Subject Access Request Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

MMA LEGAL
43-59 PRINCES STREET
STOCKPORT
SK1 1RY

Date: 15TH May 2026
Your Ref: 100019
Our Ref: SAR/ACCESS/ CD
Enquiries to: Chrissy
Direct Line: 0141 201 3379
Email: chrissy.davie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: DONNA SULLIVAN **D.O.B: 25/07/1970**

Thank you for your request received 22ND April 2026 in which you seek a copy of your client's personal information.

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

GLASGOW ROYAL INFIRMARY & STOBHILL HOSPITAL RECORDS

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Subject Access Request Team

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☑		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 01/07/2011
Typed 07/07/2011
Your Ref
Our Ref MP/AS

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Thank you for referring this 40 year old lady whom I saw in my out patient hysteroscopy clinic on 24.6.11. Her main problem was that of frequent heavy painful periods. She has tried Tranexamic Acid which reduces the quantity although she still finds it does have an impact on her quality of life. She has no intermenstrual or post coital bleeding. She has tried a Mirena IUS before.

On transvaginal scanning she had a thickened looking endometrium raising the possibility of a polyp. I therefore hysteroscoped her and this showed a partial endometrial septum. We discussed the management options. She opted for a Mirena IUS to be inserted which I have done. A pipelle endometrial biopsy showed late secretory phase endometrium with no atypical features. An HVS did not show an infection.

Yours sincerely

MAHESH PERERA
Consultant Gynaecologist

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 01/07/2011
Typed 07/07/2011
Your Ref
Our Ref MP/AS20508978K – Chi No 2507706163

Ms Donna Sullivan
187 Commonhead Road
Glasgow
Lanarkshire
G34 0DS

Dear Ms Sullivan

Just a note to let you know the sample taken from the lining of your womb has been reported as normal with no evidence of malignancy.

Yours sincerely

MAHESH PERERA
Consultant Gynaecologist

24/6/11

Patient Details

Surname	SULLIVAN
Forename	DONNA
CHI	2507706163
GP Details	GOLDIE, JOHN 9 AUCHINLEA ROAD, GLASGOW
Age	40
Hospital CRNs	20508978K

Referral Details

Date Received	28/04/2011 09:07:52
ReferralID	6398404
Priority	ROUTINE
New Priority	ROUTINE

Priority History

ROUTINE	28/04/2011 10:01:10

Redirection Information

Specialty	Hospital	Reason	Redirected Date	Redirected By
Gynaecology - other	Glasgow Royal Infirmary	Record Creation	28/04/2011 10:01	June Muir

Tracking/Vetting Details

Cancer Code	
Date Vetted	28/04/2011 10:55:36
Vetting Status	Vetted
Outcome	Direct OP Appointment
Vetted By	Mary Rodger

Tests

Clinics

One Stop Hysteroscopy

Consultant **Site** Stobhill Hospital

Instructions

HRCompleted False

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Gynaecology - other
GGC Gynae Gen Ref

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

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

Hospital location code.
G107H
Email address
-

Urgency of referral ROUTINE
Date of referral 21-Apr-2011 **Date sent** 28-Apr-2011

PATIENT DETAILS

Surname	Sullivan
Forename(s)	Donna
Title	Mrs
Sex	Female
Date of birth	25-Jul-1970
CHI no.	2507706163

Patient\'s address

187 Commonhead Rd
GLASGOW
G34 0DS

Contact number(s)

Voice: 771 3743

101001898680E Unique Care Pathway Number: 101001898680E

REGISTERED GP DETAILS

Name	Dr J Goldie		
GMC code	2597894	GP code	06521
Practice name	Newhills Medical Practice (18904)		
Practice code	46451		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow

Contact number(s)

Voice: 0141 531 8175
Facsimile: 0141 531 8167

REFERRING GP DETAILS

Name	Dr. Kristeen Lindsay		
GMC code	3272079	GP code	02968
Practice name	EASTERHOUSE HEALTH CENTRE (46451)		
Practice code	46451		

Practice address

9 AUCHINLEA ROAD
GLASGOW

Contact number(s)

Voice: 0141 531 8170

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Menorrhagia and irregular vaginal bleeding.

Comment: I would be grateful if you could see this 40 year old patient who complains of menorrhagia and irregular vaginal bleeding. She is feeling very tired and her haemoglobin in low at 11gms.

She previously had the Mirena coil, but expelled the coil. She was found to have a subseptate uterus.

In view of her heavy irregular bleeding I was wondering whether she would be a candidate for a microwave endometrial ablation procedure, and would be most grateful for your assessment.

Thank you for your help.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Haemorrhoids	-	07-Dec-2010	07-Dec-2010
Haemorrhoids	-	15-Jan-2009	15-Jan-2009
Haemorrhoids	-	24-Mar-2007	24-Mar-2007
Diverticulitis	-	06-Aug-2006	06-Aug-2006
Haemorrhoids	-	22-Aug-2003	22-Aug-2003
Termination of pregnancy	-	03-May-2000	03-May-2000
Atypical chest pain	-	19-Nov-1999	19-Nov-1999
Recurrent urinary tract infection	-	01-Oct-1998	01-Oct-1998
Inflammatory breast disease	-	01-Jul-1998	01-Jul-1998
Diaphragmatic hernia	hiatus hernia	02-Apr-1998	02-Apr-1998
Scar NOS	Revision left cheek	08-Dec-1997	08-Dec-1997
Acute posttrauma stress state	-	01-Jan-1996	01-Jan-1996
Normal delivery in a completely normal case	Daughter	01-Apr-1994	01-Apr-1994
Dyspepsia	-	01-Jan-1994	01-Jan-1994
Normal delivery in a completely normal case	-	30-Aug-1992	30-Aug-1992
Backache	mechanical	28-Jan-1992	28-Jan-1992
Obesity	-	01-Jan-1989	01-Jan-1989
Anxiety state NOS	-	01-Jan-1989	01-Jan-1989

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Rubber band ligation of haemorrhoid	07-Dec-2010	07-Dec-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Esomeprazole Gastro-resistant Tablets 40 mg	56	56 TABLET	1 Tab Daily	-	19-Oct-2010	21-Mar-2011
Metoclopramide Hydrochloride Tablets 10 mg	168	168 TABLET	1 Tab 3 times daily	-	19-Oct-2010	21-Mar-2011
Paracetamol Tablets 500 mg	224	224 TABLET	2 TABS UP TO QID DISP MONTHLY	-	19-Oct-2010	21-Mar-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued

Orlistat Capsules 120 mg	84	84 CAPSULE	ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)	-	20-Apr-2011	20-Apr-2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	20-Apr-2011	20-Apr-2011
Cetirizine Hydrochloride Tablets 10 mg	60	60 tablet	ONE TO BE TAKEN EACH DAY	-	13-Apr-2011	13-Apr-2011
Gabapentin Capsules 100 mg	90	90 capsule	NEUROPATHIC PAIN, INITIALLY ONE TO BE TAKEN THREE TIMES A DAY	-	07-Apr-2011	07-Apr-2011
Senna Tablets 7.5 mg	28	28 TABS	1 or 2 Tabs At night	-	07-Apr-2011	07-Apr-2011
Ferrous Fumarate Tablets 210 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Mar-2011	21-Mar-2011
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Mar-2011	21-Mar-2011
Venlafaxine Tablets 75 mg	56	56 TABS	1 Tab morning and night	-	21-Mar-2011	21-Mar-2011
Amitriptyline Hydrochloride Tablets 25 mg	30	30 tablet	ONE TO BE TAKEN EACH EVENING	-	21-Mar-2011	13-Apr-2011
Amitriptyline Hydrochloride Tablets 10 mg	28	1*28 tablet	ONE TO BE TAKEN EACH EVENING	-	21-Mar-2011	13-Apr-2011
Diazepam Tablets 2 mg	14	14 tablet	ONE TO BE TAKEN WHEN REQUIRED	-	21-Mar-2011	21-Mar-2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	21-Mar-2011	07-Apr-2011
Tranexamic Acid Tablets 500 mg	100	100 tablet	TWO TABS FOUR TIMES DAILY	-	01-Mar-2011	01-Mar-2011
Mefenamic Acid Tablets 500 mg	56	56 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Mar-2011	01-Mar-2011
Amitriptyline Hydrochloride Tablets 10 mg	28	1*28 tablet	ONE TO BE TAKEN EACH EVENING	-	01-Mar-2011	01-Mar-2011
Amitriptyline Hydrochloride Tablets 25 mg	30	30 tablet	ONE TO BE TAKEN EACH EVENING	-	28-Jan-2011	23-Feb-2011
Diazepam Tablets 2 mg	14	14 tablet	ONE TO BE TAKEN WHEN REQUIRED	-	28-Jan-2011	08-Mar-2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	28-Jan-2011	08-Mar-2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	13-Jan-2011	13-Jan-2011
Venlafaxine Tablets 75 mg	56	56 TABS	1 Tab morning and night	-	13-Jan-2011	13-Jan-2011
Pyridoxine Hydrochloride Tablets 50 mg	28	28 TABS	1 Tab Daily	-	13-Jan-2011	13-Jan-2011
Distaclor Mr M/R tablets 375 mg	14	14 TABS	1 Tab Twice daily	-	13-Jan-2011	13-Jan-2011
Amitriptyline Hydrochloride Tablets 10 mg	28	1*28 tablet	ONE TO BE TAKEN EACH EVENING	-	13-Jan-2011	13-Jan-2011
Clotrimazole Cream and Pessary 2 % 500 mg	1	1 PACK	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	13-Jan-2011	13-Jan-2011
Solifenacin Tablets 5 mg	30	1*30 tablet	ONE TO BE TAKEN AT NIGHT	-	13-Jan-2011	13-Jan-2011
Amoxicillin Capsules 500 mg	21	21 CAPS	1 Cap 3 times daily	-	30-Dec-2010	30-Dec-2010

Cetirizine Hydrochloride Tablets 10 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Dec-2010	20-Dec-2010
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	2 Puffs Take as required	-	15-Dec-2010	15-Dec-2010
Doxycycline Hyclate Capsules 100 mg	8	8 capsule	ONE CAPSULE TONIGHT THEN ONE TWICE TOMORROW THEN ONE DAILY	-	15-Dec-2010	15-Dec-2010
Flucloxacillin Capsules 500 mg	28	28 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY	-	08-Dec-2010	08-Dec-2010
Diazepam Tablets 2 mg	14	14 tablet	ONE TO BE TAKEN WHEN REQUIRED	-	08-Dec-2010	13-Jan-2011
Lyrica Capsules 75 mg	56	56 CAPS	1 Cap morning and night	-	23-Nov-2010	20-Dec-2010
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	23-Nov-2010	30-Dec-2010
Pyridoxine Hydrochloride Tablets 50 mg	28	28 TABS	1 Tab Daily	-	23-Nov-2010	23-Nov-2010
Senna Tablets 7.5 mg	28	28 TABS	1 or 2 Tabs At night	-	23-Nov-2010	23-Nov-2010
Venlafaxine Tablets 75 mg	56	56 TABS	1 Tab morning and night	-	23-Nov-2010	23-Nov-2010
Diazepam Tablets 2 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	23-Nov-2010	23-Nov-2010
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	05-Nov-2010	05-Nov-2010
Lyrica Capsules 75 mg	56	56 CAPS	1 Cap morning and night	-	05-Nov-2010	05-Nov-2010

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoking Status New Contract.cl - Repeat after an Interval	09-Feb-2009
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	22-Aug-2008
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	23-Jan-2007
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	23-Nov-2005
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	07-Oct-2004
Trivial drinker - <1u/day:	Alcohol Intake$$.clm - Repeat after an Interval	22-Jan-2002

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
Mr Graham Mackay's Surgical Clinic

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

Clinic 15/02/2011
Typed 17/02/2011
Our Ref GM/PVT
Enquiries to: Mrs Patricia Tullan (Secretary)
Direct Line: 0141 201 4136

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Mrs Sullivan failed to attend my Surgical Clinic today and I have not arranged any further follow up for her.

Yours sincerely

Mr Graham Mackay
Consultant Colorectal Surgeon

SULLIVAN, Donna

F/S.

NHS Greater Glasgow and Clyde

STOBHILL HOSPITAL

DAY SURGERY ENDOSCOPY

DATE 7/12/10

CONSULTANT Page.

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

A. ASSESSMENT

1. CURRENT MEDICATION Nexium, Movicol, Senna, Paracetamol.
2. MEDICAL PROBLEMS Diverticular disease, Haemorrhoids,
3. PAST HISTORY OF HEPATITIS OR JAUNDICE No ☒ Yes ☐
4. DISCHARGE ARRANGEMENTS - Escort No ☐ Yes ☑ Who Husband
   Overnight No ☐ Yes ☑ Who Husband.

PATIENTS DECLARATION

I have read and understood the warnings regarding the after effects of sedation.

Patients signature x D Sullivan

B. PREPARATION

		MONDAY	TUESDAY
1. LAST ATE OR DRANK	Time	FOOD (Am) → FLUIDS (Pm)	NIL.
2. IDENTITY BAND			CORRECT
3. CASENOTES/ADMISSION PACK			YES.
4. DENTURE/CROWNS/CAPS/BRIDGE			NONE.
5. BOWEL PREPARATION (If required)		FLEET x 2 TAKEN	YES.
6. UNDERWEAR JEWELLERY REMOVED			YES.
7. ALLERGIES			N.K.O.A.
8. BASELINE OBSERVATIONS	Pulse	80	Blood Pressure 120/76

PROBLEMS/NEEDS

Spo2 99% on air.

1

COMMENTS * SEDATION REQUESTED *.

Husband in waiting area. → 07943530976 (Thomas).

Signature

ONCE ONLY PRESCRIPTIONS

Date	Time	Drug	Dose	Route	Signature	Given by	Time given
7/12/1-		MIDAZOLAM	2.5mg	IV	BF	BF	
7/12/1-		PARACETAMOL	1g	O	BF	BF	

ENDOSCOPY

PROCEDURE Sigmoidoscopy + banding of haems x 3

SEDATION	No ☐	Yes ☑		SPECIMENS	
THROAT SPRAY	No ☐	Yes ☐	Time _____	PATH ☐ BACT ☐ CLO ☐	
PATIENT POSITION	Left Lateral ☐				
DIATHERMY	Yes ☐	No ☐		NAMED NURSES	
ASLEEP ☐	DROWSY ☑	AWAKE ☐		D Dalton	

DISCOMFORT: Nil ☐ minimal ☑ mild ☐ moderate ☐ severe ☐

COMMENTS

RECOVERY

POST ENDOSCOPY OBSERVATIONS

TIME	10/15																
PULSE	80																
BLOOD PRESSURE	131/82	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
SA O2	100%																
RESPIRATORY RATE	R																
OXYGEN	AIR																
SEDATION SCORE	0																
VENFLON (L/R arm)	IN																
NURSES INITIALS	AP																

SEDATION SCORE

A = ASLEEP
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

20508978K
SULLIVAN
DONNA
CHI-2507706163

MULTIDISCIPLINARY NOTES

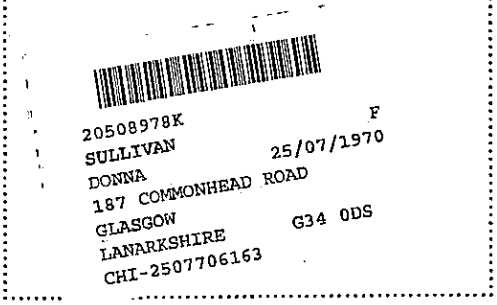
DATE / TIME

DISCHARGE		YES	NO
1.	STABLE VITAL SIGNS	✓	
2.	CANNULAE REMOVED	✓	
3.	ABLE TO DRESS, SIT AND WALK UNAIDED	✓	
4.	TOLERATING FOOD AND FLUIDS	✓	
5.	INSTRUCTIONS GIVEN SEDATION	✓	
6.	GP LETTER GIVEN BEFORE DISCHARGE	✓	
7.	FOLLOW UP APPOINTMENT		✓

DISCHARGE AT 11 00 TO husband CARE

NURSE'S SIGNATURE P.Appleby

CONSENT FORM



Special requirements (e.g. other language / Communication method) .....

Proposed operation, investigation or other treatment. **(BLOCK CAPITALS)**

FET banding

I have explained the procedure named on this form to the patient in the terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any sign if cant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedure above).

An information leaflet/tape has been provided .....

..... (Title)

Signature of Practitioner BAE

Name / Designation (Print) .....

Date 7 / 12 / 10

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*
(* parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

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

I agree -

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- that the examination for the purposes of teaching will not be undertaken without my consent
- to the emergency administration of blood or blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

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

Additionally you have to agree or disagree the following:-	Agree	Disagree
that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, to improve the quality of patient care.	☐	☐
that surplus tissue not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

PATIENT AGREEMENT FOR TREATMENT

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

Name (Print): .....

CONFIRMATION OF CONSENT
(to be completed when patient is admitted for procedure if form signed in advance)

I confirm that I have no further questions and wish the procedure to go ahead.

Signature: ..... Print name.....

Date ...../...../.....

NHS Greater Glasgow and Clyde

Endoscopy Unit, Stobhill Hospital

SIGMOIDOSCOPY REPORT

Name: **Donna SULLIVAN, 25/07/1970 (F)**
CHI No: **2507706163**
Case note no.: **20508978K**

Address: 187 Commonhead Road
Glasgow
Lanarkshire
G340DS

Procedure date
7th December 2010

GP: Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G349HQ

Priority: Elective
Status: Day patient/NHS
Hospital: Stobhill Hospital
Ward: STO - DSU
Referring Cons: Miss B Paige
(General Surgery)

Indications
Chronic constipation with fresh pr bleeding rectal bleeding.

Consultant/Endoscopist
Ms Bliathin Page
Nurse: Sister Isabel Dollin

Report
Bowel preparation with Phosphate enema was good.
A digital rectal examination was performed.
The sigmoidoscope was inserted via the anus to the splenic flexure, insertion limited by Intention of examination.
The rest of the examination to the limit of insertion was normal.
There were no peri-operative complications.

Instrument
STP GREEN EC3885LK A120204

Premedication
Midazolam (IV) 2.5 mg

Diagnosis
Haemorrhoids.

Follow up
No further follow up.

Advice/comments
Normal colon except for circumferential piles, banded, no div dis, I suspect IBS contipation variety.

Ms Bliathin Page
Locum Consultant Surgeon

MR SHUMEYKO'S SURGICAL CLINIC – 11.11.10

Direct Line: 0141 211 1750
Fax No: 0141 211 1711

Stobhill Hospital
Balornock Road
GLASGOW
G21 3UW

Our Ref: VS/MJS
Dictated: 11/11/2010
Typed: 18/11/2010

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

This lady was reviewed in the extra surgical clinic.

She is known to have diverticular disease and had a colonoscopy and CT scan some time in 2008/2009. There is no report of either of these at the moment on the clinical portal system or in the notes.

She is clinically very symptomatic, bleeding almost ever day, fresh, red blood with clots and jelly like liquid. She is constipated and I wonder if she has quite advanced diverticular disease with an evolving stricture. To clarify things further we are arranging a flexible sigmoidoscopy and will review her again with the results of that and take things further as required.

She will be reviewed in the clinic in 8 weeks time.

Yours sincerely

Mr Vladyslav Shumeyko
Consultant Surgeon

MR SHUMEYKO'S SURGICAL CLINIC – 11.11.10

Direct Line: 0141 211 1750
Fax No: 0141 211 1711

Stobhill Hospital
Balornock Road
GLASGOW
G21 3UW

Our Ref: VS/MJS
Dictated: 11/11/2010
Typed: 18/11/2010

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

This lady was reviewed in the extra surgical clinic.

She is known to have diverticular disease and had a colonoscopy and CT scan some time in 2008/2009. There is no report of either of these at the moment on the clinical portal system or in the notes.

