SpO2** (if SpO2 ≥ 95% breathing air can then stop until 30 minute record if remains well), **ECG and BP.**

3. **Record the following indicators.** (Use Scoring Systems below where necessary. Use of automated machines will simplify recording of the vital signs):

A - Sedation score
B – Respiratory rate
C - Other vital signs - SpO2, heart rate, rhythm, BP
D - Symptoms (pain, nausea/sickness, itch,motor block, PA - only until no block)
E - Temperature - record ½ hrly until ≥ 36.0 or patient stops complaining of cold

Record indicators at the following times:

a. A,B,C,D every 5 minutes until stable x 6 (30 minutes) - (Record E x 1. If OK then stop.)

b. A,B,C,D every 30 minutes until stable x 4 (2 hours) (can then consider discharge)

c. A,B,D every 60 minutes until stable x 9 (9 hours) (NB 21 hours if morphine used)

4. **Contact anaesthetist if reach any Action Limit in Scoring System**

5. **Discharge from observation area**

Patients may be discharged to a ward from the observation area a minimum of 2½ hours after the end of their operation. They will:

1. be able to communicate
2. be able to maintain and protect their airway, have adequate SpO2 and circulatory stability
3. have adequate control of pain, emesis, itch and temperature
4. have motor block score of 0 and no rise in level of block at any time and pressure areas OK

SCORING SYSTEMS with Action Limits (shaded) and CONTACT ADVICE

SEDATION SCORE
0 = None (patient alert)
1 = Mild (occ drowsy easy to rouse)
2 = Mod (freq drowsy, easy to rouse)*
3 = Severe (somnolent, diff to rouse)
S = Sleep (normal sleep, easy to rouse)

PAIN SCORE
0 = No pain at rest. None on movt
1 = No pain at rest. Slight on movt
2 = Intermittent at rest. Mod on movt*
3 = Contin at rest. Severe on movt
(Movt = patient attempt to touch opposite side of bed with hand)

SICKNESS SCORE
0 = None
1 = Mild - no treatment needed
2 = Moderate helped by treatment
3 = Severe not helped by one agent*

ITCH SCORE
0 = No itch
1 = Mild itch, no scratching
2 = Moderate itch, occasional scratching*
3 = Severe itch, frequent scratching
4 = Worst itch imaginable

PRESSURE AREA (PA) SCORE
0 = Healthy
1 = Non-blanching erythema
2 = Partial thickness skin loss
3 = Full thickness skin loss
4 = As 3 plus extending damage

MOTOR BLOCK
0 = No paralysis, full flexion of hips, knee and ankle
1 = Inability to raise extended leg, able to move knee*
2 = Inability to flex knee, able to flex ankle
3 = Inability to move knee and ankle

Call anaesthetist if:
a. Any score ≥ * level (shaded area)
b. Resp < 10 or > 30
c. SpO 2 < 95%
d. BP < 90 systolic or > 30 % decrease from baseline
e. Heart rate < 60 or > 110
f. Temp < 36
g. 4 hours after spinal motor block is still ≥ 1
h. Pressure area score > 0

Reference 1. NICE Guidelines on Caesarean Section April 2004

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: H100512379
N/W Labour Suite Clinician: Dr P. LYNCH NLABR LYNP1H

HGB	12.6	g/dL	(12.0-16.0)	WBC	14.4	H x10^9/L	(4.0-11.0)
RBC	4.45	x10^12/l	(3.8-4.8)	NE#	13.4	H x10^9/l	(2.0-7.5)
HCT	0.387		(0.37-0.47)	LY#	1.0	L x10^9/l	(1.5-4.0)
MCV	87.0	fl	(80-96)	MO#	0.1	L x10^9/l	(0.2-0.8)
MCH	28.3	pg	(27-32)	EO#	0.00	x10^9/l	(0.0-0.4)
MCC	32.6	g/dl	(32-36)	BA#	0.0	x10^9/l	(0.0-0.1)
				PLT	211	x10^9/L	(150-400)

Lab.Comments:

Sample Date/Time
09 Sep 2010 07:45

Clin.Details: FOR C SECTION

Request Entered: 09 Sep 2010 08:29 Report Printed: 09 Sep 2010 09:28

Printed by mrsmith1\ldap.thb.scot.nhs.uk on 09/09/2010 10:00:30

Report Details: Authorised | **View:** Original

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Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: C100512379
N/W Labour Suite Clinician: Dr P. LYNCH NLABR LYNP1H

SODIUM	139		mmol/L	(	135-147)
POTASSIUM	4.8	*	mmol/L	(	3.5-5.0)
UREA	5.4		mmol/L	(	3.3-6.6)
CREATININE	68		umol/L	(	44-80)
C-REACTIVE PROTEIN	81	>>	mg/L	(	up to 5)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
09 Sep 2010 07:45

Clin.Details: FOR C SECTION

Request Entered: 09 Sep 2010 08:29 Report Printed: 09 Sep 2010 08:53

Printed by mrsmith1\ldap.thb.scot.nhs.uk on 09/09/2010 10:00:40

ANAESTHESIA/ANALGESIA - Patient Observation/Audit Chart (NOAG 1) Sheet No. …

1st Anaesthetist surname ….Nowell…. Grade (Circle) Con NCCG Spr 1 2 3 4 5 SHO 1 2 3
2nd Anaesthetist surname …Unwandle Grade (Circle) Con NCCG Spr 1 2 3 4 5 SHO 1 2 3

Date … /… /… **Time called** ……hrs	**Time attended** …… hrs	Prim / (Multip) Twins
Please affix patient label here or record …	Ht…. cm Wt……kg	Gestation ….28
Name ……	BMI … Pulse …. BP …..	Cx dilatn. …. cm / Post-partum
Date of Birth …… / … /…..	Reg'l contraindicated Y/N	Prostin / Syntocinon
CHI ……	Prev.epidural / spinal / CS	TENS Entonox Diamorphine
Affix label to all subsequent sheets too	**Medical problems**	**Obstetric problems**
	None / specify - Asthma stable Hypothyroidism, Mild depression	None / specify - Cesarean 28 weeks Preeclampsia
	ASA 1 (2) 3* 4*	

Anaesthetists! Use a form for all obstetric patients.

Write 'GA' in box below if general anaesthesia used.

[ ]

Regional insertion technique (Asepsis – cap / mask / handwash / gown / gloves / antiseptic / drape/ ALL)

Position	(Sitting)			Lateral			
Space	L1/2	L2/3		(L3/4)	L4/5	L5/S1	
Needle size	Epidural	16g	18g	Spinal	25g	27g	Whitacre/Sprotte/Quincke
LOR	Saline			Air			
Catheter position	Skin to space	cm		Cath in space	cm		Caudal / Cephalad

Intrapartum complications of insertion or maintenance

1 Uneventful insertion	(4 Paraesthesia)	7 Unilateral block	10 Hypotension > 30%
2 Attempts>1 same space	(5 Blood in catheter/needle)	8 Missed segment	11 Sensory block >T4
(3 Attempts>1 different space)	6 Accidental dural puncture*	9 Failed regional	12 Other ……

Initial regional bolus

Epidural / Spinal / CSE	Bupivacaine, Ropivacaine, L-bupivacaine Plain / Heavy	Fentanyl (mcg) 10 12.5 25 50
Concentration	(0.5%) 0.375% 0.25% 0.2% 0.1% (spinal) (epidural) (spinal/epidural)	Diamorphine / Morphine (mg) ..0.3mg
Total volume of bolus	2 / 2.5 mls 10 / 15 mls other 2.2 mls	Analgesia achieved first dose (Y) / N

Maintenance prescription. **Signature** ……

PCEA / Infusion / M'wife bolus	Bupivacaine, Ropivacaine, L-bupivacaine	Fentanyl / Diamorphine …… mcg/ml
Concentration	0.25% 0.2% 0.1% other ….. %	Bolus volume …… mls
Starting volume ….. mls	Infusion rate …….. mls/hr	Lockout …… mins

Delivery (midwife to enter data please)

Mode of delivery (circle)	SVD Ventouse HFFD WrFD NBFD	KRFD Caesarean section		
Urgency of CS (timing)	1.Emergency (now!)	2.Urgent (soon)	3.Planned Urgent (on list)	4.Elective
Duration	1st stage ……	2nd stage ……	**Apgars**	1 min……/ 10 5 min ….. / 10
Delivery date …./…../…..	**Delivery time** …… hrs		**Postnatal ward** ……	

Follow up by: ……..(anaesthetist surname) **on:** …/…/… (date) …… hrs (time)
(Please ensure the upper part of the form is completed before follow up. Refer to register in labour suite or notes.)

Analgesia in labour	completely satisfactory	satisfactory after adjustment		unsatisfactory
Analgesia for delivery	painless	some pain/discomfort but satisfied		painful & unhappy
Patient overall opinion	excellent	good	fair	poor
Reason for pain or poor rating	too late to work	failed technique (e.g. unilateral epidural)	failed management (e.g. delay/ late referral)	other ……
Caesarian section	painless peritoneal pain	delivery pain/discomfort	pain closing	
Patient overall opinion	entirely in favour	in favour despite pain	not in favour	
Indication for GA	fetal distress	regional contra-indication	patient refusal	
	poor epidural pre-incision	pain after incision	pain after delivery	
Post CS analgesia	Diclofenac / Paracetamol /nil	Kapake / Tramadol	PCA Y / N	
Quality of analgesia	Good Fair Poor		Would like PCA again? Y / N	

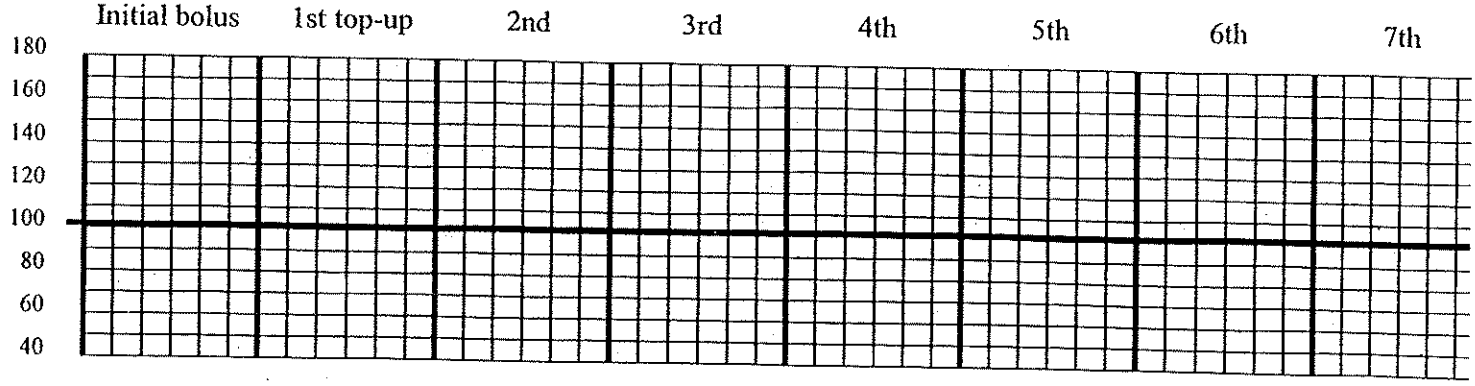
Complications noted at follow up (please record critical incidents on the usual form)

Insertion pain	Inadequate regional	Sensory block>T4	L.A. toxicity
Itching – mild / mod / severe	Nausea – mild / mod / severe	Backache	Urine retention
Post dural puncture headache *	Blood patch Y / N	Neurological deficit (incl. bladder/bowel) *	Other-specify

Additional comments (by anaesthetist or patient) * contact senior SpR/consultant

Midwives - please complete delivery details - thanks

EPIDURAL ANALGESIA - Patient Observation Chart



Time							
Drug A							
Drug B							
Volume							
Reason*							
Signature							

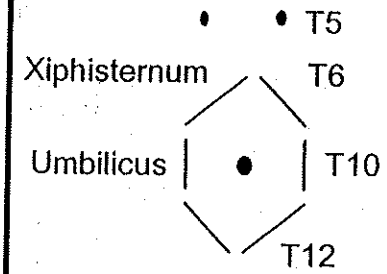
***Epidural bolus reason:** e.g. for labour pain, forceps or caesarian section

Midwife checks (above) **Blood pressure**: every 5 mins for 20 mins after every top-up (midwife or epidural pump bolus)

(below) **Hourly recording**: **All patients:** pain, sickness, sensory & motor block, pressure areas, BP
If Fentanyl used: add sedation score, respiratory rate
Infusions: cumulative volume used + pump rate
Top-ups: cumulative volumes used

Inform anaesthetist if **a.** top-up fails **b.** BP < 90 systolic or > 30% drop **c.** pump/syringe volume discrepancy **d.** other concern

Time (24hr clock) + Initials	Pain score	Site of pain (if applicable)	Sickness score	Sensory block height L R	Straight leg raising L R	Pressure area score	BP	Sedation score	Resp rate	Infusion rate (mls/hr)	Volume infused (total)



SEDATION SCORE
0 None (patient alert)
1 Mild (occ drowsy easy to arouse)
2 Mod (freq drowsy, easy to arouse)
3 Severe (somnolent, diff to arouse)
S Sleep (normal sleep, easy to arouse)

PRESSURE AREA SCORE
0 Healthy
1 Non-blanching erythema
2 Partial thickness skin loss
3 Full thickness skin loss
4 As 3 plus extending damage

Shaded areas suggest need to notify anaesthetist (for sickness obs. SHO)

PAIN SCORE
0 No pain, not aware of contractions
1 No pain, aware of contractions
2 Painful contractions mild, moderate
3 Severe painful contractions

MOTOR BLOCK
0 No paralysis, full flexion hips, knee & ankle
1 Unable to raise extended leg but able to flex knee
2 Unable to flex knee but able to flex ankle
3 Inability to move knee & ankle

SICKNESS SCORE
0 None
1 Mild – no treatment needed
2 Moderate – helped by treatment
3 Severe – not helped by one agent (call Obs SHO)

NHS
SCOTLAND

Labour and Birth Record

To be attached inside the Pregnancy Record following the antenatal section

Confidential

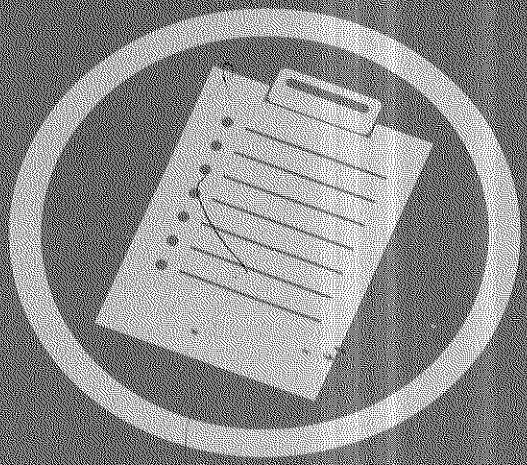
PLEASE USE BLACK INK

JAMIESON
YVONNE
3 WOODLEY CARAVAN PARK
ARBROATH

1003820107
F

DD11 2QJ

ARBROATH MEDICAL CENTRE, 7 HILL PLACE



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

Induction authorised by . . . . . Explanation given ☐ No ☐ Yes

Designation/grade . . . . . History of contractions ☐ No ☐ Yes

Indication for induction

☐ Pregnancy beyond 41 completed weeks gestation – membranes swept? ☐ No ☐ Yes on . . / . . / . .

☐ Obstetric complication: specify . . . . . .

☐ Other: specify . . . . . .

Initial assessment

Uterine activity ☐ No ☐ Yes Details . . . . . .

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on . . / . . / . . at . . . .

Liquor colour . . . . . Other vaginal loss . . . . . .

Pulse . . . . BP . / . Temp . . °C Urinalysis . . . . . .

Oedema . . . . . Fetal movements . . . . . .

Abdominal examination

Fundal height . . . cm Lie . . . . .

Presentation . . . . . Position . . .

Presenting part - 5th palpable . . . . .

Fetal heart rate . . . Maternal pulse . . . .

Comments . . . . . .

Cervical scoring

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

* Relative to the ischial spines

Comments . . . . . .

Signature: . . . . Date . / . . / . .

Details of fetal monitoring ..... Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on / / at : liquor .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate ..... Maternal pulse .....

Comments .....

.....

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details .....

Signature: ..... Date / /

Cervical scoring

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

Comments .....

Second review following Induction/Augmentation

Date / / Time :

Details of fetal monitoring ..... Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on / / at : liquor .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable

Fetal heart rate ..... Maternal pulse .....

Comments .....

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details .....

Signature: ..... Date / /

Cervical scoring

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

Comments .....

☐ Prostaglandins Dose

☐ Other Name

Type Route

Prescribed by

Administered by

Administered on / / at

Oxytocin infusion

Commenced on / / at

Comments/details

Fetal heart rate before

Performed by

Performed on / / at

Liquor volume normal / excessive / reduced / nil

Liquor colour

Fetal heart rate after

Cord/Limbs felt ☐ No ☐ Yes

Comments

Signed / /

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

Signed Print / / at

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

Signed Print / / at

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

Referred from ..... Referred by .....

History of contractions .....

Current contractions ☐ per 10 minutes Strength ..... Duration ..... seconds

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ... / ... / ... at ...

Liquor colour ..... Other vaginal loss .....

Pulse ..... BP ... / ... Temp ... °C Urinalysis .....

Oedema ..... Fetal movements .....

Abdominal examination

Fundal height ... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate ..... Maternal pulse .....

Comments .....

Other observations/information on assessment

.....

.....

.....

.....

.....

Signature: ..... Date ... / ... / ...

Vaginal examination

Indication .....

Procedure explained and verbal consent given ☐

Cervix: position ..... consistency .....

effacement/ length .....

dilatation .....

Presenting part: .....

relation to ischial spines .....

position ..... caput .....

moulding .....

Membranes ☐ Intact ☐ Ruptured

Liquor seen ☐ No ☐ Yes Colour .....

Fetal heart after examination .....

Comments .....

.....

.....

Signature: ..... Date ... / ... / ...

Discussion of preferences for labour and birth
Comments and details of any revised preferences

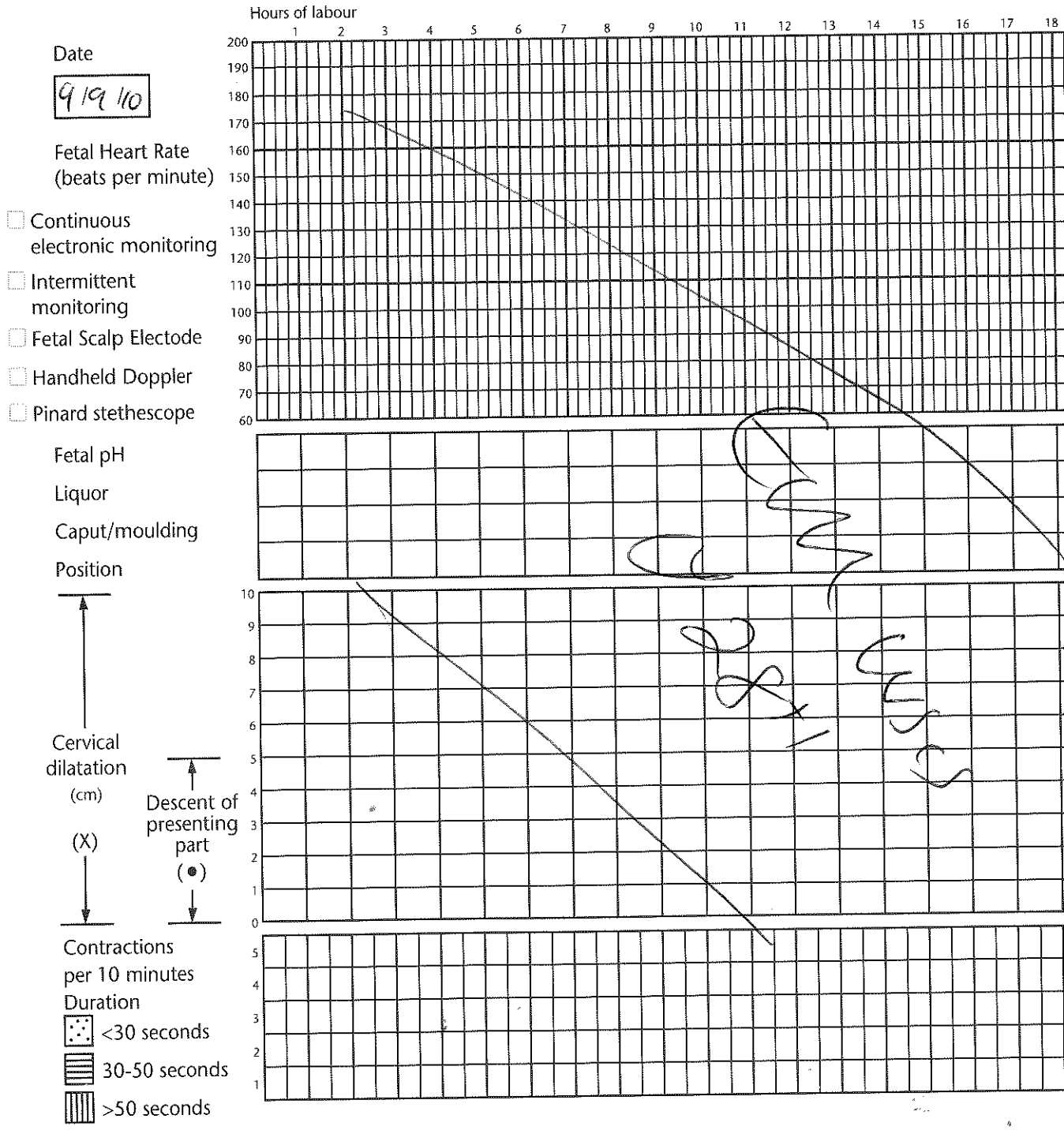
Signature: ..... Date / /

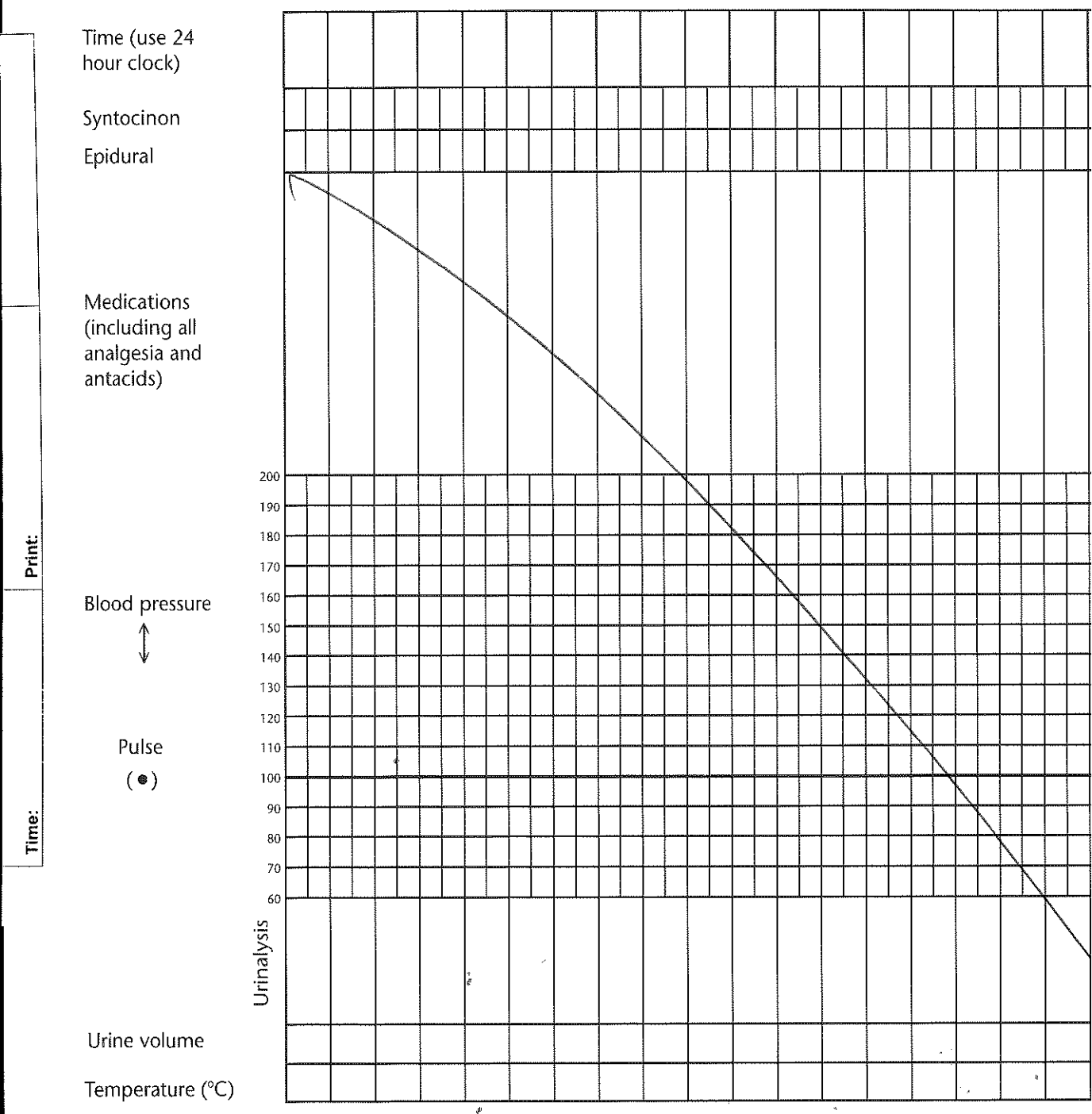
Plans for initial care following discussion with the woman

Initial monitoring intentions for fetal heart rate:

Method ..... Reason for choice

Frequency ..... Signature: ..... Date / /


Hours of labour
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
Date
9/9/10
Fetal Heart Rate (beats per minute)
200 190 180 170 160 150 140 130 120 110 100 90 80 70 60
Continuous electronic monitoring
Intermittent monitoring
Fetal Scalp Electode
Handheld Doppler
Pinard stethescope
Fetal pH
Liquor
Caput/moulding
Position
10 9 8 7 6 5 4 3 2 1 0
Cervical dilatation (cm)
(X)
Descent of presenting part
(●)
Contractions per 10 minutes
5 4 3 2 1
Duration
<30 seconds
30-50 seconds
>50 seconds


Time (use 24 hour clock)
Syntocinon
Epidural
Medications (including all analgesia and antacids)
Blood pressure
Pulse
Urinalysis
Urine volume
Temperature (°C)
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60

Print:

Time:

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

9.9.10	09.00	In observation area overnight 28+1 Para 2/0 (LMND 24/40). Sub-optimal CTG. S/W Medical staff - see antenatal notes - for Gm USS this pm.
	09.30	Ranitidine given im as per kardex Prepared for theatre (obstetric). Await husband to arrive (obstetric) CTG continues.

NHS Tayside Baseline Rate	Variability Reactivity	Decelerations	INTRA-PARTUM
110 – 150 bpm 14 0	Accelerations 5 – 25 bpm	Early decelerations Uncomplicated variable decels lasting <60secs and loss of <60 bts	**Normal CTG**
100 – 110 bpm 150 – 170 bpm Short bradycardia episode (<100 bpm for ≤3 min)	> 25bpm (saltatory pattern) <5bpm for >40 min & no accelerations	Uncomplicated Variable decels with a duration of <60sec and loss of >60 beats	**Intermediary CTG**
TWO OR MORE INTERMEDIARY OBSERVATIONS WILL RESULT IN AN ABNORMAL CTG			
150-170bpm & reduced variability >170 bpm Persistent bradycardia (<100bpm for >3min)	<5bpm for >60 mins Sinusoidal pattern	Complicated variable decels with a duration of >60 sec Repeated late uniform decels	**Abnormal CTG**
Total lack of variability with or without decelerations or bradycardia			**Preterminal CTG**

Action Await Gm USS, continue to monitor meantime.

Date: 9.9.10 **Signature:** (obstetric) **Designation:** S/GP

pregnancy record.

94.10	0950	Husband arrived, changed into greens
		Medical staff informed. Aldeel
	10.00	Transpered to theatre, CTG discontinued.
	10.05	Prepared for spinal anaesthetic.
	10.10	Skin cleansed
	10.12	Spinal procedure commenced
		Spinal complete, repositioned on bed FH-
	10.18	Difficulty in siting spinal
	10.22	Spinal not yet in situ FH 136bpm
	10.26	2nd anaesthetist into room FHH again 1/c
		sonicaid 160bpm
	10.28	2nd anaesthetist now attempting spinal"
	10.31	still attempting spinal by 2nd anaesthetist.
	10.33	Correct space found
	10.33	Spinal now complete FH 142bpm
		Repositioned on table
	10.35	Bladder catheterised by myself s/m
		K Roberts, sterile procedure & held in

sign each entry and insert your details in 'Whose signature?' section on the back cover of the

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

9.9.10		place with 10mls H_2O - clear wind in tube Prepared for LSCS
	1043.	Draped in usual manner. Paeds contacted to attend delivery Skin cleansed
	1045	LSCS commenced by Dr R Roberts and assisted by Dr A-Goh. Knife to skin
	10.50	6m LSCS Op made premature cephalic (Breech) infant extracted in membranes with placenta - cord around neck x 2. clamped + cut - baby to resus - Paeds in attendance. See neonatal sheet. IC Robertson.
	10.50	Placenta + membranes delivered with baby - sent to pathology EBL = 300mls Cord gases obtained.

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

9.9.10		
	12.50	* Chris Field contacted in Aldreth. * details of delivery given & she will pass on details to relevant organisations - PRAM etc. Kdobell
		Abdomen closed in layers, vomited ++ Pain ++ ∴ GA given - see anaesthetic sheet. Kdobell. Prolene on beads to skin Kdobell
	12.10	Transferred to observation ward BP 105/56 P 88bpm T - 36.2°c Syntocinon 30iv running @ 125 mls/hr Hartmanns running in loochia minimal on pad Wound dressing NAD. Kdobell Obs as charted.

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		
9.9.10	13.15	Phonecall from C. Field has been in contact with Social workers in Arbroath Details passed onto S/W * Murray McGregor Bellview Social Work Officer Arbroath ph 01241 435450 or Alan Hope Senior S/W same contact no as above. *
	13.20	Tea + Toast given. K Robertson.
	14.00	lunch given
		Bed bathed
		Ted stockings applyed. K Roberts.
	16.30	Syntocinon 5,000iu given S/C as prescribed.
		Bp 118/60
		P 80 bpm.
		Temp 36.5°C

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

9.2.10		Feels well, no requests
		Syntocinon continues ivi @ 125mls/hour
		Update given re baby + photographs given.
	15.00	Pressure dressing applied to wound as slight seepage
		Analgesia offered, declined at present
		Knows to requests as soon as needed.
	15.30	ivi Syntocinon complete
		Feels well, eating + drinking
		No analgesia required
		Obs - WNL
		Lochia - normal
		Transferred to ward 38 in PN care (Abbeyard)

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

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

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

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

	Action	Yes	No	Time	Effect
H	Assistance Summoned				
	Assistance Arrived				
E	Episiotomy				
L	McRoberts Position				
P	Supra Pubic Pressure				
E	Woods' Screw Manoeuvre				
R	Delivery of posterior shoulder				
R	Women moved into all fours				
	Other Manoeuvres				

Time of delivery of rest of baby . . . . . .

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

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

Indication(s) Suboptimal CTG
IUGR
BOTL

Procedure started 9 9 / 10 10 45
Time of delivery / / 10 50
Procedure concluded / / 11 25
Location Th

RCA/RCOG classification of urgency of caesarean * 2

Operator Roberts
Assistant Goh

Anaesthetist Iwona

Pre-operative delivery findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		
		Cleaned, draped, catheterised
		Modified Cohens entry
		Bladder ↓
		findings: breech
		adequate liquor vol clinically
		small for 28/40
		LUS well formed
		normal ovaries
		Baby + placenta delivered, membranes
		intact. ARM performed while baby in bag

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

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

✓ cord clamped ✓ cut → mms.
Pink ✓ cried @ delivery ♂
Uterus sweetbed
2 layers to uterus
Vicryl to sheath
Subcut P✓B
IV augmentin ✓
EBL 300ml

→ observe post op for ↑ temp - note CRP, for cultures / CRP / FBC if any concern re temp

Pt uncomfortable during procedure. Prolonged delay due to pain ✓ vomiting just prior to closing sheath.

(ROBERT)

☐ 2nd degree tear ☐ 3rd degree tear

☐ 4th degree tear ☐ Episiotomy

(For 3rd degree tear please complete Third Stage complications page)

Perineal suturing Suturing material

Anaesthesia

Technique

Rectal exam prior to suturing ☐ No ☐ Yes

Haemostasis achieved ☐ No ☐ Yes

Rectal exam following suturing ☐ No ☐ Yes

Swabs, needles & instruments correct ☐ No ☐ Yes

Advised on perineal care ☐ No ☐ Yes

Sutured by

Supervised by

Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine

☐ Other

Anaesthesia ☐ Spinal ☐ Epidural

☐ Combined spinal/epidural ☐ General

☐ Pudendal block ☐ Other

Blood transfusion ☐ No ☐ Yes

Blood products ☐ No ☐ Yes (note below)

Postoperative instructions

Ensure all relevant prescribing undertaken

Revised thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required

Antibiotics

☐ Prophylactic ☐ Other ☐ None

Details

Catheter ☐ In/Out ☐ Indwelling

Details

Oxytocics

Details

Analgesia Details

Postoperative care ☐ Ward ☐ High dependency

☐ Intensive care ☐ Transfer to other hospital

Other

Details completed & relevant prescribing by

Print name

Swabs, needles & instruments checked & correct ☐ No ☐ Yes

Signed (scrub staff)

Signed (floor staff)

Comments

pregnancy record.

☐ Repair of episiotomy - specify ☐ Extended (Document uncomplicated suturing of non-extended episiotomy or 2nd degree tear on birth summary)

☐ Repair of tear - specify degree ☐ 3a ☐ 3b ☐ 3c ☐ 4th ☐ Cervical

☐ Manual removal of placenta & membranes

☐ Primary post partum haemorrhage - due to .....

☐ Other - please specify .....

Anaesthesia Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine ☐ Other

Anaesthesia ☐ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal/epidural ☐ General ☐ Other

Location of management .....

Decision made ... / ... / ... ...

Procedure started ... / ... / ... ...

Procedure concluded ... / ... / ... ...

Details of findings

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

Manual removal of placenta and membranes

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

Disruption of external anal sphincter ☐ No ☐ Partial ☐ Complete

Disruption of internal anal sphincter ☐ No ☐ Yes

Method of repair of external anal sphincter ☐ Overlapping ☐ End-to-end

Technique . . . . . .

. . . . . .

. . . . . .

PV examination after completing repair ☐ No ☐ Yes

PR examination after completing repair ☐ No ☐ Yes

Swabs, needles and instruments correct ☐ No ☐ Yes

Checked by . . . . . and . . . . . .

Advised on perineal care ☐ No ☐ Yes

Follow-up clinic appointment arranged ☐ No ☐ Yes

Space for visual documentation of repair if required

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

Performed by . . . . . designation . . . . . .

Facial oxygen ☐ No ☐ Yes time

IV access ☐ No ☐ Yes time

Haemobate ☐ No ☐ Yes time

Syntocinon ☐ No ☐ Yes time

Transfusion ☐ No ☐ Yes time

Cross matched blood ☐ No ☐ Yes time

☐ Crystalloids ☐ Colloids

Note keeper appointed ☐ No ☐ Yes name designation

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

Lead professional designation

Assisted by designation

Other professionals involved

Signature: Date / /

Overall estimated blood loss ml

Instructions following management of complication

Ensure all relevant prescribing undertaken

Thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required

Antibiotics

Analgesia

Oxytocics

Laxatives

Site of care ☐ Ward ☐ High dependency unit ☐ Intensive care ☐ Transfer to other hospital

Other

Details completed & relevant prescribing by Print name

First stage	/ /	:		Delivered by PIN No. of delivering Midwife	DR - ROBERTS SPR
Second stage	/ /	:		Also present	DR GOH SHO
Third stage	9/9/10	10:50		Most senior midwife present	K. ROBERTSON RMW.
End of third	9/9/10	10:50		**Type of delivery** (If operative delivery, ensure that operative delivery pages are completed)	
Total duration of labour					
SRM ARM	9/9/10	10:50		EM. LUSCS	

Induction of labour ☐ No ☐ Yes

Indication .....

Augmentation of labour ☐ No ☐ Yes

Indication .....

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

Maternal pyrexia in labour ☐ No ☐ Yes

Maternal antibiotics given ☐ No ☐ Yes

Details .....

Shoulder dystocia at birth ☐ No ☐ Yes

Maternal bloods taken ☐ No ☐ Yes

Indication .....

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

Comments .....

Labour & birth discussed ☐ No ☐ Yes

Preferences for labour & birth met ☐ No ☐ Yes

Comments .....

Signature: [signature]

Date 9/9/10

Analgesia in labour (tick all that apply)

☐ T.E.N.S. ☐ Nitrous oxide & oxygen

☐ Water pool ☐ IM opiates

☐ Epidural Other .....

Analgesia for birth/third stage complication

☑ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal epidural ☑ General

Other .....

If general anaesthesia

Cormack-Lehane score at laryngoscopy ☐

Intubation successful ☐ No ☐ Yes

Complications of anaesthesia ☐ No ☐ Yes

PLEASE SEE ATTACHED ANAESTHETIC RECORD FOR FURTHER DETAILS

Labour and birth summary – mother page 2

Placenta, cord & membranes

Delivery: ☐ Controlled cord traction ☐ Maternal effort ☐ Manual removal

Placenta appears ☑ Complete ☐ Incomplete

Membranes appear ☑ Complete ☐ Incomplete

Number of umbilical cord vessels 3

Sent to pathology ☐ No ☑ Yes

Indication Preterm 28/40.

Comments

Perineum

☑ Intact

☐ Grazes ☐ 1st degree tear

☐ 2nd degree tear ☐ 3rd degree tear

☐ 4th degree tear ☐ Episiotomy

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

Perineal suturing

Suture material

Anaesthesia

Technique

Rectal exam prior to suturing	☐ No	☐ Yes
Haemostasis achieved	☐ No	☐ Yes
Rectal exam following suturing	☐ No	☐ Yes
Swabs, needles & instruments correct	☐ No	☐ Yes

Checked by

Routine Oxytocic drug administered	Dose	Route
Syntocinon	5 iv	iv
Syntocinon	30 iv	ivi

Blood loss 300 ml

Blood transfusion/products received ☐ No ☐ Yes

Details

Post delivery

Maternal observations

First set on 9 / 9 / 10 at

Temperature 36.2°C Pulse 80 BP 106/62

Pain/analgesia —

Fundus ✓ Lochia Normal.

Second set on / / at

Temperature °C Pulse BP

Pain/analgesia

Fundus Lochia

Urinary function Foley

Revised thrombosis risk after birth

☐ Low ☐ Moderate ☑ High

Actions Required:

/ / at

Labour and birth summary – baby page 1 (if multiple birth please complete multiple birth baby page on reverse)

Mode of delivery Em WJS on THU day 9 / 9 / 10 at 10 50 Sex Male

Indication Sub optimal CTG Presentation Breech Location theatre / C/S.

Livebirth/~~Stillbirth~~ Gestation 28+1 Birthweight 815 g OFC cm

Cord blood taken on / / at

Indication

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

Cord pH results ☐ No pH taken

Venous pH 7.219 Arterial pH 7.224

Base Excess -3.6 Base Excess -6.1

Vitamin K administered

☐ No ☐ Yes - SCBV

☐ I.M ☐ Oral

(sign for administration in baby record)

Skin-to-skin contact offered / / at ☐ Declined

Ended / / at

Reason discontinued

Comments

First feed offered / / at

Type of feed

Comments

Resuscitation (tick all that apply) ☐ Nil ☐ Facial oxygen ☐ Suction under direct vision

☐ Mask & IPPV ☐ Drugs-specify below ☐ Cardiac massage ☑ Endo-tracheal tube

☐ Other-specify below

Description of baby at birth/resuscitation details

→ PAEDS. INTUBATION.

Complete details of initial examination on baby record

Resuscitation performed by

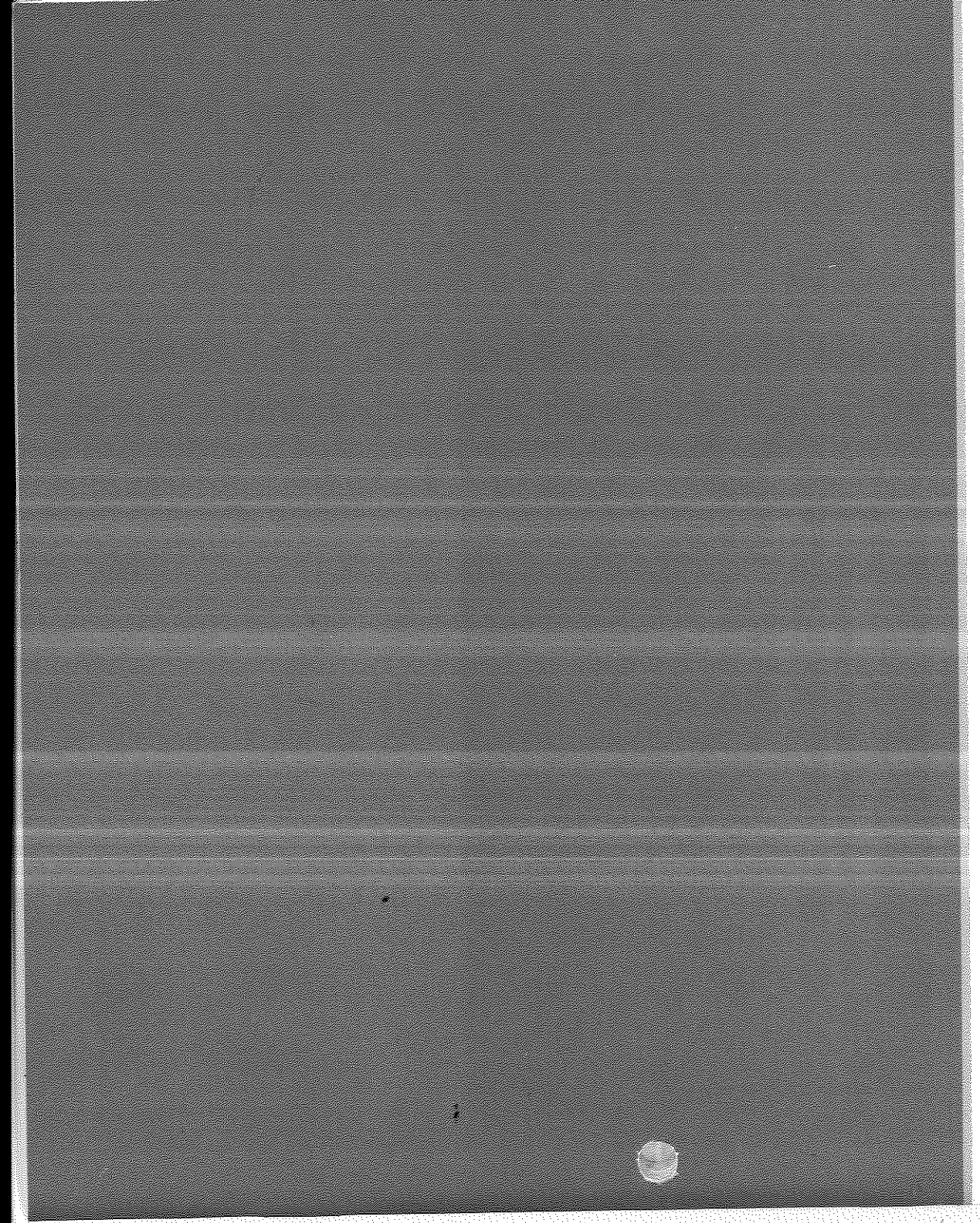
Baby identification checked & correct by

	Infant 1
Mode of delivery (if LSCS or assisted vaginal birth, please also complete the appropriate delivery sheets)	
Date of birth	
Time of birth	
Sex	
Indication for mode of delivery	
Presentation	
Live birth/stillbirth	
Gestation	
Antenatal steroids given	
Birthweight (kg)	
OFC (cm)	
APGAR 1 min	
APGAR 5 min	
APGAR 10 min	
Cord PH results Venous/Arterial/Base excess	
Further cord blood taken	
Resuscitation Time to first breath	
Resuscitation performed by	
Baby identification checked and correct by	
Baby transferred to and time	
Signed	

Infant 2	Infant 3

pregnancy record.

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



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 ..... L/min via ..... for ..... 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:

Signature: ..... Name: .....

RECOVERY ACTIONS:

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

RECOVERY TO WARD HANDOVER:

4048

FILE IN NOTES

THB MR 135

ANAESTHETIC RECORD
NHS TAYSIDE

Date: 08/08/10 Ward: .....

Theatre: Maternity 8

Operation Proposed: .....

LUSCS

Ward / Clin ESOMERVILLE 12/05/10 04:12
Hospital ..... Cons.

100382

1003820107

YVONNE JAMIESON

C.H.I. No. 07

Surname .....

First Name ..... M. State

Address ..... Sex

GP & Address (GP Requests Only)

USE BLOCK LETTERS OR PATIENT LABEL

PRE OP ASSESSMENT

By: Ivona Nowell Site: ..... Date: 08/08/2010

Elective ☐ Scheduled ☐ Urgent ☐ Emergency ☐

Weight/BMI: BMI 28.5 at booking 72 Pulse: ..... Blood Pressure: .....

CVS/RS:

Asthma
Serotide & Salbutamol inhaler. OK with BRUPEN

Hypothyroidism

History of depression

Other:

Removed ovarian cyst 2009
VA – no problems.

Had Epidural for labour with determined last - good - OK

Airway Assessment:

No loose teeth.
Mallampati 2

Head extension good
Neck Horse

FBC

Hgb 11.9 → 12.6
WBC 13.6
Plt 199

U&E

Na 136
K 4.1
Urea 4.2
Creat 56

Other

Heartburn in pregnancy
No reflux
Non smoker

G&S / XMATCH Y / N

Units .....

ECG / CXR

Creactive >70
APTT 24.4
APTT Ratio 0.9
Prothrombin time 8.2
PT Ratio 0.9

ASA Grade: **PONV Score:** **Consent for Operation** ☐ .....

Drugs:

Thyroxine 100 mcg OD

Last week Thursday.

Allergies:

Morphine ?

Ok with Diamorphine

DVT Prophylaxis? YES / NO Method: .....

Anaesthetic Plan / Techniques discussed:

Spinal anaesthesia
hypotension, PDPH, backache,

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

1. Ivona Nowell Locum Staff Grade
2. Mario Fernandes

Assistant:

Consultant: .....

Informed Y / N

ANAESTHETIC TECHNIQUE: Spinal

INJECTION SITE: 16G (L) 14

DRUGS & DOSES:

Syntocinon 5I.V

Co Amoxiclav 1.2g

Ondansetron 4mg

Cyclizine 50mg

Midazolam 1mg + 1 mg

Fentanyl 25mcg + 25mcg + 25mcg + 25mcg

Propofol 30mg + 20mg + 20mg

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 —— frequency —— P_{AW} ——

Laryngoscopy Grade: —— Throat Pack ☐ HME ☐

REGIONAL:

BLOCK: Spinal | several attempts

POSITION: sitting

SITE: L3-L4

NEEDLE/CATH: 25G Whitacre

TECHNIQUE: 1% Lidocaine 5ml to skin

DRUGS: 0.5% Marcaine Heavy + 0.3mg of Diamorphine

heavy legs Tested with Ethyl chloride spray to cold block T6

MONITORING:

ECG	☑	PNS	☐
NIBP	☑	TEMP	☐
SpO_2	☑	URINE	☐
$ETCO_2$	☐	IABP	——
F_IO_2	☐	CVP	——
ET Agent	☐	PAWP	——
VENT ALARM	☐	ODM	——
PAW	☐	Other	——
MIN VOL	☐	Other	——

EVENTS:

1 Spinal

2 KTS

3 Delivery

4

5

6

7

8

9

10

Patient Position & Protection: left tilt position

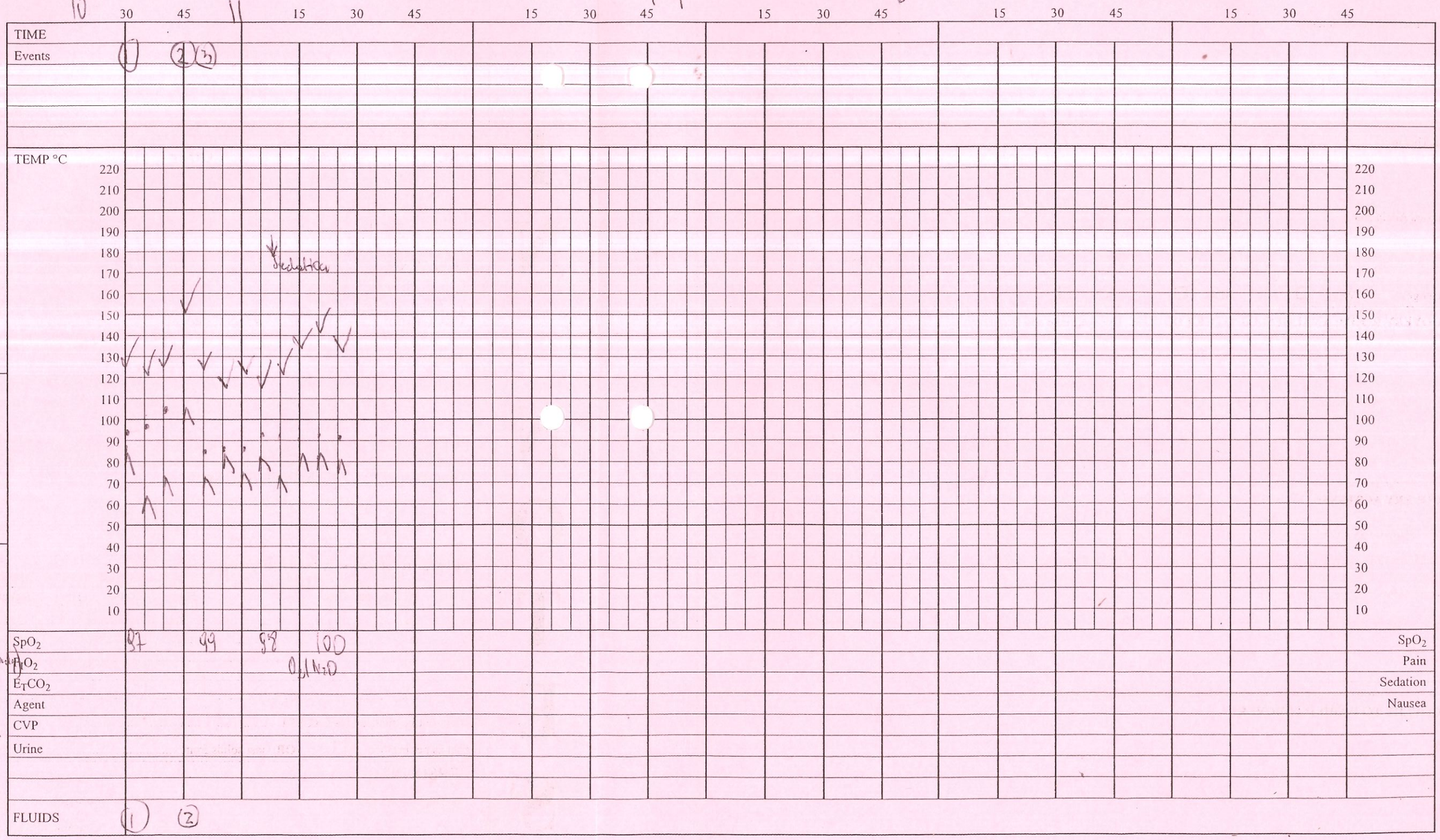
Fluid Warmer:

Warming Blanket:

I.V. FLUIDS

① Hartmann's Sol. 500 + 500 ml + 500 ml (slow)

② Hartmann's Sol. 500 ml + 30 I.U of Syntocinon



Maternity Theatre

Patient Care Plan
&
Documentation

NAME	JAMIESON	1003820107	**PREFERRED TITLE**
IDENTITY NO.	YVONNE	F	**WARD**
	3 WOODLEY CARAVAN PARK		**DATE**
	ARBROATH		**ANAESTHETIST**
		DD11 2QJ	
PAST MEDICAL HISTORY	ARBROATH MEDICAL CENTRE, 7 HILL PLACE		**SURGEON**
			PROPOSED SURGERY
BASELINE TPR			

ANAESTHETIC ROOM PRE. OP. CHECKLIST	WARD NURSE	ANAESTHETIC NURSE	COMMENTS
IS IDENTITY BAND IN PLACE & CORRECT.	Yes KR	✓	
DOES PATIENT IDENTITY CORRESPOND WITH LIST.	Yes KR	✓	
WHEN WAS THE LAST TIME PATIENT ATE OR DRANK.	3AM 9.9.10	✓	
IS THE CONSENT FORM SIGNED AND CORRECT.	Yes KR	✓	
DOES THE PATIENT HAVE ANY ALLERGIES.	? Morphine	morphine	
HAS THE PATIENT EMPTIED HER BLADDER.	Recently	✓	
MAKE-UP, JEWELLERY, UNDERWEAR REMOVED	Yes, KR	✓	
ANY DENTURES, LOOSE TEETH, CAPS/CROWNS.	Nothing	✓	
CASENOTES, KARDEX, - X-RAYS AVAILABLE.	Yes	✓	
HAS RANITIDINE BEEN GIVEN.	Yes KR 09.20	✓	
HAS SODIUM CITRATE BEEN GIVEN.	No	—	
ARE INHALERS ACCOMPANYING PATIENT.	Yes	✓	
BLOOD CROSS MATCHED.		✓	

I.V. CANNULA SITE (L) hand SIZE 16g I.V. COMMENCED

ANAESTHETIC DETAILS	**MONITORING**
GENERAL ANAESTHESIA – FACE MASK	ECG ✓ BP ✓ PULSE OXIMETER ✓
LARYNGEAL MASK	
ET TUBE	Capnograph Temperature Probe
Throat Spray +/– Packed	
Regional (Spinal) Epidural	Arterial Line CVP
Top-Up	
Sedation	
0^2 Mask/Nasal Cannula	NG Tube
CONTROLLING BODY TEMPERATURE	**SAFE PERIOPERATIVE PATIENT TRANSFER**
Fluid Warmer	Arms and legs protected ✓
Bair Hugger } N/A	Minimum of four lifting patient ✓
Space Blanket	Head well supported ✓
Theatre temperature ↑↓	Bed/trolley brakes applied ✓

ANAESTHETIC NURSE / ODA REPORT

Spinal anaesthetic performed - uneventful
Reassurance given
Limbs protected
IVI as charted
See anaesthetic chart

SIGNATURE

THEATRE POSITION FOR SURGERY	PROTECTING SOFT TISSUES
(Supine) Lithotomy	Gamgee – Elbows: Heels: Calves
Trendelenburg Lloyd Davies	Jelly Pads – (Heels) : Stirrups
Right Arm Position - Across chest	
Left Arm Position - On board	Eyes – Taped Closed / Padded
Wedge Used YES / (NO) Table tilted	
DIATHERMY	**SWAB PACK NEEDLE & INSTRUMENT COUNT**
(None used)	
~~Monopolar~~ / Bipolar	Correct (YES) / NO
Electrode Site - Right thigh	If Incorrect – Action taken
Skin check - Intact	
Skin condition Post-Op Intact	

Wound drains – redivac / silicone	Blood loss 300 mls.
Urinary Catheter 12ch Foley	Specimens
Dressing used - Inadine/Melkomed	
Infiltration of Wound	Amount used mls.
Suppository given YES / (NO) Voltarol / Paracetamol	
Epidural Catheter Removed YES / NO	

SCRUB NURSE REPORT

L.U.S.C.S.

PTFE *AquaFlate* REF P210112
PTFE Coated Latex
Short/Medium-Term
(up to 4 weeks use)
Female, 2-way Foley
10ml/12Ch (4.0mm)
LOT 10DE15
2015-03
Teleflex Medical, IDA Business and Technology Park, Athlone, Ireland

tyco Healthcare
REF HRA5
LOT 0120A 150cm²
2012-04

CAESARIAN SECTION
ID - 007807 2010/08/30 NMYT076
NHS Tayside

RETRACTOR LANGENBECK 2.5CM
ID-024512 2010/08/30 N008840
NHS Tayside

SCRUB NURSE SIGNED Prieur : CIRCULATING SIGNED MHolton

NURSING CARE PLAN

PROBLEM	ACTION	EVALUATION
USE CONTINUATION SHEET IF NEEDED		

RECOVERY ROOM

TIME INTO RECOVERY 1140 OXYGEN @ 5 LITRES

CONSCIOUS LEVEL 1-3	5	10	15	20	25	30	35	40	45	50	55	60
1. UNCONSCIOUS	✓	✓	✓									
2. ASLEEP / ROUSABLE												
3. AWAKE /ORIENTATED												

OXYGEN SATURATION	96-/.	96/	97/.									
PULSE	94	93	90									
RESPIRATIONS	22	21	17									
BLOOD PRESSURE	113	122	118									
	69	69	70									

PAIN SCORE 0-3

0 COMFORTABLE	✓	✓	✓									
1. MILD PAIN												
2. MODERATE PAIN												
3. SEVERE PAIN												

NAUSEA/VOMITING MILD MODERATE SEVERE ANTI-EMETIC GIVEN – YES / NO

VAG PACK IN-SITU TIME TO BE REMOVED

DRAIN CHECK – MARK BOTTLE……..MLS. FINAL CHECK……..….MLS.

WOUND / DRESSING CHECK –

URINE OUTPUT TO BE MEASURED – HOURLY 4 HOURLY

I.V. INFUSION SYNTOCINON

SPINAL / EPIDURAL BLOCK ASSESS LEVEL –

SPINAL OPIOIDS GIVEN YES / NO IF **YES**, REFER TO OPIOID CHART

BM STIX :- TEMPERATURE :

RECOVERY NURSE REPORT

into recovery following ceserean section under GA + spinal
maintaining own airway
comfortable offering no complaints
minimal bleeding evident on pad
IVI as charted
minimal bleeding noted on pad.
see anaesthetic chart

SIGNATURE - [signature]

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION _____
RECORD START DATE _____

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward: **Consultant:** **On admission:** **Weight:** **Height:**	**Patient Name:** Ivanne Jamieson **CHI number:** 100382 0109 **Date of Birth:** 10/3/1982 **(Attach printed label here)**

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE		
Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
~~8/9/10~~		~~DEXAMETHASONE~~	~~6mg~~				
8/9/10		BETAMETHASONE	12mg	IM	SB	2335	CP/CR
		BETAMETHASONE	12mg	IM	SB	2344	CP/CR

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

1.	2.	3.	4.
? MORPHINE			

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	

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.

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						

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

REGULAR THERAPY

Date →
Time ↓

| Medicine / Form | | Time | Date | | |

REGULAR THERAPY

Date →
Time ↓

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

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

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

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

Medicine / Form			6	8	12	14	18	22
Dose	Route							
Signature	Start Date							
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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
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14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

Medicine / Form

Dose | Route

Signature | Start Date

Pharmacy

6
8
12
14
18
22

Medicine / Form

Dose | Route

Signature | Start Date

Pharmacy

6
8
12
14
18
22

Medicine / Form

Dose | Route

Signature | Start Date

Pharmacy

6
8
12
14
18
22

Medicine / Form

Dose | Route

Signature | Start Date

Pharmacy

6
8
12
14
18
22

Medicine / Form

Dose | Route

Signature | Start Date

Pharmacy

6
8
12
14
18
22

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12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
WOMEN AND CHILD HEALTH CLINICAL GROUP

PROTOCOL FOR THE MANAGEMENT OF THYROID DISORDERS IN PREGNANCY

Pregnant Hypothyroid Women on Thyroxine

Arrange early booking appointment – 10 weeks

- At booking:
  - take blood for thyroid stimulating hormone (TSH)
  - increase thyroxine in all women by 25 micrograms
  - emphasise the importance of drug compliance during pregnancy
  - if the woman has previously been hyperthyroid at any time, check Thyroid Antibodies and Thyroid Receptor Antibodies (request specifically on immunology form / yellow top bottle) and if positive make a note to inform the paediatricians of this after delivery
  - put a copy of this protocol in hand-held record
  - give woman letter (Appendix 1) and copy of protocol to take to her GP

If booking TSH is greater than 4 mu/l ask GP to increase thyroxine by a further 25 micrograms. Send letter (App 2) to the woman advising her of this

Recheck TSH every 6-8 weeks during pregnancy and if elevated:

- Check compliance
- Ask GP to increase dose of thyroxine by
  - 25 micrograms if TSH 4-7 mu/l and by
  - 50 micrograms if TSH greater than 7 mu/l

After pregnancy advise the patient to return to her pre-pregnancy dose of thyroxine

Newly diagnosed thyroid disease in pregnancy

Any woman newly diagnosed as hyper or hypo thyroid during pregnancy should be referred to the combined pregnancy medical clinic and/or discussed directly with Dr G.Leese or on-call Endocrine Registrar for specialist management.

Protocol produced and developed by Dr. G. Mires and Dr. G. Leese April 2002. Implemented November 2003.

Date: 24·12·02 **Approved by:** Gary Mires **Dr. G. Mires**

Dr. G. Leese

Review due: November 2003

DMV 40312.

NHS Tayside
Directorate of Women and Child Health

Distribution:
1. All named agencies
2. Main notes (signed copy)
3. Maternity hand held notes
4. jancforbes@nhs.net
5. Labour suite confidential file

MATERNITY LIAISON SHEET

I JAMIESON I YVONNE 4 WALKER COURT CANAL STREET I PERTH PH2 8LF JOHN AULD TEL: 07562111995	1003820107	**EDD:** 28.12.10. **Parity:** 2+0.	**Reason for multi-agency liaison:** 1. Alcohol misuse 1. Drug misuse 2. Domestic Abuse 3. Learning needs 4. Mental illness 5. Physical disability 6. Unborn baby protocol *(circle all applicable)*
G.P. Address: Phone no:	DR AULD: WHITEFRIARS SURGERY 01738 625842.	**Drug / Alcohol treatment Service** Address: Phone no:	
Health Visitor: Address: Phone no.	FIONA MILNE WHITEFRIARS SURGERY PERTH 01738 444514O.	**Pregnancy & Newborn Support service** Address Phone no.	
Community Midwife: Address Phone no:	RED TEAM. Community midwifery unit Perth Royal Infirmary 01738 47 3425	**Pharmacy** Address: Phone no:	
Midwifery Liaison Address Phone No.	~~Jane Forbes~~ SUSAN ROBERTSON Specialist midwife Ninewells Hospital Dundee 01382 632964	**Community mental health** Address Phone no:	8 ST. LEONARDS BANK PERTH 01738 458 950.
Consultant Obstetrician: Address Phone no:	Dr Adam Gordon Maternity Unit PRI 01738473415	**Social Worker:** Address Phone no:	JENNA HORSBURGH COUNSAY RESOURCE CENTRE COUNSAY ST. PERTH 783450.
Senior Nurse Child protection: Address: Phone no:	June Doull Drumhar Health centre North Methven Street Perth 01738 564295	**Other Support Services:** Address: Phone no:	
Other Support Services: Address:		**Comments:**	Midwifery staff please ensure a copy of the liaison sheet is placed in the baby's paediatric notes before discharge / transfer from ward.

I understand that information relevant to this pregnancy may be shared by the above agencies.

Signed *(client)*..... .....Date.....

Completed by (*midwife*) .....L Moore..... .....Date.....25-5-10

PRAM REFERRAL SUMMARY

Log No. [ ]

Unborn Baby (Use mother's surname)	JAMIESON
E.D.D.	2/12/10
Referring Agency	MIDWIFERY
Referring Officer	Chris Field
Date of Referral	5/8/10
Mother /d.o.b./address	Yvonne Jamieson 1003820107 3 Woodley Caravan PK, Arbroath
SWD Check	
Mother's G.P./Health Visitor	Dr Cherry / Mhari Thomson H/V
Father /d.o.b./address	John Jamieson
SWD Check	
Father's G.P./Health Visitor	
Significant Others/Associates	Son born 110502 in care of Yvonne's sister in Perth. Had still birth 2009
Other Agencies involved/Key Workers	
Area(s) of Concern Current/Historical *(please continue on separate sheet if necessary)*	Allegations about John re their son. Not fully disclosed. Yvonne has MH issues and referral made to CMHT. John also has alcohol issues
Other Notes	

PRAM Consent form issued to	Name Verbal consent given	Date
PRAM Consent form signed by	Name b	Date

Appendix 1

NHS Tayside

CHILD IN NEED

NOTE OF CONCERN FOR UNBORN BABY

MOTHER'S NAME & ADDRESS:

JAMIESON
YVONNE
4 WALKER COURT
CANAL STREET
PERTH
PH2 8LF

1003820107

JOHN AULD

DATE OF REFERRAL 25.5.10

REFERRING AGENT - TEL.NO. & ADDRESS:

LINDA THORNE
MIDWIFE UNIT
PERTH ROYAL INFIRMARY
01738 47 3625

DESIGNATION: MIDWIFE

EXPECTED DATE OF DELIVERY: 28.12.10.

FATHER'S NAME: JOHN JAMIESON.

D.O.B. 22.2.84.

NAME & ADDRESS – GP:

DR AULD
WHITEFRIARS SURGERY
PERTH.

OTHER RELEVANT ADULTS IN HOUSEHOLD e.g new partner, lodger.

/

IS PATIENT/CLIENT AWARE OF THIS REFERRAL? (YES)/NO

NB: It is good practice to inform client/patient

SIBLINGS WITHIN THE HOUSEHOLD OR ELSEWHERE

Name	Date of Birth	Name	Date of Birth
KYLE MCLEAN	11.05.02		

Siblings on Child Protection Register

☐ YES ☑ NO

Social Work Involvement

☑ YES ☐ NO

REASON FOR CONCERN Kyle – eldest son lives with his aunt – (Yvonne's sister) in Perth. Yvonne has supervised weekly access.
Kyle is in care because of alleged sexual abuse by his stepfather. Yvonne no longer lives with John. John has mental health problems.

Family discussed with:

	Yes	No
Health Visitor	☐	☑
Social Worker	☐	☑
Midwife	☐	☑

P.T.O.

RISKS IDENTIFIED BY THE REFERRING AGENT:

John Jamieson - father of baby being investigated for ? sexual abuse of his stepson Kyle.
John has mental health issues.
? schizophrenia.

Mother of baby - Yvonne - is in temporary housing. She is prone to depression and has been hospitalized in past.
Yvonne only has supervised access to her son at present.

REFERRING AGENCIES ACTIONS TO DATE:

Yvonne is aware of this referral.
Community Mental Health Team notified of this pregnancy - Yvonne may need extra support.

All relevant agencies informed of this note of concern.

ANGUS	DUNDEE	FIFE	PERTH & KINROSS
Senior Nurse Child Protection Dept. of Community Child Health Bell View House Springfield Gardens ARBROATH DD11 1EL **Tel. No. 01241 435472**	Senior Nurse Child Protection Ryehill Health Centre St Peter Street DUNDEE DD1 4JH **Tel. No. 01382 668842**	Senior Nurse Child Protection Flat 4 William Drive Whytemans Brae KIRKCALDY KY1 2ND **Mobile. No. 07785 588 371**	Senior Nurse Child Protection Drumhar Health Centre North Methven Street PERTH PH1 5PD **Tel. No. 01738 564295**

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: H106120200
N/W Ward 37A Clinician: Dr P. LYNCH N37A LYNP1H

HGB	11.9 L	g/dL	(12.0-16.0)	WBC	13.6 H	x10^9/L	(4.0-11.0)
RBC	4.24	x10^12/l	(3.8-4.8)	NE#	11.1 H	x10^9/l	(2.0-7.5)
HCT	0.370		(0.37-0.47)	LY#	1.8	x10^9/l	(1.5-4.0)
MCV	87.3	fl	(80-96)	MO#	0.7	x10^9/l	(0.2-0.8)
MCH	28.1	pg	(27-32)	EO#	0.08	x10^9/l	(0.0-0.4)
MCC	32.2	g/dl	(32-36)	BA#	0.0	x10^9/l	(0.0-0.1)
				PLT	199	x10^9/L	(150-400)

APTT	24.4	secs.	(22-30)
APTT Ratio	0.9		
Prothrombin Time	9.2	secs.	(9-12)
PT Ratio:	0.9		

Lab.Comments:

Sample Date/Time
08 Sep 2010 22:15

Clin.Details: previous HELLP

Request Entered: 08 Sep 2010 22:24 Report Printed: 08 Sep 2010 22:41

Printed by cpenrose\ldap.thb.scot.nhs.uk on 08/09/2010 23:04:32

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: C106120200
N/W Ward 37A Clinician: Dr P. LYNCH N37A LYNP1H

SODIUM	136		mmol/L	(	135-147)
POTASSIUM	4.1		mmol/L	(	3.5-5.0)
UREA	4.2		mmol/L	(	3.3-6.6)
CREATININE	56	**	umol/L	(	44-80)
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	9	<	U/L	(	12-40)
BILIRUBINS	5		umol/L	(	0-15)
ALKALINE PHOSPHATASE	96	>	U/L	(	20-80)
ALBUMIN	35	<	g/L	(	36-50)
URATE	0.29	**	mmol/L	(	0.18-0.36)
C-REACTIVE PROTEIN	70	>>	mg/L	(	up to 5)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
08 Sep 2010 22:15

Clin.Details: previous HELLP

Request Entered: 08 Sep 2010 22:24 Report Printed: 08 Sep 2010 23:20

Printed by cpenrose\ldap.thb.scot.nhs.uk on 09/09/2010 00:10:54

NHS
Tayside
Directorate of Women and Child Health

Distribution:
1. All named agencies
2. Main notes (signed copy)
3. Maternity hand held notes
4. janeforbes@nhs.net
5. Labour suite confidential file

MATERNITY LIAISON SHEET

I JAMIESON I YVONNE 4 WALKER COURT CANAL STREET I PERTH PH2 8LF JOHN AULD TEL: 07562111995	1003820107	**EDD:** 28.12.10. **Parity:** 2+0.	**Reason for multi-agency liaison:** 1. Alcohol misuse 1. Drug misuse 2. Domestic Abuse 3. Learning needs 4. Mental illness 5. Physical disability 6. Unborn baby protocol *(circle all applicable)*
G.P. Address: Phone no:	DR AULD. WHITEFRIARS SURGERY 01738 625842	**Drug / Alcohol treatment Service** Address: Phone no:	
Health Visitor: Address: Phone no.	FIONA MILNE WHITEFRIARS SURGERY PERTH 01738 445140.	**Pregnancy & Newborn Support service** Address Phone no.	
Community Midwife: Address Phone no:	RED TEAM. Community midwifery unit Perth Royal Infirmary 01738 47 3425	**Pharmacy** Address: Phone no:	
Midwifery Liaison Address Phone No.	~~Jane Forbes~~ ~~SUSAN RORISON~~ Specialist midwife Ninewells Hospital Dundee 01382 632964	**Community mental health** Address Phone no:	8 ST. LEONARDS BANK PERTH 01738 458 950.
Consultant Obstetrician: Address Phone no:	Dr Adam Gordon Maternity Unit PRI 01738473415	**Social Worker:** Address Phone no:	JENNA HORSBURGH COLONSAY RESOURCE CENTRE COLONSAY ST. PERTH 783450.
Senior Nurse Child protection: Address: Phone no:	June Doull Drumhar Health centre North Methven Street Perth 01738 564295	**Other Support Services:** Address: Phone no:	
Other Support Services: Address:		**Comments:**	Midwifery staff please ensure a copy of the liaison sheet is placed in the baby's paediatric notes before discharge / transfer from ward.

I understand that information relevant to this pregnancy may be shared by the above agencies.

Signed *(client)*..... .....Date.....

Completed by *(midwife)* .....Lhorne..... .....Date.....25-5-10

Appendix 1

NHS Tayside

CHILD IN NEED

NOTE OF CONCERN FOR UNBORN BABY

MOTHER'S NAME & ADDRESS:

JAMIESON
YVONNE
4 WALKER COURT
CANAL STREET
PERTH
PH2 8LF

1003820107

JOHN AULD

DATE OF REFERRAL 25.5.10

REFERRING AGENT - TEL.NO. & ADDRESS:

LINDA THORNE
MIDWIFE UNIT
PERTH ROYAL INFIRMARY
01738 47 3625

DESIGNATION: MIDWIFE

EXPECTED DATE OF DELIVERY: 28.12.10.

FATHER'S NAME: JOHN JAMIESON.

D.O.B. 22.2.84.

NAME & ADDRESS – GP:

DR AULD
WHITEFRIARS SURGERY
PERTH.

OTHER RELEVANT ADULTS IN HOUSEHOLD e.g new partner, lodger.

/

IS PATIENT/CLIENT AWARE OF THIS REFERRAL? (YES)/NO

NB:
It is good practice to inform client/patient

SIBLINGS WITHIN THE HOUSEHOLD OR ELSEWHERE

Name	Date of Birth	Name	Date of Birth
KYLE MCLEAN	11.05.02		

Siblings on Child Protection Register

☐ YES ☑ NO

Social Work Involvement

☑ YES ☐ NO

REASON FOR CONCERN Kyle – eldest son
LIVES WITH HIS AUNT – (YVONNE'S SISTER) IN PERTH. YVONNE HAS SUPERVISED WEEKLY ACCESS.
KYLE IS IN CARE BECAUSE OF ALLEGED SEXUAL ABUSE BY HIS STEPFATHER. YVONNE NO LONGER LIVES WITH JOHN. JOHN HAS MENTAL HEALTH PROBLEMS.

Family discussed with:		Yes	No
	Health Visitor	☐	☑
	Social Worker	☐	☑
	Midwife	☐	☑

P.T.O.

RISKS IDENTIFIED BY THE REFERRING AGENT:

John Jamieson - father of baby being investigated for ? sexual abuse of his stepson Kyle.
John has mental health issues.
? schizophrenia.

Mother of baby - Yvonne - is in temporary housing. She is prone to depression and has been hospitalized in past.
Yvonne only has supervised access to her son at present.

REFERRING AGENCIES ACTIONS TO DATE:

Yvonne is aware of this referral.
Community Mental Health Team notified of this pregnancy - Yvonne may need extra support.

All relevant agencies informed of this note of concern.

ANGUS	DUNDEE	FIFE	PERTH & KINROSS
Senior Nurse Child Protection Dept. of Community Child Health Bell View House Springfield Gardens ARBROATH DD11 1EL Tel. No. 01241 435472	Senior Nurse Child Protection Ryehill Health Centre St Peter Street DUNDEE DD1 4JH Tel. No. 01382 668842	Senior Nurse Child Protection Flat 4 William Drive Whytemans Brae KIRKCALDY KY1 2ND Mobile. No. 07785 588 371	Senior Nurse Child Protection Drumhar Health Centre North Methven Street PERTH PH1 5PD Tel. No. 01738 564295

NHS
Tayside

Tayside NHS Board

Women's and Reproductive Health
Community Midwives
Perth Royal Infirmary
PH1 1NX

Recipient

JAMIESON
YVONNE
4 WALKER COURT
CANAL STREET
PERTH
PH2 8LF

1003820107

JOHN AULD 07562111995

Date
Your Ref
Our Ref
Enquiries to Midwifery Unit
Extension
Direct Line 01738 473274
Email

Dear

COMMUNITY MENTAL HEALTH TEAM

The above client attended an antenatal appointment on 25.5.10. during which I noted the following risk factors for Perinatal Mental Illness:

Previous depression - hospitalised following stillbirth in 2009. Has on going problems with ex partner and foster son is in care.

The expected date of birth is: 28.12.10.

Current Medications N/K.

GP Name DR AULD Contact Number 01738 625842

WITH REFERRALS

Copy of referral letter sent to GP Yes ☑ No ☐

Health Visitor Name FIONA MILNE Contact Number 01738 446510.

Copy of referral letter sent to HV Yes ☑ No ☐

Given the risk factor(s), she has given consent for you to contact her to discuss her increased risk of Perinatal Mental Illness, signs of change in mental well-being and plan of care.

Yours sincerely

L Thorne

MIDWIFE NAME: L THORNE
CONTACT NUMBER: 01738 473425

Health Protection Scotland

Surgical Site Infection Surveillance
NHS Tayside
Caesarean Section Surgery

SSHAIP

PERI OPERATIVE cont'd — Please write inside number and date frames or place a cross [X] in the appropriate box using a black pen

Q26 OPCS-4 Code R 1 8 . 2 (e.g. R17.2)

R17 Elective Caesarean Delivery
R17.1 Elective upper uterine segment caesarean delivery
R17.2 Elective lower uterine segment caesarean delivery
R17.8 Other specified
R17.9 Unspecified

R18 Emergency Caesarean Delivery
For Caesarean hysterectomy use R25.1
R18.1 Upper uterine segment Caesarean delivery nec
R18.2 Lower uterine segment Caesarean delivery nec
R18.8 Other specified, including emergency
R18.9 Unspecified

Q27 Wound Class of Procedure Mark [X] inside relevant box

☐ Not Recorded	
☒ Clean	No inflammation encountered and the respiratory, alimentary, genital or uninfected urinary tracts are not entered. Clean wounds are primarily closed and if necessary drained with closed drainage. Operative incisional wounds that follow non-penetrating (blunt) trauma should be included if they meet the criteria.
☐ Clean Contaminated	The respiratory, alimentary, genital or urinary tracts are entered under controlled conditions without unusual contamination. Operations including biliary tract, appendix, vagina and oropharynx are included, provided no evidence of infection or major breaks in sterile technique is encountered.
☐ Contaminated	Include open, fresh and accidental wounds. In addition, operations with major breaks in sterile technique (e.g. open cardiac massage) or gross spillage from the GI tract and incisions in which acute, non-purulent inflamation is encountered are included.
☐ Dirty	Old traumatic wounds with retained tissue and those that involve existing clinical infections or perforated viscera. This definition suggests that the organism causing the post operative infection were present in the operative field before the operation.

POST OPERATIVE

Q28 Reintervention required within 24hrs
☐ Yes - answer Q29 onwards
☐ No - answer Q31 onwards
☐ Not recorded

Q29 24 hour clock H H : M M
Start time of reintervention (Knife to skin)
Enter this if data not recorded 9 9 : 9 9

Q30 24 hour clock H H : M M
Completion time of reintervention (Wound closure time)
Enter this if data not recorded 9 9 : 9 9

Q31 Was blood loss greater than 1.5 litres? ☐ Yes ☐ No ☐ Not Recorded Mark [X] inside relevant box

Q32 Surgical Site Infection
Has the patient developed a surgical site infection?
Mark [X] inside relevant box
☐ Yes - answer Q33 onwards
☐ No - answer Q38 onwards

Q33 Type of Surgical Site Infection
Mark [X] inside relevant box
☐ Superficial
☐ Organ/Space
☐ Deep
☐ Not Recorded

Q34 Criteria used to determine SSI - Record the diagnostic criteria that apply. Mark [X] inside one or more boxes
(Those criteria in bold constitute an SSI when used alone)
☐ **Purulent Drainage**
☐ Localised swelling
☐ Redness
☐ Heat
☐ Localised pain or tenderness
☐ Incision spontaneously dehisces
☐ Incision is deliberately opened by surgeon
☐ Fever (temperature 38 degrees or more)
☐ **Abscess/other evidence found during direct exam, a re-operation or radiology/histopathology**
☐ **Organisms isolated from an aseptically obtained culture of fluid, tissue, blood, bone or biopsy**
☐ Diagnosis by surgeon or trained healthcare worker ☐ Other
Please specify → ☐ Organisms isolated from swab

Extra Criteria Organ/Space only
☐ Nausea ☐ Dysuria ☐ Vomiting ☐ Organisms seen on Gram stain
☐ Not Recorded

Q35 When was SSI detected? Mark [X] inside relevant box
☐ During in-patient stay for operation
☐ On re-admission
☐ Post-discharge
☐ Not Recorded

Q36 Were antibiotics prescribed for a suspected SSI by a GP? Mark [X] inside relevant box
☐ Yes ☐ No ☐ Not Recorded

Q37 Date of Confirmed Surgical Site Infection / / /
Q38 Date of Discharge/Transfer from hospital or Death / / /
Q39 Date Surveillance Discontinued (ssi present) / / /
Enter this if data not recorded → 0 9 / 0 9 / 9 9 9 9
Enter this if data not applicable → 1 0 / 1 0 / 9 9 9 9

Q40 Reason Surveillance Discontinued Mark [X] inside relevant box
☐ Death
☐ Transfer
☐ Re-operation at same site
☐ End of 30 days surveillance
☐ End of 10 days surveillance
☐ Lost to follow-up
☐ SSI present (if in-patient SSI, remember to record date of discharge in Q38)
☐ Not recorded
☐ Other, please specify,

If patient dies, answer Q41

Q41 Death related to SSI Mark [X] inside relevant box
☐ SSI contributed to death
☐ Death not related to SSI
☐ SSI caused the death of the patient
☐ Not known if death related to SSI

13287

PLEASE RETURN FORMS TO INFECTION CONTROL

Health Protection Scotland

Surgical Site Infection Surveillance
NHS Tayside
Caesarean Section Surgery

SSHAIP

PRE OPERATIVE

Please write inside number and date frames or place a cross [X] in the appropriate box using a black pen

Q1 Patient Identification Code 1 0 0 3 8 2 0 1 0 7

Q2 Presentation to Surgery Mark [X] inside relevant box

☐ Elective ☒ Emergency ☐ Not Recorded

Q3 Age Enter this if data not recorded → 9 9 9

Q4 Date of Admission D D / M M / Y Y Y Y: 0 8 / 0 9 / 2 0 1 0

Q5 Date of Operation 0 9 / 0 9 / 2 0 1 0

Enter this if data not recorded → 0 9 / 0 9 / 9 9 9 9

Q6 Height of patient (in nearest whole number of cms) 1 6 0

Enter this if data not recorded → 9 9 9

Q7 Weight of patient (nearest whole number of kgs) 7 2

Enter this if data not recorded → 9 9 9

Q8 BMI of patient 2 8 . 5

Enter this if data not recorded → 9 9 9

PERI OPERATIVE

Q9 What was the duration of labour? H H : M M

Enter this if data not recorded 9 9 : 9 9

Q10 Anaesthesia type Mark [X] inside relevant box

☒ General ☐ Other

☐ Local ☐ Not recorded

☒ Regional

Q11 ASA classification Mark [X] inside relevant box

☒ 1 Normal healthy patient

☐ 2 Patient with mild systemic disease

☐ 3 Patient with severe systemic disease not incapacitating

☐ 4 Patient with an incapacitating systemic disease that is a constant threat to life

☐ 5 Moribund patient who is not expected to survive for 24 hours with or without an operation

☐ Not recorded

Q12 Was patient given antibiotic prophylaxis? Mark [X] inside relevant box

☒ Yes - single administration — Answer Q14 onwards

☐ Yes - more than one — Answer Q13 onwards

☐ No — Answer Q21 onwards

☐ N/R — Answer Q21 onwards

Q13 If given more than one dose,state reason:

Q14a Name of prophylactic antibiotic given - 1 AUGMENTIN

Q14b Name of prophylactic antibiotic given - 2

Q15 Date prophylactic antibiotics first given 0 9 / 0 9 / 2 0 1 0

Enter this if data not recorded → 0 9 / 0 9 / 9 9 9 9

Q16 Time prophylactic antibiotics first given? 24 hour clock H H : M M

Enter this if data not recorded → 9 9 : 9 9

Q17 Date prophylactic antibiotics last given (Please leave blank if patient was only given one dose)

Enter this if data not recorded → 0 9 / 0 9 / 9 9 9 9

Q18 Time prophylactic antibiotics last given? 24 hour clock H H : M M

(Please leave blank if patient was only given one dose)

Enter this if data not recorded → 9 9 : 9 9

Q19a Is patient receiving antibiotics >24hrs following surgery (skin incision)?

☐ Yes — Answer Q19b onwards

☐ No — Answer Q20 onwards

☐ Not Recorded — Answer Q20 onwards

Q19b If yes, reason why:

Q20 Was antibiotic prophylaxis in line with local guidelines? ☐ Yes ☐ No ☐ Don't Know ☐ Not Recorded Mark [X] inside relevant box

Q21 Start time of operation (Knife to skin) 24 hour clock H H : M M: 1 0 : 3 0

Q22 Completion time of operation (Wound closure completed) 24 hour clock H H : M M: 1 1 : 1 5

Enter this if data not recorded 9 9 : 9 9

Q23 Which grade of surgeon performed the operation? Mark [X] inside relevant box

☐ Consultant ☒ Specialist Registrar ☐ Associate Specialist/ Staff Grade ☐ Senior House Officer/SHO3 ☐ Not Recorded

Q24 More than one procedure ☐ Yes ☐ No ☐ Not Recorded Mark [X] inside relevant box

Q25 Type of skin closure Write in block capitals and use spaces where appropriate

PROLENE ON BEADS

Continue Peri Operative section overleaf →

SURGICAL SITE INFECTION DEFINITIONS

SUPERFICIAL SSI (INCISIONAL)

A superficial SSI must meet the following criterion:

1. Infection occurs within 30 days after the operative procedure
2. **And** involves only skin and subcutaneous tissue of the incision
3. **And** patient has at least **one** of the following:

- Purulent discharge from the superficial incision
- Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision (fluid or tissue sample)
- At least one of the following signs or symptoms of infection: pain or tenderness, localised swelling, redness, or heat and superficial incision is deliberately opened by surgeon unless incision is culture negative
- Diagnosis of superficial incisional SSI by a surgeon or trained healthcare worker*

The following are not reported as superficial incisional SSI:

- Stitch abscess (minimal inflammation and discharge confined to the points of suture penetration)
- Infected burn wound
- Incisional SSI that extends into the fascial and muscle layers (deep incisional SSI)

Classify infection that involves both superficial and deep incision sites as deep incisional SSI.

***Trained healthcare worker is defined as a qualified nurse or doctor who has been trained in the national definitions for SSI**

DEEP SSI (INCISIONAL)

A deep incisional SSI must meet the following criterion:

1. Infection occurs within 30 days after the operative procedure if no implant is left in place or within one year if implant is in place and the infection appears to be related to the operative procedure
2. **And** involves deep soft tissues (e.g. fascial and muscle layers) of the incision
3. **And** patient has at least one of the following:

- Purulent discharge from the deep incision but not from the organ/space component of a surgical site
- A deep incision spontaneously dehisces or is deliberately opened by a surgeon when the patient has at least one of the following signs or symptoms: fever (>38oC) or localised pain tenderness, unless incision is culture negative
- An abscess or other evidence of infection involving the deep incision is found on direct examination, during re-operation, or by histopathological or radiological examination
- Diagnosis of a deep incisional SSI by a surgeon or trained healthcare worker

ORGAN/SPACE SSI

Organ/space SSI involves any part of the body, excluding the skin incision, fascia, or muscle layers that is opened or manipulated during the operative procedure. Specific sites are assigned to organ/space SSI to further identify the location of the infection. An example is an appendicectomy with subsequent diaphragmatic abscess, which would be reported as an organ/ space SSI at the intra-abdominal specific site.

An organ/space SSI must meet the following criterion:

1. Infection occurs within 30 days after the operative procedure if no implant is left in place or within one year if implant is in place and the infection appears to be related to the operative procedure
2. **And** infection involves any part of the body, excluding the skin incision, fascia, or muscle layers that is opened or manipulated during the operative procedure.
3. **And** at least **one** of the following:

- Purulent discharge from a drain that is placed through a stab wound into the organ/space
- Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space
- An abscess or other evidence of infection involving the organ/space that is found on direct examination, during re-operation, or by histopathological or radiological examination
- Diagnosis of an organ/space SSI by a surgeon or trained healthcare worker

Occasionally an organ/space infection drains through the incision. Such an infection generally does not involve re-operation and is considered a complication of the incision. Therefore, it is classified as a deep incisional SSI.

SPECIFIC ORGAN/SPACE SSI

Reproductive tract infection

Other infections of the **female** reproductive tract (**vagina, ovaries, uterus** or other **deep pelvic tissues**)

Other infections of the male or female reproductive tract must meet at least **one** of the following criteria:

1. Patient has organisms cultured from tissue or fluid from affected site.
2. Patient has an abscess or other evidence of infection of affected site seen during a surgical operation or histopathologic examination.
3. Patient has two of the following signs or symptoms with no other recognised cause: fever (>38°C), nausea, vomiting, pain, tenderness, or dysuria.
   And at least **one** of the following:
   a. organisms cultured from blood
   b. diagnosis by surgeon or trained healthcare worker

Intraabdominal infection

Intraadbominal, including **peritoneum, subphrenic** or **subdiaphragmatic** space, or other **intraabdominal tissue** or area **not** specified elsewhere.

Intraabdominal infections must meet at least **one** of the following criteria:

1. Patient has organisms cultured from purulent material from intraabdominal space obtained during a surgical operation or needle aspiration.
2. Patient has abscess or other evidence of intraabdominal infection seen during a surgical operation or histopathologic examination.
3. Patient has at least **two** of the following signs or symptoms with no other recognised cause: fever (>38°C), nausea, vomiting or abdominal pain
   And at least **one** of the following:
   a. organisms cultured from drainage from surgically placed drain (e.g. closed suction drainage system, open drain)
   b. organisms seen on Gram stain of drainage or tissue obtained during surgical operation or needle aspiration
   c. organisms cultured from blood and radiographic evidence of infection, e.g. abnormal findings on ultrasound, CT scan, magnetic resonance imaging (MRI), or radiolabel scans (gallium, technetium, etc.) or on abdominal x-ray.

Endometritis

Endometritis must meet at least **one** of the following criteria:

1. Patient has organisms cultured from fluid or tissue from endometrium obtained during surgical operation, by needle aspiration, or by brush biopsy.
2. Patient has at least **two** of the following signs or symptoms with no other recognised cause: fever (>38 degrees C), abdominal pain, uterine tenderness, or purulent drainage from uterus.

Reporting instructions

Report postpartum endometritis as a nosocomial infection **unless** the amniotic fluid is infected at the time of admission or the patient was admitted 48 hours after rupture of the membrane

Health Protection Scotland

Surgical Site Infection Surveillance
NHS Tayside
Caesarean Section Surgery

SSHAIP

Please write inside number and date frames or place a cross [x] in the appropriate box using a black pen.

This page to be retained locally - NOT to be returned to SCIEH.

Patient's N JAMIESON 1003820107
Patient's A YVONNE F
3 WOODLEY CARAVAN PARK
ARBROATH DD11 2QJ

ARBROATH MEDICAL CENTRE, 7 HILL PLACE

Identification Code:

JAMIESON
YVONNE 1003820107
F
3 WOODLEY CARAVAN PARK
ARBROATH
DD11 2QJ

ARBROATH MEDICAL CENTRE, 7 HILL PLACE

PLEASE DO NOT PUNCH HOLES IN THESE FORMS

Forms to be raised at time of caesarean section by midwife.
Complete pre operative and peri operative section.

↓

Form to ward with patient.

↓

Date of discharge to be completed by ward midwife.
Form to be included in discharge papers.
If SSI confirmed whilst an in-patient ward midwife to complete details and surveillance stops still include completed form in patient's discharge papers.

↓

If no SSI within time community midwife is visiting, give information leaflet and ask the patient to complete section below.
If SSI confirmed within time community midwife is visiting complete details andstop surveillance the date SSI confirmed.
Return completed form with midwifery documentation to base.

↓

SSI forms to be returned to Janice Ramsay, CPD Midwife, Antenatal Clinic, Level 7, NW

Your midwife will have given you information regarding the National Programme that NHS Tayside is taking part in that monitors rate of infection following surgery.

We will telephone you around 30 days following your operation to ask about your wound.

Contact telephone number: 07821031267. Preferred time to call: _____

If you do not wish to be contacted please tick this box: ☐

Not appropriate to contact: ☐

This information is dealt with in confidence so no one will be able to identify you except the clinical team looking after you.

FOR PHARMACY USE

Checked by:

.....

Clinical Pharmacist

Patient Counselled:

.....(Initials)

Medicines Required On Ward

Date.....

Time.....

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

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

....1st Fold....

7 days supply will be dispensed unless stated otherwise in box provided

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

Final Distribution:

WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

THB(MR)26
4 Part Set

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

.....Hosp./Inf.

To Dr. .....

.....

.....

HOSPITAL: ..... WARD/CLINIC: .....

D D M M Y Y

C.H.I. No.

Surname: .....

First Name: ..... M. State

Address: .....

.....

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: .....
(if appropriate)

** Delete as appropriate*

Type of Admission: Elective /Emergency / Urgent / Transfer

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION / PROCEDURES:

OTHER CONDITIONS:

1, ...
2. .....
3. .....

OTHER OPERATIONS / PROCEDURES:

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)

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

INFORMATION / ADVICE TO PATIENT	☐ YES ☐ NO IF YES, SPECIFY	KNOWN ALLERGIES:
CARE ARRANGEMENTS ON DISCHARGE (TICK BOX)	NONE ☐ DISTRICT NURSE ☐ SOCIAL WORK ☐ HOME HELP/ RELATIVES ☐	

FOLLOW-UP APPOINTMENT	DATE	TIME	CLINIC	DELETE AS APPROPRIATE / GIVEN / TO BE SENT	RESULTS AWAITED: YES ☐ NO ☐ IF YES, SPECIFY:

FOR FURTHER INFORMATION CONTACT ..... (NAME) ..... (STATUS) .....(TEL NO)

Signature: ..... Status: .....

..... Consultant Date: .....

Dispensed By: .....

Checked By: .....

Date: .....

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Expressing Breastmilk **NHS Tayside**

If for any reason your baby cannot breastfeed, it is a good idea to start expressing your milk as soon as possible, ideally within 6 hours following the birth of your baby. This will help stimulate your milk supply.
Frequent milk expression is strongly recommended in order to increase and maintain your milk supply until your baby is able to feed at the breast. When you start to reduce the number of times you express – your milk supply will be reduced.

Research has shown that expressing milk frequently, at least 8 times in 24 hours, with no gaps greater than 6 hours works best. We also know that massaging your breasts prior to expressing and expressing both breasts at the same time all help to produce more milk.

- You can use hand expression or a pump – or both – to express your milk. Staff will show you how to do this.
- Often, in the very early days, you may find hand expression works best.

It is easy to lose track of how many times in the day you express your milk so this chart has been developed to help guide you towards expressing 8 times. You do not need to stick to a rigid 3 hourly pattern of expressing – this is often not manageable - in order to achieve 8 expressings in 24 hours you can express sometimes in fairly quick succession.
If you are having any problems expressing your milk please don't hesitate to discuss with staff.

Please tick box at each expression S - success N.S - No Success

Date	1	2	3	4	5	6	7	8
10-01-10	✓ N.S							

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

Date	1	2	3	4	5	6	7	8

INCOMPATIBILITIES OF DRUGS

Precautions –

Do NOT *add Drugs to the following*

AMINO ACID SOLUTIONS
LIPID EMULSIONS
MANNITOL SOLUTIONS – *check solution has not crystallised*
WHOLE BLOOD OR BLOOD PRODUCTS

RATE OF FLOW (for 500ml)
PLEASE CONSULT OUTER COVER OF THE IV SET

POTASSIUM CHLORIDE

A standard solution of 0.3% Potassium Chloride in 5% Dextrose solution or 0.9% Sodium Chloride solution containing 40 millimoles of K^+ *per litre is available. Normally not more than* 80 millimoles K^+ (6 grams Potassium Chloride) *should be infused in 24 hours.*

CONSULT THE PHARMACY DEPARTMENT *about the addition of drugs to infusion solution. Remember to* ensure good mixing *fter adding drugs to an infusion solution. Following the addition of a drug to an infusion fluid remember to affix a* "Drug Additive" Label *to the container.*
Infuse solution as soon as possible after the addition of drug(s).

ANTIBIOTICS – PREFERABLY AVOID ADMINISTRATION BY INTRAVENOUS INFUSION
To achieve Therapeutic Levels – ADMINISTER BY BOLUS INJECTION

ON OCCASIONS OF NECESSITY REFER TO TABLE BELOW OR SEEK ADDITIONAL INFORMATION

CEPHALORIDINE	TETRACYCLINES, ERYTHROMYCIN *incompatible*
ERYTHROMYCIN LACTOBIONATE	*Should only be added to IV Fluids after reconstitution with water for injection* (See package insert for full details) NO *other drugs to be added to infusion*
GENTAMICIN	Do not add to Infusion Fluids. *Give as a bolus injection*
HEPARIN	*Add* preferably *to* SODIUM CHLORIDE 0.9% *Solution* ANTIBIOTICS, HYDROCORTISONE *incompatible*
HYDROCORTISONES *e.g. Sodium Phosphate* *Sodium Succinate preparations*	ANTIBIOTICS, HEPARIN *incompatible*
PENICILLINS *e.g. Ampicillin* *Benzylpenicillin*	*Add* only *to* Sodium Chloride 0.9% *Prepare immediately before administration.* Infuse within 4 hours. Do not mix with other drugs.
TETRACYCLINES	NO *other drugs to be added to infusion.* *Do* NOT *add to solutions containing* Calcium.

DAILY IV FLUID PRESCRIPTION AND FLUID BALANCE CHART

Date 9/9/10 Thursday

For Incompatibilities and Rate of Flow – See Overleaf

Ward/Clinic/Hosp. 38/NW ..... Cons.

D D M M Y Y
1 0 0 3 8 2 0 1 0 7 , 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

Bottle No.	FLUID TYPE	FLUID Amount ml.	Rate of Flow per hour ml/hr	Batch No.	ADDITIONS (Sign here if Drugs added subsequently)	Use 24hr Clock Start	Use 24hr Clock Finish	Prescribed by (Doctors Signature) / Administered by (Signature)
1	HARTMANNS SOLUTION	500	1°			0800	0900	
(2)	HARTMANNS SOLUTION	500	4°			0900	1000	
	HARTMANNS SOLUTION	~~500~~	~~4°~~					
(3)	Hartmanns	~~500~~	~~1~~			1000	1030	
(4)	Hartmanns	~~500~~ ~~500~~	~~1~~			1030	1035	
(5)	Hartmanns	500	4°		Synacthen 250u	1030	1530	

THIS CHART MAY BE DESTROYED ON DISCHARGE OF PATIENT PROVIDED NO RECORDINGS ARE MADE ABOVE THIS LINE

24hr clock Time	INTAKE in ml. I.V.	INTAKE in ml. ORAL	OUTPUT in ml. Urine	Vomit	Aspirate	Fistulae	Drain	Stool	COMMENTS
0800	(1) 500								
1000	(2) 500								
1030	(3) 500								
1035	(4) 500								
1530	(5) 500								
2030			850						Foley empties
TOTALS									

SPECIAL INSTRUCTIONS:

I.V. Total ..... Oral Total ..... Total Intake .....

Balance ..... Total Output .....

Known Drug Sensitivity – or Adverse Reaction

1. 2.

THB (MR) 29 Rev.8/92

INCOMPATIBILITIES OF DRUGS

Precautions –

Do NOT *add Drugs to the following*

AMINO ACID SOLUTIONS
LIPID EMULSIONS
MANNITOL SOLUTIONS – *check solution has not crystallised*
WHOLE BLOOD OR BLOOD PRODUCTS

RATE OF FLOW (for 500ml)
PLEASE CONSULT OUTER COVER OF THE IV SET

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TETRACYCLINES	NO *other drugs to be added to infusion.* *Do* NOT *add to solutions containing* Calcium.

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION 9.9.10
RECORD START DATE 9.9.10

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

ELECTIVE LUSCS (NO CONTRA INDICATION TO DICLOFENAC eg ALLERGY OR SEVERE ASTHMA)

Hospital /Ward: LABOUR SUITE NINEWELLS
Consultant:
On admission:
Weight: **Height:**

JAMIESON 1003820107
YVONNE F
3 WOODLEY CARAVAN PARK
ARBROATH
DD11 2QJ

ARBROATH MEDICAL CENTRE, 7 HILL PLACE

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
		SODIUM CITRATE	30ml	ORAL			
		(PRE DELIVERY IN ANAESTHETIC ROOM IF REQUESTED)					
09/09/10	11.50	DICLOFENAC	100mg	RECTAL	Nowell		
		(JUST AFTER DELIVERY)					
09/09/10	1400	DALTEPARIN	5000 IU	S/C	Nowell	14.30	Cobbett
		(POST OP AT LEAST ONE HOUR AFTER SPINAL OR REMOVAL OF					
		EPIDURAL CATHETER. DO NOT GIVE IF CONTRA INDICATED)					
09/09/10	09/09/10 9.30	Ranitidine	50 mg	im	Nowell	09.30	Cobbett.

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

1.	2.	3.	4.
? Morphine			

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	

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										

M ine / 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.

CONTINUOUS INFUSIONS/ SYRINGE DRIVER

Date	Medicines	Dose Hourly/ 12/24	Route	Prescribed By	Date Stopped	Comments
	MORPHINE SULPHATE	1ml	I/V			
	PCA 50mg/50ml	5 min LOCKOUT				

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																					

AS REQUIRED THERAPY

Medicine / Form: **SYMPTOMATIC RELIEF POLICY W.H.**		Date										
		Time										
Dose & Frequency: **AS DIRECTED**	Route: **ORAL**	Dose										
		Initials										
Signature: No sell.	Start Date: 09/09/10	Date										
		Time										
Indication / Notes: **NO PARACETAMOL WITH COCODAMOL**	Pharmacy	Dose										
		Initials										

Medicine / Form: **PROCHLORPERAZINE INJECTION**		Date										
		Time										
Dose & Frequency: **12.5mg FOUR TIMES A DAY**	Route: **I/M**	Dose										
		Initials										
Signature: No sell.	Start Date: 09/09/10	Date										
		Time										
Indication / Notes: **IF REQUIRED FOR NAUSEA**	Pharmacy	Dose										
		Initials										

Medicine / Form: Ondansetron		Date										
		Time										
Dose & Frequency: 4mg 8 hourly	Route: iv	Dose										
		Initials										
Signature: Nash	Start Date: 09/09/10	Date										
		Time										
Indication / Notes: Nausea	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										

REGULAR THERAPY

Date →
Time ↓

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

| | | |

REGULAR THERAPY

Date → 9/10 | 10/10 | 11/10 | 12/10 | 9/10

Time ↓

Medicine / Form	Dose	Route	Signature	Start Date	Pharmacy	Time	Given
COCODAMOL TAB 30/500	1-2 TAB	ORAL	Nowak	09/09/10	CONTAINS PARACETAMOL	6	
						8	DSH SL
						12	
						14	DH SL
						18	SL
						22	2265 DO
DICLOFENAC TAB I SUPP	50mg	ORAL\ RECTAL	Nowak	09/09/10	START 6 HOURS AFTER 1st RECTAL DOSE	6	
						8	DSH SL
						12	
						14	DH SL
						18	
						22	B DO
DALTEPARIN INJECTION	5000 IU	S/C	Nowak	09/09/10	START 24 HOURS AFTER 1st DOSE	6	
						8	
						12	
						14	DH SL
						18	
						22	
Covochyrotine	75 micrograms	oral		10/9/10		6	
						8	B B SL
						12	
						14	
						18	
						22	
						6	
						8	
						12	
						14	
						18	
						22	

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8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

Time	
6	
8	
12	
14	
18	
22	

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

Time	
6	
8	
12	
14	
18	
22	

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

Time	
6	
8	
12	
14	
18	
22	

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

Time	
6	
8	
12	
14	
18	
22	

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

Time	
6	
8	
12	
14	
18	
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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

TRIAGE ADMISSION

Name & DOB/CHI:	Yvonne Jamieson 10/03/1982		
Date & Time:	9/8/10 2140	**Consultant:**	

EDD:	02/12/10	**Temp:**	36.4	**FH:**	152bpm
Gest:	28+1	**Pulse:**	73	**Urinalysis:**	+tr protein
Parity:	1+1(SB)/0	**BP:**	123/87	**Blood Gp:**	

Abdominal Palpation:	Fundus = 25-26cm Pans felt	**PV Loss:**	Nil

Any Relevant medical/obstetric history and reason for admission

ARI referred with hx feeling unwell "has the cold" also +FM earlier - had x17 in ARI.

previous HELP @ 24wks.

Seminuria (urban).

Actions Taken

AS above.

Looks well. CTG commenced

PET bloods sv.

22²⁰ ceased BP 109/64.

CTG (if applicable):

Risk:		**Contractions:**		**Baseline:**	
Variability:		**Accelerations:**		**Decelerations:**	
Overall:					

NB: If patient in labour please insert partogram in notes.

If in established labour and unable to admit to labour suite please document and reason for this below.

Signature		**Time of Discharge/Transfer**	

2255 CTG reduced variability, brief decels noted. Bleeped reg on call. to review will come and review. to ring.

2325 ATR The Race

- Preo Previous AFI SB @ 25wks
- 28 wks
- CTG (Reviewed with Dr. Kay)
- Brief decels
  Good variability

(P) CTG is suboptimal but not requiring delivery

To be transferred to OA for prolonged race

2335 12mg Betamethasone IM (1st dose) SUBSTANCE

CTG continues. For transfer to Labour Ward ASAP.

NICU Closed - Dr's Subhayu and Kay aware, will DIW NICU.

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp. ..... Cons.

D D M M Y Y
Surname Jamieson 10 03 82 01 07 C.H.I. No.
First Name Yvonne M. State
Address ..... Sex

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

USE BLOCK LETTERS OR PATIENT LABEL

.....UNIT/WARD/DEPT.

DATE

Page .....

9/9/10

MIDNIGHT

Antenatal CTG Proforma	Reassuring	Non-Reassuring		NHS Tayside
Baseline rate (bpm)	110 – 160 Rate: 150bpm	Less than 109	Rate:	Comments:
		More than 161	Rate:	
		Sinosoidal pattern for 10 minutes or more		
NB Rising baseline rate even within normal range may be of concern if other non-reassuring features present				
Variability (bpm)	5 bpm or more	Less thatn 5 bpm for more than 40 minutes		Comments: variability improving
Accelerations	Present	None for 40 minutes		
Decelerations	None	Unprovoked deceleration/s		
		Decelerations related to uterine tightenings (not in labour)		
Opinion	*Normal CTG All 4 features reassuring*	*Abnormal CTG (1 or more non reassuring feature)*		
	Maternal pulse: 73	Membranes ruptured: Y / N If yes, date and time:	Liquor Colour	Gestation (wks): 28+1
Reason for CTG:				
Action: (An abnormal CTG requires prompt review by experienced obstetrician / senior midwife) Awaiting HF to LS. Improved from earlier				
Date: 9/9/10	Time: MN	Signature: Denise Crenose & MW.	Print:	Designation:

up to toilet

00[10] CTG recommenced Denise Crenose MW

0400 CTG continued - much the same as before. Awaiting HF. Drs in theatre Denise Crenose MW

0120 Admitted to observation area in labour suite for continuous CTG. STAN NO! - NWB0298
Abdo palp - foetal parts felt SFH = 25cm
0138 CTG commenced Denise Crenose MW
Yvonne feeling well, fasting. Denise Crenose MW

THB.(MR)3A

DATE
9/9/10

BP 124/90 P68 T36.5°C, blood results available - for medical review when Dr's free. NCHARD

0230

NHS Tayside Baseline Rate	Variability Reactivity	Decelerations	INTRA-PARTUM
110 – 150 bpm 145bpm	Accelerations 5 – 25 bpm	Early decelerations Uncomplicated variable decels lasting <60secs and loss of <60 bts	Normal CTG
100 – 110 bpm 150 – 170 bpm Short bradycardia episode (<100 bpm for ≤3 min)	> 25bpm (saltatory pattern) <5bpm for >40 min & no accelerations	Uncomplicated Variable decels with a duration of <60sec and loss of >60 beats	Intermediary CTG
TWO OR MORE INTERMEDIARY OBSERVATIONS WILL RESULT IN AN ABNORMAL CTG			
150-170bpm & reduced variability >170 bpm Persistent bradycardia (<100bpm for >3min)	<5bpm for >60 mins Sinusoidal pattern	Complicated variable decels with a duration of >60 sec Repeated late uniform decels	Abnormal CTG
Total lack of variability with or without decelerations or bradycardia			Preterminal CTG

Action: CTG continues, Medical Staff will review.

Date: 9/9/10 Time: 0230 | Signature: NCHARD Print: NCHARD | Designation: S/N

0300

CTG → ↓ variability (4-5 bpm)
No acc
~~0~~ Occ. shallow decel

Scan for Growth + LV + Flow. name
Rpt CTG name

SVB

0400

CTG: Variability improved —
No decels.
Rpt CTG @ 700
CTG discontinued NCHARD SVB

USScan performed by Dr Subhaya. NCHARD

Toast given, CS avoided highly (after discussion with Dr Subhaya) Dr

HISTORY/CONTINUATION SHEET

Ward/Clinic/Hosp. NWMS/CARSAK PL Cons.

D D M M Y Y
1 0 0 3 8 2 0 1 0 7 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

UNIT/WARD/DEPT.

Page

DATE	
0415	Scan: - HC 243 - AC 207 - FH ✓ FM ✓ AFI 10. UAD: forward flow. PI 60. SUBHAN ✓
0700	Yvonne feeling well, had managed to sleep for a short spell. CTG commenced, STAN No: - NWB0299 BP 110/70 P63 T36.5°C. NC/ad/SM
0720	Broad deceleration ↓ 140bpm, slow recovery - change of maternal position to more upright in bed. NC/ad
0730	Variability 2bpm, Dr Subhan asked to review CTG, further change of position. SM NC/ad
9.9.10	
0740	CTG: ↓ variability 1 decel No acc. } Improving. Feels hungry. - DD (P) - IV fluid. 1 quick bag - NBM - for rpt scan am. - D/w Dr. Kay - more fluid - Midwife - will kindly review in next 20-30 min. SUBHAN ✓
08:00	Care taken over by s/m K Mokeelan iv fluids continue, nil by mouth.

THB.(MR)3A

DATE

9/9/10. BP 114/69
P 68bpm
Temp 36.2°C.

CTG -

NHS Tayside Baseline Rate	Variability Reactivity	Decelerations	INTRA-PARTUM
110 – 150 bpm 140bpm	Accelerations 5 – 25 bpm	Early decelerations Uncomplicated variable decels lasting <60secs and loss of <60 bts	Normal CTG
100 – 110 bpm 150 – 170 bpm Short bradycardia episode (<100 bpm for ≤3 min)	> 25bpm (saltatory pattern) <5bpm for >40 min & no accelerations	Uncomplicated Variable decels with a duration of <60sec and loss of >60 beats	Intermediary CTG
TWO OR MORE INTERMEDIARY OBSERVATIONS WILL RESULT IN AN ABNORMAL CTG			
150-170bpm & reduced variability >170 bpm Persistent bradycardia (<100bpm for >3min)	<5bpm for >60 mins Sinusoidal pattern	Complicated variable decels with a duration of >60 sec Repeated late uniform decels	Abnormal CTG
Total lack of variability with or without decelerations or bradycardia			Preterminal CTG

Action: Await further / senior medical review re: plan of care. Continuous monitoring

Date: 9.9.10. Time: 08:30 Signature: [illegible] Print: [illegible] Designation: SHO

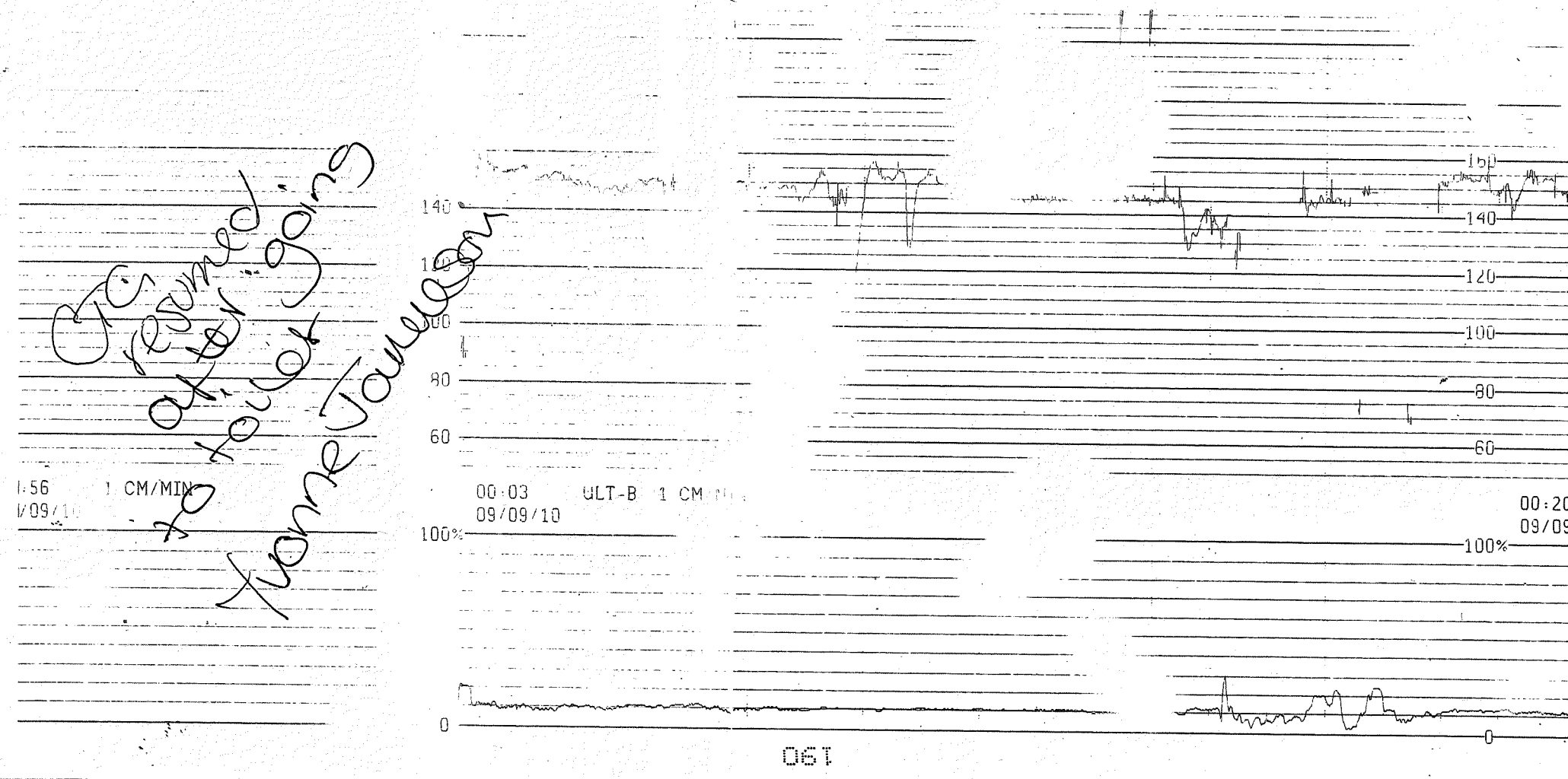
08:40 Husband contacted & updated at Yvonnes request. Dr Hwy into see Yvonne [illegible]

9/9/10 [illegible] CTG; SFD ~ 25/40.
8:30 - patient [illegible] Fm.
- CTG - [illegible]
- [illegible]
→ [illegible]
→ [illegible]
↓ Kg (wks).

