NHS Fife, Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU
01383 623623 | www.nhsfife.org

NHS Fife

Date: 28 May 2026
Your ref: 100848
Our ref: JW/TP
Enquiries to: Legal Services
Direct line: 01383 674101
Email: Fife.LegalServices@nhs.scot

MMA Legal
43-59 Princess Street
Stockport
SK1 1RY

Dear Sir

YOUR CLIENT:	**MR COLIN DONNELLY**
CLIENT REFERENCE:	**100848**
ADDRESS:	**1/1, 47 HYNDLAND STREET, GLASGOW**
DATE OF BIRTH:	**09/04/1974**

I refer to your e-mail of 28 April 2026 in which you seek any records held in respect of the above client.

Having checked our sytems, I can confirm that given the passage of time NHS Fife no longer hold any records relating to Mr Donnelly and any attendances at a Fife establishment he may have had.

Yours faithfully

Joanna Whitfield
Legal Services Manager

NHS Fife, Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU
01383 623623 | www.nhsfife.org

NHS Fife

Date: 28 May 2026
Your ref: 100421
Our ref: JW/TP
Enquiries to: Legal Services
Direct line: 01383 674101
Email: Fife.LegalServices@nhs.scot

MMA Legal
43-59 Princess Street
Stockport
SK1 1RY

Dear Sir

YOUR CLIENT:	**MR JAMES MACKIE**
CLIENT REFERENCE:	**100421**
ADDRESS:	**1/1, 47 HYNDLAND STREET, GLASGOW**
DATE OF BIRTH:	**09/04/1974**

I refer to your email of 28 April 2026 and as requested, I now enclose copy medical records of NHS Fife relating to your above-named client and trust that these will be of some assistance to you.

Please note that these copy records are being provided to you for your purpose only and have **not** been reviewed by the treating clinician to ascertain if they contain any information which may cause either physical or mental harm to the patient or other persons. If it is the case that your client wishes copies of their health records, they should be asked to contact Access to Health Records Department, Victoria Hospital, Kirkcaldy, Fife, KY2 5AH who will process their request.

Yours faithfully

Joanna Whitfield
Legal Services Manager

Allergies:

2008810437

Dr Kate Searle
Victoria Hospital
Kirkcaldy
KY2 5AH
Tel: 01592 643355

NHS Fife

Patient surname: **Mackie**	Date of arrival: **28/03/2022**	Management type: Resus [ ] Majors [✓] WR Minors [ ]
Patient forename: **James**	Time of arrival: **21:36**	
Patient address: **151 Headwell Avenue Dunfermline KY12 0JR**	Date & time of incident: **27/03/2022 19:00**	
DOB: **20/08/1981** Age: **40 Yrs**	Incident location: **Home**	Discharge/Ward destination & Time:
Patient email:	Incident type: **Non-injurious cause**	
Landline: Mobile: **07985401458**	Activity when injured:	Breach reason:
Ethnicity: **1A Scottish**	Specific location:	
Special requirements:	Temporary alerts:	GP Address: **Burntisland Health Centre, 74 Somerville Street, Burntisland, Fife, KY3 9DF** Tel No: **01592 872761**
Accompanied:		
1st Contact name: **James Mackie**	Source of attendance: **Self referral**	School/Nursery address:
1st Contact address: **33 East Leven Street**	Arrival mode: **Private transport**	
Burntisland KY3 9DX	Attendance category: **New - unplanned**	Tel No:
L:07842699279 M:	Annual A&E attendance No:	Named person/HV:

ED NHS FIFE - NOTES ON TRAK

Presenting complaint
HAEMATURIA

LMJ

Triage notes: Triage category.....

haematuria since Friday. None today. No pain on passing urine. Urine post but passing clots. No abdo/back pain. Passing small amounts more frequently ove weekend but now passing good volumes.

NON RESPIRATORY

VIRAL

Observations

Temp 36.7	Pulse 80	BP 126/68	SpO2 95%	RR 15	FEWS Score 0
GCS/AVPU	BM	Cap refill	Sup. O2 air	Weight/Kg	Pain score

2008810437

Follow up clinic (please √)			
VFC	[ ]	Knee	[ ]
Physiotherapy	[ ]	IAT	[ ]
Ophthalmology	[ ]	ENT	[ ]
Other (specify)	[ ]	OMFS	[ ]
		ECAS/DVT	[ ]

PVC Bundle audit		
Reason for insertion:	Aseptic technique	Yes [ ]
Colour Gauge:	Dressing date & timed	Yes [ ]
	Skin cleansed	Yes [ ]
Site/number:	Inserted by:	
Hand hygiene Yes [ ]		

FIFE

MACKIE
JAMES
20-08-1981
2008810437

WD.

CONS.

FEWS KEY

0	1	2	3

FEWS ≥ 3 FOLLOW FEWS FLOWCHART

Parameter	Scale	Entry 1
DATE		28/03/22
FREQUENCY		
TIME		2230
TEMP.	40°, 39°, 38°, 37°, 36°, 35°	
BLOOD PRESSURE	210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70	∧ ~120 / ∨ ~70
FEWS SCORE uses Systolic BP	60, 50	
HEART RATE	170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20	~80
Sp02	95+, 90-94, 85-89, < 85	95
Fi02		A
RESP. RATE	40, 36, 32, 28, 24, 20, 16, 12, <8	~16
NEURO.	Awake, Verbal/Confused, Pain, Unresp	✓ Awake
FEWS SCORE:		0
BM:		
Signature/initials		[illegible]

MS2191

Acute Services Division

NHS Fife

V Emergency Department

L McGourty
20151/2
Burntisland Health Centre
74 Somerville Street
Burntisland
Fife
Burntisland
KY3 9DF

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr James Mackie
151 Headwell Avenue
Dunfermline
KY12 0JR

CHI: 2008810437
ED Consultant:Dr Kate Searle

The above patient attended the V Emergency Department on 28/03/2022 at 21:36. I outline below some information regarding this attendance.

Present Complaint: HAEMATURIA

Diagnosis:			
Description	Body Site	Laterality	Comments
ED diagnosis - Left before clinical assessment			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):
triage notes

Haematuria since Friday. Passing pink urine with clots. Denies any abdo/back pain. No pain on passing urine. Increased frequency, small amounts of urine. Been drinking more water over the weekend and urine now clear and passing good volumes. FEWS stable. Urine sample requested.

Senior Review:
Senior Review Comments:

Yours sincerely
Dr Nilesh Champaneria Consultant

Allergies:

2008810437

Dr Ravin Kishen
Victoria Hospital
Kirkcaldy
KY2 5AH
Tel: 01592 643355

NHS Fife

Patient surname: **Mackie**	Date of arrival: **05/10/2020**	Management type: Resus ☐ Majors ☐ Minors ☐
Patient forename: **James**	Time of arrival: **19:39**	
Patient address: **47 High Street Burntisland KY3 9BD**	Date & time of incident: **03/10/2020 00:00**	
DOB: **20/08/1981** Age: **39 Yrs**	Incident location: **Home**	Discharge/Ward destination & Time:
Patient email:	Incident type: **Other**	
Landline: **07851883764** Mobile:	Activity when injured:	Breach reason:
Ethnicity: **1A Scottish**	Specific location:	
Special requirements:	Temporary alerts:	GP Address: **Burntisland Health Centre, 74 Somerville Street, Burntisland, Fife, KY3 9DF** Tel No: **01592 872761**
Accompanied:		
1st Contact name: **James Mackie**	Source of attendance: **NHS24**	School/Nursery address:
1st Contact address: **33 East Leven Street Burntisland KY3 9DX** L:**07796464349** M:**07591721391 EX-PARTN**	Arrival mode: **Private transport**	
	Attendance category: **New**	Tel No:
	Annual A&E attendance No: **1**	Named person/HV:

Presenting complaint
DENTAL PAIN 3/7.

Triage notes
called @ 2033
Called at 2110

Triage category.....

Observations

Temp	Pulse	BP	SpO2	RR	FEWS Score
	BM	Cap refill	Sup. O2	Weight/Kg	Pain score

2008810437

Follow up clinic (please √)			
VFC	[ ]	Knee	[ ]
Physiotherapy	[ ]	IAT	[ ]
Ophthalmology	[ ]	ENT	[ ]
Other (specify)	[ ]	OMFS	[ ]
		ECAS/DVT	[ ]

PVC Bundle audit	
Reason for insertion:	Aseptic technique Yes [ ]
Colour Gauge:	Dressing date & timed Yes [ ]
	Skin cleansed Yes [ ]
Site/number:	Inserted by:
Hand hygiene Yes [ ]	

NHS24 CONTACT REPORT

PCM ID:	75106236		
CHI:	2008810437	**Caller :** Self	
Surname:	MACKIE	**Date/Time Call Received:**	05.10.2020 17:37:00
Forename:	JAMES	**Date/Time Call Completed:**	05.10.2020 18:33:36
DOB:	20.08.1981		
Gender:	M		
Address:	47 High Street BURNTISLAND KY3 9BD	**Current Location:**	14 Rosehill Crescent COWDENBEATH KY4 9DZ
Phone Number: 07851883764		**GP:**	SAMANTHA BANDULARATNE BURNTISLAND MEDICAL GROUP BURNTISLAND MEDICAL GROUP 74 SOMERVILLE ST KY039DF
Phone Ext.:			
Special Directions: Front Door			
Temporary Resident: NO			

Call Classification:

CALL SUMMARY:
FINAL ENDPOINT:
Accident & Emergency (ASAP)
REASON FOR CALL / RELEVANT INFORMATION:
TOOTHACHE - 3 DAYS
2 FILLINGS HAVE COME OUT, TEETH CRUMBLING IN LAST 2 MONTHS. NO NEW CONTINUOUS COUGH, FEVER OR CHANGE TO SMELL/TASTE.
OUTCOME:
Patient advised to go to A&E - For Information Only

Confirmed Symptom(s):
#No travel outside Europe inlast 21 days or to an affected country
#Tooth problem with swelling;no trauma
#Face swelling not involvingeye
#No travel outside Europe inlast 21 days or to an affected country
#Face swelling not involvingeye
#Tooth problem with swelling;no trauma
#Taken medication for dentalpain
#Medications contain eitherparacetamol or ibuprofen

PAST MEDICAL HISTORY:

NOTES:

05:10:2020 18:29:42 KIDDD1 NO ILT
IBUPROFEN X2 200MG
CO-CODAMOL X30/500 X3
WEIGHT 60.3KG TOXIC PSL ADVISED A+E ASAP

NAUSEOUS IN LAST 254 HOURS
** NOTES CORRECTION

NO ILT
IBUPROFEN X2 200MG
CO-CODAMOL X30/500 X3 TODAY

NHS24 CONTACT REPORT

PT TAKEN 11 X CO-CODAMOL IN LAST 24 HOURS
WEIGHT 60.3KG TOXIC POSSIBLE THERAPUTIC OVERMEDICATION NAUSEA ADVISED VIA PSL A+E ASAP

Support Line Notes:
ALEXANDERL PSL-11 CO-CODAMOL IN 24 HOURS YESTERDAY 60.3KG. FEELING NAUSEOUS YETSERDAY. ADVISED OK TO QUICKJLY FINISH DENTAL ASSESSMENT AND A+E ASAP.