She is clinically very symptomatic, bleeding almost ever day, fresh, red blood with clots and jelly like liquid. She is constipated and I wonder if she has quite advanced diverticular disease with an evolving stricture. To clarify things further we are arranging a flexible sigmoidoscopy and will review her again with the results of that and take things further as required.

She will be reviewed in the clinic in 8 weeks time.

Yours sincerely

Mr Vladyslav Shumeyko
Consultant Surgeon

Hospital use only	Clinic	Day Date	Time	Hospital No.
	BP	11.11.10	09.30	

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

ANDREW MCMAHON (Consultant)
General Surgery
GGC General Referral

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

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

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

Hospital location code: G207H

Email address: -

Urgency of referral ROUTINE
Date of referral 07-Jun-2010 **Date sent** 07-Jun-2010

PATIENT DETAILS

Surname	Sullivan
Forename(s)	Donna
Title	Mrs
Sex	Female
Date of birth	25-Jul-1970
CHI no.	2507706163

Patient's address

187 Commonhead Rd
GLASGOW
G34 0DS

Contact number(s): -

101000583208Q Unique Care Pathway Number: 101000583208Q

REGISTERED GP DETAILS

Name	Dr JGS Goldie		
GMC code	2597894	GP code	G06521
Practice name	Newhills Medical Practice		
Practice code	46451		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)
Voice: 0141-531-8170
Facsimile: 0141 531 8167

REFERRING GP DETAILS

Name	Dr. Kristeen Lindsay		
GMC code	3272079	GP code	02968
Practice name	EASTERHOUSE HEALTH CENTRE (46451)		
Practice code	46451		

Practice address

9 AUCHINLEA ROAD
GLASGOW

Contact number(s)
Voice: 0141 531 8170

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Persistent rectal bleeding.

Comment: This patient continues to complain of fresh rectal bleeding. She was diagnosed with diverticulitis on the CT scan previously and has had a history of haemorrhoids which have been banded. She was due to attend for transit studies but defaulted.

In view of her persisting rectal bleeding, I would be most grateful if she could be sent an appointment for follow up.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Modifier	Date of onset
Haemorrhoids	-	-	15-Jan-2009
Haemorrhoids	-	-	24-Mar-2007
Diverticulitis	-	-	06-Aug-2006
Haemorrhoids	-	-	22-Aug-2003
Atypical chest pain	-	-	19-Nov-1999
Recurrent urinary tract infection	-	-	01-Oct-1998
Inflammatory breast disease	-	-	01-Jul-1998
Diaphragmatic hernia	hiatus hernia	-	02-Apr-1998
Scar NOS	Revision left cheek	-	08-Dec-1997
Acute posttrauma stress state	-	-	01-Jan-1996
Normal delivery in a completely normal case	-	Daughter	01-Apr-1994
Dyspepsia	-	-	01-Jan-1994
Normal delivery in a completely normal case	-	-	30-Aug-1992
Backache	mechanical	-	28-Jan-1992
O/E - weight NOS	-	-	08-Jun-1990
Anxiety state NOS	-	-	-
Obesity	-	-	-

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date performed
Colonoscopy	-	-	15-Jan-2009
Rubber band ligation of haemorrhoid	-	-	15-Jan-2009
Colonoscopy	-	-	24-Mar-2007
CAT scan - abdomen	-	-	06-Aug-2006
Colonoscopy normal	-	-	11-Mar-2005
Sigmoidoscopy	-	normal	22-Aug-2003
Upper Gastrointestinal endoscopy	-	normal	10-Mar-2003
Magnetic resonance imaging	evidence of a large disc protrusion at L5/S1	-	18-Jun-2002
Introduction of Mirena coil	-	-	02-Oct-2000
Echocardiogram normal	-	-	22-Mar-2000
ECG normal	-	-	10-Nov-1999
Ultrasound scan normal	-	Renal	01-Oct-1998
Endoscopy / administration	Biopsy for H. pylori (negative).	-	02-Apr-1998
Endoscopy normal	-	-	01-Jan-1994
Refer to community psych.nurse	-	Plus 5	07-May-1991
Cervical smear: negative	-	GP Care	09-Nov-1990
Urine exam. - general NOS	-	-	30-Oct-1985

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Esomeprazole	28	TABS 40MG	1 Tab	Daily	13-Jan-2006	-
Paracetamol	140	TABS 500MG	2 TABS	UP TO QID	12-Jan-2005	-
Metoclopramide Hydrochloride	56	TABS 10MG	1 Tab	3 times daily	24-Oct-2007	-

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Distaclor Mr	14	TABS 375MG	1 Tab	Twice daily	02-Jun-2010	-
Zolpidem	10	TABS 10MG	1 Tab	At night	02-Jun-2010	-
Lactulose	500	Oral SOLN 3.35G/5ML	15 ml	Twice daily	02-Jun-2010	-
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	20-May-2010	-
Venlafaxine	28	TABS 75MG	1 Tab	At night	20-May-2010	-
Zolpidem	10	TABS 10MG	1 Tab	At night	29-Apr-2010	-
Amoxicillin	21	CAPS 500MG	1 Cap	3 times daily	29-Apr-2010	-
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	23-Apr-2010	-
Zolpidem	10	TABS 10MG	1 Tab	At night	15-Apr-2010	-
Venlafaxine	28	TABS 75MG	1 Tab	At night	15-Apr-2010	-
Beclometasone Dipropionate	1	200 Dose Aqueous Nasal SPRAY 50MCG/DOSE	2 Puffs	Twice daily	15-Apr-2010	-
Cetirizine Hydrochloride	60	TABS 10MG	1 Tab	Daily	15-Apr-2010	-
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	24-Mar-2010	-
Lactulose	500	Oral SOLN 3.35G/5ML	15 ml	Twice daily	24-Mar-2010	-
Venlafaxine	28	TABS 75MG	1 Tab	At night	10-Mar-2010	-
Movicol	60	Lemon & Lime 13.8g SACH	8	as direced	10-Mar-2010	-
Hyoscine Butylbromide	100	TABS 10MG	1 or 2 Tabs	4 times daily	10-Mar-2010	-
Zolpidem	10	TABS 10MG	1 Tab	At night	10-Mar-2010	-
Lactulose	500	Oral SOLN 3.35G/5ML	10 to 15 ml	Twice daily	05-Mar-2010	-
Zolpidem	10	TABS 10MG	1 Tab	At night	05-Mar-2010	-
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	05-Mar-2010	-
Dihydrocodeine Tartrate	60	TABS 30MG	1 or 2 Tabs	4 times daily	22-Feb-2010	-
Ketoprofen	100	GEL 2.5%	Apply	3 times daily	22-Feb-2010	-
Venlafaxine	28	TABS 37.5MG	1 Tab	At night	22-Feb-2010	-
Zolpidem	10	TABS 10MG	1 Tab	At night	22-Feb-2010	-
Amoxicillin	21	CAPS 500MG	1 Cap	3 times daily	10-Feb-2010	-

Omeprazole	56	CAPS 20MG	1 Cap	morning and night	10-Feb-2010	-
Tramadol Hydrochloride	56	CAPS 50MG	1 or 2 Caps	4 times daily	10-Feb-2010	-
Zolpidem	10	TABS 10MG	1 Tab	At night	10-Feb-2010	-
Venlafaxine	28	TABS 37.5MG	1 Tab	At night	28-Jan-2010	-
Tramadol Hydrochloride	56	CAPS 50MG	1 or 2 Caps	4 times daily	28-Jan-2010	-
Veil	70	Cover CREAM	-	-	30-Dec-2009	-
Amoxicillin	21	CAPS 500MG	1 Cap	3 times daily	30-Dec-2009	-
Veil	35	Finishing PDR	-	-	30-Dec-2009	-
Tramadol Hydrochloride	56	CAPS 50MG	1 or 2 Caps	4 times daily	30-Dec-2009	-
Venlafaxine	28	TABS 37.5MG	1 Tab	At night	30-Dec-2009	-
Tramadol Hydrochloride	28	CAPS 50MG	1 or 2 Caps	4 times daily	22-Dec-2009	-
Venlafaxine	14	TABS 37.5MG	1 Tab	At night	22-Dec-2009	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		09-Feb-2009
Current smoker:		22-Aug-2008
Current smoker:		23-Jan-2007
Current smoker:		23-Nov-2005
Current smoker:		07-Oct-2004
Trivial drinker - <1u/day:		22-Jan-2002

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

Department of General Surgery

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW

Mr D Hansell
General Surgical Clinic
Symptomatic One Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Clinic & Dictated	21/09/2010
Typed	22/09/2010
Our Ref	MR/GR
Clinic Co-ordinator	0141 201 3000 Page 4232
Secretary	0141 355 1506

Dr K Lindsay
Easterhouse Health Centre
9 Auchinlea Road
GLASGOW G34 9HQ

Dear Dr Lindsay

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Thank you for your letter regarding this lady who gives a three month history of breast pain which is worse premenstrually. Her menses have been coming more frequently. There is no nipple discharge. She does have a past history of breast cysts for which she attended the Royal Infirmary. There is no family history of note. I note that she is using analgesia for chronic back pain. She is a smoker. Her Mirena was removed last year.

On examination there was no localised abnormality in either breast and no lymphadenopathy. I am sure the diagnosis is of benign mastalgia probably related to some hormonal fluctuation.

I have given her advice on the management of this and discharged her from the clinic.

Yours sincerely

DR MARION RANKIN
Specialty Doctor

DH 21.9.10 09.50

Patient Details

Surname	SULLIVAN
Forename	DONNA
CHI	2507706163
GP Details	GOLDIE, JOHN EASTERHOUSE HEALTH CENTRE
Age	40
Hospital CRNs	20508978K

Referral Details

Date Received	13/08/2010 12:30:01
ReferralID	5135404
Priority	ROUTINE
New Priority	ROUTINE

Priority History

ROUTINE	13/08/2010 14:31:50	no priority reason given

Redirection Information

Specialty	Hospital	Reason	Redirected Date	Redirected By
General Surgery - Breast	Stobhill Hospital	Record Creation	13/08/2010 14:31	Irene Millar

Tracking/Vetting Details

Cancer Code	
Date Vetted	17/08/2010 09:47:21
Vetting Status	Vetted
Outcome	Direct OP Appointment
Vetted By	Douglas Hansell

Tests

Clinics

Tuesday One Stop

Consultant **Site** Stobhill Hospital

Instructions	21/9/10
HRCompleted	False

Hospital use only	Clinic	Day Date	Time	Hospital No.
				20508978K

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery - Breast
GGC General Referral

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

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

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

Hospital location code.
G207H

Email address

Urgency of referral ROUTINE
Date of referral 13-Aug-2010 **Date sent** 13-Aug-2010

PATIENT DETAILS

Surname	Sullivan
Forename(s)	Donna
Title	Mrs
Sex	Female
Date of birth	25-Jul-1970
CHI no.	2507706163

Patient's address

187 Commonhead Rd
GLASGOW
G34 0DS

Contact number(s)

101000866748A Unique Care Pathway Number: 101000866748A

REGISTERED GP DETAILS

Name	Dr JGS Goldie		
GMC code	2597894	GP code	G06521
Practice name	Newhills Medical Practice		
Practice code	46451		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141-531-8170
Facsimile: 0141 531 8167

REFERRING GP DETAILS

Name	Dr. Kristeen Lindsay		
GMC code	3272079	GP code	02968
Practice name	EASTERHOUSE HEALTH CENTRE (46451)		
Practice code	46451		

Practice address

9 AUCHINLEA ROAD
GLASGOW

Contact number(s)

Voice: 0141 531 8170

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Persisting left breast discomfort.

Comment: This patient complains of discomfort in her left breast over the past two months. She has not felt any discrete lumps.

On examination there is a tender area in the lower outer quadrant of the left breast. I thought there was a slight area of thickening in this region, but no discrete lump.

There is no family history of breast cancer.

In view of her persisting left breast discomfort, I would be most grateful for your further assessment.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

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

Description	Comment	Modifier	Date of onset
Haemorrhoids	-	-	15-Jan-2009
Haemorrhoids	-	-	24-Mar-2007
Diverticulitis	-	-	06-Aug-2006
Haemorrhoids	-	-	22-Aug-2003
Termination of pregnancy	-	-	03-May-2000
Atypical chest pain	-	-	19-Nov-1999
Recurrent urinary tract infection	-	-	01-Oct-1998
Inflammatory breast disease	-	-	01-Jul-1998
Diaphragmatic hernia	hiatus hernia	-	02-Apr-1998
Scar NOS	Revision left cheek	-	08-Dec-1997
Acute posttrauma stress state	-	-	01-Jan-1996
Normal delivery in a completely normal case	-	Daughter	01-Apr-1994
Dyspepsia	-	-	01-Jan-1994
Normal delivery in a completely normal case	-	-	30-Aug-1992
Backache	mechanical	-	28-Jan-1992
O/E - weight NOS	-	-	08-Jun-1990
Anxiety state NOS	-	-	01-Jan-1989
Obesity	-	-	01-Jan-1989

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date performed
Colonoscopy	-	-	15-Jan-2009
Rubber band ligation of haemorrhoid	-	-	15-Jan-2009
Colonoscopy	-	-	24-Mar-2007
CAT scan - abdomen	-	-	06-Aug-2006
Colonoscopy normal	-	-	11-Mar-2005
Sigmoidoscopy	-	normal	22-Aug-2003
Upper Gastrointestinal endoscopy	-	normal	10-Mar-2003
Magnetic resonance imaging	evidence of a large disc protrusion at L5/S1	-	18-Jun-2002
Introduction of Mirena coil	-	-	02-Oct-2000
Echocardiogram normal	-	-	22-Mar-2000
ECG normal	-	-	10-Nov-1999
Ultrasound scan normal	-	Renal	01-Oct-1998
Endoscopy / administration	Biopsy for H. pylori (negative).	-	02-Apr-1998
Endoscopy normal	-	-	01-Jan-1994

Refer to community psych.nurse	-	Plus 5	07-May-1991
Cervical smear: negative	-	GP Care	09-Nov-1990
Urine exam. - general NOS	-	-	30-Oct-1985

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Paracetamol	140	TABS 500MG	2 TABS	UP TO QID	12-Jan-2005	2038 Days
Metoclopramide Hydrochloride	56	TABS 10MG	1 Tab	3 times daily	24-Oct-2007	1023 Days
Esomeprazole	28	TABS 40MG	1 Tab	Daily	13-Jan-2006	1672 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Venlafaxine	28	TABS 75MG	1 Tab	At night	12-Aug-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	12-Aug-2010	0 Days
Gabapentin	100	CAPS 300MG	1 Cap	3 times daily	21-Jul-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	21-Jul-2010	0 Days
Piroxicam	112	GEL 0.5%	Apply	3 times daily	21-Jul-2010	0 Days
Beclometasone Dipropionate	1	200 Dose Aqueous Nasal SPRAY 50MCG/DOSE	2 Puffs	Twice daily	21-Jul-2010	0 Days
Cetirizine Hydrochloride	30	TABS 10MG	1 Tab	Daily	21-Jul-2010	0 Days
Venlafaxine	28	TABS 75MG	1 Tab	At night	21-Jul-2010	0 Days
Venlafaxine	28	TABS 75MG	1 Tab	At night	23-Jun-2010	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	23-Jun-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	10-Jun-2010	0 Days
Piroxicam	112	GEL 0.5%	Apply	3 times daily	10-Jun-2010	0 Days
Lactulose	500	Oral SOLN 3.35G/5ML	15 ml	Twice daily	02-Jun-2010	0 Days
Distaclor Mr	14	TABS 375MG	1 Tab	Twice daily	02-Jun-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	02-Jun-2010	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	20-May-2010	0 Days
Venlafaxine	28	TABS 75MG	1 Tab	At night	20-May-2010	0 Days
Amoxicillin	21	CAPS 500MG	1 Cap	3 times daily	29-Apr-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	29-Apr-2010	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	23-Apr-2010	0 Days
Venlafaxine	28	TABS 75MG	1 Tab	At night	15-Apr-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	15-Apr-2010	0 Days
Cetirizine Hydrochloride	60	TABS 10MG	1 Tab	Daily	15-Apr-2010	0 Days
Beclometasone		200 Dose Aqueous Nasal			15-Apr-	

Dipropionate	1	SPRAY 50MCG/DOSE	2 Puffs	Twice daily	2010	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	24-Mar-2010	0 Days
Lactulose	500	Oral SOLN 3.35G/5ML	15 ml	Twice daily	24-Mar-2010	0 Days
Hyoscine Butylbromide	100	TABS 10MG	1 or 2 Tabs	4 times daily	10-Mar-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	10-Mar-2010	0 Days
Movicol	60	Lemon & Lime 13.8g SACH	8	as direced	10-Mar-2010	0 Days
Venlafaxine	28	TABS 75MG	1 Tab	At night	10-Mar-2010	0 Days
Lactulose	500	Oral SOLN 3.35G/5ML	10 to 15 ml	Twice daily	05-Mar-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	05-Mar-2010	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	05-Mar-2010	0 Days

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		09-Feb-2009
Current smoker:		22-Aug-2008
Current smoker:		23-Jan-2007
Current smoker:		23-Nov-2005
Current smoker:		07-Oct-2004
Trivial drinker - <1u/day:		22-Jan-2002

Clinical warnings

Additional relevant information

Administrative information

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

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

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
Mr Andrew McMahon, Consultant Surgeon

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

Clinic and
Dictated 15/06/2009
Typed 19/06/2009
Our Ref. TS/KL
Enquiries to: Kelly-Ann Lynch
Direct Line: 0141 201 3401
E-Mail: andrew.mcmahon@northglasgow.scot.nhs.uk

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Your patient failed to attend the surgical clinic today one further appointment will be sent.

Yours sincerely

Miss T Sharma
SpR to Mr McMahon

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
Mr Andrew McMahon, Consultant Surgeon

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

Clinic and
Dictated 02/03/2009
Typed 04/03/2009
Our Ref EC/KL
Enquiries to: Kelly-Ann Lynch
Direct Line: 0141 201 3401
E-Mail: andrew.mcmahon@northglasgow.scot.nhs.uk

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I reviewed Mrs Sullivan today in Mr McMahon's clinic. She was complaining of alternating constipation and diarrhoea and rectal bleeding. I checked her bloods and I am pleased to say that these have shown no abnormalities. She was admitted to Glasgow Royal Infirmary last year and diagnosed as having diverticulitis on a CT scan and treated with intravenous antibiotics. A colonoscopy was performed on the 15th January which showed haemorrhoids only and these were banded. Mrs Sullivan is taking 2 Movicol at night although still not getting a daily bowel motion with this. She gets left sided abdominal pain consistent with constipation. She has a fairly healthy diet and drinks plenty of fluid and I am at loss as to why her cause of constipation and I think it would be worth while performing a transit study on this lady and review her back after that. She may well have a form of irritable bowel syndrome and might benefit from Mebeverine and I would be grateful if you would start her on 135mg tid of this.

Yours sincerely

Miss Elizabeth Cannings
ST4

NHS Greater Glasgow And Clyde

Day Surgery Unit, Stobhill Hospital

COLONOSCOPY REPORT

Name:	**Donna SULLIVAN, 25/07/1970 (F)**	Address:	187 Commonhead Road
CHI No:	**2507706163**		Glasgow
Case note no.:	**20508978K**		Lanarkshire
			G340DS

Procedure date
15th January 2009

GP: Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G349HQ

Status: Day patient/NHS
Hospital: Stobhill Hospital
Ward: STO - DSU
Referring Cons: Mr McMahon (General Surgery)

Indications
Acute alternating constipation/diarrhoea with overt rectal bleeding.