08:50 Paeds into chat to Yvonne.
Anaesthetist into chat to Yvonne. [illegible]

09.09.10
9:00 Paedo
spoken to mom
introduced our team.
explained that will deliver baby in plastic bag may cry or may not. will need respiratory support either ventilator or CPAP.
will need surfactant. will be in incubator & transport to NNU. mentioned about antibiotics, umbilical lines fluid. no further question at this moment.
28/40 IUGR.
previous still birth 2 weeks
had steroids
[illegible] Alexandra Strachan SCM 4202

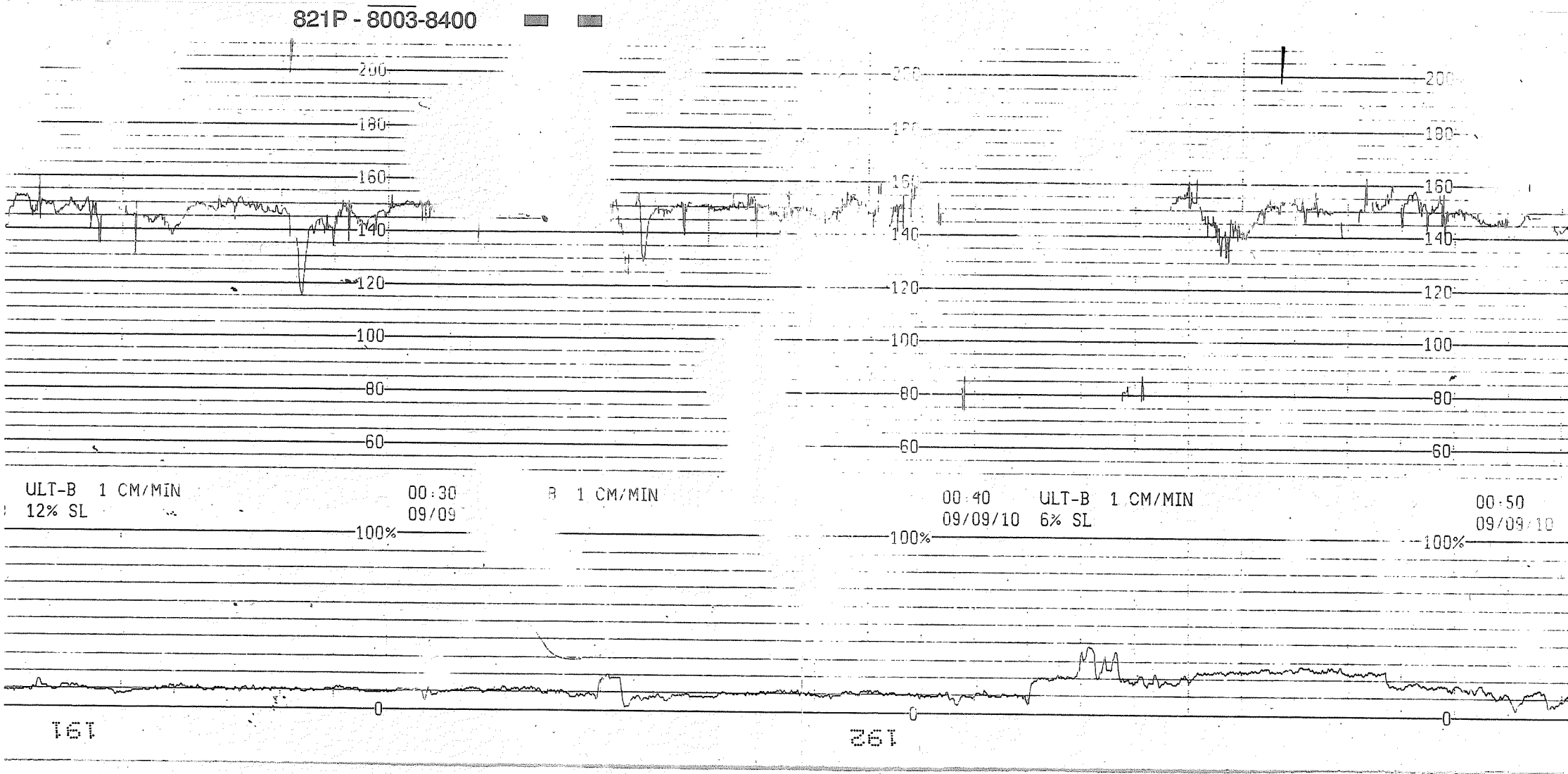
821P - 8003-8400

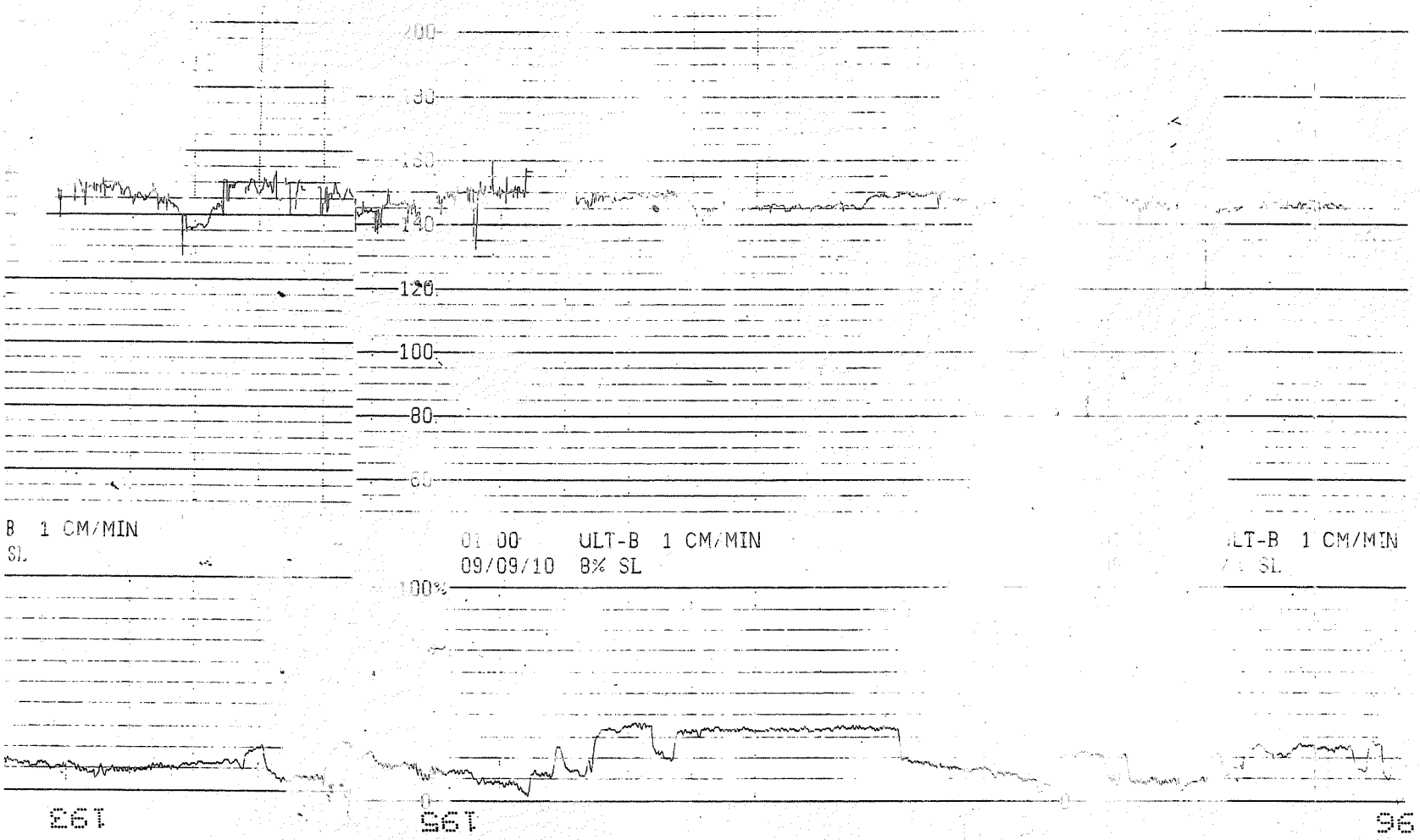


Resumed after going to Home Tuesday

681

061


821P - 8003-8400
200
180
160
140
120
100
80
60
ULT-B 1 CM/MIN
12% SL
00:30
09/09
1 CM/MIN
00:40
09/09/10
ULT-B 1 CM/MIN
6% SL
00:50
09/09/10
100%
0



Transcribed to LIS

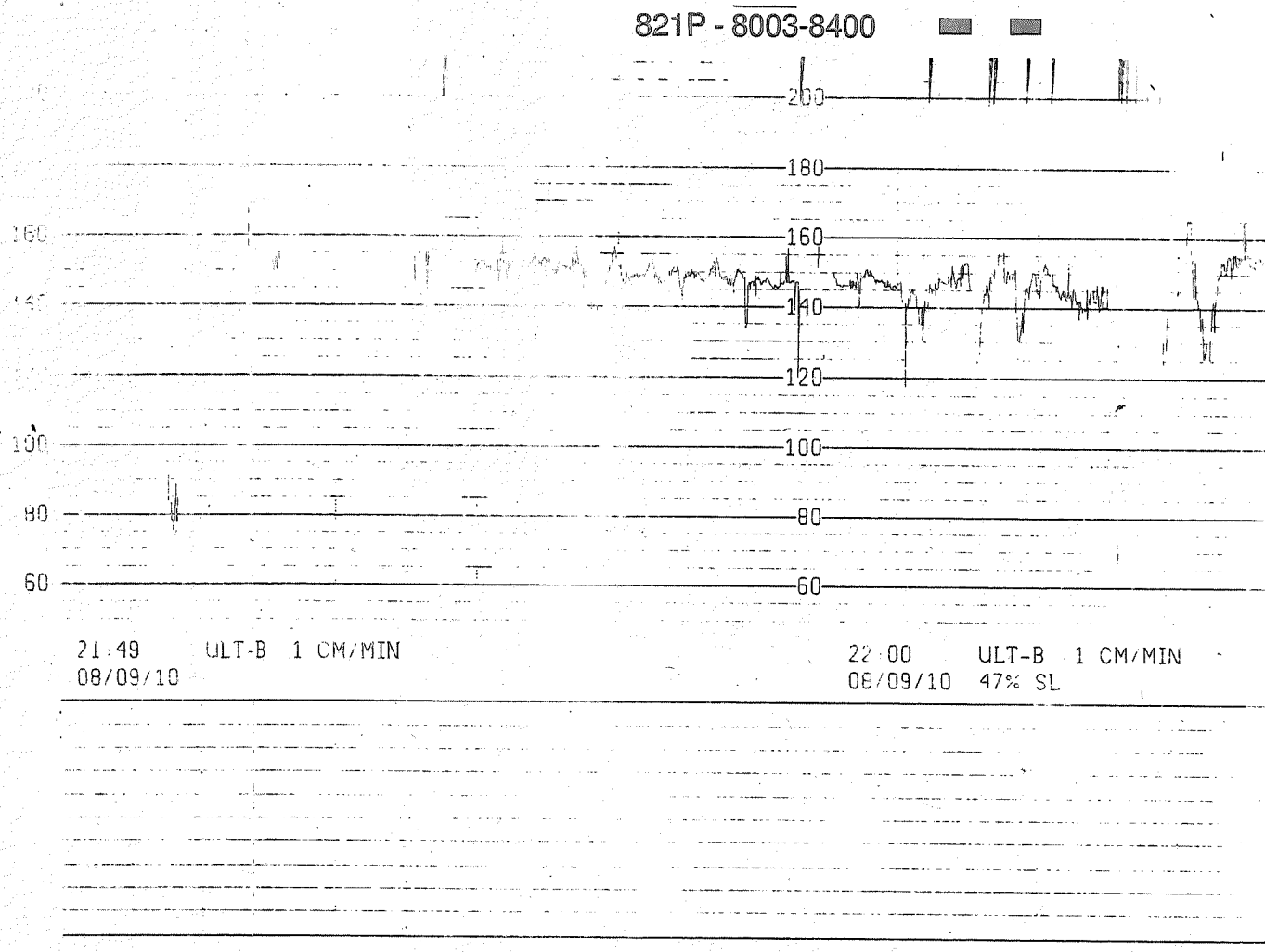
TEAMCARE V745

DATE: 08/09/10

TIME: 21:49

GESTATION:

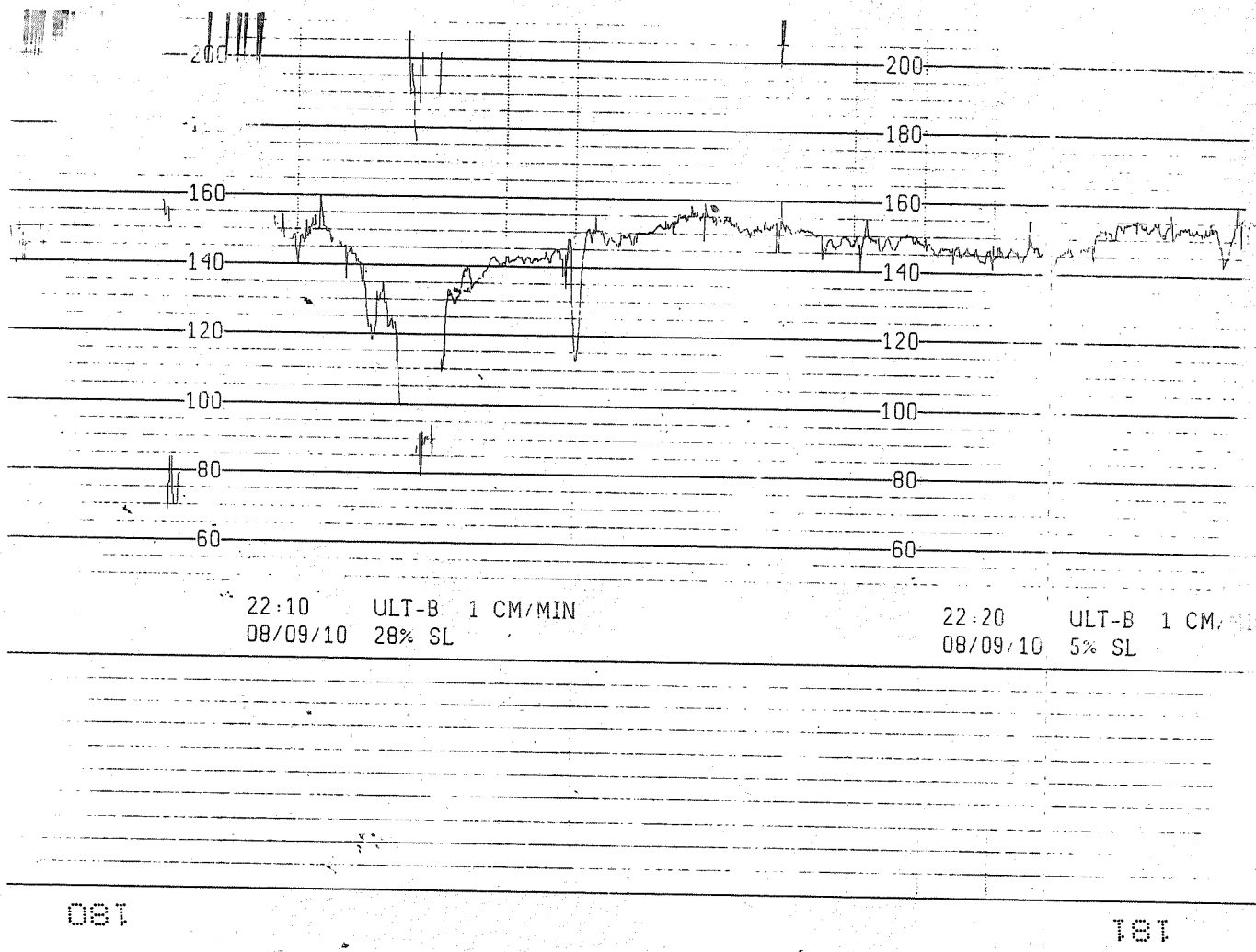
Yvonne Jamieson

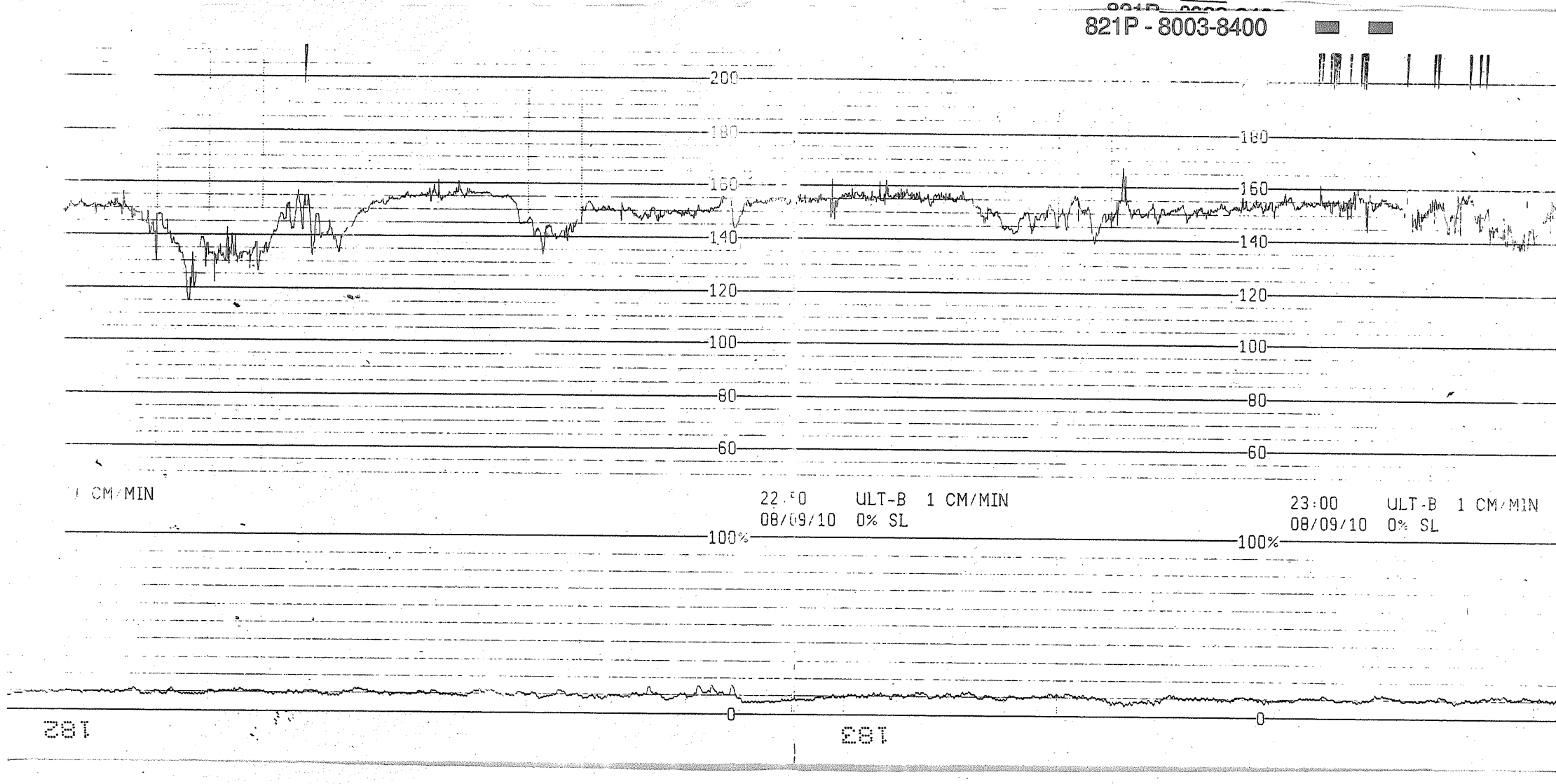


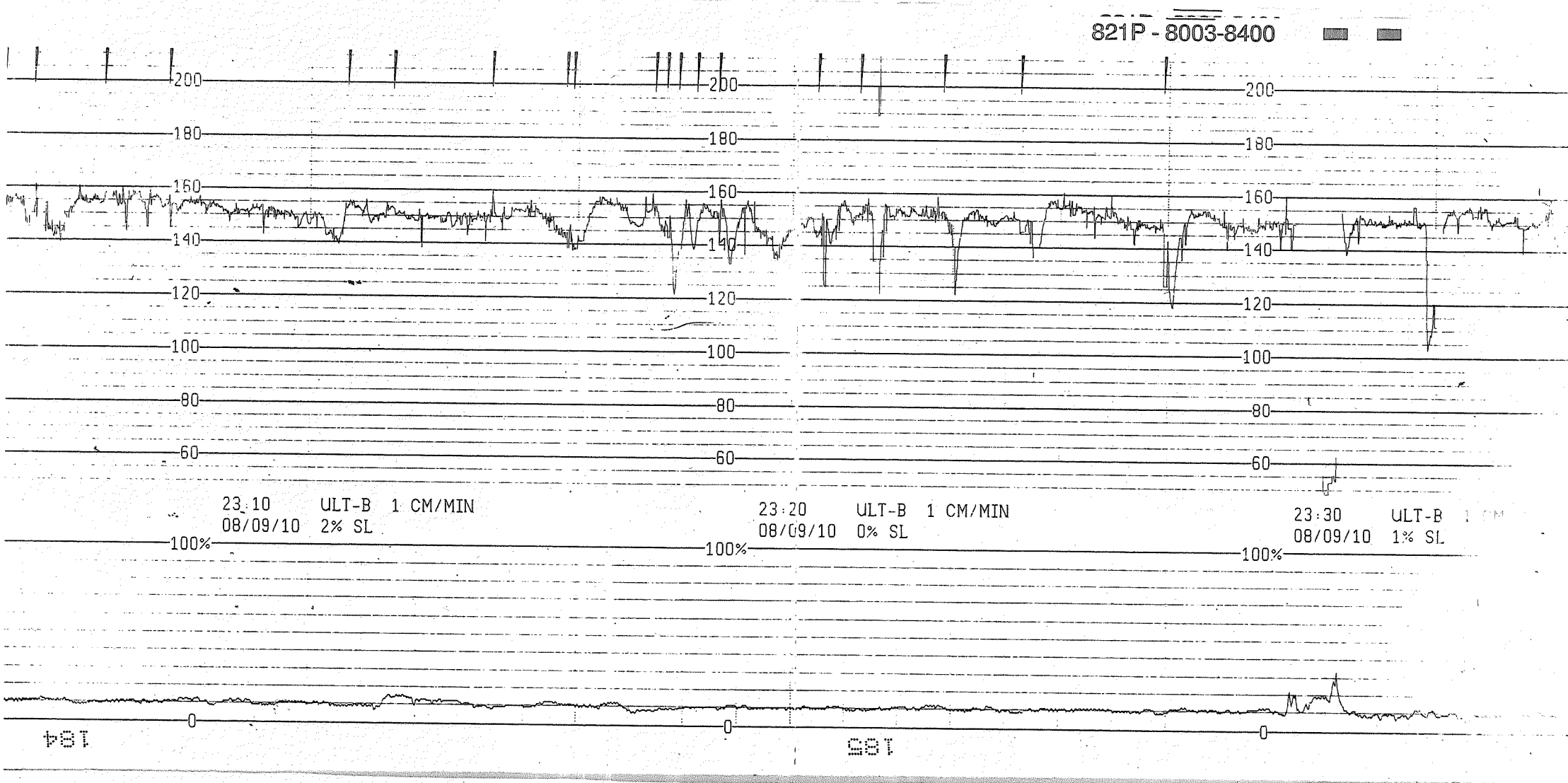
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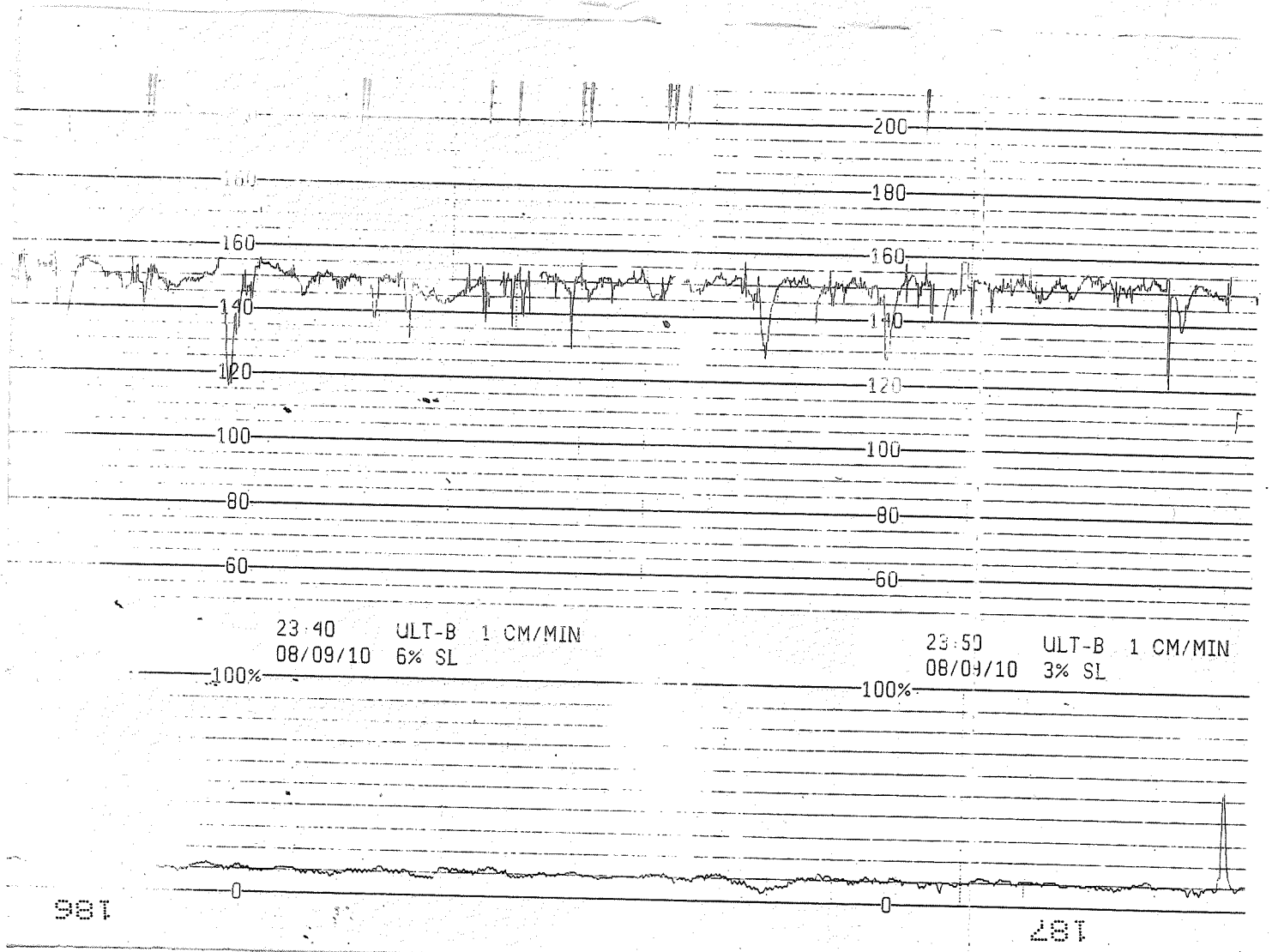
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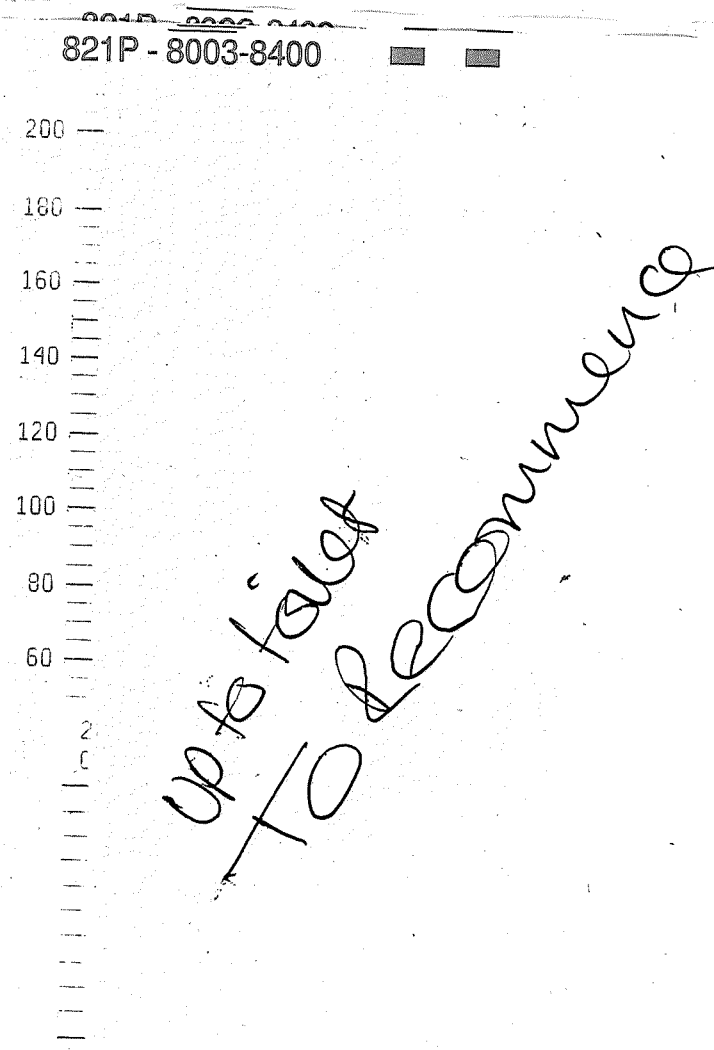
821P - 8003-8400




821P - 8003-8400
200
180
160
140
120
100
80
60
1 CM/MIN
22:00 ULT-B 1 CM/MIN
08/09/10 0% SL
23:00 ULT-B 1 CM/MIN
08/09/10 0% SL
100%
0
EST
EST

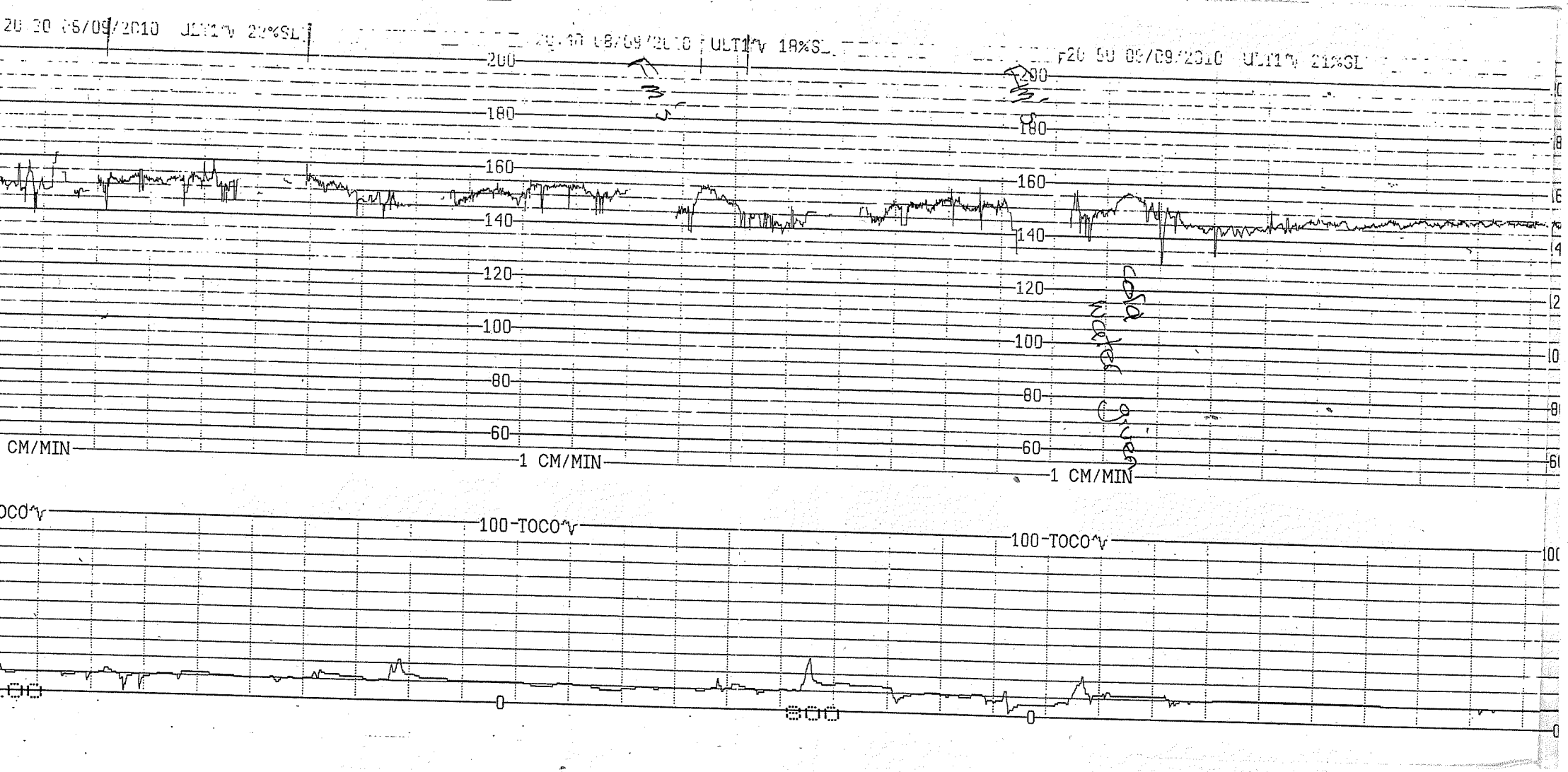

821P - 8003-8400
200
180
160
140
120
100
80
60
23:10 ULT-B 1 CM/MIN
08/09/10 2% SL
23:20 ULT-B 1 CM/MIN
08/09/10 0% SL
23:30 ULT-B
08/09/10 1% SL
100%
0
184
185

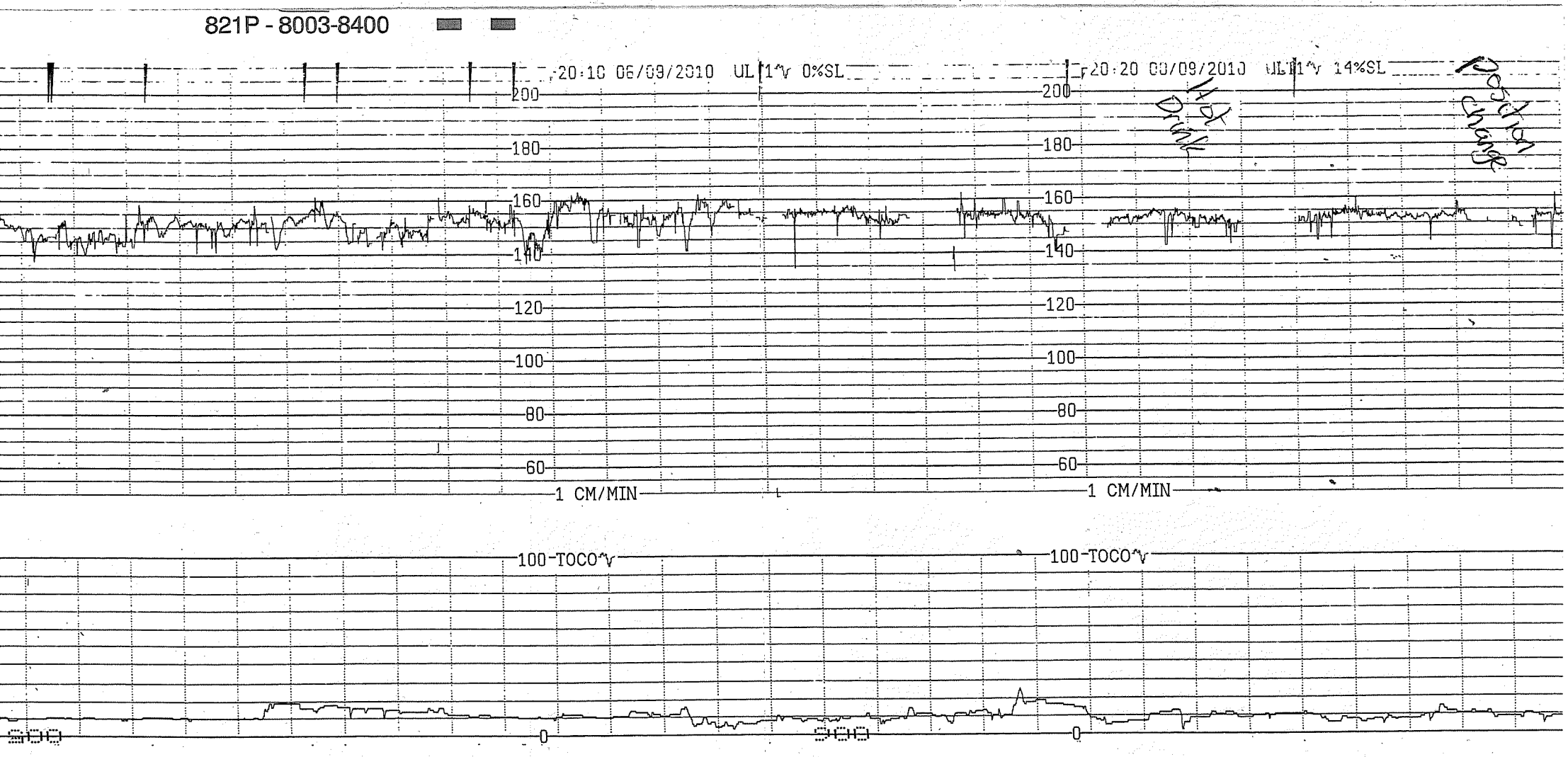




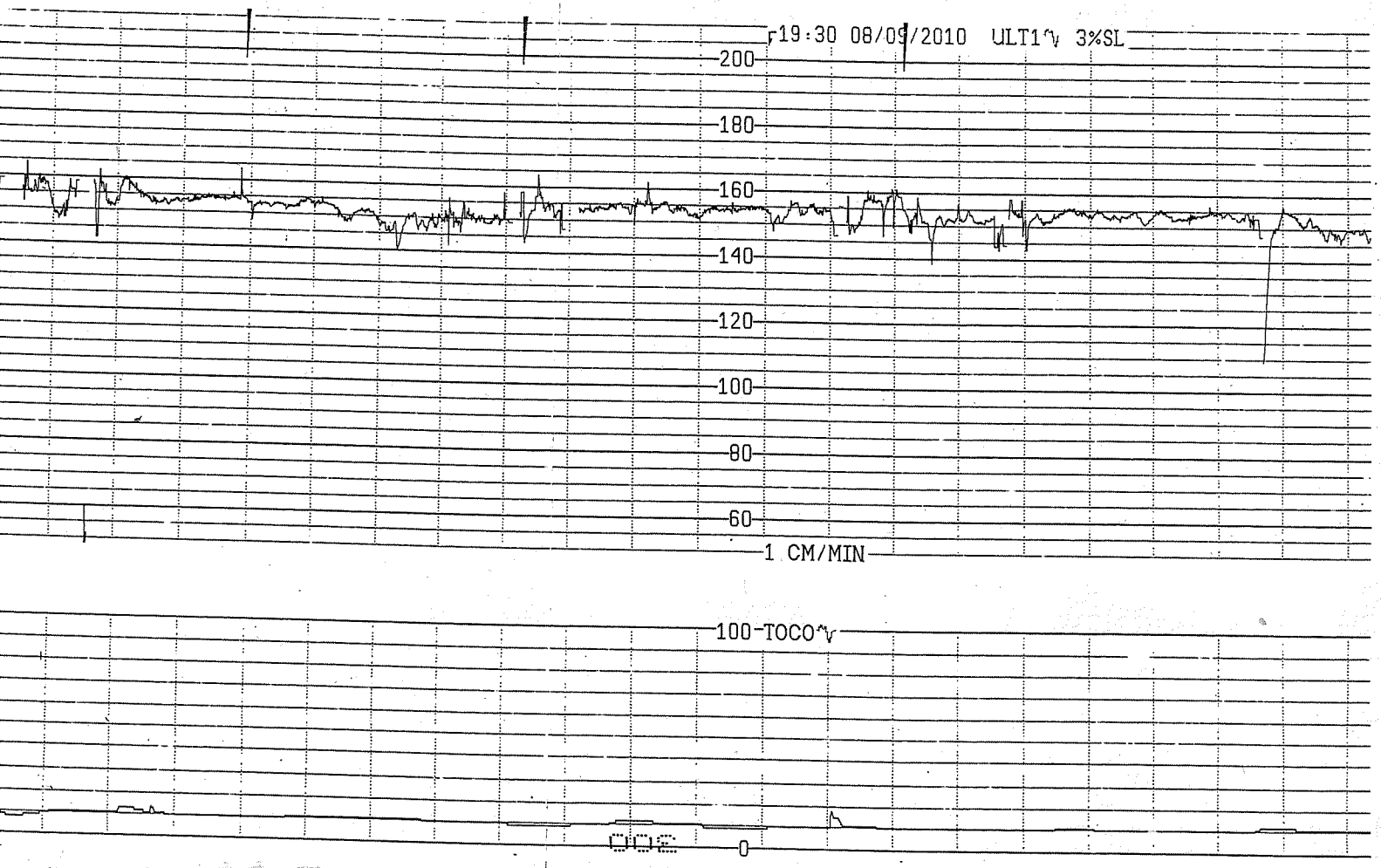
up to level
TO reconnect

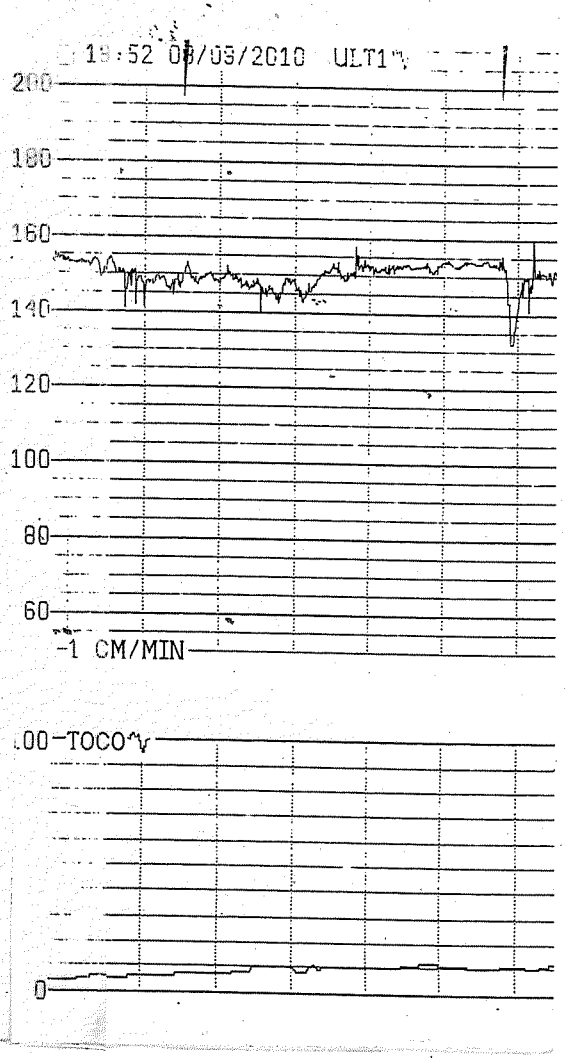
821P - 8003-8400




821P - 8003-8400
20:10 06/09/2010 UL 1 V 0%SL
20:20 06/09/2010 UL 1 V 14%SL
Hot Drink
Position Change
200
180
160
140
120
100
80
60
1 CM/MIN
100-TOCO V
0

003-8400


19:30 08/09/2010 ULT1^v 3%SL
200
180
160
140
120
100
80
60
1 CM/MIN
100-TOCO^v
0


19:52 08/09/2010 ULT1^v
200
180
160
140
120
100
80
60
1 CM/MIN
100-TOCO^v
0

821P-8003-8400

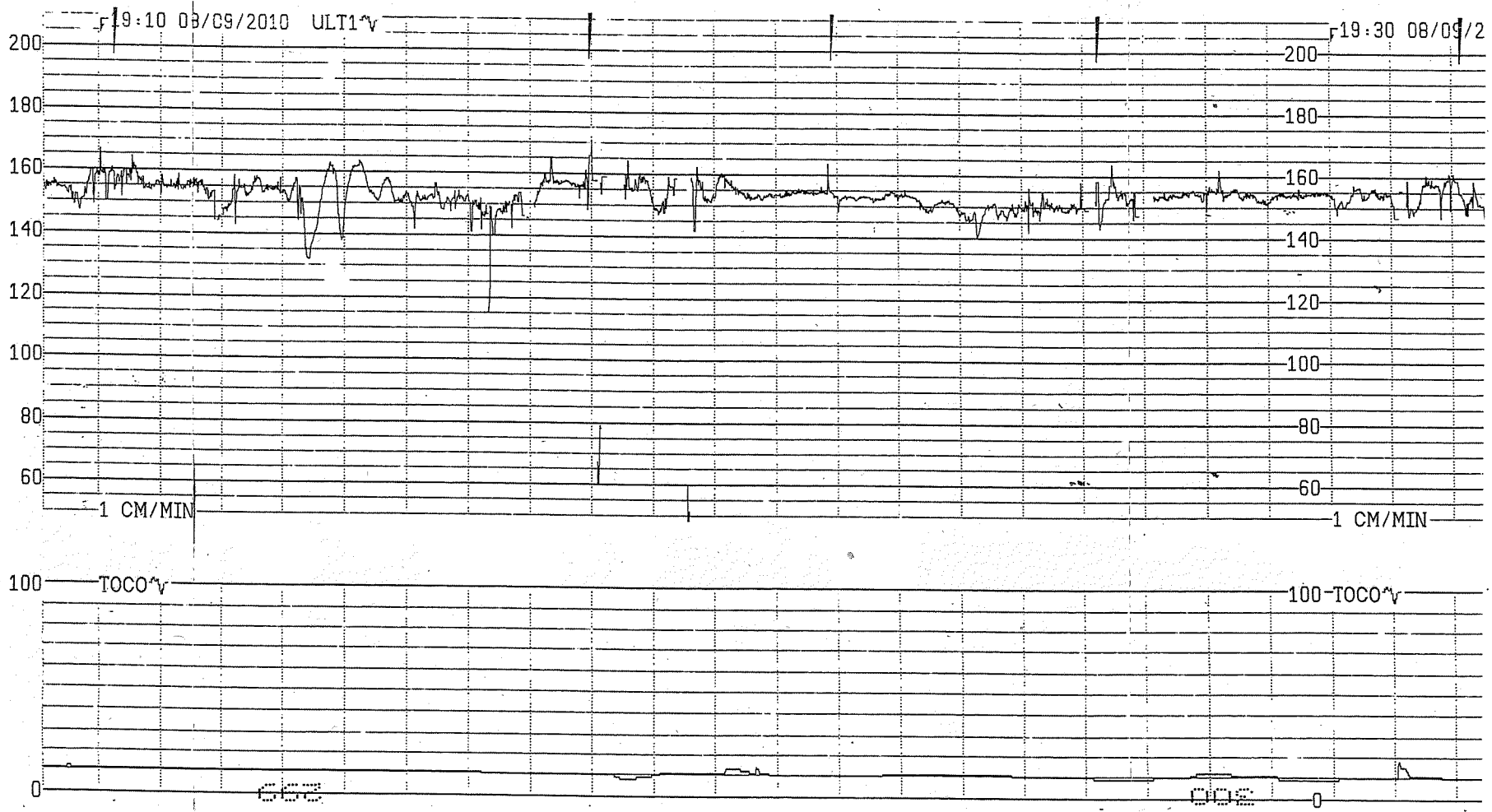
ONICAID FM820 V1.6.0
INEWELLS 23593
ATE: 08/09/2010
IME: 19:09

ESTATION:

Yvonne Jamieson

100382 0107.

MPR 88



NHS Tayside

MATERNITY CALL RECORD – Please complete clearly in black ink and BLOCK capitals

Date: 9/8/10	**Time:** 1805
Name: Yvonne Jamieson	**DoB:**
Address: Arbroath.	**EDD/GEST:** 24wks
	Parity: 1+1SB (24wks) in care.
Tel No: Phone call for AI	

Reason for Call: 1 week of vomiting, feeling unwell, similar symptoms to when had previous SB.

FMF Today:

Any PV Loss: Yes / No	**Colour:**	**Gr B Strep:**
SRM: Yes/ No	**Colour:**	
Blood Group:-		
Position of Baby:-		

Have you any previous medical of obstetric history?

Have you any problems in this pregnancy? Mental health problems.

CLINICAL: FEVER >38° or history of fever AND flu-like symptoms (2 or more of the following symptoms – cough, headache, rhinorrhea or vomiting/diarrhoea) or other severe life threatening illness suggestive of an infectious process.

TRAVEL: ANY travel in the last seven days, outwith the UK

Specific Advice Given Coming in.

Signature: MCRombie	**Print Name:** MCROMBIE
Designation:	

Call Back (1)	Date:	Time
Call Reason:		
Plan:		
Signature:	Print Name:	
Designation:		

Call Back (2)	Date:	Time:
Call Reason:		
Plan:		
(consider face-to-face assessment)		
Signature:	Print Name:	
Designation:		

TRIAGE ADMISSION

Name & DOB/CHI:	YVONNE JAMIESON 100382 0107		
Date & Time:	9/8/10 1910	**Consultant:**	P. LYNCH

EDD:	02/12/10	**Temp:**	37.2	**FH:**	150bpm (D)
Gest:	23+4	**Pulse:**	85	**Urinalysis:**	+protein trace blood
Parity:	1+1 SB 24/40	**BP:**	125/80	**Blood Gp:**	O Pos

Abdominal Palpation:	Fundus = clates Parts felt	**PV Loss:**	Nil

Any Relevant medical/obstetric history and reason for admission

Asthmatic Hypothyroidism h/o Stillbirth 24/40 - 2009 (HELLP syndrome)

Self referral with h/o feeling unwell for past 48 hours - tired dizzy

Has vomitted x1 48 hours ago.

2030 BP 113/76 P-80.

Actions Taken

for PET bloods.

2050 - PET & CRP bloods taken & sent to lab.

CTG (if applicable):					
Risk:		**Contractions:**		**Baseline:**	
Variability:		**Accelerations:**		**Decelerations:**	
Overall:					

NB: If patient in labour please insert partogram in notes.

If in established labour and unable to admit to labour suite please document and reason for this below.

Signature		**Time of Discharge/Transfer**	

9/8/10 GPST2 RIV
2230

23+4 gestation Para 1+1 -SB.

5/7 hx vomiting. Now settled. Managing to keep down food/fluids today. No urinary symptoms. No abdo pain. No PV bleeding/discharge.

Bowels (N). No fever.

Today felt a little dizzy.

Now feeling well. Keen to get home.

Past hx - HELP syndrome + stillbirth last yr
- Hypothyroidism
- Asthma.

O/E Looks well.

T 37.2 BP 125/80.

HR 85.

well hydrated.

clear

HS 1+11+0

SNT
BS (+)

Urinalysis (+) ~~blood~~ protein

Bloods fine - rate urea slightly ↑.
normal plts.

Imp - Vomiting, now settled.
? Cargo Δ.

D/W SpR (normal)

(P) Home today
Advised to contact us again if feels unwell again/concerns.

D/C home. To contact triage if has any further concerns JRice S/M

~~Peacock~~
GPST2
5168

Notes requested

EPAC SUMMARY Tayside University Hospitals - Ninewells

NAME: Yvonne mclane. CHI: 100882 0107

ADDRESS: 1F Menzies court, Fairfield Ave, Perth. 07938 749337

GP: Dr Reilly, Whitefriars Surgery, Perth

Meds: omeprazole, Thyroxine, Sertraline, Salbutamol.

Visit Date: 05/1/08	Episode No
Consultant: Dr Augustsson	
Visit No	1 2 3 4 5 6
New/Return: New	Time In:
Booked Y/N	Time Out:
SDR Visits HCG/Scan	Mins:
Referred from:	Referral Reason:

Comments/History Bleeding Y/N: Pain Y/N: Other Y/N:

?ectopic +ve preg test last thurs, some bleeding
Lower abdo pain - attended for ODH. Likely UTI - given Abx + analgesia.
On + off all week.
Pain worse today - not on one side more than other.
Has ovarian cyst. Seen at Perth EPAC today - nil seen
No bleeding No frequency or dysuria. PMH: ~~NKDA~~ asthma.
Nauseated Early preg. ?ectopic. meds inhalers thyroxine
NKDA

LMP Date: 17/09/08	EDD:	Gestation:
Parity: 1 + 0	SB/NND:	EDD by Scan: Gestation by Scan:
Pregnancy Test Y/N	Positive Y/N	Smoker Y/N:
1st Positive Test (Date) Thurs 30/10/08		No. per day:

INVESTIGATION — HCG Results this Episode

Blood Group Opos.	Group/Antibodies		
HCG:	HCG Results	5/11	887
FBC: 12.9	Urinalysis: trace ketone, Protein +, ketone +		
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:	

Q3 25
S 99%
T 36.9
118/75
P 75
R 14

Ref EPAC June '99 Signature Allyson Hovey Date 05/11/08

Feels worse since finding out ? ectopic. Abdo soft, non tender, bowelsounds active. ST

(P) FBC, βHCG - Scan SPC.

EPAC SCAN REPORT/SUMMARY CONT

NAME	CHI

Transabdominal:	CRL (<12 weeks)
Transvaginal:	BPD (>12 weeks)
Intrauterine pregnancy confirmed:	Normal Adenxae:
Sac Outline - regular/irregular:	
Sac size: mm	RPOC:
Fetus present	Femur length:
Number of Fetuses	Nuchal fold thickness
Yolk sac present	Fetal movement present:
Fetal heart present:	Ultrasound code number
PREGNANCY STATUS:	
Diagnosis	Management:
Reviewed by:	Title:
Reviewed by:	Title:
Follow up:	Next Appointment:
Booking Appointment arranged	Cancelled by: Date cancelled:
Discharged/Transferred to	
Comments: Dept U/S (tiny fluid area in fundus 3mm simple looking cyst 82 X 74 X 65 mm no mass / fluid	
Recommendations: ? early pregnancy ectopic pregnancy cannot be ruled out - no pain no PV loss	

Ultrasound Codes:

1. Viable Intrauterine Pregnancy
2. Intrauterine Gestation Sac with Yolk Sac only
3. Non Viable Interuterine Pregnancy
4. Interuterine Gesation Sac >20mm diameter
5. POC Identified and sent to Histology
6. Empty Uterus or Small Sac
7. Small Empty Interuterine Sac
8. Post Partum/Post TOP Bleeding

Ref EPAC June '99

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

(9) allow home

EPAC review tomorrow in RRI for repeat BHCG & review

2 you (4 & V

MCLEAN 1003820107
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

JOHN AULD

NHS
Tayside

INTEGRATED CARE PATHWAY

GYNAECOLOGY

ELECTIVE SURGERY

NB Care pathways should never preclude individual clinical judgement from being exercised.

Updated September 2007/FG/JB/KC/ICP
Review September 2010

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
DUB	Dysfunctional bleed
PFR	pelvic floor repair
TOP	termination of pregnancy
STOP	surgical termination of pregnancy
MTOP	medical termination of pregnancy
D&V	dilatation and curettage
EUA	examination under anaesthetic
IUCD	intra uterine contraceptive device
IUS	Intra uterine system (Mirena)
IUD	intra uterine death
PID	pelvic inflammatory disease
RSO	right salpingo oopherectomy
LSO	left salpingo oopherectomy
BSO	bilateral salpingo oopherectomy
TAH	total abdominal hysterectomy
STAH	sub total abdominal hysterectomy
LAVH	laparoscopic assisted vaginal hysterectomy
STD or STI	sexually transmitted disease or Sexually Transmitted Infections
FH	foetal heart
DVT	deep vein thrombosis
GA	general anaesthetic
GOPD	gynae out patient department
LA	local anaesthetic
NSAIDS	non steroid anti-inflammatory drugs
RIF	right iliac fossa
LIF	left iliac fossa
(N)IDDM	(Non) insulin dependant diabetes mellitus
BHCG	beta human chorionic gonadatrophin
HRT	hormone replacement therapy
PFR	pelvic floor repair
AR	anterior repair
PR	posterior repair
SSF	sacro spinous fixation
Blue X	Pregnancy urine test
CX	cervix
PCOS	polycystic ovarian syndrome
OHSS	ovarian hyperstimulation syndrome
HPV	human papilloma virus
CIN	cervical intra-epithelial neoplasia
VIN	vaginal intra-epithelial neoplasia
LLETZ	Large Loop Excision of Transformational Zone

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
[illegible]	Echocardiogram	PU	Passed Urine
[illegible]	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
[illegible]	Myocardial Infarction	TPR	Temperature, Pulse, Blood Pressure
[illegible]Hg	Millimetres of Mercury	U's & E's	Urea and Electrolyte
[illegible]RI	Magnetic Resonance Imaging	USS	Ultrasound Scan
MRSA	Methicillin Resistant Staphylococcus Aureus	UTI	Urinary Tract Infection
MSSU	Mid Stream Specimen of Urine	VQ	Ventilation Quotient

Contributors to ICP

Named Nurse: _____ Anyone using this document must register below:

Name	Designation	Grade	Contact No	Signature	Initials
Susan Dicken	SN	5	BANK	S Dicken	SD
Ann Tildesley	SN	5	BMK	A Tildesley	AT

Variance:

2. Observations Satisfactory	6. Pain score < 2	10. Spontaneously passing urine	14. Bowel activity recorded
3. 02 as prescribed	7. No wound soakage	11. Personal hygiene performed	15. MH & WL scored daily
4. IVI as prescribed	8. PV loss satisfactory	12. Mobilising	
5. Tolerating fluids & diet	9. Wound drainage recorded	13. Pressure areas intact	

WATERLOW PRESSURE CHART

WATERLOW PRESSURE ULCER PREVENTION/TREATMENT POLICY

RING SCORES IN TABLE, ADD TOTAL. MORE THAN 1 SCORE/CATEGORY CAN BE USED

BUILD/WEIGHT FOR HEIGHT		SKIN TYPE VISUAL RISK AREAS		SEX AGE		MALNUTRITION SCREENING TOOL (MST) (Nutrition Vol.15, No.6 1999 - Australia	
AVERAGE		HEALTHY	0	MALE	1	A - HAS PATIENT LOST WEIGHT RECENTLY	B - WEIGHT LOSS SCORE
BMI = 20-24.9	0	TISSUE PAPER	1	FEMALE	2	YES - GO TO B	0.5 - 5kg = 1
ABOVE AVERAGE		DRY	1	14 - 49	1	NO - GO TO C	5 - 10kg = 2
BMI = 25-29.9	1	OEDEMATOUS	1	50 - 64	2	UNSURE - GO TO C AND SCORE 2	10 - 15kg = 3
OBESE		CLAMMY, PYREXIA	1	65 - 74	3		> 15kg = 4
BMI > 30	2	DISCOLOURED GRADE 1	2	75 - 80	4	C - PATIENT EATING POORLY OR LACK OF APPETITE 'NO' = 0; 'YES' SCORE = 1	unsure = 2
BELOW AVERAGE		BROKEN/SPOTS GRADE 2-4	3	81 +	5	NUTRITION SCORE If > 2 refer for nutrition assessment / intervention	
BMI < 20	3						
BMI=Wt(Kg)/Ht (m)²							

CONTINENCE		MOBILITY	
COMPLETE/ CATHETERISED	0	FULLY	0
URINE INCONT.	1	RESTLESS/FIDGETY	1
FAECAL INCONT.	2	APATHETIC	2
URINARY + FAECAL INCONTINENCE	3	RESTRICTED	3
		BEDBOUND e.g. TRACTION	4
		CHAIRBOUND e.g. WHEELCHAIR	5

SCORE
10+ AT RISK
15+ HIGH RISK
20+ VERY HIGH RISK

SPECIAL RISKS			
TISSUE MALNUTRITION		NEUROLOGICAL DEFICIT	
TERMINAL CACHEXIA	8	DIABETES, MS, CVA	4-6
MULTIPLE ORGAN FAILURE	8	MOTOR/SENSORY	4-6
SINGLE ORGAN FAILURE (RESP, RENAL, CARDIAC,)	5	PARAPLEGIA (MAX OF 6)	4-6
PERIPHERAL VASCULAR DISEASE	5	MAJOR SURGERY or TRAUMA	
ANAEMIA (Hb < 8)	2	ORTHOPAEDIC/SPINAL	5
SMOKING	1	ON TABLE > 2 HR#	5
		ON TABLE > 6 HR#	8
MEDICATION - CYTOTOXICS, LONG TERM/HIGH DOSE STEROIDS, ANTI-INFLAMMATORY MAX OF 4			

Scores can be discounted after 48 hours provided patient is recovering normally

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Obtainable from the Nook, Stoke Road, Henlade TAUNTON TA3 5LX
* The 2005 revision incorporates the research undertaken by Queensland Health.
www.judy-waterlow.co.uk

Name Patient Known by --- Yvonne

Add

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

1003820107

JOHN ALLD

Age --- 26yrs

Phone 01738 639553

DIAGNOSIS: ---

Pre-assessment date: ---

Admission Date: 4/11/8

Date of Operation: ---

Planned Procedure: IVI - N.B.M

Scan own

Patients' perception/understanding: FAIR

Consultant: ---

G.P. Dr Auld

Occupation: Unemployed

Religion: N/A

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

HOME CIRCUMSTANCES / SOCIAL SUPPORT

Lives with: partner + son

Current services N/A

Identified support on discharge: N/A

Discharge Plan initiated on admission (Yes) / No

Planned Discharge Date: ---

Next of Kin: John Jamieson

Relationship: Partner

Address: S/A

Phone number: 01738 639553

Other contact: ---

Address: ---

Phone number: ---

Valuables taken home YES/(NO)

In hospital safe keeping YES/NO

If yes, where---

Hospital policy explained: ---

MRSA

History of MRSA YES/(NO)

If yes, Date Screened: ---

If positive – date patient informed ---

Infection Control Instructions Given YES/NO

P.M.H.

asthmatic
thyroid

Medication

Seretide omeprazole
Salbutamol
thyroxine

Allergies

None known

ICP - function and storage discussed with:

Patient: yes

Relatives aware of ICP & confidentiality. (YES)/NO
Pt will inform

Admitting Nurse SDM

Disclosure of Patient Information

for audit purposes - discussed and agreed Yes / No

Patients Signature: ---

NUTRITION

NormalDiet: yes
Special Diet:
Diet Kitchen Informed:
MUST Assessment Score:
Date Referred to Dietician:
Food & Fluid Chart Commenced:

ELIMINATION

Bowels regular: yes
Constipated:
Diarrhoea:
Bladder Continent: yes
Frequency:
Incontinent:

SENSES

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

SPEECH

Coherent; yes
Incoherent:

SLEEP

Pattern: 6-8° night
Medication:

MENTAL STATE

Alert/orientated: yes
Confused:
Anxious/distressed: yes

PATIENT'S PERSONAL/SPECIFIC CONCERNS

MENSTRUAL STATUS

Pre menopausal: 18/9/18
L.M.P.
Post menopausal:
Contraception:
HRT:

OBSERVATIONS ON ADMISSION

Blood pressure: 118/75
Temperature: 36.9
Pulse: 75
Baseline O2 sats: 99
Respiratory Rate: 14
Height:
Weight:
BMI:
Blood Group:
Smoker / Non Smoker: No

URINALYSIS

pH:
SG:
Protein: +
Blood:
Glucose:
Ketones: +
Leukocytes:
Nitrates:
M.S.S.U. sent
Pregnancy test: +ve

TEETH

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

Orientated to:

Bed/Bay/Ward Areas	θ
Buzzer system	θ
Fasting Poster/Policy	θ
Visitors Poster	θ
Hand Hygiene Points	θ
Smoking Policy	θ

STORAGE OF MEDICATION

Taken Home	θ
Drug Trolley	θ
POD	θ
CD Cupboard	θ
N/A	θ

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

1003820107

JOHN AULD

Name	CHI: Ward:
10A MUST and Nutritional assessment (to be completed within 24 hours of ad	
Data gathered from: Patient ☑ Other ☐ Specify	

Malnutrition Universal Screening Tool (MUST) adapted from BAPEN		**Measures and Scores**	**Initial**	**Date**
Height Method height recorded • Stadiometer • Self-reported height (if reliable and realistic) • Ulna Length		_ m ___ cm ☐ ☐ ☐	SO	5/11
Weight Actual Weight recorded Are there any factors affecting weight e.g. ascites, oedema or an amputation. **Please specify:** Patients usual weight		_____ Kg _____ Kg	SO	5/11
BMI score recorded		_____ Kg/m2		
STEP ONE	BMI >20 (>30 obese) Score = 0 BMI 18.5-20 Score = 1 BMI < 18.5 Score = 2			
STEP TWO	**Unplanned weight loss past 3-6 months** Patient has < 5% weight loss Score = 0 Patient has 5-10% weight loss Score = 1 Patient has >10% weight loss Score = 2			
STEP THREE	Patient is acutely ill and there has been or is likely to be no nutritional intake for>5 days Yes: Score = 2 No: Score = 0			
STEP FOUR	**TOTAL SCORE:**			

STEP FIVE	**Malnutrition Management Guidelines**	**Interventions**	**Initial**	**Date**
Total MUST score = 0 Yes ☐ Patient is at **low** risk		☐ Repeat screening and record result weekly Document review date on MUST screening score chart ☐ Other: specify		
Total MUST score 1or >1 Yes ☐ Patient is at **medium/ high** risk		☐ Food chart completed for 3 days ☐ Encourage nutritious meals using a little and often approach ☐ Offer snacks from ward provisions ☐ Offer one standard Build up sachet daily or 3 additional glasses of full fat milk daily ☐Document review date and progress in MDT notes ☐ **Review 3 days of food charts to assess intake (If intake over 3 days = less than ½ meals, build-up /milk and snacks: refer to Dietician)** ☐ Repeat MUST screening weekly. Document review date on MUST screening score chart		
Immediate dietician referral Yes ☐ Date Referred: Date Seen:		☐ Enteral Feeding ☐ Parenteral Nutrition ☐ Therapeutic Diets- newly diagnosed ☐ Swallowing Problems ☐ Currently receive nutritional support at home		

NHS Tayside Acute Division Malnutrition Universal Screening Tool ('MU
And Dietetic Referral Guidelines

STEP 1
BMI score

BMI kg/m²
Score

>20 (>30 Obese)	= 0
18.5 – 20	= 1
< 18.5	= 2

+

STEP 2
Weight loss score

Unplanned weight loss in past 3-6 months (this includes obese patients)

%	Score
<5	= 0
5 – 10	= 1
>10	= 2

+

STEP 3
Nutritional Intake Score

If there has been or is likely to be no nutritional intake for > 5 days.

Score 2

If unable to obtain height and weight, refer to MUST pack for alternative measurements and use of subjective criteria

STEP 4
Overall risk of malnutrition

Add Scores together to calculate overall risk of malnutrition
Score 0: Low risk Score 1: Medium Risk Score 2 or more: High Risk

STEP 5
Management guidelines

0
Low Risk
Routine clinical care

Repeat screening weekly

Medium / High Risk Score
(Including obese patients)

- Encourage with meals* (*using a little and often approach*)
- Complete food record charts for 3 days
- Offer snacks from ward provisions
- Offer *one build-up sachet daily or 3 additional glasses of full fat milk*

Immediate Dietician Referral

- Enteral Feeding e.g. NG/PEG
- Parenteral Nutrition
- Therapeutic Diets e.g. medically diagnosed food intolerance, renal
- Swallowing problems i.e. oesophageal structures / stents, dysphagia
- Currently receiving nutritional support at home

If after 3 days ½ or more of meals and snacks taken, stop food chart, continue to
- Encourage with meals (*using a little and often approach*)
- Offer snacks from ward provisions (*biscuits/toast*)
- Offer *build-up/milk (as above)*

If after 3 days less than ½ meals, *offered build-up or milk* and snacks taken

Repeat Screening Weekly
- If further weight loss is reported or there is no improvement in patient's clinical condition

Refer to Dietitian for further assessment
(please refer to priorities attached)
- Repeat screening weekly
- Continue to encourage with meals, snacks and build-up/milk

Dietetic Department
Telephone:
Bleep:

Adapted from work originally produced by dietitians working in Oxfordshire

Malnutrition Universal Screening Tool (M.U.S.T) Screening Scores

Document date for review following screening

DATE FOR REVIEW	WEIGHT	B.M.I	STEP 1 SCORE	STEP 2 SCORE	STEP 3 SCORE	STEP 4 TOTAL SCORE	DIETETIC REFERRAL YES/NO	Initial	Date

Assessment information: 10A Nutritional assessment (to be completed within 24 hours of admission)					
	Y	N	Comments/Variance	Initial	Date
Able to make menu choices independently?	☐	☐			
Any specific religious/cultural/ethnic dietary requirements	☐	☐			
Any food allergies?	☐	☐			
Any specific eating and drinking dislikes?	☐	☐	If Yes: Can identify/choose independently Yes☐ No ☐ If No: Specify dislikes:		
Does the patient take a special diet?	☐	☐	Reason for special diet (please specify):		5/11/18 SO
Able to take diet and fluid orally and independently?	☐	☐	If No: Will need support to eat and drink ☐ New problem ☐ Old problem ☐ Need for S.A.L.T referral ☐ Patient nauseated ☐		
Patient needs/uses specific equipment to help them with eating or drinking?	☐	☐	New problem ☐ Old problem ☐ Own equipment being brought in: Yes ☐ No ☐ Need for OT referral Yes☐ No ☐		
Patient has specific social/environmental mealtime requirements	☐	☐	Specify:		
Patient is currently receiving nutritional support at home?	☐	☐	Enteral: ☐NG ☐PEG ☐ PEJ Parenteral: ☐Central ☐ Peripheral		
Patient is currently receiving dietary supplements at home	☐	☐	Type:		
Patient needs Dietetic advice/ support (see assessment and referral guidelines)	☐	☐	Reason for referral:		
Patient has dental problem influencing dietary intake	☐	☐	Need for dental referral ☐		
Initial treatment plan required	☐	☐	**If nutritional assessment identifies need for any intervention(s) complete initial treatment plan**		

Initial Treatment Plan	Y	N	Interventions /Outcomes		Initial	Date
Give assistance to make menu choices, taking into account particular likes/dislikes	☐	☐	☐ Verbal prompting ☐ Assistance			
Diet kitchen informed of patient's special (therapeutic) dietary requirements?	☐	☐				
Diet kitchen informed of religious/cultural/ethnic dietary requirements	☐	☐				
Arrangements made to ensure patient does not receive foods which they are allergic to	☐	☐	Allergies recorded: ☐ In nursing assessment ☐ On the front of medical notes	☐ On drug kardex ☐ Patient wrist allergy band in situ ☐All relevant staff informed		
Patient has specific equipment to help them with eating or drinking?	☐	☐	Details: ☐Own equipment being brought in ☐ Refer to O.T Date referred:			
Give support to eat and drink	☐	☐	Details: ☐ Needs food cut up ☐ Needs fed ☐ Needs help to sit in chair/sit up in bed to eat food	☐ Refer to S.A.L.T Date referred: ☐ Refer to Dentist Date referred: ☐ Initiate nausea treatment/management plan ☐ Other: specify		
Arrangements have been made to meet the specific social/environmental mealtime requirements	☐	☐	Details:			
Patient needs dietetic advice support	☐	☐	☐ Referral completed			
Patient's food supplement requirements:			**Type**	**Details:**		
Oral supplements	☐	☐				
NG feeds	☐	☐				
PEG feeds	☐	☐				
PEJ feeds	☐	☐				
Central	☐	☐				
Peripheral	☐	☐				

Nutrition Treatment Plan Reviews

Name	CHI		Ward	
Dates				
Nutrition Treatment Plan	Interventions/ Outcomes	Interventions /Outcomes	Interventions/ Outcomes	Interventions //Outcomes
Give assistance with menu choices taking into account likes/dislikes	Yes ☐ No ☐ ☐ Verbal prompting ☐ Assistance	Yes ☐ No ☐ ☐ Verbal prompting ☐ Assistance	Yes ☐ No ☐ ☐ Verbal prompting ☐ Assistance	Yes ☐ No ☐ ☐ Verbal prompting ☐ Assistance
Specific religious /cultural/ethnic dietary requirements	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Diet kitchen informed of religious/cultural/ethnic dietary requirements	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Arrangements made to ensure patient does not receive foods which they are allergic to	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Diet kitchen informed of patient's special (therapeutic) dietary requirements?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Patient needs nursing support to eat and drink. Detail:	Yes ☐ No ☐ ☐ Needs food cut up ☐ Needs fed ☐ Needs help to sit in chair/sit up in bed to eat food ☐ Refer to S.A.L.T Date referred: ☐ Refer to Dentist Date referred: ☐ Initiate nausea treatment/management plan ☐ Other: specify	Yes ☐ No ☐ ☐ Needs food cut up ☐ Needs fed ☐ Needs help to sit in chair/sit up in bed to eat food ☐ Refer to S.A.L.T Date referred: ☐ Refer to Dentist Date referred: ☐ Initiate nausea treatment/management plan ☐ Other: specify	Yes ☐ No ☐ ☐ Needs food cut up ☐ Needs fed ☐ Needs help to sit in chair/sit up in bed to eat food ☐ Refer to S.A.L.T Date referred: ☐ Refer to Dentist Date referred: ☐ Initiate nausea treatment/management plan ☐ Other: specify	Yes ☐ No ☐ ☐ Needs food cut up ☐ Needs fed ☐ Needs help to sit in chair/sit up in bed to eat food ☐ Refer to S.A.L.T Date referred: ☐ Refer to Dentist Date referred: ☐ Initiate nausea treatment/management plan ☐ Other: specify

Nutrition Treatment Plan	Interventions/ Outcomes	Interventions /Outcomes	Interventions/ Outcomes	Interventions //Outcomes
Patient has specific equipment to help them with eating or drinking?	Yes ☐ No ☐ Own equipment being brought in: Yes ☐ No ☐ ☐ Refer to O.T Date referred:	Yes ☐ No ☐ Own equipment being brought in: Yes ☐ No ☐ ☐ Refer to O.T Date referred:	Yes ☐ No ☐ Own equipment being brought in: Yes ☐ No ☐ ☐ Refer to O.T Date referred:	Yes ☐ No ☐ Own equipment being brought in: Yes ☐ No ☐ ☐ Refer to O.T Date referred:
Arrangements have been made to meet the specific social/environmental mealtime requirements	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Oral supplements	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Artificial feeding requirements	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Malnutrition risk management: Patients who are at medium/high risk	Patient tolerating 1/2 or more than all meals, snacks, milk/build-up Yes ☐ No ☐ (if no, refer to dietician)	Patient tolerating 1/2 or more than all meals, snacks, milk/build-up Yes ☐ No ☐ (if no, refer to dietician)	Patient tolerating 1/2 or more than all meals, snacks, milk/build-up Yes ☐ No ☐ (if no, refer to dietician)	Patient tolerating 1/2 or more than all meals, snacks, milk/build-up Yes ☐ No ☐ (if no, refer to dietician)
Referred to Dietitian	Date: Seen:	Date: Seen:	Date: Seen:	Date: Seen:
Other:				
Initials				
Date				

Record of Care Given

Name	CHI: Ward:																	
Treatment Plan Number:																		
Date																		
Care given	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N
Initials																		
Date																		
Care given	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N
Initials																		
Date																		
Care given	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N
Initials																		
Date																		
given	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N
Initials																		
Date																		
Care given	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N
Initials																		
Date																		
Care given	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N
Initials																		
Date																		
Care given	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N
Initials																		
Care given	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N
Initials																		
Date																		
Care given	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N
Initials																		
Date																		
Care given	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N
Initials																		

Multi-Disciplinary Notes

Date	Time		Initial

DISCHARGE PLAN

SUPPORTED CARE REQUIRED: Yes O No ✓

Ie Nursing Home; Residential; Sheltered; Care Manager; Social Work Referral

Specify Action

Date: 5.11.8 Sign: [signature]

TRANSPORT:

Is patient able to travel with carers/relatives?	Yes ✓	No O
If No, what type of hospital transport required?		
1 or 2 Man Ambulance: Ref No:	Yes O	No O
Hospital Taxi	Yes O	No O
If Yes, Relatives/Carers informed		

Date: 5.11.8 Sign: [signature]

PATIENT MEDICATION

Patients own medication returned	N/A ✓	Yes O	No O
Patient require additional medication		Yes O	No ✓
...pt written – Date: 5.11.8		Yes ✓	No O
Script in Pharmacy – Date:		Yes O	No ✓
To Take Out (TTO) dispensed from ward		Yes O	No ✓
Medicine given to Patient / Carer		Yes O	No ✓

Date: 5.11.8 Sign: [signature]

REFERRALS	Details		
Practice Nurse		Yes O	No ✓
District Nurse		Yes O	No ✓
GOPD		Yes O	No ✓
Other:	EPAC, Perth 6.11.8	Yes ✓	No O

Date: 5.11.8 Sign: [signature]

DOCUMENTATION

...nsfer Letter	Yes O	No ✓
...rict Nurse Letter	Yes O	No ✓
Practice Nurse Letter	Yes O	No ✓
GP Letter (script)	Yes ✓	No O
Complete SSI Audit / Patient Questionnaire	Yes O	No ✓

Date: 5.11.8 Sign: [signature]

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

ie Nutrition O; Mobilising O; TED Stockings O; Exercises O; Housework O; Return to Work O;

Contact GP for Counselling Services O; Driving O ; Travel O;

Other _____

Signature of Discharging Nurse:	Signature of Patient
A. Tildesley	

Name: _____ Unit No: _____ Date: _____

General Physical Examination:

Gynaecological Examination:

Prophylaxis of Venous Thromboembolism:

Previous DVT/PE	YES/NO	Obesity (BMI > 30)	YES/NO
Major Surgery	YES/NO	Age > 40	YES/NO
[illegible]ery > 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 Thrombopropylaxis is required?

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

Signed: _____

Date: _____

Time: _____

Pre-op Ward Round

Date: _____

Time:

Consent discussed and signed:

Dr's Signature: _____

5/11/8 Admitted with ?ectopic rvc last 1hrs. Lower abdo pain - attended fr ODH ?UTI
- Has ovarian cyst s/a Perth CPAC
Plan - IVI - NBM - Scan am SDJ

08[30]. MSSU obtained.
For scan 09[00]. No analgesia rqd.

12[30] hrs. Has attended for scan.
For discharge home.
Ventolin removed. Independant with hygiene
Tea & toast given.
Script obtained. To attend EPAC nurse.
Also Partner to collect. AV.

14[45]. Partner arrived to escort Yvonne home.
Discharge script given AV.

HISTORY/CONTINUATION SHEET

36 ..... UNIT/WARD/DEPT.

Ward/Clinic/Hosp. .....

Surname ..... YVONNE MCLEAN

First Name .....

Address .....

G.P. & Address (G.P. Reques

100382

1003820107

..... Cons.

] C.H.I. No.

..... M. State

..... Sex

CK LETTERS TIENT LABEL

DATE	Page
5/11/08 0215	S/BDr 5abNS/Cl3
	· Came to review
	Hichory as above
	26yr/P1+0/?6wks
UMP	C/O · lower abdo pain present before
17/9/08	finding since past 2wks.
	no shoulder tip pain no dizzy spells
+ve Preg	no P/V Blg spotting wk ago.
Hist	· Regular periods
1wk ago	· PaDH P, LSCS - 6yrs ago
(Last Hkurs)	and
	· No pachmedical/Surgical history
5/11 BHCG 887	O/E Obt stable Very anxious.
O+ve	P 76/min
Hb 12.9	BP 118/75
Plt 258	Pallor
WBC 11.3.	afeb
	Sats 99%
	RR 14/min
	P/A · (L) obex ↑SMI.
Urine	· Tenderness (R)
trace of	
Leucocyte	
Prot (+)	Discussed Plan & consent.
Ketone (+)	Ex. of Closed
	no Blg
	Swab taken
	V/E · Scanty flow, irregular os
	no Blg P/V on examination
	Tenderness (R)
	Plan
	· To stay in
	· NBM midnite.
	· Scan AM + review
	· Discuss if any concerns.

Inf Discussion of case

Dr Ahmed 9136540.

THB.(MR)3A

Ninewells Obstetric Scan Report 2008

Surname:	Firstname:	Dob/Chi:	Address:		Consultant	Agustsson
MCLEAN	YVONNE	1003820107			Referred by:	

Scan no. 1 **Date:** 05/11/2008 **Scan reason** Other

If other: ? Ectopic

Scan Report:

TVS
The uterus is anteverted
Tiny fluid area in the fundus, 3mm diameter - too small for further comment
Left simple-looking cyst, 82 x 74 x 65mm.
No other adnexal mass or free fluid identified.

U ArtPI:

High PI No

FAC:

AEDF No

Abs/rv flows No

Scanned by: JRL

Checked by: KJD

Ref: AIA

Reviewed by:

Perth Royal Infirmaryl

A&E No. **AE-09-006726-1**

TAYSIDE UNIVERSITY HOSPITALS
ACCIDENT & EMERGENCY SERVICES

CONSULTANTS:

M.A. Johnston

NHS Tayside

REGISTERED BY: **alison banks**

SURNAME **Jamieson**	DOB **10 Mar 1982**	CHI **1003820107**	DATE **14 Apr 2009**	TIME OF ARRIVAL **18:21**
FORENAME **Yvonne**	AGE **27 Years**		COMPLAINT **Unwell**	
ADDRESS **1F MENZIES COURT FAIRFIELD AVENUE PERTH**	SEX **Female**	STATUS **Married**	LOCATION OF INCIDENT **Public highway, street or road**	
	RELIGION **None**		MODE OF ARRIVAL **Private transport**	
POSTCODE **PH1 2TD**	1st LANGUAGE		TIME SINCE EVENT **0 - 6 Hours**	
TEL.	ETHNIC ORIGIN **White**		OCCUPATION/SCHOOL	
MOBILE **07597282831**				
TEMPORARY ADDRESS	ALLERGIES **None known**		GP NAME **Auld** ADDRESS **WHITEFRIARS SURGERY WHITEFRIARS STREET PERTH**	
	REFERRED BY **Patient**			
POSTCODE: TEL.			POSTCODE: **PH1 1PP**	
1st CONTACT **Mr John Jamieson**	2nd CONTACT		TEL.	
ADDRESS **1F MENZIES COURT FAIRFIELD AVENUE PERTH**	ADDRESS		ACCOMPANIED BY **Husband**	
	TEL.			
POSTCODE **PH1 2TD** TEL. RELATIONSHIP **Husband**	1st CONTACT NOTIFIED **Yes / No**			
TRIAGE TIME **18:24**	TRIAGE NURSE **joyce mckay**		IMMUNISATIONS	
FLOW CHART / DISCRIMINATOR / PAIN SCORE **PV Bleeding, Inappropriate history,0**			TRIAGE CATEGORY **3**	

TRIAGE INTERVENTIONS

NURSING ASSESSMENT

stream 1, heavy bleeding at 0930hrs with clots. still bleeding but not so heavy. temp 36.0 pulse 72 b/p 128/70

Still birth on 4th 27th March 2009

SEWS = 0

Jmckay

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: 37.3 P: 75 BP: 112/77 R: 18 SpO2: 98% a/w BM:

TRIAGE DATE & TIME: **14/04/2009 18:24**

1945 – observations as charted

2000hrs IV FLUIDS COMMENCED.
FOR EMERGENCY TRANSFER TO WARD 36 NINEWELLS.
I.D. BAND APPLIED.
PATIENT FULLY AWARE OF REASONS FOR SAME.

EVALUATION:

PAIN SCORE: 0
WATERLOW SCORE: 3,

APPEARS COMFORTABLE ON TRANSFER

Nurse Name:
Signature: [signature]
Time: 2010 pm

Patients Name Yvonne Jamieson A-CHI 1003820107

1st CLINICIAN [illegible] DATE 14/4/09. TIME 19:08.

27 ♀ PC- PV bleeding

HPC - Still birth 27th March
- daily PV bleeding since, maybe using 6 towels daily
- but cut in Arbroath today + very heavy today, ~~very~~ soaked through clothes today, using more pads, clots +++
- feeling tired, head pallor earlier, no SOB, very lightheaded
- fresh red blood, + blood clots today.
- period started aged 12, irregular at first, started pill age 19, periods regular then.
- 2 pregnancies, 1 son age 6 no problems, SVD.
- 24 weeks pregnant when had still birth.

PMHx - hypothyroid
- asthma

DHx - thyroxine
- ferrohale
- salbutamol

NKDA.

SHx - non smoker
- asthmatic family.

O/E / - pale pale mucous membranes.
- capref 2 secs.
- note obs → stable

haemodynamically D.T.O

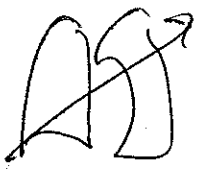
SENIOR (if involved) _____ TIME _____ SPECIALITY _____ TIME REFERRED _____

TREATMENT

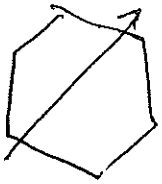
Patients Name Yvonne Jamieson A-CHI 1003820107

ONCE ONLY PRESCRIPTION

DATE	DRUG	DOSE	METHOD OF ADMIN	SIGNATURE	GIVEN BY	TIME GIVEN



HS 1+11+0
occasional ectopic beat



sept
nontender

Note PV examination not performed as will be required in obstetrics department.

Plan
- Large bore IV Access
- Bloods to accompany pt.
- ward 36 transfer
- Call for discussion with A+E reg on call + obstetric reg → blue light transfer to Newcastle.
- IV fluids for transfer.



ANNE ARABIT
PY2

DISCHARGE PROFILE

Patients Name YVONNE JAMIESON A-CHI 100382-0107

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

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

.....of.....

- wish to take my discharge from the hospital
- wish to remove .....aged.....
  (state name & relationship)

from the hospital.

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

Signed .....Medical Practitioner Date.....

Out Patients: Date.....	Paed. Liaison HV: Y / N
..... Time.....	
..... Area.....	

Discharge Drugs

Prescribed by ..... Given by.....

Left AED at: 2015 p.m.	Discharged by:
Discharged to: WARD 36	Accompanied by: SAS.

(NURSE'S)

JAMIESON 1003820107
YVONNE F
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH PH1 2TD
DR ALASDAIR DUTTON
WHITEFRIARS SURGERY, WHITEFRIARS

NHS
Tayside

INTEGRATED CARE PATHWAY

GYNAECOLOGY

EMERGENCY ADMISSION

DOCTORS MUST INSERT
GYNAECOLOGY EMERGENCY ASSESSMENT SHEET – between pages 8 & 9

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

Update September 2007/FG/JB/KC/ICP
Review September 2010

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
DUB	Dysfunctional uterine bleed
PFR	Pelvic floor repair
TOP	Termination of pregnancy
STOP	Surgical termination of pregnancy
MTOP	Medical termination of pregnancy
D&C	Dilatation and curettage
EUA	Examination under anaesthetic
IUCD	Intra uterine contraceptive device
IUS	Intra uterine system (Mirena)
IUD	Intra uterine death
PID	Pelvic inflammatory disease
RSO	Right salpingo oopherectomy
LSO	left salpingo oopherectomy
BSO	Bilateral salpingo oopherectomy
TAH	Total abdominal hysterectomy
STAH	sub total abdominal hysterectomy
LAVH	Laparoscopic assisted vaginal hysterectomy
STD or STI	Sexually transmitted disease or sexually transmitted infection
FH	Foetal heart
DVT	Deep vein thrombosis
GA	General anaesthetic
GOPD	Gynae out patient department
LA	Local anaesthetic
NSAIDS	non steroid anti-inflammatory drugs
RIF	Right iliac fossa
LIF	left iliac fossa
(N)IDDM	(non) insulin dependant diabetes mellitus
BHCG	beta human chorionic gondatrophin
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 hyper stimulation syndrome
HPV	Human papilloma virus
CIN	Cervical intra-epithelial neoplasia
VIN	Vaginal intra-epithelial neoplasia
LLETZ	Large loop excision of transformational zone

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
[illegible]	Echocardiogram	PU	Passed Urine
[illegible]	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
[illegible]	Myocardial Infarction	TPR	Temperature, Pulse, Blood Pressure
[illegible]Hg	Millimetres of Mercury	U's & E's	Urea and Electrolyte
[illegible]RI	Magnetic Resonance Imaging	USS	Ultrasound Scan
MRSA	Methicillin Resistant Staphylococcus Aureus	UTI	Urinary Tract Infection
MSSU	Mid Stream Specimen of Urine	VQ	Ventilation Quotient

Contributors to ICP

Named Nurse : _____ Anyone using this document must register below:

Name	Designation	Grade	Contact No	Signature	Initials
ANNA COCHRANE	SN	5	33836		
Fiona Cayden	SN	5	333536		

Varience/s

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

WATERLOW PRESSURE CHART

WATERLOW PRESSURE ULCER PREVENTION/TREATMENT POLICY

RING SCORES IN TABLE, ADD TOTAL. MORE THAN 1 SCORE/CATEGORY CAN BE USED

BUILD/WEIGHT FOR HEIGHT		SKIN TYPE VISUAL RISK AREAS		SEX AGE		MALNUTRITION SCREENING TOOL (MST) (Nutrition Vol.15, No.6 1999 - Australia	
AVERAGE		HEALTHY	0	MALE	1	A - HAS PATIENT LOST WEIGHT RECENTLY	B - WEIGHT LOSS SCORE
BMI = 20-24.9	0	TISSUE PAPER	1	FEMALE	2	YES - GO TO B	0.5 - 5kg = 1
ABOVE AVERAGE		DRY	1	14 - 49	1	NO - GO TO C	5 - 10kg = 2
BMI = 25-29.9	1	OEDEMATOUS	1	50 - 64	2	UNSURE - GO TO C AND SCORE 2	10 - 15kg = 3
OBESE		CLAMMY, PYREXIA	1	65 - 74	3		> 15kg = 4
BMI > 30	2	DISCOLOURED GRADE 1	2	75 - 80	4	C - PATIENT EATING POORLY OR LACK OF APPETITE 'NO' = 0; 'YES' SCORE = 1	unsure = 2
BELOW AVERAGE		BROKEN/SPOTS GRADE 2-4	3	81 +	5		NUTRITION SCORE If > 2 refer for nutrition assessment / intervention
BMI < 20	3						
BMI=Wt(Kg)/Ht (m)²							

CONTINENCE		MOBILITY	
COMPLETE/ CATHETERISED	0	FULLY	0
URINE INCONT.	1	RESTLESS/FIDGETY	1
FAECAL INCONT.	2	APATHETIC	2
URINARY + FAECAL INCONTINENCE	3	RESTRICTED	3
		BEDBOUND e.g. TRACTION	4
		CHAIRBOUND e.g. WHEELCHAIR	5

SPECIAL RISKS			
TISSUE MALNUTRITION		NEUROLOGICAL DEFICIT	
TERMINAL CACHEXIA	8	DIABETES, MS, CVA	4-6
MULTIPLE ORGAN FAILURE	8	MOTOR/SENSORY	4-6
SINGLE ORGAN FAILURE (RESP, RENAL, CARDIAC,)	5	PARAPLEGIA (MAX OF 6)	4-6
PERIPHERAL VASCULAR DISEASE	5	MAJOR SURGERY or TRAUMA	
ANAEMIA (Hb < 8)	2	ORTHOPAEDIC/SPINAL	5
SMOKING	1	ON TABLE > 2 HR#	5
		ON TABLE > 6 HR#	8
MEDICATION - CYTOTOXICS, LONG TERM/HIGH DOSE STEROIDS, ANTI-INFLAMMATORY MAX OF 4			

SCORE
10+ AT RISK
15+ HIGH RISK
20+ VERY HIGH RISK

3.

Scores can be discounted after 48 hours provided patient is recovering normally

© J Waterlow 1985 Revised 2005*
Obtainable from the Nook, Stoke Road, Henlade TAUNTON TA3 5LX
* The 2005 revision incorporates the research undertaken by Queensland Health.
www.judy-waterlow.co.uk

Name Patient Known by : ----------

JAMIESON 1003820107
YVONNE F
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH PH1 2TD
DR ALASDAIR DUTTON
WHITEFRIARS SURGERY, WHITEFRIARS

Age: 27

Phone: 07597 282831

Presenting Complaint: P.V. Bleeding

DIAGNOSIS: ----------

Admission Date: 15/04/09

Planned Treatment/Procedure: ----------

Scan + review in the morning.

Patients' perception/understanding: good

Consultant: Dr Augustin

G.P. Dr Auld, Whitefriars Surgery, Perth.

Occupation: unemployed

Religion: None

Requesting a visit from Chaplain or other religious leader: No

HOME CIRCUMSTANCES / SOCIAL SUPPORT

Lives with: Husband and son

Current Services: Nil

Identified support on discharge: Husband

Discharge Plan initiated on admission (YES) / NO

Planned Discharge Date: ----------

Next of Kin: John Jamieson

Relationship: Husband

Address: Same address

Phone number: ----------

Other contact: ----------

Address: ----------

Phone number: ----------

Valuables taken home YES (NO)
Valuables in Hospital Safe Keeping YES (NO)

If yes, where ----------
Hospital policy explained (YES) / NO

MRSA
History of MRSA YES (NO)
If yes, Date Screened: ----------

If positive, date patient informed ----------

Infection Control instructions given (YES/NO)

P.M.H.

~~Nil~~
Asthma
hypothyroidism

Medication

thyroxine 75mg.

Allergies

None Known

ICP function and storage discussed with:

Patient: happy for ICP to be kept by bed.

Relatives aware of ICP & confidentiality YES/NO

Admitting Nurse: Anna

Disclosure of Patient Information
for audit purposes - discussed and agreed (YES) / NO

Patient's Signature: Y. Jamieson

NUTRITION

Normal: Yes.
Special Diet: NO
Diet Kitchen Notified: N/A.
MUST assessment Score:
Date Referred to Dietician: N/A.
Food & Fluid Chart Commenced: yes.

ELIMINATION

Bowels regular: yes.
Constipated: NO
Diarrhoea: NO.
Bladder Continent: yes
Frequency: NO
Incontinent: NO.

SENSES

Registered blind: NO.
Wears glasses/Lenses: NO.
Hearing impaired: NO.
Hearing Aid: NO.

SPEECH

Coherent; yes
Incoherent: NO.

SLEEP

Pattern: good.
Medication: NO.

MENTAL STATE

Alert/orientated: yes
Confused: NO.
Anxious/distressed: reassurance given.

Other:

PATIENT'S PERSONAL/SPECIFIC CONCERNS

MENSTRUAL STATUS

Pre menopausal:
L.M.P.
Post menopausal:
Contraception:
HRT:

OBSERVATIONS ON ADMISSION

Blood pressure: 98/65
Temperature: 37°
Pulse: 84
O2 sats: 99% RA
Respiratory Rate: 16
Height:
Weight:
BMI:
Blood Group:
~~Smoker~~ / Non Smoker: yes.

URINALYSIS

pH:
SG:
Protein: Trace
Blood: large
Glucose:
Ketones:
Leukocytes:
Nitrates:
M.S.S.U. NO.
Pregnancy test: ~~Positive~~ Negative

TEETH

Patients own: yes.
Crowns: NO
Loose teeth: NO.
Dentures top/bottom: NO.

Orientated to: Bed/Bay/Ward Areas 0
Buzzer system 0
Fasting Poster/Policy 0
Visitors Poster 0
Hand Hygiene Points 0
Smoking Policy 0

STORAGE OF MEDICATION

Taken Home O
Drug Trolley O
POD O
CD Cupboard O
N/A O

DISCHARGE PLAN

SUPPORTED CARE REQUIRED: Yes O No O ✓

Ie Nursing Home; Residential; Sheltered; Care Manager; Social Work Referral

Specify Action

Date: 15/04/09 Sign: KEL

TRANSPORT:

Is patient able to travel with carers/relatives? Yes O No O

If No, what type of hospital transport required?

1 or 2 Man Ambulance: Ref No: Yes O No O

Hospital Taxi Yes O No O

If Yes, Relatives/Carers informed Date: Sign:

PATIENT MEDICATION

Patients own medication returned N/A O Yes O ✓ No O

nt require additional medication Yes O ✓ No O

Script written – Date: Yes O No O

Script in Pharmacy – Date: Yes O ✓ No O

To Take Out (TTO) dispensed from ward augmentin Yes O ✓ No O

Medicine given to Patient / Carer Yes O ✓ No O

Date: 180409 Sign: ✓

REFERRALS Details

Practice Nurse Yes O No O ✓

District Nurse Yes O No O ✓

GOPD Yes O ✓ No O ✓

Other: scan in 6/12 ~~[illegible]~~ time please. Yes O ✓ No O

Date: 180409 Sign: ✓

DOCUMENTATION

sfer Letter Yes O No O ✓

District Nurse Letter Yes O No O ✓

Practice Nurse Letter Yes O No O ✓

GP Letter (script) Yes O ✓ No O

Complete SSI Audit / Patient Questionnaire Yes O ✓ No O

Date: 180409. Sign: ✓

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

ie Nutrition O; Mobilising O; TED Stockings O; Exercises O; Housework O; Return to Work O;

Contact GP for Counselling Services O; Driving O; Travel O;

Other _____

Signature of Discharging Nurse:	Signature of Patient:
[signature]	Y Y Jamieson

JAMIESON 1003820107
YVONNE F
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH PH1 2TD
DR ALASDAIR DUTTON
(WHITEFRIARS SURGERY, WHITEFRIARS

Name: _____ CHI: _____

MEDICAL ASSESSMENT *COMPLETED BY DOCTORS*	SIGN	DATE/TIME	C(
Results available for:			
FBC and U&E			
Group & Save			
CA 125			
LFT'S			
Others			
ECG			
Chest X-Ray			
Ultrasound Scan			
Consent obtained			
Theatre Informed			

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: _____

Doctor's Signature _____ **Date & Time** _____

NURSING PLAN	SIGN	DATE	COMMENTS/INFORMATION
Urinalysis		15/04/09 0100	
Baseline observations			
PV loss satisfactory			minimal
Pain <2			NIL
IV Access			
Commenced IV fluids			Discontinued
Nil by mouth		15/04/09 0100	
No c/o nausea or vomiting			
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		15/04/09 0100	7
Waterlow Score			3
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

1003820107

Ward: 36

Patient's Name: YVONNE JAMIESON

Named Nurse/Midwife: _____

DOB/CHI: _____

Date: 14/04/09

Signature: _____

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	
15/04/09	0	5	0	0	2	0	7.

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.

NINEWELLS HOSPITAL
WOMEN AND CHILD HEALTH CLINICAL GROUP

PATIENT ACTION CARE PLAN

METHODS OF MOVING AND HANDLING

INTO BATH OR SHOWER

Handling Aid		Manual Support					Supervision of Patient		Patient Independent		No bath or shower	
Ambulift		People	1		2		Additional Information					
Hoist												
Shower Chair												
Other												

TRANSFERS (Including to/from bed: Wheelchair)

Handling Aid		Manual Support					Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People	1		2		Additional Information					
Slide Sheets												
nsfer board												
ier												

TOILETING (Includes on/off bedpans)

Handling Aid		Manual Support					Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People	1		2		Additional Information					
Slide Sheets												
Chair Slide												
Other												

MOVING UP/DOWN BED

Handling Aid		Manual Support					Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People	1		2		Additional Information					
Slide Sheets												
Hand Block												
Rope Ladder												
Other												

SIT UP OVER SIDE OF BED

ndling Aid		Manual Support					Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People	1		2		Additional Information					
Rope Ladder												
Slide Sheets												
Other												

Other Instructions:

Assessors Signature: _____

Date Assessed: _____ Proposed Review Date: _____

Pre-op Ward Round

Date:

Time:

Consent discussed and signed:

Dr's Signature: _____

ADDRESSOGRAPH LABEL

DATE OF OPERATION: ----------

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

Signature of Ward Nurse _____

Signature of Theatre Nurse _____

Anaesthetic Room Anaesthetist: _____

Type of Anaesthesia

General Spinal Epidural Local Sedation Mask

Block (specify) _____ Laryngeal Mask (size) _____

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

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

Monitoring

E.C.G.	BP	Sa02
Capnograph	CVP	Arterial
IV Cannula	IV Infusion	Temperature probe
Warming Blanket	Space Blanket	
Bair Hugger	Boost	Blood Warmer

Nursing Report Re: Anaesthetic

Signature of Anaesthetic Nurse / OOA _____

Diathermy Machine Valleylab Pad Neutralect

Record placement of pads below:

Left thigh	Right thigh	Other		
Mode:	Monpolar	Bipolar		
Used:	Yes	No		
Patient Position:	Lithotomy	Lloyd Davis	Supine	Other
Patient Moved:	Up/Down			

Pre Skin Check Post Skin Check

Skin Prep

Name: _____ Unit No: _____

Notes Reqd @ 1955

EPAC SUMMARY Tayside University Hospitals - Ninewells

NAME: Yvonne Jamieson CHI: 1003820107

ADDRESS: 1F Menzies Court, Fairfield Avenue, PERTH

GP: Dr Auld, Whitefriars Surgery, Whitefriars Street, PERTH.

Visit Date: 14/04/09	Episode No
Consultant: PA	
Visit No	1 2 3 4 5 6
New/Return:	Time In:
Booked Y/N	Time Out:
SDR Visits HCG/Scan	Mins:
Referred from:	Referral Reason:

Comments/History Bleeding Y/N: Pain Y/N: Other Y/N:

1 LIVE 24wks gest (2wks ago).

Delivered 2/52 ago. Initially had period like bleed. Nood & today had a big bleed. Presented to A&E. Bleeding settled now. ○ Pain. Puerperal.

LMP Date:	EDD:	Gestation:
Parity: 1 +	SB/NND:	EDD by Scan / Gestation by Scan:
Pregnancy Test Y/N	Positive Y/N	Smoker Y/N:
1st 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:	

(Grace) 14/4/09 @ 2045
BP 118/86
P 81
T 36.3
R 15
Sats 23.30 hrs
37
R-16
P-84
BP- 98/65
SpO2 99%

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

EPAC SCAN REPORT/SUMMARY CONT

NAME	CHI
Transabdominal:	CRL (<12 weeks)
Transvaginal:	BPD (>12 weeks)
Intrauterine pregnancy confirmed:	Normal Adenxae:
Sac Outline - regular/irregular:	
Sac size: mm	RPOC:
Fetus present	Femur length:
Number of Fetuses	Nuchal fold thickness
Yolk sac present	Fetal movement present:
Fetal heart present:	Ultrasound code number
PREGNANCY STATUS:	
Diagnosis	Management:
Reviewed by:	Title:
Reviewed by:	Title:
Follow up:	Next Appointment:
Booking Appointment arranged	Cancelled by: Date cancelled:
Discharged/Transferred to	
Comments: P/A - Soft - o/tenderness Speculum. not done as h leeding settled	
Recommendations: Plan: - Admit - USS in morning - check FBC, clot	

Ultrasound Codes:
1. Viable Intrauterine Pregnancy
2. Intrauterine Gestation Sac with Yolk Sac only
3. Non Viable Interuterine Pregnancy
4. Interuterine Gesation Sac >20mm diameter
5. POC Identified and sent to Histology
6. Empty Uterus or Small Sac
7. Small Empty Interuterine Sac
8. Post Partum/Post TOP Bleeding

Ref EPAC June '99

Signature R [illegible] Date 22/4/09

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: 14/04/09

Hospital: N/W. Ward No/Name: 36.

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: Ward 36 N/W. _____

_____

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 purpose.

Theatre

Procedure performed:

Surgeon:

Specimens:

Blood Loss:

Drains:

Catheter:

Dressing:

Pack in situ: yes/no Type:

Local infiltration at closure: yes/no Type
Amount:

Additional Information:

Signature Scrub Nurse: 1st:_____ Signature Floor Nurse: 1st Check_____

Signature Scrub Nurse: 2nd:_____ Signature Floor Nurse: Final Check: _____

Recovery:

Pain relief:

RECOVERY SUMMARY / EVALUATION

(CARE AS PER CORE CARE PLAN HELD IN DEPARTMENT)

DATE		SIGNATURE

Consent for Investigation, Treatment or Operation

NHS Tayside

Patient's Surname: ..... Hospital & Ward: .....

Other Names: ..... Speciality: .....

CHI Number: ..... Consultant: .....

(USE BLOCK LETTERS OR PATIENT LABEL)

TYPE OF INVESTIGATION, TREATMENT OR OPERATION

(USE BLOCK CAPITALS WITH NO ABBREVIATIONS)

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: ..... Date ...../...../.....

Print Name: ..... Grade .....

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 ..... **Patient? Yes / No**

** .....

Name ..... **(Block Capitals)**

Date ...../...../.....

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.

1003820107

Patient Name-- YVONNE JAMIESON ----- Unit No.---------- Date---15/04/09---

Ward Round:
Time:
14·45

Scan reviewed

echogenic mass 16×20×20 mm
RPOC / clots
simple looking cyst 1 in size
no bleeding PV
Hb - 12·8 g/dl
WCC - 7·9 g/dl
CRP - 11

DOD

Signature:

DOCTORS TO COMPLETE RESULTS TABLE – END OF ICP

Varience	Nursing	SIGN	TIME	EVALUATION / PROGRESS
1.	Operation explained			
2.	Observations stable	fe	1200	
3.	Maintaining own airway	fe		
4.	Venflon site satisfactory	fe		
5.	Tolerating fluids and diet	fe		MUST Assessment completed
6.	Pain score <2	fe		
7.	No wound soakage			
8.	PV loss satisfactory	fe		
10.	Spontaneously passed urine	fe		
11.	Personal hygiene performed	fe		will shower later
12.	Mobilising	fe		
	Pressure areas intact	fe		
	Bowel activity recorded			
15	MH and Waterlow score recorded			
PHYSIOTHERAPY				
COUNSELLING / Education / Leaflets/Info				

15/04/09.
01:00 Admitted to ward 36 for observation, scan and review in the morning

15/4/09
discussed options
15:00 Conservative - Antibiotics + rpt scan 10 days, risk of bleed
Surgical - Evac + LAA; risk ↑ procedure
pt keen on conservation management
D/w Dr. Augmsson
(P) Antibiotics - Augmentin 7 days.
repeat scan 10 days. ↓ R/v gyn ward.
Rpt scan 6/12.

Vaid
Registrar
Surgery

15/4/09
call from public health nurse. Regarding rubella status
results checked - D/w Virology - non-conclusive
awaiting further results
will call back ☎
notes to m

Vaid
Registrar
Surgery

not happy about care in path
feels ↑ has been fobbed off ↑ paracetamol)
not happy that has ? RPOC ; feels rubella has been missed
reassured - rubella - inconclusive ↓ RPOC - ? clots
quite common ↓ will possibly not need further intervention.
will D/w on call consultant

Vaid
Registrar
Surgery

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

Ward/Clinic/

Hosp. ..... Cons

D D M M Y Y

C.H.I. No.

Surname .....

First Name ..... M. State

Address ..... Sex

.....

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

USE BLOCK LETTERS OR PATIENT LABEL

DATE	Page .....
1600.	15/4/19 Husband now requested a complaints form, I have asked him to return the form to PRI as the complaint is about PRI. Matron ward informed and told that complaint will be coming in.

Name: _____ Unit No: _____

RESULTS

Investigation	Date/Time	Date/Time	Date/Time	Date/Time
Hb				
HCT				
WCC				
Plat				
Blood Group				
G&S				
Bil				
Alk Phos				
Albumin				
ALT				
Urea				
Creatinine				
CRP				
Ca125				
Amylase				
INR + APTT / Ratio				
Glucose				
Dipslide				
MRSA				
Wound Swab				
ECG				
ıer USS Report				

Ninewells Hospital

A&E No. AE-10-015825-1

TAYSIDE UNIVERSITY HOSPITALS
ACCIDENT & EMERGENCY SERVICES

CONSULTANTS:

B. Paterson

NHS Tayside

REGISTERED BY: Norma Beckers

SURNAME **Jamieson**	DOB **10 Mar 1982**	CHI **1003820107**	DATE **05 May 2010**	TIME OF ARRIVAL **00:09**
FORENAME **Yvonne**	AGE **28 Years**		COMPLAINT **abdo pain**	
ADDRESS **ARRANLEA GUEST HOUSE** **69 DUNKELD RD** **PERTH** POSTCODE **PH1 5RP** TEL. pm MOBILE	SEX **Female**	STATUS **Single**	LOCATION OF INCIDENT **Home**	
	RELIGION **Not Known**		MODE OF ARRIVAL **Ambulance (road)**	
	1st LANGUAGE		TIME SINCE EVENT **0 - 6 Hours**	
	ETHNIC ORIGIN **White**		OCCUPATION/SCHOOL **ue**	
TEMPORARY ADDRESS POSTCODE: TEL.	ALLERGIES **None known, .**		GP NAME **Chung** ADDRESS **ABBEY HEALTH CENTRE** **EAST ABBEY STREET** **ARBROATH** POSTCODE: **DD111EN** TEL. **01241872692**	
	REFERRED BY **Patient**			
1st CONTACT **Sheena Murphy** ADDRESS **8 TULLOCH HILL** **PERTH** POSTCODE TEL. **01738560629** RELATIONSHIP **Aunt**	2nd CONTACT ADDRESS TEL.		ACCOMPANIED BY **Unaccompanied**	
	1st CONTACT NOTIFIED **Yes / No**			
TRIAGE TIME **00:12**	TRIAGE NURSE **sharon taylor**		IMMUNISATIONS	
FLOW CHART / DISCRIMINATOR / PAIN SCORE **Abdominal Pain, Possible pregnancy,0**			TRIAGE CATEGORY **3**	

TRIAGE INTERVENTIONS

Temperature, Respiratory rate, BP, Sp02, Heart rate

NURSING ASSESSMENT

complaining of abdominal pain which started at left side but is now generalised over abdomen.positive pregnancy test 6 weeks ago.

NURSING NOTES

Surname	Jamieson	Forename	Yvonne	A-CHI	1003820107

ASSESSMENT:
Patients pain settled at present.
Patient has a son who is not in her care. He is 8 years old and in foster care with his aunt looking after him.
?10wks pregnant.

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

Nurse Name: Stanley
Signature: Stanley
Time: 0020

INTERVENTIONS:

T: 36.1 P: 80 BP: 103/64 R: 14 SpO2: 99% on air BM: n/a

TRIAGE DATE & TIME: **05/05/2010 00:12**

Procedure explained and reassurance given, Patient ID band on, Pressure relieving mattress in situ, Assisted onto trolley

Urinalysis obtained.
MSSU sent for MC+S.
HCG +ve. Stanley

050510 0105 Rv admission to ward 36. admission procedure explained to Yvonne CR CThompson
050510 0105 Yvonne states people she is staying with (in homeless accomodation) are aware she is at hospital and Yvonne does not wish to notify anyone of admission
050510 0115 Waterlow score = 3. treatment plan A CR CThom.
Initialled CR CThompson

EVALUATION:

PAIN SCORE: 0
WATERLOW SCORE: 3.

050510. 0120 Yvonne states she fully understands reason for admission, Resting at point of transfer, SBIS 0 prior to transfer. Transferred to ward 36 on trolley.

Nurse Name: C. Thompson
Signature: CR
Time: 0120

Patients Name Yvonne Jamieson A-CHI 100382 0107

1st CLINICIAN J. RONALD DATE 5/5/10 TIME

28 Para 1+1 - 1st pregnancy to term
- 2nd pregnancy - stillborn @ 24/40
Pre-eclampsia
HELP

PC Abdominal pain
LMP 18/3/10. +ve pregnancy test with GP. Due to have booking scan later this week.
~6-7pm developed sudden onset sharp left lower abdominal pain. Stood up - felt light headed & dizzy, no collapse. Pain improved slowly. Attended OOH in Arbroath - seen by GP → Referred 999.
No urinary symptom. No PV bleeding or discharge.
~~no regular med~~. Thyroxine 100mcg.
NKDA.

O/E A - patent
B - RR 14 Sats 99%


C - BP 103/64 P 80
Hb 114 to be added

SENIOR (if involved) TIME SPECIALITY TIME REFERRED

TREATMENT

Patients Name Yvonne Jamieson A-CHI 1003820107

ONCE ONLY PRESCRIPTION

DATE	DRUG	DOSE	METHOD OF ADMIN	SIGNATURE	GIVEN BY	TIME GIVEN

D - (A) vpu.
nausea and vomiting early

E - T36.1 [2]



SOA.
suprapubic / LIF tenderness.
No peritonism
BS ✓

ECG - weakly positive
UA tve prot, nit

Imp ?? ectopic

Plan IVA
Bloods. FBC, UE, coag, G+S
Refer gynae on call
Admit ward 36

Amended STS EM.