Acute Services Division

NHS Fife

V Emergency Department

CR Rees
20151/2
Burntisland Health Centre
74 Somerville Street
Burntisland
Fife
Burntisland
KY3 9DF

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr James Mackie
47 High Street
Burntisland
KY3 9BD

CHI: 2008810437
ED Consultant:Dr Ravin Kishen

The above patient attended the V Emergency Department on 05/10/2020 at 19:39. I outline below some information regarding this attendance.

Present Complaint: DENTAL PAIN 3/7

Diagnosis:

Description	Body Site	Laterality	Comments
ED diagnosis - Left before clinical assessment			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):

Senior Review:

Senior Review Comments:

Yours sincerely
Dr Fiona Duncan

Allergies:

2008810437

Dr Julie Thomson
Victoria Hospital
Kirkcaldy
KY2 5AH
Tel: 01592 643355

NHS Fife

Patient surname: **Mackie**	Date of arrival: **01/09/2018**	Management type: Resus [ ] Majors [✓] Minors [ ] (A)
Patient forename: **James**	Time of arrival: **08:42**	
Patient address: **47 High Street Burntisland KY3 9BD**	Date & time of incident: **31/08/2018 02:00**	
DOB: **20/08/1981** Age: **37 Yrs**	Incident location: **Recreational area, cultural area or public building**	Discharge/Ward destination & Time:
Patient email:	Incident type: **Assault / Fight**	
Landline: Mobile: **07549369102**	Activity when injured:	Breach reason:
Ethnicity: **1A Scottish**	Specific location: **pub**	
Special requirements:	Temporary alerts:	GP Address: **Burntisland Health Centre, 74 Somerville Street, Burntisland, Fife, KY3 9DF** Tel No: **01592 872761**
Accompanied:		
1st Contact name: **James Mackie**	Source of attendance: **Self referral**	School/Nursery address:
1st Contact address: **433 East Leven Street, , BURNTISLAND, Fife, KY3 9DX**	Arrival mode: **Private transport**	
	Attendance category: **New**	Tel No:
L:07796464349 M:07591721391 EX-PARTN	Annual A&E attendance No: **1**	Named person/HV:

Presenting complaint
(L) rib pain/breathing complaint

Triage notes — Triage category.....

Assaulted at pub last night. managed to get home fell asleep and then woke up with pain

Observations

Temp 36.3	Pulse 81	BP 155/75	SpO2 100	RR 21	FEWS Score (1)
GCS/AVPU A	BM	Cap refill	Sup. O2	Weight/Kg	Pain score

Follow up clinic (please √)		
[ ]	Knee	[ ]
iotherapy [ ]	IAT	[ ]
halmology [ ]	ENT	[ ]
r (specify) [ ]	OMFS	[ ]
	ECAS/DVT	[ ]

PVC Bundle audit		
Reason for insertion:	Aseptic technique	Yes [ ]
Colour Gauge:	Dressing date & timed	Yes [ ]
	Skin cleansed	Yes [ ]
Site/number:	Inserted by:	
Hand hygiene Yes [ ]		

2008810437

Allergies: PENICILLIN

2008810437

Dr Julie Thomson
Victoria Hospital
Kirkcaldy
KY2 5AH
Tel: 01592 643355

James Mackie

Once only prescription/treatments

Date	Time	Medicine/Treatment	Dose	Route	Prescribers signature	Treatment time	Administ by
1/1/98	0900	CO-CODAMOL 30/500	ii	PO	[signature]	9am	[signature]
1/1/98	0900	NAPROXEN	250mg	PO	[signature]	9am	[signature]

Take home medications

Date	Medicine	Dose	Route	Prescriber signature	Dispenser signature
1/1/98	CO-CODAMOL 30/500	ii	PO	[signature]	[signature]
1/1/98	NAPROXEN	250mg	PO	[signature]	[signature]

Date	Fluid / Additional Medicine	Vol/ml / Dose	Duration of administration	Clinician signature	Time started (00:00 hrs)	Completion time (00:00 hrs)	Adminis by / Added

JAMES
MACKIE
20-08-1981
2008810437

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
1/9/18	Alleged assault ~~[illegible]~~ in early hours of today
0100	States he was lifted up and thrown onto
	ground. C/o injury to Right hand, Right foot
	and left chest wall
	PMHx - nil
	DHx nil. Allergy to penicillin
	O/E - Chest = No external abnormality
	No flail segment
	No surgical emphysema
	Tender and bony [illegible] tenderness
	over left 5th rib area laterally
	Good AE
	Right hand: No external signs of injury
	Localised pain to Ring finger
	from [illegible]
	Right foot = Swelling over Great toe extending
	proximally
	NV
	Antalgic gait
	X-ray foot = # Proximal phalynx of Great
	toe - does not involve
	articular surface

JAMES MACKIE 20-08-1981

2008810437

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
	Imp - ① single rib # left 5th R
	- ② STI Right hand
	③ # Great toe
	Plan - Taxspica
	- Analgesia TTO
	- walking stick
	- No follow up required - ED if any concerns
	- chest injury advice leaflet
	Dr Surinder Paupher Emergency Medicine Consultant GMC 6026057

FIFI JAMES MACKIE 20-08-1981

2008810437

WD.

CONS.

FEWS KEY

0	1	2	3

DATE							
FREQUENCY							
TIME							
TEMP.	40° 39° 38° 37° 36° 35°						
36.5							
BLOOD PRESSURE	210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50						
155/75							
FEWS SCORE uses Systolic BP	170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20						
HEART RATE							
81							
Sp02	95+						
	90-94						
	85-89						
	< 85						
FI02							
RESP. RATE	40 36 32 28 24 20 16 12 <8						
NEURO.	Awake						
	Verbal/Confu						
	Pain						
	Unresp						
FEWS SCORE:							
BM:							

40° 39° 38° 37° 36° 35°

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

170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20

95+ 90-94 85-89 < 85

40 36 32 28 24 20 16 12 <8

Awake Verbal/Confused Pain Unresp

Acute Services Division

NHS Fife

V Emergency Department

CR Rees
20151/2
Burntisland Health Centre
74 Somerville Street
Burntisland
Fife
Burntisland
KY3 9DF

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr James Mackie
47 High Street
Burntisland
KY3 9BD

CHI: 2008810437
ED Consultant:Dr Julie Thomson

The above patient attended the V Emergency Department on 01/09/2018 at 08:42. I outline below some information regarding this attendance.

Present Complaint: (L) rib pain/breathing complaint

Diagnosis:			
Description	Body Site	Laterality	Comments
ED injury - Bone and joint - Closed fracture	Toes		Right big toe
ED injury - Bone and joint - Closed fracture			Clinical single rib fracture

Investigation(s)/Treatment(s):
1. Toe Spica
2. Walking Stick

Medication(s):
1. Co-Codamol (30/500) 1-2 Tablets QDS
2. Naproxen 250MG Tablet 6-8 Hourly

Additional Notes (for GP):
Alleged assault. Closed fracture to rigth great toe and clinical single rib fracture. Toe treated in toe spica and anaglesia given for this and chest injury. Fit for Work Certificate provided to advised altered duties for next 6 weeks. No follow up required.

Senior Review:

Senior Review Comments:

Yours sincerely
Dr Surinder Panpher Consultant

Allergies:
Penicillin

2008810437

Searle Dr Kate
Victoria Hospital
Kirkcaldy
KY2 5AH
Tel: 01592 643355

NHS Fife

Patient surname: **Mackie**	Date of arrival: **16/08/2017**	Management type: Resus ☐ Majors ☐ Minors ☑ W/R
Patient forename: **James**	Time of arrival: **02:40**	
Patient address: **47 High Street Burntisland KY3 9BD**	Date & time of incident: **12/08/2017 00:00**	
DOB: **20/08/1981** Age: **35 Yrs**	Incident location: **Not known**	Discharge/Ward destination & Time: HOME 04:11 VFC
Patient email:	Incident type: **Hand Injury**	
Landline: Mobile: **07549369102**	Activity when injured:	Breach reason:
Ethnicity: **1A Scottish**	Specific location:	
Special requirements:	Temporary alerts:	GP Address: **Burntisland Health Centre, 74 Somerville Street, Burntisland, Fife, KY3 9DF** Tel No: **01592 872761**
Accompanied: **Unaccompanied**	Source of attendance: **Self referral**	School/Nursery address:
1st Contact name: **James Mackie**	Arrival mode: **Private transport**	
1st Contact address: **433 East Leven Street, , BURNTISLAND, Fife, KY3 9DX**	Attendance category: **New**	Tel No:
L:07796464349 M:07591721391 EX-PARTN	Annual A&E attendance No: **2**	Named person/HV:

Presenting complaint
(L) HAND INJURY

Triage notes

Triage category... 4

VIRTUAL FRACTURE CLINIC

Observations

Temp	Pulse	BP	SpO2	RR	FEWS Score
GCS/AVPU	BM	Cap refill	Sup. O2	Weight/Kg	Pain score

Follow up clinic (please √)			
VFC	[ ]	Knee	[ ]
Physiotherapy	[ ]	IAT	[ ]
Ophthalmology	[ ]	ENT	[ ]
Other (specify)	[ ]	OMFS	[ ]
		ECAS/DVT	[ ]

PVC Bundle audit		
Reason for Insertion:	Aseptic technique Yes	[ ]
Colour Gauge:	Dressing date & timed Yes	[ ]
	Skin cleansed Yes	[ ]
Site/number:	Inserted by:	
Hand hygiene Yes [ ]		

20-05-1827

BURNTISLAND
KY3 9BD

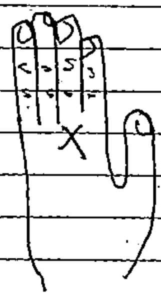
MACKIE
JAMES
47 High Street

BURNTISLAND
KY3 9BD

2008810437

20-08-1981

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
16AUG2017	
0411	(35) LHD, LEFT HAND INJURY
Mateen ASIF	
GP812 GM	PUNCH INJURY 2/7 _ HIT WALL SINCE PAIN SWELLING
	& DIFFICULTY GRIPPING HAND
	TAKEN PARACETAMOL WITH MINOR RELIEF.
	NO PREVIOUS.
	NKDA
	O/E TENDER HEAD 3RD MC WITH ↓ FUNCTION
	OLDER INJURY. N/V INTACT.
	X-RAY: # HEAD 3RD MC ⟶ NEIGHBOUR STRAP
	AAS
	VFC



Senior review by: Time seen : hrs

Do not write in this margin

[redacted]

MACKIE
JAMES
47 High Street

BURNTISLAND
KY3 9BD

2008810437

20-08-1981

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
16/8/17	(L) middle finger strapped to (L)
0420	ring finger for support. Broad
	arm sling also applied. Awaits
	virtual # clinic FU. SN Timms

Do not write in this margin Do not write in this margin Do not write in this margin

Acute Services Division

NHS Fife

V Emergency Department

CR Rees
20151/2
Burntisland Health Centre
74 Somerville Street
Burntisland
Fife
Burntisland
KY3 9DF

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr James Mackie
47 High Street
Burntisland
KY3 9BD

CHI: 2008810437
ED Consultant:Searle Dr Kate

The above patient attended the V Emergency Department on 16/08/2017 at 02:40. I outline below some information regarding this attendance.