Consultant/Endoscopist
List consultant: Mr Andrew McMahon
Endoscopist No1: Lynn Gilmour
Endoscopist No2: Ewan Bell
Nurses: ODP John McGurk
SN Gayle Hollen

Report
Bowel preparation with Fleet was poor.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, which was indentified by the ileocecal valve, the appendicular orifice and the tri-radiate caecal fold. The scope was retroflexed in the rectum.
Perianal lesions: 2 haemorrhoids (2nd degree) at (a).

Instrument
STP PURPLE EC3885LK A120134

Premedication
Midazolam (IV) 4 mg
Pethidine (IV) 50 mg

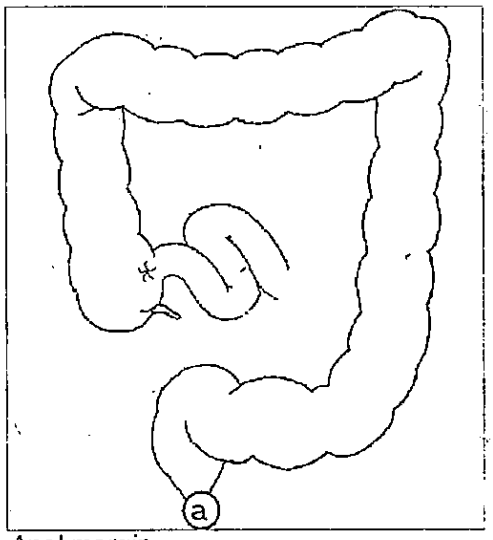
Diagnosis
Haemorrhoids.

Therapeutic procedures
Banding of piles: 2 bands

Follow up
Review will be in the Surgical Clinic in 6 weeks.

Advice/comments
Sub optimal bowel prep, however i am confident of caecal intubation. Within these limitations the examination was normal.

Previous colonoscopy 2 years ago identified diverticular disease, however this was not obvious today.



a: *Anal margin*

L Gilmour

Lynn Gilmour
Nurse Endoscopist

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
Mr Andrew McMahon, Consultant Surgeon

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

- Movicol - bd.
- alkeran - uo.
- su drawings.
-7 -

Clinic and Dictated	01/12/2008
Typed	02/12/2008
Our Ref	EC/KL
Enquiries to:	Kelly-Ann Lynch
Direct Line:	0141 201 3401
E-Mail:	andrew.mcmahon@northglasgow.scot.nhs.uk

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I reviewed Donna at Mr McMahon's clinic today. She was referred to the Royal Infirmary but was sent to see us due to the length of the waiting list. She has a 5 year history of intermittent constipation, diarrhoea associated with abdominal pain and persistent fresh red bleeding. The bleeding has got worse in the last 2 months. I understand that she had a colonoscopy at Glasgow Royal Infirmary 2 years ago and she tells me that they found some polyps and diverticular disease. She was meant to be reviewed after this but did not attend. She was also admitted to Glasgow Royal last year and was diagnosed as having diverticulitis on a CT scan and was treated with intravenous antibiotics. There is no family history of bowel problems. On examination her abdomen was soft and non tender and she tells me she gets pain mainly on the left hand side. She takes Senna and Movicol to help her bowels move although generally she takes just the Senna. I have given her advice to stop the Senna as I am sure you are aware that this is not good in the long term and is particularly not good in diverticular disease. She is going to take the Movicol on a regular basis once or twice daily. I think it would be sensible in view of this lady's increased persistent bleeding to perform a repeat colonoscopy and I have put her on the waiting list for this. I have also checked her bloods today including thyroid function tests and TTG antibody for coeliac disease. We will keep you informed.

Yours sincerely

Miss Elizabeth Cannings
ST4

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
Mr Andrew McMahon, Consultant Surgeon

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

Dictated &
Typed 04/11/2008
Our Ref EC/AMMCS
Enquiries to: Kelly Lynch
Direct Line: 0141 201 3401
E-Mail: andrew.mcmahon@northglasgow.scot.nhs.uk

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Your patient was referred to Mr. McMahon's colo rectal clinic with intermittent constipation and diarrhoea associated with abdominal pain but did not attend. I note she has had a previous colonoscopy although as this was done at Glasgow Royal Infirmary I have no note of this. We have sent her one further appointment.

Yours sincerely

Miss Elizabeth Cannings
ST4

WK

2050897810

Hospital use only	Clinic	Day Date	Time	Hospital No.
	STR MCGENNA			

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery - Colorectal C1B
G General Referral — **Consultant / receiving practitioner and/or specialty clinic**

Glasgow Royal Infirmary — **Hospital and hospital address**

Hospital location code: G107H

Email address: -

Urgency of referral ROUTINE
Date of referral 19-Sep-2008 **Date sent** 19-Sep-2008

PATIENT DETAILS

Surname	Sullivan
Forename(s)	Donna
Title	Mrs
Sex	Female
Date of birth	25-Jul-1970 (38)
CHI no.	2507706163

Patient's address

187 Commonhead Road
GLASGOW
G34 0DS

Contact number(s)

Voice: 771 3743

REGISTERED GP DETAILS

Name	Dr JGS Goldie		
GMC code	2597894	GP code	G06521
Practice name	Newhills Medical Practice		
Practice code	46451		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141-531-8170
Facsimile: 0141 531 8167

REFERRING GP DETAILS

Name	Dr. Andrew Cole		
GMC code	3055357	GP code	02780
Practice name	EASTERHOUSE HEALTH CENTRE (46451)		
Practice code	46451		

Practice address

9 AUCHINLEA ROAD
GLASGOW

Contact number(s)

Voice: 0141 531 8170

219
RmL

SEEN4R - NURSE LED
CLINIC
TMK

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Rectal bleeding.

Comment: Donna present with a history of intermittent constipation and diarrhoea associated with abdominal pain and persistent fresh red bleeding for several months. She has had investigation of the bowel with colonoscopy and was referred up to the clinic for review at the end of last year but failed to attend. Given her further symptoms I would be grateful if you could offer her a further appointment for review. There is no cancer history and her weight remains stable, abdomen is soft with no masses, and there is no change of bowel habit.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		22-Aug-2008
Current smoker:		23-Jan-2007
Current smoker:		23-Nov-2005
Current smoker:		07-Oct-2004
Current smoker:		24-Oct-2003
Tobacco consumption:		-
Trivial drinker - <1u/day:		22-Jan-2002

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Modifier	Extension	Date of onset
Haemorrhoids	-	-	24-Mar-2007
Diverticulitis	-	-	06-Aug-2006
Haemorrhoids	-	-	22-Aug-2003
Termination of pregnancy	-	-	03-May-2000
Atypical chest pain	-	-	19-Nov-1999
Recurrent urinary tract infection	-	-	01-Oct-1998
Inflammatory breast disease	-	-	01-Jul-1998
Diaphragmatic hernia	-	hiatus hernia	02-Apr-1998
Scar NOS	-	Revision left cheek	08-Dec-1997
Acute posttrauma stress state	-	-	01-Jan-1996
Normal delivery in a completely normal case	Daughter	-	01-Apr-1994
Dyspepsia	-	-	01-Jan-1994
Normal delivery in a completely normal case	-	-	30-Aug-1992
Backache	-	mechanical	28-Jan-1992
O/E - weight NOS	-	-	08-Jun-1990
Obesity	-	-	-
Anxiety state NOS	-	-	-

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Colonoscopy	-	24-Mar-2007
CAT scan - abdomen	-	06-Aug-2006
Colonoscopy normal	-	11-Mar-2005
Sigmoidoscopy	normal	22-Aug-2003
Upper Gastrointestinal endoscopy	normal	10-Mar-2003
Magnetic resonance imaging	-	18-Jun-2002
Introduction of Mirena coil	-	02-Oct-2000
Echocardiogram normal	-	22-Mar-2000
ECG normal	-	10-Nov-1999

Ultrasound scan normal	Renal	01-Oct-1998
Endoscopy / administration	-	02-Apr-1998
Endoscopy normal	-	01-Jan-1994
Refer to community psych.nurse	Plus 5	07-May-1991
Cervical smear: negative	GP Care	09-Nov-1990
Urine exam. - general NOS	-	30-Oct-1985

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Esomeprazole	28	TABS 40MG	1 Tab	Daily	13-Jan-2006	-	952 Days
Tramadol Hydrochloride	112	CAPS 50MG	1 or 2 Caps	4 times daily	24-Oct-2007	-	303 Days
Metoclopramide Hydrochloride	56	TABS 10MG	1 Tab	3 times daily	24-Oct-2007	-	303 Days
Paracetamol	140	TABS 500MG	2 TABS	UP TO QID	12-Jan-2005	-	1318 Days
Citalopram	28	TABS 20MG	1 Tab	Daily	08-Jun-2004	-	1536 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Ciprofloxacin	10	TABS 500MG	1 Tab	Twice daily	17-Sep-2008	-	0 Days
Nefopam Hydrochloride	126	TABS 30MG	1 or 2 Tabs	3 times daily	17-Sep-2008	-	0 Days
Canesten Combi	1	Pessary And Cream	Apply	-	17-Sep-2008	-	0 Days
Senna	60	TABS 7.5MG	2 Tabs	At night	22-Aug-2008	-	0 Days
Movicol	90	Lemon & Lime 13.8g SACH	1 sachet	3 times daily	22-Aug-2008	-	0 Days

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

HYSTEROSCOPY CLINIC

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

40 yo DATE: 24/6/11

Referring Doctor:

History: frequent / heavy painful periods. tried Tranexamic acid ✓ ed heavy but still frequent

LMP: 2wks ago

Parity: P2- SVD,

Smear: up to date

Medication: contraceptive condom

Examination:

Abdomen:

Vulva:

Vagina:

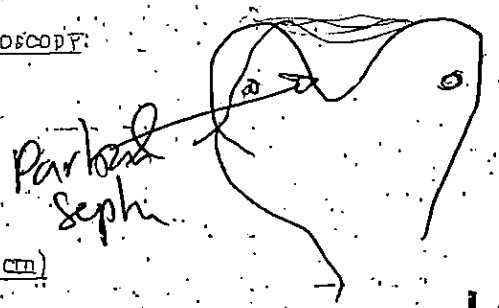
Cervix:

Uterus:

Adnexae:

Cervical Blocks: YES/NO

Hysteroscopy:



Biopsy:
Sound (cm)

Pathology:

Management Plan:

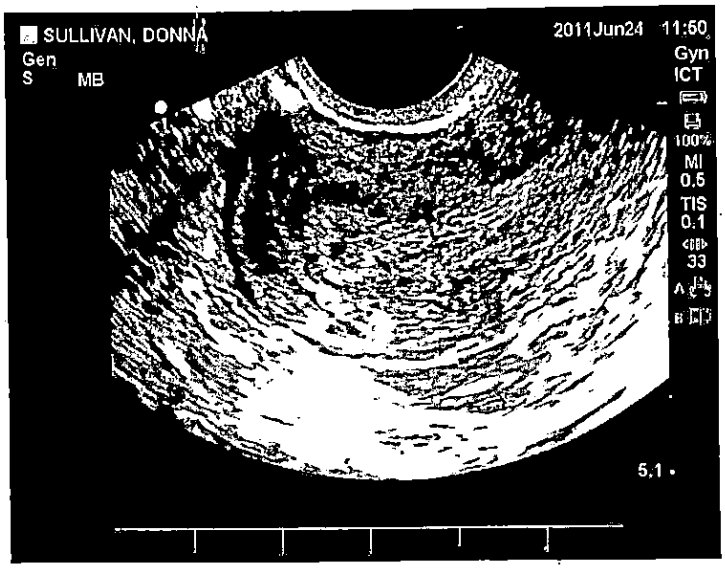
Consent for Procedure:

Ultrasound: ? thick endo ? polyp

Mirena inserted / Uts / Prelle

Signature:

Past Hx:
Dvt
Losec
Amytriptiline
Mefanamic acid
Tranexamic Ac
Smoker
10+
Alc - occ
Gyn
bariatric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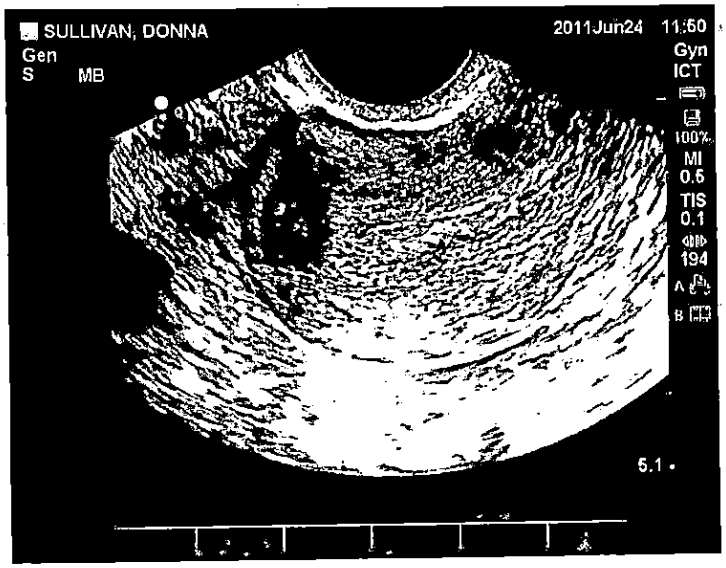
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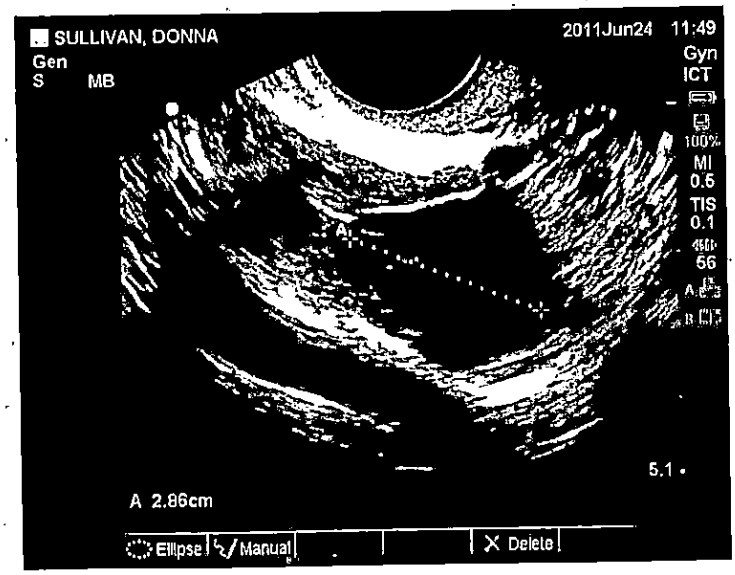
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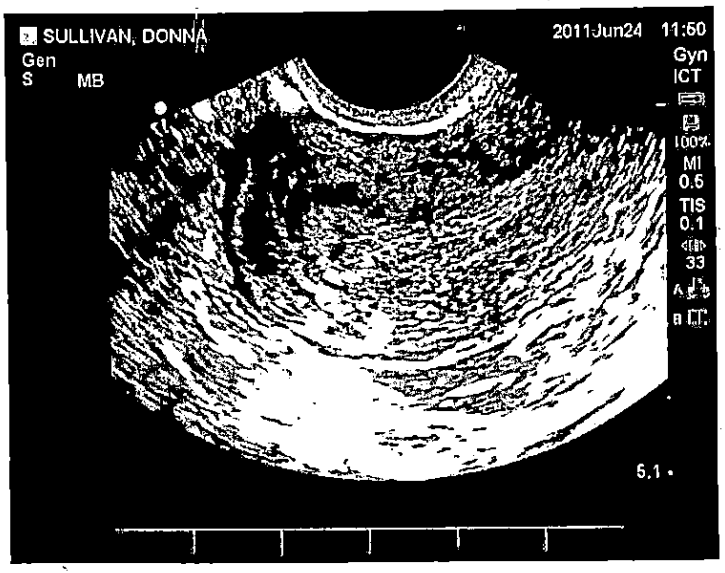
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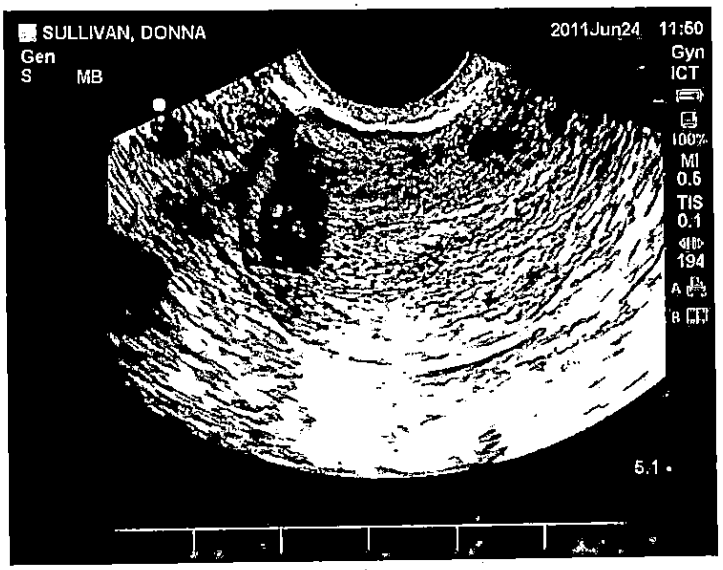
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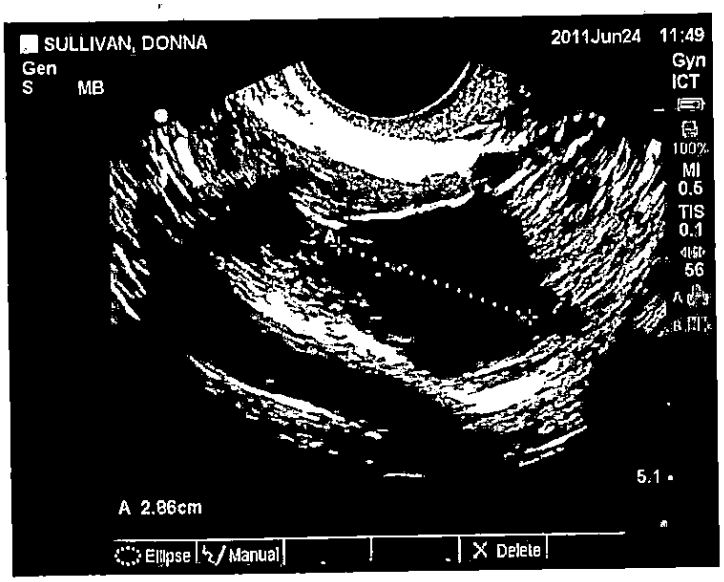
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ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
EW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☑		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 06/09/2025

Consultant: Dr Neil Dignon

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
8 Millennium Gardens
Glasgow G34 9HH

Attended on: **06/09/2025 at 13:02 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **6**

Presenting complaint
inj to left wrist and right foot

Nursing Assessment:

Investigations in ED:
1. XR Toes Rt **2. XR Wrist Lt**

Diagnosis:

Diagnosis	Side	Site
Contusion of Other Parts of Wrist and Hand		
Closed Fracture of Other Toe		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Using hammer, felt pain at left distal radius - dropped hammer onto right second toe. Xrayed NBI wrist - ? angulation at right second toe, attempted digital nerve block and improve position - nil success - buddy strapped CSM intact and worsening advice given. Gp +/- podiatry if ongoing concern as injury heals.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
David Kyle
Nurse

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 06/08/2013

Consultant: Dr Neil Dignon

JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear JG Goldie

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
41 Springcroft Wynd
Glasgow G69 6SE

Attended on: **06/08/2013 at 19:22 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
r ankle inj

Nursing Assessment:

Investigations in ED:
1. XR Ankle Rt

Diagnosis:

Diagnosis	Side	Site
Sprain and strain of ankle		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Claire Smith2
Nurse

Copies to:

1. JG Goldie (GP)

School Address:

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Obstetrics & Gynaecology
Contact Tel: 0141 201 3481
Enquiries to: Rita Ralston
Letter Date: 01/03/2023
Reference: AD/LMcP
Dictated Date: 10/01/2023
Transcribed Date: 27/01/2023

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Colling,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH

Donna is 52 year old para 2 (two vaginal deliveries) referred with abnormal uterine bleeding - likely perimenopausal.