ID:_____
431 05-05-10 12:02AM

CLARITY: _____
COLOR: DK. BROWN
GLU NEGATIVE
KET* 15 mg/dL

SG >=1.030
BLO NEGATIVE
pH 5.5
PRO* 100 mg/dL
NIT* POSITIVE
LEU NEGATIVE

04510

DISCHARGE PROFILE

Patients Name Yvonne Jamieson A-CHI 100382 0107

Drugs:	Brought in by Patient	Y / (N)	Removed from Patient	Y / N
	Returned to Patient	Y / N	Transferred to ward	Y / N
	Other			

Valuables / Belongings

Patient accepts responsibility for own belongings / Valuables: *Signature* .....

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.....
  (state name & relationship)

from the hospital.

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

Signed .....Medical Practitioner Date.....

Out Patients: Date.....	Paed. Liaison HV: Y / N
..... Time.....	
..... Area.....	

Discharge Drugs

Prescribed by ..... Given by.....

Left AED at: 0125	Discharged by:
Discharged to: WC1 36.	Accompanied by:

Time	23:49	Date	04/05/2010

PATIENT AND INCIDENT DETAILS

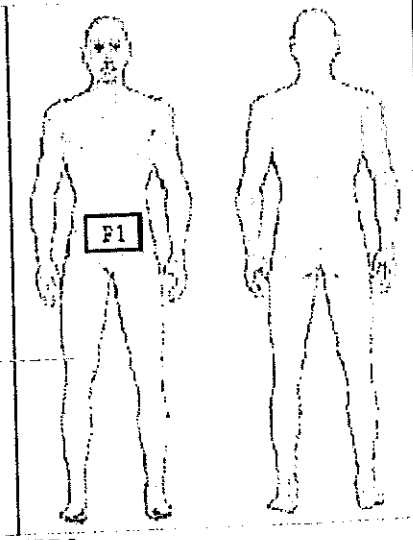
Incident number	ED002735382.001
Name	YVONNE JAMIESON
Age	28
Date of birth	10/03/1982
Gender	Female
Incident location	ARRAN-LIDGH GUEST HOUSE, 69 DUNKELD ROAD PERTH
Incident post code	PH1 5RP
Incident type	EMG
Call received	04/05/2010, 23:17
Call passed	04/05/2010, 23:17
Crew mobile	04/05/2010, 23:18
Crew at scene	04/05/2010, 23:23
Crew left scene	04/05/2010, 23:30
Patient at hospital	04/05/2010, 23:49
Receiving hospital and department	NWHO Ninewells Hospital

TREATMENT REFUSAL FORM

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	Pale
Skin texture	Dry

INJURIES



AMPDS

Dispatch code	33C06	transfer/Interfacility, Emergency
Final code	33C06	Response Requested

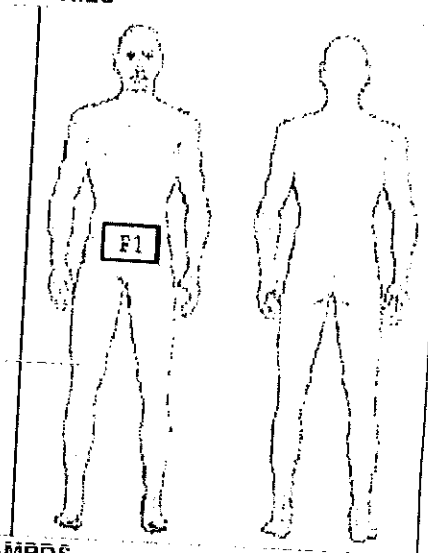
GCS

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

VITAL SIGNS

Time hr :	Pulse bpi	Resp. rpi	BP mm H	Cap refill	Peak flow	Blood su mmol / l	Temp °C	SpO2 %	GCS Tota	RTS	ECG	SEWS	Pain scor
							36.1	97	15	7.550		1	6/10

INJURIES



AMPDS

Dispatch code	33C06
Final code	33C06

transfer/Interfacility, Emergency Response Requested

GCS

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

VITAL SIGNS

Time hr :	Pulse bpi	Resp. rpr	BP mm H	Cap refill	Peak flov	Blood su mmol / l	Temp °C	SpO2 %	GCS Tot	RTS	SEWS	ECG	Pain sca
23:25	72	18	97 / 65	-	-	-	36.1	97	15	7.550	1	-	6/10

AMPLE

Allergies	None
Other allergies	
Medication	ASPIRIN, FOLLIC ACID, SERETIDE 250, SALBUTAMOL
Past history	ASTHMA, DELIVERED STILLBORN FOETUS 6 MONTHS GESTATION 14/12.
Last eaten	>5 hrs
Events prior	SLEEPING

DRUGS, GASES AND PAIN RELIEF

Pain before	Drug / gas given	Time given	Dose given	Route	Batch No.	Pain after
6/10	Entonox	23:30	AS REQ	Inh	-	0/10

PATIENT HANDOVER

On arrival at scene	Standing
Scene removal	Walking
Transportation	Seated
Care delivery at hospital	Chair
Time of handover	23:49

FINAL OBSERVATION AND COMMENTS

NHS24 999. ? ECTOPIC PREGNANCY. O/A PT WALKED OUT TO CREW. C/O ABDO PAIN BELOW NAVEL. ABDO GENERALLY TENDER WHEN PALPATED BUT SOFT. SUDDEN ONSET OF PAIN < 1 HOUR. SEEN BY GP IN ARBROATH, HAD POSITIVE PREGNANCY TEST 6/52. CREW CONTACTED NINEWELLS AGREED PT TO BE TRANSPORTED THERE.

Report ID	78214533-2b17-4ddd-aafc-35df478cbbae

Notes Requested - ae.

EPAC SUMMARY Tayside University Hospitals - Ninewells

NAME: YVONNE JAMIESON CHI: 100382 0107

ADDRESS: GP:

Visit Date:		Episode No	
Consultant:			
Visit No		1 2 3 4 5 6	
New/Return:		Time In:	
Booked Y/N		Time Out:	
SDR Visits	HCG/Scan	Mins:	
Referred from:		Referral Reason:	

T 36°
P 74
R 14
BP 115/74
Sc 100%

Comments/History Bleeding Y/N: Pain Y/N: Other Y/N:

(28) Approx 6/40 pregnant + pregnancy confirmed at GP practice ↑ 14/04/10. On aspirin + folic 5mg acid as per Dr Gordon's advice for future pregnancies after PET + HELLP syndrome last pregnancy Monitoring in IUD @ 24/40.

PMHx Hypothyroidism

Sudden onset LIF pain @ 1800, colicky in nature. Severity 5/10 at worst - no analgesia. NO pain for last 3 hrs. No BO for approx 4/7. no urinary Sx. Abdo SNT. BS (N). Obs stable. Afebrile. No PV bleeding.

LMP Date: 2/8/3/10		EDD:	Gestation:
Parity: SVD at term. 1 + 1 IUD at 24/40 PET + HELLP.		SB/NND:	EDD by Scan: Gestation by Scan:
Pregnancy Test (Y)/N		Positive (Y)/N	Smoker Y/N:
1st Positive Test (Date)			No. per day:
INVESTIGATION			HCG Results this Episode
Blood Group		Group/Antibodies	
HCG:		HCG Results	
FBC: (N)		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:	

Ref EPAC June '99 Signature.....Date.....

DIw SPR As pain-free

Plan Rpt urinalysis, and urinary pregnancy test
MMSU
EPAC Perth for Scan mane

N/A repeated ↑ protein ++ positive HCG, MSSU sent Perth
Will contact N/W EPAC for Perth no

FU2.

EPAC SCAN REPORT/SUMMARY CONT

NAME	CHI

Transabdominal:	CRL (<12 weeks)
Transvaginal:	BPD (>12 weeks)
Intrauterine pregnancy confirmed:	Normal Adenxae:
Sac Outline - regular/irregular:	
Sac size: mm	RPOC:
Fetus present	Femur length:
Number of Fetuses	Nuchal fold thickness
Yolk sac present	Fetal movement present:
Fetal heart present:	Ultrasound code number
PREGNANCY STATUS:	
Diagnosis	Management:
Reviewed by:	Title:
Reviewed by:	Title:
Follow up:	Next Appointment:
Booking Appointment arranged	Cancelled by: Date cancelled:
Discharged/Transferred to	
Comments:	
Recommendations:	

Ultrasound Codes:

1. Viable Intrauterine Pregnancy
2. Intrauterine Gestation Sac with Yolk Sac only
3. Non Viable Interuterine Pregnancy
4. Interuterine Gesation Sac >20mm diameter
5. POC Identified and sent to Histology
6. Empty Uterus or Small Sac
7. Small Empty Interuterine Sac
8. Post Partum/Post TOP Bleeding

Ref EPAC June '99

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

THEATRE TREATMENT PLAN D

At risk Waterlow above 10

Refine risk assessment of individuals undergoing surgery by examining other factors that are likely to occur and will increase risk of pressure ulcer developing

- Length of the operation
- Increased hypotensive episodes intraoperatively
- Low core temperature during surgery
- Reduced mobility on post operative day one

- All at risk patients receiving surgery will have a pressure-relieving device on the operating table and transfer trolleys
- All nursing staff in reception theatre and recovery will ensure that they know the patient's risk status at all points of the patient's journey through theatre
- All patients identified as at risk will have their pressure areas inspected prior to theatre and in the recovery area and where possible during the operation
- In collaboration with the anaesthetist, move the head position to prevent continued pressure on the occipital area (if patient condition allows)
- All patients at risk will have measures in place to alleviate factors that cause pressure ulcers in reception, theatre and throughout the recovery phase
- Elevate heels completely in such a way as to distribute weight of the leg along the calf without putting all the pressure on the Achilles tendon. If possible the knee should be in slight flexion. (hyperextension of the knee may cause obstruction of the popliteal vein predisposing to deep vein thrombosis)
- Position the individual in a different posture preoperatively and post operatively than the posture adopted during surgery and record this on the **SKIN** bundle
  If a pressure ulcer develops this will be recorded on the treatment plan
- The recovery nurse will discuss the patients' skin integrity with the nurse receiving the patient for return to the ward
- Theatre staff must continue the **SKIN** bundle throughout the patients' theatre journey

	Date/Time	Signature
Position of patient pre operatively – state:		
Position of patient when on the theatre table – state:		
Position of patient in recovery area – state:		
Condition of skin on return to ward – state:		
Treatment plan D active Y/N/N/A		

WRITE OR ATTACH LABEL

Surname Jamieson Sex F

Forename Yvonne

DOB and CHI 10 03 82 0157

Hospital Ninewells

Ward ACE

NHS Tayside

Preliminary Pressure Ulcer Risk Assessment (PPURA)

The following 3 questions must be completed with ALL patients within 6 hours of admission.
Re-assessment required if patient condition changes including day of theatre.

(please write Yes/No below)

1	Requires assistance and or aids to move or cannot move including day of theatre?							
2	Incontinent?							
3	MUST score 1 or above?							
Date								
Time								
Initial								

If **Yes** to any question a full **Waterlow** risk assessment must be carried out within **6 hours** of admission
If **No** to any question **re-assess PPURA each shift** and implement Treatment plan A.
Treatment plan to go to theatre with the patient and theatre staff follow treatment plan D

DATE & TIME 5/5/10 0120	Pressure ulcer on admission Y (N) Source of admission Home	Initiate PUP Treatment plan B or C and raise a wound care plan for grade 2 and above pressure ulcers

EPUAP PRESSURE ULCER CLASSIFICATION (2009)

GRADE	VISUAL DESCRIPTION
1	Intact skin with non-blanchable redness of a localised area over a bony prominence. Apply light finger pressure to the site, remove finger, and score 1 if: Non-blanchable erythema of intact skin. Discoloration of the skin, pain, firm, soft, warmer, cooler, oedema, hardness as compared to the adjacent skin may also be used as indicators, particularly in individuals with darker skin.
2	Partial thickness loss of the Dermis presenting as a shallow open ulcer with red pink wound bed, without slough or bruising. May also present as an intact or open/ruptured serum-filled blister. The ulcer is superficial and presents clinically as an abrasion or blister. It is not to be confused with skin tears, burns, incontinence dermatitis, moisture and excoriation.
3	Full thickness tissue loss subcutaneous fat may be visible but not bone muscle or tendon Slough may be present but does not obscure the depth of tissue loss. May include tunnelling and undermining
4	Full thickness tissue loss with exposed muscle, bone and tendon. Slough or Eschar may be present and may completely obscure the wound bed.

Sub categorise

- Unstageable/unclassified full thickness unknown- Full thickness tissue loss but until the slough or Eschar are removed the full extent cannot be determined
- Suspected deep tissue Injury-depth unknown – Purple or maroon area intact skin or blood filled blister – might be painful 'boggy' to touch. Evolution may expose deeper layers, or a thin Eschar may form over the surface

PRESSURE ULCER RECORD

Date/Time	Ulcer Location	EPUAP Grade	Record on AIM if developed in this area, also if the pressure ulcer was present on admission from another area and no record in the notes **state incident reference** number(S) and date	Initials

NHS Quality Improvement Scotland

Adapted Waterlow Pressure Area Risk Assessment Chart

10+= 'At Risk': 15+ = 'High Risk': 20+ = 'Very High Risk'

Complete assessment on admission if PPURA shows at Risk. Repeat Waterlow weekly or if there is a change in individual's condition.

More than one score/category can be used:

Male	1							
Female	2	(2)						
Age								
14 – 49	1	(1)						
50 – 64	2							
65 – 74	3							
75 – 80	4							
81+	5							
Build/Weight for Height (BMI=weight in Kg/height in m2)								
Average – BMI 20-24.9	0							
Above average – BMI 25-29.9	1							
Obese – BMI > 30	2							
Below average – BMI < 20	3							
Continence								
Complete/catheterised	0							
Incontinent urine	1							
Incontinent faeces	2							
Doubly incontinent (urine & faeces)	3							
Skin Type – Visual Risks Area								
Healthy	0							
Tissue paper (thin/fragile)	1							
Dry (appears flaky)	1							
Oedematous (puffy)	1							
Clammy (moist to touch)/pyrexia	1							
Discoloured (bruising/mottled)	2							
Broken (established ulcer)	3							
Mobility								
Fully mobile	0							
Restless/fidgety	1							
Apathetic (sedated/depressed/reluctant to move)	2							
Restricted (restricted by severe pain or disease)	3							
Bedbound (unconscious/unable to change position/traction)	4							
Chair bound (unable to leave chair without assistance)	5							
Nutritional Element								
Unplanned weight loss in past 3-6 months								
< 5% Score **0**, 5-10% Score **1**, >10% Score **2**	0-2							
BMI >20 Score **0**, BMI 18.5-20 Score **1**, BMI < 18.5 Score **2**	0-2							
Patient acutely ill or no nutritional intake > 5 days	2							
Special Risks – Tissue Malnutrition								
Multiple organ failure/terminal cachexia	8							
Single organ failure e.g. cardiac, renal, respiratory	5							
Peripheral vascular disease	5							
Anaemia = Hb < 8	2							
Smoking	1							
Special Risks – Neurological Deficit								
Diabetes/ MS/ CVA/ motor/ sensory/ paraplegia Max 6	4-6							
Special Risks – Surgery/Trauma								
On table > 6 hours	8							
Orthopaedic/ below waist/spinal (up to 48 hours post op)	5							
On table > 2 hours (up to 48 hours post op)	5							
Special Risks – Medication								
Cytotoxic, anti-inflammatory, long term/high dose steroid *Max 4*	4							
Total Score		3						
Date		5/5/10						
Time		0125						
Initials		CJ						

Ensure plan of care is implemented / reviewed for all identified areas of concern.

Pressure Ulcer Prevention Treatment Plan Guide

The use of clinical judgement is paramount when deciding on pressure ulcer prevention.
Ensure each planned intervention is recorded on the record of ongoing care

Pressure ulcer risk assessment performed using recognised tool (Waterlow NATVNS) and skin assessment performed using EPUAP pressure ulcer classification system or PPURA within 6 hours from the beginning of the episode of care

No risk (PPURA) and / or Waterlow <10
No evidence of current pressure damage
No history of pressure ulcers
Patient mobile

At Risk Waterlow >10 and or
No pressure ulcer/ Grade 1 or 2 pressure ulcer and or
Patient able to be re-positioned

High Risk - Waterlow >10 and or
Grade 3 or 4 pressure ulcer and or
Patient unable to be re-positioned

TREATMENT PLAN A

- No special mattress intervention required
- Patient encouraged to check their own skin, if appropriate and with education from registered nurse
- Patient will independently change position, if appropriate and with education from registered nurse
- Re-assess PPURA risk factors on each shift, if Yes to the PPURA carry out a Waterlow and continue weekly or if there are changes in the patient's general condition, skin condition or treatment
- Re-assess skin if there are changes in the patient's general condition, skin condition, theatre, medication or recovery

TREATMENT PLAN B

- Profiling bed with high specification foam mattress such as softform premier. Do not elevate the bed head more than 30 degrees for long periods
- Show patients how to relieve their own pressure areas and actively mobilise where possible.
- The re-positioning interval, either 2/3/4 hrly will be determined by the condition of the skin on inspection. If applicable, re position with alternating 30 degree lateral tilt. Bony prominences are kept from direct contact with one another
- Skin inspection particularly heels and sacral areas are carried out at specified times or with each repositioning. Chart and document condition of skin/ulcer on re-positioning and the interval times using the SKIN bundle
- Keep bed linen loose

Heels

Friction and shear damage is minimised
Consider elevating heels off the bed with pillows or heel elevators, use film dressing or moisturisers to prevent friction

Seating:

- Limit the time seated to no more than 2 hours at any one time. Patients with pressure ulcers and at high risk should be actively mobilised.
- Ensure maximum contact with the chair and the patient's back and head are fully supported. The buttocks, knees and feet are supported fully at angles of 90 degrees.
- Pressure relieving foam cushion will be used for grade 1 and 2 ulcers and ensure the patients are sitting at the correct angle and fully supported at the feet, thighs, buttocks back and head
- Complete the **SKIN** Bundle

TREATMENT PLAN C

- Profiling bed with a dynamic mattress document type of mattress on the intervention sheet. Do not elevate the bed head more than 30 degrees for long periods
- Show patients how to relieve their own pressure areas where possible. Actively mobilse when possible
- The re-positioning interval, either 2/3/4 hrly will be determined by the condition of the skin on inspection. If applicable, re position with alternating 30 degree lateral tilt. Bony prominences are kept from direct contact with one another
- Skin inspection particularly heels and sacral areas are carried out at specified times or with each repositioning. Chart and document condition of skin/ulcer on re-positioning and the interval times using the SKIN bundle
- keep bed linen loose

Heels

- Elevate heels off the bed and protect from pressure shear and friction, consider moisturisers or film dressings to prevent friction

Seating:

- Patients with grade 3 / 4 ulcer on the sacral area will be discouraged from sitting in a chair and the profiling chair function of the bed utilised when possible. The body should have maximum contact with the chair and the patient's back and head are fully supported. The buttocks, knees and feet are supported fully at angles of 90 degrees.
- Seek advise on specialist seating if sitting unavoidable

Complete the **SKIN** Bundle

For all at risk patients consider the following:-

Nutrition and hydration
Strive to ensure adequate nutrition and hydration compatible with the patient's condition.
Nutritional protein supplements to be given when ulcer healing is the goal

Skin. Wetness on the skin is a key factor in pressure ulcer development particularly from incontinence, this must be cleaned immediately with a skin cleanser **not** soap and water and the cause addressed. Where the source of wetness cannot be controlled the use of moisture absorbing continence aids must be used. Document excoriation using NHSQIS Excoriation Tool and NHS Tayside continence skin guidelines
For dry skin a non-perfumed moisturiser may be applied sparingly at least twice daily. Avoid rubbing and massaging

Pain
Pain control is important to enable patients to move themselves or to be moved more easily thus increasing compliance with pressure relieving turning regimes. Pain from area known to be at risk of pressure ulcer development must be inspected immediately and re-assessed.

Ninewells Obstetric Scan Report 2009

Surname:	Firstname:	Dob/Chi:	Address:		Consultant	
JAMIESON	YVONNE	100380107			Referred by:	
		1003820107				

Scan no. 0 **Date:** 24/04/2009 **Scan reason**

If other:

Scan Report:

tas
Uterus Anteverted
Cavity empty
Simple cyst below uterus 66 x 52 x 45

U ArtPI:

High PI

FAC:

AEDF

Abs/rv flows

Scanned by: PL

Checked by: LJN

Ref: LS

Reviewed by:

→ Notes please

BRITTA 2/4
FOR PNM
23/4.
FRAN.
WD
40
27/4.
33840.

Ninewells Obstetric Scan Report 2009

Surname:	Firstname:	Dob/Chi:	Address:	Consultant	
JAMIESON	YVONNE	100380107		Referred by:	

Scan no. 0 **Date:** 24/04/2009 **Scan reason**

If other:

Scan Report:

tas
Uterus Anteverted
Cavity empty
Simple cyst below uterus 66 x 52 x 45

U ArtPI:

High PI

FAC:

AEDF

Abs/rv flows

Scanned by: PL

Checked by: LJN

Ref: LS

Reviewed by:

Reviewed by Dr Ljnch in U/S

Ninewells Obstetric Scan Report 2009

Surname:	Firstname:	Dob/Chi:	Address:		Consultant	CHRISTIE
JAMIESON	YVONNE	1003820107			Referred by:	

Scan no. 2 **Date:** 15/04/2009 **Scan reason** RPOC

If other:

Scan Report:

U ArtPI:	
High PI	No
FAC:	
AEDF	No
Abs/rv flows	No

Abdo
The uterus is anteverted
Low down in the cavity, there is an echogenic mass
16 x 22 x20 mm.
The appearance is in keeping with RPOC/clots.
No flow seen within the mass
A simple-looking cyst 43 x 46 x 47 mm is lying behind the lower part of the uterus

Scanned by: JMM

Checked by: JMJ

Ref: LJN

Reviewed by:

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION 05/11/08
RECORD START DATE 05/11/08

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward: NW 36.	**Patient Name:** Yvonne McLean.
Consultant: Dr Augustsson.	**CHI number:** 1003820108
On admission: **Weight:** **Height:**	**Date of Birth:**
	(Attach printed label here)

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By

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

1. NKDA	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	

AS REQUIRED THERAPY

Medicine / Form: symptomatic relief		Date										
		Time										
Dose & Frequency: as per policy	Route	Dose										
		Initials										
Signature	Start Date: 03/08	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.

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						

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										

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										

REGULAR THERAPY

Date →
Time ↓

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

6
8
12
14
18
22

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

6
8
12
14
18
22

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

6
8
12
14
18
22

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

6
8
12
14
18
22

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

6
8
12
14
18
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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

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

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

Medicine / Form		Time																								
Dose	Route	6																								
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Signature	Start Date	12																								
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9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

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

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

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

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

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

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

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11. No intravenous access
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13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

| Medicine / Form | | | 6 | | |

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION 15/4/09
RECORD START DATE 15/4/09

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward: W/W Wd 86	**Patient Name:** Yvonne Jamieson
Consultant: P.A	**CHI number:** 0107
On admission:	**Date of Birth:** 100382
Weight: **Height:**	**(Attach printed label here)**

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By

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

1.	2.	3.	4.
no Allergies.			

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	

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										

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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.

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																						
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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																						

AS REQUIRED THERAPY

Medicine / Form: Symptomatic relief		Date										
		Time										
Dose & Frequency: as per policy	Route	Dose										
		Initials										
Signature: GG	Start Date: 15/4/19.	Date										
		Time										
Indication / Notes	Pharmacy: S	Dose										
		Initials										

Medicine / Form: SERETIDE 250		Date										
		Time										
Dose & Frequency: 2 Puffs as required	Route: Inhaler	Dose										
		Initials										
Signature: GG	Start Date: 15/4/19.	Date										
		Time										
Indication / Notes	Pharmacy: POD	Dose										
		Initials										

Medicine / Form: VENTOLIN		Date										
		Time										
Dose & Frequency: 2 Puffs as required	Route: Inhaler	Dose										
		Initials										
Signature: GG	Start Date: 15/4/19	Date										
		Time										
Indication / Notes	Pharmacy: POD	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										

REGULAR THERAPY

Date → 15/4/09

Time ↓

Medicine / Form	Dose	Route	Signature	Start Date	Pharmacy	Time	Date 15/4/09	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7	Date 8	Date 9	Date 10	Date 11	Date 12	Date 13	Date 14
Levothyroxine	25 mcg	oral	GG	15/4/9	POD	6														
						8	✓													
						12														
						14														
						18														
						22														
Levothyroxine	50 mcg	oral	GG	15/4/9	POD	6														
						8	✓													
						12														
						14														
						18														
						22														
						6														
						8														
						12														
						14														
						18														
						22														
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						8														
						12														
						14														
						18														
						22														
						6														
						8														
						12														
						14														
						18														
						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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

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

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

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

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

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9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

6
8
12
14
18
22

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

6
8
12
14
18
22

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

6
8
12
14
18
22

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

6
8
12
14
18
22

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

6
8
12
14
18
22

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7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

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

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

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

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

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

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8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

Date	Further information/details of maternity care
Remember to sign each entry	

Personal details

Family origin F UK.

Current religion or faith CHRISTIAN

Language used at home ENGLISH

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

Cultural requirements/details on the above

Occupation UNEMPLOYED.

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

Good family + friend support. Lives on own.

Referrals

/ / To

/ / To

/ / To

Key professionals

Named midwife

Midwifery team

Base

✆

Obstetrician

Clinic

✆

Health Visitor

Base

✆

Social Worker

Base

✆

Health status

Specific dietary needs No ☑ Yes ☐

Smoking status

At risk of passive smoking No ☑ Yes ☐

Problem alcohol use No ☑ Yes ☐

Problem drug use No ☑ Yes ☐

Details of any of the above

Domestic Abuse/Routine Enquiry

Seen alone at booking No ☑ Yes ☐

Routine enquiry question asked No ☐ Yes ☑

If not asked, document reason why

Abuse disclosed No ☑ Yes ☐

Current ☐ Past ☐

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

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

Comments

Child protection

Issue raised on / / needs to be raised

Comments

15 year old son is cared for by Yvonnes Sister

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

General Practitioner

Base

✆

Practice code

Other

Designation

Base

✆

Other

Designation

Base

✆

Chronology of Significant Events

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

The chronology should contain:

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

Date/ Time	Event	Action/Outcome	Signature

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

DR GORDON RED PATHWAY

Lead professional

Designation SHO

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

Reason

Signed

Booking completed by CARROW Print CARROW Designation SHO

Date / / Gestation weeks Location

Date	Gestation	BP	Urinalysis	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry. Please use 24 hour clock				
111217	6 6/7	110/70	++ PROTEIN LARGE BLOOD	MSSU obtained. Has fresh PV bleeding + nil bleed. fresh PV loss overnight on wiping. Scan arranged for Gynae for tomorrow 10.30am. Happy to continue with booking. Came with friend. No longer with partner of baby. Routine Booking bloods + TSA. Uncertainty over past H/O DVT after birth. Requires notes review - unavailable at present. 5mg folic acid given BMI 35.2 Requires Aspirin from 12wks gest. CARROW CARROW

optiMUM

Every
small change
is a positive step
in the right
direction

Useful Websites

www.taysidenutrition.scot.nhs.uk

www.firststepsnutrition.org

www.nutrition.org.uk/healthyliving/nutrition4baby

www.healthystart.nhs.uk

www.pogp.csp.org.uk



DO NOT REMOVE FROM HANDHELD NOTES

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Tayside Nutrition Managed Clinical Network

NHS Tayside

Your BMI at booking was over 30kg/m² which means that you are obese. Throughout your pregnancy your midwife will offer you additional help to manage your weight in pregnancy.

While we do not recommend weight loss in pregnancy it is important to avoid excessive weight gain.

Remember there is no need to eat for two when you are pregnant.

You will be weighed at each visit and the midwife will offer support on nutrition and vitamin supplements. You may be entitled to Free Healthy Start Vitamins.

It is recommended that you take 5mg of Folic Acid.

It is important to stay active when you are pregnant.
Ask your midwife about what's on near you.

Once your baby is born, we can help you to lose weight too.
Please ask your midwife information.

For more information on optiMum, see the optiMum leaflet.



Risk to Pregnant Women	
If you are obese in pregnancy you have a greater risk of developing health problems during pregnancy such as:	The increased risk of developing these obesity related conditions is:
Diabetes	**2.4**
High Blood Pressure	**3.3**
Blood Clots	**9.7**
Infection	**2.2**

Risk to Baby	
There is also a greater risk of health problems for your baby	The increased risk of developing these obesity related conditions is:
Macrosomia (big baby)	**3.1**
Admission to Neonatal Unit	**1.5**
Stillbirth	**2.1**
Neonatal Death	**2.6**

optiMUM

Jamieson 1003820107
Yvonne
FLAT 56,GRAMPIAN COURT
CRIEFF ROAD
PERTH
PH1 2ST

LJ Compson

ooking or First Visit

				Comments
Nam				5mg folic acid given.
CH				
Height	162.5	Weight	92.3kg.	
Date	111217.	BMI	35.2	

The following table is for guidance only. Weight gain should be discussed at each visit.

Prepregnancy BMI	Mean rate of weight gain in the 2nd and 3rd trimester		Recommended total weight gain (for singleton pregnancies)	
	kg/week	lb/week	kg	lbs
Underweight (<18.5 kg/m^2)	0.5	1.0	12.5-18	28-40
Normal weight (18.5 - 24.9 kg/m^2)	0.4	1.0	11.5-16	25-35
Overweight (25.0 - 29.9 kg/m^2)	0.3	0.6	7-11.5	15-25
Obese (≥30.0 kg/m^2)	0.2	0.5	5-9	11-20

Taken from Health Canada website: wwwhc-sc.gc.ca/fn-an/nutrition/prenatal/ewba-mbsa-eng.php

Gestation	Date	Weight	Comments
16-20 weeks			
25 weeks			
28 weeks			
31-32 weeks			
34-36 weeks			
38 weeks			
40-41 weeks			

Postnatal reminder - women will be contacted and offered weight management support.

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Body Mass Index (BMI) Chart

BMI is a calculation based on your weight and height measurements that health professionals use to work out whether you are a healthy weight.

The calculation is weight in kilograms divided by your height in metres squared or look at the chart below and plot your weight and height to see your BMI and what category you fall into.

Normal weight

A BMI of 20-25 is the ideal BMI for pregnancy and puts you and your baby at the lowest risk of suffering from weight related problems during pregnancy and birth. Try to maintain a healthy weight throughout your pregnancy by eating a healthy balanced diet and including some physical activity every day.

Overweight

A BMI of 25-30 can put you at increased risk of health problems during pregnancy. Make small changes to what you eat and try to do some activity every day to help you avoid gaining too much weight during your pregnancy.

Obesity

A BMI of 30+ puts you and your baby at greater risk of developing complications. For you, these include gestational diabetes, pre-eclampsia and the need for caesarean delivery and possible miscarriage; for your baby, increased risk of abnormalities, stillbirth and long-term health problems. The higher your BMI, the greater the risk to you and your baby.

height (m)

weight (kg)	1.38	1.42	1.46	1.50	1.54	1.58	1.62	1.66	1.70	1.74	1.78	1.82	1.86	1.90	1.94	1.98	weight (st/lbs)
150	79	74	70	67	63	60	57	54	52	50	47	45	43	42	40	38	23s 8
148	78	73	69	66	62	59	56	54	51	49	47	45	43	41	39	38	23s 3
146	77	72	68	65	62	58	56	53	51	48	46	44	42	40	39	37	22s 13
144	76	71	68	64	61	58	55	52	50	48	45	43	42	40	38	37	22s 9
142	75	70	67	63	60	57	54	52	49	47	45	43	41	39	38	36	22s 4
140	74	69	66	62	59	56	53	51	48	46	44	42	40	39	37	36	22s
138	72	68	65	61	58	55	53	50	48	46	44	42	40	38	37	35	21s 10
136	71	67	64	60	57	54	52	49	47	45	43	41	39	38	36	35	21s 5
134	70	66	63	60	57	54	51	49	46	44	42	40	39	37	36	34	21s 1
132	69	65	62	59	56	53	50	48	46	44	42	40	38	37	35	34	20s 10
130	68	64	61	58	55	52	50	47	45	43	41	39	38	36	35	33	20s 6
128	67	63	60	57	54	51	49	46	44	42	40	39	37	35	34	33	20s 2
126	66	62	59	56	53	50	48	46	44	42	40	38	36	35	33	32	19s 12
124	65	61	58	55	52	50	47	45	43	41	39	37	36	34	33	32	19s 7
122	64	61	57	54	51	49	46	44	42	40	39	37	35	34	32	31	19s 3
120	63	60	56	53	51	48	46	44	42	40	38	36	35	33	32	31	18s 13
118	62	59	55	52	50	47	45	43	41	39	37	36	34	33	31	30	18s 8
116	61	58	54	52	49	46	44	42	40	38	37	35	34	32	31	30	18s 4
114	60	57	53	51	48	46	43	41	39	38	36	34	33	32	30	29	17s 13
112	59	56	53	50	47	45	43	41	39	37	35	34	32	31	30	29	17s 9
110	58	55	52	49	46	44	42	40	38	36	35	33	32	30	29	28	17s 5
108	57	54	51	48	46	43	41	39	37	36	34	33	31	30	29	28	17s
106	56	53	50	47	45	42	40	38	37	35	33	32	31	29	28	27	16s 10
104	55	52	49	46	44	42	40	38	36	34	33	31	30	29	28	27	16s 5
102	54	51	48	45	43	41	39	37	35	34	32	31	29	28	27	26	16s 1
100	53	50	47	44	42	40	38	36	35	33	32	30	29	28	27	26	15s 10
98	51	49	46	44	41	39	37	36	34	32	31	30	28	27	26	25	15s 6
96	50	48	45	43	40	38	37	35	33	32	30	29	28	27	26	24	15s 2
94	49	47	44	42	40	38	36	34	33	31	30	28	27	26	25	24	14s 11
92	48	46	43	41	39	37	35	33	32	30	29	28	27	25	24	23	14s 7
90	47	45	42	40	38	36	34	33	31	30	28	27	26	25	24	23	14s 2
88	46	44	41	39	37	35	34	32	30	29	28	27	25	24	23	22	13s 12
86	45	43	40	38	36	34	33	31	30	28	27	26	25	24	23	22	13s 8
84	44	42	39	37	35	34	32	30	29	28	27	25	24	23	22	21	13s 3
82	43	41	38	36	35	33	31	30	28	27	26	25	24	23	22	21	12s 13
80	42	40	38	36	34	32	30	29	28	26	25	24	23	22	21	20	12s 8
78	41	39	37	35	33	31	30	28	27	26	25	24	23	22	21	20	12s 4
76	40	38	36	34	32	30	29	28	26	25	24	23	22	21	20	19	12s
74	39	37	35	33	31	30	28	27	26	24	23	22	21	20	20	19	11s 9
72	38	36	34	32	30	29	27	26	25	24	23	22	21	20	19	18	11s 5
70	37	35	33	31	30	28	27	25	24	23	22	21	20	19	19	18	11s
68	36	34	32	30	29	27	26	25	24	22	21	21	20	19	18	17	10s 10
66	35	33	31	29	28	26	25	24	23	22	21	20	19	18	18	17	10s 6
64	34	32	30	28	27	26	24	23	22	21	20	19	18	18	17	16	10s 1
62	33	31	29	28	26	25	24	22	21	20	20	19	18	17	16	16	9s 11
60	32	30	28	27	25	24	23	22	21	20	19	18	17	17	16	15	9s 6
58	30	29	27	26	24	23	22	21	20	19	18	18	17	16	15	15	9s 2
56	29	28	26	25	24	22	21	20	19	18	18	17	16	16	15	14	8s 11
54	28	27	25	24	23	22	21	20	19	17	17	16	16	15	14	14	8s 7
52	27	26	24	23	22	21	20	19	18	17	16	16	15	14	14	13	8s 3
50	26	25	23	22	21	20	19	18	17	17	16	15	14	14	13	13	7s 12
48	25	24	23	21	20	19	18	17	17	16	15	14	14	13	13	12	7s 8
46	24	23	22	20	19	18	18	17	16	15	15	14	13	13	12	12	7s 3
44	23	22	21	20	19	18	17	16	15	15	14	13	13	12	12	11	6s 13
42	22	21	20	19	18	17	16	15	15	14	13	13	12	12	11	11	6s 9
40	21	20	19	18	17	16	15	15	14	13	13	12	12	11	10	10	6s 4
38	20	19	18	17	16	15	14	14	13	13	12	11	11	11	10	10	6s
36	19	18	17	16	15	14	14	13	12	12	11	11	10	10	9	9	5s 9
	4'6½	4'8	4'9½	4'11	5'½	5'2	5'4	5'5½	5'7	5'8½	5'10	5'11½	6'1	6'3	6'4½	6'6	

height (ft/in)

Obesity BMI 30+ | Overweight BMI 25-30

Normal Weight 20-25 | Underweight BMI <20

Fruit and vegetables
Aim to eat at least 5 portions a day.
- Include at least 2 portions at each meal.
- Fruit makes a great snack in between meals.
- Vegetables are best lightly cooked and not overcooked.
- Choose fresh, frozen, dried or tinned varieties - they all count towards your 5 portions.
- Buy tinned fruit in natural juice.
- Buy tinned vegetables without added salt or sugar.

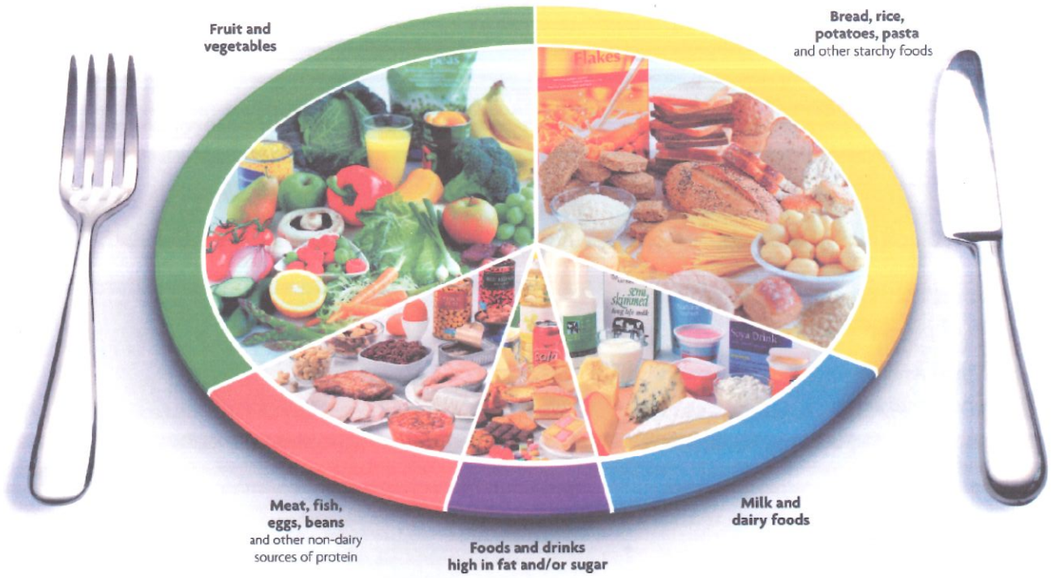
Examples of 1 portion
- 3 heaped tablespoons of cooked vegetables.
- A small bowl of salad vegetables.
- 1 medium fruit such as apple, banana, pear, orange.
- 2 pieces of small fruit such as satsumas, plums, kiwis.
- 1 cupful of berries, grapes or cherries.
- 1 heaped tablespoon of dried fruit.
- 3 heaped tablespoons of tinned or stewed fruit in own juice.
- 1 slice of a large fruit such as melon.
- 1 small glass of unsweetened fruit juice (150ml).

Bread, rice, potatoes, pasta and other starchy foods
Aim to eat at least 5-8 portions a day.
- Include bread, rice, pasta, cereals or potato at each meal.
- These foods are "filler" foods and help to prevent you feeling hungry between meals.
- Try to include wholegrain varieties.

Examples of 1 portion
- 1 medium slice of bread or ½ roll or ½ bagel.
- 1 small pitta bread or chapatti or small wrap.
- 3 tablespoons of breakfast cereal.
- 1 wheat biscuit.
- 1 small bowl porridge.
- 3 tablespoons of cooked rice, pasta, noodles or sweet potato.
- 3 crackers or 2 oatcakes.
- 2 egg sized potatoes.

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Meat, fish, eggs, beans and other non-dairy sources of protein such as pulses, lentils, nuts, soya, tofu, quorn.

Aim to eat 2-3 portions a day.
- Choose lean cuts of meat and cut off any visible fat.
- Try to include oil-rich fish once a week - for example salmon, herring, mackerel or sardines.
- Try to include white fish once a week.

Examples of 1 portion
- 2-3 oz (50-75 grams) of oil rich fish.
- 2-3 oz (50-75 grams) of cooked lean meat or poultry.
- 3-5 oz (75-125 grams) of cooked white or tinned fish in brine or water.
- 2 eggs.
- 3 heaped tablespoons of cooked beans, peas or lentils or a small can of baked beans (200 grams).
- 2 oz (50 grams or 2 tablespoons) of nuts or nut products.
- 4 oz (100 grams) soya, tofu or quorn.

Foods and drinks high in fat and/or sugar

These foods provide a lot of calories but few nutrients.

Try to eat just a small amount of these foods and drinks.
- Try to avoid sugary drinks and adding sugar to your hot drinks.
- Foods such as cream - butter - margarine - mayonnaise - pastry - crisps - confectionary - cakes - biscuits - also contain saturated fats. Keep these foods to a minimum.
- Choose fortified spreads (with added vitamins and Omega 3). Spread fats thinly on bread and toast.
- Use a spoon to pour out oil (preferably rapeseed or olive), or try a spray oil.

Milk and dairy foods

Aim to eat 2-3 portions a day.
- Choose low fat dairy products - for example semi skimmed milk or low fat yoghurt.
- Calcium helps to keep our bones strong and healthy - low fat dairy products contain as much calcium as full fat ones.
- Children, pregnant or breastfeeding women or older people should have 3 portions a day.

Examples of 1 portion
- 1/3 pint (200 ml) of milk.
- 1 oz (25 grams) of hard cheese - small matchbox size.
- 4 oz (100 grams) of cottage cheese.
- 1 small pot (125 grams) of low fat yoghurt.
- 1 small bowl of milk pudding (125 grams).

optiMUM

Did you know...

- There has never been a time when it's more important to try to eat well. Everything you eat and drink reaches your baby in some way and influences your baby's health.
- Eating healthily during pregnancy is not as difficult as you might think. Try following a balance from the **eatwell plate**. Have less from the **purple** group that are high in fat and/or sugar
- Eating 3 balanced meals a day will help provide all the important vitamins and minerals you and your baby need.
- Make time for breakfast you and your baby need it to stay healthy
- Fruit is a great snack. Making smart choices about your snacks can help you to feel fuller for longer.
- The best drink to quench your thirst is tap water. Limit tea, coffee, fizzy sports and energy drinks as these can contain up to 140mg of caffeine (no more than 200mg recommended per day during pregnancy). They can also have up to 10 teaspoons of sugar



Managing your weight is not about dieting or trying to lose weight. It's about looking after yourself and your baby by eating healthily and keeping active.

To help, you will have an opportunity to discuss the questions below with your midwife.

You can identify and agree any changes you feel you could make to help manage your weight during pregnancy.

- Do you have breakfast?
- Do you think you have 5 portions of fruit and vegetables daily?
- What food and drink do you have as snacks?
- Do you cook often at home?
- Have you seen **the eatwell plate** before?
- Are there any changes you feel you could make to help you get the balance right?
- How active are you?



Version 6A

41667

SWHMR reviewed by Healthcare Improvement Scotland

NHS SCOTLAND

Your Combined Pregnancy and Postnatal Record

Confidential

PLEASE USE BLACK

Jamieson
Yvonne .
FLAT 56,GRAMPIAN COURT
CRIEFF ROAD
PERTH
PH1 2ST

1003820107

LJ Compson

Complete Misc
11/12/17



Please bring your record to all healthcare appointments and hospital admissions.

If found please return this record to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

Getting it right for every child (GIRFEC)

Giving you, your baby and your family the best possible start in life is a priority for all the services who are working closely together using the Getting It Right for Every Child (GIRFEC) programme. GIRFEC is used to assess and understand how best to meet your needs and your baby's needs. The practice model below shows some of the things that are important to help you and your baby grow and develop. Your Midwife, Health Visitor/ Public Health Nurse will explain how this works and how they will work with you to make sure that both you and your baby receive the help and support you require.

The principles of GIRFEC include

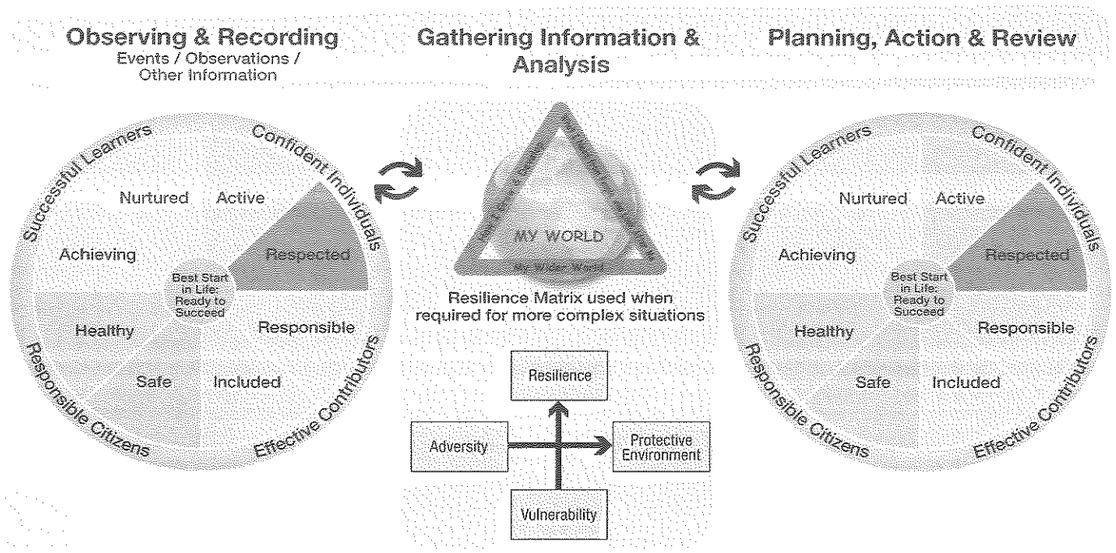
- The use of the wellbeing indicators – Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included – to determine appropriate assessment using the My World Triangle.
- The My World Triangle assessment considers the strengths and pressures for the woman and family around the three domains – How I grow and develop, What I need from people who look after me and My wider world
- The use of the 5 GIRFEC questions
- Early assessment, early support, early intervention, multi-agency approach are key to implementing GIRFEC.
- Consider the woman's and family's strengths and pressures.

Maternity team staff should ask themselves

- What is getting in the way of this woman or baby's well-being?
- Do I have all the information I need to help this woman or baby?
- What can I do now to help this woman or baby?
- What can my service do to help this woman or baby?
- What help if any may be needed from others?

After considering all of the principles described above, it is important that any assessment includes the impact that factors may have on the child and family, and what the desired outcomes are. Therefore the plan for the child and family must include action to be taken and when a review is required. The GIRFEC approach is summarised in the National Practice Model below

The National Practice Model



Consider referral to Health Visitor/Public health nurse for allocation of Health Plan Indicator

Outcome of referral: Health Plan Indicator allocated (circle as appropriate): core additional

Gestation at allocation

Health Visitor/Public Health Nurse details –

Name

Date

Your combined pregnancy and postnatal record

This is your pregnancy/postnatal record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to carry your record during your pregnancy, as this will help communication between you and your maternity care team.

Some women may prefer not to carry their combined pregnancy/postnatal record. If you do not want to carry your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice.

Please keep your record safe, confidential and protect it from damage. If you lose your record, please contact your midwife or maternity unit as soon as possible.

Please remember to take this record with you to all health appointments during your pregnancy. For example, whenever you see your midwife, GP, obstetrician, physiotherapist or when you go for an ultrasound scan. Nearer the time when your baby is due, you may want to carry your record with you when you go out and about.

Please feel free to write in your record where you see this symbol: ✍

Your Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care. (There may be a small charge for this.)

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Confidentiality – it's your right'. This is available from your midwife, GP practice or on-line at http://www.hris.org.uk Follow the links on confidentiality, consent and having your say.

Help and advice

Please use the following services

✆ .....

Contact details

Maternity unit .....

✆ .....

✆ Appointments/Scan 01738 473270

A Birthing Unit 01738 473425

✆ Triage Ninewells 01382 632075

NHS24 111

D Switchboard 01382 660111

✆ .....

Ultrasound department .....

✆ .....

Health Visitor .....

Base .....

✆ .....

✆ .....

TUMMEL TEAM

Named midwif ~~01738 473259~~ CAROLINE BROWN

Midwifery tean KATHLEEN WEIR

KAREN DONALDSON

Base ELIZABETH WEST

✆ .....

General Practitioner DR COMPSON

Address DHC MINVE

✆ 01738 622421 Practice code .....

GP informed of pregnancy ☐ Date .....

Obstetrician .....

Base .....

✆ .....

Domestic Abuse Helpline: 0800 027 1234 (24 hours)

Scottish Women's Aid: www.scottishwomensaid.co.uk

NHS 24: 08454 24 24 24

Rape Crisis Scotland Helpline: 08088 01 03 02 (free number) , 6pm to midnight

Email: info@rapecrisisscotland.org.uk

Local information

Your midwife or doctor will write details of local services below, e.g. antenatal clinic times, breastfeeding support groups and antenatal education sessions.

Supervisors of midwives are experienced practising midwives who have undertaken additional education and training to support, guide and supervise midwives. Supervisors of midwives develop and maintain safe practice to ensure protection of you, your baby and family. For more information on the role of the supervisor see www.nmc-org.uk. To contact a supervisor of midwives at your hospital speak to any midwife.

.....

.....

Please note that supervised students may be learning alongside the maternity staff who care for you. If you have any concerns or preferences about this, please speak to your midwife.

Plan of care for your pregnancy

This chart is used to record a plan of care for your pregnancy. Your midwife or doctor will tick the boxes to show when an appointment is due, where it will take place, and whether a blood test or ultrasound scan is planned. Details of each appointment can be written below.
If this is your first baby you will usually have 10 appointments, if you have had a baby before you will usually have 7 appointments. The first appointment may be sometime between 8 and 12 weeks.

Week number	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	41	42
Health centre/surgery																			
Maternity unit																			
Home																			
Blood tests																			
Ultrasound																			

Your appointments

Day	Date	Time	Where & who with	Things you want to discuss

Record of Maternity Care Pathway and Caseload Midwife or Obstetrician as per National Pathways for Maternity Care

Pathways available: Green – Midwife Led Care or Red – Maternity Team Care. Women allocated Amber status only whilst awaiting a further opinion from a member of the maternity team.

Booking Status: GREEN/RED (Please Circle)					
Date/ Location of booking	Gestation	Agreed Pathway	Reason e.g. Previous LUSCS	Booked With Midwife/Obstetrician Name	Signature
11/12/17.	16+7	RED	PREV CS PREV NND PREV IUD.	C BROWN/ DR GORDON	CATKinson
Subsequent Changes					
Date/ Location	Gestation	Pathway Change e.g. green to red, red to green	Reason for transfer to different pathway e.g. raised BP	Care transferred to e.g. Midwife to Obstetrician, obstetrician to Midwife. Insert Name	Signature

Important information

Surname/ family name McKean/Jamieson

First name(s) YVONNE

Previous surname MCLEAN

Likes to be called YVONNE

Date of birth 16-03-1982

Your address FLAT 56
GRAMPIAN COURT, CRIEFF ROAD

Postcode PH1 2ST

Home ✆

Other ✆ 07591359428

Occupation UNEMPLOYED

Change of address/phone details

Postcode

Home ✆

Other ✆

Planned place of birth		Lead professional
Home		DR GORDON
Hospital	✓	
CMU		
Other		

A Jamieson 1003820107
Yvonne
U FLAT 56,GRAMPIAN COURT
CRIEFF ROAD
C PERTH
PH1 2ST
LJ Compson

Your partner/supporter for this pregnancy

Name

Occupation N/K

Relationship to you

Partner's date of birth

Address

Postcode

Home ✆

Other ✆

Emergency contact person/next of kin
Who would you like contacted in an emergency?

☐ **Your partner/supporter** ☑ **Alternative person:**

Name VICTORIA HERMAN

Relationship to you FRIEND

Address 1E ANGUS COURT
FAIRFIELD AVENUE
PERTH Postcode PH1 2TQ.

Home ✆

Other ✆ 07864053088.

When is your baby due? - Your "Estimated Date of Delivery" or EDD

This information is used to work out when your baby is due. This is called your estimated date of delivery (EDD). It is helpful to think of your EDD as a 'rough guide'. Most babies are born during the fortnight before, or the fortnight after your EDD.

Date of the first day of bleeding of your last menstrual period (LMP)? 23/10/17

How sure are you of this date? ☑ sure ☐ fairly sure ☐ not sure

Average number of days between the first day of each period (monthly cycle) 28-32

Have you had any vaginal bleeding since your last menstrual period? ☐ No ☑ Yes

Had you been using any contraception? ☑ No ☐ Yes

Type Date stopped / /

History taken by CATKinson

Date of Booking Appointment 11/12/17

Agreed EDD / /

Use this EDD in all communication

Your body mass index (BMI) 35.2
(weight [kg]/height [m]²)

Weight at booking 92.3 kg Height 162.5 m

Comments/details PV bleeding started overnight - fresh blood on wiping. Midwife contacted & scan arranged.

Provisional EDD based on LMP and monthly cycle / /

EDD using dating scan 28/07/18.

Agreed by Signed

Your previous pregnancies

Is current pregnancy with a new partner No ☐ Yes ☑ Para ..... + ...

Full name KYLE McLEAN. Boy ☑ Girl ☐ Date of birth 110502 Type of birth SVD.

Place of birth PRI. Birthweight (g) 5lbs 12oz Gestation 40wks.

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐ **Anaesthetic** None ☑ Epidural/Spinal ☐ General ☐ **3rd stage** Normal ☑ Haemorrhage ☐ Retained placenta ☐ **Perineum** Intact ☑ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☑ Further relevant information .....

Problems A/N ~~N~~

P/N .....

Psychological Post Natal Depression. 6months after birth. no medication.

Full name JUSTIN JAMIESON. Boy ☑ Girl ☐ Date of birth 230309 Type of birth STILLBIRTH.

Place of birth NINEWELLS. Birthweight (g) 560g Gestation 24wks

Labour onset Spontaneous ☐ Induced ☑ Planned Caesarean ☐ **Anaesthetic** None ☐ Epidural/Spinal ☑ General ☐ **3rd stage** Normal ☑ Haemorrhage ☐ Retained placenta ☐ **Perineum** Intact ☑ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐ Further relevant information PRE-ECLAMPSIA HELP SYNDROME.

Problems A/N CYST ON UTERUS DRAINED BEFORE BIRTH. ? Infection in uterus.

P/N .....

Psychological .....

Full name TRAMS JAMIESON. Boy ☑ Girl ☐ Date of birth 090910 Type of birth EMERGENCY C/S.

Place of birth NINEWELLS Birthweight (g) 815g Gestation 28 wks IUGR

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐ **Anaesthetic** None ☐ Epidural/Spinal ☐ General ☐ **3rd stage** Normal ☐ Haemorrhage ☐ Retained placenta ☐ **Perineum** Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐ Further relevant information Mum's Fetal distress.

Problems A/N ? Heart Duct Valve Died approx 4wks

P/N .....

Psychological .....

Early Pregnancy Losses (less than 24 weeks)

Year	Gestation	Nature of loss	Comments

Your previous pregnancies

Full name ..... Boy ☐ Girl ☐ Date of birth ..... Type of birth .....

Place of birth ..... Birthweight (g) ..... Gestation .....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐ **Anaesthetic** None ☐ Epidural/Spinal ☐ General ☐ **3rd stage** Normal ☐ Haemorrhage ☐ Retained placenta ☐ **Perineum** Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐ Further relevant information .....

Problems A/N .....

P/N .....

Psychological .....

Full name ..... Boy ☐ Girl ☐ Date of birth ..... Type of birth .....

Place of birth ..... Birthweight (g) ..... Gestation .....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐ **Anaesthetic** None ☐ Epidural/Spinal ☐ General ☐ **3rd stage** Normal ☐ Haemorrhage ☐ Retained placenta ☐ **Perineum** Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐ Further relevant information .....

Problems A/N .....

P/N .....

Psychological .....

Full name ..... Boy ☐ Girl ☐ Date of birth ..... Type of birth .....

Place of birth ..... Birthweight (g) ..... Gestation .....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐ **Anaesthetic** None ☐ Epidural/Spinal ☐ General ☐ **3rd stage** Normal ☐ Haemorrhage ☐ Retained placenta ☐ **Perineum** Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐ Further relevant information .....

Problems A/N .....

P/N .....

Psychological .....

Full name ..... Boy ☐ Girl ☐ Date of birth ..... Type of birth .....

Place of birth ..... Birthweight (g) ..... Gestation .....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐ **Anaesthetic** None ☐ Epidural/Spinal ☐ General ☐ **3rd stage** Normal ☐ Haemorrhage ☐ Retained placenta ☐ **Perineum** Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐ Further relevant information .....

Problems A/N .....

P/N .....

Psychological .....

Your health – Have you ever had, or do you currently have, any of the following:

Allergies - Please document in special features

	No	Yes	Details
Operations	☐	☑	C/S. Keyhole surgery — took reaction to MORPHINE.
Problems with anaesthetics	☑	☐	Consider anaesthetic review
Admission(s) to intensive care	☑	☐	
Difficulties accessing your veins	☑	☐	
Asthma or lung problems	☐	☑	ASTHMATIC – not had inhalers in past in pregnancy.
High blood pressure	☐	☑	
Heart problems	☑	☐	? Heart Murmur detected during keyhole surgery but no investigation carried out.
Diabetes/thyroid disorders	☐	☑	Underactive thyroid - aithyroxine
Epilepsy/neurological problems	☑	☐	
Blood transfusions	☑	☐	
Blood clots/clotting problems	☐	☐	? DVT 2009. ~~rep~~ at birth
Kidney or urinary problems	☑	☐	
Liver problems or hepatitis	☑	☐	
Gastro-intestinal disorders	☑	☐	
Problems with fertility or your reproductive system*	☑	☐	
Vaginal infections	☑	☐	
Chicken pox?	☐	☑	
Genetic disorder	☑	☐	
Date of your last cervical smear (month/year)			within 3yrs ? 2016 Result NORMAL Next smear due ? 2019.
Referred for colposcopy?	☑	☐	Treatment
Cancer of any kind	☑	☐	
Problems with bones or joints	☑	☐	
Is there anything else about your health which you feel is important for your care providers to know?	☑	☐	

*** Please see "Your Guide to Screening tests during pregnancy" if you have had assisted conception**

Family health – Does anyone in your immediate family, or your baby's father or his immediate family, have a history of the following:

	No	Yes	Don't know	Details
Family history of anaesthetic complications	☑	☐	☐	
Asthma or allergies	☐	☑	☐	? which family.
Diabetes	☐	☑	☐	Maternal sister Type I diabetes.
Genetic disorders/attending a genetics clinic	☑	☐	☐	
Pre-eclampsia	☑	☑	☐	Mother/pre-birth and child
Blood clots (thrombosis)	☑	☐	☐	
Recent/active Tuberculosis (TB)	☑	☐	☐	
Hip problems detected at birth or shortly afterwards	☑	☐	☐	
Abnormalities present at birth	☑	☐	☐	
Family history of twins or multiple births	☑	☐	☐	
Learning disabilities	☑	☐	☐	
Permanent hearing loss	☑	☐	☐	
Are you and your baby's father blood relatives?	☑	☐	☐	

Family Origin Questionnaire (If mixed, tick more than one box)

How do you describe your ethnic group origin

The term ethnic origin is to describe where your family originates from, as distinct from where you were born. This information will help us to decide which blood screening tests you should be offered and whether your baby may need a BCG (TB) vaccination.

	You	Baby's father
A African or African Caribean (Black)		
1 Caribbean Islands	☐	☐
2 Africa (excluding North Africa)	☐	☐
3 Any other African or African-Caribbean family origins. Please write in		
B South Asia (Asian)		
1 India or African-Indian	☐	☐
2 Pakistan	☐	☐
3 Bangladesh	☐	☐
C South East Asia (Asian)		
1 China including Hong Kong, Taiwan, Singapore	☐	☐
2 Thailand, Indonesia, Burma	☐	☐
3 Malaysia, Vietnam, Philippines, Cambodia, Laos	☐	☐
4 Any other Asian family origins (eg Caribbean-Asian) Please write in		
D Other non-European (Other)		
1 North Africa, South America etc	☐	☐
2 Middle East (Saudi Arabia, Iran etc)	☐	☐
3 Any other Non-European family origins Please write in		
E Southern and Other European (White)		
1 Sardinia	☐	☐
2 Greece, Turkey, Cyprus	☐	☐
3 Italy, Portugal, Spain	☐	☐
4 Any other Mediterranean country	☐	☐
5 Albania, Czech Republic, Poland, Romania, Russia etc	☐	☐
F *United Kingdom (White) refer to guidance on FOQ		
1 England, Scotland, N Ireland, Wales	☑	☐
G *Northern European (White) refer to guidance on FOQ		
1 Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2 Scandinavia, Switzerland etc	☐	☐
3 Any other European family origins, (eg Australia, N America, S Africa) Please write in		

*Hb Variant Screening may be requested by parents in low risk groups

Higher risk for alpha zero thalassaemia

Don't know (incl. pregnancies with donor egg/sperm) ☐

Declined to answer ☐

Declined screening ☐

For more information on the use of the FOQ see www.nsd.scot.nhs.uk

What language do you usually use at home? ENGLISH

Do you need help with interpreting, communicating? No ☑ Yes ☐ Details

What is your current religion or faith, if any? CHRISTIAN

Is blood transfusion acceptable to you? No ☐ Yes ☑

Details

Female genital cutting or piercing No ☑ Yes ☐

Details

Is there any other information that you feel is important for your maternity care? For example your beliefs, social conventions and customs, family structure, ceremonies, dress or diet?

No ☑ Yes ☐

Details

Are you a refugee or an asylum seeker? No ☑ Yes ☐

Details

Have you had a full medical examination since arriving in the UK? No ☐ Yes ☐

If no refer to GP

For health information for refugees or asylum seekers visit www.scottishrefugeecouncil.org.uk

TB risk questions:

	No	Yes
Has either parent or any grandparents been born in a high prevalence area (40 per 100,000)?	☑	☐

Details

Is family likely to live for more than 3 months in a high prevalence area? ☑ ☐

Details

Baby requires BCG ☑ ☐

Details

- If yes to any of these questions please document need for neonatal BCG on the baby's special features box and on the baby record
- For list of countries and areas with TB rates of >40 per 100,000 see www.hpa.org.uk and www.hps.scot.nhs.uk/tb-countries

CJD or vCJD

Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?

No ☑ Yes ☐

Other health-related questions to be discussed with maternity team staff

	No	Yes	Details of information given		
Have you been taking folic acid?	✓		☐ Pre-conception ☑ Before 12 weeks ☐ After 12 weeks	Dose of folic acid	400mcg 5mg
Vitamin D (10 mcg/day),	✓		Healthy Start vitamins No ☐ Yes ☑	Other vitamins/supplements No ☐ Yes ☐	
What do you know about healthly eating during pregnacy?	Given Ready Steady baby book		Do you have any special dietary needs?	✓	
Dietetic referral made					

See Ready Steady Baby for foods you can eat and foods to avoid: www.readysteadybaby.org.uk.
Vitamin D is needed to keep bones and teeth healthy. You should take supplements containing 10mcg of vitamin D every day throughout pregnancy and whilst breastfeeding. This is particularly important if you have dark skin or cover your skin.

What do you know about the benefits of physical activity in pregnancy			Advice given Further information is available from www.takelifeon.co.uk
Do you go to the dentist regularly?		✓	NHS.

NHS Dental care is free throughout pregnancy and for 1 year following birth. It is recommended you attend the dentist regularly as gum disease is more common in pregnancy and may require treatment.
If you have troublesome vomiting in early pregnancy please wait 30 minutes after vomiting before brushing your teeth, this will cut down on tooth erosion.

Are there any health and safety issues related to your work?	✓		Advice given www.hse.gov.uk
What do you know about drinking alcohol in pregnancy?	Does not drink		
How many units of alcohol did you drink each day before you were pregnant? Number	How many units of alcohol a day are you drinking now? Number 0 How many units of alcohol do you drink in an average week? Number 0 If drinking where are you drinking, at home, in clubs/pubs		

The Chief Medical Officer for Scotland's current guidance is to avoid alcohol completely if pregnant or trying to conceive.
One unit of alcohol = half a pint of 3.5% beer or lager or one 25ml measure of spirits. One small (125ml) glass of average strength (12% wine) contains 1.5 units.
If unsure of units - ask type and amount of alcohol drunk e.g. wine, spirits, beers, alcopops

Consider delivering brief intervention. Refer to Alcohol brief interventions antenatal professional pack

What do you know about smoking in pregnancy?

Have you smoked in the 12 months prior to pregnancy?	✓		CO level Date	Former smokers: date stopped
Do you or anyone in the household currently smoke?	✓		We encourage you to keep your baby smoke free before and after birth	
Are you interested in getting help to stop?			Current smokers: cigarettes smoked per day Number	
Referral made to smoking cessation service			Consider delivering brief intervention	
Have you used any street drugs, gas or glue in the last year?	✓		Substances used	
If yes, are you currently using any street drugs, gas or glue?	✓			
Have you ever injected drugs?	✓			
Does your current partner use any street drugs, gas or glue or inject drugs?	✓			
Referral for advice on substance abuse	✓			
Do you currently or have you ever attended an addiction service? (including smoking and alcohol)	✓			
Does your partner currently or has s/he attended an addiction service	✓			
Self harm	✓			
Overdose	✓			

Medication

Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently? No ☐ Yes ☑

Are you taking any 'over the counter' preparations or medications not prescribed to you? (If yes, include indications) ☑ ☐

Prescribed medication	Dose	Frequency	Route	Duration
Levothyroxine	175mg	1x day		

Details

Your mental health	No	Yes
1. Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness? Details	✓	
2. Do you have a history of bipolar disorder (manic depression), puerperal psychosis, schizophrenia or other serious mental illness?	✓	
3. During the past month, have you often been bothered by feeling down, depressed or hopeless?		✓
4. During the past month, have you often been bothered by having little interest or pleasure in doing things?	✓	
5. If "yes" to questions 3 or 4 then ask: Is this something you feel you need or want help with?	✓	
* If yes refer to GP for ongoing support — has been on antidepressants for August 2017*		
Are any of the problems on-going at the moment? before pregnancy. Mirtazapine	✓	
Are you getting any help with the problems at the moment? low dose. On going counselling Harbour		✓
Details of any agency providing mental health support	✓	
Are they aware of current pregnancy?	✓	
Referral needed Details	✓	
Home circumstances and support needs		
Are you still in school?	✓	
Are you living in or leaving looked after care services?	✓	
Do you feel that you have someone to support you through your pregnancy?		✓
Are you in temporary housing?	✓	
Do you need further advice on finances, benefits or housing issues?	✓	
Qualifies for Healthy Start Vouchers — On Employment Support allowance	✓	
Referral to income maximisation services		✓
Money and debt advice services	✓	
Financial capability support	✓	
If you have other children do they live with you?	✓	
If no, who looks after them? Sister. local. Has contact with him.		
Does your current partner have any other children? ?		
If yes, who looks after them?		
Have you ever needed social work assistance?	✓	
Have you or your partner ever been involved in the Criminal Justice System?	✓	
Do you need support with reading or filling in forms	✓	
Do you consider yourself to have a disability, either physical, mental or do you have any learning difficulties	✓	
Do you get support or have you ever had support with independent living?	✓	✗
Referral needed Details		

Other support and professionals, (social worker, smoking cessation, substance misuse team, etc)

Name (job title) .....
Contact no. ✆ .....
Address .....

Name (job title) .....
Contact no. ✆ .....
Address .....

Other involved workers
(family support, learning support worker, guidance teacher etc) .....

See Maternity summary record ☐

Special Features

Name Yvonne JAMIESON

Age 35. Parity 3+0 1xIUD 1xNND

Agreed EDD / /

Blood group

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies MORPHINE

BMI Smoker No ☑ Yes ☐

Pregnancy	
Special features	**Plans for care**
Hypothyroidism	– TSH 6/52 check during pregnancy
Prev. SB Pre-Eclampsia HELP SYNDROME.	– Aspirin from 12 wks
FHO TYPE I DIABETES	– GTT @ 28 wks.
Prev. CS @ 28 wks – NND @ 4 wks age	
>VTE Risk factors	

Routine Enquiry asked Yes ☑ Date 11 / 12 / 17.

IMPORTANT PLEASE NOTE – All pregnant women should receive the seasonal flu vaccine which helps protect against the H1N1 virus. Seasonal flu vaccines are available from your GP between October and March.

Flu vaccine accepted/declined

Date administered / / Has had flu vaccine

Consent for blood and other tests offered in pregnancy (Blood Group, Full Blood Count & Infectious Diseases)

I have received the information leaflet ***'Your Guide to Screening Tests During Pregnancy'*** and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

☑ I wish ☐ **I do not wish** to be tested for Blood Group antibody screen

☑ I wish ☐ **I do not wish** to be tested for Full Blood Count

~~☐ I wish ☐ I do not wish to be tested for Rubella status~~

☑ I wish ☐ **I do not wish** to be tested for Syphilis

☑ I wish ☐ **I do not wish** to be tested for Hepatitis B

☑ I wish ☐ **I do not wish** to be tested for HIV

☐ I wish ☐ **I do not wish** to be tested for Haemoglobinopathies Partner requires testing Yes ☐ No ☐

☑ I wish ☐ **I do not wish** to be tested for blood glucose levels

☐ I wish ☐ **I do not wish** to be tested for THYROXINE

☐ I wish ☐ **I do not wish** to be tested for

Signature: X Y. Jamieson **Date** / /

Witness: Caroline A Brown **(Health professional)**

Designation: SCN **Date** 11 / 12 / 17

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

Screening tests in pregnancy

During your pregnancy you will be offered several tests to check on your baby's health. These include ultrasound scans and may include blood tests to screen for risk of fetal abnormalities including Down's Syndrome and Spina Bifida.

Your local maternity team will explain what ultrasound scans will be offered to you and you will be asked to complete the appropriate consent for these tests.

The ultrasound scans you are likely to be offered by your local maternity services are (tick as appropriate):

☐ Dating scan
☐ Nuchal translucency scan 11-13 weeks
☐ Fetal anomaly scan
☐ Detailed scan at ..... weeks
☐ Growth scan as required
☐ Placental site scan as required
☐ Other

Consent for screening tests offered in pregnancy (Down's Syndrome)

☐ I wish ☑ I do not wish to be screened for the risk of Down's Syndrome

Signature: X Y. Jamieson Date / /

Witness: Caroline A Brown (Health professional)

(Please sign and print name)

Designation: SCN Date 11 / 12 / 17

For more information on the national screening programmes see www.nsd.scot.nhs.uk

Tests during pregnancy

During your pregnancy you will be offered several tests to check on your health and your baby's health. Your midwife will give you information leaflets on many of these tests. Maternity care staff will discuss all the tests with you. When you are sure that you understand about the tests, you will be asked if you want to have them done or not, and your wishes will be followed. For some of the blood tests you will be asked to sign a consent form.

Maternity care staff will tell you how to find out the results of any tests that you have. They will also organise any follow up care that may be needed.

Results should be filed in accordance with your NHS board's policy.

Test	Gestation when test(s) taken	Date taken indicate if declined	Results/Action
Blood Group at booking	6&7	11/12/17	OPos. NAD.
Antibody screen - 28 weeks			
Full Blood Count - booking 28 weeks 36 weeks	6&7	11/12/17.	140
~~Rubella status~~			
Syphillis	6&7	11/12/17	NEG
Hepatitis B			NEG
HIV			NEG
Haemoglobinopathy - sickle cell and thalassaemia -document outcome in baby's special features box and baby record	N/A.		
~~Screening~~ Declines ☑ Fetal anomalies ultrasound ☐ Down's Syndrome			
Random blood glucose	6&7	11/12/17.	4.7.
Couple's Haemoglobinopathy result if performed			
Mid stream urine specimen for bacteriology	6&7	11/12/17	
CVS please include indication for procedure			
Amniocentesis please include indication for procedure			
CO results	6&7	Declines.	
Other Total HCG			1
TSH	6&7		1.96

If you have RhD Negative blood this section applies to you ☐

Your blood is RhD Negative. You will be offered 'Anti-D' to prevent any problems developing. If you are RhD Negative and have any vaginal bleeding you must go to the hospital as soon as possible as you may need to have Anti D

Discussions/plans Signed ..... / /

Prophylactic 'Anti-D' given 28 weeks Dose ..... Signed ..... Date given / /

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

Conversations in pregnancy: Key points

Remember: explore what parents already know → accept → offer relevant information*

Encouraging parents to connect with their baby	Taking time out to connect: talking to baby, noticing and responding to movements
Skin contact	The value of skin contact What this means for mother and baby
Responding to baby's needs	How closeness, comfort and love can help baby's brain develop Responsive feeding
Feeding	Value of breastfeeding as protection, comfort and food How to get off to a good start

Confirmation that a conversation has taken place to cover relationship building, responsiveness and feeding, as per mother's needs

	Signature:	Date:	Comments:
1			
2			
3			

*refer to the health professionals' guide for more information

Infant feeding - Antenatal Checklist

All of the following should be discussed with each pregnant woman by 34 weeks of pregnancy.

	Discussed (or note if mother declined discussion)	Signed	Date
Getting your baby off to a good start			
Importance of early skin-to-skin contact (keeps baby warm and calm, promotes bonding, helps with breastfeeding)	☐		/ /
Baby-led feeding and feeding cues (to ensure adequate milk intake and supply)	☐		/ /
Rooming in / keeping baby near (for baby-led feeding and reduction of risk of SIDS)	☐		/ /
Why breastfeeding is important			
Benefits for the baby Reduced risk of gastro-enteritis, diarrhoea, urinary tract, chest and ear infections, obesity and diabetes. Latest evidence suggests reduced risk of Sudden Infant Death Syndrome and childhood leukaemia.	☐		/ /
Benefits for the mother Reduced risk of breast cancer, ovarian cancer and osteoporosis	☐		/ /
Making breastfeeding work			
Effective positioning and attachment (to ensure adequate milk intake and pain-free feeding)	☐		/ /
Effect of teats, dummies, nipple shields (may interfere with breastfeeding)	☐		/ /
No other food or drink needed for 6 months (for maximum health benefits)	☐		/ /
'From bump to breastfeeding' DVD given (for later discussion, see below)	☐		/ /
Further discussion			
Leaflets given and discussed:			
'From bump to breastfeeding' DVD discussed (suggest between 28 and 34 weeks)	☐		/ /

Antenatal checklist reproduced with permission of UNICEF baby friendly initiative.

Consider need to refer to HV/PHN for HPI

Notes

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
11/12/17	110/70	++ PROTEIN ++++ BLOOD	—	6 6/7	—						Routine Booking bloods + TSH. MSSU

Consider need to refer to HV/PHN for HPI

Weight in late pregnancy ..... kg

Date / /

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

Other information/plans/referrals etc	Return in (weeks)	Signature
1POC with MW. History taken Yvonne accompanied by friend. Some fresh PV bleeding overnight. Scan arranged in Gynae ward. Yvonne happy to continue with booking appointment today. Red pathway due to previous obstetric history. Advised to see GP to have Thyroxine increased by 25mcg. Has recently dis continued antidepressants		CAMBROWN. CAMBROWN.

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

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results

Consider need to refer to HV/PHN for HPI

Weight in late pregnancy ..... kg

Date ... / ... / ...

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

Other information/plans/referrals etc	Return in (weeks)	Signature

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

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
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Antenatal assessments/admissions/multi-professional assessment

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Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Breech Presentation at 36 weeks

Date

External Cephalic Version discussed and information given ☐ No ☐ Yes / /

External Cephalic Version offered ☐ No ☐ Yes / /

External Cephalic Version offer accepted ☐ No ☐ Yes / /

Details of ECV procedure

Fetal heart checked and recorded ☐ No ☐ Yes

Record of cervical stretch and membrane sweep for postmaturity

Date / / Time : Gestation

Record of discussion prior to the procedure

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate (pre VE) Maternal pulse

Fetal heart rate (post VE)

Comments

Signature: Date / / :

Cervical examination

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

* Relative to the ischial spines

Comments

Plans following procedure

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**

Antenatal Steroids given No ☐ Yes ☐ Date / / Time : Details

Repeat dose Date / / Time : Date / / Time :

Information for you

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

Date received

Forms

- FW8 Maternity Exemption form (your entitlement to free prescriptions during pregnancy and for one year after your baby is born) — 11/12/17
- Mat B1 form (for an employer or the Benefits Agency confirming your estimated date of delivery. You can ask for this form from your 20th week of pregnancy) — / /

Benefits and Entitlements

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

Screening tests in pregnancy

- 'Your guide to screening tests during pregnancy' in booking pack — / /

Pregnancy, babycare and breastfeeding

- 'Ready, Steady, Baby' www.readysteadybaby.org.uk There are Easy Read versions of 'Ready, Steady, Baby', available free from Health Scotland Telephone 0131 536 5500 and ask for 'My Pregnancy, My Choice' and 'You and your Baby' — 11/12/17.
- Information on wearing a car seat belt safely during pregnancy see 'Ready, Steady, Baby' — / /
- 'Reduce the Risk of Cot Death' www.scottishcotdeathtrust.org — / /
- 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' www.healthscotland.com — 11/12/17.
- 'Breastfeeding and Returning to Work' www.healthscotland.com — / /
- 'Your Guide to Newborn Screening Tests' — / /
- 'Your Baby's Hearing screen' www.healthscotland.com — / /
- 'BCG and your baby' www.healthscotland.com — / /
- 'Talking about postnatal depression' www.healthscotland.com — / /
- How to Stop Smoking and Stay Stopped www.healthscotland.com +/- Fresh Start — / /
- Smokeline NHS Stop smoking 0800 84 84 84 and www.canstopsmoking.com
- Support for alcohol issues is available from Drinkline Scotland on 0800 7 314 314 or at www.alcohol-focus-scotland.org.uk

Others

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

Your ultrasound scans

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

Dating Scan +/- NT measurement

Date	Gestation	EDD by scan	Fetal heart	NT measurement if performed	Signature
			No ☐ Yes ☐		
Details					

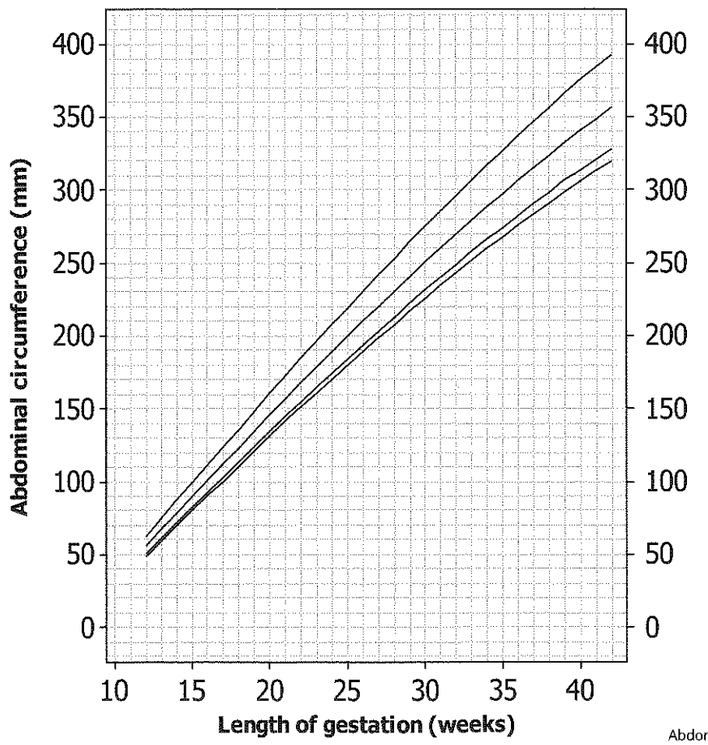
Detailed Scan/ Fetal Anomaly Scan delete as appropriate

Date	Summary of findings	Signature
	Base Menu completed No ☐ Yes ☐	

Other Scans

Date	Gestation	Amniotic Fluid Index (AFI) Oligo/normal/ polyhydramnios	Growth Within Normal Limits/<5th Centile/>95th Centile	Fetal presentation (Cephalic, breech, transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature

Abdominal circumference growth

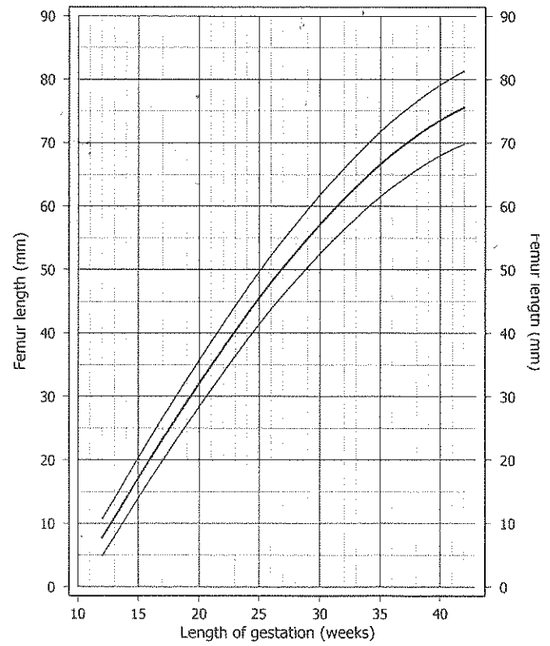


Abdominal circumference growth chart adapted from Loughna et al. Ultrasound, August 2009, Vol 17, Number 3 (lines show 5th, 10th, 50th, 95th centiles)

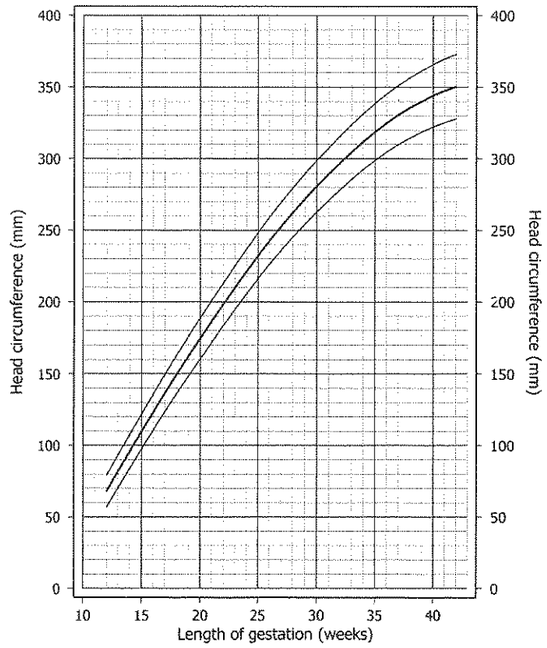
Your ultrasound scans (continued)

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

Femur length



Head circumference growth



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

Any further notes on ultrasound scans

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

Your preferences for labour and the birth of your baby

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

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

How do I feel about labour and birth?
What are my expectations?

Who do I want with me during labour and birth?

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

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?
e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).
Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

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

Vaginal examinations to assess my progress during labour
My feelings about these are:

How would I like to give birth?
My position for birth - kneeling, standing, squatting or sitting upright ?
Discovering the sex of my baby - do I want to find this out for myself?
Would I like my placenta to be delivered with or without an injection? (An injection often helps to reduce bleeding).

After my baby's birth
(Note: skin-to-skin contact with your baby is usually encouraged straight after birth)
Would I like my baby to have Vitamin K?

Other questions or special requirements that I have

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

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

Signature: **Date** / /

Preparing for birth - what to pack in your bag

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

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

Your notes and questions

Please use this page to write down any notes or questions

Your notes and questions (continued)

Please use this page to write down any notes or questions

Your postnatal care

The chart below is used to plan your postnatal care. Your midwife (and sometimes other members of your maternity team) will discuss and arrange your care with you, according to your needs and your baby's needs. Maternity staff will explain the reasons for each appointment or visit, as well as where it will take place, who with and when.

Hand hygiene is particularly important after childbirth. Please wash your hands in warm soapy water before and after changing your sanitary towel and after every trip to the toilet.
You should be alert to signs of infection after childbirth. You should seek advice from your midwife, general practitioner or maternity hospital if you have any of the following:-

- High temperature/feeling feverish/flu like symptoms
- Sore throat – especially if other members of the family also have sore throats
- Breathlessness
- Abdominal or chest pain
- Diarrhoea and/or vomiting
- Severe headache

Studies have shown that the safest place for your baby to sleep is on their back, in a cot, in your room for the first 6 months. Side-sleeping or prone (tummy) sleeping is not advised (unless there is a medical reason for doing so). This is the most important thing you can do to reduce the risk of cot death. For further information speak to a member of the maternity team, ensure you have a copy of the leaflet "Reduce the Risks of Cot Death" or look online at www.scottishcotdeathtrust.org

Your postnatal appointments

Day	Date	Time*	Reason for visit/appointment	Where & who with

*For some home visits an approximate time or 'morning' or 'afternoon' visit may be given.

Your notes

Please use this space to jot down any notes or questions about your care or your baby's care.

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

Postnatal discharge summary

Discharged from .....

To (address) ..... ✆ .....

GP ..... at ..... ✆ .....

Named caseload holder as per KCND Pathways for Maternity Care

Obstetrician ..... Midwife ..... Paediatrician .....

GIRFEC lead professional .....

Labour, birth and postnatal period

☐ Gravida ☐ Para

Onset of labour ☐ Spontaneous ☐ Induced: indication .....

Mode of delivery ..... on ..... day ../../.. at ..:.. Sex .....

Indication ..... Presentation ..... Position ..... Location .....

Livebirth/Stillbirth Gestation ..... Birthweight ..... g Blood loss ..... mls

APGARs ☐ 1minute ☐ 5 minutes ☐ 10 minutes Placenta/membranes .....

Perineum/abdominal wound ..... Sutures .....

Haemoglobin ..... g/dl on ../../.. Repeat ☐ Not needed ☐ done due on ../../..

Blood group ..... Irregular antibodies ☐ Yes ☐ No anti-D needed ☐ No ☐ Yes anti-D given on ../../..

Blood transfusion ☐ Yes ☐ No

Rubella status ..... Vaccination needed ☐ No ☐ Yes Vaccinated on ../../..

Contraception/sexual health needs discussed ☐ No ☐ Yes

Details .....

Cervical smear due ☐ No ☐ Yes: due in ..... (month) 20 ..

Discharge medication ☐ No ☐ Yes: details .....

Postnatal check with ..... Arranged for ../../.. Mother to arrange ☐

Problems identified during pregnancy, labour/birth

.....

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

.....

Signed ..... Designation .....

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

Your progress

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

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

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
		T P BP RR	Revised postnatal thrombosis risk							
		T P BP RR								
		T P BP RR								

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

Your progress

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

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

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Your postnatal care

Please use 24 hour clock and sign each entry.
Remember to complete the 'Whose signature?' section on the back cover of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

Your postnatal care

Please use 24 hour clock and sign each entry.

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

Breastfeeding your baby

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

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

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding	...../...../.....	...../...../.....
Positioning my baby for breastfeeding	...../...../.....	...../...../.....
Principles of good attachment	...../...../.....	...../...../.....
How to recognise that my baby is feeding well including effective milk transfer	...../...../.....	...../...../.....
My baby's feeding and sleeping patterns for the first few days	...../...../.....	...../...../.....
'Baby led' feeding	...../...../.....	...../...../.....
When my milk 'comes in'	...../...../.....	...../...../.....
Rooming in at the maternity unit	...../...../.....	...../...../.....
Sharing a bed with my baby - the risks discussed further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"	...../...../.....	...../...../.....
Winding my baby	...../...../.....	...../...../.....
My baby's needs (exclusive breastmilk for around the first six months of life)	...../...../.....	...../...../.....
Why dummies or teats should not be used	...../...../.....	...../...../.....
How to hand express my breastmilk	...../...../.....	...../...../.....
Expressing breastmilk a) washing & dry storing equipment	...../...../.....	...../...../.....
b) safe storage	...../...../.....	...../...../.....
Signs that my baby is feeding well and thriving	...../...../.....	...../...../.....
Monitoring for wet and dirty nappies	...../...../.....	...../...../.....
Breastfeeding support in my community	...../...../.....	...../...../.....
Information on alcohol consumption and breastfeeding	...../...../.....	...../...../.....

Breastfeeding support is available from the following organisations:-
The Breastfeeding Network 0300 100 0210 www.breastfeeding network.org.uk
National Breastfeeding Helpline 0300 100 0212 www.feedgoodfactor.org.uk
NCT – 0300 330 0771 7 days 0800 -2200 www.nct.org.uk
La Leche League - 0845 120 2918 www.laleche.org.uk

Other things that I want to ask about: .....

Formula feeding your baby

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

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

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

Other things about feeding that I want to ask about: .....

Feeling confident with your baby

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

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

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

Other things I want to ask about: .....

.....

.....

.....

.....

Information for you (indicate when received) ☐ ...../...../.....

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes

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

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.....

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

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful. The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

- How I feel I am coping
- My mood and emotions
- How I feel I am doing as a parent
- Not liking my baby at the moment
- Difficulties with my baby's feeding
- Managing my tiredness
- Questions about my baby
- Coping with my baby's crying
- My anxieties
- Relationships with my family

.....

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Thinking about your pregnancy, labour and birth

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

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

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

Your health after the birth

Blood tests/other tests and results				
Date	**Time**	**Investigation**	**Indication**	**Result/actions**

Discharge from midwifery care

Date ..../..../.... Days postnatal .....

Special features identified (please sign and date each entry) .....

.....

.....

.....

.....

BP ..../.....

General wellbeing and mental health

.....

.....

.....

.....

.....

.....

.....

Contraception

Longer acting contraception (LAC) discussed Yes ☐ No ☐

Reversible contraception discussed Yes ☐ No ☐

Has LAC contraception been provided Yes ☐ No ☐

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

.....

.....

.....

.....

Sexual health (www.sexualhealthscotland.co.uk)

.....

.....

.....

.....

.....

Physical Exercise and Healthy Lifestyle Advice

Importance of healthy eating and maintaining a healthy weight discussed Yes ☐ No ☐

.....

.....

.....

Current smoker? ☐ No ☐ Yes ..... /day

Has risk of passive smoking to baby been explained? ☐ No ☐ Yes

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

It's best if nobody smokes in the house, including visitors. Anyone wishing to smoke should go outside.

Do not smoke or allow anyone to smoke in a car your baby is travelling in.

For further information about alcohol consumption following the birth. See www.readysteadybaby.org.uk

	Any problems		**Details**
Passing urine	☐ No	☐ Yes	.....
Pelvic floor	☐ No	☐ Yes	.....
Bowel function	☐ No	☐ Yes	.....
Breasts	☐ No	☐ Yes	.....
Perineum/abdomen	☐ No	☐ Yes	.....
Lochia/menstruation	☐ No	☐ Yes	.....
Cervical smear due	☐ No	☐ Yes	.....

Concerns

.....

.....

.....

Handover to health visitor completed ☐ No ☐ Yes Details .....

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

Six week follow-up appointment discussed/arranged ☐ No ☐ Yes Details .....

Signed ..... Print name ..... Designation .....

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

Whose signature?

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

Name (please print)	Signature	Job title
CARR KANN	CARRKann	MIDWIFE

ANC 9.12 25/52 au ⇒ £190 - Healthier Pregnancy

20/52 If on income support / child tax credit → Sure Start.

NHS SCOTLAND

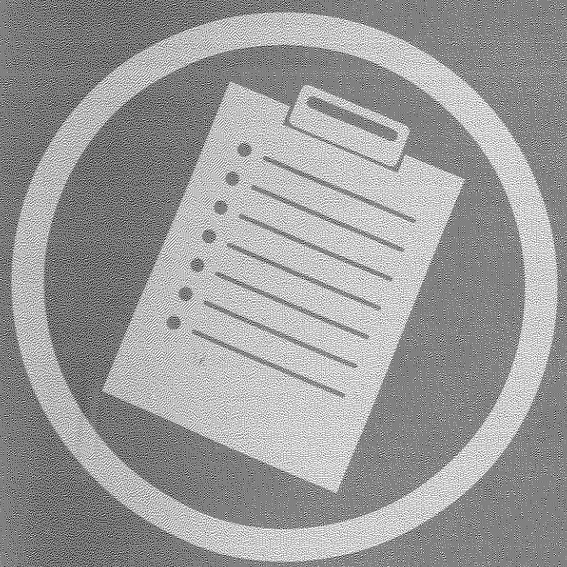
Pregnancy Record

Confidential

PLEASE USE BLACK INK

JAMIESON 1003820107
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

ALASDAIR DUTTON



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

SWHMR developed by the Practice Development Unit of NHS Quality Improvement Scotland

This is your Pregnancy Record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to carry your record during your pregnancy, as this will help communication between you and your maternity care team.

Some women may prefer not to carry their Pregnancy Record. If you do not want to carry your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice.

Please keep your Pregnancy Record safe, confidential and protect it from damage. If you lose your Pregnancy Record, please contact your midwife or maternity unit as soon as possible.

Please remember to take your record with you to all health appointments during your pregnancy. For example, whenever you see your midwife, GP, obstetrician, physiotherapist or when you go for an ultrasound scan. Nearer the time when your baby is due, you may want to carry your Pregnancy Record with you when you go out and about.

You can write in your Pregnancy Record where you see this symbol: ✍

Your Pregnancy Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care. (There may be a small charge for this.)

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Protecting Personal Information'. This is available from your midwife, GP practice or on-line at http://www.show.scot.nhs.uk/confidentiality (see under 'patient guidance').

Help and advice

Please use the following services

✆ MIDWIFE UNIT PERTH 01738 473425 ✆ NINEWELLS TRIAGE 01382 632075

Contact details

Materni ....

✆ .... PERTH

✆ .... MIDWIFE UNIT 01738 473425

Antenat ....

✆ ....

Delivery suite PERTH

✆ 01738 473270

Ultrasound department ....

✆ ....

Health Visitor ....

Base ....

✆ ....

Named midwife Brenda Hinshaw
Helen Thomson
Barbara Moffat
Lorraine Wheeler

Midwifery team 01738 473274

Base ....

✆ ....

General Practitioner DR. J AULD.

Address WHITEFRIARS SURGERY.
PERTH.

✆ .... Practice code ....

Obstetrician DR. A GORDON

Base ANC

✆ 01738 473270

Domestic Abuse Helpline (10am-10pm, 7days a week) 0800 027 1234
Scottish Women's Aid 0131 226 6606

Local information

Your midwife or doctor will write details of local services below, e.g. antenatal clinic times, breastfeeding support groups an

Parentcraft Classes & Breastfeeding Workshops
For information or to book your antenatal classes,
Please telephone: 01738 473269

Your class starts – Date:
Time: Venue

Ple pr

y staff who care for you. If you have any concerns or

Demographic information was EDD

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

1003820107 107

F

ALASDAIR DUTTON
249

Important information

Surname/ family name

First name(s)

Previous surname MCLean

Likes to be called

Date of birth

Your address

Postcode

Home ✆ 07597728281

Other ✆

Occupation /

Change of address/phone details

Postcode

Home ✆

Other ✆

Planned place of birth and lead professional

Your partner/supporter for this pregnancy

Name John Jamieson

Occupation Unemployed

Relationship to you husband

Partner's date of birth 22 08 84

Address S/A

Postcode

Home ✆

Other ✆

Emergency contact person(s) at an
Who would you like contacted in an emergency?

✓ **Your partner/supporter** ☐ **Alternative person:**

Name John Jamieson

Relationship to you husband

Address S/A

Postcode

Home ✆ 07597282831.

Other ✆

When is your baby due? Your "Estimated Date of Delivery" or EDD

This information is used to work out when your baby is due. This is called your estimated date of delivery (EDD). It is helpful to think of your EDD as a 'rough guide'. Most babies are born during the fortnight before, or the fortnight after your EDD.

Date of the first day of bleeding of your last menstrual period (LMP)? 15 9 08

Agreed EDD 12 7 09.

Comments/details

How sure are you of this date? ☐ sure ✓ fairly sure ☐ not sure

Average number of days between the first day of each period (monthly cycle) 28

Have you had any vaginal bleeding since your last menstrual period? ☐ No ✓ Yes

Had you been using any contraception? ✓ No ☐ Yes

Type Date stopped

Provisional EDD based on LMP and monthly cycle

EDD using dating scan

Agreed by signed

Date of history taking appointment 29 11 08 History taken by [signature]

Your previous pregnancies

Is current pregnancy with a new partner No ☐ Yes ☐ Para . . + . .

Full name Kyle. Boy ☑ Girl ☐ Date of birth 11-5-02 Birthweight (g) 2610 Gestation 40+7 Type of birth SVD Place of birth PRI

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☑ Problems

Full name Boy ☐ Girl ☐ Date of birth Birthweight (g) Gestation Type of birth Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name Boy ☐ Girl ☐ Date of birth Birthweight (g) Gestation Type of birth Place of birth

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Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name Boy ☐ Girl ☐ Date of birth Birthweight (g) Gestation Type of birth Place of birth

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Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Early Pregnancy Losses (less than 20 weeks)

Year	Gestation	Nature of loss	Comments

Your previous pregnancies

Is current pregnancy with a new partner No ☐ Yes ☑ Para . . + . .

Full name Boy ☐ Girl ☐ Date of birth Birthweight (g) Gestation Type of birth Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name Boy ☐ Girl ☐ Date of birth Birthweight (g) Gestation Type of birth Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name Boy ☐ Girl ☐ Date of birth Birthweight (g) Gestation Type of birth Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name Boy ☐ Girl ☐ Date of birth Birthweight (g) Gestation Type of birth Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Early Pregnancy Losses (less than 20 weeks)

Year	Gestation	Nature of loss	Comments

Your health Have you ever had, or do you currently have, any of the following

Allergies - Please document in special features

	No	Yes	Details
Operations	✓		
Problems with anaesthetics	✓		
Admission(s) to intensive care	✓		
Difficulties accessing your veins	✓		
Asthma or lung problems		✓	Seretide Inhalers
High blood pressure	✓		
Heart problems	✓		
Diabetes/thyroid disorders	✓		
Epilepsy/neurological problems	✓		
Blood transfusions	✓		
Blood clots/clotting problems	✓		
Kidney or urinary problems	✓		
Liver problems or hepatitis	✓		
Gastro-intestinal disorders	✓		
Problems with fertility or your reproductive system	✓		
Vaginal infections			
Did you have chicken pox as a child?	✓		
Genetic disorder			
Cancer of any kind	✓		
Problems with bones or joints	✓		
Is there anything else about your health which you feel is important for your care providers to know?			John husband Bi Polar Disorder Quetiapine 150mgs / 400 Bipolar Yvonne Orthyroxine 75mgs daily

Family health Does anyone in your immediate family, or your baby's father's immediate family, have a history of the following:

	No	Yes	Don't know	Details
Asthma or allergies		✓		Mum Asthma (Inhalers)
Diabetes		✓		Sister Type 1 Diabetic (age 16yrs)
Genetic disorders/attending a genetics clinic				
Pre-eclampsia	✓			
Blood clots (thrombosis)	✓			
Recent/active Tuberculosis (TB)	✓			
Hip problems detected at birth or shortly afterwards				
Abnormalities present at birth	✓			
Learning disabilities				ADH nephew 13yrs
Permanent hearing loss	✓			
Are you and your baby's father blood relatives?	✓			

Ethnic Origin (if mixed, tick more than one box)

How do you describe your ethnic group

The term ethnic origin is to describe where your family originates from, as distinct from where you were born. This information will help us to decide which blood screening tests you should be offered and whether your baby may need a BCG (TB) vaccination.

	You	Baby's father
Africa		
North Africa (eg Morocco, Algeria)		
Sub-Sahara (eg Somalia, Kenya, Nigeria)		
Other:		
Asia		
India		
Pakistan		
Bangladesh		
China		
Far East Asia - Other (eg Japan, Korea)		
South East Asia (eg Malaysia, Thailand, Philippines)		
Other:		
Caribbean (eg Jamaica, Trinidad and Tobago, Cuba)		
North America (eg USA, Canada)		
South America (eg Brazil, Argentina)		

	You	Baby's father
Europe		
Britain (England, Scotland & Wales)	✓	✓
Ireland (incl Northern Ireland, Eire)		
Northern Europe (eg Denmark, Norway, Sweden)		
Western Europe (eg France, Germany, Netherlands)		
Eastern Europe (eg Balkans, Poland, Russia)		
Southern Europe (eg Cyprus, Greece, Italy, Spain, Turkey)		
Other:		
Middle East (eg Egypt, Israel, Syria, Yemen)		
Other:		
Declined to give information		
Australasia (New Zealand, Australia)		

What language do you usually use at home?

English

Do you need help with interpreting, communicating? No ✓ Yes

Details

What is your current religion or faith, if any?

Is blood transfusion acceptable to you? No Yes ✓

Details

Female circumcision No Yes

Details

Is there any other information that you feel is important for your maternity care? For example your beliefs, social conventions and customs, family structure, ceremonies, dress or diet? No Yes

Details

Are you a refugee or an asylum seeker? No Yes

Details

For health information for refugees or asylum seekers visit www.harpweb.org.uk

TB risk questions

	No	Yes
Has either parent or any grandparents been born in a high prevalence area (40 per 100,000)?	✓	
Has a family member had TB within the last 5 years?		
Is family likely to live for more than 1 month in a high prevalence area?		
Has either parent moved from a high prevalence area and not been immunised?		
Baby requires BCG		

Details

- If yes to any of these questions please document need for neonatal BCG on the baby's special features box and on the baby record
- For list of countries and areas with TB rates of >40 per 100,000 see www.who.int

Special Features

See maternity summary record ☐

Name YVONNE McLEAN

Age 26 Parity 1+

Agreed EDD 12/7/09.

Blood group O Pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies

BMI 31 Smoker No ☐ Yes ☐

Pregnancy

Special features	Plans for care
Has needle phobia	— managed OK. 1
On Thyroxine	Check TFTs every 6-8 weeks
Previous SFD @ 2.6 Kg	Scans 32 & 36 weeks
Simple Tem copy in PoD at booking	

Consent for blood and other tests offered in pregnancy (Blood Group, Full Blood Count & Infectious Diseases)

I have received the information leaflet *'A Guide to Routine Blood Tests Offered During Pregnancy'* and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

- ✓ **I wish** ☐ **I do not wish** to be tested for Blood Group
- ✓ **I wish** ☐ **I do not wish** to be tested for Full Blood Count
- ✓ **I wish** ☐ **I do not wish** to be tested for Rubella status
- ✓ **I wish** ☐ **I do not wish** to be tested for Syphilis
- ✓ **I wish** ☐ **I do not wish** to be tested for Hepatitis B
- ✓ **I wish** ☐ **I do not wish** to be tested for HIV
- ✓ **I wish** ☐ **I do not wish** to be tested for Haemoglobinopathies
- ✓ **I wish** ☐ **I do not wish** to be tested for Chlamydia (aged under 25 years)
- ✓ **I wish** ☐ **I do not wish** to be tested for blood glucose levels
- ☐ **I wish** ☐ **I do not wish** to be tested for
- ☐ **I wish** ☐ **I do not wish** to be tested for

Signature: Y. McLean **Date** 9/12/08

Witness: **(Health professional)**

(Please sign and print name)

Designation: Midwife AUDREY MCINTYRE MILLER **Date** / /

Signature: MIDWIFE **Date** / /

During your pregnancy you will be offered several blood tests to check on your health and your baby's health. Your midwife will give you information leaflets on many of these tests. Maternity care staff will discuss all the blood tests with you. When you are sure that you understand about the tests, you will be asked if you want to have them done or not, and your wishes will be followed. For some of the blood tests you will be asked to sign a consent form.

Maternity care staff will tell you how to find out the results of any tests that you have. They will also organise any follow up care that may be needed.

Results should be filed between the 'your notes and questions pages' near the back of the notes so that they do not obscure the 'Special Features' boxes. Computer print outs can be hole punched and tagged into the record or the 'mount sheet' can be used for smaller results.

Test	Gestation when test due	Date taken indicate if declined	Results/Action
Blood Group			
Full Blood Count			
Rubella status			
Syphillis			
Hepatitis B			
HIV			
Screening for ☐ Spina Bifida ☐ Down's Syndrome			
Antibody check			
Random blood glucose			
Haemoglobinopathy - sickle cell and thalassaemia			
Chlamydia (if under 25)			
Mid stream urine specimen for bacteriology			
Other			

If you have Rhesus Negative blood

This section ☐ does not apply to you ☐ applies to you

Your blood is Rhesus Negative. You will be offered 'Anti-D' to prevent any problems developing.

Discussions/plans		Signed	
Prophylactic 'Anti-D' given 28 weeks	Dose	Signed	Date given / /
Prophylactic 'Anti-D' given 34 weeks	Dose	Signed	Date given / /

Screening for fetal abnormalities

During your pregnancy you will be offered several tests to check on your baby's health. These include ultrasound scans and may include blood tests to screen for risk of fetal abnormalities including Down's Syndrome and Spina Bifida.

Your local maternity team will explain what ultrasound scans will be offered to you and you will be asked to complete the appropriate consent for these tests.

The ultrasound scans you are likely to be offered by your local maternity services are:

- [x] Dating scan
- [ ] Nuchal translucency scan 11-13 weeks
- [x] Detailed scan at 20 weeks
- [ ] Growth scan as required
- [ ] Placental site scan as required
- [ ] Other

Consent for screening tests offered in pregnancy (Down's Syndrome and Neural tube defects)

I have received the information leaflet 'A Guide to the Screening Test for neural tube defects and Down's Syndrome' and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

- [ ] I wish
- [x] I do not wish to be screened for the risk of Neural tube defects

- [ ] I wish
- [ ] I do not wish to be screened for the risk of Down's Syndrome

Signature: Y. Jamieson Date 9/12/08

Witness: (Health professional)

(Please sign and print name)

Designation: AUDREY MCINTYRE MILLER MIDWIFE Date 9/12/08.

Undecided probably not

Infant feeding – Antenatal Checklist

	Discussed (or note if mother declined discussion)	Signed	Date
Benefits of breastfeeding to the baby (protects against gastro-enteritis and diarrhoea, urinary tract infections, ear infections and chest infections; may also protect against allergies and diabetes)	–	Midwife	29/11/08
Benefits of breastfeeding to the mother (protects against breast cancer, ovarian cancer and hip fractures in later life)	✓		
No other food or drink needed (for up to 6 months)	✓		
Importance of skin-to-skin contact after delivery (keeps baby warm and calm, promotes bonding, helps breastfeeding)	✓		
Importance of good positioning and attachment	☐		
Getting feeding off to a good start	☐		
• Baby-led feeding	☐		
• Problems with using teats, dummies, nipple shields	☐		
• Help will be available with feeds	☐		
• Importance of rooming-in/keeping baby nearby	☐		
• Baby's sleeping place (To reduce risk of cot death, babies should sleep in parents' room until 6 months. It is safest to put your baby back in the cot before you go to sleep rather than letting them sleep with you)	☐		
Leaflets given and discussed	☐		
Wishes to Bottle-feed	☐		
	☐		
	☐		

Antenatal checklist reproduced with permission of UNICEF baby friendly initiative.

Date	Weeks pregnant	Height of uterus (cm)	Blood pressure	Urinalysis	Oedema (swelling)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood tests taken and results
			100/65								
9.12.08.	9 2.		100/65	Nad				Seen			
3/3/09.	21+		100/68	N Prot	/		parts felt	✓	—		TFT bloods.
10/3/09	22										TFT bloods

Weight in late pregnancy ____ kg

Date ____

Please remember to complete the 'Whose signature?' section on the back cover of the pregnancy record

Other information/plans/referrals etc	Return in (weeks)	Signature
On thyroxin 75mcg 1 100mcg. Omeprazole Seretide Salbutamol } inhalers To stop taking Metoclopramide tabs Stemetil 3mg (Buccastem) Feels nauseated + vomiting seen GP. Advised to check		
Does not wish Down's screening has needle phobia. On 75mcg Thyroxin. But making her sick. Not taking Thyroxine due to nausea. Advised re taking Thyroxine. Watch. TFT → Check by MW or GP : 4152	32	Annette Hodson
MAT B1 → housing. Healthy Start ✓ well. Results – TSH ~ 5.11 microU/L	On Thyroxine (not taking it regularly). Given B/F video DVD.	Stafford B Mayfield
– unwell result. → Request R1 witnessed.		

Antenatal appointments

Date	Weeks pregnant	Height of uterus (cm)	Blood pressure	Urinalysis	Oedema (swelling)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood tests taken and results

Weight in late pregnancy kg

Date / /

Please remember to complete the 'Whose signature?' section on the back cover of the pregnancy record

Other information/plans/referrals etc	Return in (weeks)	Signature

Antenatal appointments

Date	Weeks pregnant	Height of uterus (cm)	Blood pressure	Urinalysis	Oedema (swelling)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood tests taken and results

Weight in late pregnancy ..... kg

Date ... / ... / ...

Please remember to complete the 'Whose signature?' section on the back cover of the pregnancy record

Other information/plans/referrals etc	Return in (weeks)	Signature

Antenatal assessments/admissions

Date	Time	Details
Please use 24 hour clock and sign each entry		

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		

Date	Time	Details
Please use 24 hour clock and sign each entry		

Date	Time	Details
Please use 24 hour clock and sign each entry		

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**

Antenatal Steriods given No ☐ Yes ☐ Date / / Time : Details

Repeat dose Date / / Time Date / / Time

Information for you

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

Date received

Forms

- FW8 Maternity Exemption form (your entitlement to free prescriptions during pregnancy and for one year after your baby is born) ✓ — 29/11/08
- Mat B1 form (for an employer or the Benefits Agency confirming your estimated date of delivery. You can ask for this form from your 20th week of pregnancy)

Benefits and Entitlements

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

Blood tests in pregnancy

- 'A Guide to Routine Blood Tests Offered During Pregnancy' ✓
- 'A Guide to the Screening Test for Spina Bifida and Down's Syndrome' ✓

Pregnancy, babycare and breastfeeding

- 'Ready, Steady, Baby!' Not in Stock
- Information on wearing a car seat belt safely during pregnancy
- 'Reduce the Risk of Cot Death' www.sidscotland.org.uk
- 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' ✓
- 'Breastfeeding and Returning to Work' www.healthscotland.com
- 'A Parents' Guide to Newborn Blood Spot screening'
- 'Your Baby's Hearing screen'
- 'BCG and your baby' www.healthscotland.com
- 'Talking about postnatal depression' www.healthscotland.com
- 'Smoking - giving up during pregnancy: A guide for pregnant women who want to stop smoking' www.healthscotland.com

Others

-
-
-
-
-

Breech Presentation at 36 week

Date

External Cephalic Version discussed and information given No Yes

External Cephalic Version offered No Yes

External Cephalic Version offer accepted No Yes

Details of ECV procedure

Record of cervical stretch and membrane sweep for postmaturity

Date Time Gestation

Record of discussion prior to the procedure

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Vaginal examination

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

* Relative to the ischial spines

Comments

Signature: Date

Plans following procedure

Your ultrasound scans

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

Dating Scan

Date	Gestation	EDD by scan	Fetal heart	Signature
			No ☐ Yes ☐	
Details				

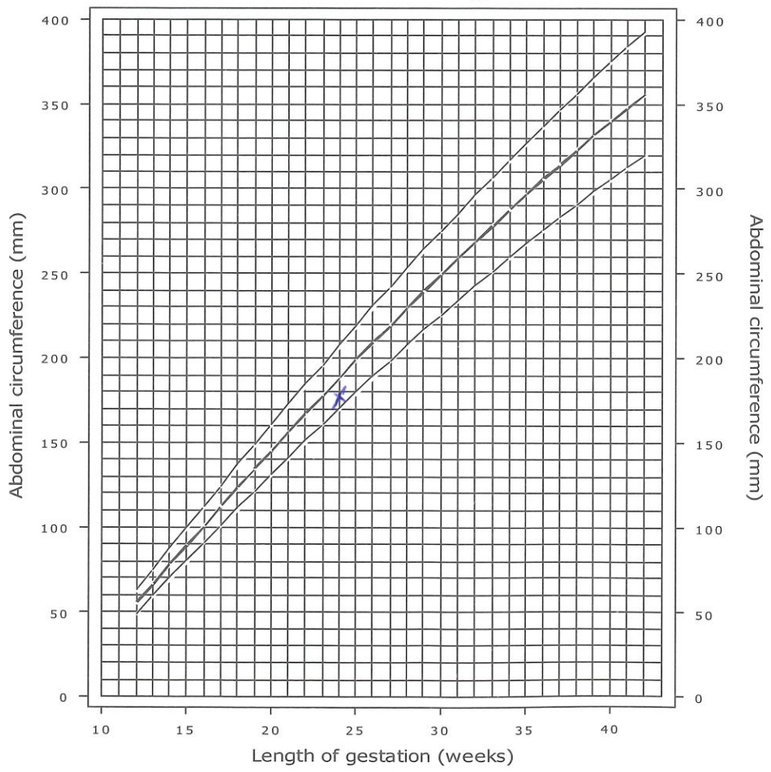
Detailed Scan

Date	Summary of findings	Signature

Other Scans

Date	Gestation	Amniotic Fluid Index (AFI) Oligo/normal/ polyhydramnios	Growth Within Normal Limits/<5th Centile/>95th Centile	Fetal presentation (Cephalic, breech, transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature

Abdominal circumference growth

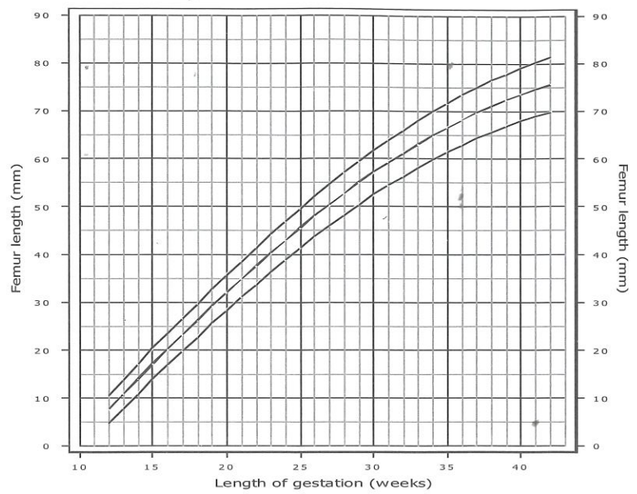


Growth charts supplied by the British Medical Ultrasound Society
(lines show 5th, 50th and 95th Centiles)

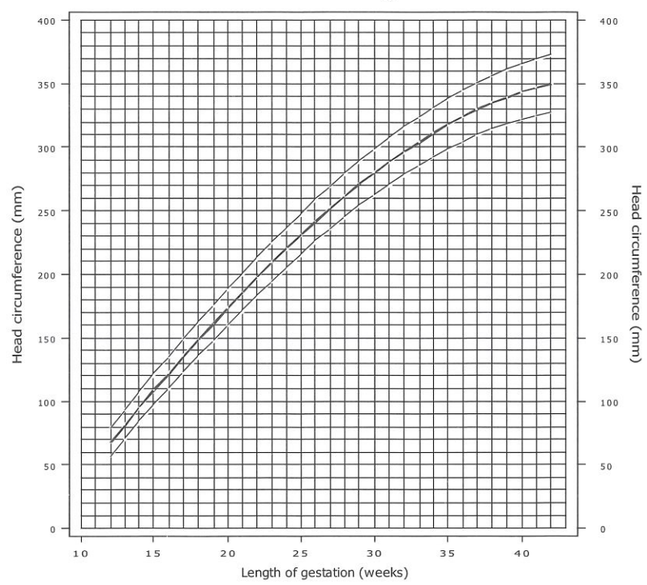
Your ultrasound scans (continued)

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

Femur length



Head circumference growth



Any further notes on ultrasound scans

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

Your preferences for labour and the birth of your baby

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

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

How do I feel about labour and birth?
What are my expectations?