Present Complaint: (L) HAND INJURY

Diagnosis:			
Description	Body Site	Laterality	Comments
ED injury - Bone and joint - Closed fracture	Hand	Left	

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):
Punch injury with fracture head 3rd metacarpal.
Senior Review:
Senior Review Comments:

Yours sincerely
Mohammed Naveed

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Trauma & Orthopaedics
Tel: 01592 643355 Ext 28928
http://www.nhsfife.scot.nhs.uk

NHS Fife

James Mackie
47 High Street
Burntisland
Fife
KY3 9BD

Virtual Fracture

2008810437

CHI: 2008810437

Letter ID: 2596049

Dear James Mackie

Clinic Date: 17/08/2017

Date: 21/08/2017

James Mackie, 47 High Street, Burntisland, Fife, KY3 9BD

Date of Birth: 20/08/1981

Date at A&E: 16/08/2017
Diagnosis: Undisplaced fracture distal 3rd metacarpal left hand
Treatment: Buddy strapping

Re : Fracture 3rd metacarpal

Your attendance at Accident and Emergency has been reviewed by an Orthopaedic Consultant. You have an injury to your hand which does not require further treatment other than rest in a buddy strapping.

The buddy strapping should be kept on for a period of 2-3 weeks. Following this period of resting you can remove the strapping to exercise the hand, wrist, elbow, and shoulders as pain allows. You may use your hand thereafter as comfort allows.

If you require a sick line (Med 3 form) please contact your General Practitioner (G.P). You may need to take simple painkillers such as Paracetamol. Your local chemist can give advice.

We would expect your pain levels to be improving at around three weeks after injury.

Should you have any concerns or problems, please contact the Virtual Fracture Clinic Helpline on **01592 643355** ext **20140** for advice. This is an answer phone service that is checked daily Monday to Friday. Please leave your Name, Date of Birth and Contact number to allow Nursing Staff to return your call.

For/...

For urgent problems or concerns out with working hours please contact NHS 24 on 111

Yours sincerely

Mr P Walmsley
MD FFSTEd FRCS(Tr & Orth)
Consultant Orthopaedic Surgeon

Authorised on 21/08/2017 16:18:20 by Mr P Walmsley.

(D) Dr CR Rees, Burntisland Health Centre, 74 Somerville Street, Burntisland, Fife, KY3 9DF

Yellow

ACCIDENT AND EMERGENCY DEPARTMENT
Victoria Hospital, Hayfield Road, Kirkcaldy KY2 5AH

GP NAME AND ADDRESS
Robert Hitchcock
Dr Hitchcock'S Practice
The Health Centre
74 Sommerville Street
Burntisland
KY3 9DF

01592 873321

PATIENT DATA

DOB	Unit No V285698A
20/08/1981	CHI No 2008810437
Surname	Mackie
Forename(s)	James
Address	47 High Street Burntisland Fife KY3 9BD
Phone No	Home :328146 Mobile :
School	
Occupation	Unemployed
Religion	None
Next Of Kin Address	Mr James Mackie 33 East Leven Street Burntisland KY3 9DX
Relationship	Father
Home Phone	07796464349

Date & Time of Attendance	Date and Time of Accident
23/02/2013 12.04	23/02/2013 00.00

TYPE OF INCIDENT (R.T.A: Work: Home: Sport: Other *(Specify)*)
OTHER

LOCATION	SOURCE OF REFERRAL
OTHER (PLEASE SPECIFY)	SELF REFERRAL

Name of doctor		Time seen	: hours
Presenting Complaint: abdo pain		T. 36.8	P. 80. R.
		B.P. 115/91.	BM 02 Sats 97
		FEWS	Weight Kg
Follow Up:		Time Discharged	: hours

CRIS Number

Senior Review Sticker

PVC Bundle Audit

Insertion date & time:
Dressing dated& timed:
Inserted by:
Profession:

V285698A
20/08/1981
2008810437

MACKIE
JAMES
47 High Street
BURNTISLAND
KY3 9BD

2008810437

MACKIE
JAMES
47 High Street
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KY3 9BD

V285698A

20/08/1981
2008810437

ALLERGIES
PENICILLIN.

ONCE ONLY PRESCRIPTIONS

Date	Time	Prescription	Dose	Route	Doctor's Signature	Time Given	Given by
23/2/13	12:20	MORPHINE 1-10mg	2mg slow	IV		12:35	
23/2/13	12:20	CYCLIZINE	50mg	IV		12.40	
23/2/13	12:40	MORPHINE	5mg	IV			

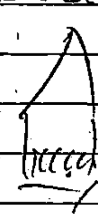
TAKE HOME DRUGS

Date	Prescription	Dose	Route	Clinician Signature	Dispensed by	Signature

INTRAVENOUS FLUIDS

Date	Fluid (Block Letters) (Additional Medicine)	Vol. (ml) (Dose)	Prescribed Duration of Administration	Doctor's signature	Time Begun (2400)	Completion Time	Administered by (Initials)
23/2/13	0.9% NaCl	500	STAT		13.10	13.30	
23/2/13	0.9% NaCl	500	2°		13.45		
23/2/13	0.9% NaCl	500	4°				

AFFIX LABEL

Date and Time	MULTIDISCIPLINARY NOTES
	Name MUST be printed against each note entry
23/2/13	GPST
12:20	(37)
	- HAS HAD "ABDO PAIN" SINCE YEST
	AFTERNOON.
	- NO ~~[illegible]~~ NAUSEA OR VOMITING
	0 DIARRHOEA.
	- 0 FEVER.
	- PAIN WORSE AM - STARTED UMBILICUS
	THEN LOCALISED TO LIF,
	- NOW WORSE IN RIF.
	- NO SIG PMH, 0 SURGICAL HX - (EXCEPT TONSILLECTOMY [?] WHEN years)
	APPENDIX STILL PRESENT
	- PAIN "8 OUT OF 10"
	OBS - AS CHARTED.
	OE
	- ALERT + INTERACTIVE.
	- LOOKS SORE
	ABDO
	- VOLUNTARY GUARDING
	- TENDER RIF - ROVSINGS POSITIVE
	- BS✓
	
	CHEST
	- GOOD BILATERAL AE
	- CLEAR
	[signature]

AFFIX LABEL

Date and Time	MULTIDISCIPLINARY NOTES
	Name MUST be printed against each note entry
	O/S - JUP
	HS I + II + 0
	IMP - ? APPENDICITIS
	- BLOODS ALREADY TAKEN BY NURSING STAFF - ADD ON CRP.
	- NBM
	(P) - IV ACCESS
	- MORPHINE
	- FLUIDS
	- SURGICAL R/V
	- SPOKE TO SURGICAL ON-CALL WILL R/V.
	GPST
23/2/13 13:40	~~For Surgery~~
	Rv'd.
	See Surgical clerking for full account.
	(P) → AU2
23/2/13 14:10	~~- PT DENIED IV MOR~~
	PT REFUSED ANY FURTHER IV MORPHINE.
	GPST

FILE IN MEDICAL NOTES

SURGICAL ADMISSION AND AUDIT SHEET

Insertion date .....
Insertion time .....
Dressing dated & timed .....
Position of cannula .....
Reason for insertion

Inserted by .....
Profession.....
Print clearly

MACKIE V285698A
JAMES
47 High Street
BURNTISLAND 20/08/1981
KY3 9BD 2008810437

Hospital No	Date of Admission	Consultant
	23/2/13	SO
Date of Birth	**Ward**	**Admission Type**
	AU2	☐ Elective ☑ Emergency

Allergies / Anaesthetic Risk Factors

PENICILLIN

COMPLICATIONS

Code e.g. 12E

01 No Complications
02 Wound infection/cellulitis
03 Wound abscess
04 Wound seroma
05 Superf wound dehiscience
06 Deep wound dehiscience
07 Wound bruising
08 Wound haematoma
09 Internal haemorrhage

10 Chest infection
11 Atelectasis
12 Pulmonary embolus
13 Aspiration
14 Pneumothorax
15 Pleural effusion
16 Empyema
17 ARDS
18 Respiratory failure
19 Respiratory arrest
20 MI

21 LVF pulmonary oedema
22 Congestive cardiac failure
23 Cardiac arrhythmia
24 Cardiac arrest
25 Hypotension

30 Subphrenic abscess
31 Other intra abdo abscess
33 Septicaemia
34 Anast leak suspected
35 Anast leak confirmed
36 Bile leakage
37 Entero-cut fistula
38 PUO

40 Urinary retention
41 UTI
42 Haematuria
43 Clot retention
44 Renal failure
45 Incontinence
46 Perforated bladder
47 Bladder fistula

50 DVT
51 Central vein thrombosis
52 Superficial vein thrombosis
53 Fem artery embolus/thromb

60 Upper GI haemorrhage
61 Lower GI haemorrhage
62 Prolonged ileus
63 Early post op obstruction
64 Bowel perforation
65 Post op pancreatitis
66 Nausea/vomiting

70 CVA
71 Delirium Tremens
72 Mental confusion
73 Post op psychosis
74 Post spinal headache

80 Pressure sore
81 Allergy
82 Coagulation defect
83 Co existing medical problem
84 Co existing mental problem
85 Social/home problems
86 Diabetes
87 Advanced malignancy

99 Administrative problems

SIGNIFICANCE LEVEL
A - No action required
B - Medical treatment
C - Delayed discharge
D - Requiring surgery
E - Contributing to death

Date of Discharge	Follow-up Interval (weeks)	Location of follow-up

Presenting Complaint

Abdo Pain.