She has brain meningiomas resulting in secondary epilepsy. She is on anti epileptics. She is a type 2 diabetic on oral hyperglycemic agents and hypertensive on anti hypertensives. She is also on Gabapentin for back pain. She has recently had back surgery. She is allergic to Codeine. Her smears are up to date and normal.

On transvaginal ultrasound today the uterus was anteverted normal size with an endometrial thickness of 1.73mm. The right ovary was normal as was the left ovary. No adnexal masses and no free fluid.

On hysteroscopic examination the uterine cavity was normal with atrophic endometrium. As she has had a recent pipelle biopsy in May 2022 which was normal and a normal transvaginal scan and hysteroscopy I have not repeated her biopsy today.

After discussion Donna was happy to proceed with Mirena IUS insertion and hence I have done the same today. I have advised her to continue her Cerelle for the next five days and after she stops this we would hope that the Mirena will start working. She understands she may have some irregular bleeding for about six months, however, if she finds this concerning she will contact yourself for re referral back to Gynaecology. She has now been discharged from Clinic.

Yours sincerely

Dr Anusha D'Sa

Locum Consultant

Obstetrics & Gynaecology

Electronically Signed: Dr Anusha Dsa, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Gastroenterology
Contact Tel: 0141 201 6367
Enquiries to: Helen Pelosi
Letter Date: 22/10/2020
Reference: NR/CB
Dictated Date: 01/10/2020
Transcribed Date: 06/10/2020

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Colling ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Easterhouse, Glasgow, G34 0PJ

She attended for endoscopy on 16th September 2020. I now have the results of her biopsies and these show a mild reflux oesophagitis only.

Yours sincerely

Sister Nicky Rae

Nurse Endoscopist

Electronically Signed: Nurse Nicky Rae, Consultant

cc. Donna Sullivan
1 Corsehill Path
Easterhouse
Glasgow
G34 0PJ

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr Emanuela Molinari
Consultant Neurologist
Dept. Neurology
Queen Elizabeth University Hospital
1345 Govan Road
GLASGOW
G51 4TF

Main Switchboard:	
Department:	Pain Management Clinic
Contact Tel:	0141 355 1492
Enquiries to:	zwww.paindata.org
Letter Date:	21/02/2019
Reference:	cr/ej/2507706163
Dictated Date:	25/01/2019
Transcribed Date:	12/02/2019

Dear Dr Molinari ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Problems

Multiple calcified sagittal meningiomas.

Previous lumbar decompression at L5 (18 years ago).

Secondary epilepsy.

Insomnia.

Non-insulin dependent diabetes mellitus.

Hypertension.

History of anxiety.

Diverticulitis.

Currently awaiting Rheumatology assessment re possible autoimmune disease.

Current Medications

Dihydrocodeine 30mg (occasional use), Diazepam 2mg tds, Ranitidine, Esomeprazole, Paracetmol 1g up to 4/day, Ramipril, Gabapentin 900mg tds, Lactulose, Senna, Bendroflumethiazide, Metformin, Atorvastatin, Levetiracetam, Pramipexole, Epilim, and Empagliflozin.

I was pleased to meet Ms Sullivan today in the Chronic Pain Clinic. She has a complex medical history as listed above. Her main pain problems are chronic headaches, multiple joint pains, chronic low back pain (with previous back surgery 18 years ago) and pain related to diverticulitis.

Today she described being in constant pain. Her headaches are aggravated by stress, noise and bright lights. General activity increases her joint pains. She was able to identify heat, her medications, and also being in water as pain relieving factors.

She reported poor sleep today. She feels in general that she is able to cope with her multiple health problems. She is currently awaiting a Rheumatology assessment and also an appointment with Mr Chong regarding management of her diverticular disease.

Ms Sullivan had been referred to the Pain Clinic with a view to advice regarding medications for pain. Because of her epilepsy and previous issue with prolonged QT syndrome, treatment with antidepressant medications is not appropriate.

I have also advised Ms Sullivan today against any increase in dose of weak or strong opioid medication in view of the potential for side effects and worsening of her diverticular disease.

I did mention the option of replacing Gabapentin 900mg tds with Pregabalin 225mg bd to see if this gives any improved pain relief. This could be a direct conversion with Pregabalin being increased to a maximum 300mg bd if tolerated and beneficial.

I have also arranged for Ms Sullivan to receive some acupuncture to see if this is a useful alternative treatment for her headaches.

I would be grateful if you would consider prescribing topical Capsaicin cream 0.025% which she could apply to her painful joints to see if this gives symptomatic relief.

I have also given Ms Sullivan written information about chronic pain management, advised her opt-into our Chronic Pain Management Information Classes and directed her to our website www.paindata.org.

She herself raised the possibility of her receiving hydrotherapy and I have discussed this with my physiotherapy colleagues. As she is already able to attend a swimming pool, they

advised that she would not be eligible for hydrotherapy (which would normally be indicated as a way of helping someone to a stage where they could attend a pool).

I have arranged for Ms Sullivan to be reviewed in the Pain Clinic in due course but if there are any questions regarding her pain management please do not hesitate to contact me.

Yours sincerely

Dr Colin Rae

Consultant in Anaesthesia & Pain Management

Electronically Signed: Dr Colin Rae, Consultant

cc. Dr J. G. Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
GLASGOW
G34 9HQ

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Breast
Contact Tel:	0141-355-1504
Enquiries to:	Kelly.Clarke@ggc.scot.nhs.uk
Letter Date:	21/09/2018
Reference:	BT/GR
Dictated Date:	23/08/2018
Transcribed Date:	23/08/2018

Dear Dr Goldie,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

This lady was seen in the breast clinic for follow-up of pain and lumpiness in her left lateral breast over the last few months. Her symptoms have not changed since her last appointment three months ago and she says that the pain has resolved slightly.
She is keeping well and examination today was unremarkable with no masses or lymphadenopathy, P1.
She has been advised again to try topical anti-inflammatories and Starflower Oil for the pain but will not require any further follow-up and has been discharged from the clinic.

Yours sincerely

Dr Beatrice Tan

FY2 in General Surgery

Electronically Signed: Dr Beatrice Tan, Doctor

cc.

Clinical letter - Others: Speech and Language Therapy Report

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Mr Alexandros Tsikoudas
Consultant Otolaryngologist
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard:
Department: Speech and Language Therapy
Contact Tel: 0141 355 1613
Enquiries to: carol.rodgers@ggc.scot.nhs.uk
Letter Date: 27/07/2018
Reference:
Dictated Date: 27/07/2018
Transcribed Date: 27/07/2018

Dear Mr Tsikoudas,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Many thanks for referring Donna to our service for some help with her voice.

Donna has cancelled two appointments with us due to poor health, and has asked to be removed from our waiting list at this time.

Donna is discharged but can access our service again in the future, should this be indicated, via referral from her GP or Consultant Clinic.

Yours sincerely,

Kirsty Henderson
Speech and Language Therapist

Electronically Signed: Speech Therapist Kirsty Henderson, Speech Therapist

cc. Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department: Breasts
Contact Tel: 0141 355 1504
Enquiries to: kelly.clarke@ggc.scot.nhs.uk
Letter Date: 18/05/2018
Reference: AM/LS
Dictated Date: 09/05/2018
Transcribed Date: 14/05/2018

Dear Dr Goldie,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Many thanks for referring this 47 year old complaining of pain and lumpiness in her left lateral breast intermittently for the past four months. She also has a history of some superficial skin infections. She has no nipple discharge, no previous history of any breast disease and no family history of any breast cancer. She tells me that her mother died 12 weeks ago and since then she has understandably been very stressed. She does have the mirena coil in and she was amenorrhoeic, but she has had three periods since then and has noticed intermittent tenderness since then. She has two children. She has a past history of non alcoholic fatty liver disease, type 2 diabetes and meningiomas with secondary epilepsy and migraine.

Examination today was entirely unremarkable with no masses or lymphadenopathy, P1. I have reassured Donna with regards to her normal examination. I have advised her to try topical anti inflammatories and we usually use Starflower Oil, 1000 mgs a day, but I have asked her to run this past her epilepsy nurse just to make sure it will not interact with her multiple epilepsy medications.

We are going to see her back in three months time.

Yours sincerely

Alison Macbeth

Specialty Doctor

Electronically Signed: Ms Alison Macbeth, Specialty Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Breasts
Contact Tel:	0141 355 1504
Enquiries to:	kelly.clarke@ggc.scot.nhs.uk
Letter Date:	18/05/2018
Reference:	AM/LS
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Dear Dr Goldie,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

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Examination today was entirely unremarkable with no masses or lymphadenopathy, P1. I have reassured Donna with regards to her normal examination. I have advised her to try topical anti inflammatories and we usually use Starflower Oil, 1000 mgs a day, but I have asked her to run this past her epilepsy nurse just to make sure it will not interact with her multiple epilepsy medications.

We are going to see her back in three months time.

Yours sincerely

Alison Macbeth

Specialty Doctor

Electronically Signed: Ms Alison Macbeth, Specialty Doctor

cc.

Clinical letter - GP: Colonoscopy Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: General Surgery
Contact Tel: 0141 211 0420
Enquiries to: Liz Black/Deborah Clarkson
Letter Date: 04/07/2014
Reference:
Dictated Date: 04/07/2014
Transcribed Date: 04/07/2014

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Lindsay,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
41, Springcroft Wynd, Glasgow, G69 6FE

Donna failed to attend for her out patient colonoscopy booked for Stobhill Hospital under the care of Nurse Ewan Bell on 2/7/14. A further appointment will not be sent out routinely.

Best wishes.

Yours sincerely

Liz Black
Scope Referral Secretary

Electronically Signed: ,

cc.

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 01/07/2011
Typed 07/07/2011
Your Ref
Our Ref MP/AS20508978K – Chi No 2507706163

Ms Donna Sullivan
187 Commonhead Road
Glasgow
Lanarkshire
G34 0DS

Dear Ms Sullivan

Just a note to let you know the sample taken from the lining of your womb has been reported as normal with no evidence of malignancy.

Yours sincerely

MAHESH PERERA
Consultant Gynaecologist

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard: 0141 201 3000
Department: General Surgery
Contact Tel: 0141 355 1504
Enquiries to: Kelly.Clarke@ggc.scot.nhs.uk
Letter Date: 23/08/2023
Reference: ST/MO
Dictated Date: 23/08/2023
Transcribed Date: 06/09/2023

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Attendance: Specialty - General Surgery; Clinic - STKOGS5-GS ACH MR K OGSTON BREAST CLINIC WEDNESDAY AM
Date and Time of Appointment - 23/08/2023 10:30

Clinical Comments:
This patient was reviewed in Mr Ogston's Breast Clinic today having been referred for a lump in her right axilla. The patient reports a hard mobile lump which she first noticed three weeks ago while washing. She is unaware of any new changes in her breasts and reports no skin changes, nipple discharge or mastalgia. In terms of risk factors, Donna is 53 years old, a non-smoker, para 2, perimenopausal with the Mirena coil in situ and receiving no additional hormone replacement therapy. As you are aware, Donna has an extensive past medical history pertaining to multiple benign meningiomas with associated complications and reports being seizure free greater than three years. In addition she was recently diagnosed with ulcerative colitis and receiving treatment for this.

On examination today there was no evidence of lymphadenopathy in the neck, clavicular or axillae nodes. Examination of the left and right breast was unremarkable with soft, palpable nodular breast tissue, completely symmetrical in nature and no discrete lumps or focal pain. The examination was repeated by Mr Ogston himself, in support of my training, who agrees there are no areas of concern which require further investigation at present.

I have reassured Donna this has been an entirely normal breast exam, should the swelling in her axilla return over the next 12 weeks she should contact the Breast Clinical Nurse Specialists for prompt assessment, telephone number given. Outwith this timeframe she should contact her GP with any ongoing concerns and re-referral would be welcome.

I have now discharged Donna from the breast clinic.

Kind regards

Yours sincerely

Samantha Thomson

Trainee Breast ACNS

Electronically Signed: Nurse Samantha Thomson, Nurse

cc.

SCI-Diabetes

Stobhill Hospital Diabetes Clinic
Stobhill ACH
Diabetes Centre, Clinic D
133 Balornock Road
G21 3UW
t: 0141 355 1076
f: 0141 355 1754
http://www.nhsggc.org.uk/

NHS
NHS Greater Glasgow and Clyde

Consultant Physician: Professors McKay/Petrie/Fisher
Date of Clinic: 23-Jan-2020
Date Printed: 29-Jan-2020
Our Ref: Typed by VM
Enquiries to: Secretary
Ext. 1797
E-mail: valerie.macleod@ggc.scot.nhs.uk

NEWHILLS MEDICAL PRACTICE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA RD
GLASGOW
G 349HQ

Dear Doctor

Name/Address: DONNA SULLIVAN, 1 CORSEHILL PATH, GLASGOW, G34 0PJ
Patient ID/CHI: 2507706163
DOB: 25-Jul-1970
Date of Stobhill Hospital Diabetes Clinic Appointment:23-Jan-2020

Please find a clinic summary sheet attached.

Summary:

I reviewed Donna at the Diabetes Clinic today. She is extremely well controlled on a combination of Empagliflozin plus Metformin with an HbA1c of 44mmol/mol. She has had no side-effects, so can be discharged to primary care as part of the Glasgow Diabetes Service.

Recent cholesterol was high at 7.2 and she is supposed to be on 20mg Atorvastatin. It sounds like she may not be taking these, as she feels they are contributing to her neurological condition. I have given a hand written letter suggesting that she could consider Rosuvastatin as an alternative.

She is up-to-date with her retinal screening. Foot screening, which should be performed in primary care, is overdue. Her eGFR is >60, and it is a considerable period of time since she provided a sample for microalbuminuria screening. One of these was positive in the past.

We would be happy to review her again if she has problems with regards her diabetes but for the time being she has been discharged from secondary care.

Next review: Discharged

Yours sincerely

Professor Miles Fisher
Consultant Physician

PATIENT NAME: DONNA SULLIVAN
PATIENT ADDRESS: 1 CORSEHILL PATH
GLASGOW
G34 0PJ

DOB: 25-Jul-1970
Patient ID/CHI: 2507706163
CONTACT DATE: 23-Jan-2020

* Items with this indicator were not recorded during this clinic visit and represent the latest data available in SCI-Diabetes.

GENERAL

Measure	Value	Date	Measure	Value	Date
HbA1c	44 mmol/mol	23-Jan-2020	Diabetes Type *	Type 2 Diabetes Mellitus	26-Apr-2016
Weight	99.7 kg	23-Jan-2020	Duration of Diabetes *	3 Years 9 Months	
BMI	34.5 kg/m2	23-Jan-2020	Problems with Hypoglycaemia Awareness		
BP	129 / 78	23-Jan-2020	Smoking Status *	Ex-smoker	04-Oct-2019

BIOCHEMISTRY

Measure	Value	Date	Measure	Value	Date
Creatinine *	43 µmol/L	23-Jan-2020	Cholesterol *	7.6 mmol/L	23-Jan-2020
Alb/Creat Ratio *	4 mg/mmol	31-May-2018	HDL Cholesterol *	1.1 mmol/L	23-Jan-2020
eGFR *	>60 ml/min	23-Jan-2020	Triglycerides *	5.3 mmol/L	23-Jan-2020
T4/Free T4 *	14.2 pmol/L	09-Jan-2020	TSH *	2.42 mU/L	09-Jan-2020
ALP(Alkaline Phosphatase) *	59	23-Jan-2020	AST *	35	23-Jan-2020
ALT *	65	23-Jan-2020	Bilirubin *	5	23-Jan-2020

Last Successful Eye Screening

Screening Date: 29-Oct-2019 Screening Outcome: Rescreening in 12 months (Fundus Photography)

DRS Results	Right	Left
Retinopathy:	No Retinopathy	No Retinopathy

FEET

Foot Risk Category *	Low Risk	31-May-2018

MEDICAL HISTORY (HEALTH ISSUES)

Please check free text letter content above.

PREVIOUSLY PRESCRIBED GLYCAEMIC MEDICATION

Medication	Dose/Frequency	Quantity/Preparation	Date
Metformin Hydrochloride	2 Tabs TWICE DAILY DISPENS	112 tablet Tablets 500 mg	23-Jan-2020

Headquarters:
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: John Brown CBE

Empagliflozin	ONE TO BE TAKEN DAILY DISP	28 TABLET Tablets 10 mg	23-Jan-2020

UNCHANGED CURRENT MEDICATION
Please check free text letter content above.

RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION
Please check free text letter content above.

ADVICE GIVEN
Please check free text letter content above.

Diabetes Education Record:	

Headquarters:
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: John Brown CBE

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department: General surgery
Contact Tel: 01413551366
Enquiries to: Ewan.Bell@ggc.scot.nhs.uk
Letter Date: 20/09/2018
Reference: EB/JC
Dictated Date: 20/09/2018
Transcribed Date: 28/09/2018

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Attendance: Specialty - General Surgery; Clinic - STEBGS8-NURSE BELL GEN SURG THUR PM CLINIC
Date and Time of Appointment - 20/09/2018 14:15

Clinical Comments:
Donna attended for review today.

She was last seen in clinic in June of this year. We have been investigating Donna for chronic constipation.

She tells me today that since she was last seen she has had an admission to the surgical unit of Glasgow Royal infirmary with rectal bleeding and abdominal pain. As follow up form this admission she is to have a colonoscopy done at the beginning of October under Mr Chong's care. This would have been my next suggestion in terms of investigation for Donna's constipation, and I think given that this is already in place that there is no need for me to continue to bring Donna back for appointments at the Nurse led clinic. I have discharged her in the mean time, but we would of course be happy to see Donna again should the need arise.

Yours sincerely

Nurse Ewan Bell

Colorectal Nurse Endoscopist

Electronically Signed: Nurse Ewan Bell, Consultant

cc. Mr Pete Chong

Consultant Surgeon
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
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G34 9HQ

Main Switchboard:
Department: General surgery
Contact Tel: 01413551366
Enquiries to: Ewan.Bell@ggc.scot.nhs.uk
Letter Date: 20/09/2018
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Transcribed Date: 28/09/2018

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Attendance: Specialty - General Surgery; Clinic - STEBGS8-NURSE BELL GEN SURG THUR PM CLINIC
Date and Time of Appointment - 20/09/2018 14:15

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Yours sincerely

Nurse Ewan Bell

Colorectal Nurse Endoscopist

Electronically Signed: Nurse Ewan Bell, Consultant

cc. Mr Pete Chong

Consultant Surgeon
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	General Surgery
Contact Tel:	
Enquiries to:	
Letter Date:	14/06/2018
Reference:	LG/PKennedy
Dictated Date:	18/06/2018
Transcribed Date:	09/07/2018

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Attendance: Specialty - General Surgery; Clinic - STEBGS8-NURSE BELL GEN SURG THUR PM CLINIC
Date and Time of Appointment - 14/06/2018 14:30

Follow Up: 20/09/2018 14:15 General Surgery Nurse Ewan Bell

Clinical Comments:
I reviewed Ms Sullivan at the colorectal nurse led clinic again following her previous review in April of this year. At this time she was seen by my colleague Mr Ewan Bell who had ordered a colonic transit study. The results of this have come back as a normal colonic transit and I have discussed this with Donna today. She continues to complain of constipation and has tried multiple different treatments. She did not feel that Fybogel or Laxido or Lactulose have worked and she is keen to continue with the Bisacodyl that you had prescribed her a few months ago. I have given her a prescription for this for 3-months to see if this will help and we will review her again at this time in the nurse led clinic.