Who do I want with me during labour and birth?

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

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?
e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).
Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

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

Vaginal examinations to assess my progress during labour
My feelings about these are:

How would I like to give birth?
My position for birth - kneeling, standing, squatting or sitting upright ?
Discovering the sex of my baby - do I want to find this out for myself?
Would I like my placenta to be delivered with or without an injection? (An injection often helps to reduce bleeding).

After my baby's birth
(Note: skin-to-skin contact with your baby is usually encouraged straight after birth)
Would I like my baby to have Vitamin K?

Other questions or special requirements that I have

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

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

Signature: **Date** / /

Preparing for birth - what to pack in your bag

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

For the birth	After the birth	
• comfortable clothes • music • snacks and drinks • toiletries • phone numbers • phone cards or change • camera •	• clothes/nightwear for you • underwear • maternity bra • sanitary towels • breast pads •	• clothes for going home • baby clothes – sleep suits, vests, scratch mits, hats and shawl • nappies •

Please note
If you are travelling by car your baby will need a properly fitted car seat for all journeys.

Your notes and questions

Please use this page to write down any notes or questions

Your notes and questions (continued)

Please use this page to write down any notes or questions

Plan of care for your pregnancy

This chart is used to record a plan of care for your pregnancy. Your midwife or doctor will tick the boxes to show when an appointment is due, where it will take place, and whether a blood test or ultrasound scan is planned. Details of each appointment can be written below.

If this is your first baby you will usually have 10 appointments, if you have had a baby before you will usually have 7 appointments.

Week number	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	41	42
Health centre/surgery									X										
Maternity unit																			
Home																			
Blood tests																			
Ultrasound																			

Your appointments

Day	Date	Time	Where & who with	Things you want to discuss

NHS TAYSIDE

PERINATAL MENTAL HEALTH INTEGRATED CARE PATHV
MIDWIFERY STANDARDS

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

1003820107

ALASDAIR DUTTON

19

Date 29/11/08 **GESTATION 24 – 28 weeks**

Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐

Reports had PND

Signature _____

Written information given to mother	☐	Date of Letter to HV _____	Date Referred to Obstetrician _____
Verbal information given to mother	☐	Date of Letter to GP _____	Date Referred to Community Mental Health Service _____
Voluntary Sector (please state)			Other (please state)

Date **GESTATION 34 – 36 weeks**

Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐

Signature _____

Written information given to mother	☐	Date of Letter to HV _____	Date Referred to Obstetrician _____
Verbal information given to mother	☐	Date of Letter to GP _____	Date Referred to Community Mental Health Service _____
Voluntary Sector (please state)			Other (please state)

Date **GESTATION 38 – 41 weeks**

Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐

Signature _____

Written information given to mother	☐	Date of Letter to HV _____	Date Referred to Obstetrician _____
Verbal information given to mother	☐	Date of Letter to GP _____	Date Referred to Community Mental Health Service _____
Voluntary Sector (please state)			Other (please state)

Reason Code for Non- assessment:	
1) Client did not attend	2) Client chooses not to answer question
3) Lack of appointment time	4) Other (please state)

*Written information – highlight Ready Steady Baby PND section Pg 107-109 to all primiparous women.
*Previous PND or PMI risk factors identified - Talking about PND leaflet (see PMH Website/Useful Weblinks) http://www.tayside.scot.nhs.uk/nhstayside/intranet/clinicalnetworks/perinatalmentalhealth

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cabrown(Caroline Brown (non referrer)) at 15 Dec 2017 09:41

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
14 Dec 2017 10:43	Microbiology	PRI MATERNITY DAY CARE	Nurse Isabella SUTTIE(Obs & Gynae-Nurse) (Obstetrics & Gynaecology)	F

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

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

15/12/17.
GP surgery contacted 09.45
Yvonne phoned & asked to
contact GP surgery 1hr to
ensure script is ready.

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

End of report

Screening for Haemoglobinopathies
Family Origin Questionnaire (FOQ)

NHST ICE 5938711 SUTI1N

CHI 1003820107 PMATDC
FOQ
YVONNE JAMIESON FOQ

NHS SCOTLAND

Hospital Name PRI CMU.
CHI No. 1003820107
Estimated Delivery Date 280718
Surname JAMIESON
Forename YVONNE
Date of Birth 100382
Address 1 FLAT 56, ORMAIAN COURT
Address 2 CRIEFF ROAD
Postcode PERTH PH1 2ST.

02607

Screening test declined ☐

This form must be attached securely to the haematology laboratory request form with the antenatal blood samples. A second copy of the form should be added to the patient's maternity record. (A third copy can be added to the hospital records if applicable). The completion of this form is an ESSENTIAL part of the screening process.

What are your family origins?

Please tick all boxes in ALL sections that apply to the woman and the baby's father

		Woman	Baby's father
A.	**AFRICAN OR AFRICAN CARIBBEAN (BLACK)**		
1/	Caribbean Islands	☐	☐
2/	Africa (excluding North Africa)	☐	☐
3/	Any other African or African-Caribbean family origins (please write in...)		
B.	**SOUTH ASIAN (ASIAN)**		
1/	India or African-Indian	☐	☐
2/	Pakistan	☐	☐
3/	Bangladesh	☐	☐
C.	**SOUTH EAST ASIAN (ASIAN)**		
1/	China including Hong Kong, Taiwan, Singapore	☐ #	☐ #
2/	Thailand, Indonesia, Burma	☐ #	☐ #
3/	Malaysia, Vietnam, Philippines, Cambodia, Laos	☐ #	☐ #
4/	Any other Asian family origins (eg Caribbean-Asian) (please write in...)		
D.	**OTHER NON-EUROPEAN (OTHER)**		
1/	North Africa, South America etc	☐	☐
2/	Middle East (Saudi Arabia, Iran etc)	☐	☐
3/	Any other Non-European family origins (please write in....)		
E.	**SOUTHERN & OTHER EUROPEAN (WHITE)**		
1/	Sardinia	☐ #	☐ #
2/	Greece, Turkey, Cyprus	☐ #	☐ #
3/	Italy, Portugal, Spain	☐	☐
4/	Any other Mediterranean country	☐	☐
5/	Albania, Czech Republic, Poland, Romania, Russia etc	☐	☐
F*	**UNITED KINGDOM (WHITE) refer to guidance at the back**		
1/	England, Scotland, N Ireland, Wales	☑	☐
G*	**NORTHERN EUROPEAN (WHITE) refer to guidance at the back**		
1/	Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2/	Scandinavia, Switzerland etc	☐	☐
3/	Any other European family origins, refer to chart (eg Australia, N America, S Africa) (please write in...)		
	*Hb Variant Screening Requested by F and/or G *(ie request from low risk group)*	☐	☐
	# Higher risk for alpha zero thalassaemia		
H.	**DON'T KNOW (incl. pregnancies with donor egg/sperm)**	☐	☐
I.	**DECLINED TO ANSWER**	☐	☐
J.	**ESTIMATED DELIVERY DATE (please write in if not above)**	28/07/2018	
K.	**GESTATION AT TIME OF TEST**	40 4/7	

OFFER haemoglobin variant screening to all women if they or their baby's father have answers in a shaded box

Signed C A Brown Print Name C A BROWN

Job Title MIDWIFE Contact Tel No 01738 473425 Date 11/12/17

(By Health Care Professional completing the form)

Perth Midwife Unit
Perth Royal Infirmary
PERTH
PH1 1NX

Tel 01738 473425

Midwife-led Care	Consultant-led care
SWHMR commenced ✓	
NT Screening required(date and place)	y (n)
Booking Scan organised (date and place)	y n
Urinalysis	++ PROTEIN +++ BLOOD
Blood pressure	110/70
Information pack given	(y) n
Folic Acid	400mcg (5mg)
BMI	35.2
LMP	231017
EDD	28 07 18

Referral for maternity care

Dear Doctor,

This lady was seen at the antenatal booking clinic.

Surn: Jamieson Yvonne FLAT 56,GRAMPIAN COURT Addr CRIEFF ROAD PERTH PH1 2ST CHI:	1003820107 LJ Compson
First Name :	
Telephone Number	
Date of Birth:	

Complete MUSC

Past Obstetric History: P3+0. 110502 40wks
270309 SB @ 24wks
090910 EMCS @ 28wks NND after 4wks

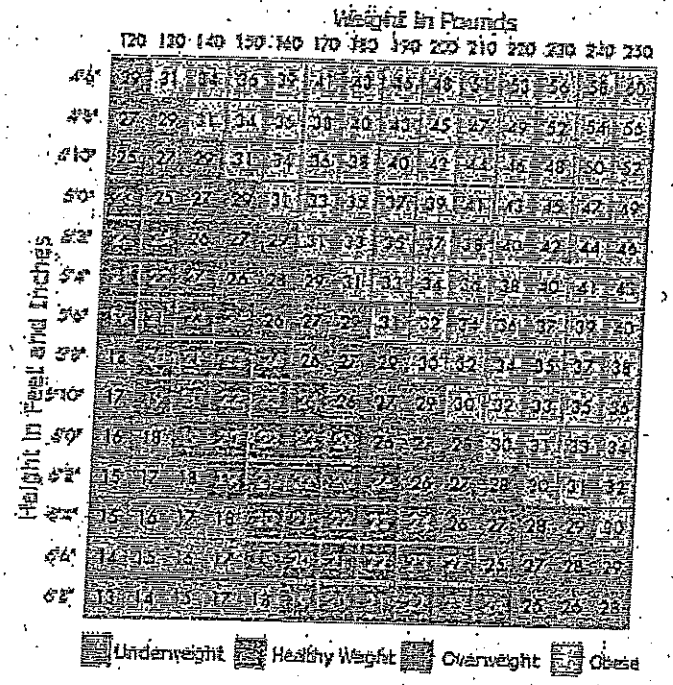
Past Personal or Family History of Significance	Personal	Family
Essential Hypertension	✓	✓
Cardiac or Renal Problems	? HEART MURMUR	
Diabetes or Thyroid Problems	HYPO THYROIDISM	SISTER TYPE 1 DIABETIC
Epilepsy	✓	✓
Thrombosis	? DVT after birth in 2009.	✓
Genetic Disorders/ fetal abnormalities	✓	✓

Medication: Prescribed : Non -Prescription	LEVOTHYROXINE	175mg.
Depression or mental illness	H/O Depression + PN Depression.	
Social issues including formal social work involvement	✓	
Alcohol	✓	
Smoking	✓	
Other		

Yours sincerely Caroline A Brown

(Midwife) CAROLINE A BROWN

TUMMEL TEAM
01738 473259



PERTH MIDWIFE UNIT: ANTENATAL RECORD CARD

PATIENT LABEL:

Jamieson
Yvonne
1003820107
FLAT 56,GRAMPIAN COURT
CRIEFF ROAD
PERTH
PH1 2ST

LJ Compson

GP: DR. COMPSON DITE MIDWIFE.
EDD: 280718
HOME NUMBER: 07391359428
MOBILE:
PARITY: 3+0 1 NND 1 SB.
PATHWAY AND REASON:
REQ – Prevs SB Prev NND
Prev Pre Eclampsia / Help Syndrome
After CIS

OBSTETRIC HISTORY: 3+0.
110502 SVD 40wks PN Depression - Social care
270309 STILLBIRTH 24wks Pre eclampsia Help Syndrome
090910 EMCS (28)wks NND @ 4wks gest.

MEDICAL HISTORY:
Asthma – not currently using inhalers

MENTAL HEALTH: Previous PN
MENTAL HEALTH TEAM? depression.
At booking recently discontinued Mirtazapine.
Continues with Counselling (Husband)

CHILD PROTECTION ISSUES:
15yrs old son lives with grandmother Sister.
UBF – requires to be raised.

SOCIAL CIRCUMSTANCES: Lives on own.

GESTATION	DATE	COMMENTS:
BOOKING	11/12/17	BLOODS ✓ MSSU ✓ VITAMINS ✓ VTE ✓ RISK.
16		WHOOPING COUGH ○ FLU ○
24		MOVEMENTS MATTER ○ MAT B1 ○ BABY BOX ○
28		BLOODS ○ ?ANTI D ○
32 (PRIM)		HB: RBG: BTS: PLACE OF BIRTH ○
34		REPEAT FBC? ○
36		BIRTH PLAN ○
38		
40		
41		AROMATHERAPY ○ SWEEP ○ IOL ○

POSTNATAL CARE:

GP CONTACTED: ○	HV CONTACTED: ○
DIRECTIONS TO PATIENTS HOME:	

DATE: DAY:1	
DATE: DAY:2	
DATE: DAY:3	BF WEIGHT: % LOSS
DATE: DAY:4	
DATE: DAY:5	AF/BF WEIGHT: % LOSS: BF ASSESSMENT: PKU:
DATE: DAY:6	
DATE: DAY:7	
DATE: DAY:8	
DATE: DAY:9	
DATE: DAY:10	WEIGHT: BP: GP FOLLOW UP: ADDITIONAL FOLLOW UPS: MEDICATION?: HV HANDOVER:

TELEPHONE CALLS/ COMMENTS:

Screening for Haemoglobinopathies
Family Origin Questionnaire (FOQ)

NHS SCOTLAND

Hospital Name PRI CMU.
CHI No. 1005820107
Estimated Delivery Date 280718
Surname JAMIESON
Forename YVONNE
Date of Birth 100382
Address 1 FLAT 56, GRAMPIAN COURT
Address 2 CRIEFF ROAD
Postcode PERTH PH1 2ST

02607

Screening test declined ☐

What are your family origins?

Please tick all boxes in ALL sections that apply to the woman and the baby's father

		Woman	Baby's father
A.	**AFRICAN OR AFRICAN CARIBBEAN (BLACK)**		
1/	Caribbean Islands	☐	☐
2/	Africa (excluding North Africa)	☐	☐
3/	Any other African or African-Caribbean family origins (please write in…)		
B.	**SOUTH ASIAN (ASIAN)**		
1/	India or African-Indian	☐	☐
2/	Pakistan	☐	☐
3/	Bangladesh	☐	☐
C.	**SOUTH EAST ASIAN (ASIAN)**		
1/	China including Hong Kong, Taiwan, Singapore	☐ #	☐ #
2/	Thailand, Indonesia, Burma	☐ #	☐ #
3/	Malaysia, Vietnam, Philippines, Cambodia, Laos	☐ #	☐ #
4/	Any other Asian family origins (eg Caribbean-Asian) (please write in…)		
D.	**OTHER NON-EUROPEAN (OTHER)**		
1/	North Africa, South America etc	☐	☐
2/	Middle East (Saudi Arabia, Iran etc)	☐	☐
3/	Any other Non-European family origins (please write in….)		
E.	**SOUTHERN & OTHER EUROPEAN (WHITE)**		
1/	Sardinia	☐ #	☐ #
2/	Greece, Turkey, Cyprus	☐ #	☐ #
3/	Italy, Portugal, Spain	☐	☐
4/	Any other Mediterranean country	☐	☐
5/	Albania, Czech Republic, Poland, Romania, Russia etc	☐	☐
F*	**UNITED KINGDOM (WHITE) refer to guidance at the back**		
1/	England, Scotland, N Ireland, Wales	☑	☐
G*	**NORTHERN EUROPEAN (WHITE) refer to guidance at the back**		
1/	Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2/	Scandinavia, Switzerland etc	☐	☐
3/	Any other European family origins, refer to chart (eg Australia, N America, S Africa) (please write in…)		
	*Hb Variant Screening Requested by F and/or G *(ie request from low risk group)*	☐	☐
	# Higher risk for alpha zero thalassaemia		
H.	**DON'T KNOW (incl. pregnancies with donor egg/sperm)**	☐	☐
I.	**DECLINED TO ANSWER**	☐	☐
J.	**ESTIMATED DELIVERY DATE (please write in if not above)**	28/09/2018	
K.	**GESTATION AT TIME OF TEST**	& 4 days	

OFFER haemoglobin variant screening to all women if they or their baby's father have answers in a shaded box

Signed CA Brown Print Name C A BROWN

Job Title MIDWIFE Contact Tel No 01738 473425 Date 11/12/17

(By Health Care Professional completing the form)

This form must be attached securely to the haematology laboratory request form with the antenatal blood samples. A second copy of the form should be added to the patient's maternity record. (A third copy can be added to the hospital records if applicable). The completion of this form is an ESSENTIAL part of the screening process.

NHS Tayside

NHS Tayside Obstetric Risk Assessment For Venous Thromboembolism

F Jamieson
Yvonne
FLAT 56,GRAMPIAN COURT
C CRIEFF ROAD
PERTH
PH1 2ST
E

1003820107

LJ Compson

Patient provided with 'Preventing Blood Clots In Pregnancy and After Birth' leaflet ☑

Assess the patient's VTE risk against the factors listed below and arrange appropriate thromboprophylaxis according to their overall score. Assess at the following intervals:

- at booking
- at each antenatal review
- antenatal admission (reassess every 48hrs until discharge)
- within 24 hours of delivery (reassess every 48hrs until discharge)

SCORE	PRE-EXISTING RISK FACTORS
4	Previous VTE (unprovoked, oestrogen related, provoked, single or recurrent)
1	Family history of unprovoked or oestrogen related VTE in 1st degree relative
3	Known high risk thrombophilia – antithrombin deficiency, antiphospholipid syndrome with previous VTE, homozygous factor V Leiden/compound heterozygote, protein C or S deficiency
1	Known low-risk thrombophilia (no VTE) – prothrombin gene mutation or factor V Leiden
3	Any medical disorder e.g. heart/lung disease, active SLE, cancer, inflammatory polyarthropathy or inflammatory bowel disease, nephrotic syndrome, Type 1 diabetes with nephropathy, sickle cell disease, current IVDU.
1	Age >35 years
2	Obesity BMI ≥40
1	Obesity BMI ≥30
1	Parity ≥3
1	Smoker
1	Gross varicose veins (symptomatic or above knee or associate phlebitis/oedema/skin changes)

OBSTETRIC RISK FACTORS

SCORE	ANTENATAL	SCORE	POSTNATAL
1	Pre-eclampsia in current pregnancy	2	Caesarean section
1	Multiple pregnancy	1	Mid-cavity or rotational forceps delivery
1	Assisted Reproduction (antenatally only)	1	Prolonged labour (>24hours)
		1	PPH (>1L or transfusion)
		1	Preterm birth <37weeks
		1	Stillbirth in current pregnancy

SCORE	TRANSIENT RISK FACTORS
4	Antenatal admission
4	Long-distance travel during pregnancy > 4hours
3	Any surgical procedure in pregnancy or puerperium (except immediate repair of perineum)
3	Hyperemesis
4	Ovarian Hyper-stimulation Syndrome (1st trimester only)
1	Current systemic infection
1	Immobility or dehydration

CONTRAINDICATIONS TO DALTEPARIN

(anti-embolism stockings can be used as an alternative means of thromboprophylaxis)

- Labour or admission for induction of labour
- Active bleeding or risk of major haemorrhage
- Thrombocytopenia (platelets < $75x10^9$/L)
- Known bleeding disorder (haemophilia, von Willebrand's disease or acquired coagulopathy)
- Uncontrolled hypertension (Systolic BP >200mmHg or Diastolic BP >120mmHg)
- Severe liver disease (prolonged prothrombin time or known varices)
- Planned or recent surgery or intervention with high bleeding risk. Seek expert advice.
- Epidural/spinal/Lumbar puncture expected within the next 12 hours or carried out in the previous 4 hours.
- Acute stroke in previous 4 weeks
- Severe renal disease (GFR <30ml/min/1.73m^2)

NHS Tayside

	SCORE		THROMBOPROPHYLAXIS
ANTENATAL	Booking	≥ 4	• Consider LMWH from 1st trimester • Urgent referral to Consultant Antenatal Clinic and standard LMWH letter to GP • 6 weeks postnatal LMWH
		≥ 3	• Consider LMWH from 28 weeks • Refer notes for review by consultant • Consider 6 weeks postnatal LMWH
		< 3	• Mobilisation and avoidance of dehydration
	Admission or new transient risk factor	≥ 3	• Daily LMWH unless contraindication, consider prolonged use if persistent risk factors • TED stockings • Mobilisation and avoidance of dehydration
POSTNATAL	≥ 4		• At least 6 weeks prophylactic LMWH
	≥ 2		• Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)
	< 2		• Mobilisation and avoidance of dehydration

ANTENATAL AND POSTNATAL DALTEPARIN DOSING PROTOCOL	
Booking or recent weight (kg)	**Dalteparin dosing**
< 50kg	Dalteparin 2500 units subcutaneously once daily
50kg - 90kg	Dalteparin 5000 units subcutaneously once daily
> 90kg -130kg	Dalteparin 7500 units subcutaneously once daily
> 130kg -170kg	Dalteparin 5 000 units subcutaneously TWICE daily
>170kg	Dalteparin 75 units/kg/day (Discuss with pharmacist)

EARLY PREGNANCY AND ANTENATAL ASSESSMENT

Assess at booking, with reassessments at each antenatal review, if admitted antenatally, and every 48 hours until discharged

Date	Gestation	Score	Comments	Signature & Designation
111217.	6b/7.	?3.	? Prev DVT in 2009 after birth.	CARROW
			Requires clarification from notes.	CARROW.

POSTNATAL ASSESSMENT

Assess following delivery and at least every 48 hours during admission

Date	P/N Day	Score	Comments	Signature & Designation

NHS Tayside

ADVICE FOR THROMBOPROPHYLAXIS ASSESSMENT

To be used in conjunction with NHS Tayside Obstetric Risk Assessment For Venous Thromboembolism

- All women should undergo a documented risk assessment of risk factors for venous thromboembolism (VTE) on at least three occasions using the above assessment tool;
  - At booking, with review at each antenatal visit
  - On antenatal admission, with review every 48 hours or as the clinical condition changes
  - Immediately following delivery, with review every 48 hours while remains an inpatient

- Every woman should be given the leaflet 'Preventing Blood Clots In Pregnancy and After Birth' at booking.
- Women at high risk of VTE in pregnancy should be offered pre-pregnancy counselling and a prospective management plan for thromboprophylaxis in pregnancy. Those who become pregnant before receiving such counseling should be referred to a consultant obstetrician early in the pregnancy.
- Women with a known thrombophilia should be referred for early consultant review. Management is dependent on the particular thrombophilia and the presence of any other risk factors. Women with high risk thrombophilias (including antithrombin deficiency and antiphospholipid syndrome) should be considered for thromboprophylaxis with higher doses of LMWH. Please see full thromboprophylaxis guideline for full details.
- If there is a family history of an unprovoked or oestrogen related VTE, in a 1st degree relative aged <50 years, with no personal history or risk factors for VTE, consider performing a thrombophilia screen.

THROMBOPROPHYLAXIS

- Women for whom pharmacological prophylaxis is indicated should have a clinical assessment of bleeding and bleeding risk before starting treatment.
- Low molecular weight heparins (LMWH) are the agents of choice for thromboprophylaxis. Women with renal impairment (eGFR < 20mls/min) should receive unfractionated heparin.
- Women receiving antenatal LMWH should be advised that, if they have any vaginal bleeding or once labour begins, they should not inject further LMWH. They should seek medical advice urgently. Re-assessment should occur on admission to hospital.
- LMWH should not be given for 4 hours after use of a spinal anaesthetic or after removal of an epidural catheter.
- If risk factors for VTE are identified patients should be assessed for anti embolism stockings.
- Intermittent pneumatic compression boots can also be used if LMWH is contraindicated in high risk women.

Abbreviations : VTE Venous Thromboembolism, **SLE** Systemic Lupus Erythematosus, **BMI** Body Mass Index, **IVDU** Intravenous Drug User, **PPH** Postpartum haemorrhage, **GFR** glomerular filtration rate, **LMWH** Low Molecular Weight Heparin, **GP** General Practitioner.

Local guidance adapted from: Reducing the Risk of Thrombosis and Embolism during Pregnancy and the Puerperium Royal College of Obstetricians and Gynaecologists Green Top Guideline No. 37, April 2015. Scottish Intercollegiate Guidelines Network (SIGN) Guideline 122 (2010) Prevention and Management of Venous Thromboembolism Edinburgh: SIGN December 2010. Postnatal Risk Assessment Tool for VTE. NHS Grampian 2013. Postnatal Risk Assessment Tool for VTE. NHS Aryshire & Arran 2014. Booking Risk Assessment Tool for VTE. NHS Forth Valley

copy given to GP.

Jamieson 1003820107
Yvonne
FLAT 56,GRAMPIAN COURT
CRIEFF ROAD
PERTH
PH1 2ST

LJ Compson

YSIDE UNIVERSITY HOSPITALS NHS TRUST
OMEN AND CHILD HEALTH CLINICAL GROUP
FOR THE MANAGEMENT OF THYROID DISORDERS IN PREGNANCY

Pregnant Hypothyroid Women on Thyroxine

Arrange early booking appointment – 10 weeks

- At First Point of Contact/pre-booking/booking:
  - take blood for thyroid stimulating hormone (TSH)
  - GP to increase Thyroxine in all women by 25 micrograms(Check patient has not already had dose increased within the last four weeks)
  - emphasise the importance of drug compliance during pregnancy
  - if the woman has previously been hyperthyroid at any time, check Thyroid Antibodies and Thyroid Receptor Antibodies (request specifically on immunology form / yellow top bottle) and if positive make a note to inform the paediatricians of this after delivery
  - put a copy of this protocol in hand-held record
  - give woman letter(Appendix 1) and copy of protocol to take to her GP

If booking TSH is greater than 4 mu/l ask GP to increase Thyroxine by a further 25 micrograms.
(Check patient has not already had dose increased within the last four weeks)
Send letter to the woman advising her of this

Recheck TSH every 6-8 weeks during pregnancy,
(Check patient has not already had dose increased within the last four weeks)
If elevated:
- Check compliance
- Ask GP to increase dose of Thyroxine by
  - 25 micrograms if TSH 4-7 mu/l and by
  - 50 micrograms if TSH greater than 7mu/l

After pregnancy advise the patient to return to her pre-pregnancy dose of thyroxine

Newly diagnosed thyroid disease in pregnancy

Any woman newly diagnosed as hyper or hypo thyroid during pregnancy should be referred to the combined pregnancy medical clinic and/or discussed directly with Dr G.Leese or on-call Endocrine Registrar for specialist management.

Protocol produced and developed by Prof.G Mires & Dr G. Leese April 2002. Updated November 2012

Date: 11.12.17 **Approved by:** CMBrown **Prof. G. Mires**

CMBrown **Dr. G. Leese**

Review due: November 2014

Jamieson
Yvonne
FLAT 56,GRAMPIAN COURT
CRIEFF ROAD
PERTH
PH1 2ST

1003820107

LJ Compson

CHI:

Ante-natal Record Card

NHS Tayside

	Base	Contact Details
GP	DHC MAURE	01738 622421
Midwife/Team	TUMMEL	01738 473529
FNP/HV		

DATE of BOOKING: 11/12/17 If gestation>12+6 reason for late booking:
EDD: 28/09/18

Contact Details: Home phone	Mobile	Alternative contact/ e mail	Occupation
	07391 559428		Unemployed

Partners Name	Date of Birth	Address	Occupation
Father of child	Yes	No	

Other Children:

Name	Date of Birth	Gestation at birth	In Household Y/N
KYLE MCLEAN	110502	40 WKS	NO - lives with his Aunt.
JUSTIN JAMIESON	250309	24WKS - STILLBIRTH	N/A
TRAVIS JAMIESON	090910	28WKS - NND @ 4wks age	N/A

Pregnancy losses: - see above

Date	Gestation	Nature of loss

Medical/Obstetric History (significant Factors): BMI: 35.2 if >30 information given Y/N

Prev. poor obstetric history as above
Prev Pre eclampsia / Help Syndrome

Ante-natal Risk Factors: Tick if identified and give further details below:

	Yes	No		Yes	No
Smoking		✓	Gender based violence discussed		✓
Alcohol if > 0 alcohol brief intervention		✓	Gender based violence disclosed		✓
Substance misuse		✓	Risk to lone workers		
Mental Health Prev. history of PN Depression Recent anti depressants	✓		Learning disability		

Referrals

	Yes	No	
New Beginnings / PRAM / MASH/ CAPSM			Require an Interpreter:
Community mental health			
Unborn Baby Protocol initiated Needs to be done			Language:
Family Nurse Partnership			
Other:			

NHS Tayside

PATIENT GROUP DIRECTION INDIVIDUAL PATIENT PROFORMA Appendix 1

Jamieson 1003820107
Yvonne
FLAT 56,GRAMPIAN COURT
CRIEFF ROAD
PERTH
PH1 2ST

LJ Compson

Date of consultation	Reason for referral
11/12/17.	

INCLUSION CRITERIA

Moderate Risk Factors x 2
First Pregnancy Y / (N)
DBP ≥ 80mmHg at booking Y (N)
Age ≥ 40 years Y / (N)
Pregnancy Interval > 10years Y / (N)
Booking BMI ≥ 35 (Y) / N
Family history of pre-eclampsia Y / (N)
Multiple Pregnancy Y / (N)

High Risk factors x 1
Hypertensive disease during previous pregnancy (Y) / N
Chronic kidney disease Y / (N)
Autoimmune disease (SLE/APS) Y / (N)
Chronic hypertension Y / (N)

Other Please state:

Advised to give Aspirin 75mg (Y)/N

IF NO describe situation and follow up action

EXCLUSION:- Does the patient have any of the following?
Allergy to Aspirin Y / (N)
Contrindications i.e. gastric ulcer, asthma, gastric or cerebral haemorrhage Y / (N)
Coagulation disorders e.g. haemophilia and thrombocytopenia Y / (N)
Severe hepatic or renal impairment Y / (N)

The patient requests to see a medical practitioner on this occasion Y / (N)

IF EXCLUDED describe situation and follow up action

INFORMATION GIVEN
Verbal (Y)/N Written Y/N Other state.....

CONSENT GIVEN Y/N

ACTION -

Drug and dose.....

Batch Number./.Exp date.....

NHS Tayside

PATIENT GROUP DIRECTION INDIVIDUAL PATIENT PROFORMA **Appendix 1**

Jamieson Yvonne FLAT 56,GRAMPIAN COURT CRIEFF ROAD PERTH PH1 2ST	1003820107 ..... LJ Compson	**Date of consultation** 11/2/17.	**Reason for referral**

INCLUSION CRITERIA

BMI > 30 (Y) / N

Epilepsy Y / (N)

Diabetes Y / (N)

Multiple pregnancy Y / (N)

Personal or Family History of neural tube defect Y / (N)

Other Please state:

Advised to give Folic Acid (Y) / N

IF NO describe situation and follow up action

EXCLUSION:- Does the patient have any of the following?

Drug Sensitivity Y / (N)

Untreated cobalamin deficiency Y / (N)

Folate dependent tumour Y / (N)

The patient requests to see a medical practitioner on this occasion (Y) / N

IF EXCLUDED describe situation and follow up action

INFORMATION GIVEN

Verbal (Y)/N Written Y/N Other state.....

CONSENT GIVEN (Y)/N

ACTION - Procedure

Drug and dose... Folic Acid 5mg.

Batch Number./.Exp date... FOT11 02/2019

FOLLOW UP

Signature of Midwife supplying Folic Acid 5mg via PGD C.A. Cameron C.A. Cameron

NHS
SCOTLAND

Labour and Birth Record

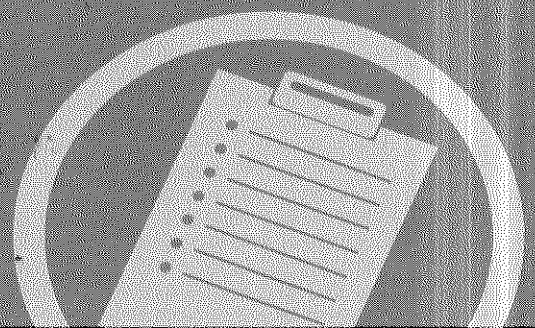
To be attached inside the Pregnancy Record following the antenatal section

Confidential

PLEASE USE BLACK INK

JAMIESON **1003820107**
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

ALASDAIR DUTTON



Induction authorised by Dr NICOL

Designation/grade CONSULTANT

Explanation given ☐ No ☑ Yes

History of contractions ☑ No ☐ Yes

Indication for induction

☐ Pregnancy beyond 41 completed weeks gestation – membranes swept? ☑ No ☐ Yes on /

☐ Obstetric complication: specify ?HELLP ? PIH, HEART BLOCK (MATERNAL).

☐ Other: specify

Initial assessment

Uterine activity ☑ No ☐ Yes Details

Membranes ☑ Intact ☐ Unsure ☐ Ruptured on at

Liquor colour

Other vaginal loss

Pulse BP / Temp °C Urinalysis

Oedema

Fetal movements

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Cervical scoring

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

* Relative to the ischial spines

Comments

Signature: Date

Details of fetal monitoring ☐ Uterine activity ☐ No ☐ Yes Details

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on / at liquor

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Cervical scoring

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

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details

Signature: Date / /

Comments

Second review following Induction/Augmentation

Date Time

Details of fetal monitoring ☐ Uterine activity ☐ No ☐ Yes Details

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on / at liquor

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Cervical scoring

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

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details

Signature: Date / /

Comments

☐ Other Name

Type Route

Prescribed by

Administered by

Administered on / / at

Oxytocin infusion

Commenced on / / at

Comments/details

Performed by

Performed on / / at

Liquor volume normal / excessive / reduced / nil

Liquor colour

Fetal heart rate after

Cord/Limbs felt ☐ No ☐ Yes

Comments

Signed / /

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

Signed Print / / at

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

Signed Print / / at

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

Referred from Referred by

History of contractions

Current contractions ☐ per 10 minutes Strength Duration seconds

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on / at

Liquor colour Other vaginal loss

Pulse BP / Temp °C Urinalysis

Oedema Fetal movements

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Other observations/information on assessment

Signature: Date / /

Vaginal examination

Indication

Procedure explained and verbal consent given ☐

Cervix: position consistency

effacement/ length

dilatation

Presenting part:

relation to ischial spines

position caput

moulding

Membranes ☐ Intact ☐ Ruptured

Liquor seen ☐ No ☐ Yes Colour

Fetal heart after examination

Comments

Signature: Date / /

Discussion of preferences for labour and birth
Comments and details of any revised preferences

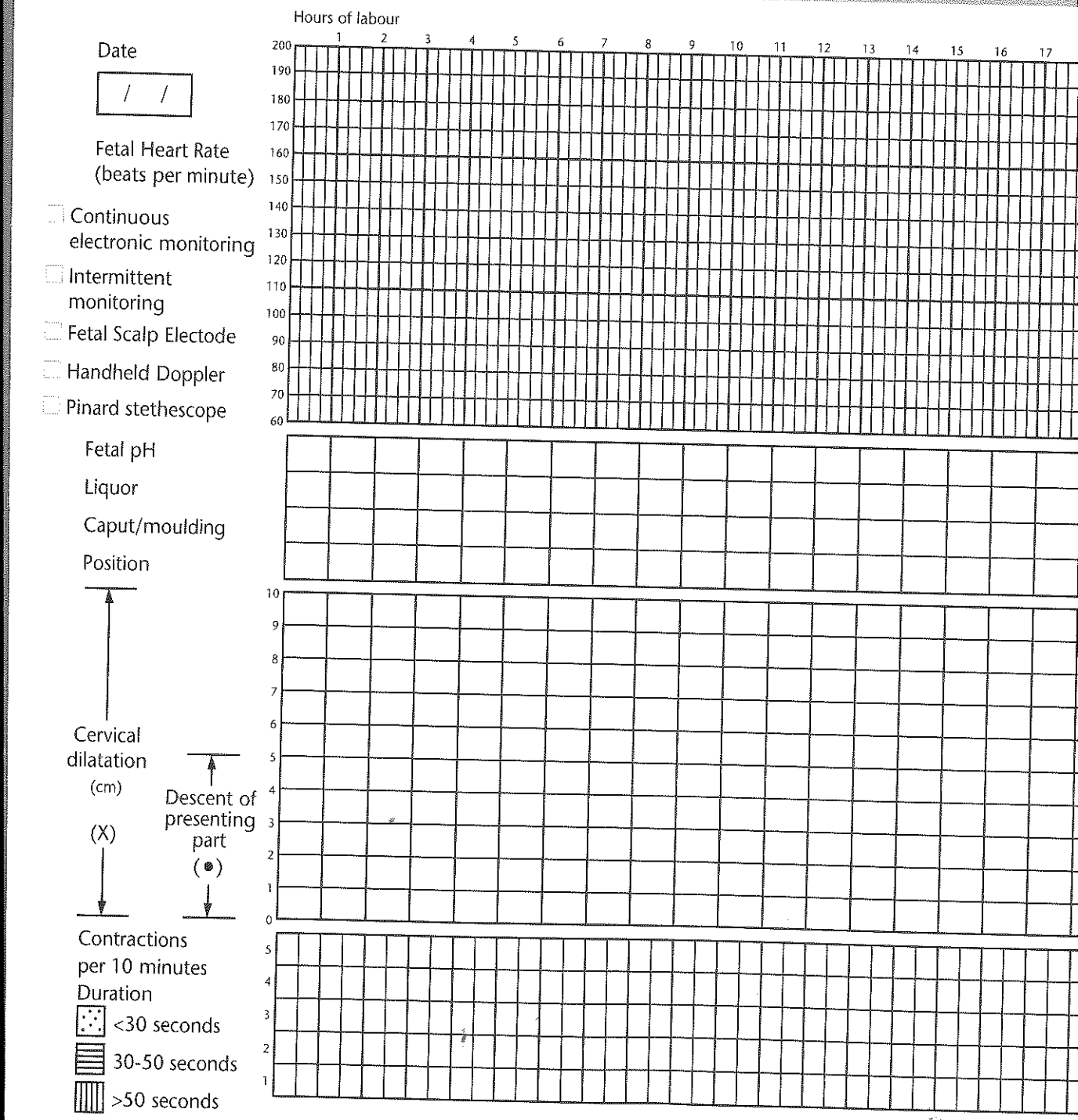
Signature: Date / /

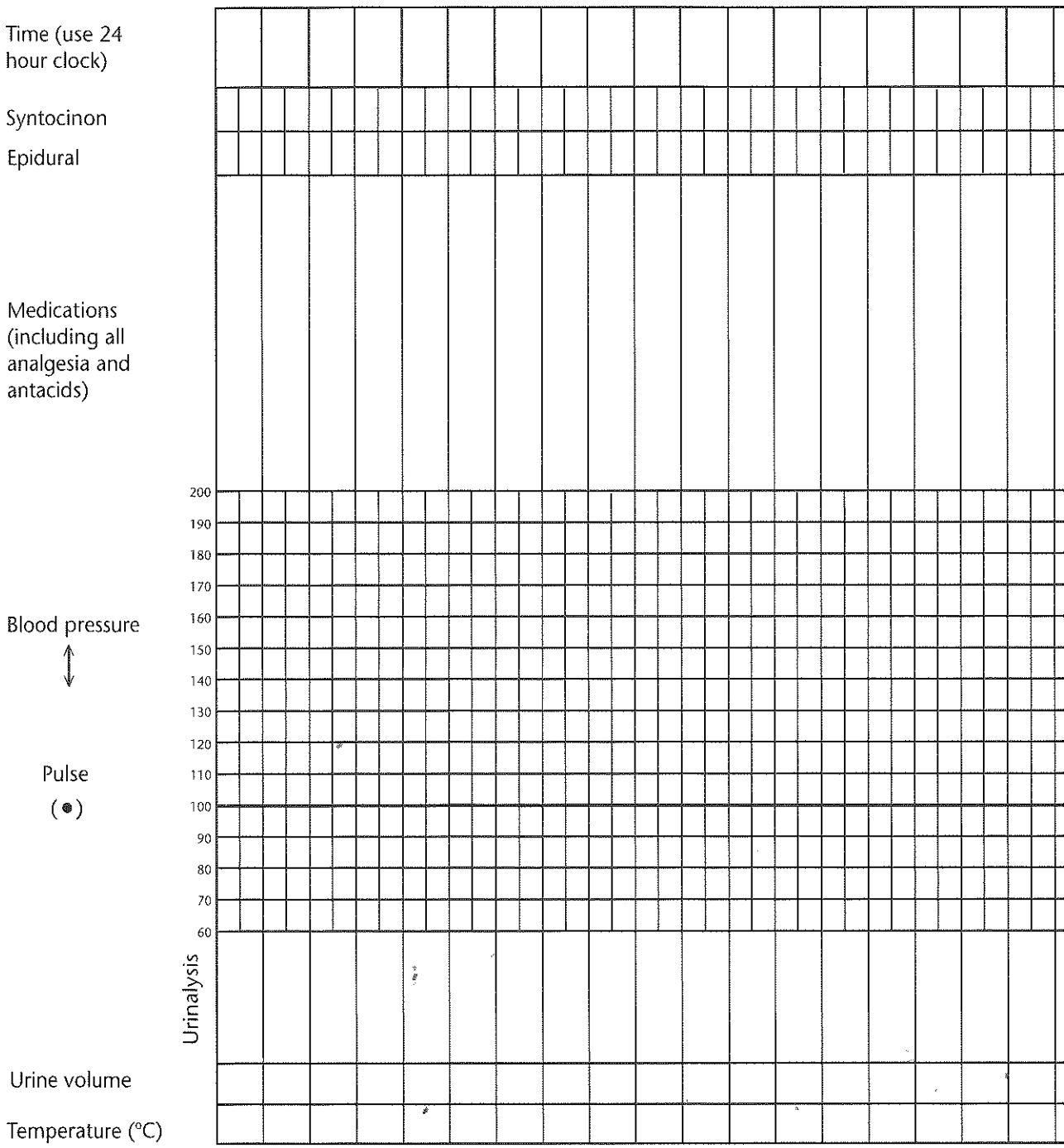
Plans for initial care following discussion with the woman

Initial monitoring intentions for fetal heart rate:

Method Reason for choice

Frequency Signature: Date / /


Hours of labour
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
200 190 180 170 160 150 140 130 120 110 100 90 80 70 60
Date
/ /
Fetal Heart Rate (beats per minute)
Continuous electronic monitoring
Intermittent monitoring
Fetal Scalp Electode
Handheld Doppler
Pinard stethescope
Fetal pH
Liquor
Caput/moulding
Position
10 9 8 7 6 5 4 3 2 1 0
Cervical dilatation (cm)
(X)
Descent of presenting part
(●)
Contractions per 10 minutes
Duration
<30 seconds
30-50 seconds
>50 seconds
5 4 3 2 1


Time (use 24 hour clock)
Syntocinon
Epidural
Medications (including all analgesia and antacids)
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
Blood pressure
Pulse
Urinalysis
Urine volume
Temperature (°C)

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

26/3/09 20⁰⁰ Transferred from Antenatal notes.
Feeling slight abdominal cramps.
Looking flushed T36.9
otherwise feels well.
Face & ear lobes appear oedematous.
T36.9 PG2 BP 118/78. SCrumbleR

20³⁵ Feeling sore.
Anaesthetist contacted.
PCEA attached SCrumbleR

20⁴⁵ Feeling some relief from epidural top up.
20⁵⁵ Asleep not disturbed SCrumble

21²⁵ VE by unsel'd Registrar I/c consult.
Cx Central, 1-2cm long, lcm thick
?OS 2cms, some fetal parts felt. ?membranes not felt.

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

26.2.09 Cervagem 1mg inserted into posterior fornix somewhat PV. SCunliffe (CMishram)

21[55] Care taken over by S/m Sherman.

22[00] BP 111/71 P61 T36.7 Sats 93%

32 mls of urine drained.

IV fluids continue @ 80 mls/hr.

Yvonne trying to rest. No requests @ this time

22[40] PCEA Tx & pressure areas checked - intact.

Bed made up for John in room

23[00] BP 116/66 P64 Sats 94%

32 mls of urine drained. Sherman

27.2.09 00[00] BP 119/81 P81 Sats 92% - Yvonne asleep

26 mls of urine drained. Sherman

00[15] VE to insert Cervagem 1/c consent.

Fully dilated. ? Fetal parts ? membranes

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

27/03/09 visible. Cervagem withheld.

Sr. Dyc informed needs re. events.

00[30] PP advancing

00[37] Good advance.

00[39] SVD of male baby in membranes

taken to needs @ resuscitaire
No signs of life @ birth.
See needs needs re. resuscitation

Syntometrine 1ml given

00[41] placenta delivered. - appears complete

placental swabs ✓

Diary ✓

guard + John spoken to by Dr. Nicoll + Dr. Roberts

01[30] Baby Susan taken into room to parents - they don't wish him to stay in room.

John has requested to see hospital chaplain - contacted by switchboard.

02[20] chaplain visited

NORMAL DELIVERY
CD - 042495 2009/03/23 NMLS454
NHS Tayside

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

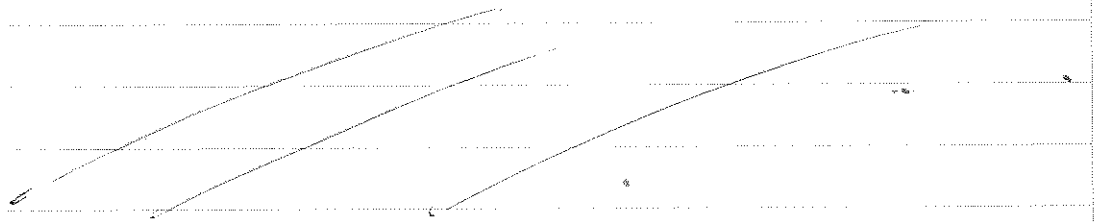
27/6/19 03⁰⁰ NP 104/61 P 36. 24 hr urine collection completed. Sue

04⁰⁰ NP 117/68 P 65 50 mls of urine drained. Joanne Comfortable

05⁰⁰ NP 105/71 P 61 Sats 95% - 50 mls of urine drained.

Pads weighed - 100 mls.

Joanne comfortable. Has managed to sleep Joanne



0615. SpR Managed to sleep

feeh ok, looks more dehydrated

fundus firm + central °SOB

reflexes (N) ° clonus no scaitheezony + Obs.

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

27/03/19 Results chased several hours ago – still only
Coag available – (N). To be chased again
RR ROBERTS

06²⁰ Bloods obtained. FBC, U+E's, LFT
uric acid, LDH Sim

07⁰⁰ Tea + toast given
BP 117/72 P67 SaO 97%
120 mls urine drained Sim
Tea & toast given

07¹⁵ Care by Scunthorpe

08³⁰ Gradual Catheter removed.
IVI Hartmanns at 80mls/hr.
Urine on hrly volumes for protein.
Feels well. Still slightly oedematous face.

09³⁰ Bed bathed
Sitting in chair for 15mins
T36 P77 BP121/71.

SCUNTHORPE (CHISHOLM)
SCunthorpe

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

27/03/19	1045	Nkwan Delivered stillborn male infant @ 0039, Condolences offered Remains stable. Biochemistry improving BP satisfactory. → Fetal loss bloods. - Cord blood obtained @ delivery → fetal karyotype - Nuchal deferred @ delivery → offered P/M but declines this investigation. - To stay today for observation. - Ultrasound @ noon - 6/52 P/N review.
	1100	T36 P60 BP100/70. Nkwan [illegible]
	1200	Feels well. Baby in K/C ward SB David Gordan (Chaplain)
	1300	Lunch given Transferred to RM 7B.
		DW Dr Agustsson for repeat bloods tomorrow.
		absent. Samuda Sr (anisham)

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

27/3/09 14⁰⁰ Urine on free drainage. ✱ tr protein.
Minimal PR PV loss
Feeling well.
TENS insitu
IVI Hartmanns @ urines @ 80mls/hr
Consultant.

1500 Well
- stop IV. Hartmanns
- catheter + cardiac monitor off
after 2000.
- ? home tomorrow
U&Es 4.5 (4.4)

1500 Care taken over by S/M McNord (MCHARD)

1625 Telephone call from DR in BTS with Kleihauer results which suggest fetal → maternal haemorrhage of 15.4mls. Mum Rh positive.
Results given to DR Sukhyan Khalidom.

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

27/3/1645		D/W Dr. Ray about fM high Hb 15.4 mls. → No actions to be taken → Part of investigations B SVB HAIG
	1800	BP 109/52 P56bpm T36.5°C. Lochia minimal. Foley catheter emptied - 480ml - N.A.D. O_2 Sat 97%. Having supper. NC Hard SM
	2000	Called by Yvonne - feeling hot + flushed - c/o upper abdominal discomfort - ? 'wind' pains. T36.3 Fan in situ. for oral analgesia. SM NC Hard.
	2000	Care taken over by Stinchcombe Yvonne asleep not disturbed. P 65 BP 119/67 Foleys insitu draining clear urine Stinchcombe

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

		Yvonne asleep not disturbed.
	0120	pad changed lochia minimal
		comfortable at present. S/Lindal
	0720	awake now
		Bloods sent FBC clotting UEs
		urates LFTs LDH. S/Lindal
		Foleys removed has passed 420mls
		of urine since.
	0800	Care taken over by S/M NClard (NCLARD)
		Yvonne comfortable, having breakfast.
22/3/09	920	district nurse visit.
		iv out
		- stop antibiotics
		- home = for community review.
		U Key to locker
	1000	BP 101/54 P68bpm T36.4°C. Lochia average
	1100	Up to shower. PU 150mls NClard S/M
		TEDs re-applied. Venflon removed. S/M NClard.

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

28/3/9	1300	Yvonne given all paperwork for discharge. Perth City Community midwives phoned and message left on answering machine confirming Yvonnes discharge today – for a home visit tomorrow. Given Carker no. for Lobar suite. Discharged home Jm McLard.

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

Position of woman before and during birth

	Action	Yes	No	Time	Effect
H	Assistance Summoned				
	Assistance Arrived				
E	Episiotomy				
L	McRoberts Position				
P	Supra Pubic Pressure				
E	Woods' Screw Manoeuvre				
R	Delivery of posterior shoulder				
R	Women moved into all fours				
	Other Manoeuvres				

Time of delivery of rest of baby

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

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

Indication(s) . . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

Operator

Assistant . . . . . .

Procedure started / / . . . . . .

Time of delivery / / . . . . . .

Procedure concluded / / . . . . . .

Location

RCA/RCOG classification of urgency of caesarean *

Anaesthetist . . . . . .

Pre-operative delivery findings

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

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

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

☐ Grazes ☐ 1st degree tear

☐ 2nd degree tear ☐ 3rd degree tear

☐ 4th degree tear ☐ Episiotomy

(For 3rd degree tear please complete Third Stage complications page)

Perineal suturing Suturing material

Anaesthesia

Technique

Rectal exam prior to suturing ☐ No ☐ Yes

Haemostasis achieved ☐ No ☐ Yes

Rectal exam following suturing ☐ No ☐ Yes

Swabs, needles & instruments correct ☐ No ☐ Yes

Advised on perineal care ☐ No ☐ Yes

Sutured by

Supervised by

Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine

☐ Other

Anaesthesia ☐ Spinal ☐ Epidural

☐ Combined spinal/epidural ☐ General

☐ Pudendal block ☐ Other

Blood transfusion ☐ No ☐ Yes

Blood products ☐ No ☐ Yes (note below)

Postoperative instructions

Ensure all relevant prescribing undertaken

Revised thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required

Antibiotics

☐ Prophylactic ☐ Other ☐ None

Details

Catheter ☐ In/Out ☐ Indwelling

Details

Details completed & relevant prescribing by

Swabs, needles & instruments checked & correct ☐ No ☐ Yes

Signed (scrub staff)

Comments

Oxytocics

Details

Analgesia Details

Postoperative care ☐ Ward ☐ High dependency

☐ Intensive care ☐ Transfer to other hospital

Other

Print name

Signed (floor staff)

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

☐ Repair of episiotomy - specify ☐ Extended (Document uncomplicated suturing of non-extended episiotomy or 2nd degree tear on birth summary)

☐ Repair of tear - specify degree ☐ 3a ☐ 3b ☐ 3c ☐ 4th ☐ Cervical

☐ Manual removal of placenta & membranes

☐ Primary post partum haemorrhage - due to

☐ Other - please specify

Anaesthesia *Please tick whether anaesthetic required for further clinical procedure*

Antacids ☐ Sodium citrate ☐ Ranitidine ☐ Other

Anaesthesia ☐ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal/epidural ☐ General ☐ Other

Location of management

Decision made

Procedure started

Procedure concluded

Details of findings

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

Manual removal of placenta and membranes

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

Disruption of external anal sphincter ☐ No ☐ Partial ☐ Complete

Disruption of internal anal sphincter ☐ No ☐ Yes

Method of repair of external anal sphincter ☐ Overlapping ☐ End-to-end

Technique

PV examination after completing repair ☐ No ☐ Yes

PR examination after completing repair ☐ No ☐ Yes

Swabs, needles and instruments correct ☐ No ☐ Yes

Checked by and

Advised on perineal care ☐ No ☐ Yes

Space for visual documentation of repair if required

Follow-up clinic appointment arranged ☐ No ☐ Yes

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

Performed by designation

Head down tilt	☐ No ☐ Yes	time
Facial oxygen	☐ No ☐ Yes	time
IV access	☐ No ☐ Yes	time
Haemobate	☐ No ☐ Yes	time
Syntocinon	☐ No ☐ Yes	time
Transfusion	☐ No ☐ Yes	time
Cross matched blood	☐ No ☐ Yes	time
	☐ Crystalloids ☐ Colloids	
Note keeper appointed	☐ No ☐ Yes name	designation

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

Lead professional designation

Assisted by designation

Other professionals involved

Signature: Date

Overall estimated blood loss ml

Instructions following management of complication *Ensure all relevant prescribing undertaken*

Thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required

Antibiotics

Analgesia

Oxytocics

Laxatives

Site of care ☐ Ward ☐ High dependency unit
☐ Intensive care ☐ Transfer to other hospital

Other

Details completed & relevant prescribing by

Print name

First stage	26/3/09 20:25	4 hrs 10	Delivered by PIN No. of delivering Midwife: Suarez 51m
Second stage	27 5kg cc: 1,T	24	Also present: F Dye MSL
Third stage	27 5kg cc: 39	2	Most senior midwife present: R. Nobes SPR
End of third	27 5kg cc: 41	4 hrs 36	**Type of delivery** (If operative delivery, ensure that operative delivery pages are completed)
Total duration of labour			SVD
SRM /ARM	27/3/09 00:39		

Induction of labour ☐ No ☑ Yes

Indication ? HELLP Syndrome

Augmentation of labour ☐ No ☐ Yes

Indication .....

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

Maternal pyrexia in labour ☐ No ☐ Yes

Maternal antibiotics given ☐ No ☑ Yes

Details .....

Shoulder dystocia at birth ☑ No ☐ Yes

Maternal bloods taken ☐ No ☐ Yes

Indication .....

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

Comments .....

Labour & birth discussed ☐ No ☐ Yes

Preferences for labour & birth met ☐ No ☐ Yes

Comments .....

Signature: ..... Date ../../....

Analgesia in labour (tick all that apply)

☐ T.E.N.S. ☐ Nitrous oxide & oxygen

☐ Water pool ☐ IM opiates

☑ Epidural Other .....

Analgesia for birth/third stage complication

☐ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal epidural ☐ General

Other .....

If general anaesthesia

Cormack-Lehane score at laryngoscopy ☐

Intubation successful ☐ No ☐ Yes

Complications of anaesthesia ☐ No ☐ Yes

PLEASE SEE ATTACHED ANAESTHETIC RECORD FOR FURTHER DETAILS

☒ Controlled cord traction

☐ Maternal effort ☐ Manual removal

Placenta appears ☐ Complete ☐ Incomplete

Membranes appear ☐ Complete ☐ Incomplete

Number of umbilical cord vessels 3

Sent to pathology ☐ No ☐ Yes

Indication

Comments

Perineum ☒ Intact

☐ Grazes ☐ 1st degree tear

☐ 2nd degree tear ☐ 3rd degree tear

☐ 4th degree tear ☐ Episiotomy

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

Perineal suturing Suture material

Anaesthesia

Technique

Rectal exam prior to suturing ☐ No ☐ Yes

Haemostasis achieved ☐ No ☐ Yes

Rectal exam following suturing ☐ No ☐ Yes

Swabs, needles & instruments correct ☐ No ☐ Yes

Checked by and

Advised on perineal care ☐ No ☐ Yes

Sutured by

Syntocinon	1ml	IM

Blood loss 150 ml

Blood transfusion/products received ☑ No ☐ Yes

Details

Post delivery

Maternal observations

First set on at

Temperature °C Pulse BP

Pain/analgesia

Fundus Lochia

Second set on at

Temperature °C Pulse BP

Pain/analgesia

Fundus Lochia

Urinary function

Re-assess risk after birth

☐ Low ☐ Moderate ☐ High

Actions Required:

Mother transferred on at

To

Reason

Indication Presentation Location

~~Livebirth~~/Stillbirth Gestation 24+6 Birthweight 560 g OFC cm

APGAR	1min	5mins	10mins
Activity (muscle tone)	C		
Pulse	C		
Grimace (reflex, irritability)	C		
Appearance (skin colour)	C		
Respiration	C		
Total scores	C		
Time to first breath			

Cord blood taken on at

Indication

Cord pH results No pH taken ☐

Venous pH

Arterial pH

Base Excess

Base Excess

Vitamin K administered

☐ No ☐ Yes

☐ I.M ☐ Oral

(sign for administration in baby record)

Skin-to-skin contact offered at ☐ Declined

Ended at

Reason discontinued

Comments

First feed offered at

Type of feed

Comments

Resuscitation (tick all that apply) ☒ Nil ☐ Facial oxygen ☐ Suction under direct vision

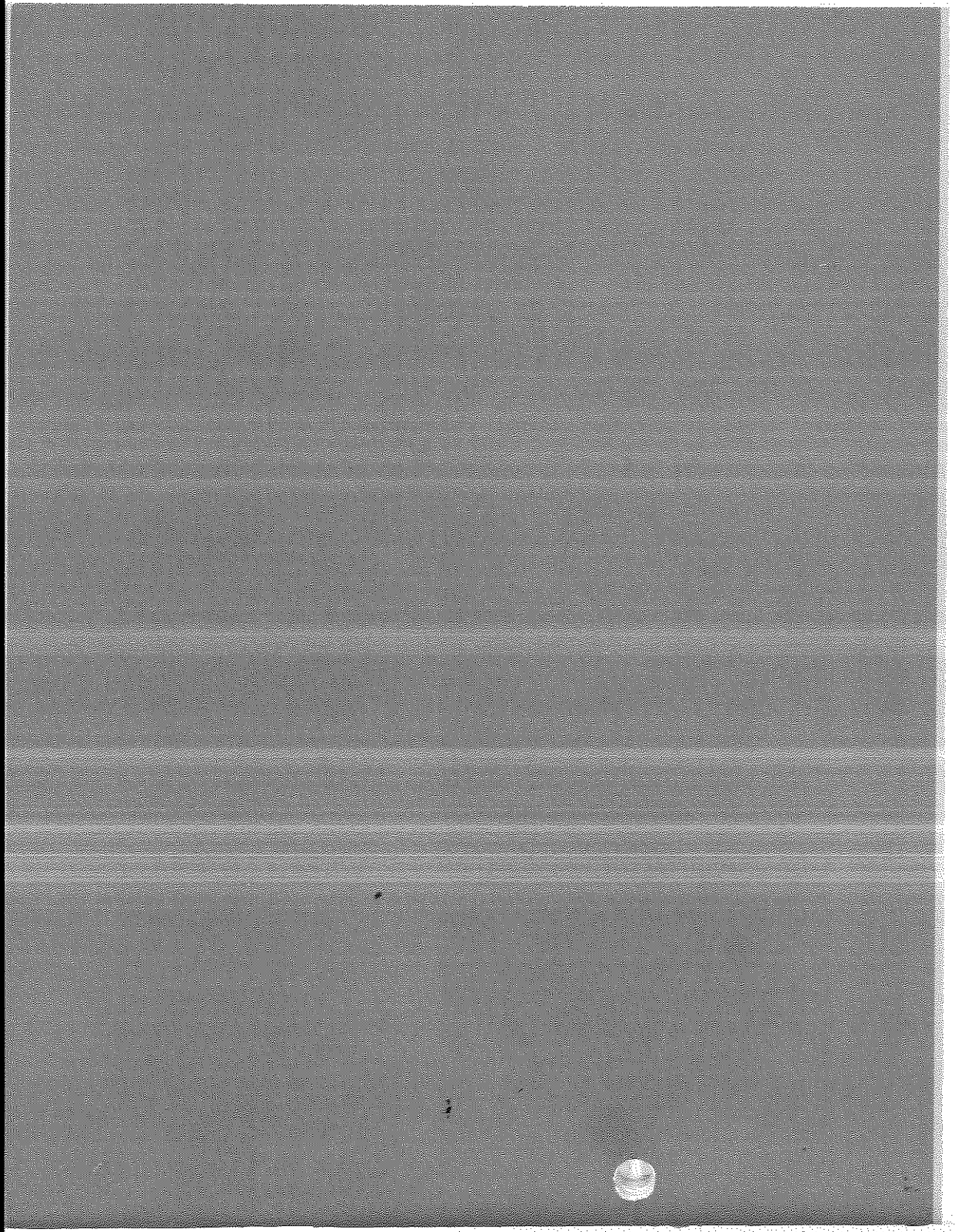
☐ Mask & IPPV ☐ Drugs-specify below ☐ Cardiac massage ☐ Endo-tracheal tube

Description of baby at birth/resuscitation details ☐ Other-specify below

Complete details of initial examination on baby record

Resuscitation performed by		
Signed	Print name	Designation/Grade

Baby identification checked & correct by		
Signed	Print name	Designation



SUMMARY:

Start Time:

Finish Time:

Operation Performed: as above.

Operating Surgeon: Dr. NICOL

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 Hudsal for 4 hours

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

Frequency: ..... Duration: .....

Other observations/comments: transfer to Labour epidural Audit form.

Invasive Monitoring and Lines:

Fluid Therapy:

80mls/hr. ~~25ml/hr~~ Hourly urine.

Proposed Analgesia:

Discharge: Ward ☐ HDU ☐ ICU ☐

FLUID BALANCE:

Urine Output:

Blood Loss:

Fluids Given:

Overall:

RECOVERY ROOM: ANALGESIA & OTHER DRUGS: Dosage, route and frequency:

Signature: ..... Name: .....

RECOVERY ACTIONS:

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

RECOVERY TO WARD HANDOVER:

FILE IN NOTES

THB MR 135

ANAESTHETIC RECORD
NHS TAYSIDE

Date: 26/3/09 Ward: .....

Theatre: Maty

Operation Proposed: drainage of cyst/abdominal Cx. + Induction.

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

1003820107

ALASDAIR DUTTON

GP & Address (GP Requests Only)

Cons.

C.H.I. No.

M. State

Sex

USE BLOCK LETTERS OR PATIENT LABEL

PRE OP ASSESSMENT

By: Bhagya. Site: L/w Date: 26/3/09

Elective ☐ Scheduled ☐ Urgent ☐ Emergency ☑

Weight/BMI: ..... Pulse: ..... Blood Pressure: .....

CVS/RS: **Other:** **Airway Assessment:**

PET. Developing HELP Syndrome. 24 wks ↓ fetal movement proteinuria +++. ↑ B.P., epigastric pain. ↑ reflexes. ↓ platelets. ↑ WBC. Heart block. Dr. C.C. discussed ± Dr Pringle. pacemaker not required at present. Bed 106 team will be available if needed.

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

Has cyst in the uterus. → drainage.

Units .....

ECG / CXR

ASA Grade: 3 **PONV Score:** **Consent for Operation** ☑ .....

Drugs:

Allergies:

NONE.

DVT Prophylaxis? YES / NO Method: .....

Anaesthetic Plan / Techniques discussed:

Epidural ± Diamorph.

PREMEDICATION AND INSTRUCTIONS:

Date	Drug and Dose	Form	Route	Time	Signature	Given By	Time
	See KARDEX						

Give routine medications EXCEPT: ..... Premed Effect: .....

Fast as per protocol ☑ **OR** fast solids from ..... fluids from .....

PERSONNEL

Anaesthetist and Grade

1. Bhagya.
2.

Assistant:

Consultant: .....

Informed Y / N

ANAESTHETIC TECHNIQUE:

INJECTION SITE: (L) hand.

DRUGS & DOSES:

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	———	frequency	———	P_{AW}	———
Laryngoscopy Grade:	———	Throat Pack	☐	HME	☐

REGIONAL:

BLOCK:

POSITION:

SITE:

NEEDLE/CATH:

TECHNIQUE:

DRUGS:

Position	(Lat) Sitting
Asepsis	(Mask, Gown, Gloves)
LA to skin	1% 7ml
Level of injection	L2-L3
Needle	16G Tuohy
Time of ~~spinal~~ / top up	1435
Drugs	5ml 0.5% Levo + 3mg Diamph.
Block height	**L**
	R **at time**
Tested to (eg touch, cold)	
Motor Block	1450 → on the table
Time of skin incision	
Time of delivery	1455 → Start.
Any pain / discomfort	

MONITORING:

ECG	☑	PNS	☐
NIBP	☑	TEMP	☐
SpO_2	☑	URINE	☑
$ETCO_2$	☐	IABP	———
F_IO_2	☐	CVP	———
ET Agent	☐	PAWP	———
VENT ALARM	☐	ODM	———
PAW	☐	Other	———
MIN VOL	☐	Other	———

EVENTS:

1 1430 → epidural
2 1435 → top up
3 1450 → on the table
4
5 1455 → Start.
6
7
8
9
10

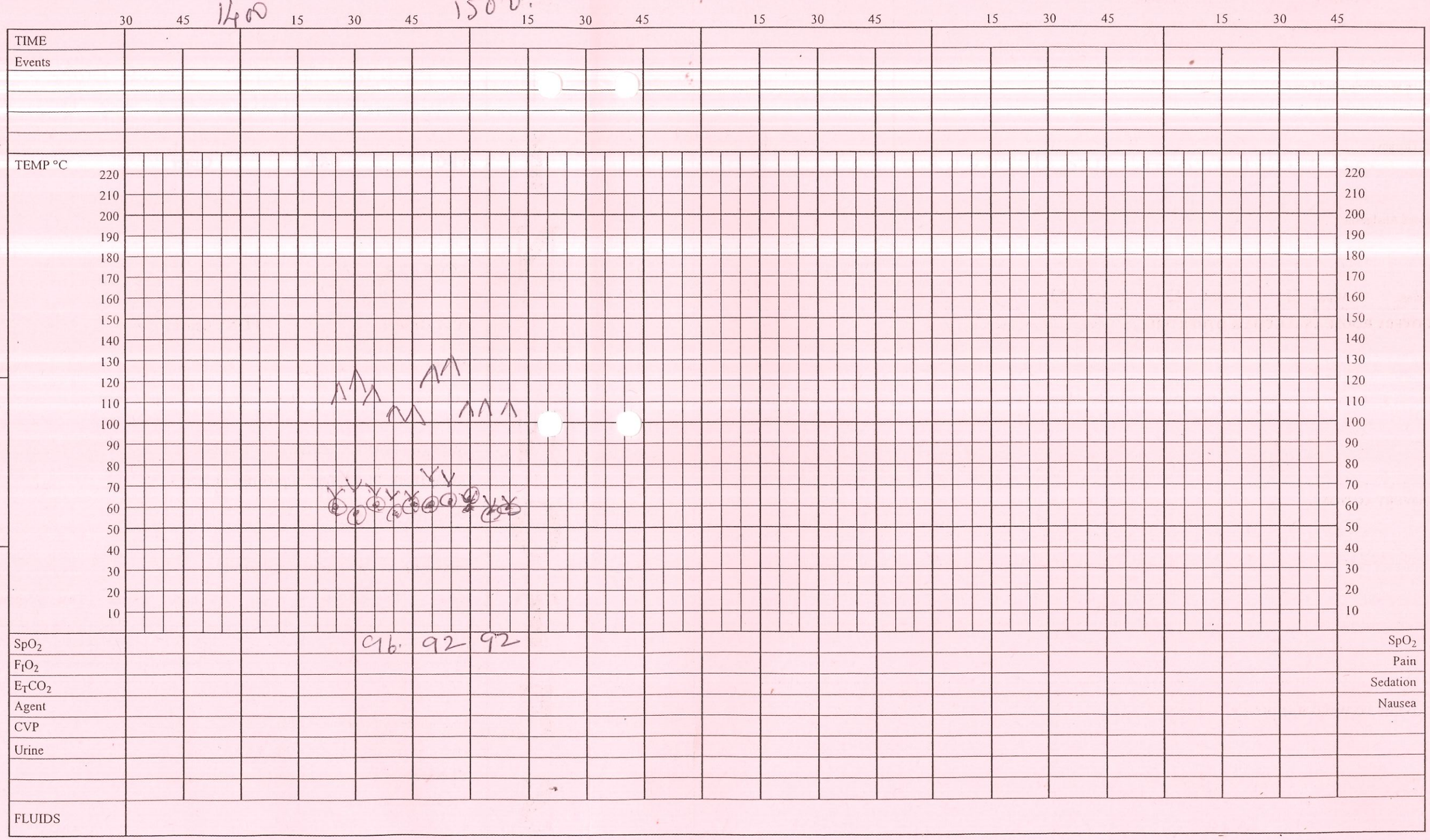
Patient Position & Protection: Lithotomy
1455 → 1515.

Fluid Warmer:

Warming Blanket:

I.V. FLUIDS

RL — 500.



ACUTE SERVICES DIVISION

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

Our Ref: AG/FC 100382/0107
Date: 7th May, 2009.

Secretary – Fionna 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 Yvonne,

I am writing to confirm some of the details that we discussed at Perth Royal Infirmary yesterday. Having reviewed your case notes we know that you developed severe early onset pre-eclampsia. This led to a condition called HELLP Syndrome (haemolysis, elevated liver enzymes, low platelets). This is a severe type of pre-eclampsia and the only treatment for this was to deliver your son. We also know that the pre-eclampsia was affecting the placenta which had led to Justin not growing for about two weeks and had recently affected his movements. Unfortunately he was very sick and premature and died during the process of induction of labour. From reviewing your scan at twenty weeks we know that Justin was a normal size at this stage. In addition all the blood tests taken revealed that Justin was a healthy baby until you developed pre-eclampsia.

One of your blood tests raised the possibility of a rubella infection however when your blood was further analysed and compared with your initial blood test taken in December, 2008, there was no change in your rubella status and therefore you have definitely not had a recent rubella infection.

It is possible to reduce the risk of severe early onset pre-eclampsia by taking Aspirin 75 mgs daily from the start of pregnancy until thirty-six weeks gestation. If you consider having a pregnancy in the future this should be taken in addition to Folic Acid 5 mgs daily. Although you are high risk of developing pre-eclampsia in a future pregnancy it is unlikely that pre-eclampsia would occur at such an early gestation and therefore it is likely a future pregnancy would result in a healthy child. You would however require very careful monitoring of your blood pressure, liver tests and baby's growth.

I hope this letter clarifies some of the issues we discussed yesterday. However if you wish to discuss any of this in more detail please contact my secretary on the above number and a further appointment can be arranged.

Yours sincerely,

Dr. Adam Gordon,
Consultant Obstetrician & Gynaecologist.

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

NHS Tayside

MATERNITY CALL RECORD – Please complete clearly in black ink and BLOCK capitals

Date: 17.7.10	**Time:** 22[55]
Name: Yvonne Jamieson	**DoB:** 10.03.82
Address: 4. Walker Court.	**EDD/GEST:** 20wk
Perth.	**Parity:** 2/ x1 SB (2009)
Tel No: 07562111995	

Reason for Call: ↓ FMF today - Head ICE, Worker - call redirected from NHS 24.

FMF Today: No

Any PV Loss: Yes / No No	**Colour:**	**Gr B Strep:**
SRM: Yes/ No NO.	**Colour:**	
Blood Group:-		
Position of Baby:- —		

Have you any previous medical of obstetric history? SB in 2009 at 24/52.

Have you any problems in this pregnancy? Notching @ 20wk USS.

CLINICAL: FEVER >38° or history of fever AND flu-like symptoms (2 or more of the following symptoms – cough, headache, rhinorrhea or vomiting/diarrhoea) or other severe life threatening illness suggestive of an infectious process.

TRAVEL: ANY travel in the last seven days, outwith the UK

Specific Advice Given In view of previous SB. advised Yvonne to come into for BLusten in - ~~advised~~ asked if PRI would be preferable. Yvonne has no mode of transport + lives in town centre - advised to call for taxi but Yvonne informs me she has no money - explained this is not an emergency to call an ambulance but expressed my concern about her walking to PRI - Yvonne adamant, she wished to walk. PRI informed

Signature: Siobhan B-S	**Print Name:** S. BURNS
Designation: Shm.	

Call Back (1)	Date:	Time
Call Reason:		
Plan:		
Signature:	Print Name:	
Designation:		

Call Back (2)	Date:	Time:
Call Reason:		
Plan:		
(consider face-to-face assessment)		
Signature:	Print Name:	
Designation:		

B-35,14,15 B-C01

Hospital use only	Clinic	Day Date	Time	Hospital No.
	ANC mem	9.12.08	10.05	

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Obstetrics Ante-Natal F31
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) 03-Nov-2008
Date referral was submitted 03-Nov-2008
Urgency of referral Routine

PATIENT DETAILS

Surname	MCLEAN
Forename(s)	YVONNE
Title	MISS
Sex	Female
Date of birth	10-Mar-1982
CHI no.	1003820107

Patient's address

1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

Contact number(s)

Voice: 07510314890

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

Contact number(s)

Voice: 01738625842

REFERRING PRACTITIONER DETAILS

Name	Dr. Alasdair Dutton		
GMC code	2596226	GP code	77534
Practice name	WHITEFRIARS SURGERY (14249)		
Practice code	14249		

Practice address

WHITEFRIARS STREET
PERTH

Contact number(s)

Voice: 01738 625842

RECEIVED
04 NOV 2008

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Pregnancy.

Comment: This 26 year old lady and her partner came to see me having done a pregnancy test the previous day, which was positive. Her period is approximately one week late, her LMP being around the 25th of September, giving her an EDD of the 3rd July 2009. She has symptoms suggesting pregnancy with breast tenderness and nausea. She is on long term Omeprazole and Metoclopramide for heartburn. I have advised her to try and stop the Metoclopramide just now but to continue with the PPI. She has started Folic Acid as an oral solution as she finds the tablets difficult to swallow. She has a 6 year old child from a previous relationship and was admitted with hyperemesis in that pregnancy. She has a past history of stress related mental illness with difficulty in coping with situations. However, her current partner seems to be supportive. I would be grateful if she could be booked for either PRI or Ninewells as appropriate. She is on Thyroxine and I think she is due TFT's shortly. Her asthma seems well controlled.

Examinations and Investigations

Never smoked tobacco: Smoking status on date of event: Never smoked. 21-May-2008

Never smoked tobacco: Smoking status on date of event: Never smoked. 16-May-2007

Never smoked tobacco: Smoking status on date of event: Never smoked. 23-Mar-2007

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
Injury - ?accidental,?purpose	-	-	-	11-Dec-2006
Asthma	-	-	-	01-Mar-1999

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
LEVOTHYROXINE tabs 50micrograms	02008002	tablet(s)	TAKE ONE EACH MORNING	-	26-Jun-2007	-
SERETIDE 250 EVOHALER 25micrograms + 250micrograms/actuation	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	-
FOLIC ACID sf oral soln 400micrograms/5ml	07190001	mls	1X5ML SPOON DAILY	-	30-Oct-2008	-
METOCLOPRAMIDE tabs 10mg	04162001	tablet(s)	TAKE ONE 3 TIMES/DAY	-	21-Oct-2008	-
OMEPRAZOLE gastro-res cap 20mg	05588001	capsule(s)	ONE DAILY	-	21-Oct-2008	-
BUCCASTEM tabs 3mg	05163001	tablet(s)	USE TWICE DAILY	-	22-Sep-2008	-
RANITIDINE tabs 150mg	04666001	tablet(s)	TAKE ONE TWICE DAILY	-	19-Sep-2008	-

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Additional relevant information

Administrative information

Referred By:Resident GP

NHS
Tayside
Directorate of Women and Child Health

Distribution:
1. All named agencies
2. Main notes (signed copy)
3. Maternity hand held notes
4. janeforbes@nhs.net
5. Labour suite confidential file

MATERNITY LIAISON SHEET

JAMIESON YVONNE 4 WALKER COURT CANAL STREET PERTH PH2 8LF **1003820107** JOHN AULD TEL: 07562111995		**EDD:** 28·12·10. **Parity:** 2+0.	**Reason for multi-agency liaison:** 1. Alcohol misuse 1. Drug misuse 2. Domestic Abuse 3. Learning needs 4. Mental illness 5. Physical disability 6. Unborn baby protocol *(circle all applicable)*
G.P. Address: Phone no:	DR AULD. WHITEFRIARS SURGERY 01738 625842	**Drug / Alcohol treatment Service** Address: Phone no:	
Health Visitor: Address: Phone no.	FIONA MILNE WHITEFRIARS SURGERY PERTH 01738 445140.	**Pregnancy & Newborn Support service** Address Phone no.	
Community Midwife: Address Phone no:	RED TEAM. Community midwifery unit Perth Royal Infirmary 01738 47 3425	**Pharmacy** Address: Phone no:	
Midwifery Liaison Address Phone No.	~~Jane Forbes~~ SUSAN ROBERTSON Specialist midwife Ninewells Hospital Dundee 01382 632964	**Community mental health** Address Phone no:	8 ST. LEONARDS BANK PERTH 01738 458 950.
Consultant Obstetrician: Address Phone no:	Dr Adam Gordon Maternity Unit PRI 01738473415	**Social Worker:** Address Phone no:	JENNA HORSBURGH COLONSAY RESOURCE CENTRE COLONSAY ST. PERTH 783450.
Senior Nurse Child protection: Address: Phone no:	June Doull Drumhar Health centre North Methven Street Perth 01738 564295	**Other Support Services:** Address: Phone no:	
Other Support Services: Address:		**Comments:**	Midwifery staff please ensure a copy of the liaison sheet is placed in the baby's paediatric notes before discharge / transfer from ward.

I understand that information relevant to this pregnancy may be shared by the above agencies.

Signed *(client)*..... .....Date.....

Completed by *(midwife)* .....L Moran.....Date.....25·5·10

Patient information

JAMIESON 1003820107
YVONNE
4 WALKER COURT
CANAL STREET
PERTH
PH2 8LF

JOHN AULD

NHS Tayside

Consent for blood tests offered in Pregnancy (Down's Syndrome and Spina Bifida)

I have received the information leaflet ***"A Parent's Guide to the screening test for Spina Bifida and Down's Syndrome"*** and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

☐ **I wish** to be screened for Spina Bifida and Down 's syndrome

☑ **I do not wish** to be screened for Spina Bifida and Down 's syndrome

☐ **I am undecided** about being screened for Spina Bifida and Down's syndrome

Signature: Y. Jamieson **Date** 28/5/10

Witness: S. Keenan (Health professional)
(Please sign and print name)

Designation: Midwife **Date** 28/5/10

This form to be filed in patient's hand held record

FOR PHARMACY USE

Checked by:

.....

Clinical Pharmacist

Patient Counselled:

.....(Initials)

Medicines Required On Ward

Date.....

Time.....

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

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

....1st Fold....

7 days supply will be dispensed unless stated otherwise in box provided

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

Final Distribution:

WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

THB(MR)26
4 Part Set

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

.....Hosp./Inf.

To Dr. .....

.....

.....

ALWAYS USE BALLPOINT PEN

HOSPITAL: PRI WARD/CLINIC: GYNAE

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

Surname: JORDAN

First Name: YVONNE M. State

Address: .....

.....

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

Date Placed on Waiting List: ..... (if appropriate) Date of Admission: 10/12/01

** Delete as appropriate* Type of Admission: Elective /Emergency / Urgent / Transfer

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	1/12/01	OBSTRIC	GORDON	HOME			

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: HYPEREMESIS GRAVIDARUM

PRINCIPAL OPERATION / PROCEDURES: IV fluids

OTHER CONDITIONS:

1, ...
2. .....
3. .....

OTHER OPERATIONS / PROCEDURES:

- NO Vomiting in Hospital.

Days	MEDICINE TREATMENT ON DISCHARGE: NAME OF MEDICINE	DOSE	Times of Administration (Mark √): 8	10	12	14	16	18	20	22	24	DURATION OF TREATMENT	DISPENSED BY PHARMACY: Number	Brand Names (for information only)
	CYCLIZINE TABS.	50mg	✓		✓	✓				✓			21	

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

INFORMATION / ADVICE TO PATIENT	☐ YES ☑ NO IF YES, SPECIFY	KNOWN ALLERGIES:
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 ☐
	NIL			GIVEN / TO BE SENT	IF YES, SPECIFY:.....

FOR FURTHER INFORMATION CONTACT: DR A. GORDON (NAME) CONS (STATUS) .....(TEL NO)

Signature: ..... Status: F42

.... GORDON Consultant Date: 10/12/01

Dispensed By: .....

Checked By: .....

Date: .....

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		

HD 29/11 SA

Maternity Summary Record

Please use black ink

Personal details

CHI Age 26

Previous surname MCLEAN

Likes to be called

Home ✆ ~~07510314890~~

Other ✆

Change of details

Your address

Postcode

Home ✆ 07597282831

Other ✆

Partner/supporter details

Please tick if emergency contact

Name John Jamieson

Date of Birth 220284

Relationship HUSBAND

Address S/A

Postcode

Home ✆

Other ✆

Alternative emergency contact

Name Linda Williamson

Relationship Sister

Address 18 Menzies Cer Perth

Postcode

Home ✆

Other ✆ 07745447905

Directions to home

Confidential

Affix

Unit JAMIESON 1003820107 L07

Surn YVONNE

First 1F MENZIES COURT

Date FAIRFIELD AVENUE

Addr PERTH

PH1 2TD

ALASDAIR DUTTON

Parity 1 +

Agreed EDD 12 7 09 LMP 15 09 08

Blood group O Pos

Thrombosis risk factors

☐ Previous DVT ☐ BMI >30 ☐ Age >35

☐ Parity >4 Other

Allergies —

Height 161 Weight 82 . BMI 31

Special features

On Thyroxine

Needle phobic

Previous 2.6kg baby

U/S 32 & 36 weeks.

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1	110502	SVD	M	2610	40+7	PRI	
2							
3							
4							
5							
6							
7							
8							

Personal details

Ethnic group White British

Current religion or faith

Language used at home English

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

Cultural requirements/details on the above

Slight communication problems
has Dyslexia husband
talks for her a lot

Occupation /

Health and safety advice needed No ✓ Yes ☐

Maternity benefits advice needed No ✓ Yes ☐

Details on the above

Social circumstances/family support

family nearby
Sister has children

Referrals

/ / To

/ / To

/ / To

Key professionals

Named midwife Brenda Hinshaw
Helen Thomson
Barbara Moffat
Lorraine Wheeler

Midwifery team 01738 473274

Base

✆

Obstetrician DR A GORDON

Clinic ANC

✆ 01738 473270

Health Visitor

Base

✆

Social Worker

Base

✆

Health status

Specific dietary needs No ✓ Yes ☐

Smoking status /

At risk of passive smoking No ✓ Yes ☐

Problem drug/alcohol use No ✓ Yes ☐

Details of any of the above

Domestic abuse

Seen alone at booking No ✓ Yes ☐

Routine enquiry question asked No ✓ Yes ☐

Abuse disclosed No ✓ Yes ☐

Current Past

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

Comments

Child protection

Issue raised on / /

Comments

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

General Practitioner DR. J. AULD.

Base WHITEFRIARS SURGERY

✆ 625842. PERTH.

Practice code

Other

Designation

Base

✆

Other

Designation

Base

✆

Screening and blood tests

Name of test	Result	Date	Comments

Planned type of antenatal care/place of birth

Lead professional

Designation

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

Reason

Signed

Booking completed by Print Designation

Date / / Gestation weeks Location

Date	Gestation	BP	Urinalysis	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry				
9.12.08	9+2	109/65	nad -	Booking Bloods ✓ on Thyroxine

Emergency Gynaecology Assessment Sheet

Grey shaded area to be completed by nursing staff/white area to be completed by medical staff

SURNAME	[illegible]
FORENAME	[illegible]
CHI No.	[illegible]
ADDRESS	[illegible]
GP ADDRESS	[illegible]
PATIENT'S Tel. No.	

Date of referral	16/12/05	Time of referral	
Date of referral		Time of referral	

Assessed by nurse time	[illegible]	Signature Name Status	[illegible]
Assessed by doctor M-A BAIRD time 12:15		Signature Name M-A BAIRD Status FY2	
Consultant	Dr Gordon		

Presenting Complaints

1. Hyperemesis gravidarum
2.
3.

Clinical Findings: Para 1+0 Gest 10 wks

- Hyperemesis since early on in pregnancy - worse over wk - unable to tolerate food/fluids for 2 days. Feeling faint this morning.
- Some problem ? previous pregnancy 6 yrs ago - admitted at the time
- Admitted end of Nov ? ectopic pregnancy not ectopic
- 4+ Ketones in urine

Investigations: Bloods - FBC, U+E

Diagnosis

1. Hyperemesis gravidarum
2.

Suggested Management:

- IV fluids - have dlw S&R + to be commenced in view of ++++ ketones
- Anti-emetics
- Δ once better hydrated

Drug	Dose	Times per day	Number of days	Date	Signature

Follow up

Discharged Home ☐	Admitted Ward ☐	Outpatient Follow Up ☐	Referred to other specialty ☐
Date of discharge		Time of discharge	
Signature		Designation	

Initial Assessment:

Date: 16/12/08 Patient Name: CHI Number: 1003820107

Temperature	36.8	Pulse	80	BP	113/74
LMP		Urine HCG		Urinalysis	LWBC Protein ++ Protein

Parity:	Menstrual History:

Presenting History:

Past Medical History	Drugs
Systemic Enquiry	**Allergies**

Family History:	Social History:	Contraception:

Examination:

Pelvic Examination:

Impression & Further Management

Investigations: (please circle tests performed)

Blood Tests:	FBC	U&E	Serum HCG	Group & Save
Bacteriology:	HVS	ECS	Chlamydia	MSSU
X ray:		Abdominal		Chest
Other:				

Results:

Signature: Name: Status:

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

1003820107

ALASDAIR DUTTON

NHS
Tayside

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 – dilitation & curretage
EUA – examination under anaesthetic
IUCD – intra uterine contraceptive device
IUD – intra uterine death
PID – pelvic inflammatory disease
RSO – right salpingo oopherectomy
LSO – left Salpingo oopherectomy
USO – Unilateral salpingo oopherectomy
BSO – bilateral salpingo oopherectomy
TAH – total abdominal hysterectomy
STAH – sub total abdominal hysterectomy
LAVH – laparscopic 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 gondatrophin
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
WILMA ROBERTSON	SEN	6	13426	W. Robertson	WR.

Varience/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 d[illegible]
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	
Above Average	1	Tissue Paper	1	Cardiac Failure	5	Below Waist		Female	2	=
Obese	2	Dry	1	Peripheral Vascular	5	Spinal	5	14 – 49	1	10 + AT RISK
Below Average	3	Oedematous	1	DiseaseAnaemia	2	A & E Trolley – 2 hours	5	50 – 64	2	
		Clammy (Temp)	1	Smoking	1	Operating Table – 2 hours	5	65 – 74	3	15+ HIGH RISK
		Discoloured	2					75 – 80	4	
		Broken Spot	3					80+	5	20+ VERY HIGH RISK
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		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 : ----------

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

Age: 26yrs

Phone: 07938948337

Presenting Complaint: VOMITTING

DIAGNOSIS: HYPEREMESIS

Admission Date: 16/12/08

Planned Treatment/Procedure: HYDRATE

Patients' perception/understanding: GOOD.

Consultant: A.G.

G.P. DR DUTTON

Occupation: —

Religion: —

Requesting a visit from Chaplain or other religious leader: ----------

HOME CIRCUMSTANCES / SOCIAL SUPPORT

Lives with HUSBAND & SON

Current Services —

Identified support on discharge HUSBAND

Discharge Plan initiated on admission YES / (NO)

Planned Discharge Date: ----------

Next of Kin: JOHN JAMIESON

Relationship: HUSBAND

Address: S/A

Phone number: 07938948337

Other contact: SISTER - LINDA WILLIAMSON

Address: 1B MENZIES COURT, PERTH

Phone number: 07745447905

Valuables taken home YES / NO
Valuables in Hospital Safe Keeping YES / (NO)

If yes, where ----------
Hospital policy explained YES / NO

MRSA
History of MRSA YES/(NO)
If yes, Date Screened: ----------

If positive, date patient informed ----------

Infection Control instructions Given YES/NO

P.M.H. HYPOTHYROID
ASTHMA

Medication THYROXINE-75
SERETIDE 250
VENTOLIN

Allergies NONE KNOWN

ICP function and storage discussed with:

Patient: YES

Relatives aware of ICP & confidentiality YES/(NO)

Admitting Nurse: N. Robertson

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: /
MUST assessment Score: /
Date Referred to Dietician: /
Food & Fluid Chart Commenced: /

ELIMINATION

Bowels regular: YES
Constipated: /
Diarrhoea: /
Bladder Continent: /
Frequency: /
Incontinent: /

SENSES

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

SPEECH

Coherent; YES
Incoherent: /

SLEEP

Pattern: NORMAL
Medication: /

MENTAL STATE

Alert/orientated: YES
Confused: NO
Anxious/distressed: YES
Other: /
Orientated to Ward: YES

PATIENT'S PERSONAL/SPECIFIC CONCERNS

MENSTRUAL STATUS /

Pre menopausal: /
L.M.P. SEPTEMBER
Post menopausal: /
Contraception: /
HRT: /

OBSERVATIONS ON ADMISSION

Blood pressure: 113/74
Temperature: 36.8
Pulse: 89
O2 sats: /
Respiratory Rate: /
Height: /
Weight: /
BMI: /
Blood Group: /
Smoker / Non Smoker: /

URINALYSIS

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

TEETH

Patients own: YES
Crowns: /
Loose teeth: /
Dentures top/bottom: /

STORAGE OF MEDICATION

Taken Home O

Drug Trolley O

POD O

CD Cupboard O

N/A O

DISCHARGE PLAN

SUPPORTED CARE REQUIRED: Yes O No ✓

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

Specify Action

Date: 14/12/08 Sign: [signature]

TRANSPORT:

Is patient able to travel with carers/relatives?	Yes O	No O
If No, what type of hospital transport required?		
1 or 2 Man Ambulance: Ref No:	Yes O	No O
Hospital Taxi	Yes O	No O
If Yes, Relatives/Carers informed Date:	Sign:	

PATIENT MEDICATION

Patients own medication returned	N/A O	Yes O	No O
Patient require additional medication		Yes O	No O
Script written – Date:		Yes O	No O
Script in Pharmacy – Date:		Yes O	No O
To Take Out (TTO) dispensed from ward		Yes O	No O
Medicine given to Patient / Carer		Yes O	No O
Date:		Sign:	

REFERRALS	Details		
Practice Nurse		Yes O	No O
District Nurse		Yes O	No O
OPD		Yes O	No O
Other:		Yes O	No O
Date:		Sign:	

DOCUMENTATION

Transfer Letter	Yes O	No O
District Nurse Letter	Yes O	No O
Practice Nurse Letter	Yes O	No O
GP Letter (script)	Yes O	No O
Complete Audit / Patient Questionnaire	Yes O	No O
Date:	Sign:	

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

Ie Nutrition; Mobilising O; TED Stockings O; Exercises O; Return to Work O; Housework O; Contact GP for Counselling Services O; Driving; Travel O; Other O _____

Signature of Discharging Nurse:	Signature of Patient:

NINEWELLS HOSPITAL
WOMEN AND CHILD HEALTH CLINICAL GROUP

MANUAL HANDLING ASSESSMENT SCORE AND PATIENT RISK ASSESSMENT

Ward: GYNAE

Named Nurse/Midwife: _____

Date: 16/12/08

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

1003820107

DOB/C

Signatu

ALASDAIR DUTTON

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	
16/12/08	0	5	2	0	0	0	7
17/12/08	0	5	2	0	0	0	7

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: _____ CHI: _____

MEDICAL ASSESSMENT *COMPLETED BY DOCTORS*	SIGN	DATE/TIME	COMMENTS/INFORMATION
Results available for:			
FBC U&E			
Group & Save			
CA 125			
LFT'S			
Others			
ECG			
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 Thrombopropylaxis 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

PATIENT ACTION CARE PLAN

METHODS OF MOVING AND HANDLING

INTO BATH OR SHOWER											
Handling Aid		Manual Support					Supervision of Patient		Patient Independent		No bath or shower	
Ambulift		People	1		2		Additional Information					
Hoist												
Shower Chair												
Other												
TRANSFERS (Including to/from bed: Wheelchair)												
Handling Aid		Manual Support					Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People	1		2		Additional Information					
Slide Sheets												
Transfer board												
Other												
TOILETING (Includes on/off bedpans)												
Handling Aid		Manual Support					Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People	1		2		Additional Information					
Slide Sheets												
Chair Slide												
Other												
MOVING UP/DOWN BED												
Handling Aid		Manual Support					Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People	1		2		Additional Information					
Slide Sheets												
Hand Block												
Rope Ladder												
Other												
SIT UP OVER SIDE OF BED												
Handling Aid		Manual Support					Supervision of Patient		Instructions to patient		Patient Independent	
Hoist		People	1		2		Additional Information					
Rope Ladder												
Slide Sheets												
Other												

Other Instructions:

Assessors Signature: _____

Date Assessed: _____ Proposed Review Date: _____

~~Pre-op Ward Round~~

Date:

Time:

Consent discussed and signed:

Dr's Signature: _____

16/12/08. Admitted via Whitehaven surgery after seeing Dr Mirlwifo. Hx/o of nausea for 8 wks, Dyspepsia 9 wks. vomiting ✓ some bile and unable to tolerate fluids or diet for the past few days.

1230- I.V fluids commenced. ORAL CYCLIZINE GIVEN AS PRESCRIBED

1500hrs. T 37' P 83 SpO2 99% BP 114/71 (FoDick) M.Forbes

1800: Tolerated most of tea at ~~lunch~~ tea time.
Brighter tonight.
Encouraged to mobilise around ward.
M. Forbes

2100: Small amount of supper - then vomited foodstuffs.
Declined anti-emetic. M. Forbes

0900. slo Dr Gordon (consultant)
Has been hydrated well.
may go home today.
Plan of care: Hydrate as day pt.
to Phone ward if wishes to come in. JBL

Patient Name Yvonne Jamieson Unit No. 100382 Date 17/12/18
0107

Ward Round:
Time:

Signature:

Varience	Nursing	SIGN	TIME	EVALUATION / PROGRESS
1.	Operation explained			
2.	Observations stable			
3.	Maintaining own airway			
4.	Venflon site satisfactory			
5.	Tolerating fluids and diet	KR	08.30	MUST Assessment completed Restricted Diet
6.	Pain score <2			
7.	No wound soakage	—		
8.	PV loss satisfactory	—		
9.	Wound drainage recorded 4hrly	—		
10.	Spontaneously passed urine	—		
11.	Personal hygiene performed	KR	08.00	Self-care.
12.	Mobilising	KR	08.00	Mobilising (R) wand.
13.	Pressure areas intact	KR	08.00	intact
14	Bowel activity recorded			
15	MH and Waterlow score recorded	KR	08.00	7/5
PHYSIOTHERAPY				
COUNSELLING / Education / Leaflets/Info				
Additional Information				

07⁰⁰ Slept well ⁰nausea or further vomiting. IVI continues. MSSU obtained.

P Donald

1st post-operative Day

Patient Name---------- Unit No.---------- Date----------

Ward Round: Time: Signature:

Varience	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

post-operative Day

Patient Name---------- Unit No.---------- Date----------

Ward Round: Time: Signature:

Varience	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

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

1003820107

ALASDAIR DUTTON

NHS Tayside

MUST and Nutritional assessment (to be completed within 24 hours of admission)

Data gathered from: Patient ☐ Other ☒ Specify NOT KNOWN. HT

Malnutrition Universal Screening Tool (MUST) adapted from BAPEN	Measures and Scores	Date/ Time	Initial
Height: Method height recorded • Stadiometer • self-reported height (if reliable and realistic) • reported by carer Ulna Length (not applicable for learning disability patients, estimate or measure using tape measure)	1 m 44 cm ☐ ☐ ☐ ☐	16/12/08	JS
Weight Actual ☐ Estimated ☐ Patients usual weight (liaise with carer)	80.8 kg _____ kg		
BMI score recorded	37 kg/m2		

STEP ONE BMI >20 (>30 obese) Score = 0 BMI 18.5-20 Score = 1 BMI < 18.5 Score = 2		**STEP THREE** Patient is acutely ill and there has been or is likely to be no nutritional intake for>5 days Yes = Score 2 No = Score 0	
STEP TWO In past 3-6 months Patient has < 5% weight loss Score = 0 Patient has 5-10% weight loss Score = 1 Patient has >10% weight loss Score = 2		**STEP FOUR** **TOTAL SCORE:**	0

STEP FIVE	**Malnutrition Management Guidelines Initial Nursing Interventions**	**Date/ Time**	**Initial**
Total MUST score = 0 Patient is at low risk HYPEREMESIS IN PREGNANCY	Repeat screening and record result weekly Other (specify): If patient has learning disability refer to Senior Nurse Acute Liaison (Learning Disability)	16/12	JS
Total MUST score 1or >1 Patient is at medium/ high risk	Food chart completed for 3 days Encourage meals using a little and often approach ✓ Offer snacks from ward provisions ✓ Offer standard milkshakes e.g. Build up/ Complan (needs prescribed) **Review 3 days of food charts to assess intake (If intake over 3 days = less than ½ meals, standard milkshakes and snacks: refer to dietitian)** If patient has learning disability: Liaise with dietetic department via Senior Nurse Acute Liaison (Learning Disability) Document review dates on MUST screening score chart	16/12	JS
Immediate dietetic referral Date Referred: Date Seen:	☐ Enteral Feeding (Learning disabilities service can provide regime) ☐ Parental Nutrition ☐ Therapeutic Diets- newly diagnosed ☐ Swallowing Problems ☐ Currently receives nutritional support in care setting/at home (if patient has learning disability liaise with learning disabilities dietetic service via Senior Nurse Acute Liaison (Learning Disability)	N/A	JS

NHS Tayside Acute Division Malnutrition Universal Screening Tool ('MUST') and Dietetic Referral Guidelines

STEP 1
BMI score

BMI kg/m²
Score

>20 (>30 Obese)	= 0
18.5 – 20	= 1
< 18.5	= 2

+

STEP 2
Weight loss score

Unplanned weight loss in past 3-6 months (this includes obese patients)

%	Score
<5	= 0
5 – 10	= 1
>10	= 2

+

STEP 3
Nutritional Intake Score

If there has been or is likely to be no nutritional intake for > 5 days.

Score 2

STEP 4
Overall risk of malnutrition

Add Scores together to calculate overall risk of malnutrition
Score 0: Low risk Score 1: Medium Risk Score 2 or more: High Risk

0
Low Risk
Routine clinical care

Repeat screening weekly

If patient had learning disability refer to Senior Nurse Acute Liaison

STEP 5

Medium / High Risk Score
(including obese patients)

- Encourage with meals* (*using a little and often approach*) and
- Complete food record charts for 3 days and
- Offer snacks
- Offer *standard* milkshakes e.g. Build Up, Complan
- If patient has learning disability liaise with dietetic service (learning disabilities) via Senior Nurse Acute Liaison Learning Disability

Immediate Dietitian Referral

- Enteral Feeding e.g. NG/PEG/Gastrostomy
- Parenteral Nutrition
- Therapeutic Diets e.g. medically diagnosed food intolerance, renal
- Swallowing problems i.e. oesophageal structures / stents, dysphagia
- Currently receiving nutritional support in care setting/home
- If patient has learning disability liaise with dietetic department via Senior Nurse Acute Liaison Learning Disability

If after 3 days ½ or more of meals and snacks taken, stop food chart, continue to

- encourage with meals *(using a little and often approach)*
- offer snacks
- offer standard milkshakes

If after 3 days Less than ½ meals, *standard* milkshakes and snacks taken

Repeat Screening Weekly

- If further weight loss is reported or there is no improvement in patient's clinical condition

Refer to Acute Dietitian for further assessment (please refer to priorities attached)

- Repeat screening weekly
- Continue to encourage with meals, snacks and milk shakes

Dietetic Department
Telephone:
Bleep:

Adapted from work originally produced by dietitians working in Oxfordshire

Malnutrition Universal Screening Tool (M.U.S.T) Screening Scores

Following initial screening all patients must have their screening reviewed a minimum of weekly and a regular review of the treatment plan. Changes to initial treatment plan should be clearly recorded in the ongoing nursing intervention sheet, AHP or medical assessment, care or treatment should be documented in MDT notes section.

DATE FOR REVIEW	WEIGHT	B.M.I	STEP 1 SCORE	STEP 2 SCORE	STEP 3 SCORE	STEP 4 TOTAL SCORE	DIETETIC REFERRAL YES/NO	Date/ Time	Initial
MAY BE DISCHARGED	80.2	37	✓	✓	✓	✓	NO	16/12	JM
WEIGHT ON NEXT MON. 5/1/00									

Assessment Information: Nutritional assessment (to be completed within 24 hours of admission)

	Y	N	Comments/Variance	Date/ Time	Initial
Able to make menu choices independently?	☑	☐			
Any specific religious/cultural/ethnic dietary requirements	☐	☑			
Any food allergies?	☐	☑		16/12	
Any specific eating and drinking dislikes?	☐	☑	If Yes: Can identify/choose independently Yes☐ No ☐ If No: Specify dislikes:		JM
Does the patient take a special diet?	☐	☑	Reason for special diet (please specify):		
Able to take diet and fluid orally and independently?	☑	☐	If No (tick as appropriate) New problem ☐ Old problem ☐ Need for S.A.L.T referral ☐ Patient nauseated ☐ Physical e.g. dexterity difficulties☐ Difficulties in chewing & swallowing ☐ Coughing, choking or spluttering during or after intake ☐ Prescribed medication for a chest infection in the past year ☐ Other Specify:		
Patients average daily intake is less than 2000ml (liaise with carer) WHEN FEELING WELL	☑	☐	Details: Ongoing difficulties with constipation/diarrhoea ☐ Problems with tongue thrust, poor lip closure/drooling ☐ Problems with vomiting/regurgitation ☐		

Patient needs/uses specific equipment to help them with eating or drinking?	☐	☐	New problem ☐ Old problem ☐ Own equipment being brought in: Yes ☐ No ☐ Need for OT referral		
Patient has specific social/environmental mealtime requirements	☐	☐			
Patient is currently receiving nutritional support at home/care setting	☐	☐	Enteral: ☐NG ☐PEG ☐ Gastrostomy/PEJ Parenteral: ☐Central ☐ Peripheral	16/12	JM
Patient is currently receiving dietary supplements at home/care setting	☐	☐	Type:		
Patient has dental problem influencing dietary intake	☐	☐	Need for dental referral ☐		

Initial Nursing Interventions	Y	N	Interventions /Outcomes		Date/ Time	Initial
Give assistance to make menu choices, taking into account particular likes/dislikes	☐	☐	☐ Verbal prompting ☐ Assistance ☐ Involve carers/family			
Diet kitchen informed of religious/cultural/ethnic dietary requirements	☐	☐				
Arrangements made to ensure patient does not receive foods which they are allergic to	☐	☐	☐All relevant staff informed: Allergies recorded: ☐ In nursing assessment	☐ On the front of medical notes ☐ On drug kardex ☐ Patient wrist allergy band in situ	16/12	
Diet kitchen informed of patient's special (therapeutic) dietary requirements?	☐	☐				JM
Give support to eat and drink	☐	☐	Details: ☐ Needs food cut up ☐ Needs fed ☐ Needs help to sit in chair/sit up in bed to eat food ☐ Needs fed in moulded chair/wheelchair ☐ Refer to S.A.L.T Date referred:	☐ Refer to Dentist Date referred: ☐ Initiate nausea treatment plan ☐Liaise with Senior nurse acute liaison (learning disability) ☐ Other: specify		
Patient has specific equipment to help them with eating or drinking?	☐	☐	Details: ☐ Refer to O.T Date referred: Date Seen:			
Arrangements have been made to meet the specific social/environmental mealtime requirements	☐	☐	Details:			
Patient's food supplement requirements:			**Type**	**Details:**		
Oral supplements	☐	☐				
NG feeds	☐	☐				
PEG feeds/Gastrostomy	☐	☐				
PEJ feeds	☐	☐				
Central	☐	☐				
Peripheral	☐	☐				

ACUTE SERVICES DIVISION

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

Our Ref: AG/FC 100382/0107
Date: 8th January, 2009.

Secretary – Fionna 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.

TYPE OF ADMISSION:	Emergency.
DATE OF ADMISSION:	16.12.08.
DATE OF DISCHARGE:	17.12.08.
OPERATION:	Nil.
DIAGNOSIS:	Hyperemesis Gravidarum.
FOLLOW UP:	Nil.

This lady was admitted to the Gynaecology Ward with vomiting in early pregnancy. She was rehydrated with I.V. fluids and commenced on oral Cyclizine.

Yours sincerely,

Dr. Adam Gordon,
Consultant Obstetrician & Gynaecologist.

ACUTE SERVICES DIVISION

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

Our Ref: AG/FC 100382/0107
Date: 9th April, 2009.

Secretary – Fionna 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.

This lady was admitted at twenty-four weeks gestation on the 25th March, 2009, with vomiting and epigastric pain. On admission she was found to be hypertensive with heavy proteinuria. Blood tests revealed a low platelet count and abnormal liver function tests.

An ultrasound scan confirmed a severely growth restricted baby with oligohydramnios and absent end diastolic flow. It became apparent that she required delivery in view of HELLP syndrome. An attempt was made to induce labour with vaginal prostaglandins however it was not unexpected that she delivered a fresh stillborn baby in the early hours of the 27th March, 2009. She agreed to a post-mortem.

I will review her in my office at P.R.I. in around six weeks time to discuss the sad outcome to this pregnancy.

Yours sincerely,

Dr. Adam Gordon,
Consultant Obstetrician & Gynaecologist.

Copy to: Community Midwives (Perth City Team).
Daryl Mallis, Bereavement Counselling Midwife.

ACUTE SERVICES DIVISION

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

Our Ref: AG/FC 100382/0107
Date: 15th April, 2009.

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

Clinic Fax – 01738 473144

Mr. & Mrs. J. Jamieson,
1F, Menzies Court,
Fairfield Avenue,
PERTH.
PH1 2TD

Dear Mr. & Mrs. Jamieson,

I would be grateful if you could come to my office on the first floor of the Maternity Unit, P.R.I. on Wednesday, 6th May, 2009, at 2.00.p.m. to discuss the results of the tests you had done.

If this date is not suitable please contact my secretary on the above number and we can arrange another appointment.

Kind regards.

Yours sincerely,

Dr. Adam Gordon,
Consultant Obstetrician & Gynaecologist.

Copy to: Daryl Mallis, Bereavement Midwife (Strathearn Team).

ACUTE SERVICES DIVISION

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

Our Ref: AG/FC 100382/0107
Date: 21st April, 2009.

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

Clinic Fax – 01738 473144

Mr. & Mrs. J. Jamieson,
1F, Menzies Court,
Fairfield Avenue,
PERTH.
PH1 2TD

Dear Mr. & Mrs. Jamieson,

You have an appointment to come and see me in my office on Wednesday, 6th May, 2009, at 2.00.p.m. I would be grateful if you could come at **1.30.p.m.** in order to give you more time to discuss things and ask any questions.

Yours sincerely,

Dr. Adam Gordon,
Consultant Obstetrician & Gynaecologist.

ACUTE SERVICES DIVISION

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

Our Ref: AG/FC 100382/0107
Date: 7th May, 2009.

Secretary – Fionna 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 in my office on the 6th May, 2009, following the stillbirth of her baby boy in March. This occurred following induction of labour for severe pre-eclampsia at twenty-four weeks gestation.

She and her partner had initially been extremely upset by the management initially in both Ninewells and Perth Royal Infirmary. I took time to explain the circumstances regarding her pre-eclampsia and the reasons behind her induction of labour. I enclose a copy of the letter I wrote to her following the consultation regarding this.

It is difficult to predict the risk of recurrence following early onset atypical pre-eclampsia however I have reassured her that should she decide on a pregnancy in the future it is likely that she would progress beyond twenty-eight weeks gestation.

In any future pregnancy she will require low dose Aspirin (75 mgs) and Folic Acid 5 mgs daily from the time of conception. The Folic Acid should be continued throughout the pregnancy and the Aspirin should be continued until thirty-six weeks gestation. Regular scans, blood pressure checks and liver function tests would be required. At this stage she is however unsure whether she would wish to embark on a further pregnancy.

Yours sincerely,

Dr. Adam Gordon,
Consultant Obstetrician & Gynaecologist.

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 – Fionna 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.