History of Presenting Complaint

31 → (N) fit + well.

12/hour Hx of central abdo pain (started yesterday pm)
- No prev. episodes, no nausea/vomiting
- Bo yesterday → (N) no blood / no diarrhea.
- No urinary symptoms. No fevers / rigors
- Feeling hungry last ate 23:00 yesterday.
- No anorexia / No weight loss

Past Medical History

Nil of note

tick
- ☐ Asthma
- ☐ Angina
- ☐ Diabetes
- ☐ DVT/PE
- ☐ Epilepsy
- ☐ Hypertension
- ☐ Jaundice
- ☐ MI
- ☐ RF
- ☐ Stroke
- ☐ TB
- ☐ None of the above

Drug History

Nil regular

Allergies ! Penicillins.

Family and Social History

10 pd. for 15yrs Smoking
occasional ← Alcohol

Systematic Enquiry

CVS
Resp
GIT
GUS
CNS

} as above.

General Information

Well.

tick
- ☐ Pallor
- ☐ Dehydration
- ☐ Cyanosis

tick
- ☐ Clubbing
- ☐ Lymphadenopathy
- ☐ Jaundice

Temp / °C 36.8

Cardiovascular System

Pulse* 80 **BP*** 115/91

JVP* ↔

AB

HS WWP + CRT < 2sec

Murmurs HS I + II + 0

PP

Oedema* nil

CNS / Breasts / Skin

CNS GCS 15/15

Breasts —

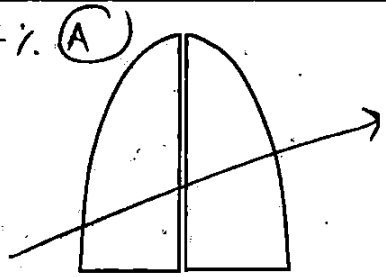
Skin —

CHECKLIST
CVS
Chest Pain
Dyspnoea
PND
Orthopnoea
Palpitations
Ankle Swelling
Claudication
Respiratory
Cough
Sputum
Wheeze
Haempotysis
GIT
Weight loss
Anorexia
Abdominal pain
Nausea
Vomiting
Dysphagia
Heartburn
Diarrhoea
Constipation
PR bleeding
GUS
Dysuria
Nocturia
Frequency
Haematuria
Urgency
Incontinence
CNS
Headache
Dizziness
Fits
Blackouts
Visual problems
Hearing problems
Weakness
Parasthesia
Numbness

Respiratory System

Trachea ⊥ **Resp rate** 18 97% (A)

Expansion } (N)
Percussion
Auscultation



clear

Abdomen

Masses } nil palpable
Liver
Speen/Kidneys

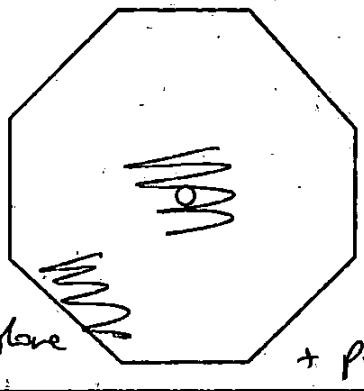
Bowel Sounds active.

Hernlae nil

Genitalia

PR Chaperone declined

FOB No masses, brown stool on glove tender (R) rectal wall.



Soft

tender ++

Umbilical + RIF

voluntary guarding + percussion tenderness

no rebound.

Impression

?. Appendicitis

Name —

Signature

Investigations

☒ U&E's	☒ FBC's	☒ LFT's	☒ Amylase 80	☐ CxR
Na* 138	Wbc* 11.7	ALT 15	☒ Glucose 5	☐ AxR
K* 4.5	HBb* 15.7	Bilirubin 10	☒ Calcium 2.34	☐ USS
Urea* 4.8	MCV 87.9	Alk Phos 103	☐ pO_2	☐ ECG
Creatinine 77	Plt 286	GGT	☐ pCO_2	☐ CEA
CRP <5	ESR	Albumin 47	☐ H*	☐ G&S
			☐ HCO_3	☐ G&XM
			☐ PTR	☐ Consent

PCAD → Ln

MRSA SCREENING

Risk assessed on .... Further swabs needed YES / NO Swab Result POSITIVE / NEGATIVE

CONTINUATION NOTES

DATE		NAME AND SIGNATURE
	MRSA Screening NHS	
	Risk assessed on	
	Further swabs needed YES / NO	
	Swab result POSITIVE / NEGATIVE	
	(P) - NBM	
	- IVF + Analgesia	
	- Urine dip.	
	- monitor.	
		[signature]
23/12/13	Surgical Reg (Colorectal) [illegible]	[signature] 2007
16:00	[illegible]	
	[illegible] Abdo pain [illegible]	
	constant [illegible] after meal	
	No Nausea / vomiting No Anorexia	
	[illegible] → [illegible]	
	No urinary / chest symptoms	
	[illegible] Temp 36.8	
	[illegible]	
	[signature]	
	Imp: ? [illegible] ? [illegible]	
	Plan - [illegible]	
	- [illegible]	
	- [illegible]	
	- U/S Abdo [illegible]	
	[illegible]	[signature]

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp .....

Surname .. MACKIE
First Name JAMES
Address ... 47 High Street
..... BURNTISLAND
..... KY3 9BD
Occupation
.....
G.P. & Address

V285698A
20/08/1981
2008810437

..... Cons.
..... Unit No.
..... D. of B.
..... M. State
..... Sex

USE BLOCK CAPITALS

..... UNIT/WARD/DEPT

DATE

23/2/13 WR SO/
Feeling better.

Ⓟ E+D
Hold off AUSS unless change.

RCampbell
21151 FYI

24/2/13 WR MG
8:55 Well. Eating breakfast.
- obs stable + afebrile.
- still reports pain → epigastric.

O/E:  soft
tender epigastrium

Ⓟ Analgesia
monitor
FYI

24/2/13 WR SO/
1905 Not at bedside - up and about
Obs stable.
pain free
ⓅⒽ tomorrow.

RCampbell
21151
FYI

DATE	
25/2/13	WR SO/ Minimal pain Apyrexial. inflammatory makes normal. Imp: not appendicitis (P) Phosphate enema Home RCampbell 21151

DATE OF ADMISSION: 1/2/13

DATE OF DISCHARGE: 21/2/13

[redacted]

NHS Fife

Hospital Site: VRI

(Please use BLOCK CAPS when completing this form)

MACKIE JAMES 47 High Street BURNTISLAND KY3 9BD	V285698A 20/08/1981 2008810437	TO: GP Forename: DR R GP Surname: HITCHCOCK GP Address: THE HEALTH CENTRE 7A SOMERVILLE ST BURNTISLAND GP Postcode: KY3 9DF

CHI No:	Hosp ID No:	Community Pharmacy:

This patient was admitted to hospital under the care of:

Consultants Name: DOCHERTY	Specialty: SURGICAL
Discharged from Ward: 41 NW3	Reason for Admission/presenting complaint: ABDO PAIN
Mode of Admission: Elective ☐ Emergency ☑ Transfer ☐	**Source of admission:** GP ☐ Self ☐ Out of Hours ☐ Other:
Principal Diagnosis: UNIDENTIFIED CANCER	**Legal Status:**

Other Conditions:

1	NIL
2	
3	
4	
5	

Significant Operations/Procedures: Yes ☐ No ☑

1. Date:
2. Date:

Relevant Investigations: Yes ☐ No ☑ Comments:

Complications: Yes ☐ No ☑ Comments:

Patient Information discharge summary given to patient and/or carer or relative: Yes ☑ No ☐

Follow-up Arrangements

NO surgical follow up

Sickness Certificate Issued:	Yes ☐	No ☐	Duration of sickness certification:	
Results awaited	Yes ☐	No ☐	If Yes, please specify:	
Letters to follow	Yes ☐	No ☐	Comment:	
Hospital Review	Yes ☐	No ☐	If Yes, please specify:	

Forename: [illegible]	Address: KY3 9RD	DOB: 20.03.81
Surname: MACKIE	Ward: A 41	CHI No / Hospital No: 2003810451

Medicines on Discharge

PARACETAMOL	1gram	QDS PRN	ea 5days	0 tabs
TRAMADOL	100mg	QDS PRN	5days	20 tabs

Medicine Continuation Sheet attached: Yes ☐ No ☑

Medication currently prescribed by Day Hospital: Yes ☐ No ☑

Dispense in Compliance Aid Yes ☐ No ☑
Type of compliance aid before admission: .....

Significant Changes to Medication from the Point of Admission

PARACETAMOL	STARTED	SHORT TERM ANALGESIA
TRAMADOL	STARTED	

Additional information attached: Warfarin sheet Yes ☐ No ☑ **Other:** Yes ☐ No ☑ Please specify:

Adverse Reactions/Allergies: Yes ☑ No ☐ Detail:
PENICILLIN

Comments:

Signature: R Campbell Date: 25.2.13

Name (in CAPS): R CAMPBELL

Contact No. for enquiries: 7115 1

Designation: Consultant/Registrar ☐ SHO ☐ JHO ☑ Other ☐ _____

Pharmacy Assessment
By Pharmacist:
Dispensed By: K Marshall
Check:
Date: 25/02/13
Received On Ward By:

AU2

MACKIE JAMES 47 High Street BURNTISLAND KY3 9BD 07594876550	V285698A 20/08/1981 2008810437 31

Hospital: VHK

NHS Fife

Patient Assessment and Care Record

Admission Date: 23/2/13 Time: 14:45

Estimated Discharge Date:	__/__/__	__/__/__	__/__/__

Admitting Ward: AU2	*Consultant:* S.O
Any known allergies or sensitivities:	Penicillin

Reason for admission:	Past Medical History
Abdo pain since yesterday	H/L OF NOTE
Source of Referral:	
Die E	

GP Details

Dr Sam	Practice Details: Burntisland H/C
Telephone:	
Fax:	

Additional Information

Faith or Religion:	First Language: (note if interpreter required)
NONE	ENGLISH

Key Contacts

1st Contact Name: JAMES MACKIE	2nd Contact Name:
Relationship: FATHER	Relationship:
☎ Daytime	☎ Daytime
☎ Evening	☎ Evening
☎ Night	☎ Night
☎ Mobile 7728450159 2	☎ Mobile
Call Bar Status:	Call Bar Status:
Ex Directory:	Ex Directory:

Was a relative or carer present?	Yes	(No)	
Does relative or carer need to be contacted?	Yes	(No)	
Name of relative or carer contacted:	Date:	Time:	

Consent Details		
Does the patient have the capacity to consent to care?	Yes / No (If yes, ignore following "Consent" questions)	
Adults With Incapacity (AWI) form completed	Yes / No	Date:
Discussed with patient and family	Yes / No	Date:
Date treatment plan in place:	Date:	
Welfare Power of Attorney (WPOA) granted?	Yes / No	Date:
POA/Guardian Name: Address:	☎Daytime	
	☎Evening	
	☎Mobile	
Financial Power of Attorney (FPOA) granted?	Yes / No	Date:
POA/Guardian Name: Address:	☎Daytime	
	☎Evening	
	☎Mobile	

Orientation and Admission:	√as appropriate		
Consultant	✓	How the nursing team works	✓
Ward Rounds	✓	Mealtimes	✓
Visiting times	✓	Call bell operation	✓
Toilet location	✓	Fire test	
Admission medicines reconciled		Patient admitted on OASIS	

If the patient has any allergies or sensitivities? See medical notes and / or prescription chart for details and ensure patient wristband applied, details checked and apply alert band for allergies or blood transfusion.