Yours sincerely

LYNN GILMOUR

COLORECTAL NURSE PRACTITIONER

Electronically Signed: Nurse Lynn Gilmour, Consultant

cc.

SCI-Diabetes

Stobhill Hospital Diabetes Clinic
Stobhill ACH
Diabetes Centre, Clinic D
133 Balornock Road
G21 3UW
t: 0141 355 1076
f: 0141 355 1754
http://www.nhsggc.org.uk/

NHS Greater Glasgow and Clyde

Consultant Diabetologist: Professor Gerard McKay
Date of Clinic: 31-May-2018
Date Printed: 26-Jun-2018
Our Ref: Typed by LW
Enquiries to: Secretary
Ext. 1077
E-mail: louise.wilson4@ggc.scot.nhs.uk

NEWHILLS MEDICAL PRACTICE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA RD
GLASGOW
G 349HQ

Dear Doctor

Name/Address: DONNA SULLIVAN, 1 CORSEHILL PATH, GLASGOW, G34 0PJ
Patient ID/CHI: 2507706163
DOB: 25-Jul-1970
Date of Stobhill Hospital Diabetes Clinic Appointment: 31-May-2018

Please find a clinic summary sheet attached.

Summary:

I reviewed this woman at the Diabetes Clinic today. She is currently on a combination of Metformin and Empagliflozin, is also attending Slimming World and is physically active. Her HbA1c at 43 shows extremely satisfactory control of diabetes without any side effects, and I have congratulated her on her success.

She is up to date with retinal screening. I performed foot screening on her today and she has low risk feet. Her eGFR >60, and cholesterol was previously to target with Atorvastatin. This has been repeated today. She is hypertensive with microalbuminuria and her systolic was minimally raised today. I made no changes to her blood pressure medications.

She will be reviewed back in six months time. If is stable at that point in time she should be able to be discharged back to primary care.

Next review: 29th November 2018

Yours sincerely

Professor Miles Fisher
Consultant Physician

Headquarters:
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: Andrew Robertson OBE

PATIENT NAME: DONNA SULLIVAN
PATIENT ADDRESS: 1 CORSEHILL PATH
GLASGOW
G34 0PJ

DOB: 25-Jul-1970
Patient ID/CHI: 2507706163
CONTACT DATE: 31-May-2018

* Items with this indicator were not recorded during this clinic visit and represent the latest data available in SCI-Diabetes.

GENERAL

Measure	Value	Date	Measure	Value	Date
HbA1c	43 mmol/mol	31-May-2018	Diabetes Type *	Type 2 Diabetes Mellitus	26-Apr-2016
Weight	98.2 kg	31-May-2018	Duration of Diabetes *	2 Years 2 Months	
BMI	33.98 kg/m2	31-May-2018	Problems with Hypoglycaemia Awareness		
BP	143 / 87	31-May-2018	Smoking Status *	Ex-smoker	02-May-2017

BIOCHEMISTRY

Measure	Value	Date	Measure	Value	Date
Creatinine *	60 µmol/L	31-May-2018	Cholesterol *	5.4 mmol/L	31-May-2018
Alb/Creat Ratio *	4 mg/mmol	31-May-2018	HDL Cholesterol *	1.2 mmol/L	31-May-2018
eGFR *	>60 ml/min	31-May-2018	Triglycerides *	2.5 mmol/L	31-May-2018
T4/Free T4 *	11.9 pmol/L	31-Jul-2017	TSH *	1.79 mU/L	31-Jul-2017
ALP(Alkaline Phosphatase) *	89	03-May-2018	AST *	31	03-May-2018
ALT *	41	03-May-2018	Bilirubin *	6	03-May-2018

Last Successful Eye Screening

Screening Date: 23-Oct-2017 Screening Outcome: Rescreening in 12 months (Fundus Photography)

DRS Results	Right	Left
Retinopathy:	No Retinopathy	No Retinopathy

FEET

Foot Risk Category *	Low Risk	31-May-2018

MEDICAL HISTORY (HEALTH ISSUES)

Please check free text letter content above.

PREVIOUSLY PRESCRIBED GLYCAEMIC MEDICATION

Medication	Dose/Frequency	Quantity/Preparation	Date
Metformin Hydrochloride	2 Tabs TWICE DAILY DISPENS	112 tablet Tablets 500 mg	12-Jun-2018

Empagliflozin	ONE TO BE TAKEN DAILY DISP	28 TABLET Tablets 10 mg	12-Jun-2018

UNCHANGED CURRENT MEDICATION
Please check free text letter content above.

RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION
Please check free text letter content above.

ADVICE GIVEN
Please check free text letter content above.

Diabetes Education Record:	

Headquarters:
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: Andrew Robertson OBE

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard: 0141 201 3000
Department: General Surgery
Contact Tel: 0141 355 1366
Enquiries to: Ewan.Bell@ggc.scot.nhs.uk
Letter Date: 12/04/2018
Reference: EB/LM
Dictated Date: 12/04/2018
Transcribed Date: 16/04/2018

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Attendance: Specialty - General Surgery; Clinic - STEBGS8-NURSE BELL GEN SURG THUR PM CLINIC
Date and Time of Appointment - 12/04/2018 13:45

Clinical Comments:
Donna attended for review today. I last saw her back in February.

She tells me that her symptoms are ongoing. She is still having some real problems with constipation, despite changes to her diet. She still sees rectal bleeding on an almost daily basis. She feels that this is particularly bad when she gets very constipated and is having to strain. She has had the endoscopy that was requested when I saw her in clinic the last time which was OK other than a bit of gastritis. The H-pylori serology was negative when you checked it for us.

I have had a discussion today with Donna about how best to proceed. We have agreed that I will request a transit study. This is to establish whether she has slow transit constipation. If she does, we will give her a trial of some different laxatives. I will see Donna back in 2 months time, and hopefully she will have had her transit studies before I see her back.

Yours Sincerely

Nurse Ewan Bell

Colorectal Nurse Endoscopist

Electronically Signed: Nurse Ewan Bell, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	General Surgery
Contact Tel:	0141 355 1366
Enquiries to:	Ewan.Bell@ggc.scot.nhs.uk
Letter Date:	08/02/2018
Reference:	EB/AH
Dictated Date:	08/02/2018
Transcribed Date:	08/02/2018

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Attendance: Specialty - General Surgery; Clinic - STEBGS8-NURSE BELL GEN SURG THUR PM CLINIC
Date and Time of Appointment - 08/02/2018 15:15

Clinical Comments:
Donna attended for a review today following her colonoscopy back on the 19th January. The review appointment happened rather sooner than I expected it would.

She tells me that her bleeding did stop for a few days after she had her haemorrhoids banded but has since recurred. She is complaining today of a lot of epigastric pain and reflux. I had rechecked her full blood count when Donna attended in January and this showed her haemoglobin had come up a bit from it being checked in November but she was still lower than normal. This in combination with the upper GI symptoms make me think I should arrange for Donna to have an endoscopy.
I will see her back in clinic in two months to see how things are in terms of rectal bleeding as well.
We will keep you informed of her progress.

Yours sincerely

Ewan Bell

Colorectal Nurse Endoscopist

Electronically Signed: Nurse Ewan Bell, Consultant

cc.

SCI-Diabetes

Stobhill Hospital Diabetes Clinic
Stobhill ACH
Diabetes Centre, Clinic D
133 Balornock Road
G21 3UW
t: 0141 355 1076
f: 0141 355 1754
http://www.nhsggc.org.uk/

NHS
NHS Greater Glasgow and Clyde

Consultant Diabetologist:	Dr James Boyle
Date of Clinic:	25-Oct-2017
Date Printed:	06-Nov-2017
Our Ref:	Typed by EA
Enquiries to:	Secretary
Ext.	8001934
E-mail:	ellen.alexander@ggc.scot.nhs.uk

NEWHILLS MEDICAL PRACTICE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA RD
GLASGOW
G 349HQ

Dear Doctor

Name/Address: DONNA SULLIVAN, 1 CORSEHILL PATH, GLASGOW, G34 0PJ
Patient ID/CHI: 2507706163
DOB: 25-Jul-1970
Date of Stobhill Hospital Diabetes Clinic Appointment:25-Oct-2017

Please find a clinic summary sheet attached.

Summary:

Donna was seen early at the Diabetes Clinic today. She was seen by myself earlier this year when she was very poorly controlled on a combination of Metformin and Gliclazide. We started her on a combination of insulin plus Liraglutide and discontinued her Gliclazide. She had a very satisfactory metabolic response and her Hb A1c has fallen to 50 mmol/mol. Unfortunately she has had major GI side effects with vomiting and we have had to discontinue this therapy. She remains on Metformin 1 gram twice daily. I have given her a hand written letter suggesting a trial of Empagliflozin 10 mgs. Along with the Metformin, this should hopefully enable her to have further weight loss while controlling her diabetes. If we are not able to do that on this combination, then we will need to think about starting a background insulin which will of course increase her weight again. She has a follow-up appointment in January which I have asked her to keep.

She is up to date with retinal screening but does not appear to have had foot screening performed and we will do that at her next visit. Her blood pressure was borderline today but has previously been satisfactory. This should improve with Empagliflozin. Her eGFR is over 60 mls/min but with a borderline microalbuminuria. With her vomiting she may not have been absorbing all of her Ramipril and we will see how her blood pressure fares once she is off the Liraglutide. Her cholesterol was previously borderline and this has been repeated today.

Next review: 11 January 2018 (Prof McKay's Clinic)

Yours sincerely

Professor Miles Fisher

Consultant Physician

Headquarters:
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: Andrew Robertson OBE

PATIENT NAME: DONNA SULLIVAN
PATIENT ADDRESS: 1 CORSEHILL PATH
GLASGOW
G34 0PJ

DOB: 25-Jul-1970
Patient ID/CHI: 2507706163
CONTACT DATE: 25-Oct-2017

* Items with this indicator were not recorded during this clinic visit and represent the latest data available in SCI-Diabetes.

GENERAL

Measure	Value	Date	Measure	Value	Date
HbA1c	50 mmol/mol	25-Oct-2017	Diabetes Type *	Type 2 Diabetes Mellitus	26-Apr-2016
Weight	104.2 kg	25-Oct-2017	Duration of Diabetes *	1 Year 6 Months	
BMI	36.06 kg/m2	25-Oct-2017	Problems with Hypoglycaemia Awareness		
BP	156 / 118	25-Oct-2017	Smoking Status *	Ex-smoker	02-May-2017

BIOCHEMISTRY

Measure	Value	Date	Measure	Value	Date
Creatinine *	43 µmol/L	25-Oct-2017	Cholesterol *	4.2 mmol/L	25-Oct-2017
Alb/Creat Ratio *	13.4 mg/mmol	20-Sep-2017	HDL Cholesterol *	1.1 mmol/L	25-Oct-2017
eGFR *	>60 ml/min	25-Oct-2017	Triglycerides *	1.5 mmol/L	25-Oct-2017
T4/Free T4 *	11.9 pmol/L	31-Jul-2017	TSH *	1.79 mU/L	31-Jul-2017
ALP(Alkaline Phosphatase) *	87	04-Sep-2017	AST *	61	04-Sep-2017
ALT *	71	04-Sep-2017	Bilirubin *	4	04-Sep-2017

Last Successful Eye Screening

Screening Date: 23-Oct-2017 Screening Outcome: Rescreening in 12 months (Fundus Photography)

DRS Results	Right	Left
Retinopathy:	No Retinopathy	No Retinopathy

FEET

Please check free text letter content above.

MEDICAL HISTORY (HEALTH ISSUES)

Please check free text letter content above.

PREVIOUSLY PRESCRIBED GLYCAEMIC MEDICATION

Medication	Dose/Frequency	Quantity/Preparation	Date
Empagliflozin	ONE TO BE TAKEN DAILY	28 tablet Tablets 10 mg	27-Oct-2017

Metformin Hydrochloride	2 Tabs TWICE DAILY DISPENS	112 tablet Tablets 500 mg	12-Oct-2017
Xultophy	AS DIRECTED	3 pre-filled disposable injecti Solution for injection 100 units/ml + 3.6 mg/ml, 3 ml pen	27-Sep-2017
Gliclazide	ONE TO BE TAKEN DAILY	28 tablet Tablets 80 mg	29-Aug-2017

UNCHANGED CURRENT MEDICATION
Please check free text letter content above.

RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION
Please check free text letter content above.

ADVICE GIVEN
Please check free text letter content above.

Diabetes Education Record:	

Headquarters:
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: Andrew Robertson OBE

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department: Respiratory Medicine
Contact Tel: suzy.brown@ggc.scot.nhs.uk
Enquiries to: suzy.brown@ggc.scot.nhs.uk
Letter Date: 02/06/2016
Reference: GMcV/LM
Dictated Date: 02/06/2016
Transcribed Date: 09/06/2016

Dear Dr. KA Lindsay,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
0/2 5 Duntarvie Place, Glasgow, G34 9JB

Attendance: Specialty - Respiratory Medicine; Clinic - STMBRE8-DR BREWIS THURS PM
Date and Time of Appointment - 02/06/2016 15:35

Requested Out-patient Investigations:
Bronchoscopy 20.6.016

Follow Up: Dr Cowan's Respiratory Clinic - 10.11.2016

Clinical Comments:
Diagnosis:
1. Recurrent bronchiectasis
2. Episodes of haemoptysis - normal CT and awaits Bronchoscopy
3. Ex smoker currently using E-cigarettes

I reviewed Mrs Sullivan back at the Respiratory Clinic today. She has now had her CT scan which has not been reported but I reviewed this with Dr Brewis who felt there was no obvious cause for haemoptysis. She tells me however that this has now settled since she had several episodes back in February of this year.

She has been seen by ENT who did not find any abnormality. I explained to her that although her CT scan is normal we will obviously await the formal report and that given her episodes of haemoptysis it would be worthwhile performing Bronchoscopy and she is happy to have this done. I have arranged this for 20.6.2016 at Glasgow Royal.

We will see her back for review in 3 months' time or sooner if the formal CT scan report suggests there is anything further to be done.

Yours sincerely,

Dr Gillian McVay

ST3/LAT in Respiratory Medicine

Electronically Signed: Doctor Gillian McVay, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department: Respiratory Department
Contact Tel: 0141 800 1926
Enquiries to: suzy.brown@ggc.scot.nhs.uk
Letter Date: 21/04/2016
Reference: MB/SB
Dictated Date: 21/04/2016
Transcribed Date: 22/04/2016

Dear Dr. KA Lindsay,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
0/2 5 Duntarvie Place, Glasgow, G34 9JB

Attendance: Specialty - Respiratory Medicine; Clinic - STMBRE8-DR BREWIS THURS PM
Date and Time of Appointment - 21/04/2016 15:15

Requested Out-patient Investigations:
CT scan

Follow Up: Dr Brewis Clinic - 02/06/2016 @ 15:35

Clinical Comments:
Diagnoses:

1. Recurrent bronchitis.

2. Episodes of haemoptysis – for CT and Bronchoscopy.

3. Current smoker.

This lady returned to the clinic today. She continues to be troubled by episodes of recurrent bronchitis with frequent courses of steroids and antibiotics she tells me. Her recent clinical course has been complicated as she was unfortunately assaulted by a neighbour and has had quite a few social stresses. She does however report that during infective exacerbations she has had a couple of episodes of streaky haemoptysis and I am therefore arranging a CT scan of chest and I mentioned briefly today we may consider a bronchoscopy.

Her lung function is normal. She is due to see the ENT with regards to her dysphonia and hoarseness in the upcoming weeks.

I have given her an appointment for six weeks so we can go through the results of her CT scan. If it is unrevealing we should consider bronchoscopy. Again I have reiterated the importance of smoking cessation as this is likely to impact more significantly on her episodes of bronchitis. We will be in touch following her next attendance.

Yours sincerely

Dr Melanie Brewis

Consultant Respiratory Physician

Electronically Signed: Dr Melanie Brewis, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Respiratory Department
Contact Tel:	0141 800 1926
Enquiries to:	suzy.brown@ggc.scot.nhs.uk
Letter Date:	15/12/2015
Reference:	MB/SB
Dictated Date:	15/12/2015
Transcribed Date:	07/01/2016

Dear Dr. KA Lindsay,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
0/2 5 Duntarvie Place, Glasgow, G34 9JB

Attendance: Specialty - Respiratory Medicine; Clinic - STMBRE4-DR M BREWIS TUES PM
Date and Time of Appointment - 15/12/2015 15:10

Requested Out-patient Investigations:
Bronchial provocation test

Follow Up: Dr Brewis Clinic - 21/04/2016 @ 15:15

Clinical Comments:
Diagnoses:

1. Chronic cough.

2. Hoarseness and dysphonia.

3. Current smoker.

4. Normal lung function and chest x-ray.

Thank you for referring this 45 year old lady for investigation of chronic cough. She is a current smoker. She did stop smoking for approximately six months although was using E-cigarettes but has recently returned to smoking due to social difficulties. She has had a chronic cough for approximately one year. She reports recurrent chest infections with multiple courses of antibiotics which appears to be for scanty grey coloured sputum. She had an occasion approximately three months ago where she coughed up some frothy sputum which had a slight pinkish tinge to it but she couldn't definitely see if this was blood. She has had significant hoarseness and intermittent dysphonia. She denies any

problems with reflux. She does not have any symptoms of breathlessness. Her weight is stable and she has had no systemic upset.

I see she is under investigation for iron deficiency anaemia having had previous negative GI investigations and I believe there are plans for a further endoscopy and biopsy. She is overweight with a BMI of 33.5. Her other past medical history consists of atypical chest pains and a hiatus hernia. I see from your correspondence she has been commenced on inhaled Clenil without any improvement and has also had a course of steroids without any improvement.

She has had a normal chest x-ray. Lung function on the 10th December is also normal.

I have suggested to this lady that her cough may improve with complete smoking cessation, E-cigarettes are potentially no better in terms of irritant cough. She currently already takes Esomeprazole 40mgs twice daily and Ranitidine for her previous reflux disease and this does appear to be controlling it. Given her hoarseness and dysphonia I am referring her for an ENT opinion. I will arrange bronchial provocation testing. As the inhaled Clenil has not particularly helped she could stop this and simply have a p.r.n Salbutamol inhaler. If ENT and bronchial provocation testing is unhelpful we would plan to proceed to an HRCT and possibly a bronchoscopy. We will see her back for routine review in a few months.

Yours sincerely

Dr Melanie Brewis

Consultant Respiratory Physician

Electronically Signed: Dr Melanie Brewis, Consultant

cc.

Mr G McGarry
Consultant ENT Surgeon
Glasgow Royal Infirmary

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Colorectal Surgery
Contact Tel: 0141 232 0852
Enquiries to: Geraldine.Gourlay@ggc.scot.nhs.uk

Letter Date: 02/02/2015
Reference: CR/WK
Dictated Date: 02/02/2015
Transcribed Date: 16/02/2015

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr. KA Lindsay,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
5 Duntarvie Place, Flat 0/2, Glasgow, G34 9JB

Attendance: Specialty - General Surgery; Clinic - STAMGS2-MR MCMAHON ACH MON PM
Date and Time of Appointment - 02/02/2015 15:45

Clinical Comments:
Mrs Sullivan did not attend her appointment with Mr McMahon today.

We had been taking a conservative approach to management of her haemorrhoidal bleeding and she was going to be brought back to clinic today to discuss whether she might merit an attempt at banding her haemorrhoids.

Given the fact that she failed to attend, we presume her haemorrhoids are not causing her undue trouble.

If she would like to be seen again, please re-refer her. At present we have not arranged a routine appointment.