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
Address	**1f Menzies Court, Fairfield Avenue, Perth, PH1 2TD**	Sex	**Female**	GP	**Bm Reilly Whitefriars Surgery Whitefriars Street Perth**
		Hospital Number	**1003820107**		
		Midwife	**None Recorded**		**PH1 1PP**
		Obstetrician	**Dr A Gordon**		
Telephone	**07748672596**	Paediatrician	**Dr F Drimmie**	Telephone	**01738 625842**

DELIVERY SUMMARY

Labour Onset	**Induced by**		
Augmentation	**Not applicable**	Membrane Rupture To Birth Interval	**Unknown**
		First Stage	**Unknown**
Intrapartum Problems	**None Recorded**	Second Stage	**Unknown**
Third Stage	**Controlled Cord Traction** **Oxytocics: Syntometrine i/m**	Third Stage	**00:02 (hrs:mins)**
Sterilisation	**Not Applicable**		
Pain Relief	**Labour: Epidural**		
Placenta	**Condition: Normal** **Completeness: Complete**	Membranes	**Complete**
Blood loss	**150 mls**		
Perineum	**No damage recorded**		
Postpartum Problems	**None Recorded**		

Stillbirth 00:39 Friday 27 March 2009

Baby	**Baby Jamieson (Male)**	Other number		Birth Status	**Stillbirth at 24+6 weeks**
Birth Order	**1 of 1**	Hospital Number	**M29150**	Birth Weight	**560 grams (1 lbs & 4 ozs)**

Method of Delivery	Breech - Spontaneous
Time of Birth	00:39
Resuscitation	None
Drugs	Not administered
Liquor	Not Recorded
Apgar Scores	None Recorded
Mins To Reg Resp	Not applicable
Special Care	
Shoulder Dystocia	No
Delivered By	Mrs Susan Warren (Hospital Midwife) assisted by Fiona Dye (Hospital Midwife)

Signature SE Warren S/M **Date** 27/3/09

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Baby	**Baby Jamieson**	Other number		Date of Birth	**27/3/2009**
Address	**1f Menzies Court, Fairfield Avenue, Perth, PH1 2TD**	Sex	**Male**	GP	**Bm Reilly Whitefriars Surgery Whitefriars Street Perth PH1 1PP**
		Hospital Number	**M29150**		
		Birth Order	**1 of 1**		
		Midwife	**None Recorded**		
		Obstetrician	**Dr A Gordon**		
Telephone	**07748672596**	Paediatrician	**Dr F Drimmie**	Telephone	**01738 625842**

BABY RECORD - PART 1 (Printed 27 March 2009)

Obstetric History	**Gravida Gravida 2 Para 1+0 Para**	Maternal Blood Group	**Not Recorded**
Ultrasound Normal	**Normal**	Antibodies	**Not Recorded**
		Rhesus Status	**Not Recorded**
Onset	**Induced**	Time of Onset	
Augmentation		Membranes to delivery	**Unknown**
Presentation	**Breech**	First Stage	**Unknown**
Type of Delivery	**Breech - Spontaneous**	Second Stage	**Unknown**
Analgesia - Labour	**Epidural**	Analgesia - Delivery	**None Recorded**
Intrapartum Problems	**None Recorded**		

Stillbirth Baby: 1 00:39 Friday 27 March 2009

Mother

Name	**Miss Yvonne M Jamieson**	Hospital Number	**1003820107**
Feeding intention	**None Recorded**	CHI Number	**000545858**

Baby

Birth Order	**1 of 1**	Sex	**Male**
Weight	**560 grams (1 lbs & 4 ozs)**	Liquor	**Not Recorded**
Final due date		Antenatal steroids	**None Recorded**
Method of Resuscitation	**None**	Spontaneous Respiration	**Not applicable**
Drugs Administered	**Not administered**		
Delay to first breath	**None Recorded**	Delay to heartbeat	**None Recorded**
Vitamin K given			

Apgar

Minutes	Colour	Tone	Heart Rate	Respiration	Response to Stimulus	Total
1						
5						
10						

Cord round neck	**Not Recorded**	Vessels in cord	**None Recorded**
Cord samples taken			

Neonatal admission

Reason	Notes

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
Address	**1f Menzies Court, Fairfield Avenue, Perth, PH1 2TD**	Sex	**Female**	GP	**Bm Reilly Whitefriars Surgery Whitefriars Street Perth**
		Hospital Number	**1003820107**		
		Midwife	**None Recorded**		**PH1 1PP**
		Obstetrician	**Dr A Gordon**		
Telephone	**07748672596**	Paediatrician	**Dr F Drimmie**	Telephone	**01738 625842**

Thromboembolism Prophylaxis Summary

Factor	**Score**
BMI > 30	3
Birth method of Breech Delivery	0
Total Score	**3**

The suggested action is:

Early mobilisation and hydration
TED stockings
Fragmin 5000iu o.d. for 5 days

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
Address	**1f Menzies Court, Fairfield Avenue, Perth, PH1 2TD**	Sex	**Female**	GP	**Bm Reilly Whitefriars Surgery Whitefriars Street Perth PH1 1PP**
		Hospital Number	**1003820107**		
		Birth Order	**1 of 1**		
		Midwife	**None Recorded**		
		Obstetrician	**Dr A Gordon**		
Telephone	**07748672596**	Paediatrician	**Dr F Drimmie**	Telephone	**01738 625842**

Birth Register

Total Length Of Labour (hr:min)	**01:41**	Place of Delivery	**Labour**
Estimate of Gestation	**24+6 weeks**	Parity	**1+0**
Booking Status	**Booking for Delivery**		
Onset	**Induced**	Memb Rupt To Birth	**Unknown**
Presentation	**Breech**	First Stage	**Unknown**
Augmentation	**Not Applicable**	Second Stage	**Unknown**
Third Stage	**Controlled Cord Traction**	Third Stage	**00:02 (hrs:mins)**
Placenta	**Condition: Normal**	Membranes	**Complete,**
	Completeness: Complete		
Pain Relief	**Labour: Epidural**		
Perin	**No damage recorded**		
Deliv By	**Mrs Susan Warren (Hospital Midwife)**		
Assisted By	**Fiona Dye (Hospital Midwife)**		
Midwife Present	**Mrs Susan Warren (Hospital Midwife)**		
CTG Results	**Not applicable**		
Blood Loss	**150 mls**		
Intrapartum Problems	**None Recorded**		
Postpartum Problems	**None Recorded**		
PN Analgesia/Anaesthesia	**Not recorded**		
Feeding Intention			

Stillbirth Baby: 1 00:39 Friday 27 March 2009

Other number			
Hospital Number	**M29150**	Sex	**Male**
Birth Weight	**560 grams (1 lbs & 4 ozs)**	Resuscitation Method	**None**
Head Circumference		Resuscitation Drugs	**Not administered**
Length		Apgar	**Not Known at 1 min / Not Known at 5 mins / Not Known at 10 mins**
Vitar	**Not Recorded**	Liquor	**Not Recorded**
Admitted To Special Care		Mins to Spontaneous Respiration	**Stillbirth**
		Method of Delivery	**Breech - Spontaneous**
		Congenital Anomaly	**No**

Signed SE Lorne (Midwife/SHO/Registrar/Consultant) **Date** 27/03/09

Women and Child Health Clinical Group

CHECKLIST FOR STAFF TO BE USED AFTER STILLBIRTH, LATE MISCARRAIGE OR NEONATAL DEATH(NND)

Date: 26/3/09 Loss Now:

Mother's Name: JAMIESON YVONNE 1003820107 F
DOB/CHI:
Address 1F MENZIES COURT FAIRFIELD AVENUE PERTH PH1 2TD
DR ALASDAIR DUTTON
WHITEFRIARS SURGERY, WHITEFRIARS

Stillbirth: 24+6 wks
Miscarriage: ..... wks
NND: ..... wks

Telephone No.: 07597282851

Alternative Tel No.: .....

Husband/Partner's Name: John Jamieson

Baby's First Name: Jessica

Baby's Surname: JAMIESON

Date of Birth: 27/3/09

Time of Birth: 01 39

Date & Time of Death if NND: .....

		Tick	Comments	Sign/Date
1	a) Mother informed of Death by b) Father informed of Death by	✓	Spoken to by Dr Nicol Following delivery	Suana 27/3/09
2	a) Consultant Obstetrician notified	V	Dr Nicol	S Cunsold 26/3/09
3	a) Mother seen by Obstetrician b) Father seen by Obstetrician	V V	S/B Dr Nicol. S/B Dr Nicol	S Cunsold 26/3/09
4	Seen by Senior Paediatrician if applicable	V	S/B Dr Drummie (Cons)	S Cunsold 26/3/09
5	Parents given opportunity to discuss their baby's death with midwife present	✓		Suana 27/3/09
6	Has the labour/procedure been discussed with the mother	V	Dr Nicol.	S Cunsold 26/3/09
7	Has the choice of analgesia been discussed with the mother	V	Epidural	S Cunsold 26/3/09

		Tick	Comments	Sign/Date
8	Baby seen/held - by mother - by father - by other relatives	✓ ✓	Offering given for each Mum to see Justin separately	Yvonne 27/3/09
9a 9b	Has the chaplain or parents own religious/spiritual leader been notified (if wished by parents) Baptism or other religious ceremony offered	✓ ✓	SIBS RGN Gordon small blessing given	Yvonne 27/3/09
10	Momentoes offered to parents: A) Cot card ✓ B) Name band ✓ C) Lock of hair — D) Foot/Hand print ✓ E) Remembrance card ✓ F) Book of Remembrance - name to be entered (Yes)/No G) Clothing/Blanket of Love H) Other		Photos Frida Kahlo JUSTIN JAMIESON	27/3/09
11	Photographs A) Digital photograph taken of baby B) Digital photograph given to parents/filed C) Medical photographer informed? Request for Clinical Photography THB(MR)186 to be completed. D) Photographs to be filed? Yes/(No) E) Letter/Telephone call when photos ready? F) Letter sent Photographs sent/collected	✓ ✓	- Phone when ready then send to Yvonne	Yvonne 27/3/09 27/3/09 Edward
12	A) Has Post Mortem been discussed with the parents by Senior Medical Staff B) Consent ~~given~~/refused C) Post Mortem Authorisation Form New documentation and THB(MR)298 completed and signed by mother *see guidelines D) Post Mortem documentation to go with baby to mortuary E) Consultant Pathologist informed by Consultant Obstetrician	✓	S/B Dr. Nicoll Do not with PM	Yvonne 27/3/09
13	Has the Certificate of Stillbirth (Form 6) been completed, explained and given to the parents?	✓		Edward 27/3/09.
14	If NND has the notification of birth **and** death certificate been given			

		Tick	Comments	Sign/Date
15	Information given on when and where to register Stillbirth, Birth (if required) and Death			
16	Information given for funeral arrangements Parents decision **Hospital arrangements** (i) Burial (ii) Cremation - Application for Cremation Form, must be completed, prior to discharge (iii) Form 8 taken to Mortuary (iv) Ensure addressed envelope for Form 8 is provided, and arrangements to return to labour suite (v) Funeral Director contacted **Private arrangements** Burial or Cremation - A Funeral Director of the parents choice will provide information and support. If a Neo Natal Death has occurred parents are responsible for arranging the funeral.	✓	SIB for Graham will do funeral. Shang & McAgga contacted will phone Jan & Yvonne on Monday Sonshaw	
17	Arrangements for internment of pre-viable baby discussed **Hospital arrangements** Cremation *** Remember to give leaflet "Arrangements following the loss of your pregnancy"** **Private arrangements** As for above			
18	Notification of Stillbirth (2 copies required) 1. Ann Pogorzelec, Labour Suite 2. Mortuary Technician	✓ ✓	Sonshaw 27/3/09	
19	Notification of Non-Viable Fetus (2 copies required) 1. Ann Pogorzelec, Labour Suite or Kay Forsyth if Nairn Suite Client 2. Mortuary Technician Wish to attend crematorium Yes/No ***If parents wish to attend the undertaker will phone the parents directly. The Mortuary must be informed within 24 hours**			

		Tick	Comments	Sign/Date
20	Notice of Death - not miscarriages (2 copies required) 1. Kay Forsyth 2. Information Support Officer	✓ ✓		SCMSHA 27/2/09
21a	Inform Parent Education	✓		27/2/09 SMcA
21b	Breast Feeding Support Worker (Dundee Only)			
21c	Physiotherapy Department	✓		27/3/09 SCMSHA
22a	Inform Neonatal Hearing Screening Service	✓		27/2/09 SMcA
22b	Guthrie Screening if NND	N/A		
23a	Bereavement Nurse contacted Referral Form completed		Yvonne had no for Daryl Mollison	MCLeod 28/3/9
23b	Health Visitor Form attached to checklist ~ which goes with Community Midwife copy	✓		
24	Parents given Hospital Booklet, Stillbirth Booklet and SANDS leaflets	✓		
25	Accommodation as requested a) Gynaecology ward b) Single room in obstetric ward c) Home Accommodation for partner		Stayed in Room 718. 9/A labour suite	27/3/9 MCLeod
26	a) GP notified Yes/No b) ANC notified - Dundee or outlying unit Yes/No	✓	PRI informed	SCMSHA 27/3/09
27	Community midwife informed and introduced to parents prior to leaving hospital?	✓	CMW/FE INFORMED	
28	Inform Ultrasound Department	✓		SCMSHA 27/3/09

		Tick	*Comments*	*Sign/date*
29	Follow up chart attached to front of casenotes	✓		Samara
30	Updated/Accurate copy of checklist given to: a) Community Midwives Office, Ninewells Hospital b) Attending Community Midwife c) Ann Pogorzelec, Labour Suite d) File in casenotes	✓ ✓ ✓ ✓		MClark 28/3/9
31	If > 24 weeks Protos complete delivery on Protos	✓		Samara 27-3
32	IR1 completed	✓		Samara 27/3/9
33	Details are recorded in Black Book for reference	✓		Samara
34	Hospital Contact given (not home number): Name ..... or Sister-in-Charge Telephone No.: 01382 632140/632141	✓		MClark 28/3/9
35	If Stillbirth >24 weeks when the baby is transferred to the Mortuary the placenta, in formalin tub, accompanies the baby	✓		27/3/9

If going to a different address on discharge:

Name on Door: .....

.....

.....

.....

Contact telephone No. .....

PLEASE ENSURE ALL APPROPRIATE PAPERWORK ACCOMPANIES BABY TO THE MORTUARY

Tayside Pathology Laboratories
Ninewells Hospital, Dundee

BIOPSY REPORT

JAMIESON, Yvonne	10 Mar 1982	TS09007566
N/W Labour Suite		CHI No. 1003820107
Clinician Dr A GORDON		
Date Recvd 30 Mar 2009	Date Issued 07 Apr 2009	

Nature of Specimen(s)

Placenta and membranes.

Clinical Information Supplied

Termination at 24/52 gestation for maternal compromise.

Macro Report

Three samples received within the same container. The first of these is a piece of umbilical cord with a plastic clip attached to one end. The cord measures 170mm in length. It displays hypocoiling and no true or false knots are present. A transverse section through the cord confirms the presence of three blood vessels. The second sample comprises a sheet of membranes. These are smooth and transluscent. The third sample is a placental disc with attached umbilical cord and small portion of membranes. The umbilical cord has an eccentric insertion into the disc and measures 110mm in length. It displays hypocoiling and no true or false knots are present. A transverse section through the cord confirms the presence of three blood vessels. The membranes are scanty in volume, have a central insertion into the placental disc. They are slightly opaque in areas. The placental disc measures 104mm x 100mm to a maximum depth of 30mm and has a trimmed weight of 100g. The fetal aspect is smooth but slightly opaque at the chorion. A large chunk has been removed from the specimen at source. The maternal aspect is slightly ragged but otherwise unremarkable. Serial sections through the placental disc reveal no obvious macroscopic abnormality. Blocks taken as: A - umbilical cord, B - membranes, C-F - representative sections through the placental disc. Tissue remains.

(MUNA)

Micro Report

Sections of the umbilical cord confirm the presence of three blood vessels. There is no evidence of funisitis. The membranes appear normal and there is no evidence of chorioamniomitis. The maternal decidua associated with the membranes is extensively permeated by lymphocytes and foci of neutrophils are seen. This may indicate a

ACKNOWLEDGEMENT OF RECEIPT	
WARD SECRETARY	DOCTOR

Tayside Pathology Laboratories
Ninewells Hospital, Dundee

BIOPSY REPORT

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N/W Labour Suite		CHI No. 1003820107
Clinician Dr A GORDON		
Date Recvd 30 Mar 2009	Date Issued 07 Apr 2009	

degree of decidualitis.

Sections derived from the placental disc show an absence of chorioamnionitis. However, the underlying intravillous space is heavily fibrin/laden and this is accompanied by an acute inflammatory reaction. This inflammation spills into the entrapped chorionic villi giving an acute inter and intravillitis. In areas these features merge with infarcted villi. Other areas of the placental disc appear more normal with villous immaturity in keeping with the stated age of gestation. The maternal aspect is associated with areas of haemorrhage and decidual necrosis.

Special histological stains do not highlight any obvious micro-organisms.

Placental membranes - inflammation with infarction (see above report).

Signature of Pathologist(s)

Dr L B Jordan
LD

NLABR GORA1H

ACKNOWLEDGEMENT OF RECEIPT	
WARD SECRETARY	DOCTOR

STILLBIRTH/ FETAL ABNORMALITY/PREGNANCY LOSS (AFTER 12 WEEKS)

STAPLE TO FRONT OF NOTES AT DELIVERY

PLEASE KEEP NOTES WITH OBSTETRIC SECRETARIES UNTIL ALL RESULTS ARE BACK.

DISCHARGE LETTER DONE Y/N DATE.....

CLINIC APPOINTMENT THEN TO BE MADE WITH DRS LYNCH/GORDON/AGUSTSSON/ MIRES/NICOLL

NINEWELLS.....

PERTH.....

ARBROATH.....

FORFAR.....

MONTROSE.....

NOTES COMPLETE YES/NO

SIGNED..... DATE.....
CONSULTANT OBSTETRICIAN

PLEASE STAPLE TO FRONT OF NOTES

Tayside Clinical Laboratory — cvices — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: JAMIESON — onne — Sex: F PID: 1003820107 — DoB: 10 Mar 1982

Lab No: C095402300

N/W Labour Suite — Clinician: Dr A GORDON — NLABR GORA1H

SODIUM	142	*	mmol/L	(135-147)	
POTASSIUM	4.4		mmol/L	(3.5-5.0)	
UREA	5.7		mmol/L	(3.3-6.6)	
CREATININE	55		umol/L	(44-80)	
ALT	256	*	U/L	(12-40)	
BILIRUBINS	11	*	umol/L	(0-15)	
ALKALINE PHOSPHATASE	91	>	U/L	(20-80)	
ALBUMIN	28	<	g/L	(36-50)	
URATE	0.22	*	mmol/L	(0.18-0.36)	
LACTATE DEHYDROGENASE	645	*	U/L	(145-410)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
28 Mar 2009

Cl[illegible] Details: IUD 24wks P ?HELLP

Request Entered: 28 Mar 20 08:01 — Report Printed: 28 Mar 2009 09:20

Tayside Clinical Laborator ervices Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: JAMIESON vonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H095402300
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

APTT	29.8	L	s.	(22-30)
APTT Ratio	0.8			
Prothrombin Time	9.5		s.	(9-12)
PT Ratio:	0.9			

Lab.Comments:

Sample Date/Time
28 Mar 2009

Clin.Details: IUD 24wks ?HELLP

Request Entered: 28 Mar 2 08:01 Report Printed: 28 Mar 2009 08:20

Tayside Clinical Laboratory :rvice: Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: JAMIESON :onne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H095402299
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

HGB	11.1	L g/dL	(.0-16.0		WBC	16.5	H x10^9/l	(3.9-9.9)
RBC	3.68	L x10^12/l	(.8-4.8		NE#	13.2	H x10^9/l	(2.0-7.5)
HCT	0.325	L	(:7-0.47		LY#	2.2	x10^9/l	(1.5-4.0)
MCV	88.3	fl	(0-96		MO#	1.1	H x10^9/l	(0.2-0.8)
MCH	30.2	pg	(:7-32		EO#	0.01	x10^9/l	(0.0-0.4)
MCC	34.2	g/dl	(:2-36		BA#	0.0	x10^9/l	(0.0-0.1)
					PLT	112	L x10^9/l	(150-400)

Lab.Comments:

Sample Date/Time
28 Mar 2009

Clin.Details: UID at 24w PET ELLP

Request Entered: 28 Mar 2 08:0 Report Printed: 28 Mar 2009 08:07

JAMIESON 1003820107
YVONNE F
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH PH1 2TD
DR ALASDAIR DUTTON
WHITEFRIARS SURGERY, WHITEFRIARS

Stillbirth Checklist/Mid Trimester Loss
Including Fetal Abnormality Checklist

From 12 weeks gestation signed consent* and a sectio is required for pathology.
Prior to 12 weeks gestation verbal maternal consent should be obtained and recorded in the notes.
*If parents are not married this must be maternal consent.
Please stress the importance of obtaining a pathology report.

Investigation	Required (signature)	Obtained	Result back
Fetus			
Fetus to pathology dry. Do Not put in formalin. If for Post Mortem - form must be sent. (Form sent Y/N)		✓	
Placenta to pathology in formalin after specimens have been obtained (see below) *		✓	
Swabs			
Maternal HVS			
Maternal placenta		✓	
Fetal placenta		✓	
Fetal ear/umbilicus		✓	
Fetal Chromosomes (Biopsies in transport medium) **If fresh**			
Fetal blood if possible (**Dark** green top bottle)		✓	
Full thickness skin biopsy			
Placental biopsy - 1cm^3 near cord insertion (Not the cord itself)		✓	
If macerated			
Placental biopsy only			
Parental Chromosomes (**Dark** green top bottle)			
Only if recurrent loss or abnormal macerated fetus - Mother			
Father			
Father's name & DOB.....			
Maternal bloods			
- put on Virology Form			
'Fetal loss bloods' (2 x Yellow top to Virology) ✓		✓	
Lupus anticoagulant (Blue top x 2 to Haematology) ***sample must be sent to lab within one hour of obtaining***		✓	
Anticardiolipin (Red top to Immunology)		✓	
HBA_{1c} (Purple top to Biochem)		✓	
TSH (Yellow top to Biochem)		✓	
Kleihauer (Purple top to BTS)		✓	
Group & Antibodies (Pink top to BTS)		✓	
Other Investigations			
Fetal blood group and coombs?			

* If Stillbirth placenta goes to Mortuary with baby

DAILY IV FLUID PRESCRIPTION AND FLUID BALANCE CHART

Date 28/3/09

For Incompatibilities and Rate of Flow – See Overleaf

Ward/Clinic/ Hosp. AG Cons.

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

Surname Jamieson

First Name Yvonne M. State

Address Sex

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

USE BLOCK LETTERS OR PATIENT LABEL

Bottle No.	FLUID TYPE	FLUID Amount ml.	Rate of Flow per hour ml/hr	Batch No.	ADDITIONS (Sign here if Drugs added subsequently)	Use 24hr Clock Start	Use 24hr Clock Finish	Prescribed by (Doctors Signature) / Administered by (Signature)

THIS CHART MAY BE DESTROYED ON DISCHARGE OF PATIENT PROVIDED NO RECORDINGS ARE MADE ABOVE THIS LINE

24hr clock Time	INTAKE in ml. I.V.	INTAKE in ml. ORAL	OUTPUT in ml. Urine	Vomit	Aspirate	Fistulae	Drain	Stool	COMMENTS
0200			972						NAD.
0230			42						
1130			150ml	spew.					LARGE BLOOD
TOTALS									

SPECIAL INSTRUCTIONS:

I.V. Total ..... Oral Total ..... Total Intake ..... Total Output ..... Balance .....

Known Drug Sensitivity – or Adverse Reaction

1. 2.

THB (MR) 29 Rev.8/92

INCOMPATIBILITIES OF DRUGS

Precautions –

Do NOT *add Drugs to the following*

AMINO ACID SOLUTIONS
LIPID EMULSIONS
MANNITOL SOLUTIONS – *check solution has not crystallised*
WHOLE BLOOD OR BLOOD PRODUCTS

RATE OF FLOW (for 500ml)
PLEASE CONSULT OUTER COVER OF THE IV SET

POTASSIUM CHLORIDE

A standard solution of 0.3% Potassium Chloride in 5% Dextrose solution or 0.9% Sodium Chloride solution containing 40 millimoles of K^+ *per litre is available. Normally not more than* 80 millimoles K^+ (6 grams Potassium Chloride) *should be infused in 24 hours.*

CONSULT THE PHARMACY DEPARTMENT *about the addition of drugs to infusion solution. Remember to* ensure good mixing *after adding drugs to an infusion solution. Following the addition of a drug to an infusion fluid remember to affix a* "Drug Additive" Label *to the container.*
Infuse solution as soon as possible after the addition of drug(s).

ANTIBIOTICS – PREFERABLY AVOID ADMINISTRATION BY INTRAVENOUS INFUSION
To achieve Therapeutic Levels – ADMINISTER BY BOLUS INJECTION

ON OCCASIONS OF NECESSITY REFER TO TABLE BELOW OR SEEK ADDITIONAL INFORMATION

CEPHALORIDINE	TETRACYCLINES, ERYTHROMYCIN *incompatible*
ERYTHROMYCIN LACTOBIONATE	*Should only be added to IV Fluids after reconstitution with water for injection* (See package insert for full details) NO *other drugs to be added to infusion*
GENTAMICIN	Do not add to Infusion Fluids. *Give as a bolus injection*
HEPARIN	*Add* preferably *to* SODIUM CHLORIDE 0.9% *Solution* ANTIBIOTICS, HYDROCORTISONE *incompatible*
HYDROCORTISONES *e.g. Sodium Phosphate* *Sodium Succinate preparations*	ANTIBIOTICS, HEPARIN *incompatible*
PENICILLINS *e.g. Ampicillin* *Benzylpenicillin*	*Add* only *to* Sodium Chloride 0.9% *Prepare immediately before administration.* Infuse within 4 hours. Do not mix with other drugs.
TETRACYCLINES	NO *other drugs to be added to infusion.* *Do* NOT *add to solutions containing* Calcium.

DAILY IV FLUID PRESCRIPTION AND FLUID BALANCE CHART

Date 27.03.09

For Incompatibilities and Rate of Flow – See Overleaf

Ward/Clinic/

Hosp. ..... Cons.

D D M M Y Y

C.H.I. No. 1 [illegible] 8 2 [illegible] 3

Surname Jamieson

First Name Lyuane M. State

Address ..... Sex

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

USE BLOCK LETTERS OR PATIENT LABEL

Bottle No.	FLUID TYPE	FLUID Amount ml.	Rate of Flow per hour ml/hr	Batch No.	ADDITIONS (Sign here if Drugs added subsequently)	Use 24hr Clock Start	Use 24hr Clock Finish	Prescribed by (Doctors Signature) / Administered by (Signature)
(4)	Hartmanns	500	80			0300	1600	

THIS CHART MAY BE DESTROYED ON DISCHARGE OF PATIENT PROVIDED NO RECORDINGS ARE MADE ABOVE THIS LINE

24hr clock Time	INTAKE in ml. I.V.	INTAKE in ml. ORAL	OUTPUT in ml. Urine	Vomit	Aspirate	Fistulae	Drain	Stool	COMMENTS
12mn			2 C						
0300	(5) 500								
1600	(4) 500.								
		300							
1800		300	480 mL P/C.						N.A.D.
TOTALS									

SPECIAL INSTRUCTIONS:

I.V. Total .....

Oral Total .....

Total Intake .....

Total Output .....

Balance .....

Known Drug Sensitivity – or Adverse Reaction

1. 2.

THB (MR) 29 Rev.8/92

INCOMPATIBILITIES OF DRUGS

Precautions –

Do NOT *add Drugs to the following*

AMINO ACID SOLUTIONS
LIPID EMULSIONS
MANNITOL SOLUTIONS – *check solution has not crystallised*
WHOLE BLOOD OR BLOOD PRODUCTS

RATE OF FLOW (for 500ml)
PLEASE CONSULT OUTER COVER OF THE IV SET

POTASSIUM CHLORIDE

A standard solution of 0.3% Potassium Chloride in 5% Dextrose solution or 0.9% Sodium Chloride solution containing 40 millimoles of K^+ *per litre is available. Normally not more than* **80 millimoles K^+ (6 grams Potassium Chloride)** *should be infused in 24 hours.*

CONSULT THE PHARMACY DEPARTMENT *about the addition of drugs to infusion solution. Remember to* **ensure good mixing** *after adding drugs to an infusion solution. Following the addition of a drug to an infusion fluid remember to affix a* "Drug Additive" Label *to the container.*
Infuse solution as soon as possible after the addition of drug(s).

ANTIBIOTICS – PREFERABLY AVOID ADMINISTRATION BY INTRAVENOUS INFUSION
To achieve Therapeutic Levels – ADMINISTER BY BOLUS INJECTION

ON OCCASIONS OF NECESSITY REFER TO TABLE BELOW OR SEEK ADDITIONAL INFORMATION

CEPHALORIDINE	TETRACYCLINES, ERYTHROMYCIN *incompatible*
ERYTHROMYCIN LACTOBIONATE	*Should only be added to IV Fluids after reconstitution with water for injection* (See package insert for full details) NO *other drugs to be added to infusion*
GENTAMICIN	**Do not add to Infusion Fluids.** *Give as a bolus injection*
HEPARIN	*Add* **preferably** *to* **SODIUM CHLORIDE 0.9%** *Solution* ANTIBIOTICS, HYDROCORTISONE *incompatible*
HYDROCORTISONES *e.g. Sodium Phosphate* *Sodium Succinate preparations*	ANTIBIOTICS, HEPARIN *incompatible*
PENICILLINS *e.g. Ampicillin* *Benzylpenicillin*	*Add* **only** *to* **Sodium Chloride 0.9%** *Prepare immediately before administration.* **Infuse within 4 hours. Do not mix with other drugs.**
TETRACYCLINES	NO *other drugs to be added to infusion.* *Do* NOT *add to solutions containing* **Calcium.**

DAILY IV FLUID PRESCRIPTION AND FLUID BALANCE CHART

Date 26.3.09

For Incompatibilities and Rate of Flow — See Overleaf

Ward/Clinic/Hosp. NW AC Cons.

D D M M Y Y: 1 1 0 3 8 2 | C.H.I. No. 01 07

Surname JAMESON

First Name YVONNE M. State

Address Sex

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

USE BLOCK LETTERS OR PATIENT LABEL

Bottle No.	FLUID TYPE	Amount ml.	Rate of Flow per hour ml/hr	Batch No.	ADDITIONS (Sign here if Drugs added subsequently)	Use 24hr Clock Start	Finish	Prescribed by (Doctors Signature) / Administered by (Signature)
1	Hartmanns	500	80			1030	1615	[illegible]
2	Hartmanns	500	80mls			1615	2230	
3	Hartmanns	500	80			2230	0338	SL

THIS CHART MAY BE DESTROYED ON DISCHARGE OF PATIENT PROVIDED NO RECORDINGS ARE MADE ABOVE THIS LINE

24hr clock Time	INTAKE in ml. I.V.	INTAKE in ml. ORAL	*Strict fluid OUTPUT in ml. balance.* Urine	Vomit	Aspirate	Fistulae	Drain	Stool	COMMENTS
0310			100	*21° Urine Collection Commenced*					+++protein pos nitrites Erythrocytes concentrated
0345		420 150							
0800			120	concentrated					+++ prot nitrites
1330			160	concentrated					++++ prot.
1600			50						
1700		50mls	80						+Prot
1800			60						
1900			70						+protein
2000			40						
2100			48						
2200	800		32						
2300	(2) 500		202						
2300			32						
TOTALS									

SPECIAL INSTRUCTIONS:

I.V. Total

Oral Total

Total Intake

Total Output

Balance

Known Drug Sensitivity — or Adverse Reaction

1. NKA 2.

THB (MR) 29 Rev.8/92

INCOMPATIBILITIES OF DRUGS

Precautions –

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HEPARIN	*Add* preferably *to* SODIUM CHLORIDE 0.9% *Solution* ANTIBIOTICS, HYDROCORTISONE *incompatible*
HYDROCORTISONES *e.g. Sodium Phosphate* *Sodium Succinate preparations*	ANTIBIOTICS, HEPARIN *incompatible*
PENICILLINS *e.g. Ampicillin* *Benzylpenicillin*	*Add* only *to* Sodium Chloride 0.9% *Prepare immediately before administration.* Infuse within 4 hours. Do not mix with other drugs.
TETRACYCLINES	NO *other drugs to be added to infusion.* *Do* NOT *add to solutions containing* Calcium.

T.P.R. CHART

MONTH

Hosp

D D M M Y Y
10038201 07 CHI No.

Surname JAMIESON
First Name YVONNE
Address

Cons

M. State

Sex

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

USE BLOCK LETTERS OR PATIENT LABEL

DATE 26.3.9

DATE 27/3/9

OR AFTER ADMISSION

Day of Disease

TIME 2 6 10 14 18 22

TIME B.P.

TEMPERATURE

F C

107.6 42
105.8 41
104 40
102.2 39
100.4
98.6 37
96.8 36
95 35

N T

300 290 280 270 260 250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

PULSE

RESPIRATION

Oral
94% 95% 98% 96% 97% 95% 95% 97% 98% 96%

R1121

JAMIESON 10036201O7
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

ALASDAIR DUTTON

Name:
DOB:
Consultant A. GORDON

01.00 0830 13.15

Date	26/3	27/3	28/3	1830	2713 0600	28/3/19 0801							
Hb	13.5	13.6	13.1	13.5	12.6	11.1							
WCC	16.1	14.2	13.4	15.4	18.8	16.5							
Neut	14.3	13.4	12.5	14.3	17.4	13.2							
Plt	114	106	101	110	114	112							
PT	9.8	10.0	9.6	9.8		9.5							
INR	1.0	1.0	0.9	09									
APPT	25.4	26.1	24.2	24.7		20.8							
Ratio	0.9	1.0	0.92	1.0		0.8							
Na	139	138	139	139	136	142							
K	4.9	4.3	4.3	4.8	4.0	4.4							
Urea	4.7	4.9	5.1	4.6	5.0	5.7							
Creat	54	64	61	62	58	55							
ALT	272	227	199	178	133	256							
Bili	19	16	12	9	6	11							
AP	92	94	89	91	78	91							
Alb	34	34	35	36	31	28							
Urate	0.24	0.26	0.26	0.26	0.29	0.22							
Mg													
CRP													
Gluc													

LDH 1463 965 781 615 645

Amylase 55 55 54

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION _____
RECORD START DATE _____

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward: NW
Consultant: A. GORDON
On admission:
Weight: **Height:**

Patient Name: YVONNE JAMIESON
CHI number: 1003820107
Date of Birth: 10/3/1982
(Attach printed label here)

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
26/3/9		Stemetil	12 mg	IM	GG		
26/3/9	02 30	Betamethasone	12mg	IM	GG	0250	CRENICe
26/3/9	14 30	Betamethasone	12mg	IM	GG	1720	SL
26/03/09	1510	CERVAGem	1MG	PV		1510	
26/03/09	1810	CERVAGem	1MG	PV		18.25	SCurda
26/03/09	2100	CERVAGem	1MG	PV		21:25	SCurda
27/03/09	0010	CERVAGem	1MG	PV		NOT Given SC	
27/03/09	0310	CERVAGem	1MG	PV			

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

1. NKA	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	

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.

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						

AS REQUIRED THERAPY

Medicine / Form: Symptomatic relief		Date	27/3/9									
		Time	1									
Dose & Frequency: as per policy	Route	Dose	2 TABS									
		Initials	MC									
Signature: GG	Start Date: 26/3/9	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										

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										

REGULAR THERAPY

Date →
Time ↓

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

| | | |

REGULAR THERAPY

Date → 26/3/09 27/3/09 28/3/09

Time ↓

Medicine / Form: Cefalexin
Dose: 250mg
Route: PO
Signature:
Start Date: 26/3/09
Pharmacy:

Time				
6				
8		PK	PK	MC
12				
14		2. PK		
18	20:00	SL	MC	
22		12am MU	SL	

Medicine / Form: THYROXINE
Dose: 75 MICROGRAMS
Route: ORAL
Signature:
Start Date: 26/3/09
Pharmacy:

Time				
6				
8				
12				
14				
18	20:00	SL	SL	
22				

Medicine / Form:
Dose:
Route:
Signature:
Start Date:
Pharmacy:

Time				
6				
8				
12				
14				
18				
22				

Medicine / Form:
Dose:
Route:
Signature:
Start Date:
Pharmacy:

Time				
6				
8				
12				
14				
18				
22				

Medicine / Form:
Dose:
Route:
Signature:
Start Date:
Pharmacy:

Time				
6				
8				
12				
14				
18				
22				

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7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

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

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

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

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

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

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINES

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8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

Ninewells Obstetric Scan Report 2009

Surname:	Firstname:	Dob/Chi:	Address:		Consultant	
JAMIESON	YVONNE	1003820107			Referred by:	

Scan no. 1 **Date:** 26/03/2009 **Scan reason** Other

Scan Report: **If other:**

U ArtPI:

High PI

FAC: 178

AEDF Yes

Abs/rv flows

Transverse lie, head to left
Fetal heart observed
BPD 53
FHC 201
FAC 178
FL 40
AFI 1.7 cms
All areas of cord sampled show AEDF. MCA PI 0.96 - showing redistribution. DV flow not possible
Note nuchal oedema. Difficult views so full anomaly scan not possible. Few fetal movements during scan

Scanned by: SMW

Checked by: SK

Ref: LJN

Reviewed by:

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: C095398655
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

SODIUM	139		mmol/L	(	135-147)
POTASSIUM	4.9		mmol/L	(	3.5-5.0)
UREA	4.7		mmol/L	(	3.3-6.6)
CREATININE	54		umol/L	(	44-80)
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	272	>>	U/L	(	12-40)
BILIRUBINS	19	>	umol/L	(	0-15)
ALKALINE PHOSPHATASE	92	>	U/L	(	20-80)
ALBUMIN	34	<	g/L	(	36-50)
URATE	0.24		mmol/L	(	0.18-0.36)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
26 Mar 2009 00:30

Clin Details: abdo pain

Request Entered: 26 Mar 2009 01:11 Report Printed: 26 Mar 2009 01:29

Printed by cpenrose\ldap.thb.scot.nhs.uk on 26/03/2009 01:45:35

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: H095398652
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

HGB	13.5	g/dL	(12.0-16.0)	WBC	16.1 H	x10^9/l	(3.9-9.9)
RBC	4.37	x10^12/l	(3.8-4.8)	NE#	14.3 H	x10^9/l	(2.0-7.5)
HCT	0.380		(0.37-0.47)	LY#	0.8 L	x10^9/l	(1.5-4.0)
MCV	87.0	fl	(80-96)	MO#	0.9 H	x10^9/l	(0.2-0.8)
MCH	30.9	pg	(27-32)	EO#	0.01	x10^9/l	(0.0-0.4)
MCC	35.5	g/dl	(32-36)	BA#	0.0	x10^9/l	(0.0-0.1)
				PLT	116 L	x10^9/l	(150-400)

Lab.Comments:

Sample Date/Time
26 Mar 2009

Clin.Details: abdo pain 24 weeks pregnant

Request Entered: 26 Mar 2009 00:23 Report Printed: 26 Mar 2009 00:40

Printed by cpenrose\ldap.thb.scot.nhs.uk on 26/03/2009 00:58:45

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: H095398676
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

APTT	25.4	secs.	(22-30)
APTT Ratio	1.0		
Prothrombin Time	9.8	secs.	(9-12)
PT Ratio:	0.9		

Lab.Comments:

Sample Date/Time
26 Mar 2009 02:00

Clin.Details: ? HELLP

Request Entered: 26 Mar 2009 02:31 Report Printed: 26 Mar 2009 02:53

Printed by cpenrose\ldap.thb.scot.nhs.uk on 26/03/2009 03:15:20

Name:jamieson yvonne
ID:100382
Sex:Female Birth date: Ye
cm kg mmHg
Medication:

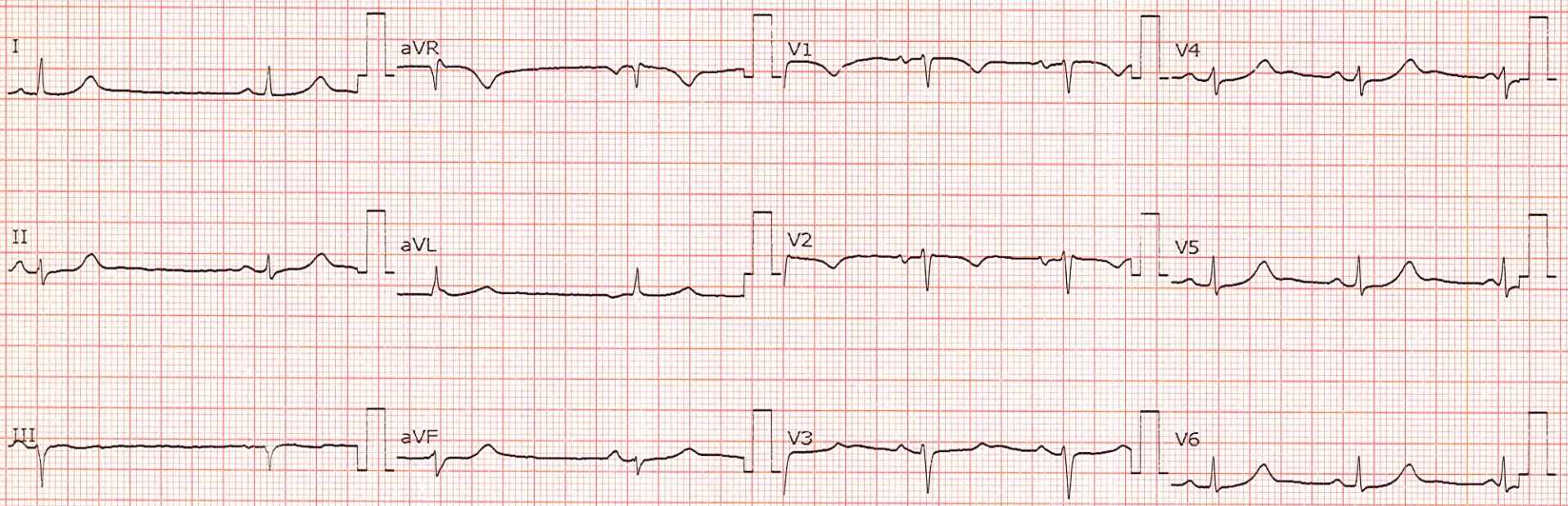
Symptoms:
History:

HR	60	bpm
PR int.	162	ms
QRS dur.	82	ms
QT/QTc int.	446/446	ms
P/QRS/T axis	68/-17/38	°
RV5/SV1 amp	0.57/0.50	mV (R + S 1.07 mV)

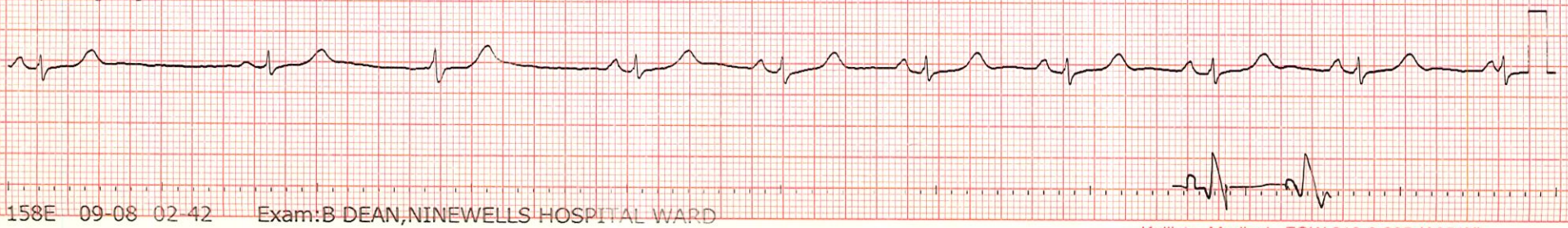
26/ 3/2009 9:48

Unconfirmed Report
Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 35 Hz 10 mm/mV



Rhythm [II] 10 mm/mV



158E 09-08 02-42 Exam:B DEAN,NINEWELLS HOSPITAL WARD

Kallista Medical FQW 210-6-295 (A051X)

NHS

Tayside

MATERNITY CALL RECORD – Please complete clearly in black ink and BLOCK capitals

Date: 25.3.09.	Time: 1915.
Name: Yvonne Jamieson	DoB: 10.03.82.
Address:	EDD/GEST: 12.7.09. 24
	Parity: 1/0 SVD.
Tel No:	

Reason for Call: Vomiting on bus. pain in sternum prior to. Vomiting relieved by vomit. lower back pain for days.

FMF Today: No FMF for 2 days.

Any PV Loss: Yes / No.	Colour:	Gr B Strep:
SRM: Yes/ No	Colour:	
Blood Group:-		
Position of Baby:-		

Have you any previous medical of obstetric history?

Asthma. Underactive thyroid.

Have you any problems in this pregnancy?

Hyperemesis.

Have you any contractions or pain?	Frequency	Strength

Specific Advice Given Try ice water, come back in 30 mins. Reassurred re. vomiting & lower back pain.

SIGNATURE: H Brown.

Call Back (1)	Date: 25.3.09	Time 1930

Call Reason: Continues to have back ache. Not taken paracetamol as instructed 15 mins ago. Re advised to take paracetamol + keep warm

Plan:

Signature: Siobhan B-S	Print Name: S BURNS.
Designation:	

Call Back (2)	Date: 25/3/09	Time. 1955hr

Call Reason:

Yvonne's husband phoned back to say that Yvonne has taken paracetomol as advised, but shortly afterwards vomited. Is distressed r/c pain

Plan: Advised TCI

(consider face-to-face assessment)

Signature: S Keatings	Print Name: S. KEATINGS.
Designation: S/M.	

21 3.

TRIAGE ADMISSION

Name & DOB/CHI:	YVONNE JAMIESON		
Date & Time:	2050 25·3·9	Consultant:	AG

EDD:	120709	Temp:	35b	FH:	140bpm
Gest:	24+4	Pulse:	84 88bpm	Urinalysis:	Unable to Do
Parity:	1/0	BP:	130/80	Blood Gp:	

Abdominal Palpation:	= dates SGH.	PV Loss:	nil

Any Relevant medical/obstetric history and reason for admission

Para 1/0, self referral with vomiting over past 4-5 days. Also abdo pain last 4-5 days, and no FMF for 2days..

O/A Retching +++. Small amounts clear fluid only. Very difficult to obtain history or get Yvonne to communicate

Actions Taken

As above. C/O abdo pain above fundus  fundus Non-tender on palpation.

States pain is constant, though seems calmer at times

For med rev 2210 - Await med rv. Yvonne asleep.

CTG (if applicable):

Risk:		Contractions:		Baseline:	
Variability:		Accelerations:		Decelerations:	
Overall:					

NB: If patient in labour please insert partogram in notes.

If in established labour and unable to admit to labour suite please document and reason for this below.

Signature	CRenrap Jim	Time of Discharge/Transfer	

2300 - SHO bleeped again to review

2330 R/wed. Yvonne P1+0 24hrs + 4days

Came by Ambulance ☐ Abd pain .. & not feeling FM x5days

OBS: stable no H/o discharge / bloody PV.

C/o Abd pain upper abdomen in epigastric region..

aggravated last night &

Took P'mol. Tablet

& vomited straight back.

Pain aggravated on eating & early mornings.

Had been Vomiting on & off with the pain.

But Can keep down food most of times.

feels light headed at times..

O/E - Pt sleepy. wants to rest.

OBS: stable

P/A - soft, not happy for examination wants to sleep.

no tenderness

NO distension no guarding.

FHS - heard (Doppler M/W)

mild discomfort in Epigastric region.

no hepatic / Renal angle tenderness.

Impl ? Gastritis.

? Hyperemesis..

PLAN:

/ Bloods - FBC, U&E, LFT, CRP

/ Encourage. Eating / drinking.

/ If Vomiting: then.

Antiemetics.

- for IV access. & fluids if no Urine output for x2 hours.

GB

14818 ST2

HISTORY/CONTINUATION SHEET

Ward/Clinic/Hosp. NW AC Cons

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

First Name NONNE M. State

Address Sex

UNIT/WARD/DEPT. G.P. & Address (G.P. Requests only) USE BLOCK LETTERS OR PATIENT LABEL

DATE	Page
26.3.09	
0000	Given tea and toast. Not keen to eat wishes to sleep. Given toast, vomited immediately after 1st bite. Eventually persuaded to go to toilet - PU'd 150mls concentrated urine - +++ protein, nil else MSU ✓
0030	Bp rechecked as was T on admission in comparison to booking therapy sore @ time. Now settled. 162/98 //
	C/o dull frontal headache post 2/7, not mentioned before. No visual disturbances or oedema
	Bloods already taken and sent FBC, U+E, LFT, urate.
	Will inform Dr Gopal as soon as she is free. CPenrose
0030	D/w Dr Gopal - going to theatre recheck Bp and urinalysis. Await bloods CPenrose
0045	Bp 150/92. Sim
0100	Bp 152/82
0130	Bp 157/90

THB.(MR)3A

DATE

26.3.09

Continue to await Reg R/V: Dr Roberts aware, busy on Labour Ward

Coagulation blood sample obtained and sent as urgent

0735. SpB 24+4

Pl – 2610g SVD @ T. Different partner

Lant FBC 16.12 Hb 14.0 Pl 186 Ur 4.0 Creat 53

Fetal simple cyst on screening scan

Booking 100/65

BP since arrival 150-162 / 82-98

Small, concentrated vol of urine 3+ pro No ketones, nil else

Symptoms – vomiting 4-5/7 – now settled

abdo pain 4-5/7 – epigastric – settled now

no fm 2/7

headache 2/7 – settled now

Bloods – Na 139 ALT 272 Hb 13.5

K 4.9 Bili 19 WCC 16.1

Ur 4.7 ALP 92 Pl 116

Creat 54 UA 0.24

BP 130/90

No frequency, no dysuria's

No oedema.

No visual disturbances

New rash on R side of neck for 2/52, not itchy

+ small pale flat papular rash on arms since became pregnant. Not itchy.

Vomiting in mornings throughout ~~morning~~ pregnancy

O/E Looks well, mild sclerae jaundice No bony tenderness or continued → Bilirubin

clear Urine – urate → glucose

skipped beat → IV access

regularly irreg 2 → Steroids

HS – skipped beats regularly – ? Heart Block

v small baby

~ 18-20/40 size SFE

HISTORY/CONTINUATION SHEET

UNIT/WARD/DEPT.

Ward/Clinic/Hosp. NW AG Cons

D D M M Y Y
1 0 0 3 8 2 0 1 C7 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
26/3/09	Continued No oedema Reflexes - brisk 1 beat clonus. Impression - early onset PET ? AFLP Plan - stomach USS tonight & department in am strict monitoring of input & output ± 24h urine collection also MSU ✓ iv access & glucose ECG if only small voids on next 4 hours then IV catheter TEDS, fragmin if long stay ? liver USS & latest dip = 3+ pro, nitrite, trace leucocytes ∴ commence AB for possible UTI, 2 Lucc 100ml normal In bay 2 - needs to be close to midwife - another one ∴ transfer to OA until clear clinical situation ROBERTS
0240	Bp 130/90.
0250	Betamethasone 12mg IM
0300	Strict fluid balance commenced TEDS applied Green venflan sited - Random blood glucose obtained and sent as urgent 24° Urine collection Catheter commenced. SM

THB.(MR)3A

DATE
26/3/19

0230 Transferred to O.A for observation
P 55 BP 117/63 Sats 98%.

0415 SpR. Mov in OA
Feels ok
USS – FL, HC, AC all measuring approx 22 weeks
very little liquor
NAD FM
FH present ~ 160 bpm
Anterior placenta, not low
hole in placenta ? interest.
Glucose S.S.
Coag (N)
→ rpt FBC, U+E, LFT, uric acid, coags, glucose & antenatal in morning ~ 0800 please
RK corrected

0430 BP 131/98 (0462261)
0530 BP 123/65
0630 BP 114/59
07·30 Shift change care taken over by Cath O'Donnell midwife
feels well obs T 36.1 P 122 BP 112/62
has generalised oedema
breakfast given
0900 To see JJ Jones
SCBU informed of admission for paed review JJ Jones
bloods not and dent JJ London

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp.

D D M M Y Y C.h.

Surname Jamieson

First Name Yvonne M. Stat

Address Sex

UNIT/WARD/DEPT.

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

USE BLOCK LETTERS OR PATIENT LABEL

DATE

Page

no significant evidence that section is better than vaginal delivery + baby may die during either. Vaginal delivery + avoidance of classical section is of benefit to mum + possible future pregnancy.

If the baby survive delivery we would assess for any abnormalities + ISTaud extensive care. I will come back + discuss this further with patient parents once a firm plan for delivery is made

Dr Timms
Dr Timms
CONS. 4749

26/03/91 1200

Nurse:

- FLOH consult: Hamlyn.
- Biochemistry otherwise stable
- Plts now 106, Coag - (N)

Although maternal condition is stable I think that delivery is indicated in the maternal interest.

The foetus is also not likely to survive any significant prolongation of pregnancy.

Options discussed → aware that in this situation the preferred option would be to aim for vaginal delivery in the maternal interest. The large uterine cyst in the posterior fornix may inhibit vaginal delivery as result in head entrapment.

Plan: to enter 1-2 units blood as antenatal super typ

THB.(MR)3A

cystic mass bulging into posterior cornea adjacent to cornea. U/S echo bright. Tx lie. Fx present.

I think that if urgent delivery is to be successfully achieved the Trauma will benefit from drainage of the cyst into ultrasound guidance.

Note ECG shows 2° Heart Block - Dr Connelly: currently liaising ? Cardiology with regard to intrapartum and labour management.

Plan, T/F to maternity operating theatre.

For cyst aspiration under regional anaesthetic.

- Tx for IOL ? Prostaglandins.

- Keep mother informed.

Mum

16/3/04 Parents seen
Explained several stages to can
1) Simmo labour
2) which responds to rescuantet - discussed that this is not always the case + also risk of congenital abnormality
3) on going NICU if gets to NICU.

We will discuss at each stage and ensure pain relief
Positive thing Mum can do is express milk if baby gets to NICU

13.15 Bloods repeated - sent
13.55 Im Zantac 50mg/2ml given
R Rheyes instructions
14.15 Consent form signed (Dr Nicol)
Transferred to anaesthetic room (maternity theatres)
14.20 Epidural sited by R Rheyes
14.30 Diamorphine into epidural

HISTORY/CONTINUATION SHEET

UNIT/WARD/DEPT.

Ward/Clinic/
Hosp. ..... Cons.

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

Surname JAMIESON
First Name Yvonne M. Stafe
Address ..... Sex

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

USE BLOCK LETTERS OR PATIENT LABEL

Page .....

DATE	
26/3/8	Wman
0933	Seen : H/S
	?HELLP Syndrome | ? Atypical PET
	Admitted : Aberland Pic.
	ALT 272 Hb 13.5
	PLT 116 Uric 4.7
	Cruat 54
	Normotensive
	Urine 3+ prot.
	Urine output 2200ml since admissi
	H/S → . AC ~ 10th centile.
	- ↓ AFI 1.7cm.
	- ASOA
	- ↓ MCA PI → Redistribution.
	- Nuchal oedema.
	- Large Dermoid cyst in Pelvis
	Report block emailed.
	1st dose steroids 0933 L
	Atypical ?HELLP Syndrome | ? Atypical PET @ 24+/40.
	May require delivery if maternal interest
	- If delivery required need to consider mode of delivery
	- Healthy would aim for vaginal delivery but ovarian cyst may preclude this.

THB.(MR)3A

DATE

26/3/09
0930

Explanation:
- NIS failing, discussed - severely ill fetus
- baby [redacted] may / not survive irrespective of timing / mode of delivery
- timing / mode of delivery will be informed by maternal condition — ? repeat biochemistry / haematology
- Overall poor prognostic significance of abnormal placentation and will not improve until delivery.

PPL
- Continue to observe.
- Avoid repeat bloods.
- For pediatric review - Dr Dunne will review this pm.
- Review when blood results available.
- LDH requested.

Niall (cmo)
9121

26.3.09
10.00 c/o pain in chest / BP 112/64 P 122 T 36.7°C
10.30 started Rx IV fluids Hartmans commenced 8 Units/hour via Brau

26/3/09
11.50 Reviewed with Dr Nicoll
Parents Yvonne + John seen.
Situation of maternal HELP - Need delivery
Fetal compromise ↓ liquor + no movement
Also ? nuchal thickening ? fetal anomaly

Explained prognosis at best at 24/52 is 1:4 intact survival 50:50 chance of death + 50:50 of handicap in survivor

Therefore I agree with Dr Nicoll management that delivery in maternal interest should occur. I have explained that we have

HISTORY/CONTINUATION SHEET

Ward/Clinic/ L/W
Hosp NLW ..... Cons.

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

Surname JAMIESON
First Name YVONNE ..... M. Stafe
Address ..... Sex

L/W ..... UNIT/WARD/DEPT.

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

USE BLOCK LETTERS OR PATIENT LABEL

DATE	Page
26.3.09	
14:50	Transferred to theatre onto table
14:57	Legs in lithotomy bladder catheterised foley's 10ml to inflate bellows handing well. Mum in progress.
15:00	Dr Agustmon present. Sister Bx Dr Agustmon Dr Nicoll draining cyst using ultrasound needle, clear cystic fluid obtained, 120mls. Yvonne comfortable throughout procedure.
15:14	Cervagen pessary inserted into posterior fornix
26/3/09	OPERATION NOTE. — ASPIRATION OF OVARIAN CYST
	- ESUA. LAPAROSCOPY Cooley
	- ULTRASOUND → 8cm SIMPLE CYST POSTERIOR TO CERVIX
	- (PA) Tx LIE FLAT ✓
	ASPIRATION OF 150ML CLEAR FLUID → CYTOLOGY.
	HAEMOSTASIS ✓ PERINEAL NEEDLE USED FOR ASPIRATION
	H/D — BREECH PRESENTATION FLAT ✓
	→ IMV CERVAGEM TO POST FORNIX.
	→ L/W R/V ⓩ.
	CONTINUE TO OBSERVE P/BP/URINE INPUT.
	REPEAT BLOODS EVERY 4H.
	KEEP PAD INCHARGED

FORCEP SPONGE HOLDING RAMPLEY XI
ID-045429 2009/03/18 N024672
NHS Tayside

D&C
ID-002661 2009/03/23 NMYT114
NHS Tayside

PTFE AquaFlate REF P210112
PTFE Coated Latex LOT 08BE08
Short/Medium-Term (up to 4 weeks use)
Female, 2-way Foley 2013-01
10ml/12Ch (4.0mm)
Teleflex Medical, HP12 3ST, England. Tel: 01494 532761

BOWL S/S (8INCH)
ID-029189 2009/03/23 N012691
NHS Tayside

PROBE PALPATING
ID-026955 2008/07/07 N010648
NHS Tayside

THB

DATE

26.03.06

15.20 Transferred to Ward 7. HW

15.30 Care by Samsham MTL
IVI Hartmanns @ 80mls/hr.
TED stockings in situ.
Foley catheter on hourly urine volumes.
Cardiac Monitor.
BP's & O2 saturations.
Feels well.
No pain, nil PV.
able to move both legs.
Sips of water given

Samsham SRN
(CHISHOLM)

16.30 Teabreak relief - Emmanuel MTL
Yvonne awake + cooperative -
No pain - very comfortable.
Temp - 36.2 Pulse - 67 BP - 150/89.
Sats - 96%
Good diuresis -
IV Fluids @ 80mls/hr.

16.45 Yvonne asleep - left undisturbed
Relatives have returned - Yvonne awake.

16.50 Relatives have left momentarily -
Yvonne trying to rest.

17.20 D/W Dr Nicol - to give steroids as had been discussed before
Betamethasone 12mg IM given.

Samsham

26/03/06 NICOLL

- IOL in progress.
- Contracting
- LFTs stable. PBs stable.
- Obs satisfactory. Urine output satisfactory.
- 2nd dose steroids administered
- NB - may see improvement in maternal condition following steroids

HISTORY/CONTINUATION SHEET

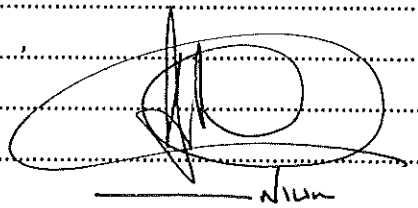
LS
UNIT/WARD/DEPT.

Ward/Clinic/Hosp. N/W 4S AG Cons.

Surnam JAMIESON 1003820107 C.H.I. No.
First Na YVONNE F
Address 1F MENZIES COURT M. State
FAIRFIELD AVENUE Sex
PERTH PH1 2TD
DR ALASDAIR DUTTON
G.P. & WHITEFRIARS SURGERY, WHITEFRIARS

USE BLOCK LETTERS OR PATIENT LABEL

Page

DATE	
26/8/25	PL - Cortine i Cervagem as per protocol - Lepl block ~ 1800L 
17[45]	Yvonne asleep @ moment. (LWS) 4+. Not disturbed SCrossland
18[00]	Bloods sent for FBC, U&Es, urate, clotting, amylase & LDH. SCrossland
8.25.	Cervagem lmg PV unstretched into posterior fornix. & retrac. unchanged from before. tiny amount of brownish show. no cramps. trying to sleep. SCrossland.
19[30]	Feeling some crampy pains. not requiring analgesia.
19[45]	Still feeling some crampy pain NOT wanting analgesia.
20[00]	TTF to labour notes SCrossland.

THB.(MR)3A

DATE

27/8/19
0100.

→ Asked to attend delivery → 24/40
→ Maternal HELLP
- Absent liquor
- No fetal movement
- UA doppler - way abnormal
- No fetal HR monitoring recorded abt 2AM.

→ Dr Nicoll present during delivery
→ No signs of life at birth ← No heart rate
↳ No cord pulsation
- Nuchal threeking noted ↳ No respiratory effort
→ On baby's back - large areas of decolourations + large clots of blood seen.

→ No other obvious dysmorphic features (Male baby)

→ No resuscitation attempted in v/o the above findings.

→ Dr Maiwan arrived later → agrees w the above & pers his advice ~~by~~ Stillbirth
↳ - Not for any bloods as not mentioned in the notes
- To inform Dr Fowler / Dr Mmmm in the morning.

→ Dr Nicolle informed the parents that the baby passed away sometime ~~during~~ between Induction and delivery.

Dr Fraser ST5

Maternity Theatre

Patient Care Plan
&
Documentation

NAME **IDENTITY NO.** **PAST MEDICAL HISTORY** **BASELINE TPR**	**PREFERRED TITLE** **WARD** **DATE** **ANAESTHETIST** **SURGEON** **PROPOSED SURGERY**

ANAESTHETIC ROOM PRE. OP. CHECKLIST	WARD NURSE	ANAESTHETIC NURSE	COMMENTS
IS IDENTITY BAND IN PLACE & CORRECT.		✓	
DOES PATIENT IDENTITY CORRESPOND WITH LIST.		✓	
WHEN WAS THE LAST TIME PATIENT ATE OR DRANK.		✓ 08⁰⁰ 26/3/09	
IS THE CONSENT FORM SIGNED AND CORRECT.		x not yet.	
DOES THE PATIENT HAVE ANY ALLERGIES.		✓ none	
HAS THE PATIENT EMPTIED HER BLADDER.		✓	
MAKE-UP, JEWELLERY, UNDERWEAR REMOVED		✓ to be taped.	
ANY DENTURES, LOOSE TEETH, CAPS/CROWNS.		✓	
CASENOTES, KARDEX, - X-RAYS AVAILABLE.		✓	
HAS RANITIDINE BEEN GIVEN.		✓	
HAS SODIUM CITRATE BEEN GIVEN.			
ARE INHALERS ACCOMPANYING PATIENT.		✓ 2 inhalers.	
BLOOD CROSS MATCHED.		Natalie Tosh.	

I.V. CANNULA SITE SIZE I.V. COMMENCED

ANAESTHETIC DETAILS	**MONITORING**
GENERAL ANAESTHESIA – FACE MASK	(ECG) (BP) (PULSE OXIMETER)
LARYNGEAL MASK	
ET TUBE	Capnograph Temperature Probe
Throat Spray / Packed	
Regional Spinal (Epidural) Top-Up	Arterial Line CVP
Sedation	
0^2 Mask/Nasal Cannula	NG Tube
CONTROLLING BODY TEMPERATURE	**SAFE PERIOPERATIVE PATIENT TRANSFER**
Fluid Warmer	Arms and legs protected ✓
Bair Hugger	Minimum of four lifting patient ✓
Space Blanket	Head well supported ✓
Theatre temperature ↑↓	Bed/trolley brakes applied ✓

ANAESTHETIC NURSE / ODA REPORT

Uneventful epidural anaesthetic. Full monitoring in situ.

SIGNATURE

Natalie Tosh.

THEATRE POSITION FOR SURGERY	PROTECTING SOFT TISSUES
Supine Lithotomy	Gamgee – Elbows: Heels: Calves
Trendelenburg Lloyd Davies	Jelly Pads – Heels : Stirrups
Right Arm Position - ACROSS CHEST	
Left Arm Position - ACROSS CHEST	Eyes – Taped Closed / Padded
Wedge Used YES / NO	
DIATHERMY	**SWAB PACK NEEDLE & INSTRUMENT COUNT**
None used	
Monopolar / Bipolar	Correct YES / NO
Electrode Site -	If Incorrect – Action taken
Skin check -	
Skin condition Post-Op	

Wound drains – redivac / silicone	Blood loss nil mls.
Urinary Catheter – FOLEY 12 CH	Specimens Cytology x 2
Dressing used - Melolemke pad	
Infiltration of Wound –	Amount used mls.
Suppository given YES / NO Voltarol / Paracetamol	
Epidural Catheter Removed YES / NO	

SCRUB NURSE REPORT	
Transvaginal, Ultrasound guided aspiration of ovarian cyst.	
SCRUB NURSE SIGNED [signature]	: CIRCULATING SIGNED : M. Cardiner

NURSING CARE PLAN

PROBLEM	ACTION	EVALUATION
USE CONTINUATION SHEET IF NEEDED		

RECOVERY ROOM

TIME INTO RECOVERY OXYGEN @ LITRES

CONSCIOUS LEVEL 1-3	5	10	15	20	25	30	35	40	45	50	55	60
1. UNCONSCIOUS												
2. ASLEEP / ROUSABLE												
3. AWAKE /ORIENTATED												

OXYGEN SATURATION												
PULSE												
RESPIRATIONS												
BLOOD PRESSURE												

PAIN SCORE 0-3

0 COMFORTABLE												
1. MILD PAIN												
2. MODERATE PAIN												
3. SEVERE PAIN												

NAUSEA/VOMITING MILD MODERATE SEVERE ANTI-EMETIC GIVEN – YES / NO

VAG PACK IN-SITU TIME TO BE REMOVED

DRAIN CHECK – MARK BOTTLE……..MLS. FINAL CHECK……..….MLS.

WOUND / DRESSING CHECK –

URINE OUTPUT TO BE MEASURED - HOURLY 4 HOURLY

I.V. INFUSION SYNTOCINON

SPINAL / EPIDURAL BLOCK ASSESS LEVEL –

SPINAL OPIOIDS GIVEN YES / NO IF YES, REFER TO OPIOID CHART

BM STIX :- TEMPERATURE :

RECOVERY NURSE REPORT

SIGNATURE -

Consent for Investigation, Treatment or Operation

NHS Tayside

Patien	JAMIESON YVONNE 1F MENZIES COURT FAIRFIELD AVENUE PERTH PH1 2TD	1003820107	Hospital & Ward:
Other		ALASDAIR DUTTON	Speciality:
CHI Number:			Consultant: Nicol

(USE BLOCK LETTERS OR PATIENT LABEL)

TYPE OF INVESTIGATION, TREATMENT OR OPERATION

(USE BLOCK CAPITALS WITH NO ABBREVIATIONS)

DRAINAGE OF OVARIAN CYST + MEDICAL INDUCTION OF LABOUR

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: A Nicol Date 26/03/09

Print Name: ..... Grade CONSULTANT

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. M. Samieson ..... Patient? Yes / No

** .....

Name ..... (Block Capitals)

Date 26 / 03 / 09

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.

ACUTE SERVICES DIVISION

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

Our Ref: AG/FC 100382/0107
Date: 8th January, 2009.

Secretary – Fionna 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.

TYPE OF ADMISSION:	Emergency.
DATE OF ADMISSION:	16.12.08.
DATE OF DISCHARGE:	17.12.08.
OPERATION:	Nil.
DIAGNOSIS:	Hyperemesis Gravidarum.
FOLLOW UP:	Nil.

This lady was admitted to the Gynaecology Ward with vomiting in early pregnancy. She was rehydrated with I.V. fluids and commenced on oral Cyclizine.

Yours sincerely,

Dr. Adam Gordon,
Consultant Obstetrician & Gynaecologist.

NHS
SCOTLAND

Postnatal Maternal Record

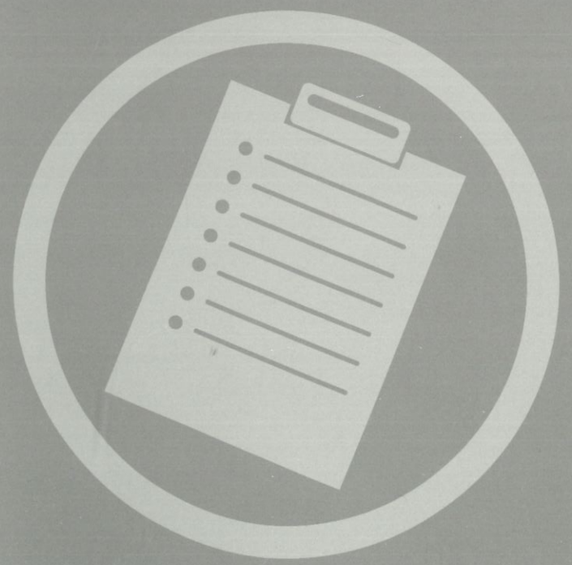
Confidential

PLEASE USE BLACK INK

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

1003820107

ALASDAIR DUTTON



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

SWHMR developed by the Practice Development Unit of NHS Quality Improvement Scotland

This is your Postnatal Record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to hold your record when you receive care at home/when you have been discharged home from a maternity unit. This will help communication between you and your maternity care team.

Some women may prefer not to hold their Postnatal Record. If you do not want to hold your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice.

Please keep your Postnatal Record safe, confidential and protect it from damage. Please take it with you if you have any appointments at your health centre, GP practice or maternity unit. If you lose your Postnatal Record, please contact your midwife or maternity unit as soon as possible.

You can write in your Pregnancy Record where you see this symbol: ✍

Your Postnatal Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely with the rest of your maternity record. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care.

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Protecting Personal Information'. This is available from your midwife, General Practitioner or on-line at **http://www.show.scot.nhs.uk/confidentiality** (see under 'Patient Guidance').

Help and advice

Please use the following services

✆ .....

✆ .....

Contact details

General Practitioner .....

Address .....

.....

✆ ..... Practice code .....

Named midwife .....

Midwifery team .....

Base .....

✆ .....

Maternity unit .....

✆ .....

✆ .....

Health Visitor .....

Base .....

✆ .....

Community support/other contacts

Social worker .....

Base .....

✆ .....

Name .....

Base .....

✆ .....

Other support/other contacts

Name .....

Base .....

✆ .....

Name .....

Base .....

✆ .....

Domestic Abuse Helpline (10am - 10pm: 7days a week) ✆ 0800 027 1234

Scottish Women's Aid ✆ 0131 475 2372 (national) ✆ ..... (local)

NHS 24 ✆ 08454 24 24 24

Your postnatal care

The chart below is used to plan your postnatal care. Your midwife (and sometimes other members of your maternity team) will discuss and arrange your care with you, according to your needs and your baby's needs. Maternity staff will explain the reasons for each appointment or visit, as well as where it will take place, who with and when.

Day	Date	Time*	Reason for visit/appointment	Where & who with

*For some home visits an approximate time or 'morning' or 'afternoon' visit may be given.

Your notes

Please use this space to jot down any notes or questions about your care or your baby's care.

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

Postnatal discharge summary

Discharged from

To (address) ✆

GP at ✆

Obstetrician Midwife Paediatrician

Labour, birth and postnatal period

☐ Gravida ☐ Para

Onset of labour ☐ Spontaneous ☐ Induced: indication

Mode of delivery on day at : Sex

Indication Presentation Location

Livebirth/Stillbirth Gestation Birthweight g Blood loss mls

APGARs ☐ 1minute ☐ 5 minutes ☐ 10 minutes Placenta/membranes

Perineum/abdominal wound Sutures

Haemoglobin g/dl on Repeat ☐ Not needed ☐ done due on

Blood group O Pos anti-D needed ☐ No ☐ Yes anti-D given on

Rubella status Immune Vaccination needed ☐ No ☐ Yes Vaccinated on

Contraception/sexual health needs discussed ☐ No ☐ Yes

Details

Cervical smear due ☐ No ☐ Yes: due in (month) 20

Discharge medication ☐ No ☐ Yes: details

Postnatal check with Arranged for Mother to arrange ☐

Problems identified during pregnancy, labour/birth

Problems in the postnatal period/referrals, investigations or results pending

Summary completed by (Print name) Date

Signed Designation

Your progress

Postnatal day	Date/time use 24 hour clock	General wellbeing and pain assessment	Revised postnatal thrombosis risk	Mobility, exercise and preventing blood clots	Breasts	Fundus	Blood loss	Perineum/abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
1	28/3/19 11:30.	Tired	MOBILE POSTN SINU.		SOFT	FIRM	Rubra scanty.	Comfortable	P.U.	Home today	
2	29/3	tired Pale looking on Thyroxine			Soft	Firm Atony		Comfortable	P.U.		Gillian
6	2/4	Tired. 12st 7lb Continue Thyroxine		mobile.	/	Firm		Comfy	P.U. BO	Full discharge ✓ planned Clinic ✓ Primary symptoms See notes	Gillian
9	5/4	Seen at home 11/0/17 Meningitis Taken penicillin IM 5 days - showed photos / head		up & about	/	Firm involuting early		Comfy	P.U. BO	Referring for Perineal Physiology	Gillian
10	6/4	attended Ward. Symptoms ⇒ Darryll Hollins - bereavement				Firm		Comfy		Discharged to Joanne & John. Support midwife. H.V aware.	Gillian

Your progress

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Your progress

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Date/time	Further information/planning, delivering and evaluating postnatal care
25/3/09	Admitted to O/A abdopain and vomiting over last few days @ 24+4. ?HELLP. - Has large cyst in lower uterus - drainage to allow S.V.D if possible Primm intact. NCLad
27/3/09 0019	SVD stillborn male fetus. 3rd Stage complete. EBL 150ml NCLad
1500	Care taken over by NCLad, Yvonne feeling well, ECG monitoring in progress. 4° BP, T + Pulse. IV fluids discontinued. Foley catheter in situ. NCLad.
28/3/9 1100	Yvonne feeling well, blood results R/v'd by Dr Kay - offer home today, has voided urine since removal of catheter at 0600. Oral antibiotics have been discontinued. F/u tomorrow by community midwives. BP 101/54. S/M NCLad.
29/3/09	Visited & checked BP 100/50 Chatted to both Yvonne & partner talked over what had happened Partner very upset and thinking about putting in complaint Re" why wasnt this picked up at 20wk scan" Talked over funeral - Director getting in touch monday want "JSTM" to come back to Perth ASAP so can visit him hoping to have funeral Friday Do not wish PM. Hunkeld
30/3	Did not wish visit - will phone her tomorrow
31/3	Phoned did not wish visit - will going to see JSTM at the Funeral Home Strang and Mcgoan and to arrange funeral. Hunkeld
1/4/09	Does not wish visit Midwife from N/N going to see Yvonne & Partner Phone to see if all well Hunkeld
2/4/09	(6) Seen at home. Yvonne composed & managing well. John not sleeping so well. Yvonne eating & drinking Kyle son present, at visit. H/V aware & GP asked to contact. Yvonne cadmus Thyroxine. offered to attend funeral on behalf of hospital - accepted. Wishes carried out by Daryl Mallis [bereavement support]
5/4/09	(9) Managing well on surface. Baby eye carried. Says she is sleeping ok → John on sleeping tablets Dr. G.P. contacted re his medication. He has mental health issues.
6/4/09	(10) attended funeral. Yvonne & John managed very well. Lots of family & friends around. Kyles family support worker attended. -Obviously difficult day. Daryl will contact Tues. Paperwork. 6/52 check 7/52 GP → Appointment with Adam Gordon. will follow up. B Moffat

Feeling confident with your baby

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

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

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Handling my baby safely		
Choosing nappies for my baby		
Changing my baby's nappies		
Caring for my baby's cord		
A 'top and tail' wash/caring for my baby's skin		
Bathing my baby		
How to reduce the risk of cot death		
Signs that my baby is well		
Signs that my baby may be ill		
Car safety and home safety		
Registering the birth/registering with a General Practitioner		

Other things I want to ask about: .....

Information for you (indicate when received) ☐ ...../...../.....

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes ☐ ...../...../.....

☐ ...../...../..... ☐ ...../...../.....

☐ ...../...../..... ☐ ...../...../.....

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

Breastfeeding your baby

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

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

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding		
Positioning my baby for breastfeeding		
Principles of good attachment		
How to recognise that my baby is feeding well		
My baby's feeding and sleeping patterns for the first few days		
'Baby led' feeding		
When my milk 'comes in'		
Rooming in at the maternity unit		
Sharing a bed with my baby - the risks discussed		
Winding my baby		
My baby's needs (exclusive breastmilk for around the first six months of life)		
Why dummies or teats should not be used		
How to hand express my breastmilk		
Expressing breastmilk a) sterilising equipment		
b) safe storage		
Signs that my baby is feeding well and thriving		
Breastfeeding support in my community		

Other things that I want to ask about: .....

Bottle feeding your baby

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

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit		
The importance of good hand hygiene		
Sterilising equipment		
Making up a formula feed correctly and safely (always following the manufacturer's instructions)		
Giving a bottle feed correctly and safely		
Winding my baby		
My baby's feeding and sleeping patterns for the first few days		
'Baby led' feeding		
'Rooming in' at the maternity unit		
Sharing a bed with my baby - the risks discussed		
Choosing the right type of milk for my new baby (whey based)		
Signs that my baby is feeding well and thriving		

Other things about feeding that I want to ask about:

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful. The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

- How I feel I am coping
- My mood and emotions
- How I feel I am doing as a parent
- Not liking my baby at the moment
- Difficulties with my baby's feeding
- Managing my tiredness
- Questions about my baby
- Coping with my baby's crying
- My anxieties
- Relationships with my family

Reviewing issues from your pregnancy, labour and birth

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

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

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

Your health after the birth

Blood tests/other tests and results

Date	Time	Investigation	Indication	Result/actions

Discharge from midwifery care

Date . . / . . / . . Days postnatal . Assessed by . . . . . .

Special features identified (please sign and date each entry) . . . . . .

. . . . . .

. . . . . .

BP /

General wellbeing and mental health

. . . . . .

. . . . . .

. . . . . .

Contraception and sexual health

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

Current smoker? ☐ No ☐ Yes . . /day

Risk of passive smoking to baby explained? ☐ No ☐ Yes

	Any problems		Details
Passing urine	☐ No	☐ Yes	. . . . .
Pelvic floor	☐ No	☐ Yes	. . . . .
Bowel function	☐ No	☐ Yes	. . . . .
Breasts	☐ No	☐ Yes	. . . . .
Perineum/abdomen	☐ No	☐ Yes	. . . . .
Lochia/menstruation	☐ No	☐ Yes	. . . . .
Cervical smear due	☐ No	☐ Yes	. . . . .

Concerns

. . . . . .

. . . . . .

. . . . . .

. . . . . .

Handover to health visitor completed ☐ No ☐ Yes Details . . . . . .

Six week follow-up appointment discussed/arranged ☐ No ☐ Yes Details . . . . . .

Signed . . . . . Print name . . . . . Designation . . . . . .

Whose signature?

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

Name (please print)	Signature	Job title
L Wheeler B Moffat	Lorraine Wheeler B Moffat	Midwife Midwife

NHS Tayside

Obstetric High Dependency Unit

Date 270309

Day of recording (2)

Ward/Clinic NW · LIS · AG ·
Hosp ..... JAMIESON
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
Surname ..... PERTH
First Name PH1 2TD
Address .....
.....
G.P. & Addre ALASDAIR DUTTON

1003820107

..... Cons.
C.H.I. No
.....
..... M. State
..... Sex
.....
: BLOCK LETTERS
PATIENT LABEL

Date of Admission: 27 / 03 / 09

Consultant Dr. Gordon / Wical

Reason for Admission: ? HELLP

Delivery Date: ..... / ..... / .....

Mode of Delivery:

Complications:

Significant PMH

Waterlow Score

24 HOUR FLUID BALANCE

Total intake	Total Output	Balance

Previous 24 Hours Balance: .....

Cumulative Fluid Balance: .....

Allergies

none known

Arterial line check ☐ CVP line check ☐

Weight/BMI: 31 .....

TIME	CONSULTATIONS / WARD ROUND	SIGNATURE/GRADE

Medical Instructions and Infusions Chart

Time	Drug / Infusion	Rate	Batch No.	Prescriber Sig.	Administered by Sig.	Witness Signature

Time	Fluids	Concentration	Batch No.	Prescriber Sig.	Administered by Sig.	Witness Signature

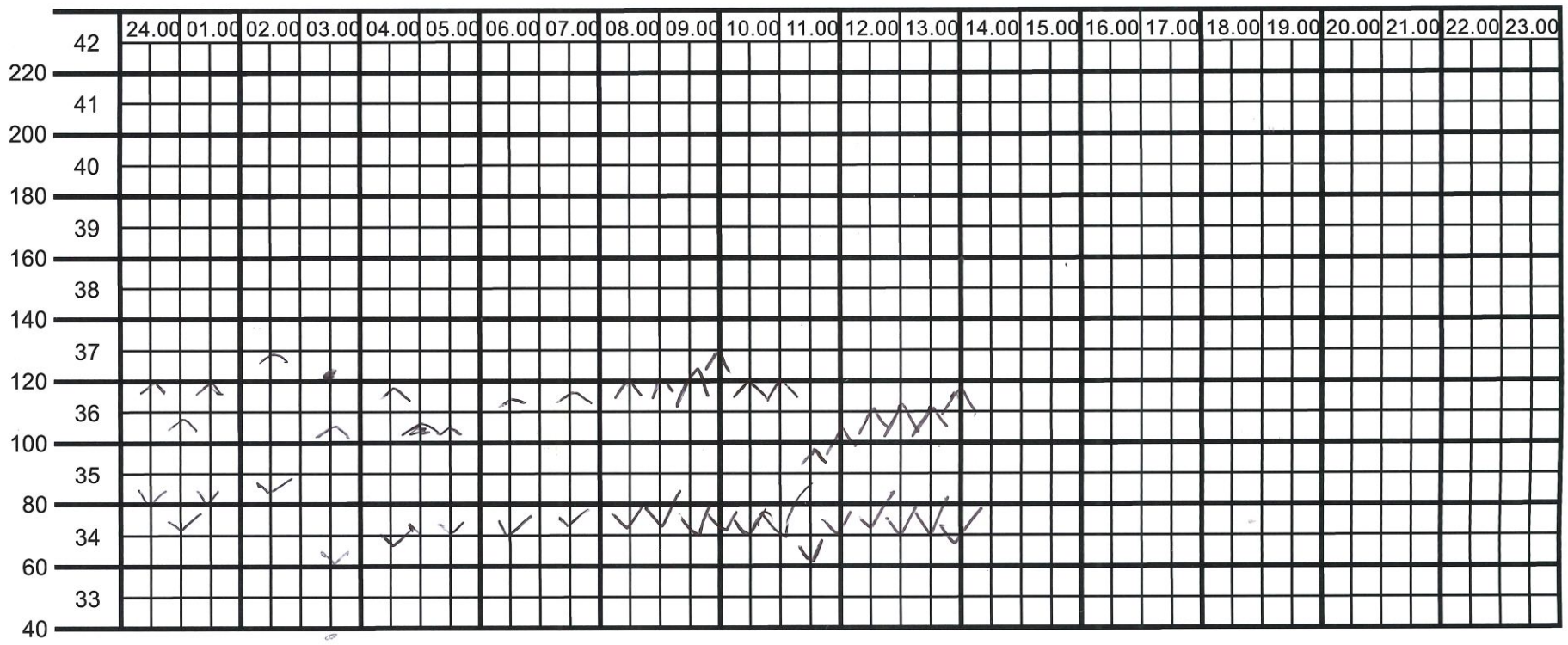
Temperature °C

Pulse

BP Systolic

Diastolic

MAP



	24.00	01.00	02.00	03.00	04.00	05.00	06.00	07.00	08.00	09.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
Temp > 38°C																								
Temp < 36°C																								
% inspired O_2																								
% SpO_2 > 93%																								
< 93%	92	94	95	95	95	95	96	97	97	98	97	98	97	97	97									
RR > 20																								
9 - 20																								
< 9																								
HR > 100																								
60 - 100	81	70	65		68	61	65	68	70	77	70	68	70	77	70									
< 60				39																				
BP: MAP > 125mmHg																								
Syst > 160mmHg																								
Sys < 100mmHg																								
Diastolic > 100mmHg																								
CVP																								
Peripheral Hypoperfusion +																								
Confusion (AVPU Score)																								
Sedation Score																								

Reflexes R																								
L																								
Clonus +																								
BM																								
Upper Limit of Sensory Block																								
Motor Block Y/N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N									
Nausea Y/N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N									
Urinalysis Ketones																								
Protein									tr			tr												
Glucose																								
Blood																								
Pressure Area Score																								
Fetal HR																								

FLUID IN (mL)

Oral (mL)	—	100	60	—	—	100	—	—	200	100	100	100	100	100	100									
Crystalloid (mL)	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80									
Colloid (mL)																								
Blood (mL)																								
Blood products (mL)																								
Drugs by Infusion																								
1. (mL/Hr)																								
2. (mL/Hr)																								
3. (mL/Hr)																								
4. (mL/Hr)																								
Total Volume - Drugs Infused (mL/Hr)																								
Total Fluid in per hour	80	180	140	80	80	180	80	80	280	180	180	180	180	180	180									
Cumulative TOTAL FLUID IN	80	260	440	520	600	780	860	940	1120	1300	1480	1660	1840	2020	2300									

FLUID OUT (mL)

Urine Volume > 30	26	26	60	50	50	50	120	140	120	100	100	40	120	100	200									
Urine Volume < 30																								
Blood loss					100																			
Total Fluid out per hour	26	26	60	50	150	50	120	140	120	100	100	40	120	120	200									
Cumulative TOTAL FLUID OUT	26	52	112	162	312	362	482	620	780	880	980	1020	1140	1260	1460									

free drainage

INSTRUCTIONS FOR SHADED AREAS.
IF TWO OR MORE OBSERVATIONS FALL INTO SHADED AREAS, REPEAT AFTER FIVE MINUTES.
IF TWO OR MORE OBSERVATIONS STILL FALL WITHIN SHADED AREA - CALL FOR HELP.

NHS Tayside

Obstetric High Dependency Unit

Date 26/3/09

Day of recording 24+

NW LTS

Ward/C
Hosp JAMIESON
YVONNE
1F MENZIES COURT
Surna FAIRFIELD AVENUE
First I PERTH
Addre PH1 2TD
G.P. ALASDAIR DUTTON

1003820107

..... Cons.
C.H.I. No
.....
..... M. State
..... Sex
.....
USE BLOCK LETTERS OR PATIENT LABEL

Date of Admission: 26 / 3 / 2009

Consultant Dr Gordon Nicol

Reason for Admission:

Delivery Date: ..... / ..... / .....

Mode of Delivery:

Complications:

Significant PMH

Waterlow Score

24 HOUR FLUID BALANCE

Total intake	Total Output	Balance
720 mls	514	+206

Previous 24 Hours Balance: .....

Cumulative Fluid Balance: .....

Allergies

None known.

Arterial line check ☐ CVP line check ☐

Weight/BMI: 31

TIME	CONSULTATIONS / WARD ROUND	SIGNATURE/GRADE

Medication Instructions and Infusions Chart

Time	Drug / Infusion	Rate	Batch No.	Prescriber Sig.	Administered by Sig.	Witness Signature

Time	Fluids	Concentration	Batch No.	Prescriber Sig.	Administered by Sig.	Witness Signature
1030	Hartmanns					
1615	Hartmanns					

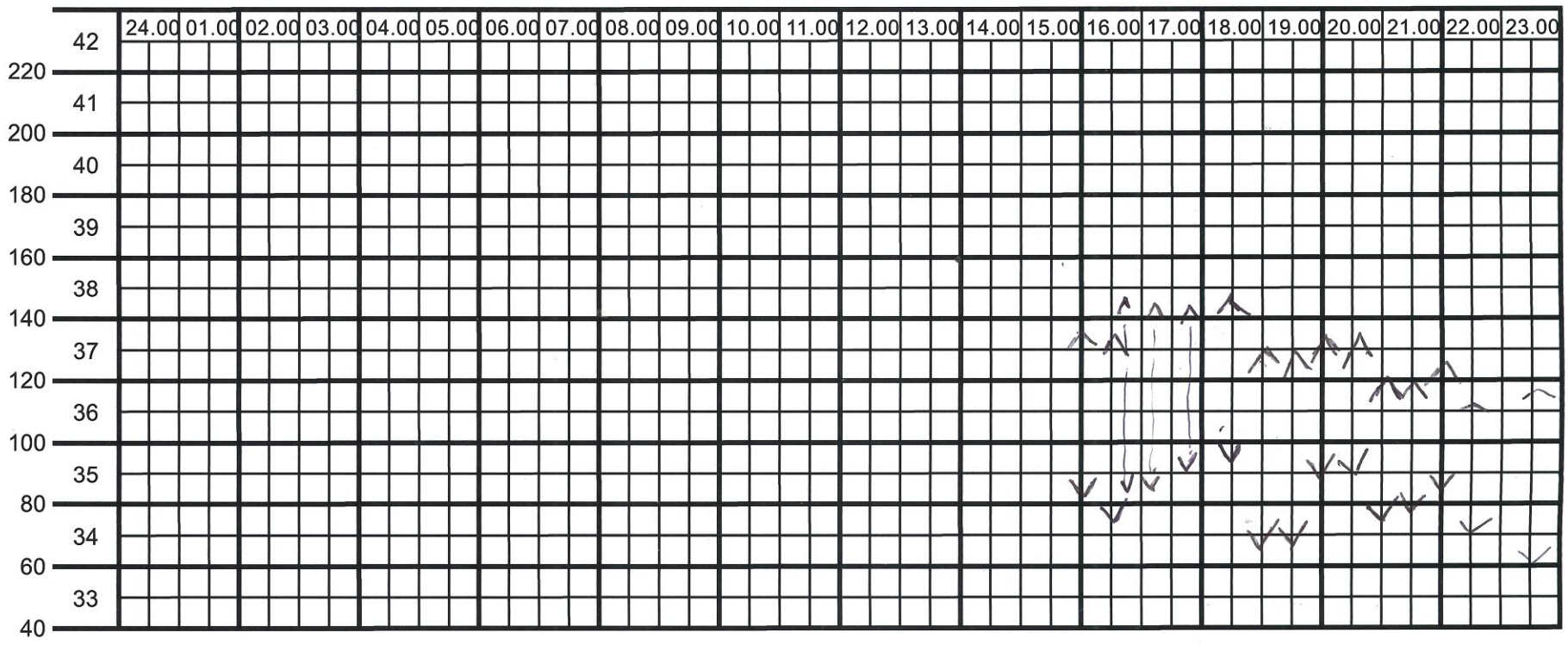
Temperature °C

Pulse

BP Systolic

Diastolic

MAP



	24.00	01.00	02.00	03.00	04.00	05.00	06.00	07.00	08.00	09.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
Temp > 38°C																								
Temp < 36°C																								
% inspired O_2																								
% $Sp0_2$ > 93%																95	97	96	95	97	94	96	93	94
< 93%																								
RR > 20																								
9 - 20																								
< 9																								
HR > 100																								
60 - 100																61		69	65	67	72	76	61	64
< 60																	53							
BP: MAP > 125mmHg																								
Syst > 160mmHg																								
Sys < 100mmHg																i								
Diastolic > 100mmHg																								
CVP																								
Peripheral Hypoperfusion +																								
Confusion (AVPU Score)																								
Sedation Score																								

Reflexes	R																							
	L																							
Clonus	+																							
BM																								
Upper Limit of Sensory Block																								
Motor Block Y/N																N	N	N	N	N	N	N	N	N
Nausea Y/N																N	N	N	N	N	N	N	N	N
Urinalysis Ketones																								
Protein																	+			+				
Glucose																								
Blood																								
Pressure Area Score																								
Fetal HR																								

FLUID IN (mL)

Oral (mL)																SpS	SpS	SpS	SpS	SpS	SpS	SpS		—
Crystalloid (mL)																80	~~80~~	80	80	80	80	80	80	80
Colloid (mL)																								
Blood (mL)																								
Blood products (mL)																								
Drugs by Infusion																								
1. (mL/Hr)																80	80	80	80	~~80~~	80	Giv 8		
2. (mL/Hr)																								
3. (mL/Hr)																								
4. (mL/Hr)																								
Total Volume - Drugs Infused (mL/Hr)																								
Total Fluid in per hour																80	80	80	~~80~~	80	80	80	80	80
Cumulative TOTAL FLUID IN																							640	720

FLUID OUT (mL)

Urine Volume > 30																	50	80	60	70	40	48	32	32
Urine Volume < 30																								
Blood loss																								
Total Fluid out per hour																	50	80	80	80	80	80	32	32
Cumulative TOTAL FLUID OUT																	50	130	210	290	370	450	482	514

INSTRUCTIONS FOR SHADED AREAS.
IF TWO OR MORE OBSERVATIONS FALL INTO SHADED AREAS, REPEAT AFTER FIVE MINUTES.
IF TWO OR MORE OBSERVATIONS STILL FALL WITHIN SHADED AREA - CALL FOR HELP.

Report Details: Authorised | **View:** Original

Fayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: C090462484
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

SODIUM	136		mmol/L	(	135-147)
POTASSIUM	4.0	*	mmol/L	(	3.5-5.0)
UREA	5.0		mmol/L	(	3.3-6.6)
CREATININE	58		umol/L	(	44-80)
ALT	133	**	U/L	(	12-40)
BILIRUBINS	6		umol/L	(	0-15)
ALKALINE PHOSPHATASE	78		U/L	(	20-80)
ALBUMIN	31	*	g/L	(	36-50)
URATE	0.29		mmol/L	(	0.18-0.36)
LACTATE DEHYDROGENASE	615	**	U/L	(	145-410)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
27 Mar 2009 06:00

Clin.Details: 24+6wks
? hellp

Request Entered: 27 Mar 2009 07:01 Report Printed: 27 Mar 2009 08:01

Printed by schisholm1\ldap.tuht.scot.nhs.uk on 27/03/2009 08:48:49

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: H090462484
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

HGB	12.6		g/dL	(12.0-16.0)	WBC	18.8	H	x10^9/l	(3.9-9.9)
RBC	4.21		x10^12/l	(3.8-4.8)	NE#	17.4	H	x10^9/l	(2.0-7.5)
HCT	0.366	L		(0.37-0.47)	LY#	1.0	L	x10^9/l	(1.5-4.0)
MCV	86.9		fl	(80-96)	MO#	0.4		x10^9/l	(0.2-0.8)
MCH	29.9		pg	(27-32)	EO#	0.00		x10^9/l	(0.0-0.4)
MCC	34.4		g/dl	(32-36)	BA#	0.0		x10^9/l	(0.0-0.1)
					PLT	114	L	x10^9/l	(150-400)

Lab.Comments:

Sample Date/Time
27 Mar 2009 06:00

Clin.Details: 24+6wks
? hellp

Request Entered: 27 Mar 2009 07:01 Report Printed: 27 Mar 2009 07:08

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: C090462261
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

SODIUM	139		mmol/L	(135-147)	
POTASSIUM	4.3		mmol/L	(3.5-5.0)	
UREA	5.1		mmol/L	(3.3-6.6)	
CREATININE	61		umol/L	(44-80)	
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	199	>>	U/L	(12-40)	
BILIRUBINS	12		umol/L	(0-15)	
ALKALINE PHOSPHATASE	89	>	U/L	(20-80)	
ALBUMIN	35	<	g/L	(36-50)	
URATE	0.26		mmol/L	(0.18-0.36)	
AMYLASE	55		U/L	(0-100)	
LACTATE DEHYDROGENASE	965	**	U/L	(145-410)	
NO GLUCOSE SAMPLE	FLUORIDE OXALATE (GREY TOP) REQUIRED FOR GLUCOSE				

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
26 Mar 2009 13:00

Clin.Details: 24/40 HELLD SYNDROME

Request Entered: 26 Mar 2009 13:42 Report Printed: 26 Mar 2009 14:53

Printed by schisholm1\ldap.tuht.scot.nhs.uk on 26/03/2009 15:40:17

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: C090462251
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

SODIUM	138		mmol/L	(135-147)	
POTASSIUM	4.3	*	mmol/L	(3.5-5.0)	
UREA	4.9		mmol/L	(3.3-6.6)	
CREATININE	64		umol/L	(44-80)	
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	227	*	U/L	(12-40)	
BILIRUBINS	16	>	umol/L	(0-15)	
ALKALINE PHOSPHATASE	94	>	U/L	(20-80)	
ALBUMIN	34	<	g/L	(36-50)	
CALCIUM	2.15		mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.36		mmol/L	(2.10-2.55)	
GLUCOSE (preserved tube)	FLUORIDE OXALATE (GREY TOP) REQUIRED FOR GLUCOSE				
URATE	0.26		mmol/L	(0.18-0.36)	
AMYLASE	55		U/L	(0-100)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
26 Mar 2009 09:00

Clin.Details: vomitting/abdo pain 24/40

Request Entered: 26 Mar 2009 09:56 Report Printed: 26 Mar 2009 11:46

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: H090462251
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

HGB	13.6	g/dL	(12.0-16.0)	WBC	14.2	H x10^9/l	(3.9-9.9)
RBC	4.49	x10^12/l	(3.8-4.8)	NE#	13.4	H x10^9/l	(2.0-7.5)
HCT	0.387		(0.37-0.47)	LY#	0.7	L x10^9/l	(1.5-4.0)
MCV	86.2	fl	(80-96)	MO#	0.1	L x10^9/l	(0.2-0.8)
MCH	30.3	pg	(27-32)	EO#	0.00	x10^9/l	(0.0-0.4)
MCC	35.1	g/dl	(32-36)	BA#	0.0	x10^9/l	(0.0-0.1)
				PLT	106	L x10^9/l	(150-400)

APTT	26.1	secs.	(22-30)
APTT Ratio	1.0		
Prothrombin Time	10.0	secs.	(9-12)
PT Ratio:	1.0		

Lab.Comments:

Sample Date/Time
26 Mar 2009 09:00

Clin.Details: vomitting/abdo pain 24/40

Request Entered: 26 Mar 2009 09:56 Report Printed: 26 Mar 2009 10:44

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: H095400233
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

HGB	13.5	g/dL	(12.0-16.0)	WBC	15.4	H x10^9/l	(3.9-9.9)
RBC	4.37	x10^12/l	(3.8-4.8)	NE#	14.3	H x10^9/l	(2.0-7.5)
HCT	0.378		(0.37-0.47)	LY#	0.9	L x10^9/l	(1.5-4.0)
MCV	86.5	fl	(80-96)	MO#	0.2	x10^9/l	(0.2-0.8)
MCH	30.9	pg	(27-32)	EO#	0.00	x10^9/l	(0.0-0.4)
MCC	35.7	g/dl	(32-36)	BA#	0.0	x10^9/l	(0.0-0.1)
				PLT	110	L x10^9/l	(150-400)

APTT	24:7	secs.	(22-30)
APTT Ratio	1.0		
Prothrombin Time	9.8	secs.	(9-12)
PT Ratio:	0.9		

Lab.Comments:

Sample Date/Time
26 Mar 2009

Clin.Details: Raised BP @ 24 weeks gestation

Request Entered: 26 Mar 2009 18:36 Report Printed: 26 Mar 2009 19:05

Printed by schisholm1\ldap.tuht.scot.nhs.uk on 26/03/2009 19:16:27

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: C090462251
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

SODIUM	138		mmol/L	(	135-147)
POTASSIUM	4.3	*	mmol/L	(	3.5-5.0)
UREA	4.9		mmol/L	(	3.3-6.6)
CREATININE	64		umol/L	(	44-80)
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	227	*	U/L	(	12-40)
BILIRUBINS	16	>	umol/L	(	0-15)
ALKALINE PHOSPHATASE	94	>	U/L	(	20-80)
ALBUMIN	34	<	g/L	(	36-50)
CALCIUM	2.15		mmol/L	(	2.10-2.55)
CALCIUM (CORRECTED)	2.36		mmol/L	(	2.10-2.55)
GLUCOSE (preserved tube)	FLUORIDE OXALATE (GREY TOP) REQUIRED FOR GLUCOSE				
URATE	0.26		mmol/L	(	0.18-0.36)
AMYLASE	55		U/L	(	0-100)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
26 Mar 2009 09:00

Clin.Details: vomitting/abdo pain 24/40

Request Entered: 26 Mar 2009 09:56 Report Printed: 26 Mar 2009 11:46

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION 20/1/09
RECORD START DATE

BKd 9/12

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward:	**Patient Name:** YVONNE JAMIESON
Consultant:	**CHI number:** 1003820107
On admission: **Weight:** **Height:**	**Date of Birth:**
	(Attach printed label here)

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By

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

1. NKDA	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	

AS REQUIRED THERAPY

Medicine / Form: SYMPTOMATIC relief		Date										
		Time										
Dose & Frequency: as per policy	Route: O	Dose										
		Initials										
Signature	Start Date: 20/1	Date										
		Time										
Indication / Notes	Pharmacy	Dose										
		Initials										

Medicine / Form: STEMETIL		Date										
		Time										
Dose & Frequency: 12.5mg 8°	Route: O	Dose										
		Initials										
Signature	Start Date: 20/1	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.

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						

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										

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										

REGULAR THERAPY

Date →
Time ↓

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

| Medicine / Form | | |

REGULAR THERAPY

Date →
Time ↓

Medicine / Form		
Dose	Route	
Signature	Start Date	
Pharmacy		

Time	
6	
8	
12	
14	
18	
22	

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

Time	
6	
8	
12	
14	
18	
22	

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

Time	
6	
8	
12	
14	
18	
22	

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

Time	
6	
8	
12	
14	
18	
22	

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

Time	
6	
8	
12	
14	
18	
22	

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6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

REGULAR THERAPY

Date →
Time ↓

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

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

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

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

Medicine / Form		6
Dose	Route	8
Signature	Start Date	12
Pharmacy		14
		18
		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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
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9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

DAILY IV FLUID PRESCRIPTION AND FLUID BALANCE CHART

Date 22-01-09

For Incompatibilities and Rate of Flow – See Overleaf

Ward/Clinic Hosp. 37 A N/W ..... Cons.

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

Surname Jamieson

First Name Yvonne ..... M. State

Address ..... Sex

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

USE BLOCK LETTERS OR PATIENT LABEL

Bottle No.	FLUID TYPE	FLUID Amount ml.	Rate of Flow per hour ml/hr	Batch No.	ADDITIONS (Sign here if Drugs added subsequently)	Use 24hr Clock Start	Use 24hr Clock Finish	Prescribed by (Doctors Signature) / Administered by (Signature)
	HARTMANS	500	60	08104 TSR.		0830	2000	

IV discontinued @ 2000hrs.

THIS CHART MAY BE DESTROYED ON DISCHARGE OF PATIENT PROVIDED NO RECORDINGS ARE MADE ABOVE THIS LINE

24hr clock Time	INTAKE in ml. I.V.	INTAKE in ml. ORAL	OUTPUT in ml. Urine	Vomit	Aspirate	Fistulae	Drain	Stool	COMMENTS
0250	(6) 500mls								
0305			540						++++ Ketones
			332						1g ketones trc prot
1460			500						++ Ketones
1830			340						+ Ketones.
2000			142						Tr Ketones
TOTALS									

SPECIAL INSTRUCTIONS:

I.V. Total ..... Oral Total ..... } Total Intake .....

Balance ..... Total Output .....

Known Drug Sensitivity – or Adverse Reaction

1. 2.

THB (MR) 29 Rev.8/92

INCOMPATIBILITIES OF DRUGS

Precautions –

Do NOT *add Drugs to the following*

AMINO ACID SOLUTIONS
LIPID EMULSIONS
MANNITOL SOLUTIONS – *check solution has not crystallised*
WHOLE BLOOD OR BLOOD PRODUCTS

RATE OF FLOW (for 500ml)
PLEASE CONSULT OUTER COVER OF THE IV SET

POTASSIUM CHLORIDE

A standard solution of 0.3% Potassium Chloride in 5% Dextrose solution or 0.9% Sodium Chloride solution containing 40 millimoles of K^+ *per litre is available. Normally not more than* **80 millimoles K^+ (6 grams Potassium Chloride)** *should be infused in 24 hours.*

CONSULT THE PHARMACY DEPARTMENT *about the addition of drugs to infusion solution. Remember to* **ensure good mixing** *after adding drugs to an infusion solution. Following the addition of a drug to an infusion fluid remember to affix a* **"Drug Additive" Label** *to the container.*
Infuse solution as soon as possible after the addition of drug(s).

ANTIBIOTICS – PREFERABLY AVOID ADMINISTRATION BY INTRAVENOUS INFUSION
To achieve Therapeutic Levels – ADMINISTER BY BOLUS INJECTION

ON OCCASIONS OF NECESSITY REFER TO TABLE BELOW OR SEEK ADDITIONAL INFORMATION

CEPHALORIDINE	TETRACYCLINES, ERYTHROMYCIN *incompatible*
ERYTHROMYCIN LACTOBIONATE	*Should only be added to IV Fluids after reconstitution with water for injection* (See package insert for full details) NO *other drugs to be added to infusion*
GENTAMICIN	**Do not add to Infusion Fluids.** *Give as a bolus injection*
HEPARIN	*Add* **preferably** *to* SODIUM CHLORIDE 0.9% *Solution* ANTIBIOTICS, HYDROCORTISONE *incompatible*
HYDROCORTISONES *e.g. Sodium Phosphate* *Sodium Succinate preparations*	ANTIBIOTICS, HEPARIN *incompatible*
PENICILLINS *e.g. Ampicillin* *Benzylpenicillin*	*Add* **only** *to* **Sodium Chloride 0.9%** *Prepare immediately before administration.* **Infuse within 4 hours. Do not mix with other drugs.**
TETRACYCLINES	NO *other drugs to be added to infusion.* *Do* NOT *add to solutions containing* **Calcium.**

DAILY IV FLUID PRESCRIPTION AND FLUID BALANCE CHART

Date 20/1/09 : 21/1/09

For Incompatibilities and Rate of Flow – See Overleaf

Ward/Clinic/ 37A
Hosp. N/N Cons.

D D M M Y Y
1 0 0 3 8 2 9 1 0 7 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

Bottle No.	FLUID TYPE	FLUID Amount ml.	Rate of Flow per hour ml/hr	Batch No.	ADDITIONS (Sign here if Drugs added subsequently)	Use 24hr Clock Start	Use 24hr Clock Finish	Prescribed by (Doctors Signature) / Administered by (Signature)
(1)	HARTMANN	500	1°	08J31 T3B		2320	0000	
(2)	HARTMANN	500	2°	0810 4T3R		0000	0325	
3	0.9% NaCl	500	4°	085 22 T3N		0325	1050	
(4)	0.9% NaCl	500	4°	08522 T3N		1050	1340	
(5)	0.9% NaCl	500	4°	08J22 T3N		1340	1730	
(6)	Hartmann's	500	6°			1730	0250	
(7)	0.9% NaCl	500	6°			0250	0850	

THIS CHART MAY BE DESTROYED ON DISCHARGE OF PATIENT PROVIDED NO RECORDINGS ARE MADE ABOVE THIS LINE

24hr clock Time	INTAKE in ml. I.V.	INTAKE in ml. ORAL	OUTPUT in ml. Urine	Vomit	Aspirate	Fistulae	Drain	Stool	COMMENTS
0000	(1) 500								
0325	(2) 500								
0930			100						Hit vet + post
1050	(3) 500								
1730	(5) 500								
2030			250						1++ Ketones
2130			250						++++ Ketones
TOTALS									

SPECIAL INSTRUCTIONS:

I.V. Total ..... } Total Intake .....
Oral Total ..... }
Balance ..... Total Output .....

Known Drug Sensitivity – or Adverse Reaction

1. 2.

THB (MR) 29 Rev.8/92

INCOMPATIBILITIES OF DRUGS

Precautions –

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LIPID EMULSIONS
MANNITOL SOLUTIONS – *check solution has not crystallised*
WHOLE BLOOD OR BLOOD PRODUCTS

RATE OF FLOW (for 500ml)
PLEASE CONSULT OUTER COVER OF THE IV SET

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Infuse solution as soon as possible after the addition of drug(s).

ANTIBIOTICS – PREFERABLY AVOID ADMINISTRATION BY INTRAVENOUS INFUSION
To achieve Therapeutic Levels – ADMINISTER BY BOLUS INJECTION

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PENICILLINS *e.g. Ampicillin* *Benzylpenicillin*	*Add* **only** *to* **Sodium Chloride 0.9%** *Prepare immediately before administration.* **Infuse within 4 hours. Do not mix with other drugs.**
TETRACYCLINES	NO *other drugs to be added to infusion.* *Do* NOT *add to solutions containing* **Calcium.**

DAILY IV FLUID PRESCRIPTION AND FLUID BALANCE CHART

Date .....

For Incompatibilities and Rate of Flow – See Overleaf

Ward/Clinic/

Hosp. ..... Cons.

D D M M Y Y

C.H.I. No.

Surname .....

First Name ..... M. State

Address ..... Sex

.....

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

USE BLOCK LETTERS OR PATIENT LABEL

Bottle No.	FLUID TYPE	FLUID Amount ml.	Rate of Flow per hour ml/hr	Batch No.	ADDITIONS (Sign here if Drugs added subsequently)	Use 24hr Clock Start	Use 24hr Clock Finish	Prescribed by (Doctors Signature) / Administered by (Signature)

THIS CHART MAY BE DESTROYED ON DISCHARGE OF PATIENT PROVIDED NO RECORDINGS ARE MADE ABOVE THIS LIN

24hr clock Time	INTAKE in ml. I.V.	INTAKE in ml. ORAL	OUTPUT in ml. Urine	Vomit	Aspirate	Fistulae	Drain	Stool	COMMENTS
TOTALS									

SPECIAL INSTRUCTIONS:

I.V. Total .....

Oral Total .....

Total Intake .....

Total Output .....

Balance .....

Known Drug Sensitivity – or Adverse Reaction

1. 2.

INCOMPATIBILITIES OF DRUGS

Precautions –

Do NOT *add Drugs to the following*

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LIPID EMULSIONS
MANNITOL SOLUTIONS – *check solution has not crystallised*
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RATE OF FLOW (for 500ml)
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To achieve Therapeutic Levels – ADMINISTER BY BOLUS INJECTION

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PENICILLINS *e.g. Ampicillin* *Benzylpenicillin*	*Add* **only** *to* **Sodium Chloride 0.9%** *Prepare immediately before administration.* **Infuse within 4 hours. Do not mix with other drugs.**
TETRACYCLINES	NO *other drugs to be added to infusion.* *Do* NOT *add to solutions containing* **Calcium.**

ANTE NATAL OBSERVATIONS

Hosp. 37A JIN ..... Cons.

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

Surname Jamieson

First Name Yvonne M. State

Address ..... Sex

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

USE BLOCK LETTERS OR PATIENT LABEL

ORIENTATION TO WARD
INTRO TO STAFF
INTRO TO NEIGHBOURS
BUZZER
W/C SHOWER
BIDET
DAYROOM/PHONE
SMOKING
VISITORS

Date	20.1.09.	21/1/09	22/1/09.				
Gestation	15+2	15+5.	15 4/7				
Reason for Admission	Hyperemesis	Hyperemesis	Hyperemesis				
Emotional and Physical Wellbeing	Dehydrated.	feels a. better	Better.				
Sleep		intermittent	family well				
Appetite/Diet		Poor	Poor				
Parentcraft Needs		-	-				
Breast/Nipples		-	-				
Fundal Height			-				
Abdominal Examination		-	-				
Foetal Heart	FNH.	FHH.	FHH				
Foetal Movements		not aware.	-				
Bowels		BNO.	BNO				
Weight		-					
C.T.G.		N/A	N/A				
P.V. Loss	NIL	NIL	NIL				
Oedema		NIL	NIL				
Urinalysis		HHHKet +Pro-					
Temperature	36.6°C	36	36				
Pulse	90	76	74				
B.P.	110/80.	110/63	98/60				
Investigations	Bloods-facilitated L/F R.C.P.						
	DI in situ						
Midwife's Signature	pp Smeeth	SC Clowne.	SC Clowne.				

THB MR 517

)ate							
Gestation							
Reason for Admission							
Emotional and Physical Wellbeing							
Sleep							
ppetite/Diet							
Parentcraft Needs							
Breast/Nipples							
Fundal Height							
bdominal Examination							
Foetal Heart							
oetal Movements							
Bowels							
Weight							
.T.G.							
.V. Loss							
edema							
rinalysis							
emperature							
ulse							
.P.							
vestigations							
idwife's Signature							

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

N/W Ward 37A — Clinician: Dr P. CHIEN — Lab No: C095308526 N37A CHEP1H

SODIUM	133	<	mmol/L	(	135-147)
POTASSIUM	3.5		mmol/L	(	3.5-5.0)
UREA	3.7		mmol/L	(	3.3-6.6)
CREATININE	55		umol/L	(	44-80)
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	54	>	U/L	(	12-40)
BILIRUBINS	14		umol/L	(	0-15)
ALKALINE PHOSPHATASE	64		U/L	(	20-80)
ALBUMIN	38		g/L	(	36-50)
C-REACTIVE PROTEIN	81	>>	mg/L	(	up to 5)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
20 Jan 2009

Cl[illegible] Details: hyperemnisis?

Request Entered: 20 Jan 2009 23:38 — Report Printed: 21 Jan 2009 00:11

Printed by enmilton\ldap.tuht.scot.nhs.uk on 21/01/2009 04:15:22

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: H095308526
N/W Ward 37A Clinician: Dr P. CHIEN N37A CHEP1H

HGB	12.5		g/dL	(12.0-16.0)	WBC	4.3	x10^9/l	(3.9-9.9)
RBC	4.25		x10^12/l	(3.8-4.8)	NE#	3.0	x10^9/l	(2.0-7.5)
HCT	0.360	L		(0.37-0.47)	LY#	0.8	L x10^9/l	(1.5-4.0)
MCV	84.7		fl	(80-96)	MO#	0.4	x10^9/l	(0.2-0.8)
MCH	29.4		pg	(27-32)	EO#	0.01	x10^9/l	(0.0-0.4)
MCC	34.7		g/dl	(32-36)	BA#	0.0	x10^9/l	(0.0-0.1)
					PLT	135	L x10^9/l	(150-400)

Lab.Comments:

Sample Date/Time
20 Jan 2009

Clin.Details: hyperemnisis?

Request Entered: 20 Jan 2009 23:38 Report Printed: 20 Jan 2009 23:46

Printed by enmilton\ldap.tuht.scot.nhs.uk on 21/01/2009 04:15:38

REQUEST FOR ADMISSION*/ URGENT CONSULTATION*

DETAILS OF PATIENT

Full Name Yvonne Jamieson

Address Flat C 1 Mowbray Court
Fairfield Avenue
Perth

Date of Birth (CHI) 1 0 0 3 8 2 (0 1 0 7)

Previous Attendance (Hospital) .....

Unit No. (if available) .....

Occupation .....

Dr Auld
Waterworks

TO THE ADMITTING GYNAE UNIT N/W HOSPITAL

Dear Doctor,

I should be grateful if you would admit* / examine and admit* if necessary the above patient.