Patients Valuable Disclaimer

NHS Fife Operational Division regrets that it cannot accept responsibility for any clothing, money or valuables kept by patients in hospital. 1 mobile phone

I have been given the opportunity to place valuables into safe custody and I have decided to retain items for personal use. I therefore accept responsibility for my own clothing, money and valuables.

Patient Signature: _____ Patient Name (print): James Mackie Date: __/__/__

Completed by:	Signature: D Craig	Print: Dianne Craig
	Date: 23/2/13	Time: 1415

MACKIE V285698A
JAMES
Place 47 High Street
BURNTISLAND 20/08/1981
Patien KY3 9BD 2008810437
CHI N

NHS Fife

Rapid Risk Assessments (Within 1 Hour of Admission)

(Use in conjunction with further assessments and care planning)

Baseline Observations (Temperature, Pulse, Blood Pressure, Respirations, O^2 saturations)

Initial FEWS Score	0

FEWS Score ≥ 3 Alert senior nursing and medical staff immediately (Refer to algorithm)

Sepsis

FEWS Score ≥ 3 Complete Sepsis Screening Tool	Sepsis Screening Tool completed	Yes	No

Infection Risks

Does the patient pose any risk of infection?	Yes	(No)	**If yes consider appropriate isolation and precautions for the patient**
Could the patient be immunocompromised?	Yes	(No)	

MRSA Screen

Has the patient previously been identified as MRSA positive?	Yes	(No)	**Action** If the patient answers no to all three questions, no further action required. If the patient has already been admitted to hospital then pre-emptive action to minimise risk of further transmission of MRSA should be taken e.g. isolate patient in a single room or cohort with other high risk patients pending swab results. MRSA CRA screening must be carried out at the earliest opportunity.
Was the patient admitted from somewhere other than their own home?	Yes	(No)	**Swabs taken?** **Nasal ☐& Perineum ☐** (please swab both) Throat ☐ if perineum not possible Signature: Date: / /
Does the patient have a wound or device present?	Yes	(No)	**Result:** +ve ☐ -ve ☐ (√ as appropriate) Date: / /

VTE (Venous Thromboembolism)

Has VTE risk assessment been completed?	Yes	No

If no prompt medical staff to assess and prescribe appropriate prophylaxis

Swallowing

Does patient have any risk factors that would affect their ability to swallow? (e.g. Previous or suspected stroke)	Yes	(No)	**If YES ensure patient remains Nil By Mouth until swallow assessment completed (within 6 hours of admission)**
Stroke Swallow Screen Checklist completed?	Yes	(No)	**If Nil By Mouth ensure essential medicines and hydration are prescribed via an appropriate route.**

Pain Assessment (On a scale of 0 – 10 where '0' = no pain & '10' = worst imaginable or Face Legs Activity Crying and Consolability (F.L.A.C.C. Score 0 - 10)

Does the patient have pain?	(Yes)	No	**If yes initiate pain assessment chart**	
Initial Pain score	8/10		Specify location of pain:	Abdo - await review
Analgesia required?	Yes	No	Time analgesia given	___:___

Oral Health

Does patient have dentures?	Yes	(No)	Tongue coated?	Yes	(No)
Are there any issues with oral health?	Yes	(No)	Lips dry and cracked?	Yes	(No)

If yes to any of the above implement oral hygiene tool.

Client Handling Risk Assessment

Activity	Current Status			Manual Handling Risk / Measures required / Comments
Walking	Independent	Yes	No	Specify:
	Requiring minimal assistance	Yes	No	
	Requiring walking aid / equipment	Yes	No	
Sit / Stand Transfers	Independent	Yes	No	Specify:
	Requiring minimal assistance	Yes	No	
	Requiring a hoist or standing aid	Yes	No	
Bed / Trolley Transfers	Independent	Yes	No	Comment:
	Requiring assistance	Yes	No	
	Requiring a hoist, standing aid or patslide	Yes	No	
Movement in Bed	Independent	Yes	No	Comment:
	Requiring minimal assistance	Yes	No	
	Requiring sliding sheets, hoist or other equipment	Yes	No	

Falls Risk Assessment

Enter a score for each trigger and follow care plan guidance according to overall "risk" score

Sex	Male	1	Female	2			
Age	> 70	1	71 – 80	2	>81	1	
Sensory Deficit	Sight	2	Hearing	1	Balance	2	
Gait	Steady	0	Hesitant	1	Poor transfer	3	Unsteady 3
Falls history	None	0	At home	2	In ward	1	Both 3
Medication	Hypnotic	1	Tranquillisers	1	Hypotensives	1	Diuretics 1
Medical history	Diabetes	1	Organic brain disease / confusion	1	Seizures	1	Osteoporosis 2
Mobility	Full	1	Uses aids	2	Restricted	3	Bed bound 1
Ask the patient: "Do you have a fear of falling?"					Yes	1	No 0

3 – 8 Low risk (Risk assess weekly)	9 – 12 Medium risk (Risk assess daily)	13+ High risk (Risk assess daily)	Total Score	

Pressure Ulcer Risk Assessment (PURA)

Mobility: Person is fully mobile without equipment/assistance or able to mobilise independently with the aid of equipment	Yes	No	If the answer is **No** to any statement implement the SSKIN bundle and consider any other relevant assessment / wound care.	Commence on Skin Bundle Yes ☐ No ☐
Continence: Person is fully continent	Yes	No		
Nutrition: Person appears well nourished and able to eat and drink	Yes	No		**Complete PURA Daily**
Skin: Skin condition good with no pressure damage or excoriation	Yes	No		

Malnutrition Universal Screening Tool

(Complete supplementary tool)

Weight on admission: _____ Kg

It is not appropriate to complete MUST under the following circumstances (**record in patient notes**)

- At end of life care
- Chronic kidney disease Stage 5 (CKD) or estimated Glomerular Filtration Rate (eGFR) less than 15
- If the Liverpool Care Pathway has been commenced
- If obtaining a weight will cause undue anxiety and distress

When did patient last eat and drink?	When did patient last have a bowel movement?

Any other Recommendations and Immediate Actions to Prevent Harm

Signature:	Print:	Date:	Time:

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V285698A

20/08/1981
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NHS Fife

Nursing Assessment of Activities of Daily Living (within 6 Hours of admission)

Activity of Daily Living	Triggers for care planning	Issues		Comments
Breathing	Altered breathing pattern?	Yes	(No)	Dyspnoea ☐ Shallow ☐ Altered rate ☐ **Report any concern to medical staff – record respirations as per FEWS frequency**
	Is the patient a smoker?	(Yes)	No	____ / per day
	Ex Smoker	Yes	No	How long? ___ years ___ months
	Does the patient want assistance to stop or cope with not smoking?	Yes	(No)	If applicable refer to 'Stop Smoking' service: Date: / /
	Does the patient use nicotine replacement therapy?	Yes	(No)	
	Chronic condition eg COPD, asthma	Yes	(No)	**Specify: Consider respiratory control e.g. % O_2 requirements**
	Aids? E.g. Nebuliser, Home O_2, Inhaler	Yes	(No)	**Specify:**

Over 65	Does Comprehensive Geriatric Asesment need to be completed?	Yes	(No)	**Date assessed:** **Date:** / /

Safe Environment	Client handling (Moving & handling risk)	**Refer to Rapid Assessment**	
	Consider where you are going to place the patient e.g. does the patient require a side room?		**Rationale for decision:**
			Infection risk ☐
			End of life ☐
			Delerium / Dementia ☐
	Specify: Bed ____ Bay / Side Room ____		***Other:*** ☐

Mental Status	Orientated	☑	Is there a concern that the patient is at risk? 1. Are they unable to safeguard their own wellbeing, property rights or other interests?		☐
	Confused	☐	2. Are they at risk of harm?		☐
	Distressed	☐	3. Are they affected by disability, mental disorder, illness, physical or mental infirmity which makes them more vulnerable to harm than adults not affected in this way.		☐
	Unconscious (GCS ≤ 9)	☐	**If the patient meets all 3 points, follow NHS Fife Adult Protection and Support process.**		
Does patient require special observation? (as per Observation SOP)			Yes	(No)	**Specify level:** ***(General, special or constant)***

Nursing Assessment of Activities of Daily Living (within 6 Hours of admission)

Communication	Does the patient have a speech impairment? e.g. aphasic	Yes	(No)	**Specify:**	
	Does the patient have a hearing impairment?	Yes	(No)	**Deaf**	☐
				Hard of hearing	☐
	Are aids required?	Yes	(No)	**Hearing aid user Number of aids? 1 or 2**	☐
	What is the patient's preferred mode of communication?			British Sign Language	☐
				Signed English	☐
				Lip reader	☐
				Written	☐
				Other:	☐
	Does the patient have a vision impairment	Yes	(No)	**Registered blind**	☐
				Partially sighted	☐
				Other:	☐
	Are aids required?	Yes	(No)	Glasses	☐
				Contact lenses	☐
				Low visual aids – magnifier	☐
	Consider use of 'This is Me' or equivalent tool to capture information about the patient's likes and dislikes that will support care planning			Yes / No	
				Specify:	