Yours sincerely

Electronically Signed: Dr Campbell Roxburgh, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard: 0141 201 3000
Department: General Surgery
Contact Tel: 0141 232 0852
Enquiries to: Geraldine.Gourlay@ggc.scot.nhs.uk
Letter Date: 01/12/2014
Reference: FL/RR
Dictated Date: 01/12/2014
Transcribed Date: 19/12/2014

Dear Dr. KA Lindsay,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
5 Duntarvie Place, Flat 0/2, Glasgow, G34 9JB

Attendance: Specialty - General Surgery; Clinic - STAMGS2-MR MCMAHON ACH MON PM
Date and Time of Appointment - 01/12/2014 16:10

Clinical Comments:

Many thanks for referring Donna to Mr McMahon's clinic. She is 44 year old lady who complains of episodic, bright red rectal bleeding. She had a colonoscopy on 16/9/14 to investigate this, which revealed only mild diverticulosis from the rectum to the descending colon and some haemorrhoids for which local measures were suggested. I see from the referral letter that Donna was querying surgery and it's role for rectal bleeding and diverticulosis, but she stated clearly today that this is not something that she was here to enquire about.

The bleeding sounds like it is probably haemorrhoidal in nature and I would advocate a more topical, conservative approach rather than rushing to banding of haemorrhoids. I have suggested a 7 day course of steroid suppositories to try and calm the haemorrhoids down would be appropriate in the first instance, as unfortunately she cannot take high fibre products as these interfere with her quite significant irritable bowel symptoms.

We will see her back in a couple of months. If there has been no improvement in the bleeding at all then banding of course could be considered, but I would wonder if this would create potentially more problems than it might solve given she clearly has an irritable GI tract.

Kind regards
Yours sincerely
Ms F Leitch
ST8 in General Surgery

Electronically Signed: Doctor Fiona Leitch4, Doctor

cc.

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 01/07/2011
Typed 07/07/2011
Your Ref
Our Ref MP/AS

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Thank you for referring this 40 year old lady whom I saw in my out patient hysteroscopy clinic on 24.6.11. Her main problem was that of frequent heavy painful periods. She has tried Tranexamic Acid which reduces the quantity although she still finds it does have an impact on her quality of life. She has no intermenstrual or post coital bleeding. She has tried a Mirena IUS before.

On transvaginal scanning she had a thickened looking endometrium raising the possibility of a polyp. I therefore hysteroscoped her and this showed a partial endometrial septum. We discussed the management options. She opted for a Mirena IUS to be inserted which I have done. A pipelle endometrial biopsy showed late secretory phase endometrium with no atypical features. An HVS did not show an infection.

Yours sincerely

MAHESH PERERA
Consultant Gynaecologist

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
Mr Graham Mackay's Surgical Clinic

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

Clinic 15/02/2011
Typed 17/02/2011
Our Ref GM/PVT
Enquiries to: Mrs Patricia Tullan (Secretary)
Direct Line: 0141 201 4136

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Mrs Sullivan failed to attend my Surgical Clinic today and I have not arranged any further follow up for her.

Yours sincerely

Mr Graham Mackay
Consultant Colorectal Surgeon

MR SHUMEYKO'S SURGICAL CLINIC – 11.11.10

Direct Line: 0141 211 1750
Fax No: 0141 211 1711

Stobhill Hospital
Balornock Road
GLASGOW
G21 3UW

Our Ref: VS/MJS
Dictated: 11/11/2010
Typed: 18/11/2010

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

This lady was reviewed in the extra surgical clinic.

She is known to have diverticular disease and had a colonoscopy and CT scan some time in 2008/2009. There is no report of either of these at the moment on the clinical portal system or in the notes.

She is clinically very symptomatic, bleeding almost ever day, fresh, red blood with clots and jelly like liquid. She is constipated and I wonder if she has quite advanced diverticular disease with an evolving stricture. To clarify things further we are arranging a flexible sigmoidoscopy and will review her again with the results of that and take things further as required.

She will be reviewed in the clinic in 8 weeks time.

Yours sincerely

Mr Vladyslav Shumeyko
Consultant Surgeon

Acute Services Division

Surgery and Anaesthetics Directorate

Department of General Surgery

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW

Mr D Hansell
General Surgical Clinic
Symptomatic One Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Clinic & Dictated	21/09/2010
Typed	22/09/2010
Our Ref	MR/GR
Clinic Co-ordinator Secretary	0141 201 3000 Page 4232 0141 355 1506

Dr K Lindsay
Easterhouse Health Centre
9 Auchinlea Road
GLASGOW G34 9HQ

Dear Dr Lindsay

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Thank you for your letter regarding this lady who gives a three month history of breast pain which is worse premenstrually. Her menses have been coming more frequently. There is no nipple discharge. She does have a past history of breast cysts for which she attended the Royal Infirmary. There is no family history of note. I note that she is using analgesia for chronic back pain. She is a smoker. Her Mirena was removed last year.

On examination there was no localised abnormality in either breast and no lymphadenopathy. I am sure the diagnosis is of benign mastalgia probably related to some hormonal fluctuation.

I have given her advice on the management of this and discharged her from the clinic.

Yours sincerely

DR MARION RANKIN
Specialty Doctor

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
Mr Andrew McMahon, Consultant Surgeon

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

Clinic and
Dictated 15/06/2009
Typed 19/06/2009
Our Ref TS/KL
Enquiries to: Kelly-Ann Lynch
Direct Line: 0141 201 3401
E-Mail: andrew.mcmahon@northglasgow.scot.nhs.uk

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Your patient failed to attend the surgical clinic today one further appointment will be sent.

Yours sincerely

Miss T Sharma
SpR to Mr McMahon

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
Mr Andrew McMahon, Consultant Surgeon

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

Clinic and Dictated	02/03/2009
Typed	04/03/2009
Our Ref	EC/KL
Enquiries to:	Kelly-Ann Lynch
Direct Line:	0141 201 3401
E-Mail:	andrew.mcmahon@northglasgow.scot.nhs.uk

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I reviewed Mrs Sullivan today in Mr McMahon's clinic. She was complaining of alternating constipation and diarrhoea and rectal bleeding. I checked her bloods and I am pleased to say that these have shown no abnormalities. She was admitted to Glasgow Royal Infirmary last year and diagnosed as having diverticulitis on a CT scan and treated with intravenous antibiotics. A colonoscopy was performed on the 15th January which showed haemorrhoids only and these were banded. Mrs Sullivan is taking 2 Movicol at night although still not getting a daily bowel motion with this. She gets left sided abdominal pain consistent with constipation. She has a fairly healthy diet and drinks plenty of fluid and I am at loss as to why her cause of constipation and I think it would be worth while performing a transit study on this lady and review her back after that. She may well have a form of irritable bowel syndrome and might benefit from Mebeverine and I would be grateful if you would start her on 135mg tid of this.

Yours sincerely

Miss Elizabeth Cannings
ST4

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
Mr Andrew McMahon, Consultant Surgeon

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS Greater Glasgow and Clyde

Clinic and
Dictated 01/12/2008
Typed 02/12/2008
Our Ref EC/KL
Enquiries to: Kelly-Ann Lynch
Direct Line: 0141 201 3401
E-Mail: andrew.mcmahon@northglasgow.scot.nhs.uk

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I reviewed Donna at Mr McMahon's clinic today. She was referred to the Royal Infirmary but was sent to see us due to the length of the waiting list. She has a 5 year history of intermittent constipation, diarrhoea associated with abdominal pain and persistent fresh red bleeding. The bleeding has got worse in the last 2 months. I understand that she had a colonoscopy at Glasgow Royal Infirmary 2 years ago and she tells me that they found some polyps and diverticular disease. She was meant to be reviewed after this but did not attend. She was also admitted to Glasgow Royal last year and was diagnosed as having diverticulitis on a CT scan and was treated with intravenous antibiotics. There is no family history of bowel problems. On examination her abdomen was soft and non tender and she tells me she gets pain mainly on the left hand side. She takes Senna and Movicol to help her bowels move although generally she takes just the Senna. I have given her advice to stop the Senna as I am sure you are aware that this is not good in the long term and is particularly not good in diverticular disease. She is going to take the Movicol on a regular basis once or twice daily. I think it would be sensible in view of this lady's increased persistent bleeding to perform a repeat colonoscopy and I have put her on the waiting list for this. I have also checked her bloods today including thyroid function tests and TTG antibody for coeliac disease. We will keep you informed.

Yours sincerely

Miss Elizabeth Cannings
ST4

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
Mr Andrew McMahon, Consultant Surgeon

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

Dictated &
Typed 04/11/2008
Our Ref EC/AMMCS
Enquiries to: Kelly Lynch
Direct Line: 0141 201 3401
E-Mail: andrew.mcmahon@northglasgow.scot.nhs.uk

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163 ~ CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Your patient was referred to Mr. McMahon's colo rectal clinic with intermittent constipation and diarrhoea associated with abdominal pain but did not attend. I note she has had a previous colonoscopy although as this was done at Glasgow Royal Infirmary I have no note of this. We have sent her one further appointment.

Yours sincerely

Miss Elizabeth Cannings
ST4

Letter to Patient:

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Gastroenterology
Contact Tel: 0141 201 6367
Enquiries to: Helen.Pelosi@ggc.scot.nhs.uk
Letter Date: 20/05/2024
Reference: PM/HP
Dictated Date: 14/05/2024
Transcribed Date: 16/05/2024

Donna Sullivan
8 Millennium Gardens
Glasgow
G34 9HH

Dear Ms Sullivan,

You attended for a repeat endoscopy with myself on 17 April 2024 for complete views of your stomach following food residue noted at your previous endoscopy on 9 January 2024. No concerning findings were seen during your procedure. There were some white plaques within your gullet which were biopsied and have shown no concerning findings. I see further follow-up is already in place.

Yours sincerely

Paul Miller

Nurse Endoscopist

Electronically Signed: Nurse Paul Miller, Consultant

cc. Dr Colling,
Newhills Medical Practice,
Easterhouse Health Centre,
9 Auchinlea Road,
Glasgow,
G34 9HQ

Letter to Patient:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Gastroenterology
Contact Tel: 0141 201 6367
Enquiries to: Helen.Pelosi@ggc.scot.nhs.uk
Letter Date: 14/03/2024
Reference: NR/HP
Dictated Date: 06/03/2024
Transcribed Date: 08/03/2024

Donna Sullivan
8 Millennium Gardens
Glasgow
G34 9HH

Dear Ms Sullivan,

Thank you for attending for your endoscopy test on 9 January 2024. I now have the results of your biopsies. The stomach biopsies show a reactive inflammation. This can be due to an irritant in your stomach such as bile or alcohol or it could be caused by certain painkillers. Your duodenal biopsies were normal.

Yours sincerely

Sister Nicky Rae

Nurse Endoscopist

cc Mr David Holroyd, Consultant Surgeon, GRI

cc Endoscopy Coordinators, GRI - Donna Sullivan was scoped by me on 9 January 2024. I see that another referral has gone on the system for a repeat OGD. Certainly there was a lot of food in her stomach when I scoped her. If she is to be booked for a repeat endoscope, she does need to have a prolonged fast if this can be added to the notes. She is a type 2 diabetic and needs a morning appointment.

Electronically Signed: ,

cc. Dr Colling,
Newhills Medical Practice,
Easterhouse Health Centre,
9 Auchinlea Road,
Glasgow,

G34 9HQ

Letter to Patient: Opt in

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Donna Sullivan
1 Corsehill Path
Glasgow
G34 0PJ

Main Switchboard:
Department: Speech & Language Therapy
Contact Tel: 0141 355 1613
Enquiries to:
Letter Date: 22/06/2018
Reference:
Dictated Date:
Transcribed Date:

Dear Ms Sullivan,

You are currently on the Speech and Language Therapy waiting list for Speech and Language Therapy at Stobhill Hospital.

The average waiting time at present is approximately 6-8 weeks.

If you are particularly anxious or concerned about your communication difficulty, (voice/ speech/language) and would be willing to attend either a short notice cancellation appointment or an earlier appointment at another hospital, please contact us to discuss these options.

If you feel you no longer require an appointment, please let us know and we will remove your name from the list.

If we do not hear from you by 6th June 2018, we will assume you no longer require an appointment and we will contact your GP to inform them of this.

Contact with the SLT department can be made:

By telephone – 0141 355 1613 (please leave a message if there is no answer)

By email – Carol.rodgers@ggc.scot.nhs.uk

Yours Sincerely,

Carol Nelson

Clinical Specialist Speech and Language Therapist (Out Patients)

Electronically Signed: ,

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Donna Sullivan
1 Corsehill Path
Glasgow
G34 0PJ

Main Switchboard:	0141 201 3000
Department:	General Surgery
Contact Tel:	0141 355 1366
Enquiries to:	Ewan.Bell@ggc.scot.nhs.uk
Letter Date:	04/06/2018
Reference:	EB/TH
Dictated Date:	30/05/2018
Transcribed Date:	30/05/2018

Dear Mrs Sullivan,

I have been notified by the X-ray department that you failed to attend for the X-ray that had been arranged following your clinic attendance. I note from our computer systems that you were actually an inpatient when should have attended for this. I would expect this is the reason you did not attend. I have therefore requested the transit studies again.

I will see you back in clinic in June as planned.

Yours sincerely

Ewan Bell

Colorectal Nurse Endoscopist

Electronically Signed: Nurse Ewan Bell, Consultant

cc. Dr J G Goldie
Newhills Medical Practice,
Easterhouse Health Centre,
9 Auchinlea Road,
Glasgow,
G34 9HQ

Letter to Patient:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Donna Sullivan
1 Corsehill Path
Glasgow
G34 0PJ

Main Switchboard:	
Department:	Respiratory
Contact Tel:	0141 800 1926
Enquiries to:	suzy.brown@ggc.scot.nhs.uk
Letter Date:	01/09/2016
Reference:	MB/SB
Dictated Date:	30/08/2016
Transcribed Date:	30/08/2016

Dear Mrs Sullivan ,

I was sorry to see that you did not attend for your bronchoscopy which was the camera test to look at your airways after you had coughed up some blood. I understand that when you were seen in clinic in June the coughing up of blood had settled however we would normally recommend to go ahead with the test. This would certainly be the case if you have had any further episodes.

At present I have not rebooked your test but if you wish to go ahead I would be grateful if you could contact my secretary at the above number and we can rearrange this for you. Otherwise we can discuss things at your next clinic appointment.

Yours sincerely

Dr Melanie Brewis

Consultant Respiratory Physician

Electronically Signed: Dr Melanie Brewis, Consultant

cc.

Gastroscopy report

Performed	16-Sep-2020 10:26	Received	16-Sep-2020 10:48
Reported	16-Sep-2020 10:48	Order Number	UNI175065-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
GASTROSCOPY REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**1 Corsehill Path**
Date of birth:	**25/07/1970**		**Easterhouse**
NHS No:	**2507706163**		**Glasgow**
Case Note No:	**2507706163**		**G34 0PJ**
GP:	**COLLING, STEFAN**	Procedure date:	**16th September 2020 (10:26)**
	Newhills Medical Practice	Priority:	**Elective**
	Easterhouse Health Centre	Status:	**Inpatient/NHS**
	9 Auchinlea Road	Hospital:	**STO ACH**
	Glasgow	Ward:	**(none)**
	G34 9HQ	Referring Cons:	**GP (Direct Access)**

Indications
Dysphagia and difficulty swallowing and chocking.
Clinically important comments: Esomeprazole 40mgs stopped 7 days
Type 2 diabetic
NAFLD.

Consultant/Endosc
Nic

Instrur
SCAN

Premedica
Midazolam (IV)
Xylocaine (Spray) 1

Report
The procedure was completed successfully to D2.
Apparent mucosal junction at 47cm from the incisors.

Site a: Middle oesophagus
Specimens: 3x biopsy.
Site b: Lower oesophagus
Hiatus hernia: sliding of length 3cm.Specimens: 3x biopsy.

Diagnoses
OESOPHAGUS. Hiatus hernia.
STOMACH. Normal.
DUODENUM. Normal.

Advice/Comments
Biopsies taken for eosinophilic oesophagitis restart PPI and she can get information on the patient.co.uk website to help with management of her hiatus hernia.

Follow up

Awaiting pathology results. Return to the referring GP.

Nicky Rae
Upper GI Nurse Specialist

Produced by Unisoft's GI Reporting Tool Compiled on 16/09/2020 at

Gastroscopy report

Performed	21-Feb-2018 09:28	Received	21-Feb-2018 10:20
Reported	21-Feb-2018 10:20	Order Number	UNI55665-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
GASTROSCOPY REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**1 Corsehill Path**
Date of birth:	**25/07/1970**		**Glasgow**
NHS No:	**2507706163**		**G34 0PJ**
Case Note No:	**2507706163**		
GP:	**GOLDIE, JOHN**	Procedure date:	**21st February 2018 (09:28)**
	Newhills Medical Practice	Priority:	**Elective**
	Easterhouse Health Centre	Status:	**Outpatient/NHS**
	9 Auchinlea Road	Hospital:	**STO ACH**
	Glasgow	Ward:	**Ward - Not specified**
	G34 9HQ	Referring Cons:	**Nurse Endoscopist Ewan Bell (Nurse Endoscopist)**

Indications
Reflux symptoms and epigastric pain.
Clinically important comments: Symptoms troublesome at night despite bd PPI.

Consultant/Endosc
Vivienne
Nurses: S/N Simon
SN Lauren Rob

Report
The procedure was completed successfully to D2. Apparent mucosal junction at 40cm from the incisors. The whole upper gastro-intestinal tract was normal.

Site a: An area extending from the upper body to the antrum
Gastritis: mild erythematous/exudative with no bleeding.
Site b: Antrum
Gastritis: mild reflux with no bleeding.

Instrur
SCANT

Premedic
Midazolam (IV)
Xylocaine (Spray) 1

Advice/Comments
The procedure was abandoned before a CLOtest was taken, can you please obtain H pylori serology

Follow up
Return to the referring GP.

Vivienne Wilkin
Nurse Endoscopist
c.c. Nurse Endoscopist Ewan Bell (Nurse Endoscopist)

Produced by Unisoft's GI Reporting Tool Compiled on 21/02/2018 at

Gastroscopy report

Performed	23-Nov-2011 15:14	Received	23-Nov-2011 15:35
Reported	23-Nov-2011 15:35	Order Number	UNI150125-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

GASTROSCOPY REPORT

Name:	**Donna SULLIVAN, 25/07/1970 (F)**	Address:	**187 Commonhead Road Glasgow Lanarkshire G340DS**
CHI No:	**2507706163**		
Case Note No:	**20508978K**		
GP:	**Dr John Goldie Easterhouse Health Centre 9 Auchinlea Road Glasgow G349HQ**	Status:	**Day patient/NHS**
		Hospital:	**Stobhill Hospital**
		Ward:	**STO - DSU**
		Referring Cons:	**Miss B Paige (General Surgery)**

Procedure date: 23 November 2011

Indications
Epigastric pain and reflux. Recent admission with normal USS. H.Pylori serology negative. Improvemen.

Report
Apparent mucosal junction at 37cm from the incisors.
OESOPHAGUS. Hiatus hernia: sliding of length 3 cm in the lower oesophagus.

Diagnoses
OESOPHAGUS. Hiatus hernia.
STOMACH. Normal.
DUODENUM. Normal.

Follow up
Return to the GI surgeon and review will be in the Surgical Clinic in 8 weeks.

Advice/Comments
Small hiatus hernia. Suggest continue high dose PPI and add in Domperidone 10mg tid. We will review in OPC to assess effect.