HISTORY OF PRESENT COMPLAINT: Hyperemesis Gravidarum.
2x admission with this pregnancy
unable to tolerate fluids today despite
cyclizine tabs

RELEVANT SOCIAL DETAILS:
1 son at home

FINDINGS ON EXAMINATION: pale + dry.
HR 104 bpm BP 100/62
dizzy on standing.
urine ketone ++++

SIGNIFICANT PAST ILLNESSES:
nil of note

PRESENT DRUG THERAPY:

PROVISIONAL DIAGNOSIS:
hyperemesis gravidarum.

Yours faithfully,
A. Cox (004 51)

Date 20/1/09

Time 20.05

*Delete as appropriate

THB(MR)9

TRIAGE ADMISSION

Name & DOB/CHI:	Ivonne Jamieson 100382 0107.		
Date & Time:	20/1/09 2100.	**Consultant:**	

EDD:	12/07/09
Gest:	15+2.
Parity:	1/0 SVD.

Temp:	36.6°C.
Pulse:	90
BP:	110/60

FH:	FHH 1/c SOLICOND
Urinalysis:	Unable to provide sample.
Blood Gp:	

Abdominal Palpation:		**PV Loss:**	Nil.

Any Relevant medical/obstetric history and reason for admission

Para 1/0 prev SVD.
GP referral 1/c hyperemesis. Not tolerating foodstuffs since Friday. Sips of water only..

Actions Taken

Obs and FH as above. Unable to provide urine sample.
HHT ~~stones~~ at GP.
For medical review.

CTG (if applicable):

Risk:		**Contractions:**		**Baseline:**	
Variability:		**Accelerations:**		**Decelerations:**	
Overall:					

NB: If patient in labour please insert partogram in notes.

If in established labour and unable to admit to labour suite please document and reason for this below.

Signature		**Time of Discharge/Transfer**	

20/1/09 21:40 ORR STI

26♀ 15+2 weeks pregnant; para 1+0, SVD @ term.
uncomplicated pregnancy to date.

PC vomiting since Friday.
no food/fluids, managing some fluids.
'cold' since Friday: congested
cough - sputum.
headache - frontal.
fever.

diarrhoea.

PMH asthma: no hospital admissions
hypothyroid.

SC some dizziness., nil else.

Stem cyclizine 5g BD.

MEDS thyroxine 75mcg.
Seretide 250 bd.
Ventolin PRN.

NKDA.

SH non smoker.
lives with son.

FH son vomiting.

O/E looks dehydrated, visibly congested.
dry lips and tongue
cap refill 2sec.
Abdo SNT.

P 90
110/80
afebrile

U&Es.

(P) IV fluids
FBC, U&Es, LFTs, CRP.
antiemetics.

urinalysis ++++ ketones

ORR
STI
#4165

HISTORY/CONTINUATION SHEET

Wd 37a : UNIT/WARD/DEPT.

Ward/Clinic/Hosp. NW137a. Cons

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

Surname Jamieson

First Name Yvonne M. State

Address Sex

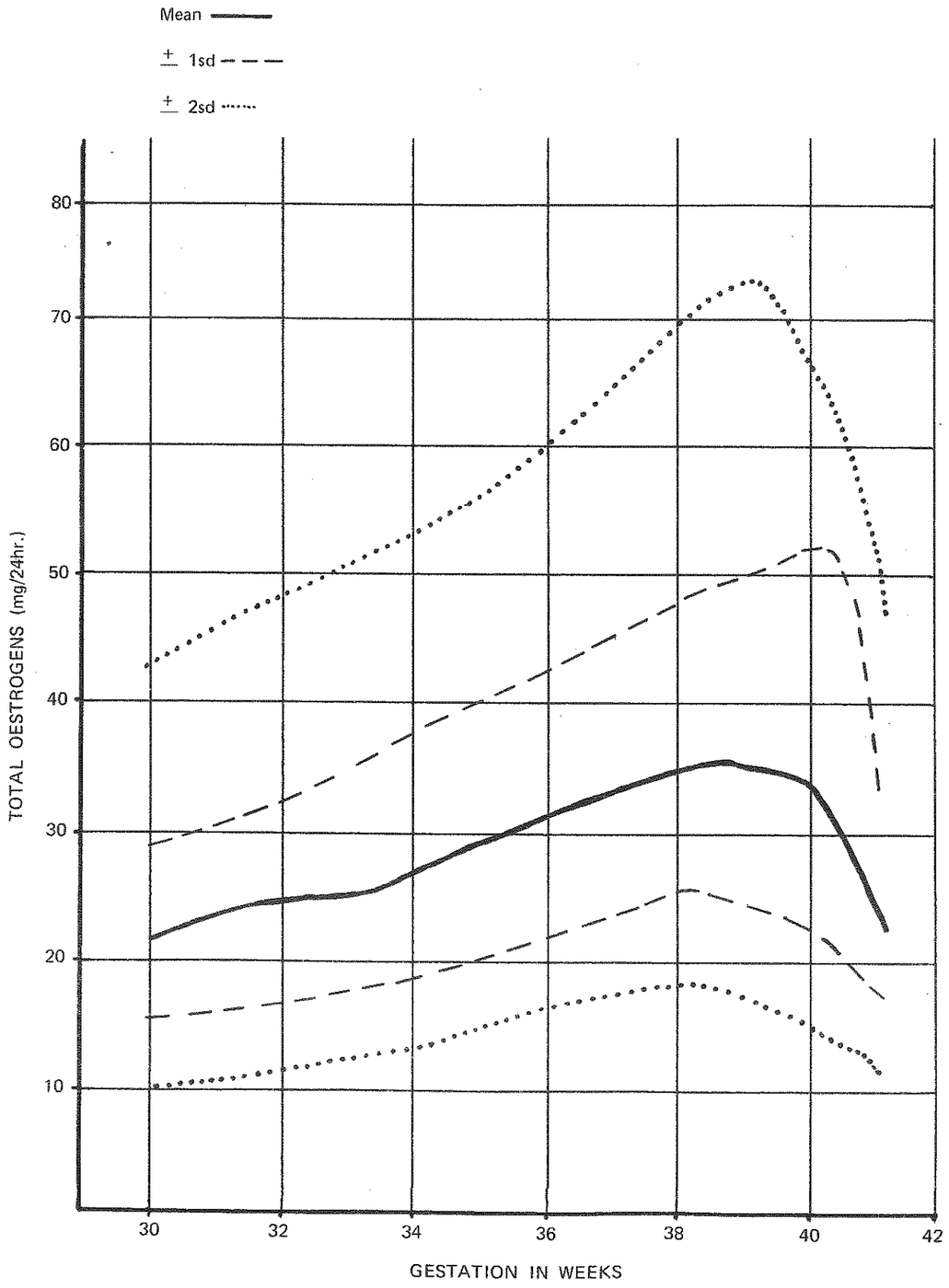
G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

DATE	Page
20/01/09 2320	Venflon sited in ® Arm by Dr orr. Bloods obtained + sent by Dr orr IVI commenced at Dr instructions. Yvonne advised to use bed pans overnight Aware of buzzer system. Anti-emetics declined. Lee-anne Harvey S/m.
21/01/09 0230	IVI continues. No requests at present - no vomitting overnight. Lee-anne Harvey S/m.
21/1/09 2130	Yvonne feeling slightly better BP 128/76, P84, T36.8°C. FHH136bpm(S) Managed to have a small amount of evening meal. Continues to have 4+ ketones. Discussed with Dr Orr re persistent ~~presence~~ ketonuria - BM checked 3.8mmol Has not vomited since arrival. J. Muller
22/1/9. 0900	R/wed Yvonne Jamieson. Pito ♀ 15 wks + 4 days Admitted on 20/1/9 for Hyperemesis. Hlo not able to eat from last Friday. Has been on IV fluids ♀ persistent ketonuria (large) Had not been sick after admission. O/E - Yvonne looks dehydrated Still on IV fluids. Not eating anything. Obs: Stable. Today ++++ ketones in Urine P/A - Soft. no draining / bleeding PV. Plan - Advised to try food & explained about significance of eating. Carbohydrate food Teds. STR 4818

DATE	
22/1/09	
2000	Yvonne feeling better.
	Tolerated tea, wine - Tr ketones only.
	Happy to go home.
	DLW SHO - happy with above. [illegible]
2030.	Ventilon removed. → Home. [illegible]

URINARY TOTAL OESTROGEN IN NORMAL PREGNANCY



BOOKING ARRANGEMENTS

ANTENATAL CARE	Tick	NOTE
Specialist Hospital Clinic		
Consultant		
Shared Care		
Consultation Only		

DELIVERY

P.R.I.		
Consultant Only		
Other Hospital		
Domiciliary		
Early Discharge		
Previous Booking		

POST NATAL EXAMINATION

Specialist Hospital		
Other Clinic		
General Practitioner		

Ward/Clinic/ Hosp. .... Cons.

1003820107 C.H.I. No.

Surname ..... MCLEAN

First Name .... YVONNE M ..... M. State

Address ..... 7D LESLIE CT F ..... Sex

..... PERTH .....

G.P. & Address (14249 BLOCK LETTERS OR PATIENT LABEL

PH1 2TB

RM RETLY

HOSPITAL – MATERNITY UNIT, PERTH ROYAL INFIRMARY

WARD ..... Blue .....

CONSULTANT ..... WOODD. .....

P/N 102

SERUM HEPATITIS NEG / POS

RUBELLA STATUS– Not Immune / Immune

ADMISSION AND DISCHARGE DATA

ADMISSION		DISCHARGE		DIAGNOSIS	TO ATTEND	
Date	Ward	Date	Destination		Clinic	Date
1/4/02	BLUE			Vomiting.		
10/5/02	Blue			Early labour -		
INFANT						

SUMMARY OF PRESENT PREGNANCY

Date	Place	LABOUR AND DELIVERY				INFANT			
		Gest.	Onset Sp/ind Aug	Dur. Hrs.	Mode of Delivery	Sex	Weight	LB/SB 1st week Death	Name and Unit No.
110502	PRI	40 2/7	Sp	9 hrs Minim	SVD	M	3610	LB	Kyle. 110502.

SUMMARY & COMPLICATIONS:

Feeding C+C

CLINICO PATHOLOGICAL CLASSIFICATION OF PERINATAL DEATH

MR.16
Rev.
10/84

NAME
VIVIENNE McLEAN
UNIT No.
1003520107

AGE	HEIGHT
20	
PARITY	LIVE CHILDREN
0+0	
Date of Marriage	BLOOD GROUP
	O Rh.

Husband's Age

E.D.D.

ANTENATAL

SPECIAL FEATURES	RECOMMENDATIONS

DELIVERY AND POST NATAL

Special Features	Recommendations

NOTES FOR PAEDIATRICIAN

Last Menstrual Period

		Loss	Duration	Onset
Certain	☐	Normal ☐	Normal ☐	Normal ☐
Uncertain	☐	Light ☐	Shorter ☐	Late ☐
Approx.	☐	Heavy ☐	Longer ☐	Early ☐

Usual Cycle

Bleeding since L.M.P.

Stopped Pill on:
Was L.M.P. withdrawal bleed?
COMMENT:

Previous Contraception

For Sterilisation:
PPS ☐
Interval ☐ Signature

Vasectomy ☐

PREVIOUS MEDICAL HISTORY

Operations	Date

Anaesthetic difficulties
Blood transfusion
Allergy
Steroid therapy
Rheumatic Fever
Heart Disease
T.B.
Diabetes
Disease of urinary tract

Psychiatric disorder
Thromboembolism
Other
Other
Drugs

Immunisation
Polio ☐ Rubella ☐
Triple ☐ Measles ☐

FAMILY HISTORY	RELATIVE
Hypertension	
Diabetes in 1° relative	
TB contact	
Genetic disorder	
Other/Comment	
Twins in 1° relative	
If patient a twin, sex of other twin	

Smear Results	Date

Referred to M S W ☐

HISTORY OF PRESENT PREGNANCY Dat .....

Smokes ..... per day
Stopped at ..... (date)
Dyspnoea
Cough
Vomiting
Alcohol
Other

ROUTINE PHYSICAL EXAMINATION

General Examination
Breasts
Varicose Veins
Teeth

CVS Pulse Resp Breath Sounds
Murmurs Adventitiae

Abdomen

P/V Uterine Size in weeks
Other

Examined by

Intention for Infant feeding
Breast ☐
Bottle ☐
Undecided ☐

Previous duration of Breast Feeding
..... months

DRUGS (Other than In-patient)	Dose, Frequency and Route	Initiated by: Clinic	Initiated by: G.P.	Initiated by: Patient	From	To

INVESTIGATIONS INITIATED AT FIRST VISIT

Hb		A.F.P.		Other
Blood Group		Smear		
VDRL		Scan		
H.A.I. (Rubella)		MSSU		
HBs Ag		Toxo		

BLOOD GROUP

ANTIBODIES

HUSBAND'S GENOTYPE
Date Blood taken
Result

NAME	Ivonne McLean
UNIT No.	203820107
AGE	20
HEIGHT	
PARITY	0+0
LIVE CHILDREN	
Date of Marriage	
BLOOD GROUP	O Pos.
Husband's Age	
E.D.D.	

ANTENATAL

SPECIAL FEATURES	RECOMMENDATIONS

DELIVERY AND POST NATAL

Special Features	Recommendations

NOTES FOR PAEDIATRICIAN

DATE	Weeks Preg.	Fundal Height	B.P.	Urine		WEIGHT	Oedema	Date when F.M. first felt:	
				Alb.	Sug.			Position and Level	F.M./F.H.

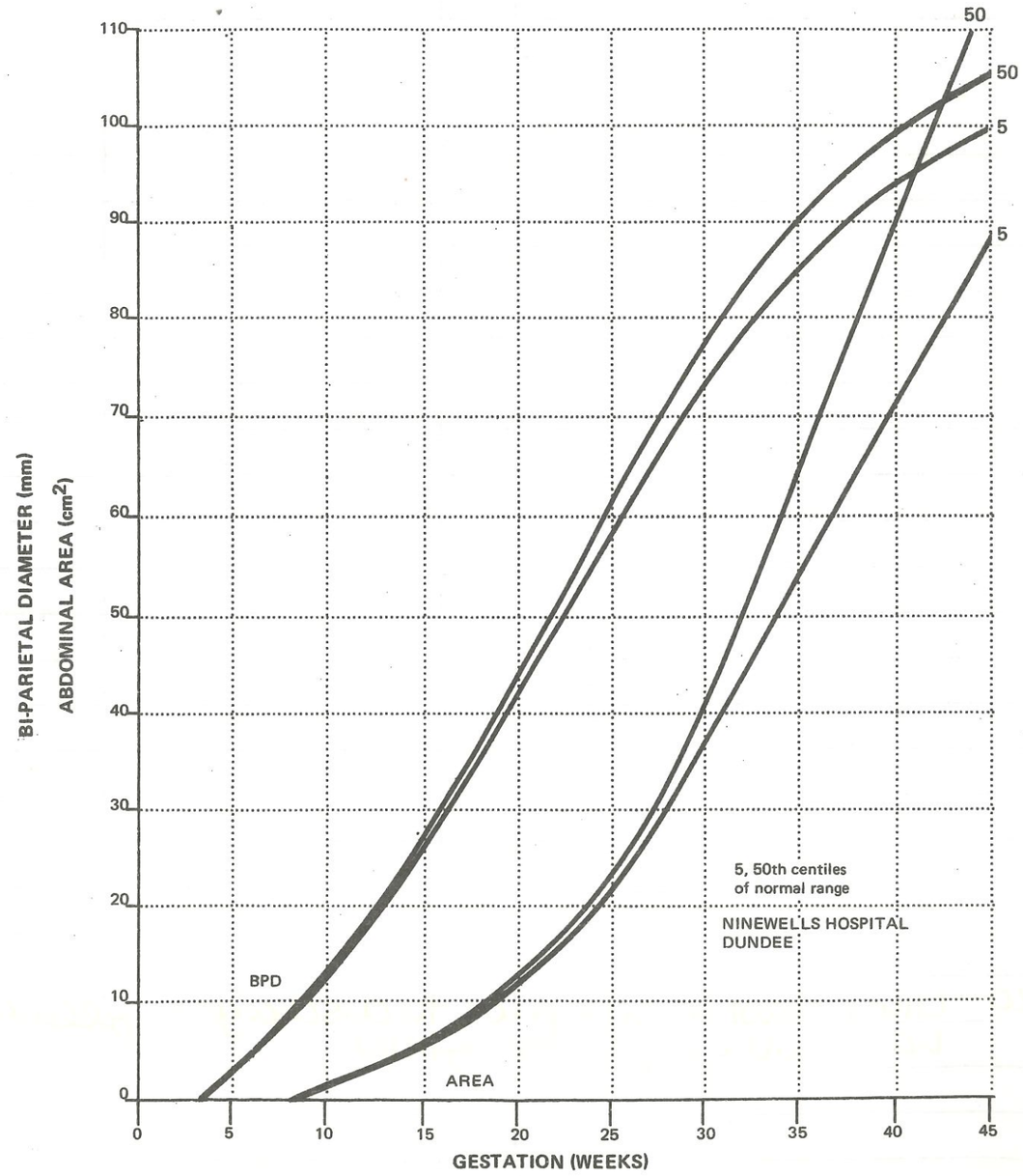
NAME	ANTENATAL	
Yvonne McKean	SPECIAL FEATURES	RECOMMENDATIONS
UNIT No.		
003520107		
AGE / HEIGHT		
20		
PARITY / LIVE CHILDREN		
0+0		
Date of Marriage / BLOOD GROUP		
O Pos.		
Husband's Age		
E.D.D.		

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

ULTRASONIC SCANS BPD & FTA

BI-PARIETAL DIAMETER v GESTATION

ABDOMINAL AREA v GESTATION



Date and Time	ADMISSION NOTES / IN-PATIENT NOTES Reason for Admission
17+6	Brought in by Post Office Worker - Yvonne
5.12.01 11.30	fainted in Post office saying she fell on abdomen and also barged her head. On admission - not distressed. No PV loss although says she has been 'wetting herself' over past few days despite not feeling sensation to pass urine.
(1)	BP 98/54 T 35.8°C. P 64bpm. Fundus = 17 wks gestation, FHH - 154bpm - regular. urinalysis - Tr Protein. yeeah
12.15	Fainting attack at postoffice this morning no pain in abdo, no loss pv. ? urine leakage. No relevant past medical h/o. did not eat this morning. looks comfortable PR. 70/m. volume flex FH ✓ abdo. - soft P/S - Co - normal, os - closed. no leakage - HVS, mssu. ? Hypoglycaemia - Reassured. - Home Hlq
12.20	Given toast & milk prior to discharge - yeeah has clinic appt for 14/12/01.

NAME	ANTENATAL	
IVONNE McLEAN	SPECIAL FEATURES	RECOMMENDATIONS
UNIT No. 003820107		
AGE 20 / HEIGHT		
PARITY 0+0 / LIVE CHILDREN		
Date of Marriage / BLOOD GROUP O Pos.		
Husband's Age		
E.D.D.		

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

Date and Time	
291201 20⁵/₇ (2)	Brought in by ambulance - called it herself ab shopping centre after suffering sharp abdominal pains °SRM °PV loss BMFV °/e T 35⁹ P 72 BP ⁹⁰/₅₅ urinalysis – sm ketones felt cold, slightly clammy °/e foetal parts felt. fundal height 18cm FHH✓ – 155b/m MAyk
15:35	c/o abdominal pain x 2 nights. Sharp lower abdo. pain lasted few seconds, not often, usually after [illegible] no dysuria, bowel regular no PV loss HOH = Date FHH ✓ no painful contact abdo: - soft not tender slight tender on both lateral sides of uterus to labia. ? stretching of round ligament - Reassure - MSSU - Paracetamol + Rest prn - Home Hlg

Date and Time	
27/2/02	T 35⁴ P 62. BP ¹⁰⁰/₅₂ FH 1/47
29⁵/₇ (3)	self referral – arrived in L/W Not having contractions beforehand. No one with her. says she is having some tightenings but has been having them for the last week. Also says she has a bad habit that she wants to stop. -> says she is eating sponges (can you wash out) abdo palpation appears CPD ? size height 35cms ? polyhydramnios difficult to palpate CTG commenced heart CTG was tightenings felt, 2 Hrly infusion. DTaw
27/2/02 21:30.	self referral. - concerned by some lower abdominal tightenings which have now settled. - (A) lower abdominal pain settles on lying down. - concerned because of her sponge eating habit, which NV said could harm her & her baby - is trying to avoid drinks. Abdomen soft. ? ↑ fluid, FH = 25cm CTG = baseline 140 good variability. Plan Reassured } D/W Dr SALMAN SpR Back to clinic 1 week } MEDUS HOLT 5166.

NAME: YVONNE McLEAN
UNIT No.: 1003820107
AGE: 20 | HEIGHT:
PARITY: 0+0 | LIVE CHILDREN:
Date of Marriage: | BLOOD GROUP: O Pos.
Husband's Age:
E.D.D.:

ANTENATAL	
SPECIAL FEATURES	RECOMMENDATIONS

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

Yvonne Maclean (BLUE)

PROGRESS NOTES 1003820107

Date and Time	PROGRESS
13/3/02 32wks (4)	Self referral, arrived at H/W no prior notice feels she is carrying baby lower than normal. Does not have handheld notes with her. T-36' P-74 BP-105/68 urinalysis-TR Glucose +PROTEIN, Leucocytes on palpation- cephalic presentation, ? lie difficult to determine fetal position. FmF
14.30	CTG commenced - reactive trace, good variability FH-130-140bpm baseline accelerations noted °decelerations FmF °uterine activity. Dr informed
13/3/02.	- Feels baby is lying low. occasional tightenings at night which soon settle. No pain. no urinary symptoms. ↓appetite but still eating + drinking. O/E Abdomen soft - head no engaged. - presentation? FM +. CTG = baseline 140 variable. Plan Reassured. Home MEM HOLT 5166.

Date	Time	PROGRESS
18.3.02 32 3/7 (5)	2115	MCLEAN YVONNE M 7D LESLIE CT PERTH PH1 2TB — 1003820107 — F — 14249 — BM REILLY Self referral with ↓FM and loss of appetite over the last couple of days. Temp 35°9 P78 BP110/70 Urinalysis tr ketones only Commenced CTG FHR 140 bpm good variability reactive tracing FMF occasional braxton hicks contractions DrVBrigwood Advised to take small regular frequent meals. Suggest to consume gaviscon for heartburn DrVBrigwood
	2220	Fundal height 31cm = (N), looks well CTG OK (baseline 150 good variability) V main complaint = ↓appetite today (on questioning has been drinking well and snacking OK → advised to continue + this) Reassured re CTG and discharged + instructions to start kick chart. V MATHESON SHO 5165 No letter required - MEM - 20/3/02. V
31.3.02 34 3/7 (6)	21.10	Admitted from Home History of Vomiting from 2PM today No Diarrhoea ° Abdo Pain ↓ frequency Drowsy, ↓ Feeling Cold, Hot, Nauseated + Vomited x 1 Wet bile stained fluid T36.1 P66 BP 122/68

NAME: YVONNE MCLEAN
UNIT No.: 1003820107
AGE: 20 | HEIGHT:
PARITY: 0+0 | LIVE CHILDREN:
Date of Marriage: | BLOOD GROUP: O Pos.
Husband's Age:
E.D.D.:

ANTENATAL	
SPECIAL FEATURES	RECOMMENDATIONS

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

Date	Time	PROGRESS NOTES
		C/o Headache Urine = + Protein
		+ Ketones MSSU TO LABS
		V/E 4/5 LOA Fnt 1/40
		CTG Commenced regular Tightenings
		Bell DR informed
31-3-02	2155	ATS. Thank you
		Hx as above
		20 y.o. 0+0 39+3/40.
		· multiple admissions throughout pregnancy
		· Admitted ? N+V since 1400
		· Nil orally since am as nauseated
		· Some hebdadens.
		· No abdo pain · No diarrhoea
		· Nil PV FMF
		· Note urinalysis – no signif urinary/ bowel symptoms.
		O/E Apyrexial but tired-exhausted obs fine.
		Abdo-ceph f± dates
		- integ. U/A - mild - not painful
		- no renal angle tenderness
		- soft - non tender no reb/g.
		spec/VE not performed.
		CTG baseline 140 bpm
		↓ variability - now improving
		non reactive so far - continued.

P.K 2

Date	Time	PROGRESS
		MCLEAN 1003820107
		YVONNE M
		7D LESLIE CT
		PERTH F
		PH1 2TB 14249
		BM REILLY
		Imp N+V ? cause – ? 2° to UTI
		Plan: admit – keep for observation
		iv access – iv fluids – hydration
		FBC U+E amylase ✓
		continue ↑ CTG at present.
		A. Panos Sp2
	0240	obs SATS. CTG reactive – SHO & Panos disc meantime. LCAW
	1120	appears to be asleep
1-4-02	1215	appears to be asleep called ✓ to sleep – obs ok Panos. LCAW
31/3/7	0120	appears to be asleep. LESLEY CARR MIDWIFE
	0150	BUSSED – needing up to toilet. PU 100mls ↑ protein – mod ketones.
	0305	CTG recommenced BP 121/73 Pulse 76 no nausea/vomiting ~~headache no~~ no ↑ headache. LCAW
	0240	CTG SATIS FMF. ↑ tightening felt only.
	0410	appears to be asleep
	0515	awake: T 36⁶ P 70 BP 118/70 FH 146bpm no ↑ tightenings felt. No headache LCAW
	0600	LESLEY CARR MIDWIFE
	0615	toast given. no headache/vomiting
	0715	asleep. no vomiting ~~no~~ Unscharted/LCAW

P.K 2

NAME: Yvonne McLean
UNIT No.: 1003820107
AGE: 20
HEIGHT:
PARITY: 0+0
LIVE CHILDREN:
Date of Marriage:
BLOOD GROUP: O Pos.
Husband's Age:
E.D.D.:

ANTENATAL	
SPECIAL FEATURES	RECOMMENDATIONS

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

Date	Time	PROGRESS NOTES
1-4-02	0900	No uterine activity. Slight nausea persists tolerating oral fluids B/P 118/84 no headache.
	0930	CTG → baseline 150. normal variability accelerations seen.
34 3/7	10.00	Offered anti emetic for nausea - refused.
	1130	TIF to team SIM Dmacdonald.
		Hb 9.5gm/dl commenced Fe. sulphate
2/4/02	0800	Feeling rastey better. Happier. Ventflon removed. T 36.1 P64 BP 110/70. °PV loss
34+4.		Urinalysis NAD. Had breakfast, no vomiting. Slept all night. CTG. ↓ variability 1st 20mins but improved towards end. ○ contractions. Mobilising well. Needs renewed. Next follow up she has 41 wk appointment. CM on Thursday. DMacDonald SHO.
		Remind 38/52 — check FBC
2-04-02		ANC appointment made for 26/4 at 0900hrs. + form sent for referral to dietician Davidson.
23/4/02	11.30	A friend phoned on Yvonne's behalf to say that
37 5/7.		Yvonne had fallen about 10 minutes before. There was no complaints of pain, no bleeding, no SROM noted the baby had moved since the fall. Yvonne advised to attend RRI as an out patient for CTG & review, she will attend as soon as possible.
		Grace Saunders SHO.

LABOUR WARD ADMISSION RECORD

PLANNED ADMISSION/IN LABOUR

Yvonne Maclean (BLUE)

Date	Time	PROGRESS NOTES 1003820107
23/4/02	1600	Self referred. Fell today on to ~~right~~ left side at 1130am. Yvonne states she put her arm under abdomen to protect baby. She has grazed her left side of chin and her left knee is painful.
	(37 1/7)	BP 125/85 P. 80 T 36.1. fH 125.
		CTG - Urine - leucocytes +
		FMF
		Yvonne had a pain in left lower abdomen - which has now gone. ○ bleeding ○ SRM.
		Abdo palp long lie ? breech.
		Hb 1.4.02 = 9 bg/dl & Fersolus Sulp tid
		MSSU sent to lab from CMW this am
16:45		Self reported & fell. Fell at ① side whilst getting down & @ ast gas standing. Has grazes & pain ① Rt knee & Chin pt felt some fall. No abd pain - assured "Braxton Hicks" Urine - leucocytes ⇒ D&M
		CTG - Baseline 125-135 reactive accord 6 ltrs seen
		Plan/ response home see SHO

NAME: Yvonne McLean

UNIT No.: 1003520107

AGE	HEIGHT
20	
PARITY	LIVE CHILDREN
0+0	
Date of Marriage	BLOOD GROUP
	O Pos.

Husband's Age

E.D.D.

ANTENATAL

SPECIAL FEATURES	RECOMMENDATIONS

DELIVERY AND POST NATAL

Special Features	Recommendations

NOTES FOR PAEDIATRICIAN

LABOUR WARD ADMISSION RECORD

PLANNED ADMISSION/IN LABOUR

Date	Time	PROGRESS NOTES
10/5/02 40/7	1715	Self referral. History of contractions since this morning.
		O/A Uncistressed. O Show. O SROM.
		T- 36 P-80 BP 120/70.
		Urinalysis-trace protein.
		Palpation. Cephalic - RoP. 3/5.
		CTG - Baseline 130-40, initially flattish but variability ↑ for last 20 mins.
	1820	V.E to assess.
		Cervix central,
		fully effaced,
		2-3 cms dilated.
		PP at Spines - 1.
		Membranes closely applied to head.
		FH 140.
		Amcaig
	1830 for	Transfer to Blue Team to establish-
		Amcaig
10/5/02	2500	TENS applied FH 140.
		SCR - 100mls foodshuttle
		OSRM Count 3.10 (Beatty)
	2020	T/F Labour ward for pain relief.
		Amcaig

Yvonne Maclean 100352 0107.

P.K.2

P.K.2

NAME	ANTENATAL	
Yvonne McLean	SPECIAL FEATURES	RECOMMENDATIONS
UNIT No. 1003520107		
AGE 20 / HEIGHT		
PARITY 0+0 / LIVE CHILDREN		
Date of Marriage / BLOOD GROUP O Pos.		
Husband's Age		
E.D.D.		

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

Date	Time	PROGRESS NOTES

LABOUR WARD ADMISSION RECORD — PLANNED ADMISSION/IN LABOUR

Gestation 40/7 wks.	Date	Time	Abdominal Examination:-
Admitted	10.5.02	2030	Cephn - POP. Eng -
Contractions Began	11	1600	

SPONTANEOUS LABOUR Spont. rupt. memb. ☐ A.R.M. in labour ☐ Augment ☐ Oxytocic drug .....

ASSESSMENT on First V.E./Priming/Induction Date Time hrs.

Cervical Score					
	0	1	2	3	
Dilation (cm)	< 1	1 - 2	2 - 4	4 +	
Length (cm)	> 4	2 - 4	1 - 2	< 1	
Consistency	Firm	Average	Soft		
Position	Post	Mid Anterior			
Level	0 - 3	0 - 2	0 - 1:0	0 +	
				Total	

Pre - induction priming Yes ☐ No ☐

Method & Dosage

SURGICAL INDUCTION Date Time hrs.

Operator: Indications:—

Ordered by:

Procedure: Forewater Rupture ☐ Foetal Heart Rate: Before / After — Liquor: Clear ☐ Bloodstained ☐ Meconium Fresh ☐ Meconium Old ☐

Oxytocic Drugs: Dosage & Instructions .....

MONITORING Contractions: External ☐ Internal ☐ Foetal Heart: External ☐ Scalp Electrode ☐ Ambulatory ☐ In Bed ☐

Date	Time	Progress Notes
10.5.02	2030	Transferred from Blue Team.
11.04		Vomiting ++.
		Distressed with Contractions.
		CTG Commenced - reactive.
		Options for analgesia discussed.
	2050	IM Diamorphine 5mgs + Stemetil 12.5mgs given.
		Analgesia.

NAME
Yvonne McLean

UNIT No.
10035201 07

AGE	HEIGHT
20	
PARITY	LIVE CHILDREN
0+0	
Date of Marriage	BLOOD GROUP
	O Pos.

Husband's Age

E.D.D.

ANTENATAL	
SPECIAL FEATURES	RECOMMENDATIONS

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

DATE
9.5.02

FOETAL HEART RATE

FOETAL Ph

LIQUOR

MOULDING

CERVIX (cms) (x)

DESCENT (•)

CONTRACTIONS PER 10 MINS.

TIME

ANALGESIC DRUGS

EPIDURAL

DRUGS AND I.V. FLUIDS

BLOOD PRESSURE AND PULSE

URINE
PROTEIN
ACETONE
GLUCOSE
VOLUME

TEMPERATURE

HOURS

I I SSSS

01.06. SVD at 1.15 am
Urgent LSCS
3rd stage
in OT
Good condition baby male

Pantholin 15mg.
2050 Diamorphine 5mgs.
Prochlorperazine 12.5mgs.

NAME: Yvonne McLean
UNIT No.: 1003520107
AGE: 20
HEIGHT:
PARITY: 0+0
LIVE CHILDREN:
Date of Marriage:
BLOOD GROUP: O Pos.
Husband's Age:
E.D.D.:

ANTENATAL	
SPECIAL FEATURES	RECOMMENDATIONS

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

AGREES TO IIM UITK + SYNTOMETRINE.
BLOOD GROUP O POS.

Date	Time	Progress Notes
10.5.02	2130	Feeling more comfortable.
40 1/7		CTG Satisfactory – Discontinued.
	2120	Up to toilet. PV. 100ml.
	2130	Sleeping between contractions.
	22.10	Care taken over by s/m K. Donaldson. Amnog
		Ranitadine 150mg given orally.
	22 15	FH 132 – 139 bpm before during + after contraction
	22 25	FH 128 – 134 bpm – contracting 2:10 mod
	2285	VE ½ consent to assess progress.
		Cx fully effaced 3cm dilated
		PP -2/3
		membranes closely applied to head.
		consent for AROM declined at
		this time. ROL-P.
		Glove on glove. FH 125bpm s/m K. Donaldson.
		noises to count for AROM.
	22 47	CTG re-commenced.
	23.00	CTG shows variability reduced. position moved
		to right lateral.
	23.12	Up to PU. variability improved. baseline
		130 bpm. contracting 3:10 mod. strong.
		coping very well shows + on pool. s/m K Donaldson.
	23.37	CTG discontinued. baseline 130 bpm. variability
		with accelerations present contracting 3:10
		mod – strong. noises to midwife s/m K Donaldson.
		fundal height noted to be 33cm. each
		breech on palpation s/m K Donaldson.
	00.00	FH 128 – 144 bpm before during + after contraction

Date	Time	Progress Notes
11.05.02.		
	00.20	Yvonne feels wet? SROM pink stained
		liquor – slow to up to PU
	00.26	Unable to PU. vaginal pressure to
		feels urge to push not on view
		discouraged from pushing at this time
		FH 132 bpm. s/m K Donaldson.
	00.32	on all fours on bed FH 132 bpm
	00 40	FH 130 bpm urge to push continues
	00 43	FH 134 – 146 bpm before during and after
		contraction involuntary pushing continues
		and pooling noted remains on all fours
	00.47	FH 136 bpm PP on view in distance
	00.53	FH 132 – 141 bpm.
	00.56	involuntary pushing continues PP on
		view + FH 138 bpm.
	01.00	active pushing commenced.
		FH 132 bpm.
	01.02	PP advancing well.
	01.01	round onto head PP advancing well.
	01.06	cord of line made urgent in case
		condition syntometrine given
	01.14	Third stage complete ½ CCT.
		perineum intact. ? posterior vaginal
		wall tear. bleeding suturage pad
		in situ. skin to skin contact.
	01.50	PV loss mod.
	02.05	Sx Thomson happy, unable to remove
		post vaginal wall tear.
	02.20	PV loss scts
	02.30	Baby's temp 36.3 T/F to learn to

NAME	ANTENATAL	
YVONNE McLEAN	SPECIAL FEATURES	RECOMMENDATIONS
UNIT No.		
1003520107		
AGE / HEIGHT		
20		
PARITY / LIVE CHILDREN		
0+0		
Date of Marriage / BLOOD GROUP		
O Pos.		
Husband's Age		
E.D.D.		

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

Date	Time	Progress Notes
110507		Booked with maternal consent
	02.40	Dr Thomson reviewed post vaginal wall tear. no sutures required
		PV loss scant s/m K Doolan
	0250	BP 140/90. P 100 T 36.4°C.
		Up to Shower C Kennedy
	03.15	Tea and toast given s/m K Doolan

Date	Time	Progress Notes

NAME
Yvonne McLean

UNIT No.
1003520107

AGE	HEIGHT
20	
PARITY	LIVE CHILDREN
0+0	
Date of Marriage	BLOOD GROUP
	O Rhs.

Husband's Age

E.D.D.

ANTENATAL

SPECIAL FEATURES	RECOMMENDATIONS

DELIVERY AND POST NATAL

Special Features	Recommendations

NOTES FOR PAEDIATRICIAN

ANAESTHESIA RECORD

Date .....

Anaesthetist .....

Status .....

OPERATION

Relevant Pathology

ctive / Emergency

Drug therapy

Premedication

ANAESTHETIC TE(

GA / Spinal / Epidur

Tilt / Preox / Cricoid

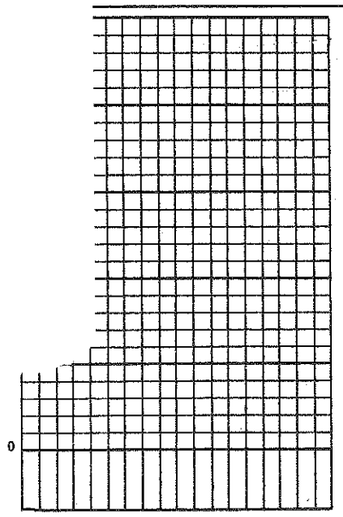
Mask / Tube / Oral /

Injection site

Infusion site

Solution(s) used

AGENTS USED



Monitoring: Pulse / BP / ECG / Other

Blood loss

Difficulties / Complications

Post-op. instructions

LABOUR AND DELIVERY

Mode of Delivery	SVD		
Presentation at Delivery	OA	BLOOD LOSS	200 mls

Start of Stages	Date	Time	Length (Hrs)
First	10.05.02	1600	8hrs 47min
Second	11.05.02	00.47	19 min
Third		01.06	8min
End of Third		01.14	8hrs 55min

Fetal Distress	1st Stage	2nd Stage
Meconium		
Bradycardia: Baseline		
Type I		
Type II		
Tachycardia		
Irregularity		

PLACENTA WEIGHT 460 g.

Delivery: Controlled Cord Traction ✓; Manual Removal; Other .....

Complete	✓	Membranes	x 2
Incomplete		Complete	
Doubtful		Incomplete	Ragged
Retroplacental Clot		Doubtful	
Calcification		Nearest point of rupture to placenta	cm.
Infarction			
Other			

Cord Length 38 cm. Nuchal Cord ☐

No. of Vessels x3.

Insertion Type medio-lateral.

Abnormality

Maternal Blood Taken ☐

Episiotomy		Sutured by
Laceration		Suture Material
Sphincter inv.		No. for Removal

Oxytocic drugs at delivery	Dose
Syntometrine	1ml

INFANT SUMMARY

SEX Male.

WEIGHT (g) 2610

Time 1st resp. 01

Time sust. resp. 01

APGAR	1	5	10
Heart Rate	2	2	
Respiration			
Muscle Tone			
Reflexes	2	2	
Colour	1		
Total	9	10	

RESUSCITATION — Remarks

Nil (inc. clearing airway, Mask, O_2)	☐	✓
Mask and IPPV (no drugs)	☐	
Mask and IPPV (drugs)	☐	
Intub & IPPV (no drugs)	☐	
Intub & IPPV (drugs)	☐	
Drugs only (Specify)	☐	
Other		
Transfer to Ward	☐	
Transfer to Special Nursery	☐	

tactile stimulation only.

O.F.C. C.R.L.

Cord blood taken ☐ HVS ☐

Maternal Recordings after Delivery

Temp.	B.P. 130/76.
Pulse 80	

Delivered by Sr. Wealdon.

Supervised by

Resuscitated by Sr. C Kennedy

NAME: Yvonne McLean

UNIT No.: 1003520107

AGE	HEIGHT
20	
PARITY	LIVE CHILDREN
0+0	
Date of Marriage	BLOOD GROUP
	O Pos.
Husband's Age	
E.D.D.	

ANTENATAL

SPECIAL FEATURES	RECOMMENDATIONS

PUERPERAL RECORD

CONTRACEPTION

Discussed ☑

Method Decided

O.C.P.
Via GP

FOLLOW-UP

Postnatal Clinic ☐
G.P. ☑
F.P.C. ☐
Appt. made ☐
Date: 6/52

Mode of Delivery SVD.

RECOMMENDATIONS

Anti-D
Required ~~☐~~ O Positive
Given ☐

Rubella Vaccine
Required ~~☐~~
Given ~~☐~~ immune

INVESTIGATIONS BOOKED

Pelvimetry	☐
I.V.P.	☐
G.T.T.	☐
FBC	☑
Hb.	10.6gm/dl 13.5.02

Date	Progress Notes	Baby
13/5/02	PN smear is required	
0900	Requesting home Day (2)	
	Discharge ck	
	Hb ✓ 10.6gm/dl.	
	Breasts: Soft	
	Nipples: Intact.	
	Fundus: 3cm↓ umbilicus involuting.	
	Lochia: Pink lessening, no clots.	
	Perineum: Comfortable.	
	Legs NAD BoV PuV	
	No obvious problems except rash over arms commenced Calamine Lotion & piriton ? reaction to Steriton in liquid. Definate improvement today ? home later.	RM Marshall SM
		FINDINGS:
		WEIGHT:

DELIVERY AND POST NATAL

Special Features	Recommendations

NOTES FOR PAEDIATRICIAN

POST NATAL RECORD Date:

Infant ..... Name: .....

Progress: ..... Feeding: Breast ☐

..... Artificial ☐

MOTHER: History

Bleeding: ..... General Health: ..... Frequency ☐

.... Dysuria ☐

..... Discharge ☐ Incontinence ☐

..... Dyspareunia ☐ Bowel upset ☐

L.M.P. ..... Backache ☐

EXAMINATION: Weight ..... B.P. .....

Breasts ..... Urinalysis Alb. ☐

Abdomen ..... Sugar ☐

Pelvic Examination:

Perineum ..... Hb .....

Vagina .....

Uterus .....

Cervix .....

Adnexae .....

Investigations;
Smear ☐
HVS ☐
MSSU ☐
IVP ☐
IVGTT ☐
Other

CONTRACEPTION

Method Decided

Oral	☐
I.U.C.D. (specify)	☐
Diaphragm	☐
Sheath	☐
Other	☐
Sterilisation PPS	☐
Vasectomy done	☐

Commenced ☐

Follow-up Appt.

G.P.	☐
F.P.C.	☐
Vasectomy W.L.	☐
Sterilisation W.L.	☐

Other Treatment and Recommendations

Return on ..... Signature .....

RETURN VISITS

Date.....

Date .....

Height:	Ethnic Group:
Blood Group:	Maiden Name:
X-ray Pelvimetry Result.	Date:

Ward/Clinic/
Hosp. ....

Surname ..
First Name
Address ..
.....
G.P. & Adc

1003820107 07
MCLEAN
YVONNE M
7D LESLIE CT F
PERTH
14249
PH1 2TB
BM REILLY 49

..... Cons.
C.H.I. No.
.....
..... M. State
..... Sex
.....
USE BLOCK LETTERS OR PATIENT LABEL

CONTRACEPTION	Date		Recommended/ Supplied by	Comments
Type	From	To		

MASTER PROBLEM LIST (Non-Obstetric)

Date Entered	Problem No.	Active Problems	Date Entered	Problem No.	Inactive Problems

PREVIOUS OBSTETRIC HISTORY

Preg. No.	Date	Place	LABOUR and DELIVERY				INFANT			
			Gest.	Onset sp/ind	Dur Hrs.	Mode of Delivery	Sex	Weight	LB/SB 1st week Death	Name and Unit No.
1	110502	PNI	40 3/7	SP	9hrs 11mins	SVD	m	2610	LB	1 Cycle.
	Complications:						Feeding: C+A			110502 -
2										
3										
4										
5										
6										
7										

PERTH & KINROSS HEALTHCARE (NHS) TRUST

PREGNANCY HEALTH RECORD

CLINIC HELD SUMMARY

CONFIDENTIAL

Ward

1003820107 ..... Cons.

C.H.I. No.

Surna MCLEAN

First N YVONNE M ..... M. State

Addres 7D LESLIE CT F

PERTH

14249

G.P. & PH1 2TB RM RETIRY

USE BLOCK LETTERS OR PATIENT LABEL

Special Features

Home / Contact Telephone: 07748828651

Consultant:: Dr Phillips

Regular Medication: Salbutamol + Serevent

Allergies: .....

Community Midwife	Family Doctor	Husband / Partner	Next of Kin
Name / Team:	Name: Dr Reilly	Name:	Relationship:
Contact Tel No: Address: Brenda Hinshaw	Address: Whitehaven Perth.	Address:	Name:
	Tel No:	Tel No:	Address:
			Tel No:

FINAL DUE DATE: 9.5.02

from Pregnancy Health Record

LMP: 20/9/01

Obstetric History Summary

Para 0+0 Age: 19.

Year	Outcome	Problems

Investigations	Date	Result
(Hb) Booking	16/4/01	11.7
VDRL		NEG
Blood Group		O Pos
Antibodies		NIL
Hepatitis B		NEG
Rubella Immune		IMMUNE
MSSU		NEG
Down's Screening		
Other HIV		NEG
Hb 34/52		

Pregnancy Plan: (Circle the week of the intended visit or test)

Test/Visit

	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42
Hospital																	
Community																	
US Scan																	
BTS Bloods																	

Height: 165 (5'5")

Weight: 56

Feeding Intention: Breast / Bottle

Down's Screening		Date For Test
Yes		/ /
No	✓	

Record of Clinic Attendance

Date	Gest.	BP	Urine	Details of Problems	Seen by	Next Visit
14/4/01	14	100/60	Trip 10 - MSSA - No growth 11/4/01			3/4
1/3/02	30	110/72	Deputy Uncomfortable awaits in Bath FMF		MC	3/4
24.3.02	33 5/7	110/70	TR/protein	Feels well - FMF FHH		
				Well - FMF	Hb + Antibodies FIZ	4/52
2/4/02 CHECK 4 NOW		FBC		32/52 — Minimum		

Comments

Laboratory tests checklist

Test	Date taken	Result	Reason for test
Full blood count	16-11-01	11.7	Mainly to test for anaemia to see if you need iron tablets or further tests
ABO Group		O	Blood Group in case an emergency blood transfusion is necessary
BTS antibodies		NIL	Blood Transfusion Service check for antibodies in addition to Rhesus.
Rhesus Group		POS	If negative, baby is sometimes at risk of jaundice. Extra tests are needed
Rubella Status		IMMUNE	to see if you need immuinisation against German Measles after delivery
Syphilis check		NEG	This is rare but easily treated. Infection can damage babies if missed
Hepatitis check		NEG	Check for blood-borne Hepatitis virus
Mid-stream urine		NEG	Check for urine infection
Sickle/Thalassaemia check			These conditions can cause problems in particular groups of people
HIV		NEG	
15-20 weeks			Screening tests for some problems affecting babies
Maternal Serum Screening			
Other			
			Tests discussed by 1..... 2 .....
28-30 weeks			
BTS antibodies if Rh Neg			
34-36 weeks			
Full Blood Count			
BTS Antibodies			
Certificate check-list			

Copies of results should be filed in the notes or written in the appropriate places.

Significant or important results (such as rhesus negative) should be noted under special features on central pages.

For additional and frequently repeated planned tests, the plan below should be used to indicate when they are due.

Pregnancy plan

Test/visit Plan	Circle the week of the intended visit or test - specify if 'other'
	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42
Hospital	
Con ANC	✓ X
Midwife ANC	
Community	X X X
GP ANC	
Midwife ANC	
USScan	X
Parenthood Education Classes	

Tick inside circle when intended visit or test has occurred

Pregnancy Plan Notes:

antcolic medium flow (PW, tommy tippee news)

Feeding Intention: Breast / Bottle / Undecided

Parentcraft discussed

Will attend at

Special Notes For Labour And Delivery:

Based on an original design by Rupert Fawdry, FRCS, FRCOG. Modified by West Midlands Regional Perinatal Audit

PREGNANCY HEALTH RECORD

CONFIDENTIAL

(If found, please return urgently to patient or hospital)

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST

Unit Name: PERTH MATERNITY UNIT
Perth Royal Infirmary
Jeanfield Road
PERTH PH1 1NX

Telephone no. Labour Ward: 01738 473425
Telephone no. Antenatal Clinic: 01738 473270
Telephone no. Team Ext: Blue. 473435.

1003820107
MCLEAN
YVONNE M
7D LESLIE CT
PERTH
F
PH1 2TB
14249
RM REILLY

Name
Hosp re
Address

Consultant: WOPP.
Team: BLUE.
Home/Contact telephone: 07787 31175
AT MENZIES LANE 01738 444025.

Language(s) Para 0+0.
Interpreter needed Yes ☐ No ☐ EDD
Preferred name Yvonne.
Surname at birth McLean.

Arrangement for birth

Community midwife	Family doctor	Health visitor
Name Brenda Hirshaw (Barbara Moffatt)	Name Dr Reilly	Name
Tel. 47.3274	Address Red Practice Whitefriars.	Base
Name		
Tel.	Tel.	Tel.

Fold here

Date	Day	Time	Who or What	Where
13/2	Tues	9.40	MIDWIFE	SUI
FRIDAY 8/3/02	Tues	11.25	Womens Clinic	RRI
	Tues	10-10	Midwife.	Surgery
	WED	9.20.	ANC	RRI.
27/3/02				
(1) 9/4/02	TUES	9.40	MIDWIFE	SURGERY
15/5/02			ANC	
(3) 17/5/02	FRI	10.55	ANC	
(2) 6-6-02	FRI	0905	ANC	RRI.
22-4-02	Mon	1.30pm	Dietitian	RRI
7/6/02	TUES	9.40	Midwife	Surgery

Always carry these notes with you, especially near the end of pregnancy

If you move house, please inform your midwife and the Medical Records Department at the hospital

Social History

Title: Miss ✓ Mrs Ms Dr Other

Civil Status: M Sep D W Single ✓ Unsupp

Faith / Religion /

Current Occupation: If H/wife or Unemployed add previous occupation
Seeking work

Ethnic Origin:
White ✓ Black Afr Black Carib Ind Pak B'desh Chin Medit Other (specify)

Country of Birth: SCOTLAND

Next of kin

Name: LINDA McLean.

Relationship: Husband Partner Parent Other SISTER

Address (if not same as patient) 2D MENZIES COURT

Husband / Partner

Age

Current Occupation: (if relevant add previous)

Daytime Tel No:

Ethnic Origin:
White Black Afr Black Carib Ind Pak B'desh Chin Medit Other (specify)

Country of Birth:

Booking History

If 'YES' give details - significant problems in RED ink

This pregnancy:

	YES	NO	
Rubella contact		✓	
Pain passing urine		✓	
Vaginal discharge	✓		offensive ++itchy.
Vaginal bleeding		✓	
Conceived with coil		✓	
Coil still in		✓	
Any drugs this pregnancy		✓	FOLIC ACID 400mcg.
Smoking (no. per day if Yes)		✓	
Alcohol (units per week if Yes)		✓	Not since found out pregnant
Other			– In hospital – Hyperemesis + dehydration.

Gynaecological History:

	YES	NO	
Previous infertility		✓	
Infertility treatment this preg.		✓	
Gynae operations		✓	
Genital infections (STD)	✓		Chlamydia – (Treated) not had one.
Other			

Last cervical smear date: / / **Result:**

Past Medical History:

	YES	NO	
Heart problems		✓	
High blood pressure		✓	
Chest (esp. TB or Asthma)	✓		Salbutamol + Serehale
Anaemia		✓	
Hepatitis		✓	
Recurrent urinary infections	✓		yes Disturd.
Diabetes		✓	
Epilepsy		✓	
DVT, Pulmonary embolus		✓	
Migraine		✓	
Mental illness		✓	
Renal disease		✓	
Thyroid disease		✓	
Other		✓	
Allergies		✓	

Past Surgical History:

	YES	NO
Anaesthetic problem / hazard		✓
Operations (exc. gynae)		✓
Fractured pelvis / legs		✓
Blood transfusions		✓
Tattoos		✓

Family History:

	YES	NO	
Congenital anomalies	✓		Cousin's child – Down's Syndrome.
Diabetes	✓		Granny + Sister insulin
High blood pressure		✓	
Mental illness		✓	
Other			

PREVIOUS OBSTETRIC HISTORY

Preg. No.	Date	Place	LABOUR and DELIVERY: Gest.	Onset sp/ind.	Dur Hrs.	Mode of Delivery	INFANT: Sex	Weight	LB/SB 1st week Death	Name and Unit No.
1										
	Complications:						Feeding:			
2										
3										
4										
5										
6										

General physical examination:

Height:: 165 (5'5") cm Weight:: 56 kgs Performed by: Date:

Pelvic examination (only if indicated):

Cervical smear taken: YES ☐ NO ☐ Performed by: Date:

Menstrual History:

Date of last period LMP 20 / 9 / 01
Menstrual due date 26 / 6 / 02

Due date by early scan 9 / 5 / 02
14/52 = 9-11-01 (19/5/02)

Other information relevant to dates:

Sure / unsure Normal / Abnormal
Usual cycle ... / ... Reg/Irreg
Was LMP a withdrawal bleed after birth control pill? YES / NO
Stopped pill on ... / ... / ...
Stopped pill 2 years ago
Type of pill: comb / prog only

FINAL DUE DATE 9 / 5 / 02

Note: Babies are often born up to 14 days before or after this

Obstetric History summary

Para	0+0
Live births	0
Miscarriages before 12 wks	0
Miscarriages after 12 wks	0
TOP's	0
Still births	0
Neonatal deaths	0
Caesarean sections	0
Birthweight <2.5 kg	
Gestation <37 wks	

Ultrasound scan results

Date	Gest.	CRL	BPD	FL	HC	AC	Liquor	Pres.	F Heart	Plac.	Comments
19/11/01	14		27						FHR/Post		Single fetus
14/12/01	19		44	29			✓		✓	Ant	19 wk check scan.

Comments:

Abbreviations
CRL = Crown-rump length
BPD = Biparietal diameter
FL = Femur (thigh) length
HC = Head circumference
AC = Abdomen circumference
H/AC = Head/abdomen ratio

Centiles for growth taken from Chitty et al *Kings College Hospital Study 1991.*

The shaded area represents 3rd and 97th centiles.

Trends are more important than single values.

SPECIAL FEATURES / RISKS

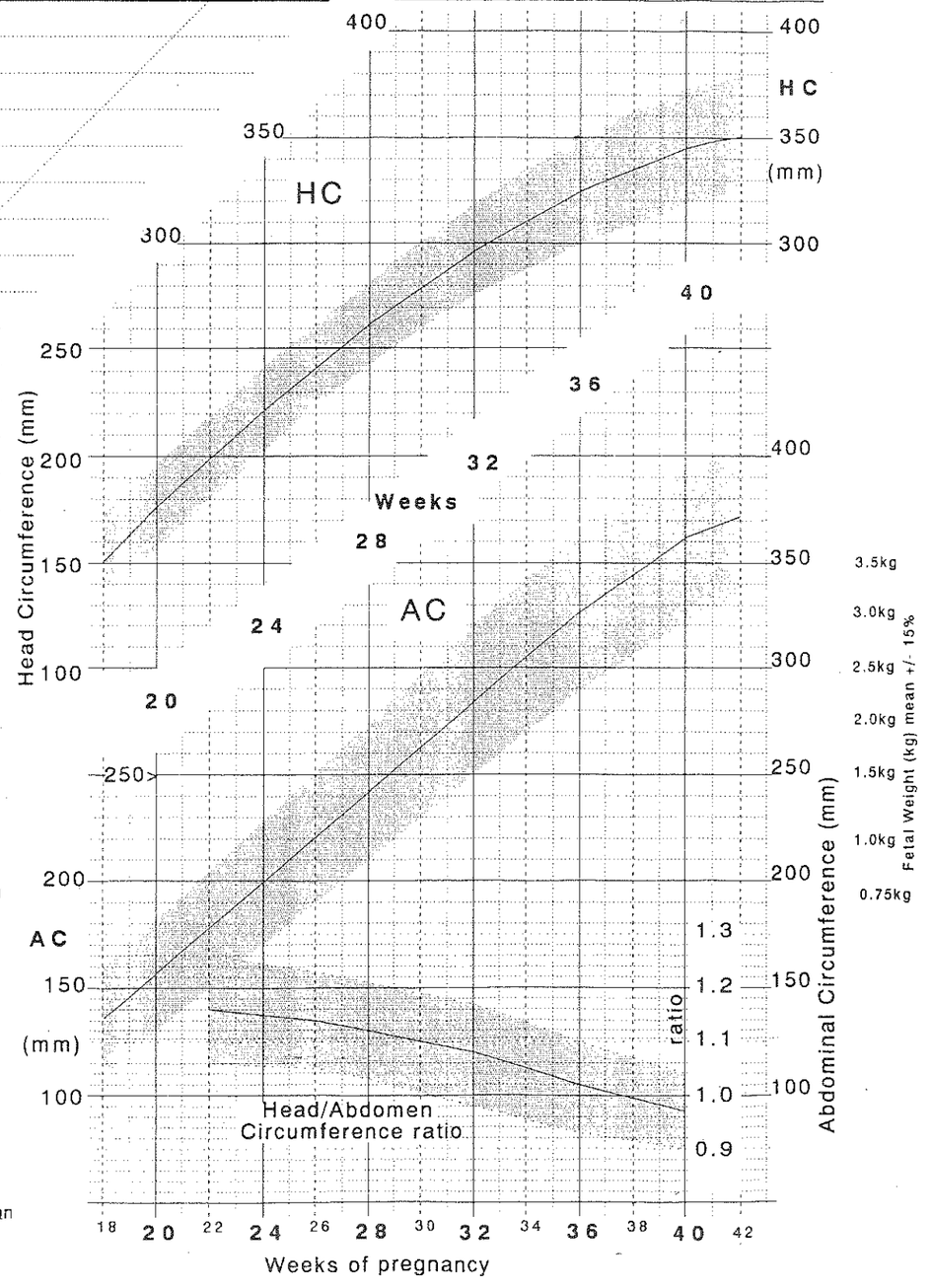
Name: Yvonne McLean
Age: 20

Bloods:
Group / Rh Factor: Hep B Status:
Antibodies:

Maternal Serum Screening - 15 wks YES ☐ NO ☑

Comments (continued) Operator

Chart for scan – GROW



Menstrual History:

Date of last period LMP 20 / 9 / 01
Menstrual due date 26 / 6 / 02
Sure / unsure — Normal / Abnormal
Usual cycle ..... / ..... Reg/Irreg
Was LMP a withdrawal bleed after birth control pill? YES / NO — Stopped 1 month before
Stopped pill on ..... / ..... / .....
Type of pill: comb / prog only

Due date by early scan 9 / 5 / 02
14/5/02 = 9-11-01 — 19/5/02
Other information relevant to dates: .....

FINAL DUE DATE 9 / 5 / 02 — *Note: Babies are often born up to 14 days*

Obstetric History summary

Para	0+0
Live births	0
Miscarriages before 12 wks	0
Miscarriages after 12 wks	0
TOP's	0
Still births	0
Neonatal deaths	0
Caesarean sections	0
Birthweight <2.5 kg	

SPECIAL FEATURES / RISKS

Name: YVONNE McLEAN
Age: 20

Bloods:
Group / Rh Factor: Hep B Status:
Antibodies:

Maternal Serum Screening - 15 wks YES ☐ NO ☑

Date	Gestation	Observations BP mmHg	Weight Kg	Urine prot	Urine sugar	Uterus Fundal ht (cm)	Baby (or babies) Position presentation / lie	Relation to brim	Heart	Movts.	Investigations Hb	Other	Notes	Seen by (Sig.)	Next Visit Hosp	Next Visit Comm
16/11/01	15	100/60		Tr		MSSU 7.11.01 - NAD			FHH	USS	✓		3/10 = In-pt - hyperemesis. Clynnac wd - 2days. Booking Bloods	LMM	3/4	
5/12/01 11:30	17+	98/54		Tr.					✓				Family attack, ? opv loss + pain in abdo. vital signs ✓ ? Hyperglycaemic	Hla		
15.1.02	23.	90/60		no prec		23	Poor/left -		✓	✓			gen well In court today as witness - BM left anxious re this Not sleeping well	BMcAllister	(4)	
12.2.02	27.	109/60		TR	-	28	Breech /soft	H	FHH				will, DH not sleeping well FHC clinically ongoing	HCM		
1/2/02	30	119/72		TR	-	31cm	Cephx	5/5	FHH							
5.3.02	36+	120/70		-	-	31	Breech /soft	H	FHH				will no more nipples, DH not sleeping	BRhode		
2.3.02	32	96/60		TR		32	LOA.	free	H	FHH			will backache at times	BRhodes		
8.3.02	32 3/7	110/70		TR no protein seen		33	Cephalic	free	H	FHH			Attended L&W with TFM and Hx loss of Appetite x 2 days. Advised to take small regular frequent meals. May need to get granisetron to help with nausea. Feeling better. Hb & antibodies. Baby feeling well			
14.3.02	33 5/7	110/70		TR	-				FHH	FHH			Sleeping Letter	MM	(4?)	
1.4.02	35+	110/75		+	-	35	ROL.	3/5	H	FHH			will MSSU to lab. commenced Amoxycillin 250mg TDS for UTI	BRhodes		
3.4.02	37+	110/70		-	-	37	ROL/OP	2-3/5	H	FHH			will.	BRhodes		
3/4/02	37 5/7	115/85		-	-		Cephalic	2-3/5	✓	✓			Baby baby - started labour. PV at once full. No loss/pains + good fetal move. Reviewed : CTG	MM	(4?)	
7.5.02	39 5/7	110/82		-	-	Term	ROL	2/5	✓	✓			'niggling' - braxton hicks, gen well BMcAllister.			

Menstrual History:

Date of last period LMP 20 / 9 / 01
Menstrual due date 26 / 6 / 02
Due date by early scan 9 / 5 / 02
14/52 = 9-11-01 (19/5/02)
Other information relevant to dates:

Sure / (unsure) Normal / Abnormal
Usual cycle ... / ... (Reg/Irreg)
Was LMP a withdrawal bleed after birth control pill? YES / (NO)
Stopped pill on ... / ... / ...
Type of pill: comb / prog only

Stopped pill just before edd

FINAL DUE DATE 9 / 5 / 02

Note: Babies are often born up to 14 days

Obstetric History summary

Para	0+0
Live births	0
Miscarriages before 12 wks	0
Miscarriages after 12 wks	0
TOP's	0
Still births	0
Neonatal deaths	0
Caesarean sections	0
Birthweight <2.5 kg	

Antenatal admission summaries

	Date and time of admission	Date and time of discharge	Problem/ results	Treatment Plan (also see back page)	Midwife (Sig.)	Follow Up Appointment
1	31/10/01	1/11/01	Hyperemesis Gravidarum 2 days.			
2	18/9/02		lack of appetite not aware of FMS	discussed eating CTG - fine - FMS noted	CMcLen	
3	1/4/02	2-4-02	Vomiting + dehydration	IVI, ECG 24hr stay	DrMcDaid	Ante 26-6. of email to clinic
4						
5						
6						
7						

SPECIAL FEATURES / RISKS

Name: YVONNE McLean
Age: 20

Bloods:
Group / Rh Factor: Hep B Status:
Antibodies:

Maternal Serum Screening - 15 wks YES ☐ NO ☑
Sampling Date: ... / ... / ...

Amniocentesis: YES ☐ NO ☐
Date: ...

BOOKING INFORMATION

	Yes	Midwife's Signature
Ante Natal Screening	✓	
Downs Screening/Ultrasound Screening	✓	

BOOKING

H.E.B.S. Pregnancy Book	✓	
Smoking in Pregnancy (if applicable)	N/A	
Prescription Exemption	N/A	
Maternity Unit Information Booklet	✓	
Breast Feeding Information	✓	
	☐	

28 weeks

Mat. B1	☐	

34 weeks

Vitamin K Leaflet	☐	

Infections and pregnancy

Risk of Tuberculosis (TB)

You or your baby may be at risk if you have a family member or recent contact with TB.
Ask your GP or community midwife if you think this applies to you. Your baby may be offered BCG vaccination after birth.

Fetal movement chart

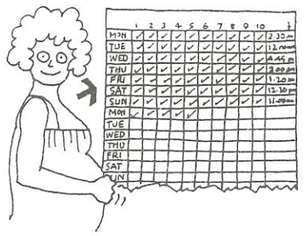
Date chart commenced

Your midwife or doctor will discuss this chart with you and ask you to fill it in if necessary by either ticking each movement or simply writing the time of the tenth movement without ticking. The chart is intended to emphasise the importance of movements as a sign of your baby's health.

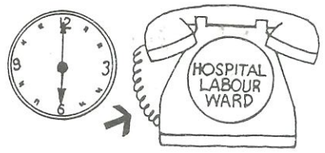
1 Begin at 9am



2 Count and tick each separate movement



3 **If baby has not moved 10 times by 6pm phone the hospital labour ward number on the front of the notes for advice**



Write the time of the 10th fetal movement in this box

Week 28

	1	2	3	4	5	6	7	8	9	10	
Mon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11.30 am
Tue	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11.00 am
Wed	✓	✓	✓	EXAMPLE OF A WEEK'S CHART						✓	10.00 am
Thur	✓	✓	✓							✓	2.00 pm
Fri	✓	✓	✓							✓	12 noon
Sat	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10.45 am
Sun	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11.00 am

Week 29

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 30

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 31

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 32

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 33

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 34

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Write the time of the 10th fetal movement in this box

Week 35

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 36

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 37

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 38

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 39

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 40

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 41

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Week 42

	1	2	3	4	5	6	7	8	9	10	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											

Qu

'ayside University Hospitals NHS Trust: Ini
'ERTH)

MCLEAN
YVONNE M
17F BALLANTINE PL
PERTH
PH1 5RR
DR BM REILLY
100382010
14249

	Discu Mothe	
At Booking visit give: * Tayside Breast Feeding Booklet * Baby Feeding leaflet Offer discussion on benefits of breast feeding : – To baby - protects against gastro – enteritis, diarrhoea, chest, ear & urine infections, & may also protect against allergies & diabetes. – To mother - protects against ovarian cancer, pre menopausal breast cancer & hip fractures in later life.	☑ ☑ ☑ ☑	Wishes to bottle feed initially. 25/1/01.
Breast Feeding Workshop discussed. Wishes to attend Yes ☐ No ☐ Workshop Date;- Time;- Venue;-	☐	
34 weeks or workshop give HEBS Breast Feeding Book - Getting off to a Good Start.	☐	
Discuss – Importance of skin to skin contact after birth Discuss – Importance of good positioning & attachment Discuss - Baby led feeding Discuss – Importance of rooming in Discuss - Problems associated with using teats, dummies and nipple shields. Discuss – no other food or drink is needed for 4 – 6 months	☐ ☐ ☐ ☐ ☐ ☐	
Demonstrate hand expression of breast milk. Give Tayside information leaflet on Expressing & Storing Breast Milk.	☐ ☐	
<u>Discuss continuing breast feeding support:</u> Helplines & Breast Feeding Counsellors, and Support Groups.	☐	

MED-TRACE

M. 6400-0002

2442

1003820107

MCLEAN
YVONNE M
7D LESLIE CT
PERTH

F

PH1 2TB

14249
BM REILLY

HISTORY/CONTINUA

.....U

DATE

THB.(MR) 3

THB.(MR) 3

HISTORY/

DATE

1003820107

MCLEAN
YVONNE M
7D LESLIE CT F
PERTH

14249

PH1 2TB

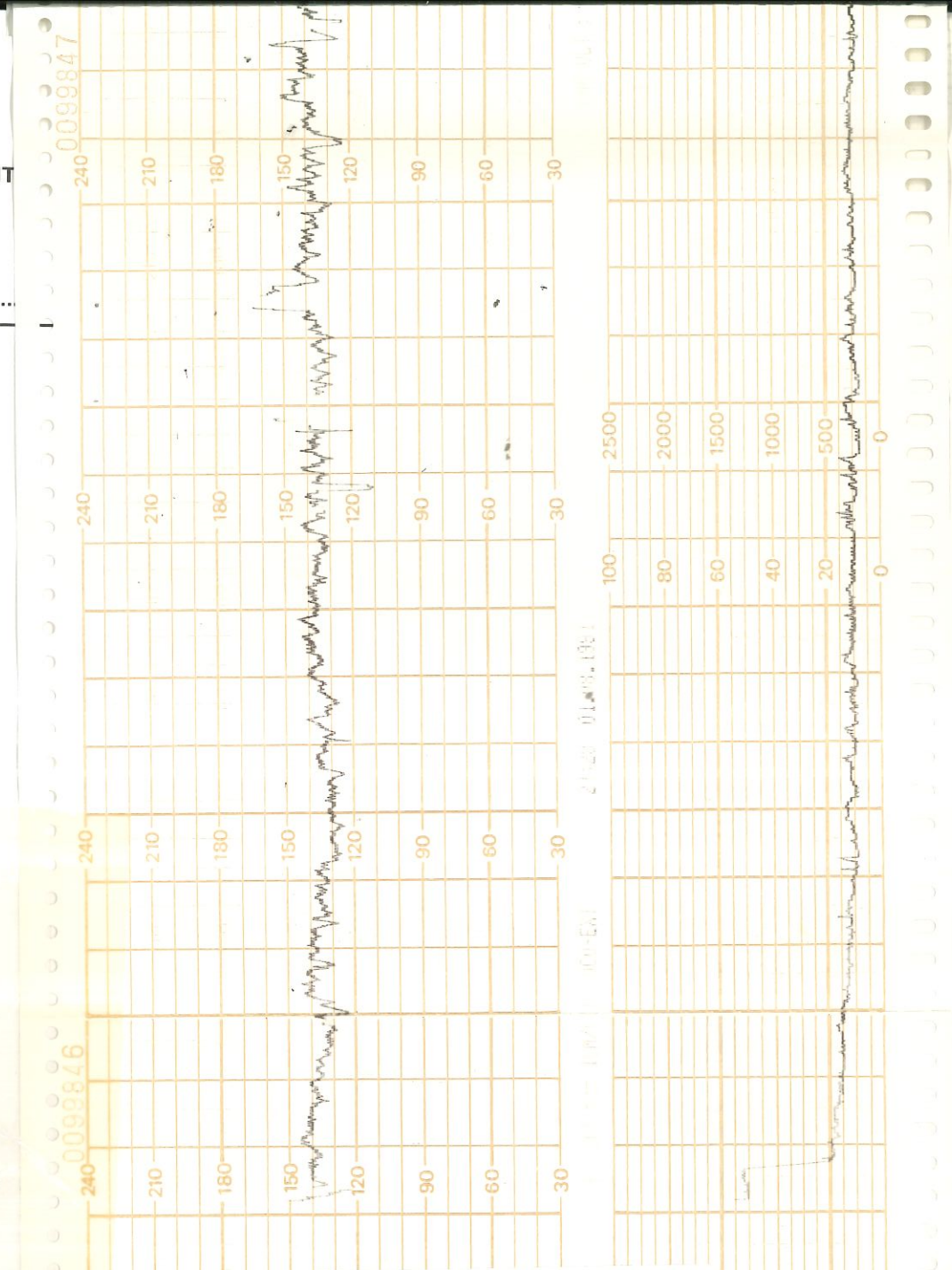
MP 78 bpm

Chest 323/7

MEDI-TRACE N°. 8400-8003

MEDI-TRACE N°. 8400-8003

Y/CONT



1003820107

MCLEAN
YVONNE M
7D LESLIE CT F
PERTH

14249

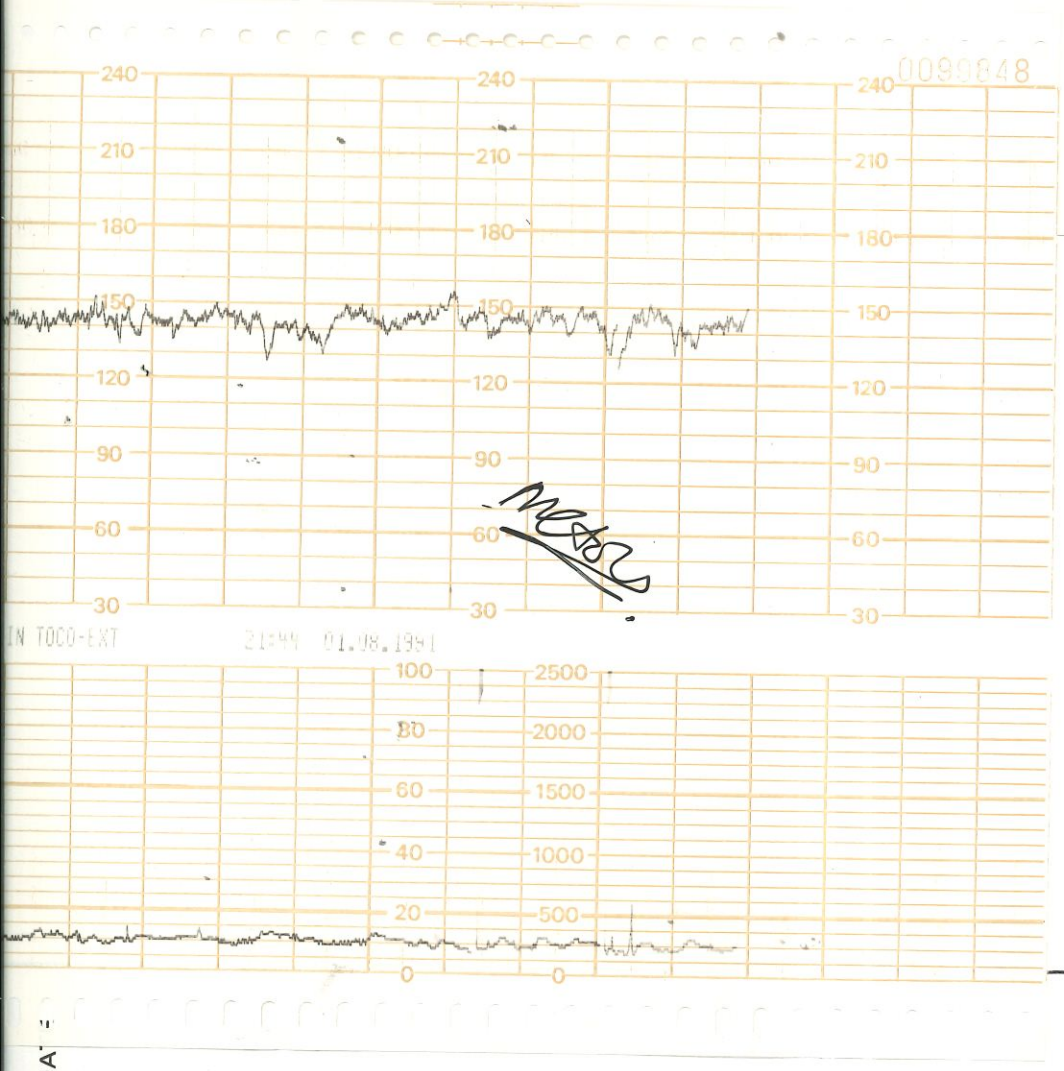
PH1 2TB

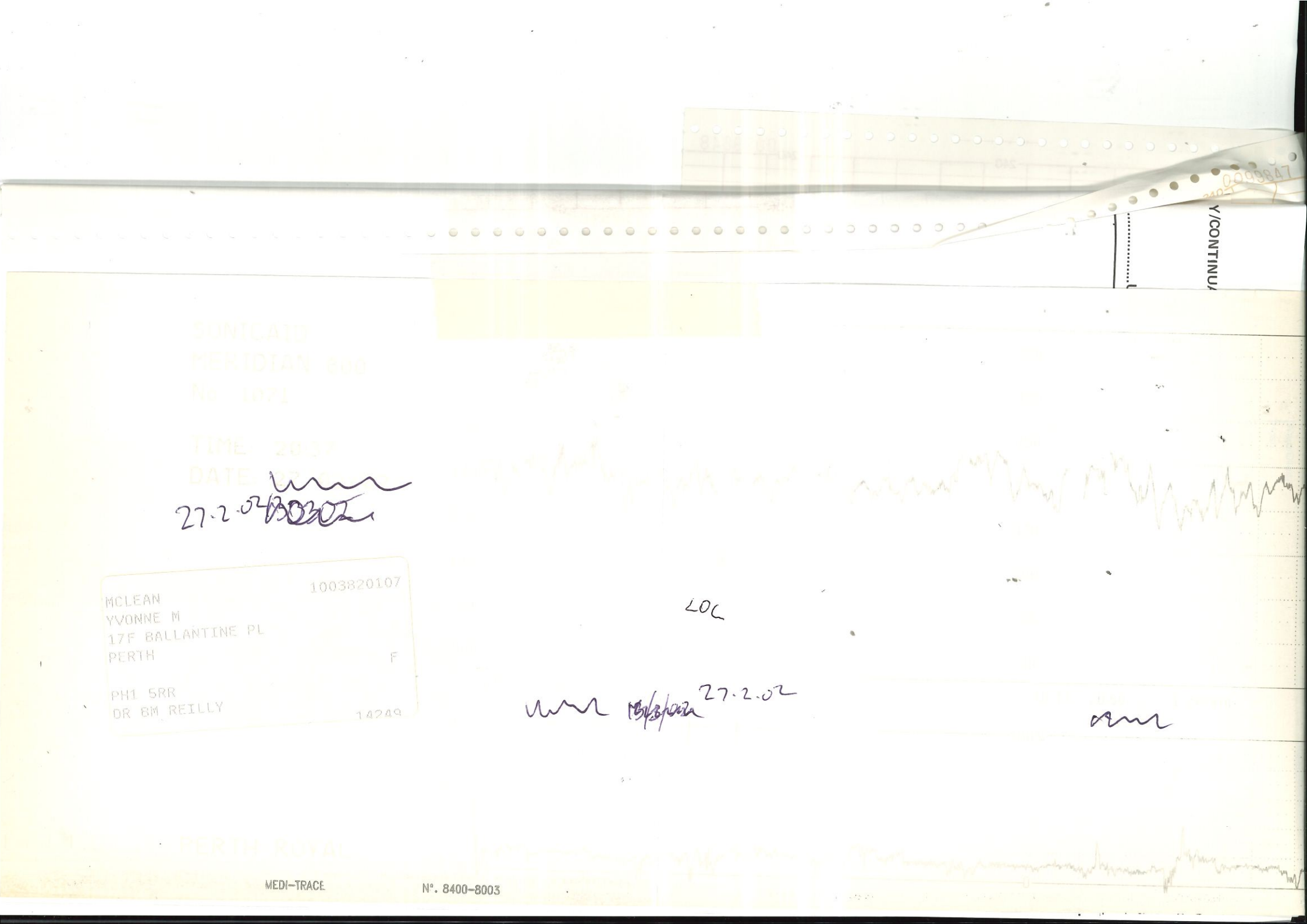
BM REILLY

13/3/02
1430

MP, ZM
BP, 10/4

MEDI-TRACE
Nº. 8400-8003


0099848
240
210
180
150
120
90
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30
IN TOCO-EXT
21:44 01.08.1991
100
80
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2000
1500
1000
500
0


SUNCAID
MERIDIAN 600
No 1021
TIME 20:37
DATE 27.2.02
1003820107
MCLEAN
YVONNE M
17F BALLANTINE PL
PERTH F
PH1 5RR
DR BM REILLY
14249
LOC
27.2.02
27.2.02
PERTH ROYAL
MEDI-TRACE
N°. 8400-8003

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST: PERTH ROYAL INFIRMARY

HAEMATOLOGY

Telephone: (01738) 473225

Surname	: MCLEAN	Clinician	: Dr.W.Phillips
Forename	: YVONNE M	Source	: Perth Royal Infirmary
CHI No	: 1003820107	Ward/Dept	: Blue Team
D.O.B.	: 10.03.82	Lab No	: B,02.0552162.L

Clin details: Anaemia.

Hb	* 10.6	g/dL	WBC	9.8	$x10^9/L$	Plts	152	$x10^9/L$
RBC	* 3.49	$x10^{12}/L$	Neut	7.3	$x10^9/L$			
HCT	* 0.313	L/L	Lymph	1.7	$x10^9/L$			
MCV	89.8	fL	Monos	0.5	$x10^9/L$			
MCH	30.5	pg	Eosin	0.3	$x10^9/L$			
MCHC	34.0	g/dL	Basos	0.0	$x10^9/L$			
RDW	* 20.8							

PERTH ROYAL INFIRMARY

Telephone 01738 473338

BLOOD TRANSFUSION

URNAME: ICLEAN	FORENAME: YVONNE M	HOSP. No.: 1003820107	D.O.B.: 10/03/1982	SEX: Female
DDRESS: /O 2D MENZIES CT ERTH	REQUESTED BY: Dr.W.Phillips	LAB. No.: 2.33306.9 31/03/02 22:20	REPORT TO: Dr.W.Phillips Labour Ward	
ICAL DETAILS				
NTS GROUP: OSITIVE	ANTIBODIES: No Antibodies Detected		DIRECT COOMBS TEST	

PRODUCT DETAILS

T	PACK No.	PROD. CODE	EXPIRY	TO BE COMPLETED BY NURSE / DOCTOR: SET UP BY	CHECKED BY	DATE	TIME

TS / COMMENTS

DATE / TIME REQUIRED

N.B. BLOOD UNITS WILL BE HELD IN THE 'BLOOD ISSUE' FRIDGE FOR 48 HOURS AFTER DATE & TIME REQUIRED

S	DATE AND TIME AUTH.	AUTH. BY	
	31/03/02 22:20	EG	Run no. 9673

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST: PERTH ROYAL INFIRMARY

HAEMATOLOGY

Telephone: (01738) 473225

Surname : **MCLEAN**
Forename : **YVONNE M**
CHI No : 1003820107
D.O.B. : 10.03.82

Clinician : Dr.W.Phillips
Source : Perth Royal Infirmary
Ward/Dept : ~~Labour Ward~~ Blue Team
Lab No : B,02.0535416.Z

Clin details: ? UTI

Hb	* 9.6	g/dL	WBC	7.2	$x10^9/L$	Plts	* 140	$x10^9/L$
RBC	* 3.45	$x10^{12}/L$	Neut	5.8	$x10^9/L$			
HCT	* 0.291	L/L	Lymph	1.0	$x10^9/L$			
MCV	84.2	fL	Monos	0.3	$x10^9/L$			
MCH	27.9	pg	Eosin	0.1	$x10^9/L$			
MCHC	33.1	g/dL	Basos	0.0	$x10^9/L$			
RDW	13.4							

commenced Fe-sulphate 1/4/02.

Collected 31.03.02 Received 31.03.02 21:33 Issued 31.03.02 21:51

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST: PERTH ROYAL INFIRMARY

HAEMATOLOGY

Telephone: (01738) 473225

Surname : **MCLEAN**
Forename : **YVONNE M**
CHI No : 1003820107
D.O.B. : 10.03.82

Clinician : Dr.W.Phillips
Source : Perth Royal Infirmary
Ward/Dept : Ante Natal Clinic
Lab No : B,02.0533981.Y

Clin details: Antenatal 33wks.

Hb	* 9.8	g/dL	WBC	7.4	$x10^9/L$	Plts	164	$x10^9/L$
RBC	* 3.39	$x10^{12}/L$	Neut	5.2	$x10^9/L$			
HCT	* 0.291	L/L	Lymph	1.7	$x10^9/L$			
MCV	85.8	fL	Monos	0.4	$x10^9/L$			
MCH	28.8	pg	Eosin	0.1	$x10^9/L$			
MCHC	33.6	g/dL	Basos	0.0	$x10^9/L$			
RDW	13.5							

1/4/02 on FeSO4 MJ.

Collected 27.03.02 Received 27.03.02 14:14 Issued 27.03.02 14:51

PERTH ROYAL INFIRMARY

Telephone 01738 473338

BLOOD TRANSFUSION

SURNAME	FORENAME	HOSP. No.	D.O.B.	SEX
MCLEAN	YVONNE M	1003820107	10/03/1982	Female

ADDRESS
C/O 2D MENZIES CT
PERTH

REQUESTED BY
Dr.W.Phillips

LAB. No.
2.33229.1 27/03/02 15:11

REPORT TO
Dr.W.Phillips

Ante Natal Clinic

CLINICAL DETAILS

PATIENTS GROUP
O POSITIVE

ANTIBODIES
No Antibodies Detected

DIRECT COOMBS TEST

PRODUCT DETAILS				TO BE COMPLETED BY NURSE / DOCTOR			
GRP / AMT	PACK No.	PROD. CODE	EXPIRY	SET UP BY	CHECKED BY	DATE	TIME

OTHER RESULTS / COMMENTS

DATE / TIME REQUIRED

N.B. BLOOD UNITS WILL BE HELD IN THE 'BLOOD ISSUE' FRIDGE FOR 48 HOURS AFTER DATE & TIME REQUIRED

B T S

DATE AND TIME AUTH.
27/03/02 15:11

AUTH. BY
JFD

Run no. 9609

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST: PERTH ROYAL INFIRMARY

HAEMATOLOGY

Telephone: (01738) 473225

Surname : MCLEAN
Forename : YVONNE M
CHI No : 1003820107
D.O.B. : 10.03.82

Clinician : Dr.W.Phillips
Source : Perth Royal Infirmary
Ward/Dept : Ante Natal Clinic
Lab No : B,01.0484608.S

Clin details: Antenatal booking.

Hb	11.7	g/dL	WBC	7.1	$x10^9/L$	Plts	185	$x10^9/L$
RBC	3.94	$x10^{12}/L$	Neut	5.2	$x10^9/L$			
HCT	0.344	L/L	Lymph	* 1.3	$x10^9/L$			
MCV	87.2	fL	Monos	0.4	$x10^9/L$			
MCH	29.7	pg	Eosin	0.2	$x10^9/L$			
MCHC	34.0	g/dL	Basos	0.0	$x10^9/L$			
RDW	13.2							

Collected 16.11.01 Received 16.11.01 11:25 Issued 16.11.01 11:51

MOUNT SHEET

Note: Remove strip to reveal gummed area.
Attach reports from bottom to top.
Please set them accurately.

JB-8267

HAEMATOLOGY

12 11 10 9 8 7 6 5 4 3 2

MOUNT SH

PERTH ROYAL INFIRMARY

Telephone
01738 473338

BLOOD TRANSFUSION

SURNAME	FORENAME	HOSP. No.	D.O.B.	SEX
MCLEAN	YVONNE M	1003820107	10/03/1982	Female

ADDRESS
C/O 2D MENZIES CT
PERTH

REQUESTED BY
Dr.W.Phillips

LAB. No.
1.30000.4 16/11/01 11:54

REPORT TO
Dr.W.Phillips

Ante Natal Clinic

CLINICAL DETAILS

PATIENTS GROUP
O POSITIVE

ANTIBODIES
No Antibodies Detected

DIRECT COOMBS TEST

PRODUCT DETAILS

GRP / AMT	PACK No.	PROD. CODE	EXPIRY

TO BE COMPLETED BY NURSE / DOCTOR

SET UP BY	CHECKED BY	DATE	TIME

OTHER RESULTS / COMMENTS
Please send a further sample on 28-Mar-02 (34 wks)

DATE / TIME REQUIRED

N.B. BLOOD UNITS WILL BE HELD IN THE 'BLOOD ISSUE' FRIDGE FOR 48 HOURS AFTER DATE & TIME REQUIRED

B T S

DATE AND TIME AUTH.
16/11/01 12:37

AUTH. BY
MG

Run no. 6703

UK PATENT No. GB 2254043 B JONES & BROOKS LTD. TEL: 01706 843121

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **PERTH** 01738 473336

Name : JAMIESON, Yvonne
CHI No : 1003820107
DoB : 10 Mar 1982 Sex: F
Post Code: PH1 2TD

Clinician: Dr A GORDON
PRI Gynaecology Ward
Lab No: 08MP057281

CPA Accredited 0221

Culture
No significant bacteriuria

Specimen: Midstream urine
Date collected 17 Dec 2008
Date of Report: 18 Dec 2008
PGYNW GORA1H

Date received 17 Dec 2008
AUTH:

REPORT RECEIVED
DOCTOR'S INITIALS

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST: PERTH ROYAL INFIRMARY

Telephone: (01738) 473336

MICROBIOLOGY

Report For :
Blue Team

Surname : MCLEAN
Forename : YVONNE M
CHI No. : 1003820107
D.o.B. : 10.03.82
C/Info : Pregnant, ? UTI

Clinician : Dr.W.Phillips
Source : Perth Royal Infirmary
Ward/Dept : Blue Team
Collected : 31.03.02 Received : 01.04.0
Lab No: M,02.0011644

MICROSCOPY Nil abnormal noted

CULTURE No growth

Midstream urine Reported : 02.04.02 HFD FINAL REPOR

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST: PERTH ROYAL INFIRMARY

Telephone: (01738) 473336

MICROBIOLOGY

Report For :
Blue Team

Surname : MCLEAN
Forename : YVONNE M
CHI No. : 1003820107
D.o.B. : 10.03.82
C/Info : Not stated

Clinician : NOT GIVEN
Source : Perth Royal Infirmary
Ward/Dept : Blue Team
Collected : 19.03.02 Received : 19.03.0
Lab No: M,02.0010653

MICROSCOPY Nil abnormal noted

CULTURE > 1x10^8 organisms/l

1) Lactobacillus species

GP informed

Possible contamination with vaginal flora

No source given on request form

Midstream urine

Reported : 20.03.02 GVO FINAL REPOR

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST: PERTH ROYAL INFIRMARY

Telephone: (01738) 473336

MICROBIOLOGY

Report For :
Blue Team

Surname : MCLEAN
Forename : YVONNE M
CHI No. : 1003820107
D.o.B. : 10.03.82
C/Info : Pregnant,abdo pain

Clinician : Dr.W.Phillips
Source : Perth Royal Infirmary
Ward/Dept : Blue Team
Collected : 29.12.01 Received : 30.12.0
Lab No: M,01.0035109

MICROSCOPY few polymorphs

CULTURE No growth

Midstream urine

Reported : 31.12.01 HFD FINAL REPORT

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST : PERTH ROYAL INFIRMARY

TELEPHONE: (01738) 473336

MICROBIOLOGY

Report For :
Blue Team

Surname	: MCLEAN	Clinician	: Dr.W.Phillips
Forename	: YVONNE M	Source	: Perth Royal Infirmary
CHI No.	: 1003820107	Ward/Dept	: Blue Team
D.o.B.	: 10.03.82	Collected	: 05.12.01 Received : 05.12.0
C/Info	: ? urinary tract infection		Lab No: M.01.0032219

MICROSCOPY Nil abnormal noted

SR

CULTURE No growth

92038

Midstream urine Reported : 06 12 01 HFD FINAL REPOR

NINEWELLS HOSPITAL Virology/Bacterial Serology 01382 632559

Name : MCLEAN, Yvonne
CHI No : 1003820107
DoB : 10 Mar 1982 Sex: F
Post Code: PH1 5RR

Clinician:Dr W.P.P. PHILLIPS
PRI Antenatal Clinic

ROUTINE SEROLOGY. VENOUS BLOOD
Specimen Number 01V021781X
Date Taken 16 Nov 2001

Rubella immunity screen	Immune
Hepatitis B surface antigen	Negative
HIV antibody (types 1+2)	Negative
Syphilis total antibody	Negative

RUBELLA IMMUNITY - Susceptible patients, or those with low level antibody are recommended to be vaccinated taking precautions to avoid vaccination during pregnancy.

PLEASE CONSIDER HEP B VACCINATION IN PATIENTS THAT ARE AT RISK AND ARE CURRENTLY HEPATITIS B SURFACE ANTIGEN NEGATIVE.

Date of Report: 22 Nov 2001

SRC/CGP: PANC FHIW1H

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST : PERTH ROYAL INFIRMARY

TELEPHONE: (01738) 473336

MICROBIOLOGY

Report For :
Ante Natal Clinic

urname : MCLEAN
orename : YVONNE M
HI No. : 1003820107
.o.B. : 10.03.82
/Info : Booking

Clinician : Dr.W.Phillips
Source : Perth Royal Infirmary
Ward/Dept : Ante Natal Clinic
Collected : 16.11.01 Received : 16.11.01
Lab No: M,01.0030768

ICROSCOPY Nil abnormal noted

JLTURE No significant bacteriuria

idstream urine

Reported : 17.11.01 HFD

FINAL REPORT

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST : PERTH ROYAL INFIRMARY

TELEPHONE: (01738) 473336

MICROBIOLOGY

Report For :
OP Gynaecology

Surname : MCLEAN
Forename : YVONNE M
CHI No. : 1003820107
D.o.B. : 10.03.82
C/Info : Burning on passing urine

Clinician : Dr.P.Lynch
Source : Perth Royal Infirmary
Ward/Dept : OP Gynaecology
Collected : 06.11.01 Received : 06.11.0
Lab No: M,01.0030007

MICROSCOPY Nil abnormal noted

CULTURE No growth

Midstream urine

Reported : 07.11.01 HFD

FINAL REPOR

MOUNT SHEET

Note: Remove strip to reveal gummed area.
Attach reports from bottom to top.
Please set them accurately.

JB-8267

BIOCHEMISTRY

12	12
11	11
10	10
9	9
8	8
7	7
6	6
5	5
4	4
3	3
2	2

MOUNT SHEET

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST: PERTH ROYAL INFIRMARY

BIOCHEMICAL MEDICINE

Telephone: (01738) 473229

Surname : MCLEAN
Forename : YVONNE M
CHI No : 1003820107
D.O.B. : 10.03.82

Clinician : Dr.W.Phillips
Source : Perth Royal Infirmary
Ward/Dept : Labour Ward
Lab No : B,02.0535416.Z

Specimen : Blood

Sodium		138	mmol/L	(135-147)
Potassium		3.9	mmol/L	(3.5-5.0)
Urea		5.6	mmol/L	(3.3-6.6)
Creatinine		88	umol/L	(50-100)
Amylase		85	U/L	(10-100)
Glucose		4.2	mmol/L	(3.3-5.8)
Albumin	Lo	28	g/L	(36-50)
Alk.Phos.	Hi	173	U/L	(25-90)
Total Bilirubin		8	umol/L	(0-15)
ALT		15	U/L	(12-40)
C-Reactive Protein	Hi	6	mg/L	(0-5)

Collected 31.03.02 21:33 Received 31.03.02 21:33 Issued 31.03.02 23:00

L.M.P: Parity:

Prev. Obstet. Complications: -

Prev. Neonatal/ Infant Problems: -

Maternal Illness/ Drug Therapy: -

Family History: -

Prev. Gynae. Operations: -

Ward/Clinic/ Hosp. ANOP ..... Cons.

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

Surname MCLEAN

First Name YVONNE ..... M. State

Address ..... Sex

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

USE BLOCK LETTERS OR PATIENT LABEL

CLINICAL NOTES/REQUEST DETAIL

NTV 19 WKS

REPORT:

Single fetus
BPD 44
Femur 29
Plac post
19 week check satisfactory.
FHH

L.M.P: Parity:

Prev. Obstet. Complications: -

Prev. Neonatal/ Infant Problems: -

Maternal Illness/ Drug Therapy: -

Family History: -

Prev. Gynae. Operations: -

Ward/Clinic/ Hosp. .....

Surname .....

First Name ....

Address .....

.....

G.P. & Address (

MCLEAN 1003820107

YVONNE M

17F BALLANTINE PL

PERTH

PH1 5RR

DR BM REILLY

c/o 2D MENZIES COURT, PERTH PH1 2TD. F

14249

.....Cons.

C.H.I. No.

.....

..... M. State

..... Sex

.....

E BLOCK LETTERS
OR PATIENT LABEL

CLINICAL NOTES/REQUEST DETAIL

DATING SCAN PLEASE

REPORT:

Single fetus
BPD 27 = 14
Plac post
FHH

RMM

JB-8267

12	12
11	11
10	10
9	9
8	8
7	7
6	6
5	5
4	4
3	3
2	2

MOUNT SHEET

L.M.P: Parity:

Prev. Obstet. Complications: -

Prev. Neonatal/ Infant Problems: -

Maternal Illness/ Drug Therapy: -

Family History: -

Prev. Gynae. Operations: -

Ward/Clinic/ Hosp. Gynae WOPP Cons.

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

Surname MCLEAN

First Name YVONNE M. State

Address Sex

G.P. & Address (G.P. Requests only) USE BLOCK LETTERS OR PATIENT LABEL

CLINICAL NOTES/REQUEST DETAIL

Hyperemesis

REPORT:

TAS IU Pregnancy

difficult to measure BPD

because of shadow on screen

FHS FMS

For dept scan 9/11/01

LArbuckle

DATE EXAM 3 1 1 0 0 1 ULTRASOUND NO. 011491

THB(MR) 077 Revised September 1996

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : JAMIESON, Yvonne
CHI No : 1003820107
Dob : 10 Mar 1982 Sex: F
Post Code: PH1 2TD

Clinician:Dr A GORDON
PRI Antenatal Clinic

CPA Accredited 0221

REFERENCE LABORATORY REPORT
Specimen number 08V028456
Date Taken 09 Dec 2008

Venous blood

Reference Laboratory Report

Rubella Serology:

Sample Date.	27/03/09	09/12/09
SRH	11	11
IgM anti-u EIA	5	6
IgM ag EIA	5	6
IgG Shift	high	high
IgG Avidity	high	high.

Referred serology comment

Unchanging rubella IgG and IgM reactivity and high avididity IgG suggest non-specific/ cross reacting IgM rather than rubella re- infection.
Report received from reference laboratory:
Preston Microbiology Services, Lancashire Teaching Hospital.

Stillbirth

Date of Report: 05 May 2009
PANC GORA1H

REPORT RECEIVED

DOCTOR'S INITIALS

BIOCHEMICAL MEDICINE

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: C095308526
N/W Ward 37A Clinician: Dr P. CHIEN N37A CHEP1H

SODIUM	133	<	mmol/L	(	135-147)
POTASSIUM	3.5		mmol/L	(	3.5-5.0)
UREA	3.7		mmol/L	(	3.3-6.6)
CREATININE	55		umol/L	(	44-80)
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	54	>	U/L	(	12-40)
BILIRUBINS	14		umol/L	(	0-15)
ALKALINE PHOSPHATASE	64		U/L	(	20-80)
ALBUMIN	38		g/L	(	36-50)
C-REACTIVE PROTEIN	81	>>	mg/L	(	up to 5)

None 22/1

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
20 Jan 2009

Clin.Details: hyperemnisis?

Request Entered: 20 Jan 2009 23:38 Report Printed: 21 Jan 2009 00:11

REPORT RECEIVED

WOMEN'S AND REPRODUCTIVE HEALTH

NHS Tayside

Enquiries to: **Team Leader - Lesley A Mays**
Counsellor - Amanda Sullivan
01382 660111 Bleep 4052
01382 660111 ext 35621
01382 425621

1003820107
JAMIESON
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

ALASDAIR DUTTON

Date:

Dear Doctor

DOWN'S SYNDROME SCREENING

The above patient was scanned on 9.12.08 and was 9 2. weeks pregnant.

Her choice regarding Down's Syndrome Screening is:

- ☐ Wishes screening
- ☐ Unsure about screening
- ☑ Does not wish screening
- ☐ Private NT screening
- ☐ Amniocentesis / CVS

Multiple Pregnancy Screening:

- ☐ Wishes screening
- ☐ Does not wish screening

She will attend:

- ☐ Your surgery / Midwife Clinic
- ☐ Ninewells Hospital / Perth Royal Infirmary
- ☐ Peripheral Clinic

This will be done on .....

The patient's consultant is Dr. Gordon

Please ensure all the details requested on the Biochemistry form are recorded.

Thank you.

Yours sincerely

Sign ..... Print Name AUDREY MCINTYRE MILLER
MIDWIFE

Designation .....

POSITIVE ABOUT DISABLED PEOPLE

HAEMATOLOGY

NTSFIONOCLARKE 31/3 DIS 28/3 10.5 DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H090462480
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

APTT	26.8	secs.	(22-30)
APTT Ratio	1.0		
Prothrombin Time	10.5	secs.	(9-12)
PT Ratio:	1.0		

Lab.Comments:

Sample Date/Time
27 Mar 2009 03:30

Clin.Details: STILL BIRTH

Request Entered: 27 Mar 2009 04:04 Report Printed: 27 Mar 2009 05:12

REPORT RECEIVED
DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H090462484
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

HGB	12.6	g/dL	(12.0-16.0)	WBC	18.8 H	x10^9/l	(3.9-9.9)
RBC	4.21	x10^12/l	(3.8-4.8)	NE#	17.4 H	x10^9/l	(2.0-7.5)
HCT	0.366 L		(0.37-0.47)	LY#	1.0 L	x10^9/l	(1.5-4.0)
MCV	86.9	fl	(80-96)	MO#	0.4	x10^9/l	(0.2-0.8)
MCH	29.9	pg	(27-32)	EO#	0.00	x10^9/l	(0.0-0.4)
MCC	34.4	g/dl	(32-36)	BA#	0.0	x10^9/l	(0.0-0.1)
				PLT	114 L	x10^9/l	(150-400)

Lab.Comments:

Sample Date/Time
27 Mar 2009 06:00

Clin.Details: 24+6wks
? hellp

Request Entered: 27 Mar 2009 07:01 Report Printed: 27 Mar 2009 07:08

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: C090462485
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

TSH	0.82	mU/L	(0.4-4.0)	
HbA1c	5.0	%		

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
27 Mar 2009

Clin.Details: 24+6 WK GESTATION
STILL BIRTH

Request Entered: 27 Mar 2009 07:02 Report Printed: 27 Mar 2009 11:38

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: C090462484
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

SODIUM	136		mmol/L	(135-147)	
POTASSIUM	4.0	*	mmol/L	(3.5-5.0)	
UREA	5.0		mmol/L	(3.3-6.6)	
CREATININE	58		umol/L	(44-80)	
ALT	133	**	U/L	(12-40)	
BILIRUBINS	6		umol/L	(0-15)	
ALKALINE PHOSPHATASE	78		U/L	(20-80)	
ALBUMIN	31	*	g/L	(36-50)	
URATE	0.29		mmol/L	(0.18-0.36)	
LACTATE DEHYDROGENASE	615	**	U/L	(145-410)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
27 Mar 2009 06:00

Clin.Details: 24+6wks
? hellp

Request Entered: 27 Mar 2009 07:01 Report Printed: 27 Mar 2009 08:01

REPORT RECEIVED
DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

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

Name: JAMIESON Yvonne — Sex: F — PID: 1003820107 — DoB: 10 Mar 1982

Lab No: H095400233

N/W Labour Suite — Clinician: Dr A GORDON — NLABR GORA1H

HGB	13.5	g/dL	(12.0-16.0)	WBC	15.4	H	x10^9/l	(3.9-9.9)
RBC	4.37	x10^12/l	(3.8-4.8)	NE#	14.3	H	x10^9/l	(2.0-7.5)
HCT	0.378		(0.37-0.47)	LY#	0.9	L	x10^9/l	(1.5-4.0)
MCV	86.5	fl	(80-96)	MO#	0.2		x10^9/l	(0.2-0.8)
MCH	30.9	pg	(27-32)	EO#	0.00		x10^9/l	(0.0-0.4)
MCC	35.7	g/dl	(32-36)	BA#	0.0		x10^9/l	(0.0-0.1)
				PLT	110	L	x10^9/l	(150-400)

APTT	24.7	secs.	(22-30)
APTT Ratio	1.0		
Prothrombin Time	9.8	secs.	(9-12)
PT Ratio:	0.9		

Lab.Comments:

Sample Date/Time
26 Mar 2009

Clin.Details: Raised BP @ 24 weeks gestation

Request Entered: 26 Mar 2009 18:36 — Report Printed: 26 Mar 2009 19:05

REPORT RECEIVED
DOCTOR'S INITIALS

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services — **BACTERIOLOGY** — 01382 632559

Name : JAMIESON, Yvonne
CHI No : 1003820107
DoB : 10 Mar 1982 Sex: F
Post Code: PH1 2TD

Clinician: Dr A NICOLL
N/W Labour Suite

CPA Accredited 0221

09B141373 Date/Time of Specimen: 27 Mar 2009 01:15
SWAB - Exudates
PLACENTA-FETAL-STILLBIRTH 24 WKS

CULTURE
No Growth
No Listeria Isolated

Date of Report: 30 Mar 2009 — AUTH:
NLABR NICA1H

REPORT RECEIVED

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : JAMIESON, Yvonne
CHI No : 1003820107
DoB : 10 Mar 1982 Sex: F
Post Code: PH1 2TD

Clinician: Dr A NICOLL
N/W Labour Suite

CPA Accredited 0221

09B141372 Date/Time of Specimen: 27 Mar 2009 01:15
SWAB - Exudates
PLACENTA-MATERNAL-STILLBIRTH 24 WKS

CULTURE
No Growth
No Listeria Isolated

Date of Report: 30 Mar 2009 AUTH:
NLABR NICA1H

REPORT RECEIVED
DOCTOR'S INITIALS

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : JAMIESON, Yvonne
CHI No : 1003820107
DoB : 10 Mar 1982 Sex: F
Post Code: PH1 2TD

Clinician: Dr A NICOLL
N/W Labour Suite

CPA Accredited 0221

09B141370 Date/Time of Specimen: 27 Mar 2009 04:00
Umbilical Swab
24+6 WEEK STILLBIRTH

CULTURE
No Growth
No Listeria Isolated

Date of Report: 30 Mar 2009 AUTH:
NLABR NICA1H

REPORT RECEIVED
DOCTOR'S INITIALS

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : JAMIESON, Yvonne
CHI No : 1003820107
DoB : 10 Mar 1982 Sex: F
Post Code: PH1 2TD

Clinician: Dr A NICOLL
N/W Labour Suite

CPA Accredited 0221

09B141369 Date/Time of Specimen: 27 Mar 2009 04:00
Ear Swab
24+6 WEEK STILLBIRTH

CULTURE
No Growth
No Listeria Isolated

Date of Report: 30 Mar 2009 AUTH:
NLABR NICA1H

REPORT RECEIVED
DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H095402300
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

APTT	20.8	L	secs.	(22-30)
APTT Ratio	0.8			
Prothrombin Time	9.5		secs.	(9-12)
PT Ratio:	0.9			

Lab.Comments:

Sample Date/Time
28 Mar 2009

Clin.Details: IUD 24wks PIH ?HELLP

Request Entered: 28 Mar 2009 08:01 Report Printed: 28 Mar 2009 08:20

REPORT RECEIVED
DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H095402299
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

HGB	11.1	L	g/dL	(12.0-16.0)	WBC	16.5	H	x10^9/l (3.9-9.9)
RBC	3.68	L	x10^12/l	(3.8-4.8)	NE#	13.2	H	x10^9/l (2.0-7.5)
HCT	0.325	L		(0.37-0.47)	LY#	2.2		x10^9/l (1.5-4.0)
MCV	88.3		fl	(80-96)	MO#	1.1	H	x10^9/l (0.2-0.8)
MCH	30.2		pg	(27-32)	EO#	0.01		x10^9/l (0.0-0.4)
MCC	34.2		g/dl	(32-36)	BA#	0.0		x10^9/l (0.0-0.1)
					PLT	112	L	x10^9/l (150-400)

Lab.Comments:

Sample Date/Time
28 Mar 2009

Clin.Details: UID at 24wks ? PET ? HELLP

Request Entered: 28 Mar 2009 08:01 Report Printed: 28 Mar 2009 08:07

REPORT RECEIVED
DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

PR1 SB

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H090462251
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

HGB	13.6		g/dL	(12.0-16.0)	WBC	14.2	H	x10^9/l (3.9-9.9)
RBC	4.49		x10^12/l	(3.8-4.8)	NE#	13.4	H	x10^9/l (2.0-7.5)
HCT	0.387			(0.37-0.47)	LY#	0.7	L	x10^9/l (1.5-4.0)
MCV	86.2		fl	(80-96)	MO#	0.1	L	x10^9/l (0.2-0.8)
MCH	30.3		pg	(27-32)	EO#	0.00		x10^9/l (0.0-0.4)
MCC	35.1		g/dl	(32-36)	BA#	0.0		x10^9/l (0.0-0.1)
					PLT	106	L	x10^9/l (150-400)

APTT	26.1	secs.	(22-30)
APTT Ratio	1.0		
Prothrombin Time	10.0	secs.	(9-12)
PT Ratio:	1.0		

Lab.Comments:

Sample Date/Time
26 Mar 2009 09:00

Clin.Details: vomitting/abdo pain 24/40

Request Entered: 26 Mar 2009 09:56 Report Printed: 26 Mar 2009 10:44

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: C095398655

N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

SODIUM	139		mmol/L	(	135-147)
POTASSIUM	4.9		mmol/L	(	3.5-5.0)
UREA	4.7		mmol/L	(	3.3-6.6)
CREATININE	54		umol/L	(	44-80)
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	272	>>	U/L	(	12-40)
BILIRUBINS	19	>	umol/L	(	0-15)
ALKALINE PHOSPHATASE	92	>	U/L	(	20-80)
ALBUMIN	34	<	g/L	(	36-50)
URATE	0.24		mmol/L	(	0.18-0.36)
LACTATE DEHYDROGENASE	1698	>>	U/L	(	145-410)

Lab.Comments: SLIGHTLY HAEMOLYSED

Sample is blood unless otherwise stated

Sample Date/Time
26 Mar 2009 00:30

Clin.Details: abdo pain

Request Entered: 26 Mar 2009 01:11 Report Printed: 26 Mar 2009 10:34

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: C090462251

N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

SODIUM	138		mmol/L	(	135-147)
POTASSIUM	4.3	*	mmol/L	(	3.5-5.0)
UREA	4.9		mmol/L	(	3.3-6.6)
CREATININE	64		umol/L	(	44-80)
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	227	*	U/L	(	12-40)
BILIRUBINS	16	>	umol/L	(	0-15)
ALKALINE PHOSPHATASE	94	>	U/L	(	20-80)
ALBUMIN	34	<	g/L	(	36-50)
CALCIUM	2.15		mmol/L	(	2.10-2.55)
CALCIUM (CORRECTED)	2.36		mmol/L	(	2.10-2.55)
GLUCOSE (preserved tube)	FLUORIDE OXALATE (GREY TOP) REQUIRED FOR GLUCOSE				
URATE	0.26		mmol/L	(	0.18-0.36)
AMYLASE	55		U/L	(	0-100)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
26 Mar 2009 09:00

Clin.Details: vomitting/abdo pain 24/40

Request Entered: 26 Mar 2009 09:56 Report Printed: 26 Mar 2009 11:46

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: C090462251

N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

LACTATE DEHYDROGENASE	1463 >>	U/L	(	145-410)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
26 Mar 2009 09:00

Clin.Details: vomitting/abdo pain 24/40

Request Entered: 26 Mar 2009 09:56 Report Printed: 26 Mar 2009 11:46

REPORT RECEIVED
DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H095308526

N/W Ward 37A Clinician: Dr P. CHIEN N37A CHEP1H

HGB	12.5		g/dL	(12.0-16.0)	WBC	4.3		x10^9/l	(3.9-9.9)
RBC	4.25		x10^12/l	(3.8-4.8)	NE#	3.0		x10^9/l	(2.0-7.5)
HCT	0.360	L		(0.37-0.47)	LY#	0.8	L	x10^9/l	(1.5-4.0)
MCV	84.7		fl	(80-96)	MO#	0.4		x10^9/l	(0.2-0.8)
MCH	29.4		pg	(27-32)	EO#	0.01		x10^9/l	(0.0-0.4)
MCC	34.7		g/dl	(32-36)	BA#	0.0		x10^9/l	(0.0-0.1)
					PLT	135	L	x10^9/l	(150-400)

Lab.Comments:

Sample Date/Time
20 Jan 2009

Clin.Details: hyperemnisis?

Request Entered: 20 Jan 2009 23:38 Report Printed: 20 Jan 2009 23:46

REPORT RECEIVED
DOCTOR'S INITIALS

HAEMATOLOGY

DISH 28103 LIS 1UD

DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H090462480
N/W Labour Suite Clinician: Dr A GORDON NLABR GORA1H

APTT	26.8	secs.	(22-30)
APTT Ratio	1.0		
Prothrombin Time	10.5	secs.	(9-12)
PT Ratio:	1.0		
DVVT rat.:DVVC ratio	0.01		
KCT Ratio	0.93		(up to 1.10)

Lab.Comments: NO EVIDENCE OF LUPUS ANTICOAGULANT

Sample Date/Time
27 Mar 2009 03:30

Clin.Details: STILL BIRTH

Request Entered: 27 Mar 2009 04:04 Report Printed: 10 Apr 2009 13:28

REPORT RECEIVED
DOCTOR'S INITIALS

MICROBIOLOGY

36.

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : JAMIESON, Yvonne
CHI No : 1003820107 Clinician:Dr A NICOLL
Dob : 10 Mar 1982 Sex: F N/W Labour Suite
Post Code: PH1 2TD

CPA Accredited 0221

REFERENCE LABORATORY REPORT Venous blood
Specimen number 09V007101
Date Taken 27 Mar 2009

Reference Laboratory Report

Rubella IgM (anti-u EIA)	: Reactive
Rubella IgM (Ag EIA)	: Reactive
Rubella IgG Shift	: High
Rubella IgG Avidity index	: High

Referred serology comment

Rubella IgG antibody detected, avidity HIGH.
Rubella IgM reactive in 2 tests.
Suggests primary rubella or vaccination occurring more than 1 month prior to this sample, or recent re-infection or possible non-specific cross-reacting IgM. Please note that further tests are being carried out by the reference lab to clarify picture.