Eating and Drinking	Does the patient have any food allergies?	Yes	(No)	**Specify:**
	Does the patient have a need for any of the following?			
	Need for a therapeutic diet?	Yes	(No)	**Specify:**
	Cultural / Ethnic / Religious requirements?	Yes	(No)	**Specify:**
	Social / Environmental mealtime requirements?	Yes	(No)	**Specify:**
	Physical difficulties for eating?	Yes	(No)	**Specify:**
	Needs for equipment to help with eating and drinking?	Yes	(No)	**Specify:**

Lifestyle	Any recreational or occupational issues that may affect a patient's health or recovery	Yes	(No)	**Specify:**

V285698A

MACKIE
JAMES
47 High Street
BURNTISLAND
KY3 9BD

20/08/1981
2008810437

NHS Fife

Nursing Assessment of Activities of Daily Living (within 6 Hours of admission)

Washing and Dressing	Does the patient require assistance?	Yes	(No)	**Specify:**

Mobilisation	**Refer to Rapid Risk Assessment and Falls Risk Assessment**

Elimination (Urinary)	Does the patient have any urinary elimination issues?	Yes	(No)	**Specify:** e.g. retention or frequency (include assistance required)
	Is the patient incontinent of urine?	Yes	No	**Management details:**
	Requires investigation?	Yes	No	
	Urinary devices e.g. Long /short term / intermittent catheter / urostomy etc.	Yes	No	**Specify type:** Date inserted: / / Removal date due: / /
	Aids Required?	Yes	No	**Specify:**
Commence appropriate CAUTI Bundle		Insertion ☐		Maintenance ☐

Urinalysis

Glucose	Bilirubin	Ketones	SG	Blood	PH	Protein	Urobilinogen	Nitrates	Leucocytes	Date	Initials
MSU – Culture and Sensitivity											
Chlamydia (P.C.R.)											
What was the date of the patient's Last Menstrual Period?											

Pregnancy Status on Admission (Female patients over 12 years)

Ask the patient if there is any possibility that they may be pregnant

Pregnant ☐	No (not pregnant) ☐	Don't know ☐	Not applicable ☐

A pregnancy test must be carried out if the patient is uncertain or states that they are pregnant
Ask the patient for verbal consent for a urine pregnancy test? (√) ☐

Pregnancy test results	Negative ☐	Positive ☐
Sign:	**Print:**	**Date:**

Nursing Assessment of Activities of Daily Living (within 6 Hours of admission)

Elimination (Bowels)	Does the patient have any faecal elimination issues?	Yes	(No)	**Specify:**
	Is the patient faecally incontinent?	Yes	(No)	**Management details:**
	What is the patient's normal pattern?	1 x day		**Comment:**
	Does the patient use any devices to support elimination? (e.g. for a stoma)	Yes	No	**Specify:** (include assistance required)
	If infection suspected take a sample and initiate infection control precautions.	Yes	No	**Sample taken?** Date: ___/___/___

Alcohol	**Ask Men – How often do you have 8 or more units on one occasion?** **Ask Women – How often do you have 6 or more units on one occasion?**				
	Never	☐	Less than Monthly	☐	
			Monthly	☑	
	Weekly	☐	Daily	☐	
	If 'Monthly' or more frequently then consider 'Brief' Intervention and inform medical staff. Weekly or daily is hazardous drinking and requires intervention.				

Privacy, Dignity and Sexuality	Consider, does the patient have issues related to privacy, dignity and / or sexuality that are relevant to admission?	Yes	(No)	**Specify:**

Sleeping	Does the patient normally experience any sleep disturbance?	Yes	(No)	**Specify:**

Spiritual Care	Does the patient want you to contact their spiritual or religious leader?	Yes	(No)	**Name:** ☎: **Date:** ___/___/___ (√) ☐
	Refer to Spiritual Care Team	Yes	(No)	**Date:** ___/___/___ **Time:** __:__

End of Life Care (Death and Dying)	Has the patient been admitted for 'end of life care'?	Yes	(No)	
	Does the patient have any specific needs or wishes?	Yes	(No)	**Specify:**
	Has the patient been admitted for Palliative Care	Yes	(No)	
	Consider if it is appropriate to commence the patient on the Liverpool Care Pathway	Yes	(No)	**Discuss with medical staff**

As with all clinical guidelines and pathways the LCP aims to support but does not replace clinical judgement. Before commencing discuss with medical staff and ensure appropriate discussion with patient, relatives and carers. Refer to the guidance in the LCP or Documentation User Guide.

Sign:	Print: DIANNE CRAIG	Date: 23/2/13	Time: 1500

WARD ROUND

Date	Communication (Family, Relatives, Carers) All disciplines should record any communication with family relatives and carers here	Sign	Discipline
23/2/13	S/B SO		
	- D+F		
	Hold of with AUSS unless		
	any changes to condition.	OP	S/n
24/2	w/R (SO) ~~[illegible]~~ REG - Abdo exam,		
	soft non tender.		
	- Remain r/v later	CS	S/n.
~~24/2~~	~~S/B SO - R/V later~~		
	~~- Commence Lipo~~	~~[illegible]~~	
	~~- Pt's swelling to~~		
	~~penis noted - ? Hydrocele~~		
	~~- To be recatheterised~~	[illegible]	
24/2/13	from medical notes -		
2300	not on ward		
	Home tomorrow	[illegible]	

MACKIE
JAMES
47 High Street
BURNTISLAND
KY3 9BD

V285698A

20/08/1981
200881043?

NHS Fife

Date	Time	Continuation All disciplines to record summary of care, expected outcomes and review date	Sign	Discipline
23/2/13	1800	Settled into bay. FEWS = 0. Reg paracetamol given IV Tramadol IM. Remains NBM IV fluids 6°. Passing urine. Pid in toilet so need MSU Await results x-ray	[signature]	S/N
	2230	FEWS 0, tramadol and paracetamol for pain, reminded to use bottle for urinalysis	DP	S/N
24/2	0020	FEWS 0. 400mg tramadol given for pain	DP S/N	

Peripheral Vascular Catheter Care Bundle HPS
FILE IN NURSING NOTES

Date: 24 / 2 /13 Time: 11:15
Cannula site: ~~LEFT~~ ELBOW
Cannula gauge / colour: PINK

Still in use / required	(Y)	N
Absence of inflammation / extravasation	(Y)	N
Dressing intact and dated & timed	(Y)	N
Inserted for less than 72 hours	(Y)	N
Hand hygiene before & after all PVC bundle checks	(Y)	N

Please circle PVC removed (PVC left in situ)
Reason for removal:

E McManus ST/N

Date	Time	Continuation	Sign	Discipline
24/2	18:00	FEWS - 0. - BM - 7.0. - Pt's catheter removed due to swelling of penis. - Bladderscan shows 400mls ↑ so to be recatheterised - Bowels not opened ~~x~~ for 2 days. On commode to try to move - IV stopped, tolerating DAF. - Refused analgesia. - Sacrum red, cavilon applied. Repose mattress in situ.	[signature] S/N	

~~wrong notes~~

Patient Care Record V3.4

Date	Time	**Continuation** All disciplines to record summary of care, expected outcomes and review date	Sign	Discipline
24/2/13	1830	- FEWS - O.		
		- Oral analgesia given.		
		- Left ward [illegible] with visitors for coffee.		
		- fragmin given, p/t appears well	CO	JW
	24:00	(S) Transferred from AU2		
		(B) Admitted 23/2/13 with abdo pain.		
		No past medical history		
		Allergic to Penicillin		
		(A) Fews: O		
		No venflons.		
		Diet and fluids.		
		Not on ward during ward round in AU2.		
		Analgesia given on arrival to ward 41.		
		(R) ? for home today.		
		Await ward round.	Y Bradford	
	0500	Incident form completed		
		Ref number: WEB80277	Y Bradford	
25/2/13		(S) 3B mr [illegible]		
		(B) Admitted 23/2/13 Abdo pain		
		no PMx Penicillin		
		(A) EWS O		
		mobile + independent.		
		tolerating D+F.		
		PRN codeine given.		
		Bowels not moved 4/7		
		no venflons.		
		(R) Phosphate enema [illegible]		
		DC home today		
		no F/UP, Transport [illegible]	[illegible]	

NHS Fife

Hourly IV Monitoring Chart

MACKIE JAMES
47 High Street
BURNTISLAND
KY3 9BD

V285698A
20/08/1981
2008810437

Maddox Score

0	No erythema, swelling, induration, or palpable venous cord
1+	Painful IV site, no erythema, swelling, induration, or palpable venous cord
2+	Painful IV site, some erythema and/or swelling, no induration or palpable venous cord
3+	Painful IV site, with erythema, swelling, induration and palpable venous cord < 3 inches
4+	Painful IV site, with erythema, swelling, induration and palpable venous cord > 3 inches
5+	Frank vein thrombosis and all other symptoms present

Ward.....Ward 7.....

Hospital.....VHK.....

Infusion Device.....

Serial Number.....

Date	Time	Prescribed Fluid	Volume on Start	Time span of infusion	Volume infused *	Maddox Score	Cannula Dressing intact Y/N	Comments/ Actions	Signature
22/2/13	1510	0.18% NACL 4% Dex	500	60		0	Y	NEW	DC
	1800	Para	100	1/2		0	Y	NAW	DC
23/2	1820	0.18% NACL 4% Dex	500	60		0	Y	Lal.	DC
23/2	1930	0.18% NACL 4% Dex	500			0	Y	FLUSHED	DC
23/2	2000	0.18% Saline 4% Dex	500	60		0	Y	NAW	DC
	2100	"		60		0	Y		DC
	2210	discontinued							DC

Volume infused over last hour:

Infusion Device amount infused since last check – check actual infusion against reading on device

Gravity visual estimate of volume infused

Cannula should be removed when Maddox score is 1

Fife Acute Hospitals
Queen Margaret Hospital

NHS Fife

Surname	MACKIE	V285698A
Forename ...	JAMES	
Date of Birth	47 High Street BURNTISLAND KY3 9BD	20/08/1981
CRN		2008810437

WARD: AU2

HYDRATION FLUIDS PRESCRIPTION CHART

Date	Fluid (Block Letters)	Vol. (ml)	Prescribed Duration of Administration	Doctors Signature	Time Begun (2400)	Completion Time	Administered by (Signature)
23/2/13	0.18% NaCl 4% Dext	500	6°		1510		O Craig
23/2/13	0.18% NaCl 4% Dex	500	6°		2000		DP

Operational Division

NHS Fife

DRUG PRESCRIPTION AND ADMINISTRATION RECORD

ADVERSE DRUG REACTIONS (SPECIAL INSTRUCTIONS)			
? Penicillin	CHI..... MACKIE JAMES		V285698A
	SURNAME ..... 47 High Street		
	FORENAME ..... BURNTISLAND		20/08/1981
	DATE OF BIRTH ... KY3 9BD		2008810437
CONSULTANT..... SO	WARD AU2	WEIGHT ..... 66.1 Okg	HEIGHT .....