***** END OF REPORT *****

Consultant/Endoscopist
List consultant: Mr Matthew Forshaw
Endoscopist No1: Miss E Cannings
Nurses: SN Frank Anarfi
SN Lorraine Mallarky

Instrument
STO 2947640 GIFH260

Premedication
Midazolam (IV) 5 mg
Xylocaine Spray (Oral) 5 spray

Sigmoidoscopy report

Performed	07-Dec-2010 10:14	Received	07-Dec-2010 10:14
Reported	07-Dec-2010 10:14	Order Number	UNI113770-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

SIGMOIDOSCOPY REPORT

Name:	**Donna SULLIVAN, 25/07/1970 (F)**	Address:	**187 Commonhead Road Glasgow Lanarkshire G340DS**
CHI No:	**2507706163**		
Case Note No:	**20508978K**		
GP:	**Dr John Goldie Easterhouse Health Centre 9 Auchinlea Road Glasgow G349HQ**	Status:	**Day patient/NHS**
		Hospital:	**Stobhill Hospital**
		Ward:	**STO - DSU**
		Referring Cons:	**Miss B Paige (General Surgery)**

Procedure date: 07 December 2010

Indications
Chronic constipation with fresh pr bleeding rectal bleeding.

Consultant/Endoscopist
Ms Bliathin Page
Nurse: Sister Isabel Dollin

Report
Bowel preparation with Phosphate enema was good.
A digital rectal examination was performed.
The sigmoidoscope was inserted via the anus to the splenic flexure, insertion limited by Intention of examination.
The rest of the examination to the limit of insertion was normal.
There were no peri-operative complications.

Instrument
STP GREEN EC3885LK A120204

Premedication
Midazolam (IV) 2.5 mg

Diagnoses
Haemorrhoids.

Follow up
No further follow up.

Advice/Comments
Normal colon except for circumferential piles, banded, no div dis, I suspect IBS contipation variety.

***** END OF REPORT *****

ACH STOBHILL
NHS Greater Glasgow and Clyde

Confirmed

Patient Name	: Sullivan, Donna	Analysis Date	: 31/01/2019
Date of Birth	: 25/07/1970 Age : 48	Physician	: Lachlan
Sex	: Female	Hospital	: Stobhill Hospital
Patient No.	: 2507706163	Ward	:
Recording Date	: 28/01/2019	Analyser	: PDigital V9.026
Recording Length	: 22 hrs 29 mins	Recorder Number	: 00011807

Analysis Summary :

Normal Beat Total	: 113065	Aberrant Total	: 2 avg 0 /hr 0.0 % of total
Premature Normals	: 0	Premature Aberrants	: 2 avg 0 /hr 0.0 % of total
SVTs	: 0	Couplets	: 0
		Triplets	: 0
		Salvos	: 0
		VTs	: 0

Bradycardia	: 0	Maximum Heart Rate	: 127 bpm at 11:41 (1 min Avg)
		Minimum Heart Rate	: 59 bpm at +05:00 (1 min Avg)
Dropped Beats	: 0	QRS Total	: 113067
Pauses	: 0	Paced Beats	: 0

Review Comments:

Ix: Palpitation

Four episodes of palpitation; no associated arrhythmia

Sinus rhythm, some periods of sinus tachycardia

Negligible ectopic acivity, no other arrhythmia

John Jarvie
Cardiac Physiologist
--

Mr John Jarvie on 31/01/2019 10:55:49

Signed _____

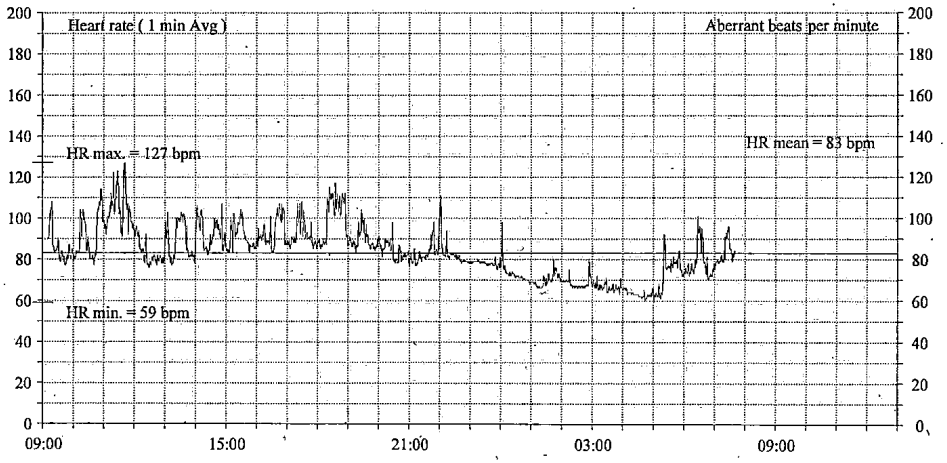
ACH STOBHILL
NHS Greater Glasgow and Clyde

Confirmed

Patient Name : Sullivan, Donna
Patient No : 2507706163

Recording Date : 28/01/2019

Period beginning	QRS	Normal	Premature Normal	SVT	Isolated Aberrant	Premature Aberrant	Couplet	Triplet	Salvo	VT
09:11	4103	4103	0	0	0	0	0	0	0	0
10:00	5496	5496	0	0	0	0	0	0	0	0
11:00	6337	6337	0	0	0	0	0	0	0	0
12:00	5003	5003	0	0	0	0	0	0	0	0
13:00	5386	5385	0	0	0	1	0	0	0	0
14:00	5584	5584	0	0	0	0	0	0	0	0
15:00	5489	5489	0	0	0	0	0	0	0	0
16:00	5634	5634	0	0	0	0	0	0	0	0
17:00	5552	5552	0	0	0	0	0	0	0	0
18:00	6080	6079	0	0	0	1	0	0	0	0
19:00	5400	5400	0	0	0	0	0	0	0	0
20:00	5085	5085	0	0	0	0	0	0	0	0
21:00	5000	5000	0	0	0	0	0	0	0	0
22:00	5010	5010	0	0	0	0	0	0	0	0
23:00	4721	4721	0	0	0	0	0	0	0	0
00:00	4402	4402	0	0	0	0	0	0	0	0
01:00	4215	4215	0	0	0	0	0	0	0	0
02:00	4123	4123	0	0	0	0	0	0	0	0
03:00	4027	4027	0	0	0	0	0	0	0	0
04:00	3825	3825	0	0	0	0	0	0	0	0
05:00	4428	4428	0	0	0	0	0	0	0	0
06:00	4733	4733	0	0	0	0	0	0	0	0
07:00	3434	3434	0	0	0	0	0	0	0	0
07:41										
Total	113067	113065	0	0	0	2	0	0	0	0



Arrhythmia Criteria :

Pause	: >= 2.50 s	Bradycardia	: minimum of 4 beats at <= 45 bpm
Dropped beat	: >= 180 % of RR interval	SVT	: minimum of 5 beats at >= 130 bpm
VT	: minimum of 5 beats at >= 100 bpm	Premature Aberrant	: <= 90 % of RR interval
Salvo	: minimum of 4 beats	Premature Normal	: <= 66 % of RR interval

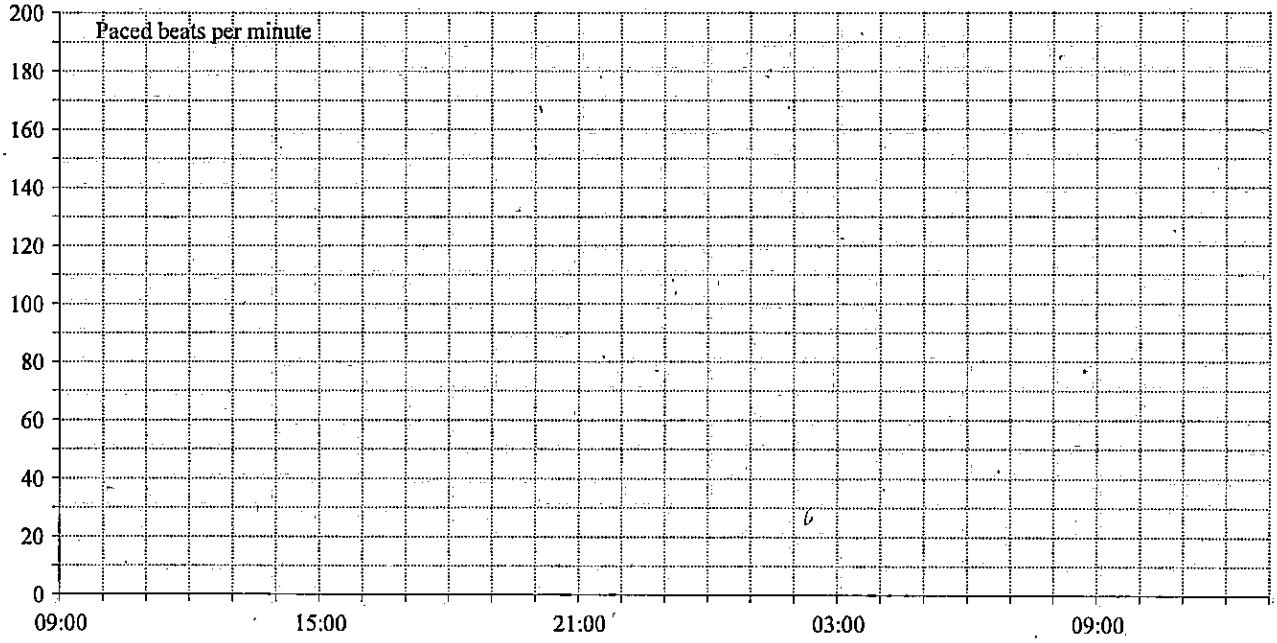
Mr John Jarvie on 31/01/2019 10:55:49

ACH STOBHILL
NHS Greater Glasgow and Clyde

Confirmed

Patient Name : Sullivan, Donna
Recording Date : 28/01/2019
Patient No : 2507706163

Period beginning	AF seconds	Paced beats	Pause	Dropped beat	Bradycardia	Bigeminy	Trigeminy	R on T	Artefact seconds
09:11	0	0	0	0	0	0	0	0	79
10:00	0	0	0	0	0	0	0	0	0
11:00	0	0	0	0	0	0	0	0	0
12:00	0	0	0	0	0	0	0	0	0
13:00	0	0	0	0	0	0	0	0	0
14:00	0	0	0	0	0	0	0	0	0
15:00	0	0	0	0	0	0	0	0	0
16:00	0	0	0	0	0	0	0	0	0
17:00	0	0	0	0	0	0	0	0	0
18:00	0	0	0	0	0	0	0	0	0
19:00	0	0	0	0	0	0	0	0	0
20:00	0	0	0	0	0	0	0	0	0
21:00	0	0	0	0	0	0	0	0	0
22:00	0	0	0	0	0	0	0	0	0
23:00	0	0	0	0	0	0	0	0	0
00:00	0	0	0	0	0	0	0	0	0
01:00	0	0	0	0	0	0	0	0	0
02:00	0	0	0	0	0	0	0	0	0
03:00	0	0	0	0	0	0	0	0	0
04:00	0	0	0	0	0	0	0	0	0
05:00	0	0	0	0	0	0	0	0	0
06:00	0	0	0	0	0	0	0	0	0
07:00	0	0	0	0	0	0	0	0	0
07:41									
Total	0	0	0	0	0	0	0	0	79



Mr John Jarvie on 31/01/2019 10:55:49

ACH STOBHILL
NHS Greater Glasgow and Clyde

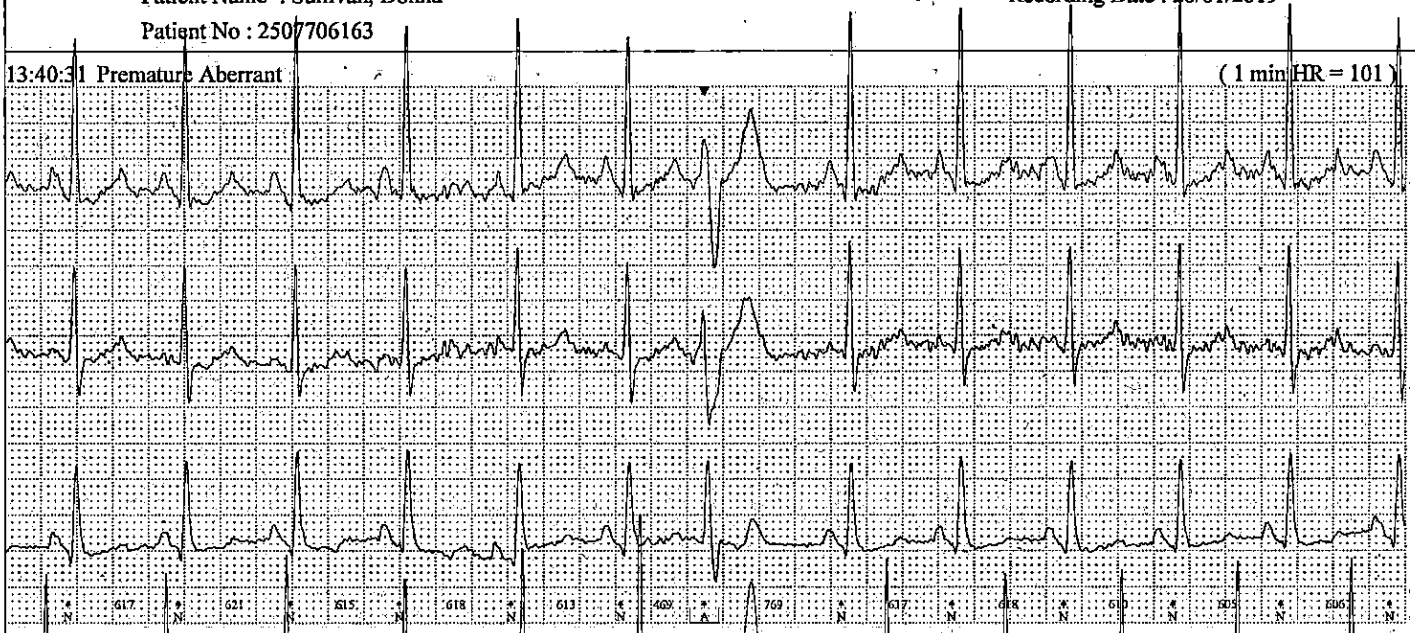
Confirmed

Patient Name : Sullivan, Donna

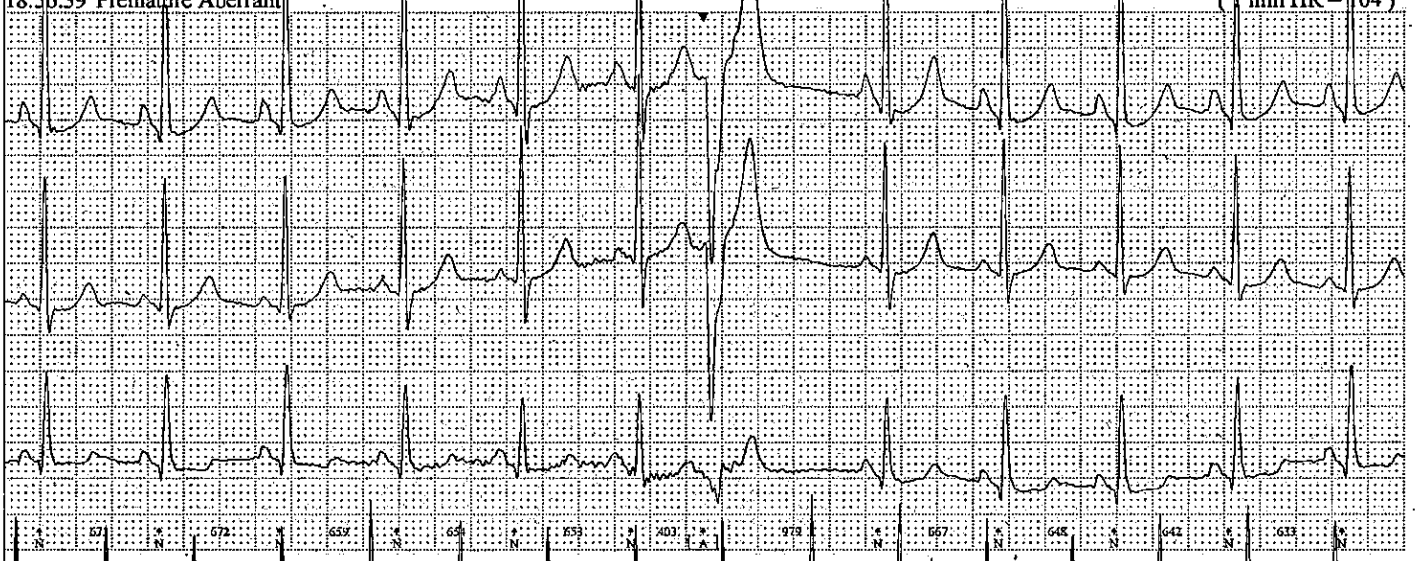
Recording Date : 28/01/2019

Patient No : 2507706163

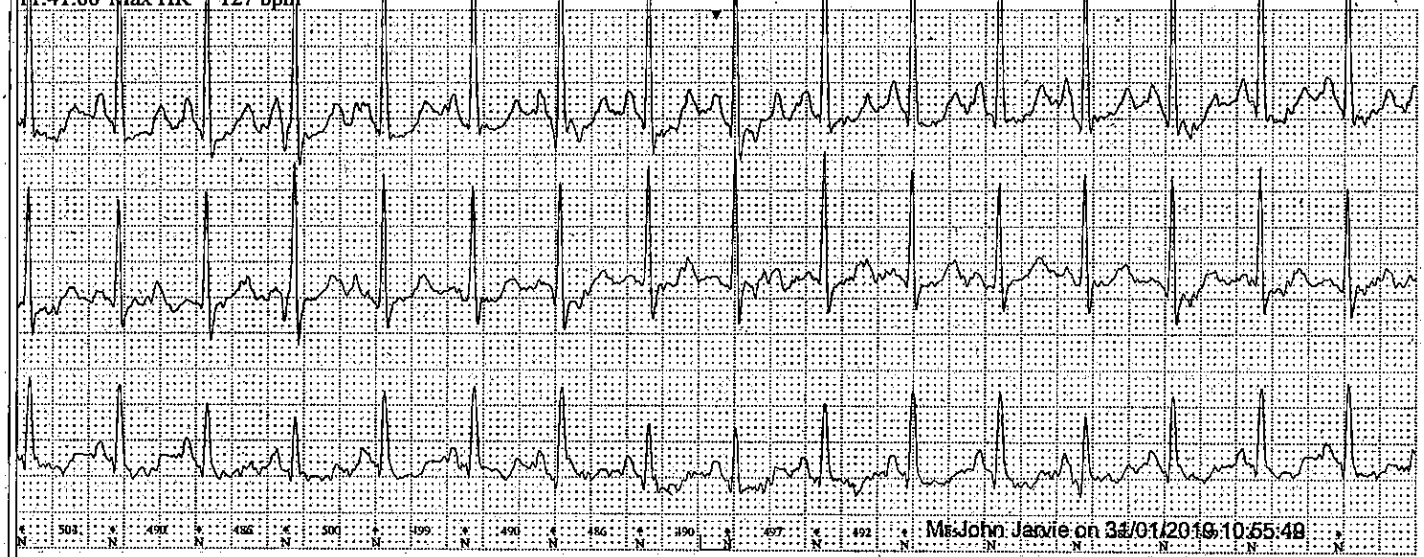
13:40:31 Premature Aberrant (1 min HR = 101)



18:56:39 Premature Aberrant (min HR = 104)