Date of Report: 14 Apr 2009
NLABR NICA1H

REPORT RECEIVED

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : ANTONY, Shiji
CHI No : 1304798003 Clinician: Dr A GORDON
DoB : 13 Apr 1979 Sex: F N/W Ward 40
Post Code: PH1 5PU

CPA Accredited 0221

09B143333 Date/Time of Specimen: 31 Mar 2009 12:45
VAGINAL SWAB
LOW

1) Light Growth of Escherichia coli
? Significance
No Candida Isolated
N. gonorrhoeae not isolated

Sensitivities	1
Co-amoxiclav	S
Cefuroxime	S
Gentamicin	S
Ciprofloxacin	S
Amoxicillin	S

Many Polymorphs
No Trichomonas

Date of Report: 02 Apr 2009 AUTH: orag
N40 GORA1H

REPORT RECEIVED

DOCTOR'S INITIALS

MICROBIOLOGY

D.SH 29/05 LJ LJ

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : JAMIESON, Yvonne
CHI No : 1003820107 Clinician:Dr A NICOLL
DoB : 10 Mar 1982 Sex: F N/W Labour Suite
Post Code: PH1 2TD

CPA Accredited 0221

Venous blood

Specimen Number 09V007101
Date Taken 27 Mar 2009

Toxoplasma total antibody:	Negative
Cytomegalovirus IgM	Negative
CMV IgM comments	NO evidence of current or recent infection
Erythrovirus B19 IgM:	Negative
Erythrovirus B19 IgM comments:	NO evidence of current or recent infection

---

Date of Report: 31 Mar 2009
NLABR NICA1H

REPORT RECEIVED

DOCTOR'S INITIALS

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : JAMIESON, Yvonne
CHI No : 1003820107
DoB : 10 Mar 1982 Sex: F
Post Code: PH1 2TD

Clinician:Dr A NICOLL
N/W Labour Suite

CPA Accredited 0221

Venous blood

Specimen Number 09V007101
Date Taken 27 Mar 2009

Toxoplasma total antibody:	Negative
Cytomegalovirus IgM	Negative
CMV IgM comments	NO evidence of current or recent infection
Erythrovirus B19 IgM:	Negative
Erythrovirus B19 IgM comments:	NO evidence of current or recent infection
Rubella IgM	Reactive
Rubella IgM comments	Both this and specimen from 10/12/08 found to be rubella IgM and IgG positive with no change in titre. This could indicate either a cross reaction or a second infection. Either would argue against rubella causing foetal loss. Sample(s) sent to Reference Lab for further tests

Date of Report: 01 Apr 2009
NLABR NICA1H

REPORT RECEIVED
DOCTOR'S INITIALS

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : JAMIESON, Yvonne
CHI No : 1003820107
DoB : 10 Mar 1982 Sex: F
Post Code: PH1 2TD

Clinician:Dr A NICOLL
N/W Labour Suite

CPA Accredited 0221

Venous blood

Specimen Number 09V007101
Date Taken 27 Mar 2009

Cytomegalovirus IgM	Negative
CMV IgM comments	NO evidence of current or recent infection
Erythrovirus B19 IgM:	Negative
Erythrovirus B19 IgM comments:	NO evidence of current or recent infection

Date of Report: 30 Mar 2009
NLABR NICA1H

REPORT RECEIVED

BIOCHEMICAL MEDICINE

H/S IUD.

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: C095402300

N/W Labour Suite — Clinician: Dr A GORDON — NLABR GORA1H

SODIUM	142	**	mmol/L	(	135-147)
POTASSIUM	4.4		mmol/L	(	3.5-5.0)
UREA	5.7		mmol/L	(	3.3-6.6)
CREATININE	55		umol/L	(	44-80)
ALT	256	**	U/L	(	12-40)
BILIRUBINS	11	**	umol/L	(	0-15)
ALKALINE PHOSPHATASE	91	>	U/L	(	20-80)
ALBUMIN	28	<	g/L	(	36-50)
URATE	0.22	**	mmol/L	(	0.18-0.36)
LACTATE DEHYDROGENASE	645	**	U/L	(	145-410)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
28 Mar 2009

Clin.Details: IUD 24wks PIH ?HELLP

Request Entered: 28 Mar 2009 08:01 — Report Printed: 28 Mar 2009 09:20

REPORT RECEIVED

DOCTOR'S INITIALS

BIOCHEMICAL MEDICINE

DMR 374

IUD.

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

Name: JAMIESON Yvonne — Sex: F — PID: 1003820107 — DoB: 10 Mar 1982

Lab No: C095400233

N/W Labour Suite — Clinician: Dr A GORDON — NLABR GORA1H

SODIUM	139		mmol/L	(	135-147)
POTASSIUM	4.8		mmol/L	(	3.5-5.0)
UREA	4.6		mmol/L	(	3.3-6.6)
CREATININE	62		umol/L	(	44-80)
ALT	178	>>	U/L	(	12-40)
BILIRUBINS	9		umol/L	(	0-15)
ALKALINE PHOSPHATASE	91	>	U/L	(	20-80)
ALBUMIN	36		g/L	(	36-50)
URATE	0.26		mmol/L	(	0.18-0.36)
AMYLASE	54		U/L	(	0-100)
LACTATE DEHYDROGENASE	781	**	U/L	(	145-410)

Lab.Comments:

Notified

Sample is blood unless otherwise stated

Sample Date/Time
26 Mar 2009

Clin.Details: Raised BP @ 24 weeks gestation

Request Entered: 26 Mar 2009 18:36 — Report Printed: 26 Mar 2009 19:42

REPORT RECEIVED

HAEMATOLOGY

DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H095398652
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

HGB	13.5	g/dL	(12.0-16.0)	WBC	16.1	H	x10^9/l	(3.9-9.9)
RBC	4.37	x10^12/l	(3.8-4.8)	NE#	14.3	H	x10^9/l	(2.0-7.5)
HCT	0.380		(0.37-0.47)	LY#	0.8	L	x10^9/l	(1.5-4.0)
MCV	87.0	fl	(80-96)	MO#	0.9	H	x10^9/l	(0.2-0.8)
MCH	30.9	pg	(27-32)	EO#	0.01		x10^9/l	(0.0-0.4)
MCC	35.5	g/dl	(32-36)	BA#	0.0		x10^9/l	(0.0-0.1)
				PLT	116	L	x10^9/l	(150-400)

Lab.Comments:

Sample Date/Time
26 Mar 2009

Clin.Details: abdo pain 24 weeks pregnant

Request Entered: 26 Mar 2009 00:23 Report Printed: 26 Mar 2009 00:40

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: C095398686
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

GLUCOSE (preserved tube)	5.5	mmol/L	(3.3-5.8)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
26 Mar 2009 03:15

Clin.Details: ? AFLP

Request Entered: 26 Mar 2009 03:33 Report Printed: 26 Mar 2009 03:51

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: C095398655
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

SODIUM	139		mmol/L	(	135-147)
POTASSIUM	4.9		mmol/L	(	3.5-5.0)
UREA	4.7		mmol/L	(	3.3-6.6)
CREATININE	54		umol/L	(	44-80)
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	272	>>	U/L	(	12-40)
BILIRUBINS	19	>	umol/L	(	0-15)
ALKALINE PHOSPHATASE	92	>	U/L	(	20-80)
ALBUMIN	34	<	g/L	(	36-50)
URATE	0.24		mmol/L	(	0.18-0.36)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
26 Mar 2009 00:30

Clin.Details: abdo pain

Request Entered: 26 Mar 2009 01:11 Report Printed: 26 Mar 2009 01:29

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: C090462261
N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

SODIUM	139		mmol/L	(	135-147)
POTASSIUM	4.3		mmol/L	(	3.5-5.0)
UREA	5.1		mmol/L	(	3.3-6.6)
CREATININE	61		umol/L	(	44-80)
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	199	>>	U/L	(	12-40)
BILIRUBINS	12		umol/L	(	0-15)
ALKALINE PHOSPHATASE	89	>	U/L	(	20-80)
ALBUMIN	35	<	g/L	(	36-50)
URATE	0.26		mmol/L	(	0.18-0.36)
AMYLASE	55		U/L	(	0-100)
LACTATE DEHYDROGENASE	965	**	U/L	(	145-410)
NO GLUCOSE SAMPLE	FLUORIDE OXALATE (GREY TOP) REQUIRED FOR GLUCOSE				

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
26 Mar 2009 13:00

Clin.Details: 24/40 HELLD SYNDROME

Request Entered: 26 Mar 2009 13:42 Report Printed: 26 Mar 2009 14:53

REPORT RECEIVED
DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

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

Name: JAMIESON Yvonne — Sex: F — PID: 1003820107 — DoB: 10 Mar 1982
Lab No: H090462261

N/W Ward 37A — Clinician: Dr A GORDON — N37A GORA1H

HGB	13.1	g/dL	(12.0-16.0)	WBC	13.4	H	x10^9/l	(3.9-9.9)
RBC	4.39	x10^12/l	(3.8-4.8)	NE#	12.5	H	x10^9/l	(2.0-7.5)
HCT	0.376		(0.37-0.47)	LY#	0.8	L	x10^9/l	(1.5-4.0)
MCV	85.6	fl	(80-96)	MO#	0.1	L	x10^9/l	(0.2-0.8)
MCH	29.8	pg	(27-32)	EO#	0.00		x10^9/l	(0.0-0.4)
MCC	34.8	g/dl	(32-36)	BA#	0.0		x10^9/l	(0.0-0.1)
				PLT	108	L	x10^9/l	(150-400)

APTT	24.2	secs.	(22-30)
APTT Ratio	0.9		
Prothrombin Time	9.6	secs.	(9-12)
PT Ratio:	0.9		

Lab.Comments:

Sample Date/Time
26 Mar 2009 13:00

Clin.Details: 24/40 HELLD SYNDROME

Request Entered: 26 Mar 2009 13:42 — Report Printed: 26 Mar 2009 13:59

REPORT RECEIVED
DOCTOR'S INITIALS

IMMUNOPATHOLOGY

DMR 375

Tayside Clinical Laboratory Services — Telephone 01382 632539 — Internal Ext.32539

Name: JAMIESON Yvonne — Sex: F — PID: 1003820107 — DoB: 10 Mar 1982
Lab No: I090463382

N/W Labour Suite — Clinician: Dr A NICOLL — NLABR NICA1H

IgG Anti Cardiolipin Antibody	4	GPL U/ml	(0-10)	
IgM Anti Cardiolipin Antibody	1	MPL U/ml	(0-7)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
27 Mar 2009 09:15

Clin.Details: 24+6WKS GEST
STILL BIRTH

Request Entered: 27 Mar 2009 17:05 — Report Printed: 01 Apr 2009 09:21

REPORT RECEIVED
DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H095398676

N/W Ward 37A Clinician: Dr A GORDON N37A GORA1H

APTT	25.4	secs.	(22-30)
APTT Ratio	1.0		
Prothrombin Time	9.8	secs.	(9-12)
PT Ratio:	0.9		

Lab.Comments:

Sample Date/Time
26 Mar 2009 02:00

Clin.Details: ? HELLP

Request Entered: 26 Mar 2009 02:31 Report Printed: 26 Mar 2009 02:53

REPORT RECEIVED

DOCTOR'S INITIALS

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

CPA Accredited 0221

Name : JAMIESON, Yvonne
CHI No : 1003820107 Clinician: Dr A GORDON
DoB : 10 Mar 1982 Sex: F N/W Ward 37A
Post Code: PH1 2TD

09B140778 Date/Time of Specimen: 26 Mar 2009 00:25
Midstream Urine

No Growth

Date of Report: 27 Mar 2009 AUTH:
N37A GORA1H

REPORT RECEIVED
DOCTOR'S INITIALS

Department of Transfusion Medicine
Ninewells Hospital DD1 9SY
Tel : 01382 632953

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:
JAMIESON, YVONNE M
1F MENZIES COURT
FAIRFIELD AVENUE

PERTH
PH1 2TD

EDD / Gestn:
12/07/2009 - 23weeks

Date Specimen Received:
27/03/2009 09:11

Report Date:
27/03/2009

Sex: **Female**
D.O.B.: 10/03/1982
CHI / Unit No.: 1003820107
SNBTS No.: 9002104109

Results for Sample Number: 10310001561626
Date Drawn: 27/03/2009 Date Received: 27/03/2009 09:11

Blood Group: O POSITIVE

Antibody Status : NAD (No Antibodies Detected)

Comments

Other Results

Kleihauer Test : Positive Kleihauer Ratio : 15.4 ml

Signed:

HUMAN GENETICS
Cytogenetics Laboratory
Ninewells Hospital and Medical School
Dundee DD1 9SY
Tel: (01382) 632035 - Fax: (01382) 496382

Consultant: Dr. A Gordon

Ward: ANC

Hospital: Perth Royal Infirmary

PATIENT DETAILS

Surname: JAMIESON

Prename: Yvonne (Fetus of)

DOB: 10/03/1982 **CHI:** 0107

Pedigree No:

Specimen: Blood

Report No: 090462

Date Received: 27/03/2009

Date Reported: 03/04/2009

Karyotype: 46,XY

COMMENT: Chromosome analysis of cord blood from this 24-week termination showed an apparently normal male karyotype.

As a result has been obtained from this cord blood sample, the placental biopsy sample will not be processed further.

Analysed. L.M.McMahon

Checked. C.T.Maliszewska

Authorised. C.T.Maliszewska

Tayside Pathology Laboratories
Ninewells Hospital, Dundee

NON-CERVICAL CYTOLOGY REPORT

JAMIESON, Yvonne 10 Mar 1982 TC09000966

N/W Labour Suite CHI No. 1003820107

Clinician Dr A GORDON

Date Recvd 27 Mar 2009 Date Issued 27 Mar 2009

Nature of Specimen(s)

Not given.

Clinical Information Supplied

24 over 40. HELLP syndrome. For IOL. 8cm simple ovarian cyst appears benign. Aspiration prior to induction of labour.

Macro Report

50ml almost clear fluid.

Micro Report

This sample contains small numbers of superficial squames together with a few acute inflammatory cells.

Signature of Pathologist

Dr SM Nicoll
MF

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

NLABR GORA1H

ACKNOWLEDGEMENT OF RECEIPT	
WARD SECRETARY	DOCTOR

THB(MR) 272

P - NIC

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112
	ANC (P)	16/11	9.40 ✓ NO SCAN	15-C10P	

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ✓

Hospital: PERTH ROYAL INFIRMARY Date: 18 OCTOBER 2001 CHI No.: 1 0 0 3 8 2 / 0 1 0 7

Please arrange for this patient to attend the: ANTENATAL Clinic or Ward: DR PHILLIPS

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: McLEAN Maiden Surname:
First Names: YVONNE Single/Married/Widowed/Other:
Address: 17F BALLANTINE PLACE Date of Birth: 10.03.82
PERTH Patient's Occupation:
Postal Code: PH1 5RR Contact telephone number: Tel.No:447226

Has the patient attended hospital before? YES / NO If "YES" please state:
Name of Hospital:
Year of attendance: Hospital No.:
If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES / NO
If YES, minimum notice required: days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

DR A H DUTTON
RED PRACTICE
WHITEFRIARS SURGERY
WHITEFRIARS STREET
PERTH
PH1 1PP
TEL: 01738 625842

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr Phillips
Following presentation with nausea this lady has been found to have a positive pregnancy test on 9/10/01. Her LMP was 20/09/01 but it was sometime prior to this that she had unprotected intercourse. She was initially shocked at this but is now coming to terms with having a baby. She does not think the father of the baby will have much to do with its upbringing but hopes to have some help from her sister.

I would be grateful if she could have an early scan to help with assessing the gestational age.

Yvonne does not smoke but has a history of asthma controlled with Salbutamol and Seretide. She has been started on low dose Folic Acid. Thank you for your help.

Yours sincerely

ADH

Dr A H Dutton

RECEIVED 18 OCT 2001

Diagnosis / provisional diagnosis:

DATING SCAN ARRANGED 14 WKS 9/11/01

Present drug treatment and potential special hazards:

14249

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

355-2104

WDPP/RM 100382.0107

Fax No. 01738-473212 - Maty/Gynae Unit
01738-473545 - Secretaries

16th November 2001

Dr A H Dutton
Whitefriars Surgery
Whitefriars Street
PERTH
PH1 1PP

Dear Dr Dutton

Yvonne McLean, 17f Ballantine Place, Perth

Thank you for your letter about this patient whom I saw at the ante-natal booking clinic today.

She has been booked for confinement at P.R.I. and we would be pleased to share her ante-natal care with you in the usual fashion.

She will be reviewed in the clinic again at 34 weeks gestation.

She does not wish to have biochemical screening for Down's Syndrome.

Kind regards

Yours sincerely

W D P Phillips
Consultant Obstetrician & Gynaecologist

Results

Haemoglobin : Blood Group : MSSU : EDD : 9.5.02

MEM/RM 100382.0107

Fax No. 01738-473212 - Maty/Gynae Unit
01738-473545 - Secretaries

5th April 2002

Dr A H Dutton
Whitefriars Surgery
Whitefriars Street
PERTH
PH1 1PP

Dear Dr Dutton

Yvonne McLean, 7d Leslie Court, Perth

Type of Admission : Emergency

Date of Admission : 31.3.02 Date of Discharge : 2.4.02

Diagnosis : Vomiting in pregnancy

Follow up : Antenatal clinic at 38 weeks gestation

This primigravida was admitted at 34 weeks gestation with vomiting and abdominal discomfort. There was no associated diarrhoea. Admission CTG was satisfactory. Her condition gradually improved during her stay on the ward. Incidentally she was noted to be anaemic with a haemoglobin of 9.8g/dl and she was commenced on Ferrous Sulphate.

Her general observations from the obstetric point of view remain satisfactory. She was allowed home to be reviewed at the clinic as above with further full blood count.

Kind regards

Yours sincerely

Dr M El-Miligy MRCOG
Staff Grade Obstetrician & Gynaecologist to Dr Phillips

DAILY FLUID BALANCE CHART

Date: 17.12.08 Yvonne Jamieson.

24 Hr Clock Time	INTAKE in ml.		OUPUT in ml.						COMMENTS
	I.V.	ORAL	Urine	Vomit	Aspirate	Fistulae	Drain	Stool	
0700			350					+++	ketones.
									MSSU
0800		150ml Cup	500						
		Roll							
09.05	230								

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. / Batch No.	Time Begun / Expected Completion Time	Started By / Added By Initials	Added By Initials	PUMP ID	RECORD OF INFUSION (Please use 24 hour clock when recording time)	Actual Completed TIME/ DATE
A												Time / Vol. Inf. / Vol. Left / Initials	
B												Time / Vol. Inf. / Vol. Left / Initials	
C												Time / Vol. Inf. / Vol. Left / Initials	
D												Time / Vol. Inf. / Vol. Left / Initials	
E												Time / Vol. Inf. / Vol. Left / Initials	
F												Time / Vol. Inf. / Vol. Left / Initials	
G												Time / Vol. Inf. / Vol. Left / Initials	
H												Time / Vol. Inf. / Vol. Left / Initials	

KNOWN DRUG SENSITIVITY or ADVERSE REACTION

1. 2. 3.

SURNAME	FORENAMES	DATE OF BIRTH	UNIT NUMBER	HEIGHT	WEIGHT	HOSPITAL	WARD	CONSULTANT
Jamieson	Yvonne.	100382	0107			PRI	Gyn	AG.

PMR191

DAILY FLUID BALANCE CHART

Date: 16/12/05

24 Hr Clock Time	INTAKE in ml.		OUPUT in ml.						COMMENTS
	I.V.	ORAL	Urine	Vomit	Aspirate	Fistulae	Drain	Stool	
11:00			400						concentrated
1300	(A) 500							large	ketones
1330	(S) 500								
1420	500		150						large ketones
	500								
1530	500								
1700		100 water							
		Sandwich							
		Pear							
1835			200						+ Pro Large Ketones
2000	500								
2100				✓					
2200	500		150						large ketones
TOTALS	3500.		900						

SPECIAL INSTRUCTIONS:

IV TOTAL: .....

ORAL TOTAL: .....

TOTAL INTAKE: .....

TOTAL OUTPUT: .....

BALANCE: .....

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. / Batch No.	Time Begun / Expected Completion Time	Started By / Added By Initials	Added By Initials	PUMP ID	RECORD OF INFUSION (Please use 24 hour clock when recording time)	Actual Completed TIME/ DATE
A	16/12	0.9% NaCl	1L	IV		(A)	08109 T3G	12:30	MM			Time / Vol. Inf. / Vol. Left / Initials	
				1°		(B)	08109 T3G	1300	WK				
B	16/12	0.9% NaCl	1L	IV		(A)	07F11E 14	1330	WK			Time / Vol. Inf. / Vol. Left / Initials	
				2°		(B)	07F11E4	1430	MM				
C	16/12	0.9% NaCl	1L	IV		(A)	07F11E4 08109T3G	1530 1735	FMD MF			Time / Vol. Inf. / Vol. Left / Initials	
				4°		(B)	07F11E4	2000	FM				
D	16/12	0.9% NaCl	1L	IV		(A)	07F11E4	2000	FMD			Time / Vol. Inf. / Vol. Left / Initials	
				4°		(B)	08109T3G	0800	MM				
E	16/12	0.9% NaCl	1L	IV								Time / Vol. Inf. / Vol. Left / Initials	
				6°									
F	16/12	0.9% NaCl	1L	IV								Time / Vol. Inf. / Vol. Left / Initials	
				6°									
G	16 12 08	HARTMANS	1L.			08E 1ST2		2200				Time / Vol. Inf. / Vol. Left / Initials	
H												Time / Vol. Inf. / Vol. Left / Initials	

KNOWN DRUG SENSITIVITY or ADVERSE REACTION

1. 2. 3.

SURNAME	FORENAMES	DATE OF BIRTH	UNIT NUMBER	HEIGHT	WEIGHT	HOSPITAL	WARD	CONSULTANT
JAMIESON	YVONNE							

PMR191

Ward/Clinic...		1003820107	.....
Dob / CHINo	MCLEAN YVONNE M		
Surname.....	7D LESLIE CT	F	.....
Address.....	PERTH		.....
.....		14249	.....
GP & Addres:	PH1 2TB		CK LETTERS
Tel No.		RM RETLEY40	ENT LABEL.

13/11

TAYSIDE
University Hospitals
NHS Trust

Perth Maternity Unit

Midwifery Documentation

TEAM [BLUE]

CONSULTANT [WD PP] 16/11

NAMED MIDWIFE [Cath Sutherland]

CHOICE OF BIRTH :

Hospital [✓] Domino [ ] Home [ ] Other [ ]

MR175

LABOUR AND DELIVERY SUMMARY

MOTHER 20yo

ANALGESIA / ANAESTHESIA

ENTONOX / OPIATE / EPIDURAL

G.A.

Other (please specify) :

LENGTH OF LABOUR 1st Stage : 8hrs 42mins
2nd Stage : 19 min
3rd Stage : 8 min

DATE/TIME OF DELIVERY : 01.06 hrs. 110502

TYPE OF DELIVERY : (Normal)
Forceps
Ventouse
Caesarean
Assisted Breech

REASON IF INSTRUMENTAL DELIVERY :

PLACENTA (Complete) / incomplete

MEMBRANES Complete / incomplete / (ragged)

BLOOD LOSS: 200ml.

PERINEUM Intact / episiotomy / tear lacerations
posterior vaginal wall
Hear not sutured.

SUTURES :

BLOOD SPECIMENS: (maternal)
Rh Pos.

Specify:

URINE PASSED Yes / No
(P) 300 (D) 200 (S) 200.

OTHER RELEVANT INFORMATION:
31/3/02 AN admission - Vomiting
Anaemia. Hb 9.6g -

BABY

NAME: Bay Kyle

SEX: wt-2610g

GESTATION: 40 2/7 **CENTILE:** 3rd

CONDITION AT BIRTH: 4+10

IF RESUSCITATION NECESSARY:
(please specify)

VITAMIN K 1m Vit K/ 01.25hs

NAME BANDS X 2 x 1

PASSED URINE Yes / (No)

PASSED MECONIUM Yes / (No)

INTENDED METHOD OF FEEDING:
Breast / (Artificial) SMA

BABY TO BREAST Yes / (No) Time .....

CORD BLOODS (please specify):
7.313

OTHER RELEVANT INFORMATION:
Early feed given
TBC
Daily wt

BABY IN SCBU:

REASON:

Signature: Wardelaw

FOR PHARMACY USE

Checked by

Clinical Pharmacist

Patient Counselled

(Inits)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf. .....

To Dr. .....

.....

.....

Ward/Clinic/ Hosp. BLUE WOPP ..... Cons.

D D M M Y Y

1 0 0 5 8 2 0 1 0 7 C.H.I. No.

Surname MCLEAN

First Name VICKIE F. M. State

Address 7 D KELLIE CT Sex

PERTH PH1 2TB

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

USE BLOCK LETTERS OR PATIENT LABEL

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

Date Placed on Waiting List (if appropriate) .....

Date of Admission: .....

*Delete as appropriate

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

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	13/5/02	Cardiac	Phillips	Home			

When Medicines are to be dispensed **all** copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: SVD - Itchy rash

PRINCIPAL OPERATION / PROCEDURES: ? Allergy to bed linen

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES: analgesics

MEDICINE TREATMENT ON DISCHARGE — Days	NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓) 8 10 12 14 16 18 20 22 24	DISPENSED BY PHARMACY — Number	Brand Names (for information only)
	PARACETAMOL	1g		PRN PRN	50	500mg
	PIRITON	4mg		PRN PRN	30	

... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ☐ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. ..... Consultant
2. ..... Sen. Registrar/Registrar
3. ..... Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature [illegible] Status SHO

for Dr Phillips Consultant Date 13/5/02

Dispensed By MCINN

Checked By

Date 13/5/02

Final Distribution

WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26 DTH
4 Part Set

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST - PRI MATERNITY UNIT

Community Discharge Summary

Yvonne M Mclean

Hospital Number **1003820107**

Administration	
Date of Community Discharge	21/5/2002
Number of Postnatal Days	12
Number of Visits by Midwife	6
Mother	
Rubella Vaccination	Not required
Anti-D given	Not Required
Postnatal Problems	None
Postnatal Illness	No
Breast Condition	No problems
Smoking Postnatally	No
Baby 1 Boy - Kyle	
Method of Delivery	Spontaneous - Vertex
Method of Resuscitation	None
Drugs given for Resuscitation	Not administered
Postnatal admission to SCBU	No
Birth weight	2610 grams DWT 2800
Vitamin K given (1st Dose)	Yes
Location	Labour Ward
Route & Dose	Intramuscular (1 mg)
Date given	11/5/2002
Time given	01:25
Vitamin K given (2nd Dose)	Not Recorded
Metabolic Screen Result	DONE 17/5/02
Examination of hips	Normal
Confirmed Congenital anomalies	No
Post Discharge baby illness	No
Feeding method after discharge	Artificial
Reason for ending breast feeds	Not Recorded

Signed Veronica P Mitchell — **Date** 24/5/02

26/5/02 Day 12. Cord off. Sl seborreic rash on cheeks

Tayside University Hospitals NHS Trust **Midwifery Assessment** **Ante-Natal & Post Natal**	*TO BE COMMENCED AT BOOKING IN THE HOME OR HOSPITAL BY MIDWIFE*	Patient Information : Surname McLean First Name Yvonne Dob 10/03/82

PHYSICAL - PROBLEMS / ADVICE

General wellbeing: Normally keeps well.

Sleep: Normally sleeps well

Activity Levels:

Nutrition: Not really eating very well - discussed.

Smoking / Alcohol: ° Smoking ° alcohol nil

Minor disorders of pregnancy:

Other: Sickness + dehydration ? UTI

SOCIAL

Family Support: Family support.

Housing: Will stay with sister

Other children:

Any other problems: Staying with sister until she gets her own home. Sister - 3 children.

PARENTCRAFT

Benefit/Maternity leave: Seeking info

Classes to attend: Not sure.

Breast / Bottle Feeding: Probably Bottle - breastfeeding discussed

Need for individual instruction:

Information re swimming classes, early pregnancy, etc.:

Midwife's Signature J Henry Date 15/11/02

PSYCHOLOGICAL

Attitude to Pregnancy ..... OK

Partner's attitude ..... Not want any more

Anxieties / Fears .....

Previous depression, etc. .....

Any other problems ..... Seeky wnk.

ROLE FUNCTION - POST-NATAL ASSESSMENT

Handling of baby .....

Interaction with baby .....

Mood fluctuations .....

Feeding difficulties .....

COMMUNITY

Responsibility as parents ..... Caring / capable

Coping at home ..... Lives in sisters home @ present who is good support

Feeding ..... Bottle feeding regularly.
Was seen by Dr from PND's on average 19/5/02.
due to not feeding, thrush diagnosed + was resolved

Anxieties .....

Anything else relevant ..... Developed oral thrush & given Rx for Daktarin gel.

Midwife's Signature ..... Veronica P Mitchell

Date 23/5/02

DATE & TIME	PROBLEM/NEEDS	MIDWIFERY CARE	FULL SIGNATURE	DATE & TIME	REASSESSMENT	FULL SIGNATURE
3/3/02	vomiting at 34 weeks	- baseline CTG, Temp, BP rise - IVI as charted - SB or for review. - obs 2hourly - Bloods for FBC, U+E, amylase - analgesia as charted			- desats IVI continues. oral analgesia given 09⁰⁰ 1/4/02. No vomiting, tolerating fluids + light diet B/P check Satisfactory IV fluids continue	hea
				2230		
				2400	IVI Capped off. Eating Light diet + drinking	
10/5/02	Early labour at 40/7.	- Baseline observations + CTG. - V.E. - Discuss options.	Amaeig -	10/5/02 1800	Baseline observations + CTG Satisfactory - V.E. Cx fully effaced, 2-3cms dilated. T/f Blue Team to establish - Amaeig	

MIDWIFERY CARE PLAN (MOTHER)

NAME: Yvonne McLean

UNIT NUMBER: 100382107

USE BLACK PEN

DATE & TIME	PROBLEM/NEEDS	MIDWIFERY CARE	FULL SIGNATURE	DATE & TIME	REASSESSMENT	FULL SIGNATURE
18/8/12	Early labour		Beaton	18/8/12	Count 3:10	
					TENS applied	Beaton
				20[20]	Distressed.	
					Transferred to LW	AMcNeig
				20[30]	options for analgesia	
					discussed.	
				20[50]	1/M Diamorphine	
					5mgs & Stemetil	
					12.5mgs given.	AMcNeig.
				22[35]	VE c 3cm RP spines	
					-/	Sign illegible
				23[10]	Remifentanil 1Bag	
					given epidural	Sign illegible.
				01[06]	SVD live male infant	
					3rd stage complicated by PPH	Sign illegible.

1003820107

MIDWIFERY CARE PLAN (MOTHER)

NAME: ..... MCLEAN
YVONNE M
7D LESLIE CT
PERTH

PH1 2TB

F

UNIT NUMBER: 14249

BM REILLY

USE BLACK PEN

POST NATAL OBSERVATIONS

Ward/Clinic/ Hos .....

Surname ..... MCLEAN
First Name ..... YVONNE M
Address ..... 7D LESLIE CT PERTH
..... F
G.P. & Address (PH1 2TB

1003820107 C.H.I. No.
..... Cons.
..... M. State
..... Sex
USE BLOCK LETTERS OR PATIENT LABEL

14249 BM REILLY

ORIENTATION TO WARD
INTRO TO STAFF — BUZZER — BIDET — SMOKING
INTRO TO NEIGHBOURS — W/C SHOWER — DAYROOM/PHONE — VISITORS

Date	11.5.02 0900	110502	120502	130502	140502	15.5.02	16.5.02	17.5.02
Day		*	1	2	3	4	5	6
Emotional and Physical Wellbeing	tired	Tired	Better	fine Slight tired	Sl. Tired.	Tired.	Tired / weepy	better.
Sleep	little	needs some.	fair.	some.	Some sleep	Better sleep.	disturbed	better
Appetite/Diet	good	light	Normal	good.	Normal	picky knocking	picky	sl better
Breasts	SUBS	soft	Comfortable	filling	FILLING	Filling.	tender	✓
Nipples	N/A	inverted	"	intact.	-	intact - cracked/given		
Fundus	Firm 2/1	firm central	firm/central	firm/central	FIRM.	c/w	c/p	involuted
Lochia	rubra	red mod.	Red/loss	Pink/ scant.	Settling.	pinkers	minimal.	minimal
Perineum/Sutures	SUBS		Sutures.	Strong.	Sl. Strong.	sl sore c/w healing well	sl nippy	improved
Abdominal Wound	/			/				
Drains	/		/	/				
Clips/Sutures	/			/				
Legs	NAD		NAD	NAD.		NAD	NAD	NAD
Bowels	NBO		BNO	BO x1 ✓	BNO	BO	BO slayed	BO improved
Micturition	PU		PU.	PU ✓	PU.	PU	PU	PU
Fluid Balance								
Hb				Hb ✓ 10.6.				
Temperature				/				
Pulse				/				
B.P.				/				
Preparation for home Medical Social Worker Discharge Prescription				Discharge Check.		Rest as before 2 stairs.		
Midwife's Signature	RLeck	Bmaag	Bmaag	Bmaag	CMelay	JM	B Moffat	B Moffat

THR MP 519

Date	19.5.02-	21.05.02					
Day	8	10					
Emotional and Physical Wellbeing	well	well					
Sleep	Fairly well.	reasonable.					
Appetite/Diet	Poor to begin to ~~with~~ ~~soft~~	normal.					
Breasts	✓	✓					
Nipples	✓	✓					
Fundus	well involuted	N/P					
Lochia	scant.	Loss					
Perineum/Sutures	✓						
Abdominal Wound							
Drains							
Clips/Sutures							
Legs	NAD	NAD					
Bowels	BO - Sluggish.	BO					
Micturition	PU	PU					
Fluid Balance							
Hb							
Temperature							
Pulse							
B.P.		P Heslop					
Preparation for home Medical Social Worker Discharge Prescription	K.P. Mitchell						
Midwife's Signature							

ANTE NATAL OBSERVATIONS

Hosp. ..... Cons.

1003820107 C.H.I. No.

Surname ..... MCLEAN

First Name ... YVONNE M

Address ..... 7D LESLIE CT

PERTH 14249 M. State

F Sex

G.P. & Address (G PH1 2TB BM REILLY

USE BLOCK LETTERS OR PATIENT LABEL

ORIENTATION TO WARD			
INTRO TO STAFF	BUZZER	BIDET	SMOKING
INTRO TO NEIGHBOURS	W/C SHOWER	DAYROOM/PHONE	VISITORS

Date	1-4-02.	2-4-02.	10.5.02.			
Gestation	34⁴.	34+5.	40/7.			
Reason for Admission	Vomiting.	Vomiting.	Early labour			
Emotional and Physical Wellbeing	lethargic	better	Fair.			
Sleep	Tired.	good.	Interrupted			
Appetite/Diet	minimal	improving	Poor.			
Parentcraft Needs		—	—			
Breast/Nipples		—	—			
Fundal Height	=34.	=dates.	Term.			
Abdominal Examination	ceph free.	Ceph/free	Ceph. eng.			
Foetal Heart	FHH.	FHH (145)	140			
Foetal Movements	fmf.	FMF.	fmf.			
Bowels		BNO	BNO.			
Weight	—	—	—			
C.T.G.	reactive.	Satisfactory	Reactive.			
P.V. Loss	nil.	nil.	Mucic.			
Oedema	nil.	nil.	nil.			
Urinalysis	NAD.	NAD.	tr protein			
Temperature	36·4.	359.	36			
Pulse	76.	69.	80			
B.P.	118/84.	100/75	120/70.			
Investigations						
Midwife's Signature		DMacdonald SIM.	DMcAveig			

THB MR 517

Date							
Gestation							
Reason for Admission							
Emotional and Physical Wellbeing							
Sleep							
Appetite/Diet							
Parentcraft Needs							
Breast/Nipples							
Fundal Height							
Abdominal Examination							
Foetal Heart							
Foetal Movements							
Bowels							
Weight							
C.T.G.							
P.V. Loss							
Oedema							
Urinalysis							
Temperature							
Pulse							
B.P.							
Investigations							
Midwife's Signature							

DATE & TIME	PROBLEM/NEEDS	MIDWIFERY CARE	FULL SIGNATURE	DATE & TIME	REASSESSMENT	FULL SIGNATURE
110502	Prim Bottle feeding	°Admitted to ward °Perform daily P.N. check inform Dr's of any deviations from normal. °Give regular analgesics as prescribed °Give advice on perineal care. eg use of bucket °Give info + support re all aspects of infant care and feeding.	S Jordan S/M S Jordan S/M	11/05/02	slight stinging when pee (veg grazes) Advised re-use of boiler	R Kerr
				13/5/02 0900	Discharge check performed, no obvious problems today. Hb checked. 10.6gm/dl. Requesting home PIW CM - happy with this. DIW Linda (Yvonne's sister) linda happy with this. To dlw Pands re baby. Tenderness improved when active. Home on paracetamol & Pinton. Discharged SM.	
12/05/02	Anaemia.	- Check Hbs ATA 2/3 -	AM Craig			

MIDWIFERY CARE PLAN (MOTHER)

1003820107

NAME: ..... MCLEAN
YVONNE M
7D LESLIE CT
UNIT NUMBER: ..... PERTH
PH1 2TB

..... F .....

14249

BM REILLY

USE BLACK PEN

DATE & TIME	PROBLEM/NEEDS	MIDWIFERY CARE	FULL SIGNATURE	DATE & TIME	REASSESSMENT	FULL SIGNATURE

MIDWIFERY CARE PLAN (MOTHER)

NAME: .....

UNIT NUMBER: .....

USE BLACK PEN

BABY OBSERVATIONS

Ward/Clinic/Hos ...

~~10038201~~ DR MacGREGOR / ... Cons.

Surname ... MCLEAN

First Name ... ~~YVONNE~~ BABY 110502 C.H.I. No.

Address ... 7D LESLIE CT

PERTH ... M. State

PH1 2TB KYLE ... Sex

G.P. & Addre ... BM REILLY

USE BLOCK LETTERS OR PATIENT LABEL

Date	110502	120502	130502	140502.	15.502	16-5-02.	17-5-02
Day	*	1	2	3	4.	5	6
Name Bands	x1	X2 + Tag	x2 tag				
Cord	on	on	ON	ON clamp off	on.	ON	ON
Eyes		cl	Cl	CL	cl.	cl	cl slshaky
Mouth		cl.	Cl	CL.	cl.	cl	Cl
Skin		Intact	Pathonic intact dry				
Jaundice		NO	NO.	NO.	—		
S.B.R.		—	—				
Colour of Stool		changing 5	5 changing 4	Green-Yellow PU	yellow PU	Yellow PU	Yellow PU
Micturition							
Type of Feeding	C+C	C+C	C+C.	C+C.	C+C.	C+C - 30z	C+C 3-40z
Temperature		36⁸	36⁸	Warm.	~~36.5~~ warm		
Weight	2610g.	2580g ↓30	2580 =		2610 ↑30g		
O.F.C.		32.4 cms.					
Length		49cm.					Gutherie
Guthrie Test				Taking 1-2oz	feeding		
Demonstration Bath				SL Slow	well latch	Syg of regs	
Supervised Bath				at times		feeding	using
Cot Care Demo.						over day.	Dermox
Nappy Change Demo.						bath pm	
Terry Nappy Demo.							
Bottle Feed Demo.						Keep to use	
Follow-up Appointment	IM Vit K given					Infacol 3 qp.	
Midwife's Signature		BMacreg.	BMacGregor Sm	CMellay	JFG	B Moffat	B Moffat

THB MR 520

Date	19.5.02	21.05.02	23.5.02				
Day	3	10	12.				
Name Bands		—					
Cord	On	on	Off				
Eyes	clear	clear	clear				
Mouth	Thrush	clear	Thrush clearing				
Skin	Grey	1/Dry	Seborrheic rash on face rest of skin slightly dry				
Jaundice		—					
S.B.R.		—					
Colour of Stool	✓	yellow	✓				
Micturition	✓	✓	✓				
Type of Feeding	bottle	C+C	B+B.				
Temperature		—	190				
Weight		2800gms					
O.F.C.							
Length	Taking approx 15-2cm		Taking approx 2cm				
Guthrie Test	Been taken from heel.	Done already	reg.				
Demonstration Bath	Overnight re admission to Ward	—					
Supervised Bath		Taking this well	Taken this for mouth				
Cot Care Demo.	Rx for Nystatin oral						
Nappy Change Demo.							
Terry Nappy Demo.							
Bottle Feed Demo.							
Follow-up Appointment	C/S Mitchell		C/S Mitchell				
Midwife's Signature							

DATE & TIME	PROBLEM/NEEDS	MIDWIFERY CARE	FULL SIGNATURE	DATE & TIME	REASSESSMENT	FULL SIGNATURE
					WRITTEN RETROSPECT	
110502	Below 3rd Centile	• Ensure temp care follow protocol • Bath when appropriate • Inform Drs of any deviations from normal • Perform daily hip checks		110502	BBA on L/W.	
					36 on admission →	
					SCBU warmed	
					TBG 2.2. Fed well	
				0730	pre feed 1.72	
					LBW 3075	
				0900	post feed 2.41	
				0900	LBW 10 ml/kg	
				1015	TBG 3.2	
					Dressed + unpacked	
					will try 2 0 feed	
					next feed 4 5 ea	
					hai TBG is	@Lenver
					T 36.9	
				1215	post Feed 3.4	
					Dressed & SCBU	

Skf -

MIDWIFERY CARE PLAN (BABY)

NAME: BABY MCLEAN

UNIT NUMBER: 110502

USE BLACK PEN

DATE & TIME	PROBLEM/NEEDS	MIDWIFERY CARE	FULL SIGNATURE	DATE & TIME	REASSESSMENT	FULL SIGNATURE
					to have a 2 hrly	
					Fed @ 1330hrs	
					offered TBG 1500	
				11/5/02	+ then ? → 3° + Ctg	RLong
				1500	Not maintaining	
					TBGs - N/G Tube	
					passed - to have	
					2° Feeds of	
					Nutriprem overnight	
				1930	Temp 37'	
					TBGs Satisfactory	AMcNeig
				12/5/02 0830	TBGs Satisfactory overnight - discontinued	AMcNeig
					For 3° bottle feeds	
					of Ctg · Temp 36.7	AMcNeig
					Bathed + Checked	
					- NAD -	AMcNeig

MIDWIFERY CARE PLAN (BABY)

NAME: .....

UNIT NUMBER: .....

USE BLACK PEN

ATE & TIME	PROBLEM/NEEDS	MIDWIFERY CARE	FULL SIGNATURE	DATE & TIME	REASSESSMENT	FULL SIGNATURE
2-15/02	Hypoglycaemia	See above	DMacDonald	12/5/02	Random TBG 3.39 mmol/lt.	
				1900	Feeding well T 36.9.	DMacDonald
				13/5/02.	Feeding well.	
				1000	Maintaining temp, NO problems.	
					No jaundice.	
					Wt Static today to DIW Paeds Le	
					going home & flu.	DMacDonald SIM.
				1200	DIW Paeds home	
					with mother. Community midwife	
					to record wt & observe jaundiced	
					Home later	DMacDonald
					No follow up required unless	SIM.
					community midwife concerned.	

Baby McLean 11.5.02

ID 00000
Bilirubin mmol/
Sun 12/05/02

MIDWIFERY CARE PLAN (BABY)

NAME: Baby Maclean

UNIT NUMBER: 11.05.02

TIME	PROBLEM/NEEDS	MIDWIFERY CARE	FULL SIGNATURE	DATE & TIME	REASSESSMENT	FULL SIGNATURE

MIDWIFERY CARE PLAN (BABY)

NAME: .....

UNIT NUMBER: .....

ACK PEN

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: **D.O.B.:**

WARD:
ADMISSION DATE:

JAMIESON 1003820107
YVONNE
1F MENZIES COURT
FAIRFIELD AVENUE
PERTH
PH1 2TD

ALASDAIR DUTTON

DATE:		16/0		17	
TIME:		09	22	6	
RESP. RATE	36+				36+
	31 - 35				31 - 35
	21-30				21-30
	9 - 20	✓	✓	✓	9 - 20
	≤ 8				≤ 8
SpO_2	93+		98	99	93+
	90 - 92				90 - 92
	85 - 89				85 - 89
	< 85				< 85
Inspired O_2%	%				%
TEMP	39°				39°
	38°				38°
	37°				37°
	36°				36°
	35°				35°
	34°				34°
SEWS SCORE uses Systolic BP	210				210
	200				200
	190				190
	180				180
	170				170
	160				160
	150				150
	140				140
	130				130
BLOOD PRESSURE	120	113			120
	110				110
	100				100
	90				90
	80				80
	70	74			70
	60				60
	50				50
HEART RATE	> 170				> 170
	160				160
	150				150
	140				140
	130				130
	120				120
	110				110
	100				100
	90				90
	80				80
	70				70
	60				60
	50				50
	40				40
	30				30
NEURO RESPONSE	Alert	✓	✓	✓	Alert
	Verbal				Verbal
	Pain				Pain
	Unresp				Unresp
UO < 30mls/hr (3hrs+)					UO < 30
SEWS SCORE (with all obs)		0	0	0	SEWS
BG					BG
PAIN (guidance for scoring and management overleaf)	3				3
	2				2
	1				1
	0				0
NAUSEA SCORE (0-3)					NAUSEA SCORE
Initial		WR			Initial

Staff should use SBAR in all communications relating to clinical matters.

Definition
- **S ituation**
- **B ackground**
- **A ssessment**
- **R ecommendations**

Early Warning Score 4 or more or new red risk
or **concern with a patients condition**

▼

Inform Nurse in Charge Immediately
Establish Urgency of Clinical Situation
Initiate Treatment/Intervention

▼

Nurse in Charge unable to initiate Treatment/Intervention

▼

Determine level of clinician required
Contact Clinician/ HAN Practitioner
State the appropriate response time
based on urgency of clinical situation

▼

Clinician/HAN Practitioner unable to provide
Review/Treatment within required response time
or Patient Deteriorating

▼

Early Warning Score 6 or more
or **rapidly deteriorating patient**

▼

Call appropriate Registrar for immediate review

▼

Patient re-assessed and
treatment initiated

NO →

Registrar unable to
attend immediately
or SEWS increases by 2 or more

▼

Patients clinical condition/score improves

NO →

Call appropriate Consultant.
Consider ICU
referral/review of treatment plan

▼

Continue treatment and
SEWS scoring as required

Pain Assessment & Management Guidelines

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

THBMR-149

NHS Tayside

SBAR Record

Date	Time	Situation / Background	Recommendation / Action	Initials

Management Plan / Local Exclusions

Date	Management of SEWS Observations	Signed

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION / RECORD START DATE 16/12/05

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward: PRI GYNAE	**Patient Name:** YVONNE JAMIESON
Consultant: GORDON.	**CHI number:** 1003820107
On admission: **Weight:** **Height:**	**Date of Birth:**
	(Attach printed label here)

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By

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	

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.

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						

AS REQUIRED THERAPY

Medicine / Form: CYCLIZINE		Date	15/12/18	17.12.18							
		Time	12.30	0830							
Dose & Frequency: 50mg PRN	Route: PO	Dose	50mg	50mg							
		Initials	MC	AW							
Signature	Start Date: 16/12/18	Date									
		Time									
Indication / Notes: N/V	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									

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									

REGULAR THERAPY

Date →
Time ↓

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
22

Medicine / Form
Dose | Route
Signature | Start Date
Pharmacy

6
8
12
14
18
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
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Anaesthetist requested omission
13. Other .....
14. Other .....
15. Other .....

General Comments

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		

Personal details

Ethnic group

Current religion or faith

Language used at home

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

Cultural requirements/details on the above

Occupation

Health and safety advice needed No ☐ Yes ☐

Maternity benefits advice needed No ☐ Yes ☐

Details on the above

Social circumstances/family support

Referrals

/ / To

/ / To

/ / To

Key professionals

Named midwife

Midwifery team

Base

✆

Obstetrician

Clinic

✆

Health Visitor

Base

✆

Social Worker

Base

✆

Health status

Specific dietary needs No ☐ Yes ☐

Smoking status

At risk of passive smoking No ☐ Yes ☐

Problem drug/alcohol use No ☐ Yes ☐

Details of any of the above

Domestic abuse

Seen alone at booking No ☐ Yes ☐

Routine enquiry question asked No ☐ Yes ☐

Abuse disclosed No ☐ Yes ☐

Current ☐ Past ☐

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

Comments

Child protection

Issue raised on / /

Comments

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

General Practitioner

Base

✆

Practice code

Other

Designation

Base

✆

Other

Designation

Base

✆

Screening and blood tests

Name of test	Result	Date	Comments

Planned type of antenatal care/place of birth

Lead professional

Designation

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

Reason

Signed

Booking completed by Print Designation

Date / / Gestation weeks Location

Date	Gestation	BP	Urinalysis	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry				

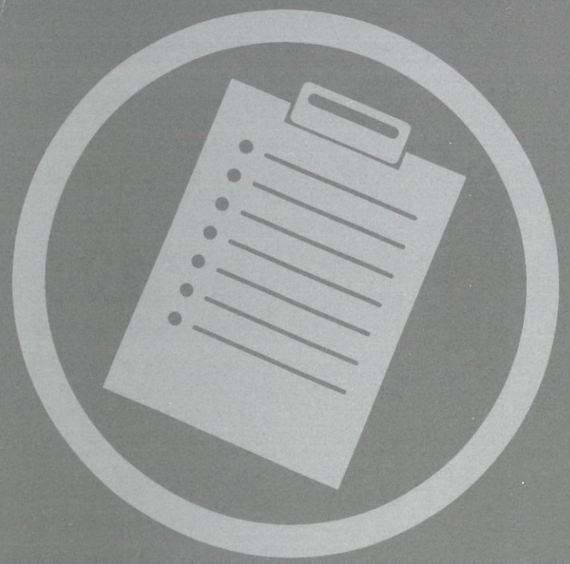
NHS
SCOTLAND

Pregnancy Record

Confidential

PLEASE USE BLACK INK





After Booking, do these notes require Obstetric review? YES/NO
MW.....Sign.....Date.....

Obs.....Sign.....Date.....

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

SWHMR developed by the Practice Development Unit of NHS Quality Improvement Scotland

This is your Pregnancy Record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to carry your record during your pregnancy, as this will help communication between you and your maternity care team.

Some women may prefer not to carry their Pregnancy Record. If you do not want to carry your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice.

Please keep your Pregnancy Record safe, confidential and protect it from damage. If you lose your Pregnancy Record, please contact your midwife or maternity unit as soon as possible.

Please remember to take your record with you to all health appointments during your pregnancy. For example, whenever you see your midwife, GP, obstetrician, physiotherapist or when you go for an ultrasound scan. Nearer the time when your baby is due, you may want to carry your Pregnancy Record with you when you go out and about.

You can write in your Pregnancy Record where you see this symbol: ✍

Your Pregnancy Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care. (There may be a small charge for this.)

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Protecting Personal Information'. This is available from your midwife, GP practice or on-line at http://www.show.scot.nhs.uk/confidentiality (see under 'patient guidance').

Help and advice

Please use the following services

✆ ..... ✆ .....

Contact details

Maternity unit .....

✆ .....

✆ .....

Named Midwife: Chris Field
Midwife Team: Arbroath
Base: Midwife Unit Arbroath
Tel: 01241 822537

Antenatal clinic .....

✆ .....

Delivery suite .....

✆ .....

Ultrasound department .....

✆ .....

Health Visitor .....

Base .....

✆ .....

General Practitioner .....

Address .....

.....

✆ ..... Practice code .....

Obstetrician .....

Base .....

✆ .....

Domestic Abuse Helpline (10am-10pm, 7days a week) 0800 027 1234
Scottish Women's Aid 0131 226 6606

Local information

.g. antenatal clinic times, breastfeeding support groups

Antenatal Classes
Offered ☐ Accepted ☐ Declined ☐
Breast Feeding Workshop
Offered ☐ Accepted ☐ Declined ☐
Your class starts:
Place:
Date:
Time:
For more information: tel 01241 822537

.....

.....

.....

rnity staff who care for you. If you have any concerns or preferences about this, please speak to your midwife.

Important information

Surname/ family name

First name(s)

Previous surname

Likes to be called

Date of birth

Your address

Postcode

Home ✆

Other ✆

Occupation

Change of address/phone details

Postcode

Home ✆

Other ✆

Planned place of birth and lead professional

Affix label here or complete by hand

Unit no
CHI

JAMIESON 1003820107
YVONNE F
3 WOODLEY CARAVAN PARK
ARBROATH
DD11 2QJ

ARBROATH MEDICAL CENTRE, 7 HILL PLACE

Name

Occupation

Relationship to you

Partner's date of birth

Address

Postcode

Home ✆

Other ✆

Your partner/supporter ☐ **Alternative person:**

Name

Relationship to you

Address

Postcode

Home ✆

Other ✆

When is your baby due? Your "Estimated Date of Delivery" or EDD

This information is used to work out when your baby is due. This is called your estimated date of delivery (EDD). It is helpful to think of your EDD as a 'rough guide'. Most babies are born during the fortnight before, or the fortnight after your EDD.

Date of the first day of bleeding of your last menstrual period (LMP)? 21 3 10.

Agreed EDD

Comments/details

How sure are you of this date? ☐ sure ☐ fairly sure ☐ not sure

Average number of days between the first day of each period (monthly cycle)

Have you had any vaginal bleeding since your last menstrual period? ☐ No ☐ Yes

Had you been using any contraception? ☐ No ☐ Yes

Type

Date stopped

Provisional EDD based on LMP and monthly cycle 27 12 10.

EDD using dating scan

Agreed by

Date of history taking appointment

History taken by

Your previous pregnancies

Is current pregnancy with a new partner No ☐ Yes ☐ Para +

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

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Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Early Pregnancy Losses (less than 20 weeks)

Year	Gestation	Nature of loss	Comments

Your previous pregnancies

Is current pregnancy with a new partner No ☐ Yes ☐ Para +

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name | Boy ☐ Girl ☐ | Date of birth | Birthweight (g) | Gestation | Type of birth | Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Early Pregnancy Losses (less than 20 weeks)

Year	Gestation	Nature of loss	Comments

Your health Have you ever had, or do you currently have any of the following

Allergies - Please document in special features

	No	Yes	Details
Operations			
Problems with anaesthetics			
Admission(s) to intensive care			
Difficulties accessing your veins			
Asthma or lung problems			
High blood pressure			
Heart problems			
Diabetes/thyroid disorders			
Epilepsy/neurological problems			
Blood transfusions			
Blood clots/clotting problems			
Kidney or urinary problems			
Liver problems or hepatitis			
Gastro-intestinal disorders			
Problems with fertility or your reproductive system			
Vaginal infections			
Did you have chicken pox as a child?			
Genetic disorder			
Cancer of any kind			
Problems with bones or joints			
Is there anything else about your health which you feel is important for your care providers to know?			

Family health Does anyone in your immediate family or your baby's father's immediate family, have a history of the following

	No	Yes	Don't know	Details
Asthma or allergies				
Diabetes				
Genetic disorders/attending a genetics clinic				
Pre-eclampsia				
Blood clots (thrombosis)				
Recent/active Tuberculosis (TB)				
Hip problems detected at birth or shortly afterwards				
Abnormalities present at birth				
Learning disabilities				
Permanent hearing loss				
Are you and your baby's father blood relatives?				

Ethnic Origin (if mixed, tick more than one box)

How do you describe your ethnic group

The term ethnic origin is to describe where your family originates from, as distinct from where you were born. This information will help us to decide which blood screening tests you should be offered and whether your baby may need a BCG (TB) vaccination.

	You	Baby's father
Africa		
North Africa (eg Morocco, Algeria)		
Sub-Sahara (eg Somalia, Kenya, Nigeria)		
Other:		
Asia		
India		
Pakistan		
Bangladesh		
China		
Far East Asia - Other (eg Japan, Korea)		
South East Asia (eg Malaysia, Thailand, Philippines)		
Other:		
Caribbean (eg Jamaica, Trinidad and Tobago, Cuba)		
North America (eg USA, Canada)		
South America (eg Brazil, Argentina)		

	You	Baby's father
Europe		
Britain (England, Scotland & Wales)		
Ireland (incl Northern Ireland, Eire)		
Northern Europe (eg Denmark, Norway, Sweden)		
Western Europe (eg France, Germany, Netherlands)		
Eastern Europe (eg Balkans, Poland, Russia)		
Southern Europe (eg Cyprus, Greece, Italy, Spain, Turkey)		
Other:		
Middle East (eg Egypt, Israel, Syria, Yemen)		
Other:		
Declined to give information		
Australasia (New Zealand, Australia)		

What language do you usually use at home?

Do you need help with interpreting, communicating? No ☐ Yes ☐

Details

What is your current religion or faith, if any?

Is blood transfusion acceptable to you? No ☐ Yes ☐

Details

Female circumcision No ☐ Yes ☐

Details

Is there any other information that you feel is important for your maternity care? For example your beliefs, social conventions and customs, family structure, ceremonies, dress or diet? No ☐ Yes ☐

Details

Are you a refugee or an asylum seeker? No ☐ Yes ☐

Details

For health information for refugees or asylum seekers visit www.harpweb.org.uk

TB risk questions

	No	Yes
Has either parent or any grandparents been born in a high prevalence area (40 per 100,000)?		
Details		
Has a family member had TB within the last 5 years?		
Details		
Is family likely to live for more than 1 month in a high prevalence area?		
Details		
Has either parent moved from a high prevalence area and not been immunised?		
Details		
Baby requires BCG		
Details		

- If yes to any of these questions please document need for neonatal BCG on the baby's special features box and on the baby record
- For list of countries and areas with TB rates of >40 per 100,000 see www.who.int

Other health related questions

	No	Yes	Details, information given and referrals
Have you been taking folic acid?	☐	☐	Started ☐ Pre-conception ☐ Before 12 weeks ☐ After 12 weeks Dose of folic acid ☐ 400mcg ☐ 5mg
Date of your last cervical smear (month/year)			Result Next smear due
Have you ever been referred for colposcopy?	☐	☐	Treatment
Your body mass index (BMI) (weight [kg]/height [m]^2)			Weight at booking kg Height m (Document BMI on special features page)
Do you have any special dietary needs?	☐	☐	
Do you go to the dentist regularly?	☐	☐	
Are there any health and safety issues related to your work?	☐	☐	
How many units of alcohol did you drink each week before you became pegnant?			Have the risks of drinking alcohol in pregnancy been explained to you? ☐ No ☐ Yes One unit of alcohol = half a pint of 3.5% beer or lager or one 25ml measure of spirits. One small (125ml) glass of average strength (12% wine) contains 1.5 units.
How many units of alcohol a week are you drinking now?			
Referral for advice on reducing drinking	☐	☐	
Have you smoked cigarettes in the past 12 months prior to pregnancy?	☐	☐	Do you smoke now? ☐ ☐ Current smokers: cigarettes smoked per day
Former smokers: date stopped			Are you exposed to cigarette smoking at home? ☐ ☐ Have the risks of smoking in pregnancy been explained to you? ☐ No ☐ Yes
Have you been offered advice on how to stop smoking?	☐	☐	**Details, information given and referrals**
Referral made to smoking cessation service	☐	☐	
Have you ever used any street drugs, gas or glue?	☐	☐	Substances used
If yes, are you currently using any street drugs, gas or glue?	☐	☐	
Have you ever injected drugs?	☐	☐	
Does your current partner use any street drugs, gas or glue?	☐	☐	
Referral for advice on substance abuse	☐	☐	

Other involved professionals
(smoking cessation advisor, substance misuse team, dietician etc)

Name Name

Contact no. ✆ Contact no. ✆

Address Address

Medication

Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently? ☐ No ☐ Yes

Are you taking any 'over the counter' preparations or medications not prescribed to you? (If yes, include indications) ☐ ☐

Details

Prescribed medication	Dose	Frequency	Route	Duration
levothyroxine	100mcg	Daily	oral	
folic Acid	5mg	Daily	oral	
Aspirin	75mg	Daily	oral	
Co-Codamol	8/500			

Your mental health

	No	Yes
1. Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness? Details	☐	☐
2. Have you ever had any problems in the past or currently with depression, panic or anxiety?	☐	☐
3. Do you have a history of bipolar disorder (manic depression), puerperal psychosis, schizophrenia or other serious mental illness?	☐	☐
4. If "yes" to questions two or three then:		
Have you ever been admitted to hospital for treatment of a mental illness or treated by a psychiatrist or mental health team?		
Details		
Are any of the problems on-going at the moment?	☐	☐
Details		
Are you getting any help with the problems at the moment?	☐	☐
Details		

Referral needed ☐ No ☐ Yes Details

Home circumstances and support needs

	No	Yes
Are you still in school?	☐	☐
Are you living in or leaving looked after care services?	☐	☐
Do you feel that you have someone to support you through your pregnancy?	☐	☐
Are you in temporary housing?	☐	☐
Do you need further advice on finances, benefits or housing issues?	☐	☐
If you have other children do they live with you?	☐	☐
If no, who looks after them?		
Have you ever needed social work assistance?	☐	✓
Do you have difficulty with reading?	☐	☐
Do you have any difficulties with filling in forms or writing letters?	☐	☐
Do you have any disabilities?	☐	☐
Details		

Referal needed ☐ No ☐ Yes Details

Other support and professionals

Name of social worker Name of of mental health team/nurse/psychiatrist

Contact no. ✆ Contact no. ✆

Address Address

Other involved workers
(family support, learning support worker, guidance teacher etc)

Special Features

See maternity summary record ✓

Name Yvonne Jamieson.

Age 28. Parity

Agreed EDD

Blood group

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies

BMI Smoker No ☐ Yes ☐

Pregnancy	
Special features	**Plans for care**

Consent for blood and other tests offered in pregnancy (Blood Group, Full Blood Count & Infectious Diseases)

I have received the information leaflet *'A Guide to Routine Blood Tests Offered During Pregnancy'* and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

☐ **I wish** ☐ **I do not wish** to be tested for Blood Group

☐ **I wish** ☐ **I do not wish** to be tested for Full Blood Count

☐ **I wish** ☐ **I do not wish** to be tested for Rubella status

☐ **I wish** ☐ **I do not wish** to be tested for Syphilis

☐ **I wish** ☐ **I do not wish** to be tested for Hepatitis B

☐ **I wish** ☐ **I do not wish** to be tested for HIV

☐ **I wish** ☐ **I do not wish** to be tested for Haemoglobinopathies

☐ **I wish** ☐ **I do not wish** to be tested for Chlamydia (aged under 25 years)

☐ **I wish** ☐ **I do not wish** to be tested for blood glucose levels

☐ **I wish** ☐ **I do not wish** to be tested for

☐ **I wish** ☐ **I do not wish** to be tested for

Signature: **Date**

Witness: **(Health professional)**

(Please sign and print name)

Designation: **Date**

Signature: **Date**

Blood tests and other tests

During your pregnancy you will be offered several blood tests to check on your health and your baby's health. Your midwife will give you information leaflets on many of these tests. Maternity care staff will discuss all the blood tests with you. When you are sure that you understand about the tests, you will be asked if you want to have them done or not, and your wishes will be followed. For some of the blood tests you will be asked to sign a consent form.

Maternity care staff will tell you how to find out the results of any tests that you have. They will also organise any follow up care that may be needed.

Results should be filed between the 'your notes and questions pages' near the back of the notes so that they do not obscure the 'Special Features' boxes. Computer print outs can be hole punched and tagged into the record or the 'mount sheet' can be used for smaller results.

Test	Gestation when test due	Date taken indicate if declined	Results/Action
Blood Group			
Full Blood Count			
Rubella status			
Syphillis			
Hepatitis B			
HIV			
Screening for ☐ Spina Bifida ☐ Down's Syndrome			
Antibody check			
Random blood glucose			
Haemoglobinopathy - sickle cell and thalassaemia			
Chlamydia (if under 25)			
Mid stream urine specimen for bacteriology			
Other			

If you have Rhesus Negative blood

This section ☐ does not apply to you ☐ applies to you

Your blood is Rhesus Negative. You will be offered 'Anti-D' to prevent any problems developing.

Discussions/plans Signed

Prophylactic 'Anti-D' given 28 weeks Dose Signed Date given

Prophylactic 'Anti-D' given 34 weeks Dose Signed Date given

During your pregnancy you will be offered several tests to check on your baby's health. These include ultrasound scans and may include blood tests to screen for risk of fetal abnormalities including Down's Syndrome and Spina Bifida.

Your local maternity team will explain what ultrasound scans will be offered to you and you will be asked to complete the appropriate consent for these tests.

The ultrasound scans you are likely to be offered by your local maternity services are:

☐ Dating scan ☐ Nuchal translucency scan 11-13 weeks ☐ Detailed scan at weeks

☐ Growth scan as required ☐ Placental site scan as required ☐ Other

Consent for screening tests offered in pregnancy (Down's Syndrome and Neural tube defects)

I have received the information leaflet 'A Guide to the Screening Test for neural tube defects and Down's Syndrome' and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

☐ I wish ☐ I do not wish to be screened for the risk of Neural tube defects

☐ I wish ☐ I do not wish to be screened for the risk of Down's Syndrome

Signature: Date

Witness: (Health professional)

(Please sign and print name)

Designation: Date

	Discussed (or note if mother declined discussion)	Signed	Date
Benefits of breastfeeding to the baby (protects against gastro-enteritis and diarrhoea, urinary tract infections, ear infections and chest infections; may also protect against allergies and diabetes)	☐		
Benefits of breastfeeding to the mother (protects against breast cancer, ovarian cancer and hip fractures in later life)			
No other food or drink needed (for up to 6 months)	☐		
Importance of skin-to-skin contact after delivery (keeps baby warm and calm, promotes bonding, helps breastfeeding)			
Importance of good positioning and attachment	☐		
Getting feeding off to a good start	☐		
• Baby-led feeding	☐		
• Problems with using teats, dummies, nipple shields	☐		
• Help will be available with feeds	☐		
• Importance of rooming-in/keeping baby nearby	☐		
• Baby's sleeping place (To reduce risk of cot death, babies should sleep in parents' room until 6 months. It is safest to put your baby back in the cot before you go to sleep rather than letting them sleep with you)	☐		
Leaflets given and discussed	☐		
	☐		
	☐		
	☐		

Antenatal checklist reproduced with permission of UNICEF baby friendly initiative.

Antenatal appointments

Date	Weeks pregnant	Height of uterus (cm)	Blood pressure	Urinalysis	Oedema (swelling)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood tests taken and results

Weight in late pregnancy kg

Date / /

Please remember to complete the 'Whose signature?' section on the back cover of the pregnancy record

Other information/plans/referrals etc	Return in (weeks)	Signature

Date	Weeks pregnant	Height of uterus (cm)	Blood pressure	Urinalysis	Oedema (swelling)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood tests taken and results

Weight in late pregnancy kg

Date

Please remember to complete the 'Whose signature?' section on the back cover of the pregnancy record

Other information/plans/referrals etc	Return in (weeks)	Signature

Date

External Cephalic Version discussed and information given ☐ No ☐ Yes

External Cephalic Version offered ☐ No ☐ Yes

External Cephalic Version offer accepted ☐ No ☐ Yes

Details of ECV procedure

Record of cervical stretch and membrane sweep for postmaturity

Date / / Time Gestation

Record of discussion prior to the procedure

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Signature: Date / /

Cervical examination

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

* Relative to the ischial spines

Comments

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born

Special features	Plans for care	Notes for paediatrician

Antenatal Steriods given No ☐ Yes ☐ Date Time Details

Repeat dose Date Time Date Time

Information for you

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

Date received

Forms

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

Benefits and Entitlements

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

Blood tests in pregnancy

- 'A Guide to Routine Blood Tests Offered During Pregnancy'
- 'A Guide to the Screening Test for Spina Bifida and Down's Syndrome'

Pregnancy, babycare and breastfeeding

- 'Ready, Steady, Baby!'
- Information on wearing a car seat belt safely during pregnancy
- 'Reduce the Risk of Cot Death' www.sidscotland.org.uk
- 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby'
- 'Breastfeeding and Returning to Work' www.healthscotland.com
- 'A Parents' Guide to Newborn Blood Spot screening'
- 'Your Baby's Hearing screen'
- 'BCG and your baby' www.healthscotland.com
- 'Talking about postnatal depression' www.healthscotland.com
- 'Smoking - giving up during pregnancy: A guide for pregnant women who want to stop smoking' www.healthscotland.com

Others

-
-
-
-
-

Your ultrasound scans

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

Dating Scan

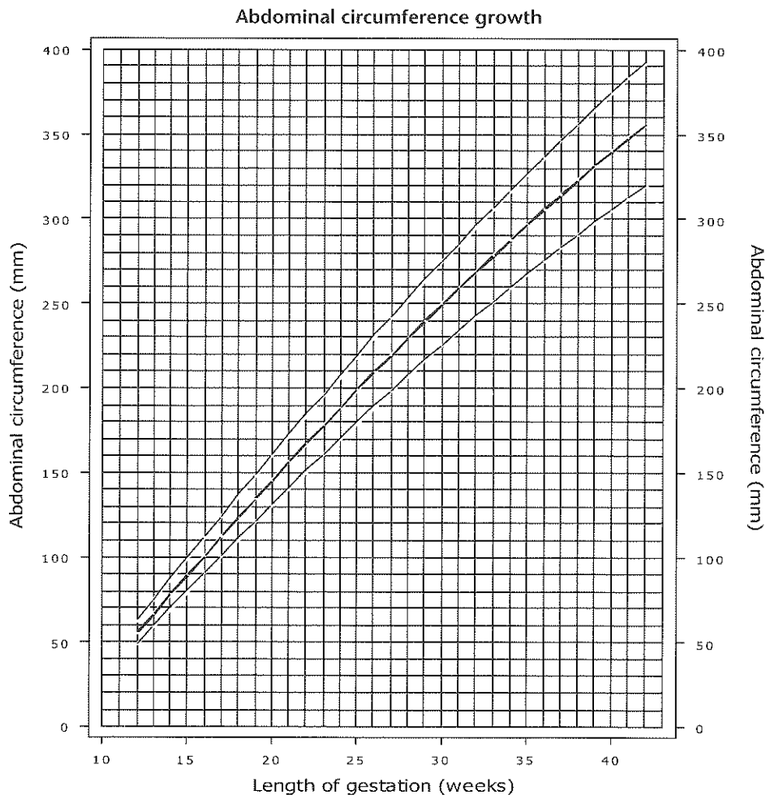
Date	Gestation	EDD by scan	Fetal heart	Signature
			No ☐ Yes ☐	
Details				

Detailed Scan

Date	Summary of findings	Signature

Other Scans

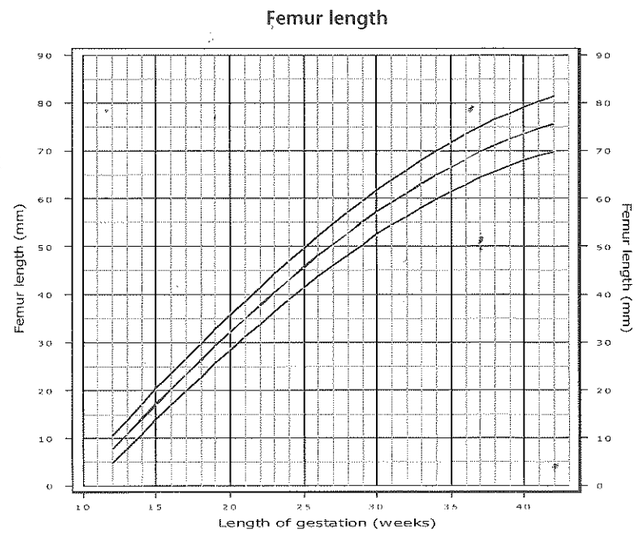
Date	Gestation	* Amniotic Fluid Index (AFI) Oligo/normal/ polyhydramnios	Growth Within Normal Limits/<5th Centile/>95th Centile	Fetal presentation (Cephalic, breech, transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature

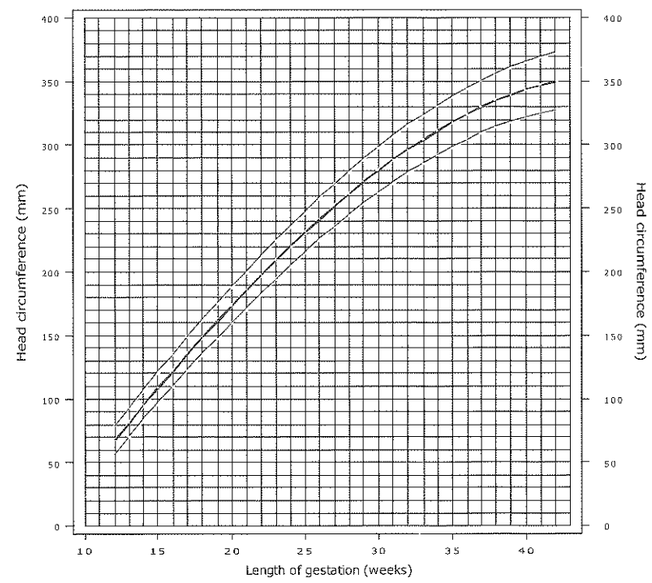


Growth charts supplied by the British Medical Ultrasound Society
(lines show 5th, 50th and 95th Centiles)

Your ultrasound scans (continued)

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





Any further notes on ultrasound scans

(Please date and sign entry and complete 'Where Specific' page at back of record)

Your preferences for labour and the birth of your baby

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

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

How do I feel about labour and birth?
What are my expectations?

Who do I want with me during labour and birth?

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

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?
e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).
Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

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

Vaginal examinations to assess my progress during labour
My feelings about these are:

How would I like to give birth?
My position for birth - kneeling, standing, squatting or sitting upright ?
Discovering the sex of my baby - do I want to find this out for myself?
Would I like my placenta to be delivered with or without an injection? (An injection often helps to reduce bleeding).

After my baby's birth
(Note: skin-to-skin contact with your baby is usually encouraged straight after birth)
Would I like my baby to have Vitamin K?

Other questions or special requirements that I have

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

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

Signature: **Date**

Preparing for birth - what to pack in your bag

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

For the birth	After the birth	
• comfortable clothes • music • snacks and drinks • toiletries • phone numbers • phone cards or change • camera •	• clothes/nightwear for you • underwear • maternity bra • sanitary towels • breast pads •	• clothes for going home • baby clothes – sleep suits, vests, scratch mits, hats and shawl • nappies •

Please note
If you are travelling by car your baby will need a properly fitted car seat for all journeys.

Plan of care for your pregnancy

This chart is used to record a plan of care for your pregnancy. Your midwife or doctor will tick the boxes to show when an appointment is due, where it will take place, and whether a blood test or ultrasound scan is planned. Details of each appointment can be written below.

If this is your first baby you will usually have 10 appointments, if you have had a baby before you will usually have 7 appointments.

Week number	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	41	42
Health centre/surgery																			
Maternity unit																			
Home																			
Blood tests																			
Ultrasound																			

Your appointments

Day	Date	Time	Where & who with	Things you want to discuss

Your antenatal care and planned place of birth

Type of antenatal care

Lead professional
Name

Role

Planned place of birth

Plans discussed & agreed
Signed

Change(s) to type of antenatal care/lead professional or planned place of birth

Reason for change(s)

Plans discussed & agreed
Signed

Change(s) to type of antenatal care/lead professional or planned place of birth

Reason for change(s)

Plans discussed & agreed
Signed

Whose signature?

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

Name (please print)	Signature	Job title

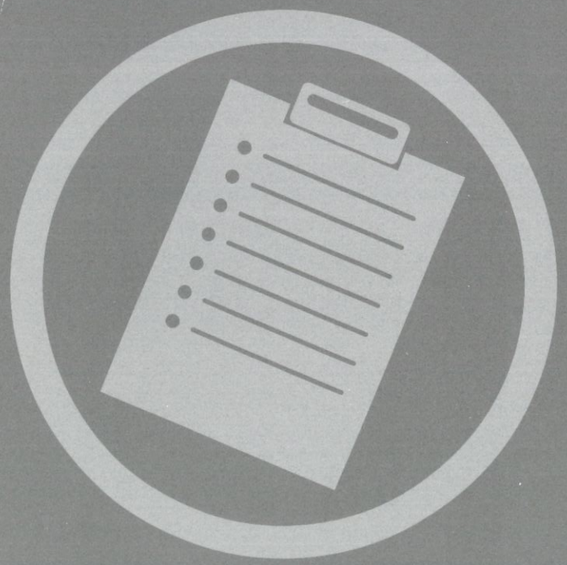
NHS
SCOTLAND

Pregnancy Record

Confidential

PLEASE USE BLACK INK

FOR INFORMATION AND SUPPORT
Arbroath Maternity
01241 822537
www.birthinangus.org.uk



After Booking, do these notes require Obstetric review? YES/NO
MW.....Sign.....Date.....

Obs.....Sign.....Date.....

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

SWHMR developed by the Practice Development Unit of NHS Quality Improvement Scotland

NHS TAYSIDE

PERINATAL MENTAL HEALTH INTEGRATED CARE PATHWAY MIDWIFERY STANDARDS

Date **GESTATION 24 – 28 weeks**

Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐

Signature _____

Written information given to mother ☐ Date of Letter to HV _____ Date Referred to Obstetrician _____

Verbal information given to mother ☐ Date of Letter to GP _____ Date Referred to Community Mental Health Service _____

Voluntary Sector (please state) _____ Other (please state) _____

Date **GESTATION 34 – 36 weeks**

Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐

Signature _____

Written information given to mother ☐ Date of Letter to HV _____ Date Referred to Obstetrician _____

Verbal information given to mother ☐ Date of Letter to GP _____ Date Referred to Community Mental Health Service _____

Voluntary Sector (please state) _____ Other (please state) _____

Date **GESTATION 38 – 41 weeks**

Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐

Signature _____

Written information given to mother ☐ Date of Letter to HV _____ Date Referred to Obstetrician _____

Verbal information given to mother ☐ Date of Letter to GP _____ Date Referred to Community Mental Health Service _____

Voluntary Sector (please state) _____ Other (please state) _____

Reason Code for Non- assessment:

1) Client did not attend

2) Client chooses not to answer question

3) Lack of appointment time

4) Other (please state)

Written information – digital CD Easy Steady Baby PND section Pg 107-109 to all primiparous women. **Previous PND or PMI risk factors identified** – Talking about PND leaflet (see PMH Website/Useful Weblinks) http://www.tayside.scot.nhs.uk/nhstayside/intranet/clinicalnetworks/perinatalmentalhealth

NHS TAYSIDE

PREGNANCY AND SMOKING RECORD - S3

Name:	JAMIESON YVONNE	1003820107 F
Post Cod	3 WOODLEY CARAVAN PARK ARBROATH	DD11 2QJ
CHI:	ARBROATH MEDICAL CENTRE, 7 HILL PLACE	

Ask woman:

1. How many cigarettes do you smoke in a day? ☐ Carbon monoxide level ☐

2. Have you tried to stop smoking in the past? Yes ☐ No ☐

If yes did you access any support services or use any nicotine replacement therapy?

Details: .....

3. Are you interested in stopping smoking? Yes ☐ No ☐

'. Are you ready to stop? Yes ☐ No ☐

Midwife to complete tick all that apply:

1. Discussed health risks of smoking in pregnancy. ☐
2. Smoking Cessation Information Pack given. ☐
3. Referral to Smoking Cessation Services. ☐ Which? .....
4. Information given re accessing NRT ☐ Where? .....
5. Information given re incentive scheme. ☐

Date:	Please discuss and document any progress and referrals at each visit:	Signature:

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
WOMEN AND CHILD HEALTH CLINICAL GROUP

PROTOCOL FOR THE MANAGEMENT OF THYROID DISORDERS IN PREGNANCY

Pregnant Hypothyroid Women on Thyroxine

Arrange early booking appointment – 10 weeks

- At booking:
  - take blood for thyroid stimulating hormone (TSH)
  - increase thyroxine in all women by 25 micrograms
  - emphasise the importance of drug compliance during pregnancy
  - if the woman has previously been hyperthyroid at any time, check Thyroid Antibodies and Thyroid Receptor Antibodies (request specifically on immunology form / yellow top bottle) and if positive make a note to inform the paediatricians of this after delivery
  - put a copy of this protocol in hand-held record
  - give woman letter (Appendix 1) and copy of protocol to take to her GP

If booking TSH is greater than 4 mu/l ask GP to increase thyroxine by a further 25 micrograms. Send letter (App 2) to the woman advising her of this

Recheck TSH every 6-8 weeks during pregnancy and if elevated:

- Check compliance
- Ask GP to increase dose of thyroxine by
  - 25 micrograms if TSH 4-7 mu/l and by
  - 50 micrograms if TSH greater than 7 mu/l

After pregnancy advise the patient to return to her pre-pregnancy dose of thyroxine

Newly diagnosed thyroid disease in pregnancy

Any woman newly diagnosed as hyper or hypo thyroid during pregnancy should be referred to the combined pregnancy medical clinic and/or discussed directly with Dr G.Leese or on-call Endocrine Registrar for specialist management.

Protocol produced and developed by Dr. G. Mires and Dr. G. Leese April 2002. Implemented November 2003.

Date: 24·12·02 **Approved by:** Gary Mires **Dr. G. Mires**

Dr. G. Leese

Review due: November 2003

DIAGNOSIS

CLIN. NOTES – REQUEST DETAIL

Previous Stillbirth at 24/40 (PIH HELLP Syndrome).

Routine Anomaly Scan.

Ward/Clinic/Hosp. AT S PC Cons.

D D M M Y Y

Surn	JAMIESON	1003820107
First	YVONNE	F
Addr	3 WOODLEY CARAVAN PARK	
	ARBROATH	DD11 2QJ

C.H.I. No.

M. State

Sex

G.P. ARBROATH MEDICAL CENTRE, 7 HILL PLACE

USE BLOCK LETTERS OR PATIENT LABEL

L.M.P. 21 03 10 CLIN. DURATION /52

PLAC SCAN		F. HEAD S.		PELV.		MULT.		RET. PROD		ABD. MASS		OTHER		SPECIAL	

REPORT

MED. OFFICER pp Plunch

THB(MR)77 **ULTRASONICS** DATE EXAM. ULTRASONICS No.

A JB EASISEAL SPECIMEN FORM. PATENT NO. 2221208 B JONES & BROOKS 01706 645088

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER

JB-27787

BIOHAZARD TEAR

NHS Tayside

QUALITY ASSURED

CHI	D	D	M	M	Y	Y				

Hospital AI Consultant / Midwifery Team PL

Surname JAMIESON
Forename YVONNE
GP
GP Address 3 WOODLEY CARAVAN PARK ARBROATH DD11 2QJ
GP Telephone ARBROATH MEDICAL CENTRE, 7 HILL PLACE

1003820107 F

Labels must be attached to both copies of request form

CLINICAL INFORMATION

Downs Blood.

HIGH RISK Y / N

Sample taken by: .....

Contact Telephone No. .....

Pregnancy Screening for Down's Syndrome and Neural Tube Defects
BIOCHEMICAL MEDICINE, NINEWELLS HOSPITAL

Laboratory use only

The following information is required for risk calculation.

Date of scan / /0

Gestation by scan ☐ weeks ☐ days *(on date of scan)*

BPD ☐ mm
or
CRL ☐ mm

Estimated delivery date / /0

Maternal weight *(current or at booking)* ☐ *kg*

Number of foetuses ☐

Has smoked during this pregnancy ☐ Y ☐ N *Please tick*

Previous Down's pregnancy ☐ Y ☐ N

Assisted Conception *(if yes, please give details)* ☐ Y ☐ N ☐ Unknown

Date of Sample Collection / /0

A JB EASISEAL SPECIMEN FORM. PATENT NO. 2221208 B — JONES & BROOKS 01706 645088

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER

THB140

JB-61695

MICROBIOLOGY

BIOHAZARD

CPA Accredited Medical Laboratory Reference No: 0221

NHS Tayside

PLEASE USE BALL POINT PEN FIRMLY

Hospital: AI | Ward: 5

Consultant / GP: PL

CHI | D

JAMIESON 1003820107
YVONNE F
3 WOODLEY CARAVAN PARK
ARBROATH DD11 2QJ

Surname

Forename

GP Address: ARBROATH MEDICAL CENTRE, 7 HILL PLACE

GP Telephone

Labels must be attached to both copies of request form

SPECIMEN TYPE: MSSU

One specimen per bag except MRSA screens, CSF, CAPD, Blood cultures.

COLLECTION DATE / / | TIME :

Phlebotomist's initials

PLEASE PRINT
Requesting Officer ..... *Page No*.....

MICROBIOLOGY

BACTERIOLOGY / VIROLOGY / SEROLOGY

LAB NUMBER

FOR AVAILABLE TESTS AND REQUIREMENTS REFER TO CLINICAL LABORATORY SERVICES USER GUIDE

RELEVANT CLINICAL DETAILS ARE **ESSENTIAL.** INCLUDE FOREIGN TRAVEL / ANTIBIOTIC THERAPY / IMMUNISATIONS (Specimens may not be processed without this information)
IMPORTANT: Length of illness or Date of onset/ contact

pregnant - booking sample

HIGH RISK: Yes / No

If High Risk please state reason e.g. blood-borne virus, CJD, TB etc. and affix red stickers
MRSA is NOT high risk in lab. Do not send if viral haemorrhagic fever - contact Microbiologist.

TESTS REQUIRED: C+S.

IF ANTIBIOTIC LEVEL - STATE WHICH:
GIVE TIME RELATIVE TO ANTIBIOTIC DOSE:

PLEASE DO NOT MARK THIS SECTION - FOR LAB. USE ONLY

Ninewells Hospital 01382 632559 / 632855 Perth Royal Infirmary 01738 473336

A JB EASISEAL SPECIMEN FORM. PATENT NO. 2221208 B

Jones & Brooks 01706 645088

SPECIMEN CORRECTLY?

HAVE YOU LABELLED THE

PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER

BLOOD TRANSFUSION

BIOHAZARD

BIOHAZARD

JB-43276a

ESBTS & Department of Transfusion Medicine

Ninewells Hospital 01382 660111 Ext 32933

NHS SCOTLAND

SHADED AREAS FOR LABORATORY USE ONLY

WARNING : REQUESTS NOT LABELLED WITH MINIMUM DATA SET (*) WILL NOT BE ACCEPTED

Lab Event Number	Previous Group	Progesa Number	

PATIENT IDENTIFICATION (PRINT CLEARLY)

D D M M Y Y CHI

DOB / CHI *

SURNAME * JAMIESON 1003820107

FORENAME * YVONNE F

PREVIOUS SURNAME 3 WOODLEY CARAVAN PARK M (F)

ARBROATH

DD11 2QJ

ADDRESS ARBROATH MEDICAL CENTRE, 7 HILL PLACE

DR Daniels

Hospital AT Ward 5

Consultant PL

GP name and address (for GP Requests only)

COPY REPORT Y / N

Sample Taken * Date Time

Requested By * - Sign

- Print

Pager / contact number * 2237

CLINICAL DETAILS *

pregnant.

Atypical Antibodies Y / N High Risk Y / N

PARITY E.D.D.

Date Anti-D Last Given

BOOKING GROUP & ANTIBODY SCREEN ✓

REPEAT GROUP & ANTIBODY SCREEN

DELIVERY GROUP & ANTIBODY SCREEN

BABY GROUP & DAT

KLEIHAUER

For Laboratory Use Only

Anti-A	Anti-B	Anti-A,B	A cells	B cells	Rh D	Rh D	D cont	Group	Signed	IAS	Auto grp	Man grp

NHS Tayside

Women and Reproductive Health

Enquiries to:
Midwifery Team leader: Lesley A Mays
Midwife Counsellor: Amanda Sullivan
01382 425621
01382 660111 Bleep 4052
01382 660111 ext 35621

Reminder date. Final date

JAMIESON 1003820107
YVONNE F
3 WOODLEY CARAVAN PARK
ARBROATH DD11 2QJ

ARBROATH MEDICAL CENTRE, 7 HILL PLACE
Dr Daniels

Pregnancy Screening for Down's syndrome and Neural Tube defects

Date of Booking scan..... **Gestation at booking scan**.....

The above patient has made the following choice at this time:

- ☐ Wishes Screening — This will be done on.....
- ☐ Unsure about Screening
- ☐ Does not wish screening
- ☐ Private NT Screening — This will be done on.....
- ☐ Amniocentesis/CVS — This will be done on.....

Multiple Pregnancy

- ☐ Wishes Screening — This will be done on.....
- ☐ Does not wish screening

Hospital .....Consultant.....

Signed.....Print Name.....

Designation.....

GPletter2009

POSITIVE ABOUT DISABLED PEOPLE

ANTE-NATAL RECORD CARD

ALL AREAS MUST BE COMPLETE

JAMIESON 1003820107
YVONNE F
3 WOODLEY CARAVAN PARK
ARBROATH
DD11 2QJ

ARBROATH MEDICAL CENTRE, 7 HILL PLACE

CONSULTANT: Lynch

_____ AM / PM

CARE: SHARED / HOSPITAL

H.V.: _____

TELEPHONE: _____ MIDWIFE: _____

DATE OF BOOKING: _____ WHERE BOOKED: A

L.M.P.: 23/3/10. E.D.C.: 27/12/10. PARENTCRAFT: _____

OCCUPATION: _____ WORKING YES/NO (Please Circle)

PREVIOUS PREGNANCIES: (WITH DATES)	LIVE F.T.	PREM
	S.B.	MISCARRIAGES

OBSTETRIC HISTORY (SIGNIFICANT FACTORS) _____

SMOKING: _____ ALCOHOL: _____ MEDICATIONS: _____ FEEDING: _____

OTHER INFORMATION: _____

ALTERNATIVE ADDRESS: _____

OBJECTIVES FOR ANTE-NATAL VISITS PAID BY FAMILY HEALTH VISITOR

	Achieved Yes	Achieved No	Date & Signature
a) Role of Health Visitor discussed			
b) Emotional changes during pregnancy			
c) Alleviation of minor disorders			
d) Diet			
e) Smoking (including passive smoking)			
f) Alcohol			
g) Any medication			
h) Exercise (including relaxation exercises)			
i) Rest			
j) Dental health			
k) Benefits available			
l) Infant feeding			
m) Safety in relation to: a) Layette			
b) Equipment			
n) Family relationships			

Women & Child Health Clinical Group
Acute Division
NHS Tayside
Maternity Unit
Arbroath Infirmary
Rosemount Road
ARBROATH
DD11 2AT
Telephone Number: 01382 660111
Fax Number: 01241 822570
www.nhstayside.scot.nhs.uk

Dr Reid
Academy Medical Centre
Academy Street
Forfar
DD8 2HA

Date 16th December 2010
Dictated 16th December 2010

Enquiries to Dr Pauline Lynch
Direct Line 01382 636082
Email paulinelynch@nhs.net

RE: Yvonne Jamieson

CHI: 1003820107

Dear Dr Reid

I believe that Yvonne has just registered with you.

Yvonne has failed to attend her appointment with myself on 2 occasions now to discuss her early delivery and subsequent death of baby Travis D.O.B. 090910, born at 28 weeks gestation.

If she should require to see me at any time in the future please reassure her that I will be more than happy to see her.

Yours sincerely

Dr Pauline Lynch
Consultant Obstetrician & Gynaecologist

ANGUS COUNCIL – SOCIAL WORK AND HEALTH

CHILD PROTECTION NETWORK MEETING

AGREED TASKS (CONTINUED ON SEPARATE SHEET AS NECESSARY) - PLEASE CLEARLY OUTLINE TASKS, WHERE APPROPRIATE FOR THE CHILD AND FAMILY

TICK IF WORKER/ AGENCY PRESENT AT THIS MEETING	NAME OF AGENCY	NAME OF WORKER	ISSUES, RISKS & STRENGTHS IDENTIFIED	ACTIONS TO MANAGE RISKS	TIMESCALE	FREQUENCY OF CONTACT
	Social Work and Health	Murray McGregor	i) Contact with the family ii) Pre-Birth Risk Assessment iii) Social Work History Perth	i)Murray McGregor to make contact with the family ii) Murray to gather any information to complete the Pre-Birth Risk Assessment iii) Murray to gather any information from Social Work Department in Perth		
		All key agencies	Regular communication between all key agencies	Any issues or concerns to be reported to Murray McGregor immediately	Ongoing	

ANGUS COUNCIL – SOCIAL WORK AND HEALTH

CHILD PROTECTION NETWORK MEETING

PARTICIPANTS OF NETWORK MEETING

MEMBERSHIP OF NETWORK GROUP (*Delete as appropriate)	NAME	(Present/Apologies/ Not Invited (NI) (Reason)) (Tick as appropriate)					ADDRESS	TOWN	POSTCODE
SOCIAL WORKER	Murray McGregor	Present	√	Apologies		(NI) Reason	Child Protection Team, Bellevue House, Springfield Terrace	Arbroath	DD11 1EL
SENIOR SOCIAL WORKER*	Alan Hope	Present	√	Apologies		(NI) Reason	Child Protection Team, Bellevue House, Springfield Terrace	Arbroath	DD11 1EL
PARENT/CARER*	Yvonne and John Jamieson	Present		Apologies		(NI) Reason Professional Network Meeting	3 Woodley Caravan Park	Arbroath	DD11 2QJ
ALOCOHL, DRUG AND BBV TEAM	Joanna Poor	Present	√	Apologies		(NI) Reason	Alcohol, Drug and BBV Team, Springfield Medical Centre, 30 Ponderlaw Street	Arbroath	DD11 1ES
COMMUNITY MENTAL HEALTH	Kenny Malcolm	Present	√	Apologies		(NI) Reason	Gowanlea, Seaton Road	Arbroath	

ANGUS COUNCIL – SOCIAL WORK AND HEALTH

CHILD PROTECTION NETWORK MEETING

SOCIAL WORK PERTH	Jenny McIntosh	Present		Apologies	√	(NI) Reason	Perth + Kinross Council, Colonsay Resource Centre, 37-39 Colonsay Street	Perth	PH1 3TU
MIDWIFE	Chris Field	Present		Apologies	√	(NI) Reason	Arbroath Maternity Unit, Rosemount Road	Arbroath	DD11 2AT

PARTICIPANTS OF NETWORK MEETING CONTINUED

MEMBERSHIP OF NETWORK GROUP (*Delete as appropriate)	**NAME**	**(Present/Apologies/ Not Invited (NI) (Reason)) (Tick as appropriate)**					**ADDRESS**	**TOWN**	**POSTCODE**
HOUSING	Alison Paton	Present	√	Apologies		(NI) Reason	William Wallace House, Orchardbank	Forfar	
NEONATAL, NINEWELLS	Moira Walls	Present	√	Apologies		(NI) Reason	Neonatal Intensive Care Unit Ninewells Hospital	Dundee	DD1 9SY
POLICE	DS Fraser Mitchell	Present		Apologies	√	(NI) Reason	Family Protection Unit, Bellevue House, Springfield Terrace	Arbroath	DD11 1EL

ANGUS COUNCIL – SOCIAL WORK AND HEALTH

CHILD PROTECTION NETWORK MEETING

DATE OF NEXT MEETING (to be convened within 3 months if actions have been agreed)		27th October at 3pm
VENUE	Bellevue House	
ADDRESS	Springfield Terrace	
TOWN	Arbroath	POSTCODE DD11 1EL

N.B. Please confirm your attendance at the next Network Meeting with the identified Co-ordinator.

The information you have provided on this form will be used by Angus Council (the "data controller" for the purposes of the Data Protection Act 1998) in order to provide you with the services that you need. The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed. The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law.

In order to improve service delivery, we routinely exchange information with partner organisations; these other organisations will use your information for the same purposes as the Council.

You have the right to request access to personal information that the Council holds about you and to have any inaccuracies corrected. If you wish to do this please contact the Head of Law and Administration on (01307) 461460 or e-mail LAWADMIN@angus.gov.uk.

Declaration
I confirm that the information that I have provided is correct to the best of my knowledge and authorise Angus Council to use my information for the above purposes.

I am aware of the content of the Network Meeting and the agreed plans.

SIGNATURE OF PARENT		DATE	/ /
SIGNATURE OF CHILD		DATE	/ /

V=2:7.14/4.13

CHILD IN NEED

2 8 MAY 2010

Appendix 1

NHS Tayside

NOTE OF CONCERN FOR UNBORN BABY

MOTHER'S NAME & ADDRESS:

JAMIESON
YVONNE
4 WALKER COURT
CANAL STREET
PERTH
PH2 8LF

1003820107

JOHN AULD

DATE OF REFERRAL 25.5.10

REFERRING AGENT - TEL.NO. & ADDRESS:

LINDA THORNE
MIDWIFE UNIT
PERTH ROYAL INFIRMARY
01738 47 3625

DESIGNATION: MIDWIFE

EXPECTED DATE OF DELIVERY: 28.12.10.

FATHER'S NAME: JOHN JAMIESON.

D.O.B. 22.2.84.

NAME & ADDRESS – GP:

DR AULD
WHITEFRIARS SURGERY
PERTH.

OTHER RELEVANT ADULTS IN HOUSEHOLD e.g new partner, lodger.

/

IS PATIENT/CLIENT AWARE OF THIS REFERRAL?

YES/NO

NB:
It is good practice to inform client/patient

SIBLINGS WITHIN THE HOUSEHOLD OR ELSEWHERE

Name	Date of Birth	Name	Date of Birth
KYLE MCLEAN	11.05.02		

Siblings on Child Protection Register

☐ YES ☑ NO

Social Work Involvement

☑ YES ☐ NO

REASON FOR CONCERN Kyle – eldest son
LIVES WITH HIS aunt – (YVONNE'S SISTER) in PERTH. YVONNE has SUPERVISED WEEKLY ACCESS.
KYLE IS in care because of alleged sexual abuse by his STEPFATHER. YVONNE no longer LIVES with JOHN. JOHN has MENTAL HEALTH problems

Family discussed with:		Yes	No
	Health Visitor	☐	☑
	Social Worker	☐	☑
	Midwife	☐	☑

P.T.O.

RISKS IDENTIFIED BY THE REFERRING AGENT:

John Jamieson - father of baby being investigated for ? sexual abuse of his stepson Kyle.
John has mental health issues.
? schizophrenia.

Mother of baby - Yvonne - is in temporary housing. She is prone to depression and has been hospitalized in past.
Yvonne only has supervised access to her son at present.

REFERRING AGENCIES ACTIONS TO DATE:

Yvonne is aware of this referral.
Community Mental Health Team notified of this pregnancy - Yvonne may need extra support.
All relevant agencies informed of this note of concern.

ANGUS	DUNDEE	FIFE	PERTH & KINROSS
Senior Nurse Child Protection Dept. of Community Child Health Bell View House Springfield Gardens ARBROATH DD11 1EL **Tel. No. 01241 435472**	Senior Nurse Child Protection Ryehill Health Centre St Peter Street DUNDEE DD1 4JH **Tel. No. 01382 668842**	Senior Nurse Child Protection Flat 4 William Drive Whytemans Brae KIRKCALDY KY1 2ND **Mobile. No. 07785 588 371**	Senior Nurse Child Protection Drumhar Health Centre North Methven Street PERTH PH1 5PD **Tel. No. 01738 564295**

NHS
Tayside
Directorate of Women and Child Health

Distribution:
1. All named agencies
2. Main notes (signed copy)
3. Maternity hand held notes
4. janeforbes@nhs.net
5. Labour suite confidential file

MATERNITY LIAISON SHEET

I JAMIESON I YVONNE 4 WALKER COURT CANAL STREET I PERTH PH2 8LF JOHN AULD TEL: 07562111995	1003820107	**EDD:** 28·12·10· **Parity:** 2+0·	**Reason for multi-agency liaison:** 1. Alcohol misuse 1. Drug misuse 2. Domestic Abuse 3. Learning needs 4. Mental illness 5. Physical disability 6. Unborn baby protocol *(circle all applicable)*
G.P. Address: Phone no:	DR AULD· WHITEFRIARS SURGERY 01738 625842	**Drug / Alcohol treatment Service** Address: Phone no:	
Health Visitor: Address: Phone no.	FIONA MILNE WHITEFRIARS SURGERY PERTH 01738 445140.	**Pregnancy & Newborn Support service** Address Phone no.	
Community Midwife: Address Phone no:	RED TEAM. Community midwifery unit Perth Royal Infirmary 01738 47 3425	**Pharmacy** Address: Phone no:	
Midwifery Liaison Address Phone No.	~~Jane Forbes~~ SUSAN ROBERTSON Specialist midwife Ninewells Hospital Dundee 01382 632964	**Community mental health** Address Phone no:	8 ST. LEONARDS BANK PERTH 01738 458 950.
Consultant Obstetrician: Address Phone no:	Dr Adam Gordon Maternity Unit PRI 01738473415	**Social Worker:** Address Phone no:	JENNA HORSBURGH COLONSAY RESOURCE CENTRE COLONSAY ST. PERTH 783450.
Senior Nurse Child protection: Address: Phone no:	June Doull Drumhar Health centre North Methven Street Perth 01738 564295	**Other Support Services:** Address: Phone no:	
Other Support Services: Address:		**Comments:**	Midwifery staff please ensure a copy of the liaison sheet is placed in the baby's paediatric notes before discharge / transfer from ward.

I understand that information relevant to this pregnancy may be shared by the above agencies.

Signed *(client)*..... .....Date.....

Completed by (*midwife*) ..... Date..... 25·5·10

V = 2,3,4,1

Policy for Unborn Babies Referral Form

Name of Mother	Yvonne Jamieson	**DOB**	10.3.82
Address	4 Walker Court, Canal Street,		
	Perth PH2 8LF	**SWIFT ID**	102012
Name of Father	John Jamieson	**DOB**	22.2.84
Address	3 Woodley Caravan Park,		
	Arbroath	**SWIFT ID**	142693

Any other relevant children/adults in household

Name place.

Kyle McLean DOB 11.05.02, living with his aunt in Perth. – Supervision order

Expected date of delivery or stage of pregnancy if known 28.12.10

Reason for concern/referral
(parental substance misuse, domestic abuse, parental mental health, previous childcare concerns etc)

Kyle McLean is currently subject to compulsory measures of care under Section 70 Children (Scot) Act 1995, with a condition that he should reside at his aunt and uncles' address in Perth. At the Hearing 2/3/10 it was decided that there are still concerns about Ms McLean's relationship with Mr Jamieson, and her ability to meet her child's needs.
A Child Protection Order was obtained for Kyle in February 2010. The original concerns related to sexualised behaviour by Kyle relating to Mr Jamieson's behaviour towards him.
It was considered necessary that Ms McLean's weekly contact with her son be supervised by the social work department.
Current information indicates Ms McLean is still in touch with her ex-partner, and they have a history of splits and reconciliations.

Existing Supports
(friends, family, other agencies)

Reports mention Ms McLean's siblings as supportive, indeed her own sister Linda is caring for Kyle. Not aware of any other agencies being involved at the moment although Ms McLean has had contact with mental health services.

Are the parents aware of this referral? No

Pam referral being processed 9/8/10

Policy for Unborn Babies
Referral Form

If No, reason why? New worker in case, not yet met with Ms McLean

Referrers Details

Name	Jennifer McIntosh
Designation	Social worker
Telephone No.	01738 783450

V=2:14/4/13

CHILD IN NEED

2 8 MAY 2010

Appendix 1

NHS Tayside

NOTE OF CONCERN FOR UNBORN BABY

MOTHER'S NAME & ADDRESS:

JAMIESON
YVONNE
4 WALKER COURT
CANAL STREET
PERTH
PH2 8LF

1003820107

JOHN AULD

DATE OF REFERRAL 25.5.10

REFERRING AGENT - TEL.NO. & ADDRESS:

LINDA THORNE
MIDWIFE UNIT
PERTH ROYAL INFIRMARY
01738 47 3625

DESIGNATION: MIDWIFE

EXPECTED DATE OF DELIVERY: 28.12.10.

FATHER'S NAME: JOHN JAMIESON.

D.O.B. 22.2.84.

NAME & ADDRESS – GP:

DR AULD
WHITEFRIARS SURGERY
PERTH.

OTHER RELEVANT ADULTS IN HOUSEHOLD e.g new partner, lodger.

/

IS PATIENT/CLIENT AWARE OF THIS REFERRAL? (YES)/NO

NB:
It is good practice to inform client/patient

SIBLINGS WITHIN THE HOUSEHOLD OR ELSEWHERE

Name	Date of Birth	Name	Date of Birth
KYLE MCLEAN	11.05.02		

Siblings on Child Protection Register

☐ YES ☑ NO

Social Work Involvement

☑ YES ☐ NO

REASON FOR CONCERN Kyle – elder son lives with his aunt – (Yvonne's sister) in Perth. Yvonne has supervised weekly access.
Kyle is in care because of alleged sexual abuse by his stepfather. Yvonne no longer lives with John. John has mental health problems.

Family discussed with:

	Yes	No
Health Visitor	☐	☑
Social Worker	☐	☑
Midwife	☐	☑

P.T.O.

RISKS IDENTIFIED BY THE REFERRING AGENT:

John Jamieson - father of baby being investigated for ? sexual abuse of his stepson Kyle.
John has mental health issues.
? schizophrenia.

Mother of baby - Yvonne - is in temporary housing. She is prone to depression and has been hospitalized in past.
Yvonne only has supervised access to her son at present.

REFERRING AGENCIES ACTIONS TO DATE:

Yvonne is aware of this referral.
Community Mental Health Team notified of this pregnancy - Yvonne may need extra support.

All relevant agencies informed of this note of concern.

ANGUS	DUNDEE	FIFE	PERTH & KINROSS
Senior Nurse Child Protection Dept. of Community Child Health Bell View House Springfield Gardens ARBROATH DD11 1EL **Tel. No. 01241 435472**	Senior Nurse Child Protection Ryehill Health Centre St Peter Street DUNDEE DD1 4JH **Tel. No. 01382 668842**	Senior Nurse Child Protection Flat 4 William Drive Whytemans Brae KIRKCALDY KY1 2ND **Mobile. No. 07785 588 371**	Senior Nurse Child Protection Drumhar Health Centre North Methven Street PERTH PH1 5PD **Tel. No. 01738 564295**

NHS
Tayside
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MATERNITY LIAISON SHEET

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Health Visitor: Address: Phone no.	FIONA MILNE WHITEFRIARS SURGERY PERTH 01738 445140.	**Pregnancy & Newborn Support service** Address Phone no.	
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Consultant Obstetrician: Address Phone no:	Dr Adam Gordon Maternity Unit PRI 01738473415	**Social Worker:** Address Phone no:	JENNA HORSBURGH COLONSAY RESOURCE CENTRE COLONSAY ST. PERTH 783450.
Senior Nurse Child protection: Address: Phone no:	June Doull Drumhar Health centre North Methven Street Perth 01738 564295	**Other Support Services:** Address: Phone no:	
Other Support Services: Address:		**Comments:**	Midwifery staff please ensure a copy of the liaison sheet is placed in the baby's paediatric notes before discharge / transfer from ward.

I understand that information relevant to this pregnancy may be shared by the above agencies.

Signed *(client)*..... .....Date.....

Completed by *(midwife)* ..... L Moore ..... Date..... 25-5-10

Name:	Yvonne Jamieson	GP:	Dr Blanchfield
Address:	3 Woodley Caravan Park, Arbroath DD11 2QJ	GP Address:	Arbroath Medical Centre
DOB/CHI:	1003820107	Next of Kin: Address/Tel:	Not explicitly identified

Community Mental Health Team Assessment

Summary

Date referred:	**Received 13-08-10**	**Category:**	**2**	**Referred by:**	Chris Field (Midwife)
Reason for referral:	History of depression and current pregnancy				

Date of Assessment:	**6-09-10**	**Assessed by:**	Chris Larsen
Previous Records	**Yes (Perth)**	**Available:**	No

Risk Assessment Summary	
Suicide:	Low risk
Neglect:	Low risk
Aggression/Violence:	Low risk
Other:	Existing Child protection issues relating to Yvonne's husband John.

Outcome of Assessment	
Main findings:	No evidence of current depression or other significant mental health problem. Impression of possible mild learning difficulty – unable to assess this.
Diagnosis (if given):	No diagnosis made

Yvonne gave no evidence of experiencing any current or very recent significant mental health problem, although had difficulties last year (leading to a brief hospital admission at Murray Royal) arising from difficult circumstances including a the loss of her unborn child at 6 months and allegations against her husband John of risk in regard to Yvonne's son Kyle. Child protection arrangements now established mean that Yvonne may not have custody of her son whilst she remains with John. She has weekly supervised access. Kyle continues to live in Perth with Yvonne's sister. Concerns arise due to the fact that Yvonne is now pregnant again. My contact today with Social Work (Jenny Mitchell) in Perth suggest the issue is less Yvonne's mental health than concerns about her husband's previous behaviour and difficulties.

Yvonne herself did not feel she is experiencing mental health difficulties, and is not seeking support or treatment at present from the CMHT, although she is clear that depression is something that has affected her in the past, including post-natally, (8 years ago) although she stated this was not treated, after being reportedly diagnosed by her then GP. She was referred for some community support in Perth in the past, but appears to have defaulted on appointments. She agreed the decision not to accept her for support at present. She was offered, but did not want, written information in relation to PND.

Accept for Care: ❑	Discharge to referrer: √	Refer elsewhere (& discharge to referrer): ❑	Other: ❑

Treatment Recommendations (if any)
No recommendation for treatment arises from this assessment. It is documented that Yvonne has been referred to the PRAM. *A child protection issue may arise in relation to Yvonne's child, when born, given the existing arrangements in relation to Kyle because of risks assessed as being posed by Yvonne's husband John.*

Recommendations to CMHS			
Requires:			
Case Manager / Worker ❑	Medical Officer ❑		Group Therapies ❑
Psychologist ❑	OT ❑	Day Services ❑	Support Worker ❑
Additional Comments			

A full report will be available on request. Please contact us if you require a copy:

Community Mental Health Services
Gowanlea, 12-14 Seaton Road
Arbroath DD11 5DX
Tel: (01241) 437200

Signed: Chris Larsen	Date:
Name (print) CHRIS LARSEN	Designation: ACTING CASE MANAGER

V = 2, 3, 4, 1

Policy for Unborn Babies Referral Form

Name of Mother	Yvonne Jamieson	**DOB**	10.3.82
Address	4 Walker Court, Canal Street,		
	Perth PH2 8LF	**SWIFT ID**	102012
Name of Father	John Jamieson	**DOB**	22.2.84
Address	3 Woodley Caravan Park,		
	Arbroath	**SWIFT ID**	142693

Any other relevant children/adults in household

Kyle McLean DOB 11.05.02, living with his aunt in Perth. Name place. - Supervision order

Expected date of delivery or stage of pregnancy if known 28.12.10

Reason for concern/referral
(parental substance misuse, domestic abuse, parental mental health, previous childcare concerns etc)

Kyle McLean is currently subject to compulsory measures of care under Section 70 Children (Scot) Act 1995, with a condition that he should reside at his aunt and uncles' address in Perth. At the Hearing 2/3/10 it was decided that there are still concerns about Ms McLean's relationship with Mr Jamieson, and her ability to meet her child's needs.
A Child Protection Order was obtained for Kyle in February 2010. The original concerns related to sexualised behaviour by Kyle relating to Mr Jamieson's behaviour towards him.
It was considered necessary that Ms McLean's weekly contact with her son be supervised by the social work department.
Current information indicates Ms McLean is still in touch with her ex-partner, and they have a history of splits and reconciliations.

Existing Supports
(friends, family, other agencies)

Reports mention Ms McLean's siblings as supportive, indeed her own sister Linda is caring for Kyle. Not aware of any other agencies being involved at the moment although Ms McLean has had contact with mental health services.

Are the parents aware of this referral? No Pam referral being processed 9/4/10

Policy for Unborn Babies
Referral Form

If No, reason why? New worker in case, not yet met with Ms McLean

Referrers Details

Name	Jennifer McIntosh
Designation	Social worker
Telephone No.	01738 783450

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
19/8/10	25+1	H+P grant given mssu sent. USS done S/B Dr Lynch. plan to be seen 2wkly till 34/40wks and 1 wkly thereafter. LH
27/8/10	26.	Attended for BP Check - 110/72. Urine NAD. C/o overall itch so routine 28wk bloods taken as well as thyroid and U's E's Bile acids checked. CField.
1/9/10.		Results phoned to GP. No answer from Yvonne. CField.
26/8/10		Discussed at Pram. • -Johns Suicidal behaviour and alcohol use is an issue. • Yvonne and Johns Mental health difficulties (Report from Chris Larson - No evidence of depression or other Significant M.H. probs. ? Mild learning difficulties - No further fdlowup) • Allegations of physical & Sexual abuse against Kyle. • Accomodation - Caravan. High Tariff. Alan Hope to provide verbal update for October PRAM. CField.
9/9/10.		Call from Ninewells - Yvonne had em. c/s today at 11am due to Concerns over fetal well being. - Boy BW 815gms Apgars 5/1 9/10 - CPAP. = 25wk size. Message left for Alan Hope Snr SW. at Belview re this CField. N/Ws also informed of Who to Contact at SW dept as required. CF.
19/9/10		Yvonne now home - day 10. Baby remains in SCBU CField S.W. Notified.

9/9/10 C/S at 28wk. BABY DIED 8.10.10

Maternity Summary Record

Please use black ink

Confidential

Personal details

CHI ..... Age .....

Previous surname .....

Likes to be called Yvonne 07597137407

Home ✆ [redacted]

Other ✆ .....

Change of details

Your address .....

Postcode .....

Home ✆ .....

Other ✆ .....

Partner/supporter details

Name John Jameson Please tick if emergency contact ☐

Date of Birth .....

Relationship Husband

Address S/A.

Postcode .....

Home ✆ .....

Other ✆ .....

Alternative/emergency contact

Name Thanasina McLean

Relationship Mother

Address Leslie Court Perth

Postcode .....

Home ✆ 07955289 273.

Other ✆ .....

Directions to home .....

Affix label here or complete by hand

Unit No

Surname/family name Jameson

First name(s) Yvonne.

Date of birth 10/03/82 aet 27.

Address 3 Waadley Caravan Pk Arbroath

DrChemy. Postcode DD11 2QT.

Parity 2 (S.B) + 0

Agreed EDD 2/12/10. LMP 21/3/10.

Blood group O Pos

Thrombosis risk factors

☐ Previous DVT ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other .....