INSTRUCTIONS FOR USE

1. To commence a prescription, complete the appropriate section fully.
2. For regular prescriptions, complete details for non-parenteral medication from top left and parenteral from bottom right.
3. Do not change a prescription – it should be rewritten.
4. To stop a prescription, score a single line through both the drug and administration sections, sign and date.
5. When a dose is administered the person doing so (nurse or doctor) must initial the appropriate box.
6. If a dose is not given, the reason must be entered in the relevant box using the following codes:
   - D – drug not available
   - X – omitted on doctor's instructions
   - S – patient not capable of taking
   - R – patient refused
   - Z – patient not on ward
   - O – other (should be endorsed in nursing notes)

ONCE ONLY PRESCRIPTIONS

Date	Time	Prescription	Dose	Route	Prescriber's Signature	Time given	Given by
25/8/13	10:30	Phosphate enema	1	PR	A	1110	[illegible]

MS240R

MACKIE V285698A
JAMES
PA 47 High Street .... CHI............................ CONSULTANT.......................................
BURNTISLAND 20/08/1981
F KY3 9BD 2008810437

Date ↓ and Month → Feb 13

DRUG	Dose	Times to be given ↓	23	24	25
PARACETAMOL	1 Gram	8		[illegible]	
Route: ORAL/IV	Start Date: 23/2/13	12		[illegible]	
Prescriber's Signature: [signature]	Pharmacy/Comments	18	[illegible]	[illegible]	
		22	[illegible]	SS	

DRUG	Dose	Times to be given ↓	23	24	25
TRAMADOL	100mg	8		[illegible]	
Route: ORAL/IV	Start Date: 23/2/13	12		[illegible]	
Prescriber's Signature: [signature]	Pharmacy/Comments	18	[illegible]	[illegible]	
		22	[illegible]	SS	

DRUG	Dose
Route	Start Date
Prescriber's Signature	Pharmacy/Comments

DRUG	Dose
Route	Start Date
Prescriber's Signature	Pharmacy/Comments

DRUG	Dose
Route	Start Date
Prescriber's Signature	Pharmacy/Comments

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Route	Start Date
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DRUG	Dose
Route	Start Date
Prescriber's Signature	Pharmacy/Comments

DRUG	Dose
Route	Start Date
Prescriber's Signature	Pharmacy/Comments

MACKIE
JAMES
PAT 47 High Street
BURNTISLAND
A KY3 9BD
R

V285698A

20/08/1981
2008810437 ↓

..... CHI..... CONSULTANT.....

Times to be given ↓	Date ↓ and Month → Feb 13															
	23	24														

DRUG | **Dose**

Route | Start Date

Prescriber's Signature | Pharmacy/Comments

DRUG | **Dose**

Route | Start Date

Prescriber's Signature | Pharmacy/Comments

DRUG | **Dose**

Route | Start Date

Prescriber's Signature | Pharmacy/Comments

DRUG | **Dose**

Route | Start Date

Prescriber's Signature | Pharmacy/Comments

DRUG | **Dose**

Route | Start Date

Prescriber's Signature | Pharmacy/Comments

DRUG | **Dose**

Route | Start Date

Prescriber's Signature | Pharmacy/Comments

DRUG DALTEPARIN | **Dose** 5000 UNITS

Route S/C | Start Date 22/2/13

Prescriber's Signature | Pharmacy/Comments

10 | 10

DRUG TEDS | **Dose** T

Route TOP | Start Date 23/2/13

Prescriber's Signature | Pharmacy/Comments

↓ | 5

PATIENT NAME:... CHI:.......................... CONSULTANT..................................

AS REQUIRED PRESCRIPTIONS

DRUG SODIUM CHLORIDE 0.9%	**Dose** 2 to 10ml
Indication Flushing Cannula Infusion Site	Frequency
Route IV	Start Date
Signature	Pharmacy/Comments

DRUG SYMPTOMATIC RELIEF POLICY	**Dose**
Indication	Frequency
Route	Start Date
Signature	Pharmacy/Comments

DRUG MORPHINE	**Dose** 10mg
Indication PAIN	Frequency 2 – 4°
Route ORAL/IM/IV	Start Date 23/2/13
Signature	Pharmacy/Comments

DRUG CODEINE	**Dose** 50mg
Indication PAIN	Frequency 4 – 6°
Route ORAL	Start Date 23/2/13
Signature	Pharmacy/Comments

Date	Time	Sig.	Date	Time	Sig.	Date	Time	Sig.	Date	Time	Sig.
24/2	1540	[illegible]									
25/2	1110	[illegible]									

DRUG CYCLIZINE	**Dose** 50mg
Indication N+V	Frequency 8°
Route ORAL/IM/IV	Start Date 23/2/13
Signature	Pharmacy/Comments

DRUG	**Dose**
Indication	Frequency
Route	Start Date
Signature	Pharmacy/Comments

DRUG	**Dose**
Indication	Frequency
Route	Start Date
Signature	Pharmacy/Comments

DRUG	**Dose**
Indication	Frequency
Route	Start Date
Signature	Pharmacy/Comments

FIFE

MACKIE
JAMES
47 High Street
BURNTISLAND
KY3 9BD

V285698A

20/08/1981
2008810437

WD. A&H 2

CONS. SO

FEWS KEY

0	1	2	3

FEWS ≥ 3 FOLLOW FEWS FLOWCHART

DATE	23/2/13	24/2/13	25/2/13
FREQUENCY			
TIME	1440, 1820, 2210	0600, 1450, 2052	615
TEMP. (35°–40°)			
BLOOD PRESSURE (80–210)			
FEWS SCORE uses Systolic BP (50–70)			
HEART RATE (20–170)			
Sp02 (95+, 90-94, 85-89, < 85)	98, 98	99, 98	98
Fi02	A, A, A	A, A, A	A
RESP. RATE (<8–40)			
NEURO. (Awake, Verbal/Confused, Pain, Unresp)	✓ ✓ ✓	✓ ✓ ✓	✓
FEWS SCORE:	0, 0, 0	0, 0, 0	0
BM:			
Signature/initials		[illegible]	

MS2191

FIFE EARLY WARNING SCORE

JAMES MACKIE
2008810437

WD.

CONS.

FEWS KEY

0	1	2	3

FEWS ≥ 3
FOLLOW FEWS FLOWCHART

DATE

FREQUENCY

TIME

TEMP. 36·8

BLOOD PRESSURE 15/91

FEWS SCORE uses Systolic BP

HEART RATE 80

Sp02 97%

Fi02

RESP. RATE 16

NEURO.

FEWS SCORE: 0

BM:

Signature/initials

MS2191

C

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of General Surgery
Tel: 01592 643355 Ext 28931
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr RH Hitchcock
Dr Hitchcock's Practice
The Health Centre
74 Sommerville Street
Burntisland
KY3 9DF

DISCHARGE LETTER

2,0088104 37

CHI: 2008810437
Hospital ID: V285698A

Letter ID: 503677

Dear Dr Hitchcock

Date: 28/02/2013

James Mackie, 47 High Street, Burntisland, Fife, KY3 9BD

Date of Birth: 20/08/1981

Date of Admission: 23/02/2013

Date of Discharge: 25/02/2013

Diagnosis: Non specific abdominal pain.
Management: Conservative.
Follow up: None.

This gentleman was admitted as above. His abdomen was soft and non tender. Inflammatory markers were all normal. His pain settled by the time he was discharged.

Yours sincerely,

Mr S Oglesby
Consultant in General Surgery

Authorised on 11/03/2013 10:05:22 by Stuart Oglesby.

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Hayfield Road
Kirkcaldy
Fife
KY2 5AH

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Consultant in General Surgery

This document has NOT been verified.

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Yours sincerely

Mr S Oglesby
Consultant in General Surgery

Authorised on 11/03/2013 10:05:22 by Stuart Oglesby.

SCI Store - Patient Result Report

Report ID: E-06065635 **Sample Collected:** 01/09/2018 09:07:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Julie, THOMSON,	(F704HAEV) VHK A&E	E-06065635	Radiology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
IMAGING	01/09/2018 09:07:00	04/09/2018 11:34:06.72	04/09/2018 11:33:45	Active

Report

XR Foot Rt

James MacKie
Clinical History:
Clinical History for Radiology Requests: alleged assault. Crush injury to right foot. Tender over 2nd metatarsal. Exclude fracture
Ordered by PANPHER SURINDER (PanpherS)
~~(Information via Order Comms)

XR Foot Rt:
There is a comminuted intra-articular fracture of the distal aspect of the proximal phalanx of the right great toe with slight lateral displacement demonstrated.

Set AEN

Margaret Diamond
Consultant Radiographer
HCPC: RA22552

Reported by: DIAMOND, Margaret and DIAMOND, Margaret
Verified by: DIAMOND, Margaret

Printed By: Tracy Paterson on 28/05/2026 11:30:18

SCI Store - Patient Result Report

Report ID: E-05824410 **Sample Collected:** 16/08/2017 03:57:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Surinder, PANPHER,	(F704HAEV) VHK A&E	E-05824410	Radiology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
IMAGING	16/08/2017 03:57:00	30/08/2017 15:26:02.667	30/08/2017 15:40:16	Active

Report

XR Hand Lt

James MacKie
Clinical History:
. Punch injury to left hand, tender over the third metacarpal, exclude fracture.

XR Hand Lt:
There is a slightly impacted fracture of the neck of the third metacarpal of the left hand with slight volar angulation demonstrated.

Margaret Diamond
Consultant Radiographer
HCPC: RA22552

Reported by: DIAMOND, Margaret and DIAMOND, Margaret
Verified by: DIAMOND, Margaret

Printed By: Tracy Paterson on 28/05/2026 11:30:29

SCI Store - Patient Result Report

Report ID: E-05675151 **Sample Collected:** 21/12/2016 13:31:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Julie, THOMSON,	(F704HAEV) VHK A&E	E-05675151	Radiology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
IMAGING	21/12/2016 13:31:00	21/12/2016 14:19:01.323	21/12/2016 14:18:01	Active

Report

XR Foot Lt

James MacKie
Clinical History :
Crush injury to left foot, tender over cuneiforms and metatarsals, exclude fracture.