Allergies ? Morphine.

Height 160 Weight 72 BMI 28.5

Special features

Prev. SB 2009.
P.ET at 24wks.

PRAM ref.
CMHT Ref.

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1	110502	SVD	M	2610	40+2	P.R.I.	
2	270309	SVD	M	560g	24+6	N/Ws	SB P.ET.
3							
4							
5							
6							
7							
8							

Personal details

Ethnic group Caucasian

Current religion or faith —

Language used at home English

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

Cultural requirements/details on the above

Occupation Unemployed

Health and safety advice needed No ☑ Yes ☐

Maternity benefits advice needed No ☑ Yes ☐

Details on the above

Social circumstances/family support

Referrals

5 8 10 To Pram

To

To

Key professionals

Named midwife

Midwifery team

Base

✆

Obstetrician

Clinic

✆

Health Visitor

Base

✆

Social Worker

Base

✆

Health status

Specific dietary needs No ☑ Yes ☐

Smoking status

At risk of passive smoking No ☑ Yes ☐

Problem drug/alcohol use No ☑ Yes ☐

Details of any of the above

Domestic abuse

Seen alone at booking No ☑ Yes ☐

Routine enquiry question asked No ☐ Yes ☑

Abuse disclosed No ☑ Yes ☐

Current ☐ Past ☐

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

Comments Son ~~Daughter~~ looked after by Sister due to alleged alligations about John - not disclosed.

Child protection

Issue raised on

Comments SW in Perth — Jenna Horsburgh.

~~Pram~~

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

General Practitioner

Base

✆

Practice code

Other Alan Hope

Designation SR Social Worker

Base

✆ OR

Other Murray M°Gregor

Designation Social Worker

Base

✆ Belvrewe S.W Dept 01241435450

Screening and blood tests

Name of test	Result	Date	Comments

Planned type of antenatal care/place of birth

? ~~AT~~. Ninewells

Lead professional C Field.

Designation MTL

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

Reason

Signed

Booking completed by CField Print CField Designation MTL

Date 5/8/10 Gestation 23+ weeks Location A1.

Date	Gestation	BP	Urinalysis	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry				
5/8/10	23+			Attended for transfer of booking. — Has S.W involvement due to Son. — Has Mental Health issues due from S.B last year. — relationship issues with husband but trying to resolve these. Pram referral and CMHT referral sent. CField.
9/8/10	24			John phoned Yvonne unwell vomiting exhausted SB @ 24/52 last year he says symptoms are identical. To phone Triage immediately Then discussed notes on desk. Triage alerted — no call yet they will ask couple to collect notes if I am unable to reach them. Phoned mobile Yvonne answered John will phone Triage and they will collect notes.

Kate MW

Paediatrics and Child Health

NHS Tayside

Acute Services Division
NHS Tayside
Neonatal Intensive Care Unit
Ninewells Hospital
DUNDEE
DD1 9SY
01382 660111
Fax Number 01382 633921
www.nhstayside.scot.nhs.uk

The Receiving Physician
Ward 2b
Yorkhill Hospital
GLASGOW

NEONATAL INTENSIVE CARE UNIT

Date	23rd September 2010
Dictated	23rd September 2010
Our Ref	MI/HC
Enquiries to	Heather Clark
Extension	32988
Direct Line	632988
Email	heatherclark@nhs.net

Dear Colleague

Baby Travis Jamieson, 3 Woodley Caravan Park, ARBROATH DD11 2QJ
DOB 09 0910 5596

Thank you for accepting to see Travis in your unit for further management of his PDA

TRANSFER LETTER

Mother's name	Yvonne Jamieson – 10 03 82 0107
Consultant paediatrician	Dr Wefers
Date of admission	9th September 2010
Date of transfer	23rd September 2010
Transferred to	Ward 2b, Yorkhill Hospital, Glasgow
Gestation	28 weeks
Birth weight	815 grams
Problems on admission	1 Prematurity (28 weeks) 2 IUGR 3 Maternal sepsis (raised CRP) 4 RDS (had two Curosurf doses) 5 PDA (failed medical closure with ibuprofen) 6 Thrombocytopenia (resolved) 7 Possible sepsis (UVC tip grew staph epidermis and coag neg staph on 15/9/2010 / ET secretion grew coag neg staph on 20/09/10) 8 Jaundice (resolved) 9 Social issue (sibling on CPR)

This pregnancy Mother had a raised CRP at the time of admission. His mother is Yvonne Jamieson, she is 28 year old, G3P2 but has previously had a still birth at 24 weeks. She was given two doses of Beclomethasone and received one dose of antibiotics prior to delivery.

POSITIVE ABOUT DISABLED PEOPLE

NHS
Tayside

Baby Travis Jamieson
09 09 10 5596

Labour and delivery Travis was born in Ninewells Hospital at 28 weeks gestation by Em LSCS for poor CTG and reduced foetal movements

Clinical details Travis was Intubated and given Surfactant at birth. He went on to develop RDS and needed a further dose of Curosurf as well as HFVO for a while. He improved subsequently and went back on conventional ventilation but since then has been hard to wean off.

He had an echo done by Dr MacLeod (consultant cardiologist) on the 16/9/2010 which confirmed clinical suspicion of PDA. Decision was made to medically treat it but unfortunately was unsuccessful after a course of IV ibuprofen.

At present, Travis is stable on SIMV with a rate of 45 to 50/min, FiO2 varying from 30 to 60%, It 0.36 sec, PIP/PEEP of 22/5.

He is on TPN at 150 ml/kg/day and has 1.5 ml of EBM via his NG Tube every hours. He is on Caffeine / Gentamicin (day1) / Vancomycin (day four) / Iodine (as per I2S2 study).

Recent bloods: Na 134 / K 5.2 / urea 1.9 / creat 26 / CRP less than 3 (22/9/2010) Hb 11.2 / plat 169 / WC 21 Neutro 14.2 (20/09/2010)

Again, thank you for accepting to see Travis and consider surgical treatment of his PDA.

Yours sincerely

pp. J Crudden

Dr Michael Grosdenier
ST4

Cc Community Child Health
Dr C Fagan, Arbroath Medical Centre, 7 Hill Place, ARBROATH
Dr P Lynch, Consultant Obstetrician, Ninewells Hospital

POSITIVE ABOUT DISABLED PEOPLE

HAEMATOLOGY

~~DRI~~ Arbroath

DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H106120200
N/W Ward 37A Clinician: Dr P. LYNCH N37A LYNP1H

HGB	11.9	L g/dL	(12.0-16.0)	WBC	13.6	H x10^9/L	(4.0-11.0)
RBC	4.24	x10^12/l	(3.8-4.8)	NE#	11.1	H x10^9/L	(2.0-7.5)
HCT	0.370		(0.37-0.47)	LY#	1.8	x10^9/l	(1.5-4.0)
MCV	87.3	fl	(80-96)	MO#	0.7	x10^9/l	(0.2-0.8)
MCH	28.1	pg	(27-32)	EO#	0.08	x10^9/l	(0.0-0.4)
MCC	32.2	g/dl	(32-36)	BA#	0.0	x10^9/l	(0.0-0.1)
				PLT	199	x10^9/L	(150-400)

APTT	24.4	secs.	(22-30)
APTT Ratio	0.9		
Prothrombin Time	9.2	secs.	(9-12)
PT Ratio:	0.9		

Lab.Comments:

Sample Date/Time
08 Sep 2010 22:15

Clin.Details: previous HELLP

Request Entered: 08 Sep 2010 22:24 Report Printed: 08 Sep 2010 22:41

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: C106120200
N/W Ward 37A Clinician: Dr P. LYNCH N37A LYNP1H

SODIUM	136		mmol/L	(135-147)
POTASSIUM	4.1		mmol/L	(3.5-5.0)
UREA	4.2		mmol/L	(3.3-6.6)
CREATININE	56	**	umol/L	(44-80)
ESTIMATED GFR	GT60		mL/min	
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	9	<	U/L	(12-40)
BILIRUBINS	5		umol/L	(0-15)
ALKALINE PHOSPHATASE	96	>	U/L	(20-80)
ALBUMIN	35	<	g/L	(36-50)
URATE	0.29	**	mmol/L	(0.18-0.36)
C-REACTIVE PROTEIN	70	>>	mg/L	(up to 5)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
08 Sep 2010 22:15

Clin.Details: previous HELLP

Request Entered: 08 Sep 2010 22:24 Report Printed: 08 Sep 2010 23:20

REPORT RECEIVED

MICROBIOLOGY

MOVED TO ARBROATH DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

CPA Accredited 0221

Name : JAMIESON, Yvonne
CHI No : 1003820107 Clinician: Dr P. LYNCH
DoB : 10 Mar 1982 Sex: F N/W Ward 37
Post Code: DD11 2QJ

10B204372 Date/Time of Specimen: 09 Aug 2010 19:10
Midstream Urine

No Growth

Date of Report: 11 Aug 2010 AUTH:
N37 LYNP1H

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: C106077261
N/W Ward 37A Clinician: Dr P. LYNCH N37A LYNP1H

SODIUM	138		mmol/L	(135-147)	
POTASSIUM	4.4		mmol/L	(3.5-5.0)	
UREA	4.6		mmol/L	(3.3-6.6)	
CREATININE	41	<	umol/L	(44-80)	
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	10	<	U/L	(12-40)	
BILIRUBINS	LT5		umol/L	(0-15)	
ALKALINE PHOSPHATASE	74		U/L	(20-80)	
ALBUMIN	34	<	g/L	(36-50)	
URATE	0.18	*	mmol/L	(0.18-0.36)	
C-REACTIVE PROTEIN	14	>	mg/L	(up to 5)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
09 Aug 2010

Clin.Details: 23+4wks gestation. feeling unwell,

Request Entered: 09 Aug 2010 21:11 Report Printed: 09 Aug 2010 21:54

REPORT RECEIVED

HAEMATOLOGY

NOT PRI 38
ARBROATH

DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H100512379
N/W Labour Suite Clinician: Dr P. LYNCH NLABR LYNP1H

HGB	12.6	g/dL	(12.0-16.0)	WBC	14.4	H	x10^9/L	(4.0-11.0)
RBC	4.45	x10^12/l	(3.8-4.8)	NE#	13.4	H	x10^9/l	(2.0-7.5)
HCT	0.387		(0.37-0.47)	LY#	1.0	L	x10^9/l	(1.5-4.0)
MCV	87.0	fl	(80-96)	MO#	0.1	L	x10^9/l	(0.2-0.8)
MCH	28.3	pg	(27-32)	EO#	0.00		x10^9/l	(0.0-0.4)
MCC	32.6	g/dl	(32-36)	BA#	0.0		x10^9/l	(0.0-0.1)
				PLT	211		x10^9/L	(150-400)

Lab.Comments:

Sample Date/Time
09 Sep 2010 07:45

Clin.Details: FOR C SECTION

Request Entered: 09 Sep 2010 08:29 Report Printed: 09 Sep 2010 09:28

REPORT RECEIVED
DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H106077261
N/W Ward 37A Clinician: Dr P. LYNCH N37A LYNP1H

HGB	11.4	L g/dL	(12.0-16.0)	WBC	12.7	H	x10^9/L	(4.0-11.0)
RBC	3.98	x10^12/l	(3.8-4.8)	NE#	9.9	H	x10^9/l	(2.0-7.5)
HCT	0.346	L	(0.37-0.47)	LY#	1.9		x10^9/l	(1.5-4.0)
MCV	86.9	fl	(80-96)	MO#	0.8		x10^9/l	(0.2-0.8)
MCH	28.6	pg	(27-32)	EO#	0.06		x10^9/l	(0.0-0.4)
MCC	32.9	g/dl	(32-36)	BA#	0.0		x10^9/l	(0.0-0.1)
				PLT	190		x10^9/L	(150-400)

APTT	22.7	secs.	(22-30)
APTT Ratio	0.9		
Prothrombin Time	9.2	secs.	(9-12)
PT Ratio:	0.9		

Lab.Comments:

Sample Date/Time
09 Aug 2010

Clin.Details: 23+4wks gestation. feeling unwell,

Request Entered: 09 Aug 2010 21:11 Report Printed: 09 Aug 2010 21:33

REPORT RECEIVED

BIOCHEMICAL MEDICINE

78

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: C100512379
N/W Labour Suite Clinician: Dr P. LYNCH NLABR LYNP1H

SODIUM	139		mmol/L	(	135-147)
POTASSIUM	4.8	*	mmol/L	(	3.5-5.0)
UREA	5.4		mmol/L	(	3.3-6.6)
CREATININE	68		umol/L	(	44-80)
C-REACTIVE PROTEIN	81	>>	mg/L	(	up to 5)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
09 Sep 2010 07:45

Clin.Details: FOR C SECTION

Request Entered: 09 Sep 2010 08:29 Report Printed: 09 Sep 2010 08:53

REPORT RECEIVED
DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

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

Name: JAMIESON Yvonne Sex: F PID: 1003820107 DoB: 10 Mar 1982
Lab No: H106123724
N/W Ward 38 Clinician: Dr P. LYNCH N38 LYNP1H

HGB	10.7	L	g/dL	(12.0-16.0)	WBC	11.8	H	x10^9/L	(4.0-11.0)
RBC	3.88		x10^12/l	(3.8-4.8)	NE#	8.1	H	x10^9/l	(2.0-7.5)
HCT	0.348	L		(0.37-0.47)	LY#	3.0		x10^9/l	(1.5-4.0)
MCV	89.7		fl	(80-96)	MO#	0.6		x10^9/l	(0.2-0.8)
MCH	27.6		pg	(27-32)	EO#	0.10		x10^9/l	(0.0-0.4)
MCC	30.7	L	g/dl	(32-36)	BA#	0.0		x10^9/l	(0.0-0.1)
					PLT	184		x10^9/L	(150-400)

Lab.Comments:

Sample Date/Time
11 Sep 2010

Clin.Details: 2nd day post LUSCS

Request Entered: 11 Sep 2010 09:17 Report Printed: 11 Sep 2010 10:07

REPORT RECEIVED

NHS
SCOTLAND

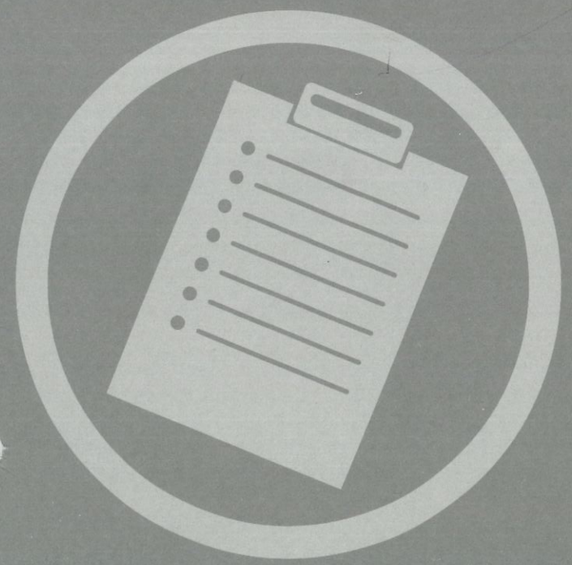
Postnatal Maternal Record

Confidential

PLEASE USE BLACK INK

JAMIESON 1003820107
YVONNE F
3 WOODLEY CARAVAN PARK
ARBROATH DD11 2QJ

ARBROATH MEDICAL CENTRE, 7 HILL PLACE



Labour Suite Discharge Plan

Diagnosis APH / PPH > 1000mls / Sepsis / Other

Obs Required / frequency

P BP
T UO

Investigations / Date

FBC CRP
PET Screen Other

Medications

Is Medical Review required?
When:

Discharge Home Plan

PN Hospital Check? Yes / No
Sign: Print:

SWHMR developed by the Practice Development Unit of NHS Quality Improvement Scotland

This is your Postnatal Record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to hold your record when you receive care at home/when you have been discharged home from a maternity unit. This will help communication between you and your maternity care team.

Some women may prefer not to hold their Postnatal Record. If you do not want to hold your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice.

Please keep your Postnatal Record safe, confidential and protect it from damage. Please take it with you if you have any appointments at your health centre, GP practice or maternity unit. If you lose your Postnatal Record, please contact your midwife or maternity unit as soon as possible.

You can write in your Pregnancy Record where you see this symbol:

Your Postnatal Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely with the rest of your maternity record. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care.

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Protecting Personal Information'. This is available from your midwife, General Practitioner or on-line at **http://www.show.scot.nhs.uk/confidentiality** (see under 'Patient Guidance').

Help and advice

Please use the following services

✆ ..... ✆ .....

Contact details

General Practitioner .....

Address .....

.....

✆ ..... Practice code .....

Named midwife .....

Midwifery team .....

Base .....

✆ .....

Maternity unit .....

✆ .....

✆ .....

Health Visitor .....

Base .....

✆ .....

Community support/other contacts

Social worker .....

Base .....

✆ .....

Name .....

Base .....

✆ .....

Other support/other contacts

Name .....

Base .....

✆ .....

Name .....

Base .....

✆ .....

Domestic Abuse Helpline (10am - 10pm: 7days a week) ✆ 0800 027 1234

Scottish Women's Aid ✆ 0131 475 2372 (national) ✆ ..... (local)

NHS 24 ✆ 08454 24 24 24

Your postnatal care

The chart below is used to plan your postnatal care. Your midwife (and sometimes other members of your maternity team) will discuss and arrange your care with you, according to your needs and your baby's needs. Maternity staff will explain the reasons for each appointment or visit, as well as where it will take place, who with and when.

Day	Date	Time*	Reason for visit/appointment	Where & who with

*For some home visits an approximate time or 'morning' or 'afternoon' visit may be given.

Your notes

Please use this space to jot down any notes or questions about your care or your baby's care.

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

Postnatal discharge summary Discharged from Ward 38

To (address) ©

GP at ©

Obstetrician Midwife Paediatrician Wepres

Labour, birth and postnatal period Gravida Para

Onset of labour Spontaneous Induced: indication

Mode of delivery Em WSCS on Thu day 9/9/10 at 10:50 Sex Male

Indication Fetal distress Presentation Location theatre - CLS

Livebirth/Stillbirth Gestation 28+1 Birthweight 815gms g Blood loss 300 mls

APGARs 5 1 minute 9 5 minutes 10 minutes Placenta/membranes Appear complete → histopathology

Perineum/abdominal wound Prolene + bead Sutures

Haemoglobin 11·9 g/dl on 8/9/10 Repeat Not needed done due on

Blood group Opos anti-D needed No Yes anti-D given on

Rubella status Immune Vaccination needed No Yes Vaccinated on

Contraception/sexual health needs discussed No Yes

Details Implanon

Cervical smear due No Yes: due in (month) 20

Discharge medication No Yes: details Analgesia

Postnatal check with Arranged for Mother to arrange ✓

Problems identified during pregnancy, labour/birth

IUGR FETAL DISTRESS

Problems in the postnatal period/referrals, investigations or results pending

Antenatal referral on discharge
no Social Issues
Neonatal review

Summary completed by (Print name) C HAFFERTY Date 11/9/10.

Signed C Hafferty Designation M/W

Your progress

Date/time use 24 hour clock	10/9/10	11/9/10	12/9/10	13/9/10	14/9/10
Postnatal day	①	②	③	④	⑤
General wellbeing and pain assessment	Feeling well. T 36.5 BP 111/66 HR 66 vaginal removed	Feeds well T 36.4°C P 80 BP 111/76 Resp 44	Resp. 44 T 36.8 C 76 BP 126/66 Feeds well	BP 128/79 P 77 T 35.8 Feels well	BP 124/74 P 80 T 37
Mobility, exercise and preventing blood clots — Revised postnatal thrombosis risk	mobilising wearing tabs / gowns	Mobile TEDS/stockings NAD	Mobile NAD	Mobile Legs NAD	mobile Legs NAD
Breasts	Comfortable using breast pump	using breast pump N/P obtained	using pump N/P obtained	EBM pump N/P	Breasts N/D sutis N/D
Fundus	N/P	N/P	N/P	N/P	N/D
Blood loss	sweats rubber	Reds sweats sutures	Settled continues bleeding	excess clots + blue pad	Settled with P+S removed
Passing urine, bowels and pelvic floor	Foleys catheter removed	Passing urine and passing flatus	Normal Bladder function BO	BO. P.V. BO	Voiding well BO
Perineum/abdominal wound	pressure dressing removed wound healing	clean, dry, intact	clean, dry, intact	wound clean + dry Bruised prolene in V tenaculum	see Twins PM
Plan of care	routine P/N care	Remove sutures & remove Mirena Bandage	Remove Implanon	Implanon Frog 5,000 iu S.C.	WAA
Signed	Hafferty	C Hafferty	C Hafferty		

Your progress

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
	16/9/10 12:05	T 37.3 P. 88 BP. 122/81. upset.	Revised postnatal thrombosis risk Mobilising	Breast soft Breast pump.	—	serosa	Wound healing.	B.O P.U.	at home seen.	
	19/9/10 10.	Temp 36.4 P80 BP 118/74 Well mood bright Analgesia not taken/required Baby stable in NICU - remains on ventilator Advised/agreeable for telephone monitoring SSI. Arbroath MW unit notified of delivery + discharge — Arbroath unit informed HV's Verne advised to see GP if any concerns.	NAD	Soft	np	nil	Wound clean + healing	BO PU3 good control. Implanon insitu	Cathy Macdonald Community MW.	

Your progress

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
			Revised postnatal thrombosis risk							

Date/time	Further information/planning, delivering and evaluating postnatal care
9/9/10 16⁰⁰	Transfer to W38 baby in SCBU. Buzzer & water given. Wishes to sleep. IV/ inside. Legs numb. Comfortable @ present A Duffy S/Hy
1530	IV discontinued Venflon inside. Wound – pressure dressing inside Leduc – rubber and cottage A Duffy S/Hy
	Asthmatic, Diclofenac prescribed confirmed with anaesthetist C Lafferty
2210	Shown how to use breast pump and used for first time Lindsay.
2230	Yvonne feels well BP 118/64 P64 Temp 37.2°C Pressure dressing clean & dry Lochia satisfactory. Foleys draining clear urine.
10/9/10.	Post natal check satisfactory Foleys catheter removed @ 10.30. Venflon removed Wound dressing removed
11/9/10	Observations satisfactory Wound clean and dry Blood sent for FBC. Requests discharge to Ronald McDonald. C Lafferty Assistance offered with breastpump but declined. Antenatally informed of discharge due to social problems Hb 10.7gdl. C Lafferty

Date/time	Further information/planning, delivering and evaluating postnatal care
12/9/10. 1500	Attended ward from Ronald McDonald Triage. Implanon administered observations satisfactory Requires Implanon Trying to contact medical staff C Lafferty
12/9/10	G. Mills Implanon inserted under LA, inner aspect of L/F arm. Pressure bandage applied. M Gray 1532 Implanon® Lot: 677091/774824 For patient file 44849.100
	Card given JK. To return to wd 38 for time to attend day case for P/N check. Monday 13.9.10. JK Thomson F/W
13/9/10 4/24	Baby Travis-clayton Jamieson. 28wks. Doing well. NgT/EBM-cs. On Ventilator. aDunn.
(M)	Well. Thinking of going home in Ronald McDonald Fraser 5,000 in gin S.C See MDAN 1500 Tues. 14/9/10. aDunn.
14/9/10	MDAN -
16/9/10 11/24 14-25 ND38	MDAN. upset bad news regarding cs baby. has small bleed brain and valve problems. may need to go to Glasgow 19.9.10. 12mD. aDunn. Sunday for 10th day check

Feeling confident with your baby

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

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

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Handling my baby safely		
Choosing nappies for my baby		
Changing my baby's nappies		
Caring for my baby's cord		
A 'top and tail' wash/caring for my baby's skin		
Bathing my baby		
How to reduce the risk of cot death		
Signs that my baby is well		
Signs that my baby may be ill		
Car safety and home safety		
Registering the birth/registering with a General Practitioner		

Other things I want to ask about:

Information for you (indicate when received)

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes

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

Breastfeeding your baby

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

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

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding		
Positioning my baby for breastfeeding		
Principles of good attachment		
How to recognise that my baby is feeding well		
My baby's feeding and sleeping patterns for the first few days		
'Baby led' feeding		
When my milk 'comes in'		
Rooming in at the maternity unit		
Sharing a bed with my baby - the risks discussed		
Winding my baby		
My baby's needs (exclusive breastmilk for around the first six months of life)		
Why dummies or teats should not be used		
How to hand express my breastmilk		
Expressing breastmilk a) sterilising equipment		
b) safe storage		
Signs that my baby is feeding well and thriving		
Breastfeeding support in my community		

Other things that I want to ask about:

Bottle feeding your baby

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

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit		
The importance of good hand hygiene		
Sterilising equipment		
Making up a formula feed correctly and safely (always following the manufacturer's instructions)		
Giving a bottle feed correctly and safely		
Winding my baby		
My baby's feeding and sleeping patterns for the first few days		
'Baby led' feeding		
'Rooming in' at the maternity unit		
Sharing a bed with my baby - the risks discussed		
Choosing the right type of milk for my new baby (whey based)		
Signs that my baby is feeding well and thriving		

Other things about feeding that I want to ask about:

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful. The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

- How I feel I am coping
- My mood and emotions
- How I feel I am doing as a parent
- Not liking my baby at the moment
- Difficulties with my baby's feeding
- Managing my tiredness
- Questions about my baby
- Coping with my baby's crying
- My anxieties
- Relationships with my family

Thinking about your pregnancy, labour and birth

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

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

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

Your health after the birth

Blood tests/other tests and results				
Date	Time	Investigation	Indication	Result/actions

Discharge from midwifery care

Date . . / . . / . . Days postnatal Assessed by

Special features identified (please sign and date each entry)

BP . . / . .

General wellbeing and mental health

Current smoker? ☐ No ☐ Yes /day

Risk of passive smoking to baby explained? ☐ No ☐ Yes

Contraception and sexual health

	Any problems		Details
Passing urine	☐ No	☐ Yes	
Pelvic floor	☐ No	☐ Yes	
Bowel function	☐ No	☐ Yes	
Breasts	☐ No	☐ Yes	
Perineum/abdomen	☐ No	☐ Yes	
Lochia/menstruation	☐ No	☐ Yes	
Cervical smear due	☐ No	☐ Yes	

Concerns

Handover to health visitor completed ☐ No ☐ Yes Details

Six week follow-up appointment discussed/arranged ☐ No ☐ Yes Details

Signed Print name Designation

Whose signature?

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

Name (please print)	Signature	Job title
LAFFERTY		Midwife
		m/w

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
Address	**3, Woodley Caravan Park, Arbroath, Angus, DD11 2QJ**	Sex	**Female**	GP	**Js Cherry Medical Centre 7 Hill Place Arbroath**
		Hospital Number	**1003820107**		**DD11 1AE**
		Midwife	**Christine Field**		
		Obstetrician	**Dr A Gordon**		
Telephone	**07562111995**	Paediatrician	**Dr Birgit Wefers**	Telephone	**01241 431144**

MOTHER'S DISCHARGE SUMMARY (Printed 11 September 2010)

Social history	**Single One parent Family**	Obstetric History	**Parity 2+0**
Smoking Status	**Non Smoker at booking** **Non Smoker at delivery**	Onset	**Not applicable**
Augmentation	**Not applicable**	Membrane To Birth	**00:01**
Delivery (most significant method)	**CS2 Maternal or fetal compromise which is not immediately life threatening**	First Stage	**Unknown**
Indication	**Suboptimal CTG (no mec), *Intrauterine Growth Restriction. Previous stillbirth at 24 weeks with HELLP Syndrome***	Second Stage	**Unknown**
Intrapartum Problems	**No**		
Third Stage Management	**Removed at Caesarean Section** **Primary Oxytocic :** Syntocinon i/v (bolus), Syntocinon i/v (infusion).	Third Stage	**00:00**
Tubal Ligation	**No**		
Pain Relief	**Delivery:** Spinal, General Anaesthetic		
Placenta	**Condition: Normal** **Completeness: Complete**	Membranes	**Complete**
Blood Loss	**300 mls**	Postpartum Problems	**No**
Perineum	**No Sutures**		

Livebirth Baby: 1 10:50 Thursday 09 September 2010

Baby	**Baby Jamieson (Male)**	Other number		**Livebirth at 28 weeks**
Birth Order	**1 of 1**	Hospital Number	**0909105596**	**815 grams**

Blood Group	**Not Known**	Rhesus Group	**Not Known**
Mother's HB	**Not Recorded**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Breast**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharged	**11/9/2010 at 15:00 from Ward 38, WITHOUT BABY , BABY ON NEONATAL UNIT**	Postnatal Stay	**2 days**
Family Planning	**Discussed, Planned method Implant**		
Postnatal Smear	**Recommended**		
Medication	**Analgesics, fragmin**		
Follow Up Recommendation	**Postnatal check at Health Centre/Surgery. Other clinic follow up Meeting due to pram referal later this month.**		
	No		
Discharged To	**Ronald MacDonald Suite, Ninewells Hospital**		

ASSESSED FIT FOR DISCHARGE Name: **Mrs Jacqueline Lafferty** Status: **Hospital Midwife** Signed: J Lafferty Date: 11/9/10

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
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		Midwife	**Christine Field**		**DD11 1AE**
		Obstetrician	**Dr A Gordon**		
Telephone	**07562111995**	Paediatrician	**Dr Birgit Wefers**	Telephone	**01241 431144**

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Augmentation	**Not applicable**	Membrane To Birth	**00:01**
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Indication	**Suboptimal CTG (no mec), *Intrauterine Growth Restriction. Previous stillbirth at 24 weeks with HELLP Syndrome***	Second Stage	**Unknown**
Intrapartum Problems	**No**		
Third Stage Management	**Removed at Caesarean Section** **Primary Oxytocic :** Syntocinon i/v (bolus), Syntocinon i/v (infusion).	Third Stage	**00:00**
Tubal Ligation	**No**		
Pain Relief	**Delivery:** Spinal, General Anaesthetic		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**300 mls**	Postpartum Problems	**No**
Perineum	**No Sutures**		

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Transfusion	**None**	Rubella	**Not required**
Feeding	**Breast**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharged	**11/9/2010 at 15:00 from Ward 38, WITHOUT BABY , BABY ON NEONATAL UNIT**	Postnatal Stay	**2 days**
Family Planning	**Discussed, Planned method Implant**		
Postnatal Smear	**Recommended**		
Medication	**Analgesics, fragmin**		
Follow Up	**Postnatal check at Health Centre/Surgery. Other clinic follow up Meeting due to pram referal later this month.**		
Recommendation	**No**		
Discharged To	**Ronald MacDonald Suite, Ninewells Hospital**		

ASSESSED FIT FOR DISCHARGE Name: **Mrs Jacqueline Lafferty** Status: **Hospital Midwife** Signed: J Lafferty Date: 11/9/10

FOR PHARMACY USE

Checked by: .....

Clinical Pharmacist

Patient Counselled: .....(Initials)

Medicines Required On Ward

Date.....

Time.....

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

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

.....Hosp./Inf.

To Dr. .....

.....

.....

ALWAYS USE BALLPOINT PEN

HOSPITAL: NW. WARD/CLINIC: 8 Labour

D D M M Y Y: 10 03 82 01 07 C.H.I. No.

Surname: FAMUSON

First Name: YVONNE M. State

Address: .....

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

Date Placed on Waiting List: ..... (if appropriate) Date of Admission: 9/9/10

** Delete as appropriate* Type of Admission: Elective /Emergency / Urgent / Transfer

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	9/9/10	Obs	Dr Lynch	HOME			

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Emerg LUSCS . @ 28/40

PRINCIPAL OPERATION / PROCEDURES:

OTHER CONDITIONS:

1, ...
2. .....
3. .....

OTHER OPERATIONS / PROCEDURES:

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

....1st Fold....

7 days supply will be dispensed unless stated otherwise in box provided

Days	MEDICINE TREATMENT ON DISCHARGE: NAME OF MEDICINE	DOSE	Times of Administration (Mark √): 8 10 12 14 16 18 20 22 24	DURATION OF TREATMENT	DISPENSED BY PHARMACY: Number	Brand Names (for information only)
5	FRAXIPARIN	5000u	✓			
	Paracetamol	1g	✓ ✓ ✓ ✓			
	Diclofenac	50mg	✓ ✓ ✓			

Discharge Prescriptions should normaliy be sent to pharmacy at least 24 hours before discharge

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

INFORMATION / ADVICE TO PATIENT: ☐ YES ☐ NO IF YES, SPECIFY

KNOWN ALLERGIES:

CARE ARRANGEMENTS ON DISCHARGE (TICK BOX): NONE ☐ DISTRICT NURSE ☐ SOCIAL WORK ☐ HOME HELP/ RELATIVES ☐

Final Distribution:

WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

FOLLOW-UP APPOINTMENT

DATE	TIME	CLINIC	DELETE AS APPROPRIATE: GIVEN / TO BE SENT

RESULTS AWAITED: YES ☐ NO ☐ IF YES, SPECIFY:.....

FOR FURTHER INFORMATION CONTACT: ..... (NAME) ..... (STATUS) ..... (TEL NO)

Signature: ..... Status: SR2

Dr Lynch ..... Consultant Date: 9/9/10

Dispensed By: .....

Checked By: .....

Date: 9/9/10

THB(MR)26
4 Part Set

NHS TAYSIDE	**MATERNITY CALL RECORD**	
DATE: 8/9/10.	TIME: 1604	DOB/CHI: 100382.
NAME: Yvonne Jamieson.	ADDRESS: 3 Woodbey Caravan Park Arbroath.	PHONE NO.: (1 s/s)
GESTATION: 28.	EDD: 2/12/10.	PARITY: 2 + 0.
BLOOD GROUP: opos.	FMF TODAY? POSITION OF BABY	ANY PV LOSS? SRM? COLOUR; GROUP B STREP?
REASON FOR CALL: Yvonne full of cold. ↓ FM today. 5 in total.	PREVIOUS MEDICAL OR OBSTETRIC HISTORY: prev s/s.	PROBLEMS IN THIS PREGNANCY: No.
CONTRACTIONS OR PAIN? WHERE?	FREQUENCY:	STRENGTH:
SPECIFIC ADVICE GIVEN: Advised to try ice cold water + monitor FM over next 2 hours. Phone Back at 1800 to update us.	PLAN	SIGNATURE: Bruce S/M.

1815 called back still no FMF — carrying on. & not well.

to N/W's WD 37A. L.H.

CALL BACK 1		
DATE TIME		
REASON		
PLAN		
SIGNATURE		
PRINT NAME		
DESIGNATION		
CALL BACK 2		
DATE		
TIME		
REASON		
PLAN (consider face-to-face assessment)		
SIGNATURE		
PRINT NAME		
DESIGNATION		

Name:	Yvonne Jamieson	GP:	Dr Blanchfield
Address:	3 Woodley Caravan Park, Arbroath DD11 2QJ	GP Address:	Arbroath Medical Centre
DOB/CHI:	1003820107	Next of Kin: Address/Tel:	Not explicitly identified

Community Mental Health Team Assessment

Summary

Date referred:	**Received 13-08-10**	**Category:**	**2**	**Referred by:**	Chris Field (Midwife)
Reason for referral:	History of depression and current pregnancy				

Date of Assessment:	**6-09-10**	**Assessed by:**	Chris Larsen
Previous Records	**Yes (Perth)**	**Available:**	No

08/09/10

Risk Assessment Summary	
Suicide:	Low risk
Neglect:	Low risk
Aggression/Violence:	Low risk
Other:	Existing Child protection issues relating to Yvonne's husband John.

Outcome of Assessment	
Main findings:	No evidence of current depression or other significant mental health problem. Impression of possible mild learning difficulty – unable to assess this.
Diagnosis (if given):	No diagnosis made

Yvonne gave no evidence of experiencing any current or very recent significant mental health problem, although had difficulties last year (leading to a brief hospital admission at Murray Royal) arising from difficult circumstances including a the loss of her unborn child at 6 months and allegations against her husband John of risk in regard to Yvonne's son Kyle. Child protection arrangements now established mean that Yvonne may not have custody of her son whilst she remains with John. She has weekly supervised access. Kyle continues to live in Perth with Yvonne's sister. Concerns arise due to the fact that Yvonne is now pregnant again. My contact today with Social Work (Jenny Mitchell) in Perth suggest the issue is less Yvonne's mental health than concerns about her husband's previous behaviour and difficulties.
Yvonne herself did not feel she is experiencing mental health difficulties, and is not seeking support or treatment at present from the CMHT, although she is clear that depression is something that has affected her in the past, including post-natally, (8 years ago) although she stated this was not treated, after being reportedly diagnosed by her then GP. She was referred for some community support in Perth in the past, but appears to have defaulted on appointments. She agreed the decision not to accept her for support at present. She was offered, but did not want, written information in relation to PND.

Accept for Care: ❑	Discharge to referrer: √	Refer elsewhere (& discharge to referrer): ❑	Other: ❑

Treatment Recommendations (if any)
No recommendation for treatment arises from this assessment. It is documented that Yvonne has been referred to the PRAM. *A child protection issue may arise in relation to Yvonne's child, when born, given the existing arrangements in relation to Kyle because of risks assessed as being posed by Yvonne's husband John.*

Recommendations to CMHS			
Requires:			
Case Manager / Worker ❑	Medical Officer ❑		Group Therapies ❑
Psychologist ❑	OT ❑	Day Services ❑	Support Worker ❑
Additional Comments			

A full report will be available on request. Please contact us if you require a copy:

Community Mental Health Services
Gowanlea, 12-14 Seaton Road
Arbroath DD11 5DX
Tel: (01241) 437200

Signed:	Date: :
Name (print) CHRIS LARSEN	Designation: ACTING CASE MANAGER

NHS
Tayside

Parental Consent for Newborn Blood Spot Screening for Phenylketonuria Congenital Hypothyroidism and Cystic Fibrosis

You will have received an information leaflet describing the newborn blood spot screening tests for Phenylketonuria, Congenital Hypothyroidism and Cystic Fibrosis. The leaflet also explains what happens to the screening results and the blood spot cards after testing is complete.

As a parent you are asked to decide whether you wish your baby to have these screening tests. Consent to be included on a National Register shall be sought following a positive diagnosis. There are separate databases for Phenylketonuria, Congenital Hypothyroidism and Cystic Fibrosis and access to the information in each is strictly controlled and subject to the Data Protection Act. The information can be used to monitor the screening programmes and help plan their future development. Participation is entirely voluntary and patients can ask to have their details withdrawn at any time.

We also need your permission to use any of the blood spots left over after testing is compete for further anonymised research in newborn screening. (If further research was to be "patient identifiable" we would always contact you again to seek your approval).

Before considering the statements 1-3 please read and sign below.

I confirm that I have received and read the leaflet *"A Parent's Guide to Newborn Blood Spot Screening for Phenylketonuria, Congenital Hypothyroidism and Cystic Fibrosis".* I have had this information explained to me and understand the reasons for testing and the consequences of the results.

Parent Signature Y. Jamieson Date 13-9-2010.

Baby's Name Travis JAMIESON

Baby's Date of birth and CHI number 0 9 0 9 1 0 5 5 9 0

Yvonne Jamieson 10-03-82 CIC?

~~Please read the following 3 statements and delete as appropriate.~~

1 I wish / ~~do not wish~~ my baby to be tested for Phenylketonuria
~~I wish / do not wish my baby to be tested for Congenital Hypothyroidism~~
I wish / ~~do not wish~~ my baby to be tested for Cystic Fibrosis

2 I agree / ~~do not agree~~ for the storage of my baby's blood spot specimen beyond the 12 month testing period

3 ~~I agree~~ / do not agree to the use of any leftover blood spots for anonymised research.

Parent signature Y. Jamieson Date 13-9-2010.

Midwife / Nurse signature [signature] Print Name HAZEL STEWART

Designation C/N Date 13.9.10

Tayside Pathology Laboratories
Ninewells Hospital, Dundee

BIOPSY REPORT

JAMIESON, Yvonne	10 Mar 1982	TS10020999
N/W Labour Suite		CHI No. 1003820107
Clinician Dr P. LYNCH		
Date Recvd 10 Sep 2010	Date Issued 15 Sep 2010	

Nature of Specimen(s)

Placenta and membranes.

Clinical Information Supplied

28 year old female. Intrauterine growth restriction. Previous still birth at 24 weeks gestation with HELLP syndrome. PMH of PMH of asthma, hypothyroidism. Baby delivered via emergency C-section due to non reassuring CTG. Baby delivered in good condition. Placenta grossly normal.

Macro Report

Two specimens received within the same container. The first of these is a piece of free floating umbilical cord measuring 150mm in length. The cord displays hypocoiling but no true or false knots are present. Transverse sectioning through the cord confirms the presence of three blood vessels. The second sample comprises a placental disc with attached membranes and umbilical cord. The cord has an eccentric insertion into the disc and measures 210mm in length. The coiling is appropriate and no true or false knots are present. A transverse section through the cord confirms the presence of three blood vessels. The membranes have a marginal insertion into the disc. They are smooth and translucent. The placental disc is ovoid in shape and measures 135x90mm to a maximum depth of 25mm and has a trimmed weight of 172grams. The fetal aspect is smooth, intact and unremarkable. The maternal aspect is also smooth and intact. The cotyledons vary dramatically in depth. Serial sections through the placental disc reveal multiple opaque cream coloured and haemorrhagic areas within the parenchyma. The largest of these measures approximately 20x15x15mm in maximum diameter. This accounts for approximately 5% of the volume. Blocks taken A: umbilical cord, B: membranes, C to F: representative sections through the placental disc with opaque cream coloured and haemorrhagic areas in blocks C D & E. Tissue remains.

(MUNA)

NLABR LYNP1H

ACKNOWLEDGEMENT OF RECEIPT	
WARD SECRETARY	DOCTOR

Tayside Pathology Laboratories
Ninewells Hospital, Dundee

BIOPSY REPORT

JAMIESON, Yvonne 10 Mar 1982 TS10020999

N/W Labour Suite CHI No. 1003820107

Clinician Dr P. LYNCH

Date Recvd 10 Sep 2010 Date Issued 15 Sep 2010

Micro Report

The section from the umbilical cord confirms the presence of three blood vessels. No evidence of funisitis is seen. The sample taken from the placental membranes appears normal. The samples taken from the placental parenchyma confirm the presence of foci of placental infarction.

Placenta and membranes - Focal infarction (approximately 5% of the placental volume).

Signature of Pathologist(s)

Professor C S Herrington
LD

NLABR LYNP1H

ACKNOWLEDGEMENT OF RECEIPT	
WARD SECRETARY	DOCTOR

THB(MR)309

NHS
SCOTLAND

Baby Record -
Midwifery Care

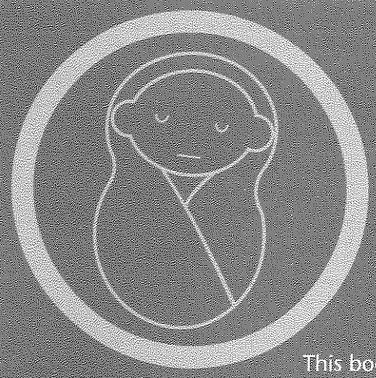
Confidential

PLEASE USE BLACK INK

BABY'S LABEL HERE

JAMIESON 1003820107
YVONNE F
3 WOODLEY CARAVAN PARK
ARBROATH DD11 2QJ

ARBROATH MEDICAL CENTRE, 7 HILL PLACE



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

This booklet will document the care given to your baby in the first days in hospital and at home. When you and your baby are discharged from community midwifery care, the booklet will be returned to the baby's hospital medical record.

SWHMR developed by the Practice Development Unit of NHS Quality Improvement Scotland

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

Postnatal discharge summary

Discharged from

To (address) ✆

GP at ✆

Obstetrician Midwife Paediatrician Wegers

Labour, birth and postnatal period

Onset of labour ☐ Spontaneous ☐ Induced: indication

Mode of delivery Em WSW on Tue day 9.9.10 at 10:50 Sex Male

Indication Sub optimal CTG. Presentation Breech Location c/s theatre

Gestation 28+1 Birthweight 815 gms g Blood loss 300 mls

APGARs 5 1 minute 9 5 minutes ☐ 10 minutes Placenta/membranes Appear complete

Maternal blood group Opos Anti-D needed ☐ No ☐ Yes Anti-D given on

Rubella status Immune Vaccination needed ☐ No ☐ Yes Vaccinated on

Further details, including problems identified during pregnancy, labour, birth and the postnatal period/referrals, investigations or results pending:

Baby CHI Discharged home with mum ☐ No ☐ Yes Feeding: type/comments

Length cm OFC cm Discharge Weight g

BCG vaccination needed ☐ No ☐ Yes: given on

Newborn blood spot screening done ☐ No: due on ☐ Yes: on ☐ Declined

Newborn hearing screening done ☐ No: due on ☐ Yes: on ☐ Declined

Vitamin K administered ☐ No ☐ Yes: details

Admitted to neonatal unit ☐ No ☐ Yes: details

Discharge medication ☐ No ☐ Yes: details

Further details, including problems identified/referrals, investigations or results pending:

Summary completed by (print name) **Date**

Signature: **Designation**

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if bottle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	Signed / ID Check
	Temperature °C Route							
	Temperature °C Route							
	Temperature °C Route							
	Temperature °C Route							
	Temperature °C Route							

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if botttle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if botttle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if botttle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									

Date/time	Further information/planning, delivering and evaluating care

Date/time	Further information/planning, delivering and evaluating care

Date/time	Further information/planning, delivering and evaluating care

Your baby's care (continued)

Date/time	Further information/planning, delivering and evaluating care

Your baby's care (continued)

Date/time	Further information/planning, delivering and evaluating care

Discharge of baby from midwifery care

Date / / Baby's age days Assessed by

Weight chart

Postnatal day	Date	Time	Weight g	Details:- including percentage of birth weight lost

Vitamin K

Vitamin K ☐ Im ☐ Oral ☐ Declined

Repeat oral doses given on / / By ☐ Declined

By Declined

Feeding

☐ Breast ☐ Bottle ☐ Mixed ☐ Supplementary feeds given

Details

Vaccinations

BCG vaccination needed ☐ No ☐ Yes BCG given as prescribed on / /

Hepatitis B vaccination needed ☐ No ☐ Yes Hepatitis B vaccination given on / /

Screening

Newborn bloodspot screening done on / / By ☐ Declined

Newborn hearing screening done on / / By ☐ Declined

Any problems identified

Jaundice ☐ No ☐ Yes ☐ SBR taken Highest SBR

Other

Hand over to health visitor complete ☐ No ☐ Yes

Follow-up appointments required ☐ No ☐ Yes

Other

Signed: Print name Date

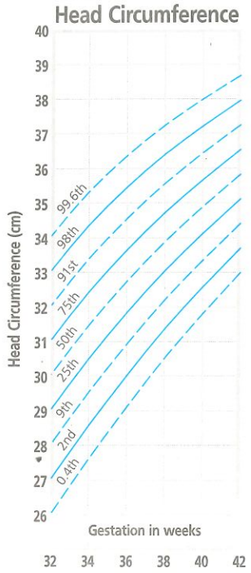
Whose signature?

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

Name (please print)	Signature	Job title

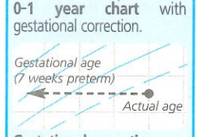
Preterm

Birth Head Circumference



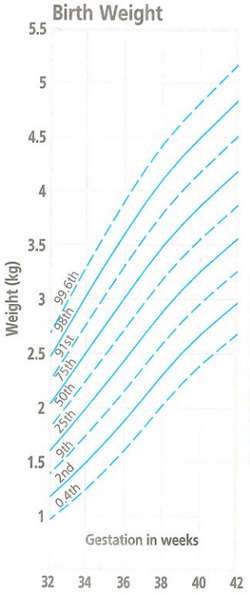
Plotting preterm infants
Use the **low birthweight chart** for infants less than 32 weeks gestation and any other infants requiring detailed assessment.

Use **this section** for infants of less than 37 weeks gestation. As with term infants there may be some weight loss in the early days. From 42 weeks, plot on the **0–1 year chart** with gestational correction.

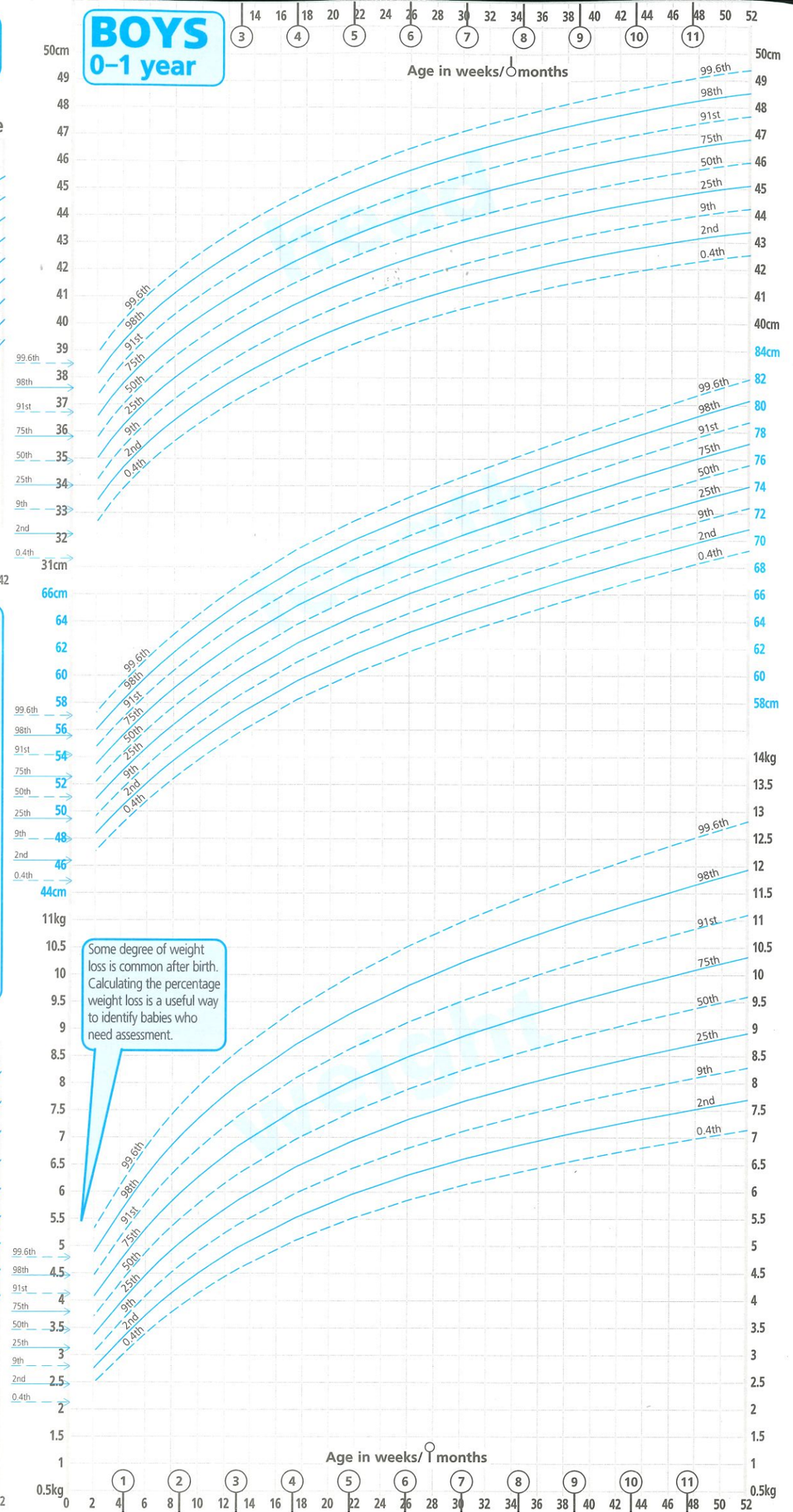


Gestational correction
Plot actual age then draw a line back the number of weeks the infant was preterm and mark the spot with an arrow; this is the gestationally corrected centile.

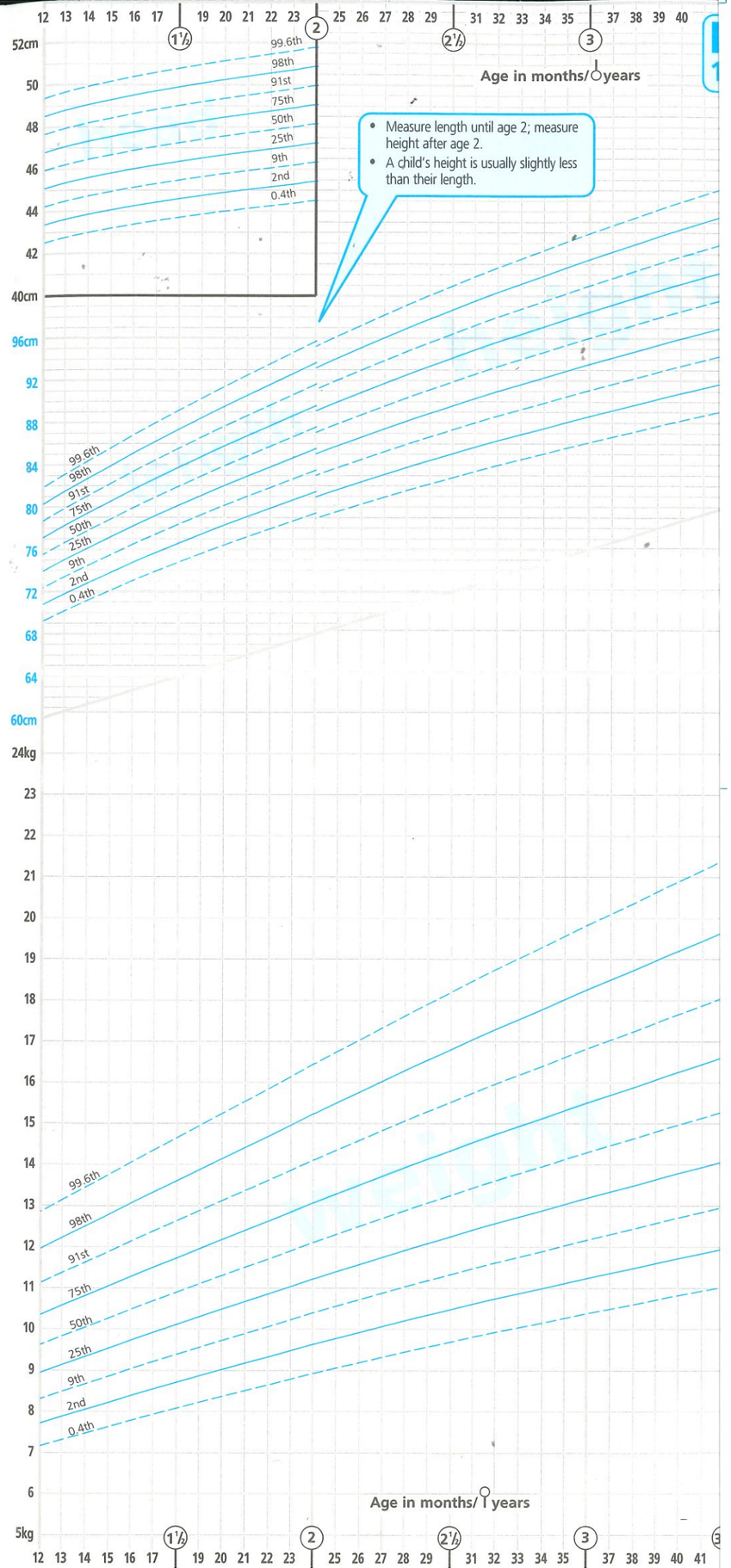
Birth Weight



BOYS 0–1 year



Some degree of weight loss is common after birth. Calculating the percentage weight loss is a useful way to identify babies who need assessment.



Data Recording (continued)

Measurement 11
Recording Date
Weight
Head Circumference
Length/Height
Location
Health worker name

Measurement 12
Recording Date
Weight
Head Circumference
Length/Height
Location
Health worker name

Measurement 13
Recording Date
Weight
Head Circumference
Length/Height
Location
Health worker name

Measurement 14
Recording Date
Weight
Head Circumference
Length/Height
Location
Health worker name

Measurement 15
Recording Date
Weight
Head Circumference
Length/Height
Location
Health worker name

Measurement 16
Recording Date
Weight
Head Circumference
Length/Height
Location
Health worker name

Measurement 17
Recording Date
Weight
Head Circumference
Length/Height
Location
Health worker name

Measurement 18
Recording Date
Weight
Head Circumference
Length/Height
Location
Health worker name

Measurement 19
Recording Date
Weight
Head Circumference
Length/Height
Location
Health worker name

Measurement 20
Recording Date
Weight
Head Circumference
Length/Height
Location
Health worker name

BOYS UK-WHO
Growth Chart 0–4 years

Department of Health | Royal College of Paediatrics and Child Health | World Health Organization

Please place sticker (if available) otherwise write in space provided.

Name: JAMIESON

NHS/CHI No:

Hospital No:

Date of Birth: 09/09/2010

Who should use this chart?

Anyone who measures a child, plots or interprets charts should be suitably trained, or be supervised by someone qualified to do so. For further information and training materials see www.growthcharts.rcpch.ac.uk

A growth chart for all children

The UK-WHO growth chart combines World Health Organization (WHO) standards with UK preterm and birth data. The chart from 2 weeks to 4 years of age is based on the WHO growth standard, derived from measurements of healthy, non-deprived, breastfed children of mothers who did not smoke.[1] The chart for birth measurements (32–42 weeks gestation) is based on British children measured around 1990.[2] The charts depict a healthy pattern of growth that is desirable for all children, whether breast fed or formula fed, and of whatever ethnic origin.[3]

Weighing and measuring

Weight: use only class III clinical electronic scales in metric setting. For children up to 2 years, remove all clothes and nappy; children older than 2 years should wear minimal clothing only. Always remove shoes.

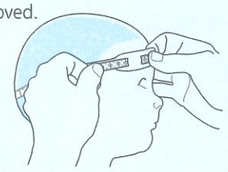
Length: (before 2 years of age): proper equipment is essential (length board or mat). Measurers should be trained. The child's shoes and nappy should be removed.





Height: (from 2 years): use a rigid rule with T piece, or stadiometer; the child's shoes should be removed.

Head circumference: use a narrow plastic or paper tape to measure where the head circumference is greatest. Any hat or bonnet should be removed.



When to weigh

Babies should be weighed in the first week as part of the assessment of feeding and thereafter as needed. Recovery of birthweight indicates that feeding is effective and that the child is well. Once feeding is established, babies should usually be weighed at around 8, 12 and 16 weeks and 1 year at the time of routine immunisations. If there is concern, weigh more often; however, weights measured too close together are often misleading, so babies should be weighed no more than once a month up to 6 months of age, once every 2 months from 6 to 12 months of age, and once every 3 months over the age of 1 year. However, most children do not need to be weighed this often.

When to measure length or height

Length or height should be measured whenever there are any worries about a child's weight gain, growth or general health.

Plotting measurements

For babies born at term (37 weeks or later), plot each measurement on the relevant chart by drawing a small dot where a vertical line through the child's age crosses a horizontal line through the measured value. The lettering on the charts ('weight', 'length' etc.) sits on the 50th centile, providing orientation for ease of plotting.

Plot birth weight (and, if measured, length and head circumference) at age 0 on the 0–1 year chart. The coloured arrows at age 0 represent UK birth weight data and show the child's birth centile.

Weight gain in the early days varies a lot from baby to baby, so there are no lines on the chart between 0 and 2 weeks. However, by 2 weeks of age most babies will be on a centile close to their birth centile.

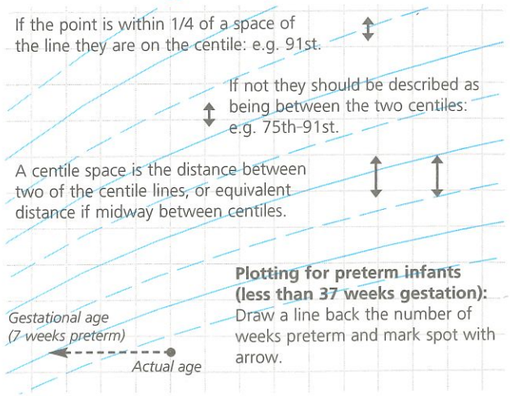
For **preterm infants** a separate low birth weight chart is available for infants of less than 32 weeks gestation and any other infant requiring detailed assessment. For healthy infants born from 32 weeks and before 37 weeks, plot all measurements in the preterm section (to the left of the main 0–1 year chart) until 42 weeks gestation, then plot on the 0–1 year chart using gestational correction, as shown below.

The preterm section can also be used to assess the relative size of infants at the margin of 'term' (e.g. 37 weeks gestation), but these measurements should also be plotted at age 0 on the 0–1 year chart.

Gestational correction

Plot measurements at the child's actual age and then draw a line back the number of weeks the infant was preterm. Mark the spot with an arrow (see diagram): this is the child's gestationally corrected centile. Gestational correction should continue until at least 1 year of age.

Centile terminology



Interpreting the chart

Assessing weight loss after birth

Most babies lose some weight after birth but 80% will have regained this by 2 weeks of age. Fewer than 5% of babies lose more than 10% of their weight at any stage; only 1 in 50 are 10% or more lighter than birth weight at 2 weeks.

Percentage weight loss can be calculated as follows:

$$\text{Weight loss} = \text{current weight} - \text{birth weight}$$

$$\text{Percentage weight loss} = \frac{\text{Weight loss}}{\text{Birth weight}} \times 100\%$$

For example, a child born at 3.500kg who drops to 3.150kg at 5 days has lost 350g or 10%; in a baby born at 3.000kg, a 300g loss is 10%.

Careful clinical assessment and evaluation of feeding technique is indicated when weight loss exceeds 10% or recovery of birth weight is slow.

What do the centiles mean?

These charts indicate a child's size compared with children of the same age and maturity who have shown optimum growth. The chart also shows how quickly a child is growing. The centile lines on the chart show the expected range of weights and heights (or lengths); each describes the number of children expected to be below that line (e.g. 50% below 50th, 91% below the 91st). Children come in all shapes and sizes, but 99 out of 100 children who are growing optimally will be between the two outer lines (0.4th and 99.6th centiles); half will lie between the 25th and 75th centile lines.

Being very small or very big can sometimes be associated with underlying illness. There is no single threshold below which a child's weight or height is definitely abnormal, but only 4 per 1000 children who are growing optimally are below the **0.4th centile**, so these children should be assessed at some point to exclude any problems. Those above the **99.6th centile** for height are almost always healthy. Also calculate BMI if weight and height centiles appear very different.

What is a normal rate of weight gain and growth?

Babies do not all grow at the same rate, so a baby's weight often does not follow a particular centile line, especially in the first year. Weight is most likely to track within one centile space (the gap between two centile lines, see diagram). In infancy, acute illness can lead to sudden weight loss and a weight centile fall but on recovery the child's weight usually returns to its normal centile within 2–3 weeks. However, a sustained drop through two or more weight centile spaces is unusual (fewer than 2% of infants) and should be carefully assessed by the primary care team, including measuring length/height.

Because it is difficult to measure length and height accurately in pre-school children, successive measurements commonly show wide variation. If there are worries about growth, it is useful to measure on a few occasions over time; most healthy children will show a stable *average* position over time.

Head circumference centiles usually track within a range of one centile space. After the first few weeks a drop or rise through two or more centile spaces is unusual (fewer than 1% of infants) and should be carefully assessed.

Why do the length/height centiles change at 2 years?

The growth standards show length data up to 2 years of age, and height from age 2 onwards. When a child is measured standing up, the spine is squashed a little, so their height is slightly less than their length; the centile lines shift down slightly at age 2 to allow for this. It is important that this difference does not worry parents; what matters is whether the child continues to follow the same centile after the transition.

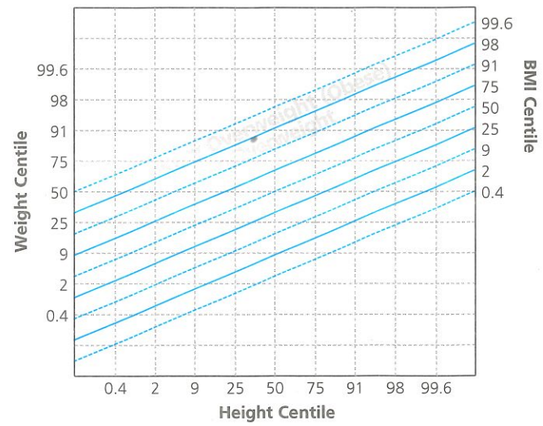
Predicting adult height

Parents like to know how tall their child will be as an adult. The child's most recent height centile (aged 2–4 years) gives a good idea of this for healthy children. Plot this centile on the adult height predictor to the right of the height chart to find the average adult height for children on this centile. Four out of five children will have adult heights that are within 6cm above or below this value.

Weight–height to BMI conversion chart

BMI indicates how heavy a child is relative to his or her height and is the simplest measure of thinness and fatness from the age of 2, when height can be measured fairly accurately. This chart[4] provides an approximate BMI centile, accurate to a quarter of a centile space.

$$\text{BMI} = \frac{\text{weight in kg}}{(\text{height in m})^2}$$



Date:				
Age:				
BMI Centile:				

Instructions for use

1. Read off the weight and height centiles from the growth chart.
2. Plot the weight centile (left axis) against the height centile (bottom axis) on the chart above.
3. If between centiles, read across in this position.
4. Read off the corresponding BMI centile from the slanting lines.
5. Record the centile with the date and child's age in the data box.

Interpretation

In a child over 2 years of age, the BMI centile is a better indicator of overweight or underweight than the weight centile; a child whose weight is average for their height will have a BMI between the 25th and 75th centiles, whatever their height centile. BMI above the 91st centile suggests that the child is overweight; a child above the 98th centile is very overweight (clinically obese). BMI below the 2nd centile is unusual and may reflect undernutrition.

References

1. www.who.int/childgrowth/en
2. Cole TJ, Freeman JV, Preece MA. British 1990 growth reference centiles for weight, height, body mass index and head circumference fitted by maximum penalized likelihood. Stat Med 1998;17:407-29.
3. www.sacn.gov.uk/reports_position_statements/index.html
4. Cole TJ. A chart to link child centiles of body mass index, weight and height. Eur J Clin Nutr 2002;56:1194-9.

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Manufacture 2 Jan. 10

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Baby	**Baby Jamieson**	Other number		Date of Birth	**9/9/2010**
Address	**3, Woodley Caravan Park, Arbroath, Angus, DD11 2QJ**	Sex	**Male**	GP	**Js Cherry Medical Centre 7 Hill Place Arbroath DD11 1AE**
		Hospital Number	**M35820**		
		Birth Order	**1 of 1**		
		Midwife	**Christine Field**		
Telephone	**07562111995**	Obstetrician Paediatrician	**Dr A Gordon** **Dr Birgit Wefers**	Telephone	**01241 431144**

BABY RECORD - PART 1 (Printed 9 September 2010)

Obstetric History	**Gravida Gravida 3 Para 2+0 Para**	Maternal Blood Group	**Not Recorded**
Ultrasound Normal	**Not Recorded**	Antibodies	**Not Recorded**
		Rhesus Status	**Not Recorded**
Onset	**Not applicable**	Time of Onset	
Augmentation		Membranes to delivery	**00:01 (hrs:mins)**
Presentation	**Other Cephalic**	First Stage	**00:00 (hrs:mins)**
Type of Delivery	**CS2 Maternal or fetal compromise which is not immediately life threatening**	Second Stage	**00:00 (hrs:mins)**
Analgesia - Labour	**None Recorded**	Analgesia - Delivery	**General Anaesthetic , Spinal**
Intrapartum Problems	**No**		

Livebirth Baby: 1 10:50 Thursday 09 September 2010

Mother

Name	**Miss Yvonne M Jamieson**	Hospital Number	**1003820107**
Feeding intention	**Breast**	CHI Number	**000545858**

Baby

Birth Order	**1 of 1**	Sex	**Male**
Weight	**815 grams (1 lbs & 13 ozs)**	Liquor	**Clear**
Final due date		Antenatal steroids	**None Recorded**
Method of Resuscitation	**Tracheal ventilation with tracheal suction**	Spontaneous Respiration	**Not achieved**
Drugs Administered	**Not known**		
Indication	**Suboptimal CTG (no mec), *Intrauterine Growth Restriction. Previous stillbirth at 24 weeks with HELLP Syndrome***		
Delay to first breath	**No delay**	Delay to heartbeat	**No**
Vitamin K given	**Intramuscular (1 mg)**		

Apgar

Minutes	Colour	Tone	Heart Rate	Respiration	Response to Stimulus	Total
1	1	1	1	1	1	5
5	1	2	2	2	2	9
10						

Cord round neck	**No**	Vessels in cord	**3**
Cord samples taken	**Not Recorded**		

Cord Gases

	pH	pCO2	BaseExcess
Arterial	7.224	8.18	-4.1
Venous	7.219	8.52	-3.6

Neonatal admission

Reason	**Prematurity**	Notes	

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Baby	**Baby Jamieson**	Other number		Date of Birth	**9/9/2010**
Address	**3, Woodley Caravan Park, Arbroath, Angus, DD11 2QJ**	Sex	**Male**	GP	**Js Cherry Medical Centre 7 Hill Place Arbroath DD11 1AE**
		Hospital Number	**M35820**		
		Birth Order	**1 of 1**		
		Midwife	**Christine Field**		
Telephone	**07562111995**	Obstetrician Paediatrician	**Dr A Gordon** **Dr Birgit Wefers**	Telephone	**01241 431144**

BABY RECORD - PART 2 (Printed 9 September 2010)

Post Delivery checks by midwife complete this form as required to record the postnatal baby care

Weight **815 grams (1 lbs & 13 ozs)**
Length **cm**
Head Circumference **cm**
Suspected abnormality

Jaundice
Metabolic screen (PKU)
Hearing test
Hepatitis vaccine

Hypoglycaemia
Group B risk
Hip screening scan
BCG vaccine

Screening examination Place a ☑ or a ☒ against each **heading**, ring any abnormality and note details inc side below

General ☐	Head & Neck ☐	Face ☐	Resp ☐	CVS ☐	Abdo ☐	Limbs ☐	CNS ☐
Colour	Sutures	Face	Auscultation	Ht sounds	Abdomen	Arms	Muscle tone
Skin	Fontanelles	Red reflex		Ht murmurs	Spleen	Hands	Posture
Body shape	Head	Eyes		Femorals	Liver	Spine	Movement
	Neck	Ears			Kidneys	Legs	Cry
		Nose			Umbilicus	Feet	Grasp
		Palate			Anus	Hips L ☐	Moro
		Mouth			Genitalia	Hips R ☐	

Notes

Diagnosis 1)
2)
3)

Abnormality 1)
2)
3)

Screening exam completed by (sign)..... Status..... Date.....

Discharge Assessment and Plan

Discharge Weight **grammes**
Method of feeding
Feeding problems
Urine passed
Eyes
Problems
Notes

Feeding pattern
Bowels opened :
Umbilicus

Discharge plan **Not discharged - Document prepared on 09/09/2010**
Follow up
Referrals
Recommendations

Discharge Assessment completed (sign)..... Status..... Date.....

FOR PHARMACY USE:

Checked by

Clinical Pharmacist

Patient Counselled

(Inits)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.

To Dr. ALL D

WHITE FRIARS SURGERY

PERTH

Ward/Clinic/ 36

Hosp. RAH Cons.

D D M M Y Y

1 0 0 3 0 2 1 0 7 C.H.I. No.

Surname ANDERSON

First Name CATHERINE M. State

Address 1 E PATERSONS COURT PERTH Sex

PH1 2TD

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

USE BLOCK LETTERS OR PATIENT LABEL

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

Date Placed on Waiting List (if appropriate)

Date of Admission: 14.04.09

*Delete as appropriate

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

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	15.04.09	GYNAE	MACKISSOCK	HOME			

When Medicines are to be dispensed **all** copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Retained products of conception

PRINCIPAL OPERATION / PROCEDURES: Antibiotics conservative management

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES:

Days	MEDICINE TREATMENT ON DISCHARGE — NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓) 8 10 12 14 16 18 20 22 24	DISPENSED BY PHARMACY Number	Brand Names (for information only)
7	CO-AMOXICLAV	375 mg		✓ ✓ ✓	21	TTO
	LEVOTHYROXINE	75 mcg		✓		own supply
	SERETIDE 250 inhaler 2 puffs			PRN		own supply
	VENTOLIN inhaler 2 puffs			PRN		own supply

... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

for repeat scan and review in 10 days time.

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ✓ | CONFINED TO HOUSE ☐ | PARTIALLY BEDRIDDEN ☐ | CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. MACKISSOCK Consultant
2. Sen. Registrar/Registrar
3. 36 Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature ..... Status GPST1

for MACKISSOCK Consultant Date 15.04.09

Dispensed By .....

Checked By .....

Date 15.04.09

Final Distribution

WHITE - G.P.

PINK - General Office Medical Records

YELLOW - Case Records

BLUE - Pharmacy

THB(MR)26 DTH
4 Part Set

FOR PHARMACY USE

Checked by

Clinical Pharmacist

Patient Counselled

(Inits)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

..... Hosp./Inf.

To Dr. .....

.....

.....

Ward/Clinic/

Hosp. ..... Cons.

D D M M Y Y

C.H.I. No.

Surname .....

First Name ..... M. State

Address ..... Sex

.....

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

USE BLOCK LETTERS OR PATIENT LABEL

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

Date Placed on Waiting List ..... Date of Admission: .....
(if appropriate)
*Delete as appropriate

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

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT

When Medicines are to be dispensed **all** copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION / PROCEDURES:

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES:

MEDICINE TREATMENT ON DISCHARGE		DOSE	STOP DATE	Times of Administration (Mark ✓)											DISPENSED BY PHARMACY	
Days	NAME — State Date when Medicines should be stopped			8	10	12	14	16	18	20	22	24			Number	Brand Names (for information only)

... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ☐ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS	DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. ..... Consultant
2. ..... Sen. Registrar/Registrar
3. ..... Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature Status

for Consultant Date

Dispensed By .....

Checked By .....

Date .....

Final Distribution

WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26 DTH
4 Part Set

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 660111

www.nhstayside.scot.nhs.uk

Yvonne Jamieson
3 Woodley Caravan Park
Arbroath
DD11 2QJ

Date	10/11/2010
Your Ref	
Our Ref	PL/BP/ **1003820107**
Enquiries to	Mrs Britta Peters :
Extension	32959
Direct Line	01382 632959
Email	britta.peters@nhs.net

Dear Ms Jamieson

Yvonne Jamieson, 3 Woodley Caravan Park, Arbroath, DD11 2QJ DOB: 10/03/1982

I am very sorry to hear about the sad loss of baby Travis-Clayton. I would like to offer you the opportunity to return and discuss the events around delivery. I have arranged an appointment for you to attend The Outpatient Department at Arbroath Royal Infirmary on

Thursday, 9 December 2010 at 11.45

If this appointment does not suit please contact Beverley Crighton on 01241 822536 to arrange an alternative day.

Yours sincerely

Dr Pauline Lynch
Consultant Obstetrician & Gynaecologist

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Yvonne M Jamieson**	Other number	**000545858**	Date of Birth	**10/3/1982**
Address	**3, Woodley Caravan Park, Arbroath, Angus, DD11 2QJ**	Sex	**Female**	GP	**Js Cherry Medical Centre 7 Hill Place Arbroath**
		Hospital Number	**1003820107**		
		Midwife	**Christine Field**		**DD11 1AE**
		Obstetrician	**Dr A Gordon**		
Telephone	**07562111995**	Paediatrician	**Dr Birgit Wefers**	Telephone	**01241 431144**

MOTHER'S DISCHARGE SUMMARY (Printed 5 November 2010)

Social history	**Single One parent Family**	Obstetric History	**Parity 2+0**
Smoking Status	**Non Smoker at booking Non Smoker at delivery**	Onset	**Not applicable**
Augmentation	**Not applicable**	Membrane To Birth	**00:01**
Delivery (most significant method)	**CS2 Maternal or fetal compromise which is not immediately life threatening**	First Stage	**Unknown**
Indication	**Suboptimal CTG (no mec), *Intrauterine Growth Restriction. Previous stillbirth at 24 weeks with HELLP Syndrome***	Second Stage	**Unknown**
Intrapartum Problems	**No**		
Third Stage	**Removed at Caesarean Section**	Third Stage	**00:00**
Management	**Primary Oxytocic :** Syntocinon i/v (bolus), Syntocinon i/v (infusion).		
Tubal Ligation	**No**		
Pain Relief	**Delivery:** Spinal, General Anaesthetic		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**300 mls**	Postpartum Problems	**No**
Perineum	**No Sutures**		

Livebirth Baby: 1 10:50 Thursday 09 September 2010

Baby	**Baby Jamieson (Male)**	Other number	**Livebirth at 28 weeks**
Birth Order	**1 of 1**	Hospital Number **0909105596**	**815 grams**

Blood Group	**Not Known**	Rhesus Group	**Not Known**
Mother's HB	**Not Recorded**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Breast**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharged	**11/9/2010 at 15:00 from Ward 38, WITHOUT BABY , BABY ON NEONATAL UNIT**	Postnatal Stay	**2 days**
Family Planning	**Discussed, Planned method Implant**		
Postnatal Smear	**Recommended**		
Medication	**Analgesics, fragmin**		
Follow Up	**Postnatal check at Health Centre/Surgery. Other clinic follow up Meeting due to pram referal later this month.**		
Recommendation	**No**		
Discharged To	**Ronald MacDonald Suite, Ninewells Hospital**		

ASSESSED FIT FOR DISCHARGE Name: **Mrs Jacqueline Lafferty** Status: **Hospital Midwife** Signed: _____ Date: _____

RE: client

Lynch Pauline (NHS Tayside)

Sent: 04 November 2010 19:31

To: Mallis Daryl (NHS Tayside)

Cc: Peters Britta (NHS Tayside)

---

must be
dont know how I missed her - usually send when I get discharge letter
will askfor notes & check

P

Thanks Britta
Pauline Lynch
>Consultant Obstetrician & Gynaecologist
>Ward 37/38
>Ninewells Hospital & Medical School
>Dundee
>D 1 9SY
>01382 660111 page 4771
>paulinelynch@nhs.net

From: Mallis Daryl (NHS Tayside)
Sent: 04 November 2010 15:47
To: Lynch Pauline (NHS Tayside)
Subject: client

Hi Pauline,

I was wondering if Yvonne Jamieson of Woodley Caravan site , Arbroath was one of your patients. (Delivered emergency LUSCS at 28 weeks, baby died at 1 month old)

I met her last week , follow up appointments were discussed and she is due to meet Dr Sharma on 25th November. She has not recieved any obstetric followup appointment as yet.

Yvonne is moving to 38 Restenneth Drive Forfar DD82DA.

Kind regards,
Daryl

Yvonne Jamieson

Peters Britta (NHS Tayside)

Sent: 05 November 2010 10:05

To: Lynch Pauline (NHS Tayside)

Hello Pauline,

You have dictated a letter for Yvonne giving her the opportunity to 'return and discuss'. Unfortunately it appears the dictation was cut short? Could you have a look at the letter in WinVoice please on Monday?

Thanks
Britta

Britta Peters

Medical Secretary (Obstetrics)

Women & Child Health Clinical Group

Direct Dial: 01382 632959

arrange Arbr appt

p/c Bev

to give date & time to me

9/Dec
11.45

O/P dept Arbroath
contact 01241
822 536

Paediatrics and Child Health
Neonatal Intensive Care Unit
Acute Services Division
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Tel - 01382 660111
Fax - 01382 633921
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr H Blanchfield
Arbroath Medical Centre
7 Hill Place
Arbroath
DD11 1AD

Date	13th October 2010
Your Ref	12th October 2010
Our Ref	PWF/HC **0909105596**
Enquiries to	Heather Clark :
Extension	32988
Direct Line	01382 632988
Email	heatherclark@nhs.net

Dear Dr Blanchfield

Travis-Clayton Jamieson, Deceased, 3 Woodley Caravan Park, Arbroath, DD11 2QJ
DOB 09 09 10 5596
Date of death – 7th October 2010

DISCHARGE LETTER

Mother's name	Yvonne Jamieson – 10 03 82 0107
Consultant paediatrician	Dr Fowlie
Date of admission	9th September 2010
Date of transfer	23rd September 2010
Transferred to	RHSC, Glasgow
Date of re-admission	28th September 2010
Date of death	7th October 2010
Gestation	28 weeks
Birth weight	815 grams
Problems on admission	1 Preterm 2 Evolving chronic lung disease 3 Sustained period of hypotension leading to death 4 I2S2 Trial participant

Unfortunately this wee baby did not survive. The first part of his care from birth through to mid September 2010 has already been detailed in the Transfer Letter addressed to the Yorkhill Hospital Team and copied to yourself on the 23rd September 2010 when Travis was sent through to Glasgow to have his patent ductus ligated. His surgery appeared to go ahead without particular incident and although he remained relatively unstable he was transferred back to Ninewells Hospital, Dundee on the 28th October 2010.

On re – admission his main problem was evolving chronic lung disease associated with periods of desaturation which was though to represent shunting at pulmonary level. A number of interventions were tired to stabilise the situation including high pressure conventional ventilation with sedation/paralysis, diuretic therapy, transfusion, re – intubation and a period of high frequency ventilation. None on these interventions brought about sustained benefit.

He had returned from Glasgow with recognised hypocalcaemia of unknown aetiology. This appeared to resolve spontaneously after a few days of calcium supplements.

He was empirically restarted on antibiotics on the 2nd October 2010 because of his continuing instability and borderline temperature but no positive cultures were ever identified.

POSITIVE ABOUT DISABLED PEOPLE

Baby Travis – Clayton Jamieson (Deceased)
09 09 10 5596

On the 6th October 2010 Travis became hypotensive with a MEAN arterial blood pressure in the teens. Over the next twenty four hours various interventions were tried to improve this culminating in the simultaneous use of four inotropes – Dopamine, Dobutamine, Adrenalin and Hydrocortisone. Nine of these manoeuvres resulted in any improvement to his blood pressure and given his condition it was decided, in consultation with his parents, to re – orientate to comfort care only.

Early in the evening of the 7th October 2010 all intensive treatments were withdrawn, including ventilation, and Travis died peacefully in his parents arms at around 19.20 that evening. Post Mortem was discussed but declined. His family will be offered bereavement support through the Neonatal Intensive Care Unit and will be offered a routine follow up appointment with one of the Consultant in around one months' time.

May Travis rest in peace

Yours sincerely

Dr Peter Fowlie
Consultant Paediatrician

Cc Community Child Health
(P) Dr Pauline Lynch, Consultant Obstetrician, Ninewells Hospital, Dundee, DD1 9SY
Dr A M Hoochan, Consultant Neonatologist, Yorkhill Hospital, Glasgow
I2S2 Trial Co – ordinator, NICU, Ninewells Hospital

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

Date	20 May 2010
Dictated	19 May 2010
Our Ref	SS/BP
Enquiries to	Mrs Britta Peters
Extension	32959
Direct Line	01382 632959
Email	britta.peters@nhs.net

Dr E Docherty
Whitefriars Surgery
Whitefriars Street
Perth
PH1 1PP

Dear Dr Docherty

RE: YVONNE JAMIESON, 4 WALKER COURT, CANAL STREET, PERTH, PH2 8LF
MPI: 100382 0107

Your above patient was seen as an emergency in the Gynaecology Ward 36 at Ninewells Hospital. An ultrasound scan had shown retained products of conception. She was managed conservatively with antibiotics and discharged home with Co-Amoxiclav. She was asked to make a scan appointment and review in 10 days time at PRI. She does not require any further follow-up from us.

Yours sincerely

Dr S Siddiki
Sp Registrar to Dr A Nicoll
Consultant Obstetrician and Gynaecologist

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

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

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

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 V Laxman, SpR to Dr P Lynch, Ninewells Hospital
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.

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

Dr J Auld
Whitefriars Surgery
Whitefriars Street
Perth
PH1 1PP

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

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 632089
Fax Number
www.nhstayside.scot.nhs.uk

Date	19 November 2008
Dictated	14 November 2008
Our Ref	RY/BP
	Mrs Britta Peters
Enquiries to	Medical Secretary
Extension	32089
Direct Line	01382 632089
Email	britta.peters@nhs.net

Dr J Auld
Whitefriars Surgery
Whitefriars Street
Perth
PH1 1PP

Dear Dr Auld

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

Yvonne was admitted to the Gynaecological Ward in Ninewells Hospital on 5 November 2008 having been referred from PRI with lower abdominal pain. She recently had a positive pregnancy test and pelvic ultrasound performed in EPAC in PRI showed a picture of an empty uterus. She was haemodynamically stable, BHCG was 887 u/l and a pelvic ultrasound performed the following morning showed a 3mm area in the uterine cavity which could be consistent with an early pregnancy. There was also a simple looking cyst 82 x 74 x 65 mm noted in the left adnexal area. Yvonne was allowed home and I understand her repeat BHCG on 6 November was 1834 u/l, which would be consistent with an intrauterine pregnancy. I trust you will have heard by now from the Early Pregnancy Clinic in PRI about her progress. I would also like to note that her high vaginal swab obtained on 5 November showed clue cells and a profuse growth of mixed anaerobes. I think there may be a case of giving her a course of Metronidazole 400mg/bd for 7 days once she passes the first trimester.

Yours sincerely

Dr R Youssef
Sp Registrar to Dr P Chien

Gynaecology Ward
EPAC
Perth Royal Infirmary
Perth
PH1 1NX

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

Midwife led clinic:

Morna Forbes
Adele Norris
Fiona McGlashan

Date 11/12/17.

Dear

Re:

Jamieson
Yvonne

1003820107

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

pp **Dr Adam Gordon**
Consultant Obstetrician & Gynaecologist

Blood Group – Not checked.

Anti-D given – Y /(N)

Copy sent to GP (Y)/ N

disability confident EMPLOYER

PRINTED ON RECYCLED PAPER

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

POSITIVE ABOUT DISABLED PEOPLE

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

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

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

Clinic Fax – 01738 473144

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

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 – Fionna 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
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Fax Number
www.nhstayside.scot.nhs.uk

NHS Tayside

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 Gynae Scan Apt. August

POSITIVE ABOUT DISABLED PEOPLE

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

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

Dr J Auld
Whitefriars Surgery
Whitefriars Street
Perth
PH1 1PP

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

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.

TYPE OF ADMISSION:	Emergency.
DATE OF ADMISSION:	19.11.08.
DATE OF DISCHARGE:	19.11.08.
OPERATION:	Nil.
DIAGNOSIS:	Hyperemesis.
FOLLOW UP:	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.

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

Tayside Diagnostic Services

Printed by algill (Arrianne Gill (non referrer)) at 17 Jun 2026 11:17

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 1/18

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

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 05:32

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
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		

Report 2/18

Reported	Specialty	Location	Clinician
21 Jan 2013 18:22	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr Claire HUTTON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:21

CLINICAL DETAILS :
hypothyroid on 125mcgs levothyroxine.

Sample C131930276 (Blood) Collected 21 Jan 2013 11:51 Received 21 Jan 2013 17:29

TSH

TSH	0.61	mU/L	0.4 - 4.0

Report 3/18

Reported	Specialty	Location	Clinician
15 Jan 2013 10:39	Microbiology	T13975-LADE MC (formerly MAUVE	Dr Elizabeth HARVEY (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:21

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

CLINICAL DETAILS :
UPPER UTI.

Sample 13B251379 (Midstream Urine) Collected 12 Jan 2013 05:00 Received 12 Jan 2013 10:23
Urine Culture:

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

Report 4/18

Reported	Specialty	Location	Clinician
09 Jan 2013 08:57	Microbiology	MRH MORDUN A WARD	DR David HAYWARD(General Psychiatry) (Psychotherapy)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 05:11

CLINICAL DETAILS :
Not currently on antibiotics.

Sample 12MP058478 (Urine (unspecified)) Collected 06 Jan 2013 15:00 Received 07 Jan 2013 14:33
Urine culture

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

Report 5/18

Reported	Specialty	Location	Clinician
07 Jan 2013 09:03	Blood Sciences	MRH MORDUN A WARD	DR David HAYWARD(General Psychiatry) (Psychotherapy)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 05:11

CLINICAL DETAILS :
DEPRESSION.

Sample C130162991 (Blood) Collected 06 Jan 2013 14:00 Received 06 Jan 2013 15:06

SODIUM					
	SODIUM		140	mmol/L	133 - 146
POTASSIUM					
	POTASSIUM		4.0	mmol/L	3.5 - 5.3
UREA					
	UREA		4.2	mmol/L	2.5 - 7.8
CREATININE					
	CREATININE	*	**106**	umol/L	44 - 80
ALT					
	ALT		20	U/L	5 - 55
BILIRUBINS					
	BILIRUBINS		7	umol/L	0 - 21
ALKALINE PHOSPHATASE					
	ALKALINE PHOSPHATASE		96	U/L	30 - 130
ALBUMIN					
	ALBUMIN		39	g/L	35 - 50

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

CALCIUM				
CALCIUM		2.17	mmol/L	2.10 - 2.55
CORRECTED CALCIUM				
CALCIUM (CORRECTED)		2.18	mmol/L	2.10 - 2.55
ESTIMATED GFR				
ESTIMATED GFR		54	mL/min	
CKD Stage				
CKD Stage		3A	.	
FREE THYROXINE				
FREE THYROXINE		11.7	pmol/L	9.8 - 18.8
TSH				
TSH	*	**13.09**	mU/L	0.4 - 4.0

Report 6/18

Reported	Specialty	Location	Clinician
06 Jan 2013 15:11	Blood Sciences	MRH MORDUN A WARD	DR David HAYWARD(General Psychiatry) (Psychotherapy)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 05:11

CLINICAL DETAILS :
DEPRESSION.

Sample H130162991 (EDTA) Collected 06 Jan 2013 14:00 Received 06 Jan 2013 15:06

FBC

Hb		12.4	g/dL	12.0 - 16.0
WBC		8.1	x10^9/L	4.0 - 11.0
PLT		298	x10^9/L	150 - 400
RBC		4.41	x10^12/L	3.8 - 4.8
HCT		0.384		0.37 - 0.47
MCV		87.2	fl	85 - 105
MCH		28.1	pg	27 - 32
MCHC		32.2	g/dL	32 - 36
NE#		6.2	x10^9/L	2.0 - 7.5
LY#	*	**1.4**	x10^9/L	1.5 - 4.0
MO#		0.4	x10^9/L	0.2 - 0.8
EO#		0.04	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

Report 7/18

Reported	Specialty	Location	Clinician
31 Dec 2012 14:45	Microbiology	T13975-LADE MC (formerly MAUVE	Dr Claire HUTTON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:20

CLINICAL DETAILS :
Patient phone No.: refused. post coital bleeding- cervix appears. normal.

Sample 12V122183 (High Vaginal Swab) Collected 27 Dec 2012 11:17 Received 27 Dec 2012 16:40

Chlamydia trachomatis DNA:

Chlamydia trachomatis DNA	Negative

N.gonorrhoeae DNA:

N.gonorrhoeae DNA	Negative

Report 8/18

Reported	Specialty	Location	Clinician

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

29 Dec 2012 08:39 Microbiology T13975-LADE MC (formerly MAUVE Dr Claire HUTTON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:20

CLINICAL DETAILS :
post coital bleeding- cervix appears normal.

Sample 12MP021830 (High vaginal swab) Collected 27 Dec 2012 11:17 Received 27 Dec 2012 14:43

Microscopy

	Microscopy
Tric	Trichomonas vaginalis NOT seen

Culture

	Culture

No growth of pathogens

Report 9/18

Reported	Specialty	Location	Clinician
26 Jul 2012 09:22	Blood Sciences	T15006-CENTRAL HEALTHCARE PERT	Dr SHONA SINCLAIR (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:14

CLINICAL DETAILS :
routine TSH, feeling tired .

Sample C121542045 (Blood) Collected 25 Jul 2012 13:56 Received 25 Jul 2012 18:36

TSH

TSH	*	**0.02**	mU/L	0.4 - 4.0

FREE THYROXINE

FREE THYROXINE	12.0	pmol/L	9.8 - 18.8

Free T3

Free T3	4.3	pmol/L	3.3 - 6.1

Report 10/18

Reported	Specialty	Location	Clinician
25 Jul 2012 19:16	Blood Sciences	T15006-CENTRAL HEALTHCARE PERT	Dr SHONA SINCLAIR (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:14

CLINICAL DETAILS :
routine TSH, feeling tired .

LAB COMMENTS :
If MCV unexpectedly increased then please review
clinically. Consider repeating.

Sample H121542045 (EDTA) Collected 25 Jul 2012 13:56 Received 25 Jul 2012 18:36

FBC

Hb	12.4	g/dL	12.0 - 16.0
WBC	6.6	x10^9/L	4.0 - 11.0
PLT	248	x10^9/L	150 - 400
RBC	4.45	x10^12/L	3.8 - 4.8
HCT	0.386		0.37 - 0.47
MCV	86.8	fl	85 - 105
MCH	27.9	pg	27 - 32
MCHC	32.1	g/dL	32 - 36
NE#	4.4	x10^9/L	2.0 - 7.5
LY#	1.7	x10^9/L	1.5 - 4.0

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

MO#	0.4	x10^9/L	0.2 - 0.8
EO#	0.10	x10^9/L	0.0 - 0.4
BA#	0.0	x10^9/L	0.0 - 0.1

Report 11/18

Reported	Specialty	Location	Clinician
15 May 2012 10:19	Microbiology	T15006-CENTRAL HEALTHCARE PERT	Dr SHONA SINCLAIR (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:10

CLINICAL DETAILS :
UTI symptoms.

Sample 12MP040202 (Midstream urine) Collected 14 May 2012 10:09 Received 14 May 2012 14:52
Urine culture

No significant bacteriuria

Report 12/18

Reported	Specialty	Location	Clinician
11 May 2012 19:36	Blood Sciences	T15006-CENTRAL HEALTHCARE PERT	Dr SHONA SINCLAIR (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:10

CLINICAL DETAILS :
irreg periods and ? pregnancy ? pre menopausal.

Sample C121386391 (Blood) Collected 10 May 2012 11:59 Received 10 May 2012 14:38

TSH					
	TSH	*	**LT0.01**	mU/L	0.4 - 4.0
FREE THYROXINE					
	FREE THYROXINE	*	**19.5**	pmol/L	9.8 - 18.8
Free T3					
	Free T3		5.6	pmol/L	3.3 - 6.1
PROLACTIN					
	PROLACTIN		225	mU/L	0 - 600
TESTOSTERONE					
	TESTOSTERONE		1.9	nmol/L	0.5 - 2.6
FSH					
	FSH		2.6	U/L	1.1 - 9.6
LH					
	LH		5.4	U/L	0.8 - 12.0

Report 13/18

Reported	Specialty	Location	Clinician
10 May 2012 10:03	Microbiology	T15006-CENTRAL HEALTHCARE PERT	Dr SHONA SINCLAIR (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:10

CLINICAL DETAILS :
? UTI.

Sample 12MP039850 (Midstream urine) Collected 09 May 2012 10:03 Received 09 May 2012 15:06
Urine culture

Mixed growth, probable contaminants

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

Report 14/18

Reported	Specialty	Location	Clinician
30 Mar 2012 13:01	Blood Sciences	T15006-CENTRAL HEALTHCARE PERT	Dr SHONA SINCLAIR (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:09

CLINICAL DETAILS :
ankle swelling,on thyroxine.

Sample C121302955 (Blood) Collected 29 Mar 2012 13:45 Received 29 Mar 2012 16:08

ALT				
ALT	22		U/L	5 - 55
BILIRUBINS				
BILIRUBINS	10		umol/L	0 - 21
ALKALINE PHOSPHATASE				
ALKALINE PHOSPHATASE	94		U/L	30 - 130
ALBUMIN				
ALBUMIN	38		g/L	35 - 50
SODIUM				
SODIUM	138		mmol/L	133 - 146
POTASSIUM				
POTASSIUM	4.1		mmol/L	3.5 - 5.3
UREA				
UREA	4.8		mmol/L	2.5 - 7.8
CREATININE				
CREATININE	63		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 .			
TSH				
TSH	* **0.01**		mU/L	0.4 - 4.0
FREE THYROXINE				
FREE THYROXINE	* **26.3**		pmol/L	9.8 - 18.8
Free T3				
Free T3	* **7.1**		pmol/L	3.3 - 6.1

Report 15/18

Reported	Specialty	Location	Clinician
29 Mar 2012 16:27	Blood Sciences	T15006-CENTRAL HEALTHCARE PERT	Dr SHONA SINCLAIR (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:09

CLINICAL DETAILS :
ankle swelling,on thyroxine.

LAB COMMENTS :
**Please note changes to some reference ranges and
methods, effective 27th Feb. Please interpret serial
results with caution.**
There are intermittent technological problems with MCV
measurement. If unexpectedly increased, then please
review clinically and repeat if necessary.

Sample H121302955 (EDTA) Collected 29 Mar 2012 13:45 Received 29 Mar 2012 16:08

FBC					
Hb	*	**11.7**	g/dL	12.0 - 16.0	
WBC		6.6	x10^9/L	4.0 - 11.0	
PLT		220	x10^9/L	150 - 400	

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

RBC		4.43	x10^12/L	3.8 - 4.8
HCT		0.384		0.37 - 0.47
MCV		86.7	fl	80 - 98
MCH	*	**26.3**	pg	27 - 32
MCHC	*	**30.4**	g/dL	32 - 36
NE#		4.6	x10^9/L	2.0 - 7.5
LY#		1.6	x10^9/L	1.5 - 4.0
MO#		0.3	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

Report 16/18

Reported	Specialty	Location	Clinician
18 Feb 2012 09:47	Microbiology	T10498-BRECHIN HEALTH CENTRE	Dr VICTORIA L RIPLEY (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:06

CLINICAL DETAILS :
New patient prone to UTI, tested +ve nit.

Sample 12B126917 (Midstream Urine) Collected 15 Feb 2012 11:55 Received 16 Feb 2012 08:26

Urine Culture:

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

Report 17/18

Reported	Specialty	Location	Clinician
10 Jan 2012 16:26	Blood Sciences	T15006-CENTRAL HEALTHCARE PERT	Dr SHONA SINCLAIR (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:04

CLINICAL DETAILS :
On Levothyroxine 175 micrograms.

Sample H121134040 (Blood) Collected 10 Jan 2012 10:38 Received 10 Jan 2012 14:45

FBC

Hb	*	**11.9**	g/dL	12.0 - 16.0
WBC		6.2	x10^9/L	4.0 - 11.0
PLT		225	x10^9/L	150 - 400
RBC		4.40	x10^12/L	3.8 - 4.8
HCT		0.378		0.37 - 0.47
MCV		85.9	fl	80 - 96
MCH		27.0	pg	27 - 32
MCHC	*	**31.5**	g/dL	32 - 36
NE#		4.1	x10^9/L	2.0 - 7.5
LY#		1.5	x10^9/L	1.5 - 4.0
MO#		0.5	x10^9/L	0.2 - 0.8
EO#		0.10	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

Report 18/18

Reported	Specialty	Location	Clinician

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

10 Jan 2012 15:36 Blood Sciences T15006-CENTRAL HEALTHCARE PERT Dr SHONA SINCLAIR (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:04

CLINICAL DETAILS :
On Levothyroxine 175 micrograms.

Sample C121134040 (Fluoride Oxalate) Collected 10 Jan 2012 10:38 Received 10 Jan 2012 14:45

GLUCOSE			
GLUCOSE (preserved tube)	5.2	mmol/L	3.3 - 5.8
TSH			
TSH	1.60	mU/L	0.4 - 4.0
ALT			
ALT	17	U/L	12 - 40
BILIRUBINS			
BILIRUBINS	8	umol/L	0 - 15
ALKALINE PHOSPHATASE			
ALKALINE PHOSPHATASE	80	U/L	20 - 80
ALBUMIN			
ALBUMIN	44	g/L	36 - 50
SODIUM			
SODIUM	141	mmol/L	135 - 147
POTASSIUM			
POTASSIUM	4.1	mmol/L	3.5 - 5.0
UREA			
UREA	5.3	mmol/L	3.3 - 6.6
CREATININE			
CREATININE	70	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 .		

End of reports

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

Tayside Diagnostic Services

Printed by algill (Arrianne Gill (non referrer)) at 17 Jun 2026 11:18

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 1/30

Reported	Specialty	Location	Clinician
27 Jun 2022 15:52	Blood Sciences	T10445-STRATHMORE SURGERY BLAI	Dr Mary STIRRAT (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 31 May 2026 06:20

CLINICAL DETAILS :
On T4?: Yes
thyroxine dose reduced

Sample C229338553 (Blood) Collected 27 Jun 2022 11:26 Received 27 Jun 2022 14:40

TSH

TSH	*	**0.26**	mU/L	0.4 - 4.0

Report 2/30

Reported	Specialty	Location	Clinician
19 Jun 2022 21:35	Microbiology	NW ACCIDENT & EMERGENCY	Colin MURRAY(Consultant) (Accident & Emergency)

Filed by **jronald** (Julie Ronald (medical)) at 20 Jun 2022 12:46

CLINICAL DETAILS :
Urgent reason: Acute admission screen
Criteria: Admission screen
Symptoms: Asymptomatic
Predispositions: None
edou admission

Sample 22V418949 (Nasal+Throat swab) Collected 19 Jun 2022 18:41 Received 19 Jun 2022 20:34

RAPID SARS-COV-2 RNA

not detected

Report 3/30

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

Filed by **sunquest** (Sunquest Administrator) at 31 May 2026 06:08

Sample 8079801 (TYPE UNSPECIFIED) Collected 16 Nov 2021 18:35 Received 16 Nov 2021 18:35

XR Shoulder Rt

Clinical History :
R shoulder and neck painon/off since 2020 - had RTA 2020 but not seen at the time -
recurent 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

Report 4/30

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

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

Filed by **sunquest** (Sunquest Administrator) at 31 May 2026 06:08

Sample 8079800 (TYPE UNSPECIFIED) Collected 16 Nov 2021 18:35 Received 16 Nov 2021 18:35

XR Cervical spine

```
Clinical History :
R shoulder and neck painon/off since 2020 - had RTA 2020 but not seen at the time -
recurent 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
```

Report 5/30

Reported	Specialty	Location	Clinician
07 Jun 2021 16:38	Blood Sciences	T10445-STRATHMORE SURGERY BLAI	Dr RICHARD D HUMBLE (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 30 May 2026 06:59

```
CLINICAL DETAILS :
On T4?: Yes
post thyroxine reduction

LAB COMMENTS :
*Please note new reference interval for FT4 from
21st April 2021*
```

Sample C218532455 (Blood) Collected 07 Jun 2021 10:52 Received 07 Jun 2021 14:52

TSH

TSH	*	**0.01**	mU/L	0.4 - 4.0

FREE THYROXINE

FREE THYROXINE		20.3	pmol/L	11.5 - 22.7

Report 6/30

Reported	Specialty	Location	Clinician
12 Jun 2020 09:26	Blood Sciences	T10445-STRATHMORE SURGERY BLAI	Dr GP LOCUM (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 30 May 2026 06:38

```
CLINICAL DETAILS :
On T4?: Yes
dose reduced to 150mcg Sample taken in afternoon, spun and
stored in fridge overnight
PRE SPUN
```

Sample C207852828 (Blood) Collected 10 Jun 2020 13:58 Received 11 Jun 2020 14:23

TSH

TSH	*	**LT0.01**	mU/L	0.4 - 4.0

FREE THYROXINE

FREE THYROXINE	*	**22.5**	pmol/L	9.8 - 18.8

Report 7/30

Reported	Specialty	Location	Clinician
23 Aug 2019 10:39	Microbiology	T10445-STRATHMORE SURGERY BLAI	Dr Mary STIRRAT (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 30 May 2026 06:24

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

CLINICAL DETAILS :
Site: not wound but green discharge from
nipple
green discharge from right nipple

Sample 19B716801 (WOUND SWAB) Collected 20 Aug 2019 16:13 Received 21 Aug 2019 15:29

Culture:

No growth of pathogenic bacteria

Report 8/30

Reported	Specialty	Location	Clinician
11 Apr 2019 17:42	Blood Sciences	T10445-STRATHMORE SURGERY BLAI	Dr RICHARD D HUMBLE (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 30 May 2026 06:17

CLINICAL DETAILS :
On T4?: Yes
repeat test

Sample C197008236 (Blood) Collected 11 Apr 2019 11:06 Received 11 Apr 2019 16:08

TSH

TSH	*	**0.01**	mU/L	0.4 - 4.0

FREE THYROXINE

FREE THYROXINE		18.0	pmol/L	9.8 - 18.8

Report 9/30

Reported	Specialty	Location	Clinician
08 Mar 2019 17:57	Blood Sciences	T10445-STRATHMORE SURGERY BLAI	Dr RICHARD D HUMBLE (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 30 May 2026 06:14

CLINICAL DETAILS :
On T4?: Yes
on Levothyroxine 175mcg

Sample C196932946 (Blood) Collected 08 Mar 2019 10:56 Received 08 Mar 2019 14:42

TSH

TSH	*	**0.04**	mU/L	0.4 - 4.0

FREE THYROXINE

FREE THYROXINE	*	**26.3**	pmol/L	9.8 - 18.8

Report 10/30

Reported	Specialty	Location	Clinician
27 Jun 2018 11:55	Microbiology	T13975-LADE MC (formerly MAUVE	Dr LINDSEY J COMPSON (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 30 May 2026 06:00

CLINICAL DETAILS :
? (L) PYELONEPHRITIS RX CO-AMOX

Sample 18B234845 (Midstream Urine) Collected 24 Jun 2018 00:00 Received 25 Jun 2018 11:48

Urine Culture:

Organism	*	**Escherichia coli**
Organism Growth	*	**10^5 orgs/ml**
Amoxicillin		S
Trimethoprim		S

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

	Nitrofurantoin	S
	Gentamicin	S
	Co-amoxiclav	S

Report 11/30

Reported	Specialty	Location	Clinician
13 Mar 2018 17:07	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr LINDSEY J COMPSON (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 06:54

CLINICAL DETAILS :
On T4?: Yes
on thyroxin

Sample C186140318 (Blood) Collected 13 Mar 2018 11:06 Received 13 Mar 2018 16:16

TSH

TSH	2.16	mU/L	0.4 - 4.0

Report 12/30

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

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 05:54

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

Report 13/30

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

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 05:07

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 14/30

Reported	Specialty	Location	Clinician

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

12 Dec 2017 13:42 Microbiology PRI MATERNITY DAY CARE Nurse Isabella SUTTIE(Obs & Gynae-Nurse) (Obstetrics & Gynaecology)

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 05:07

```
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 15/30

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

Filed by **sunquest** (Sunquest Administrator) at 30 May 2026 05:24

```
  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

Report 16/30

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

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 05:07

```
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

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

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

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 17/30

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

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 05:54

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

Report 18/30

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

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 05:07

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

Report 19/30

Reported	Specialty	Location	Clinician
14 Sep 2017 17:05	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr LINDSEY J COMPSON (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 06:45

CLINICAL DETAILS :
On T4?: Yes
Hypothyroidism

Sample C175746593 (Blood) Collected 14 Sep 2017 10:43 Received 14 Sep 2017 15:28

TSH

TSH	*	**6.96**	mU/L	0.4 - 4.0

FREE THYROXINE

FREE THYROXINE	12.3	pmol/L	9.8 - 18.8

Report 20/30

Reported	Specialty	Location	Clinician
11 May 2017 16:47	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr Claire HUTTON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 06:38

CLINICAL DETAILS :

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

```
On T4?: Yes
Hypothyroidism
```

Sample C175466023 (Blood) Collected 11 May 2017 10:07 Received 11 May 2017 15:22

TSH

TSH	*	**0.03**	mU/L	0.4 - 4.0

FREE THYROXINE

FREE THYROXINE	*	**20.5**	pmol/L	9.8 - 18.8

Report 21/30

Reported	Specialty	Location	Clinician
25 Oct 2016 16:46	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr LINDSEY J COMPSON (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 06:27

```
CLINICAL DETAILS :
On T4?: Yes
on thyroxin
```

Sample C165023278 (Blood) Collected 25 Oct 2016 08:56 Received 25 Oct 2016 15:59

TSH

TSH	*	**0.21**	mU/L	0.4 - 4.0

Report 22/30

Reported	Specialty	Location	Clinician
14 Mar 2016 17:51	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr LINDSEY J COMPSON (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 06:16

```
CLINICAL DETAILS :
On T4?: Yes
Routine bloods
```

Sample C164528172 (Blood) Collected 14 Mar 2016 11:09 Received 14 Mar 2016 15:32

FREE THYROXINE

FREE THYROXINE		14.1	pmol/L	9.8 - 18.8

TSH

TSH	*	**11.77**	mU/L	0.4 - 4.0

Report 23/30

Reported	Specialty	Location	Clinician
18 Dec 2015 17:43	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr LINDSEY J COMPSON (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 06:11

```
CLINICAL DETAILS :
On T4?: Yes
Hypothyroidism
```

Sample C154336112 (Blood) Collected 18 Dec 2015 11:42 Received 18 Dec 2015 14:48

TSH

TSH		2.16	mU/L	0.4 - 4.0

Report 24/30

Reported	Specialty	Location	Clinician
17 Sep 2015 18:41	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr LINDSEY J COMPSON (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 06:07

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

```
CLINICAL DETAILS :
On T4?: Yes
Hypothyroidism
```

Sample C154126565 (Blood) Collected 17 Sep 2015 10:10 Received 17 Sep 2015 14:44

TSH

TSH	*	**0.05**	mU/L	0.4 - 4.0

FREE THYROXINE

FREE THYROXINE	*	**22.7**	pmol/L	9.8 - 18.8

Report 25/30

Reported	Specialty	Location	Clinician
06 Jan 2015 18:41	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr LINDSEY J COMPSON (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:55

```
CLINICAL DETAILS :
On T4?: Yes
on 100mcgs thyroxine
```

Sample C153549753 (Blood) Collected 06 Jan 2015 11:22 Received 06 Jan 2015 14:25

TSH

TSH	*	**0.05**	mU/L	0.4 - 4.0

FREE THYROXINE

FREE THYROXINE		18.6	pmol/L	9.8 - 18.8

Report 26/30

Reported	Specialty	Location	Clinician
07 Aug 2014 18:49	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr Claire HUTTON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:48

```
CLINICAL DETAILS :
  Hypothyroidism
```

Sample C143216084 (Blood) Collected 07 Aug 2014 09:35 Received 07 Aug 2014 14:47

TSH

TSH	*	**0.17**	mU/L	0.4 - 4.0

Report 27/30

Reported	Specialty	Location	Clinician
20 Mar 2014 19:21	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr Claire HUTTON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:40

```
CLINICAL DETAILS :
  TATT

LAB COMMENTS :
Note the change in units for HGB and MCHC from 01/10/13
```

Sample H142900069 (EDTA) Collected 20 Mar 2014 11:22 Received 20 Mar 2014 14:43

FBC

Hb	129	g/L	120 - 160
WBC	6.8	x10^9/L	4.0 - 11.0
PLT	220	x10^9/L	150 - 400
RBC	4.66	x10^12/L	3.8 - 4.8
HCT	0.401		0.37 - 0.47
MCV	86.1	fl	85 - 105
MCH	27.7	pg	27 - 32

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

MCHC	321	g/L	320 - 360
NE#	4.8	x10^9/L	2.0 - 7.5
LY#	1.6	x10^9/L	1.5 - 4.0
MO#	0.3	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
Plasma Viscosity			
PV	1.72	mPa.s.	1.5 - 1.72

Report 28/30

Reported	Specialty	Location	Clinician
20 Mar 2014 18:27	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr Claire HUTTON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:40

CLINICAL DETAILS :
TATT

Sample C142900069 (Blood) Collected 20 Mar 2014 11:22 Received 20 Mar 2014 14:43

C-REACTIVE PROTEIN			
C-REACTIVE PROTEIN	8	mg/L	0 - 10
Urea & Electrolytes			
SODIUM	142	mmol/L	133 - 146
POTASSIUM	4.5	mmol/L	3.5 - 5.3
UREA	4.5	mmol/L	2.5 - 7.8
CREATININE	61	umol/L	44 - 80
Liver Function Tests (LFT)			
ALT	22	U/L	5 - 55
BILIRUBINS	7	umol/L	0 - 21
ALKALINE PHOSPHATASE	82	U/L	30 - 130
ALBUMIN	35	g/L	35 - 50
Bone Group			
CALCIUM	2.26	mmol/L	2.10 - 2.55
CALCIUM (CORRECTED)	2.31	mmol/L	2.10 - 2.55
ESTIMATED GFR			
ESTIMATED GFR	GT60	mL/min	
CKD Stage			
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA .		
GLUCOSE			
GLUCOSE (preserved tube)	4.5	mmol/L	3.3 - 5.8
TSH			
TSH	* **LT0.01**	mU/L	0.4 - 4.0
Free T3			
Free T3	5.1	pmol/L	3.3 - 6.1
FREE THYROXINE			
FREE THYROXINE	* **19.5**	pmol/L	9.8 - 18.8

Report 29/30

Reported	Specialty	Location	Clinician
29 Nov 2013 17:24	Blood Sciences	T13975-LADE MC (formerly MAUVE	Dr Claire HUTTON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:35

CLINICAL DETAILS :
On thyroxine.

Sample C132639291 (Blood) Collected 29 Nov 2013 11:02 Received 29 Nov 2013 15:29

TSH

Patient name: **YVONNE JAMIESON**
Hospital number: **1003820107**
:

TSH	*	**0.07**	mU/L	0.4 - 4.0
FREE THYROXINE				
FREE THYROXINE		15.3	pmol/L	9.8 - 18.8
Free T3				
Free T3		4.5	pmol/L	3.3 - 6.1

Report 30/30

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

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 05:32

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
ALKALINE PHOSPHATASE			
ALKALINE PHOSPHATASE	90	U/L	30 - 130
ALBUMIN			
ALBUMIN	35	g/L	35 - 50
SODIUM			
SODIUM	142	mmol/L	133 - 146
POTASSIUM			
POTASSIUM	3.8	mmol/L	3.5 - 5.3
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	

End of reports