XR Foot Lt :
No bony injury demonstrated.

Prov A&E Opinion - No Opinion

Reported by: DIAMOND, Margaret
Verified by: DIAMOND, Margaret

Printed By: Tracy Paterson on 28/05/2026 11:30:34

SCI Store - Patient Result Report

Report ID: E-04459880 **Sample Collected:** 23/02/2013 17:40:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Stuart, OGLESBY,	(F704HSAU2) VHK SURGICAL ADMISSIONS UNIT 2	E-04459880	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	23/02/2013 17:40:00	03/04/2013 17:55:05.5	03/04/2013 17:55:08	Active

Report

XR Chest

James MacKie
XR Chest :
PA projection. Normal cardiac and mediastinal contours for age. Normal pulmonary vascularity. The lungs are clear. No pleural lesion. No free subdiaphragmatic gas.

Reported by: COLLIE, Don A Dr
Verified by: COLLIE, Don A Dr

Printed By: Tracy Paterson on 28/05/2026 11:30:39

SCI Store - Patient Result Report

Report ID: E-03737308 **Sample Collected:** 14/02/2011 13:58:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Bappa, ROY,	(F704HAEV) VHK A&E	E-03737308	Radiology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
IMAGING	14/02/2011 13:58:00	15/02/2011 15:07:26.13	15/02/2011 15:14:48	Active

Report

XR Chest

James MacKie
XR CHEST:
Cardiac contour normal. Lungfields clear. No pneumothorax.

Reported by: REID, William Dr
Verified by: REID, William Dr

Printed By: Tracy Paterson on 28/05/2026 11:31:13

SCI Store - Patient Result Report

Report ID: C7147032S **Sample Collected:** 23/02/2013 12:29:00

Fife SCI Store Live

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
COOK, R	(VACC) Accident and Emergency VHK	C7147032S	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	23/02/2013 12:29:00	23/02/2013 12:44:00	23/02/2013 13:28:13	Active

Report

C-reactive protein

Description	Value	Range	Unit	Normalcy Notes
C-reactive protein	<5	0 - 5	mg/L	

Alanine transaminase

Description	Value	Range	Unit	Normalcy Notes
Alanine transaminase	15	0 - 40	U/L	

Alkaline Phosphatase

Description	Value	Range	Unit	Normalcy Notes
Alkaline phosphatase	103	35 - 115	U/L	

Amylase

Description	Value	Range	Unit	Normalcy Notes
Amylase	80	20 - 85	U/L	

Bilirubin (Total)

Description	Value	Range	Unit	Normalcy Notes
Bilirubin (Total)	10	2 - 20	umol/L	

Calcium

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.48	2.15 - 2.65	mmol/L	
Corrected calcium	2.34	2.15 - 2.65	mmol/L	
Albumin	47	38 - 50	g/L	

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	138	134 - 144	mmol/L	
Potassium	4.5	3.6 - 5.4	mmol/L	
Urea	4.8	3.0 - 8.5	mmol/L	
Creatinine	77	50 - 120	umol/L	
eGFR	> 60			

Bicarbonate

Description	Value	Range	Unit	Normalcy Notes
Bicarbonate	27	22 - 32	mmol/L	

Requestor Comments

Clinical Details: abdominal pain ? appendicitis

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	22/01/2015 02:32:31

Printed By: Tracy Paterson on 28/05/2026 11:30:46

SCI Store - Patient Result Report

Report ID: C7147032S **Sample Collected:** 23/02/2013 12:29:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
COOK, R	(VACC) Accident and Emergency VHK	C7147032S	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	23/02/2013 12:29:00	23/02/2013 12:44:00	23/02/2013 13:28:13	Active

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	5.0	3.3 - 6.1	mmol/L	

Requestor Comments

Clinical Details: abdominal pain ? appendicitis

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	22/01/2015 02:32:31

Printed By: Tracy Paterson on 28/05/2026 11:30:51

SCI Store - Patient Result Report

Report ID: H7147032S **Sample Collected:** 23/02/2013 12:29:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
COOK, R	(VACC) Accident and Emergency VHK	H7147032S	Haematology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Venous Blood	23/02/2013 12:29:00	23/02/2013 12:44:00	23/02/2013 12:48:11	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**11.7**	**4 - 11**	**x10-9/l**	**HI**
RBC	5.14	4.5 - 6.0	x10-12/l	
HGB	15.7	13.5 - 18	g/dl	
Hct	45.2	41 - 53	%	
MCV	87.9	80 - 100	fl	
MCH	30.5	27 - 34	pg	
MCHC	34.7	30 - 36	g/dl	
PLT	286	130 - 400	x10-9/l	
RDW	12.3	10 - 16		
Neut	**9.30**	**2.0 - 7.5**	**x10-9/l**	**HI**
Lymp	1.48	1 - 4.8	x10-9/l	
Mono	0.63	0.2 - 0.8	x10-9/l	
Eos	0.22	0 - 0.4	x10-9/l	
Baso	0.02	0 - 0.1	x10-9/l	

Requestor Comments

Clinical Details: abdominal pain ? appendicitis

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	12/02/2015 13:41:30

Printed By: Tracy Paterson on 28/05/2026 11:30:56

SCI Store - Patient Result Report

Report ID: M4069511H **Sample Collected:** 14/02/2011 14:45:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
ROY, B	(VACC) Accident and Emergency VHK	M4069511H	Microbiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Urine	14/02/2011 14:45:00	14/02/2011 15:11:00	15/02/2011 11:44:06	Active

Report

Urine Culture

Urine Culture

Urine Culture	No growth.

Requestor Comments

NITRATES, LEUCOCYTES AND PROTEIN IN URINE

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	02/12/2022 23:30:32
HIC NW Lab	HIC_NWLab	HIC	10/01/2015 21:38:15

Printed By: Tracy Paterson on 28/05/2026 11:31:04

SCI Store - Patient Result Report

Report ID: C4826679J **Sample Collected:** 14/02/2011 13:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
ROY, B	(VACC) Accident and Emergency VHK	C4826679J	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	14/02/2011 13:30:00	14/02/2011 14:16:00	14/02/2011 19:53:58	Active

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	136	134 - 144	mmol/L	
Potassium	**3.4**	**3.6 - 5.4**	**mmol/L**	**LO**
Urea	3.3	3.0 - 8.5	mmol/L	
Creatinine	85	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	**53**	**38 - 50**	**g/L**	**HI**
Protein (Total)	80	60 - 80	g/L	
Alkaline phosphatase	104	35 - 115	U/L	
Gamma-Glutamyltransferase	18	7 - 50	U/L	
Alanine transaminase	28	0 - 40	U/L	
Bilirubin (Total)	**39**	**2 - 20**	**umol/L**	**HI**

Bone Profile

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.58	2.15 - 2.65	mmol/L	
Corrected calcium	2.32	2.15 - 2.65	mmol/L	
Phosphate	**0.32**	**0.80 - 1.40**	**mmol/L**	**LO**

Magnesium

Description	Value	Range	Unit	Normalcy Notes
Magnesium	0.77	0.75 - 1.00	mmol/L	

Creatine kinase

Description	Value	Range	Unit	Normalcy Notes
Creatine kinase	**591**	**23 - 175**	**U/L**	**HI**

Bicarbonate

Description	Value	Range	Unit	Normalcy Notes
Bicarbonate	23	22 - 32	mmol/L	

Requestor Comments
OD ECSTASY + COCAINE + ALCOHOL

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	18/01/2015 00:44:52

Printed By: Tracy Paterson on 28/05/2026 11:31:18

SCI Store - Patient Result Report

Report ID: C4826679J **Sample Collected:** 14/02/2011 13:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
ROY, B	(VACC) Accident and Emergency VHK	C4826679J	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	14/02/2011 13:30:00	14/02/2011 14:16:00	14/02/2011 19:53:58	Active

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	4.8	3.3 - 6.1	mmol/L	

Requestor Comments

OD ECSTASY + COCAINE + ALCOHOL

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	18/01/2015 00:44:52

Printed By: Tracy Paterson on 28/05/2026 11:31:23

SCI Store - Patient Result Report

Report ID: H4826679J **Sample Collected:** 14/02/2011 13:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
ROY, B	(VACC) Accident and Emergency VHK	H4826679J	Haematology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Venous Blood	14/02/2011 13:30:00	14/02/2011 14:16:00	14/02/2011 14:44:55	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	7.6	4 - 11	x10-9/l	
RBC	5.15	4.5 - 6.0	x10-12/l	
HGB	15.4	13.5 - 18	g/dl	
Hct	42.6	41 - 53	%	
MCV	82.7	80 - 100	fl	
MCH	29.9	27 - 34	pg	
MCHC	**36.2**	**30 - 36**	**g/dl**	**HI**
PLT	261	130 - 400	x10-9/l	
RDW	12.2	10 - 16		
Neut	4.86	2.0 - 7.5	x10-9/l	
Lymp	1.72	1 - 4.8	x10-9/l	
Mono	**0.84**	**0.2 - 0.8**	**x10-9/l**	**HI**
Eos	0.12	0 - 0.4	x10-9/l	
Baso	0.01	0 - 0.1	x10-9/l	

Requestor Comments

OD ECSTASY + COCAINE + ALCOHOL

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	10/02/2015 08:15:38

Printed By: Tracy Paterson on 28/05/2026 11:31:28

SCI Store - Patient Result Report

Report ID: H4826679J **Sample Collected:** 14/02/2011 13:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
JAMES RICHARD MACKIE	2008810437	20/08/1981	44	Ruiz, George	The Health Centre	COOK, R	(VACC) Accident and Emergency VHK

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
ROY, B	(VACC) Accident and Emergency VHK	H4826679J	Haematology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Sodium citrate	14/02/2011 13:30:00	14/02/2011 14:16:00	14/02/2011 14:44:55	Active

Report

Clotting screen

Description	Value	Range	Unit	Normalcy Notes
Prothrombin Time	12	9 - 14	Secs	
APTT	29	24 - 36	Secs	
Thrombin Time	15	10 - 15	secs	
Fibrinogen	2.4	1.5 - 4.5	g/l	

Requestor Comments

OD ECSTASY + COCAINE + ALCOHOL

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	10/02/2015 08:15:38

Printed By: Tracy Paterson on 28/05/2026 11:31:34