11:41:00 Max HR = 127 bpm



Mr John Jarvie on 31/01/2019 10:55:49

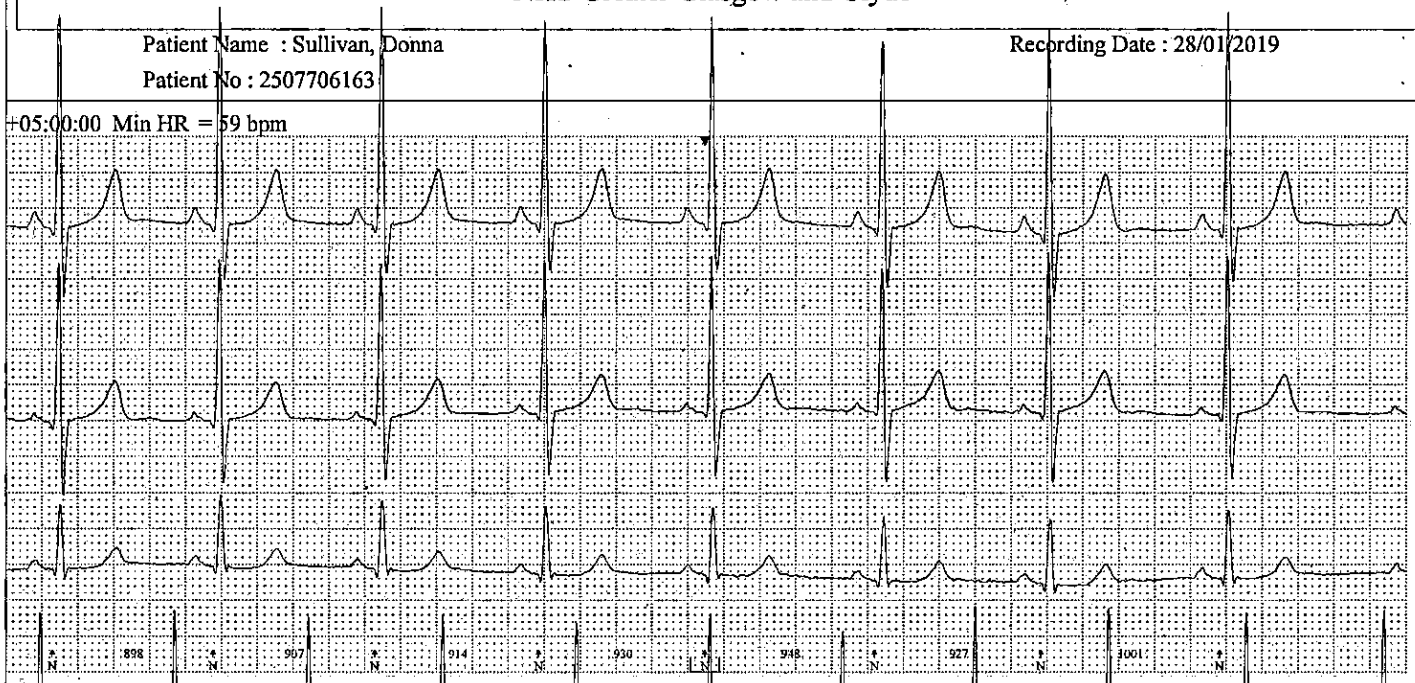
ACH STOBHILL
NHS Greater Glasgow and Clyde

Confirmed

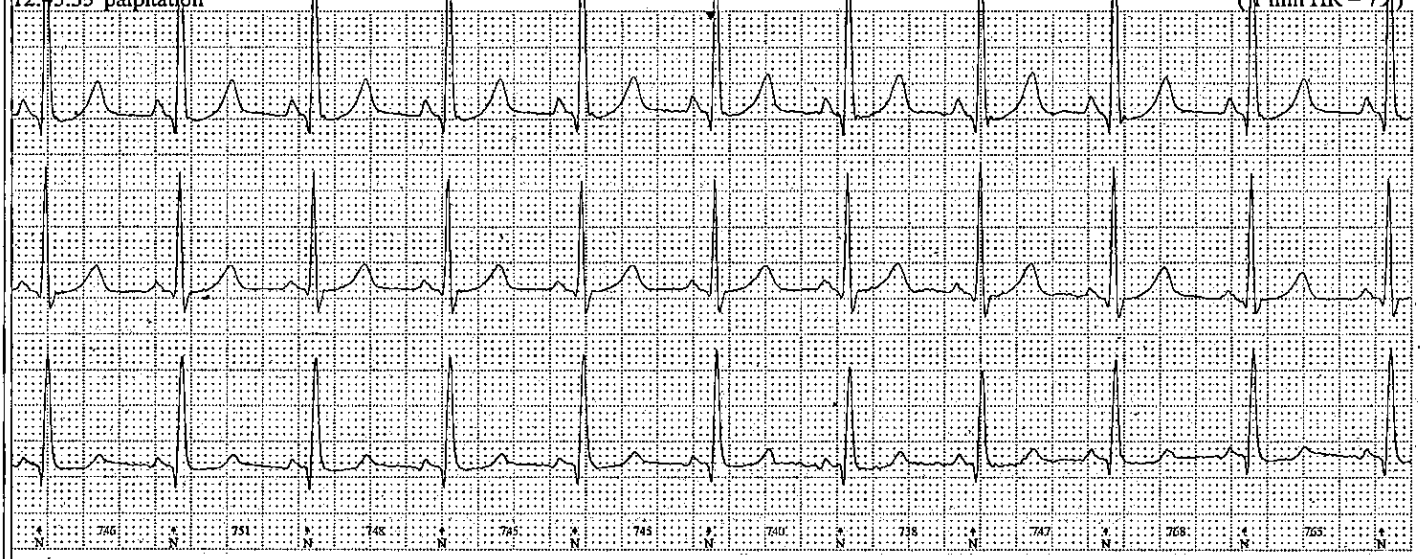
Patient Name : Sullivan, Donna
Patient No : 2507706163

Recording Date : 28/01/2019

+05:00:00 Min HR = 59 bpm



12:45:35 palpitation (1 min HR = 79)



Mr John Jarvie on 31/01/2019 10:55:49

XR Wrist Lt

Performed	06-Sep-2025 14:14	Received	08-Sep-2025 16:13
Reported	08-Sep-2025 16:11	Order Number	G207H42644887
Status	Final	Source System	MiSys

XR Toes Rt Final
Donna Sullivan
Clinical History :

Using hammer, pain and tenderness at left distal radius in context of previous fracture, also then dropped hammer onto right 2nd toe whic h appears more angulated. ? #s / ? dislocation toe

XR Toes Rt :
No convincing evidence of acute bone or joint injury.

XR Wrist Lt :
No acute bone or joint injury identified.
Irregularity to the distal pole of the scaphoid in keeping with historic avulsion fracture, as demonstrated on radiographs of 14/05/2025.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by Lianne Boyce, Reporting Radiographer. RA37274

Reported by: Lianne Boyce (Rep Radiographer)
Verified by: Lianne Boyce (Rep Radiographer)

XR Toes Rt

Performed	06-Sep-2025 14:14	Received	08-Sep-2025 16:13
Reported	08-Sep-2025 16:11	Order Number	G207H42644886
Status	Final	Source System	MiSys

XR Toes Rt Final
Donna Sullivan
Clinical History :

Using hammer, pain and tenderness at left distal radius in context of previous fracture, also then dropped hammer onto right 2nd toe whic h appears more angulated. ? #s / ? dislocation toe

XR Toes Rt :
No convincing evidence of acute bone or joint injury.

XR Wrist Lt :
No acute bone or joint injury identified.
Irregularity to the distal pole of the scaphoid in keeping with historic avulsion fracture, as demonstrated on radiographs of 14/05/2025.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by Lianne Boyce, Reporting Radiographer. RA37274

Reported by: Lianne Boyce (Rep Radiographer)
Verified by: Lianne Boyce (Rep Radiographer)

XR Chest

Performed	07-May-2021 09:51	Received	07-May-2021 12:35
Reported	07-May-2021 12:33	Order Number	G207H37154409
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

recurrent chest infection 4 antibiotics in 6 months

XR Chest :
The heart is not enlarged. The lungs are clear.

Reported by: Dr Gregory O'Neill
Verified by: Dr Gregory O'Neill

XR Chest

Performed	07-May-2021 09:51	Received	07-May-2021 12:35
Reported	07-May-2021 12:33	Order Number	G207H37154409
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

recurrent chest infection 4 antibiotics in 6 months

XR Chest :
The heart is not enlarged. The lungs are clear.

Reported by: Dr Gregory O'Neill
Verified by: Dr Gregory O'Neill

XR Colonic transit study

Performed	01-Jun-2018 09:31	Received	07-Jun-2018 12:00
Reported	07-Jun-2018 11:58	Order Number	G207H33750935
Status	Final	Source System	MiSys

XR Colonic transit study Final
Donna Sullivan
Clinical History :

Chronic constipation. Colonoscopy in January showed diverticulosis only. ? slow transit constipation.

XR Colonic transit study :
No radiopaque markers are seen within the abdomen or pelvis on the abdominal x-ray performed to assess colonic transit. The patient confirmed with the radiographer that they had definitely ingested the markers. Appearances are therefore consistent with normal colonic transit time.

IUD noted within the pelvis.

Reported by: Dr Fiona Bryden
Verified by: Dr Fiona Bryden

CT Thorax and abdomen with contrast

Performed	27-May-2016 11:55	Received	03-Jun-2016 07:56
Reported	03-Jun-2016 07:54	Order Number	G207H31361036
Status	Final	Source System	MiSys

CT Thorax and abdomen with contrast Final
Donna Sullivan
Clinical History :

smoker. several episodes of streaky haemoptysis over last few months. ?bronchiectasis but exclude bronchial malignancy

CT Thorax and abdomen with contrast :
Acquisition post intravenous contrast. No significant findings within the lower neck or the axillae. No significant intrathoracic lymphadenopathy. No major cardiac findings. There is minor atelectasis anteriorly within the right lower lobe but there is no other focal lung pathology. No endobronchial lesion. No pleural fluid or thickening. No evident intrathoracic vascular malformations. There is a small simple cyst within the spleen. No other significant findings within the upper abdomen. No major skeletal pathology.

Summary: No significant intrathoracic pathology.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

XR Ankle Rt

Performed	06-Aug-2013 19:51	Received	07-Aug-2013 10:12
Reported	07-Aug-2013 09:49	Order Number	G207H28207497
Status	Final	Source System	MiSys

XR Ankle Rt Final
Donna Sullivan
Clinical History :
Inversion injury 2 days ago when wearing heels. Tender and swollen lateral malleolus. Query fracture right ankle.

XR Ankle Rt :
Images compared to those of 10/02/2009. No evidence of acute bony injury. Os subfibulare noted. Soft tissue swelling noted over lateral malleolus.

Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

These images were reported by Allison Paterson - Reporting Radiographer.

Reported by: Allison Paterson
Verified by: Allison Paterson

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY (Eye)	☑		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	

Surgical Specialties
Consultant Ophthalmologists:

Dr B H Browne
Dr D M Montgomery
Dr D Yorston

Department of Ophthalmology
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER
Secretary's Direct Line **0141 211 5542**
Reception Direct Line **0141 211 4713**
Fax Number **0141 211 1220**

Secretary's e-mail address: Moira.Summers@ggc.scot.nhs.

Our Ref: D

Dictated: 31/12/2010
Typed: 27/01/2011

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan, 187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS
D.o.B: 25/07/1970 – CHI: 2507706163 – Hospital No: 20508978K

This woman has failed to attend her Eye Clinic appointment on two occasions.

No further appointment will be sent unless you request it.

Yours sincerely

D Yorston
Consultant Ophthalmologist

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

18 Oct 2010 MARE

DONNA SULLIVAN
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE

G34 0DS

HOSPITAL NUMBER: 20508978K
CHI NUMBER: 2507706163

You were allocated an appointment with EYE-OPHTHALMOLOGY DR YORSTONs clinic on 15 Oct 2010.

According to our records you did not attend this appointment and failed to contact the department to advise them of your non availability. Please find below details of your rescheduled appointment.

R-EYE YORSTON GEN FRI DR YORSTON on Friday 24 Dec 2010 10:15 .

Please contact 0141 211 5152/5149 if this appointment is unsuitable.

Yours sincerely

Clinic Co-ordinator
EYE-OPHTHALMOLOGY

OPHTHALMOLOGY REFERRAL

Version 11 150906

Referral Date: 14/6/10

Patient Identification - Name / CHI & CRN or Affix Label
DONNA SULLIVAN 2050897B

URGENCY	✓
Urgent	
Soon	
Routine	✓

SITE	✓
ANY SITE	✓
Garnavel General	
Glasgow Royal Infirmary	
Ins. of Neuro. Sciences	
Southern General	
Stobhill	
Victoria Infirmary	
Yorkhill	

REQUIREMENT AT CLINIC	✓
Fields	
Refraction	
Orthoptist	

CLINIC / SUB-SPECIALTY	✓
Cataract - Suitable for One Stop Clinic	
Cataract – Complex - General Clinic Appointment	
Eye Casually - (Emergency)	
Primary Care /General Clinic	✓
Adult Motility	
Cornea	
Diabetic Eye Disease	
Glaucoma	
Macular Disease	
Medical Retina	
Minor Lid Procedures	
Neuro-Ophthalmology	
Oculo-Plastic	
Oncology	
Paediatric	
Retinitis Pigmentosa & Inherited Retinal Disease	
Surgical Retina	
Uveitis	
Other - Please Specify	

CONSULTANT	✓
Any	✓
Browne	
Barrie	
Bryce	
Crofts	
Diaper	
Dutton	
Gavin	
Hammer	
Jay	
Kemp	
Kyle	
Lavy	
MacAndie	
Mantry	
McFadzean	
McKinnon	
Montgomery	
Murdoch	
Ramaesh	
Sidiki	
Weir	
Wykes	
Yorston	

AV

2/8

Preferred Clinic / Additional Comments

First Stage		Second Stage
Consultant Stamp / Name:	Vetted By:	Vetted by:
	Signed:	Signed
	Date Vetted:	Date

20508978

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Ophthalmology
GGC General Referral

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

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

Hospital location code.
G107H

Email address
-

Urgency of referral ROUTINE
Date of referral 14-Jun-2010 **Date sent** 14-Jun-2010

PATIENT DETAILS

Surname	Sullivan
Forename(s)	Donna
Title	Mrs
Sex	Female
Date of birth	25-Jul-1970
CHI no.	2507706163

Patient's address

187 Commonhead Rd
GLASGOW
G34 0DS

Contact number(s)
-

101000613080F Unique Care Pathway Number: 101000613080F

REGISTERED GP DETAILS

Name	Dr JGS Goldie		
GMC code	2597894	GP code	G06521
Practice name	Newhills Medical Practice		
Practice code	46451		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)
Voice: 0141-531-8170
Facsimile: 0141 531 8167

REFERRING GP DETAILS

Name	Dr. Andrew Cole		
GMC code	3055357	GP code	02780
Practice name	EASTERHOUSE HEALTH CENTRE (46451)		
Practice code	46451		

Practice address

9 AUCHINLEA ROAD
GLASGOW

Contact number(s)
Voice: 0141 531 8170

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Intermittent ptosis in left eye which occasionally affect its vision.

Comment: This 39 year old lady had a previous facial operation. She complains of intermittent ptosis in her left eye which occasionally affects its vision and it is worse in the morning.

On examination today there is a good range of movement in her eye. There is no obvious ptosis.

In view of her concerns I would be grateful for your assessment.

Reason for referral

Care type requested: Out Patient
Expected outcome: Investigate

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

Description	Comment	Modifier	Date of onset
Haemorrhoids	-	-	15-Jan-2009
Haemorrhoids	-	-	24-Mar-2007
Diverticulitis	-	-	06-Aug-2006
Haemorrhoids	-	-	22-Aug-2003
Termination of pregnancy	-	-	03-May-2000
Atypical chest pain	-	-	19-Nov-1999
Recurrent urinary tract infection	-	-	01-Oct-1998
Inflammatory breast disease	-	-	01-Jul-1998
Diaphragmatic hernia	hiatus hernia	-	02-Apr-1998
Scar NOS	Revision left cheek	-	08-Dec-1997
Acute posttrauma stress state	-	-	01-Jan-1996
Normal delivery in a completely normal case	-	Daughter	01-Apr-1994
Dyspepsia	-	-	01-Jan-1994
Normal delivery in a completely normal case	-	-	30-Aug-1992
Backache	mechanical	-	28-Jan-1992
O/E - weight NOS	-	-	08-Jun-1990
Obesity	-	-	-
Anxiety state NOS	-	-	-

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date performed
Colonoscopy	-	-	15-Jan-2009
Rubber band ligation of haemorrhoid	-	-	15-Jan-2009
Colonoscopy	-	-	24-Mar-2007
CAT scan - abdomen	-	-	06-Aug-2006
Colonoscopy normal	-	-	11-Mar-2005
Sigmoidoscopy	-	normal	22-Aug-2003
Upper Gastrointestinal endoscopy	-	normal	10-Mar-2003
Magnetic resonance imaging	evidence of a large disc protrusion at L5/S1	-	18-Jun-2002
Introduction of Mirena coil	-	-	02-Oct-2000
Echocardiogram normal	-	-	22-Mar-2000
ECG normal	-	-	10-Nov-1999
Ultrasound scan normal	-	Renal	01-Oct-1998
Endoscopy / administration	Biopsy for H. pylori (negative).	-	02-Apr-1998
Endoscopy normal	-	-	01-Jan-1994
Refer to community psych.nurse	-	Plus 5	07-May-1991
Cervical smear: negative	-	GP Care	09-Nov-1990

Urine exam. - general NOS	30-Oct-1985

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Esomeprazole	28	TABS 40MG	1 Tab	Daily	13-Jan-2006	1601 Days
Paracetamol	140	TABS 500MG	2 TABS	UP TO QID	12-Jan-2005	1967 Days
Metoclopramide Hydrochloride	56	TABS 10MG	1 Tab	3 times daily	24-Oct-2007	939 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Piroxicam	112	GEL 0.5%	Apply	3 times daily	10-Jun-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	10-Jun-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	02-Jun-2010	0 Days
Lactulose	500	Oral SOLN 3.35G/5ML	15 ml	Twice daily	02-Jun-2010	0 Days
Distaclor Mr	14	TABS 375MG	1 Tab	Twice daily	02-Jun-2010	0 Days
Venlafaxine	28	TABS 75MG	1 Tab	At night	20-May-2010	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	20-May-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	29-Apr-2010	0 Days
Amoxicillin	21	CAPS 500MG.	1 Cap	3 times daily	29-Apr-2010	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	23-Apr-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	15-Apr-2010	0 Days
Beclometasone Dipropionate	1	200 Dose Aqueous Nasal SPRAY 50MCG/DOSE	2 Puffs	Twice daily	15-Apr-2010	0 Days
Cetirizine Hydrochloride	60	TABS 10MG	1 Tab	Daily	15-Apr-2010	0 Days
Venlafaxine	28	TABS 75MG	1 Tab	At night	15-Apr-2010	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	24-Mar-2010	0 Days
Lactulose	500	Oral SOLN 3.35G/5ML	15 ml	Twice daily	24-Mar-2010	0 Days
Venlafaxine	28	TABS 75MG	1 Tab	At night	10-Mar-2010	0 Days
Movicol	60	Lemon & Lime 13.8g SACH	8	as direced	10-Mar-2010	0 Days
Hyoscine Butylbromide	100	TABS 10MG	1 or 2 Tabs	4 times daily	10-Mar-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	10-Mar-2010	0 Days
Lactulose	500	Oral SOLN 3.35G/5ML	10 to 15 ml	Twice daily	05-Mar-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	05-Mar-2010	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	05-Mar-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	22-Feb-2010	0 Days
Venlafaxine	28	TABS 37.5MG	1 Tab	At night	22-Feb-	0 Days

					2010	
Ketoprofen	100	GEL 2.5%	Apply	3 times daily	22-Feb-2010	0 Days
Dihydrocodeine Tartrate	60	TABS 30MG	1 or 2 Tabs	4 times daily	22-Feb-2010	0 Days
Zolpidem	10	TABS 10MG	1 Tab	At night	10-Feb-2010	0 Days
Tramadol Hydrochloride	56	CAPS 50MG	1 or 2 Caps	4 times daily	10-Feb-2010	0 Days
Omeprazole	56	CAPS 20MG	1 Cap	morning and night	10-Feb-2010	0 Days
Amoxicillin	21	CAPS 500MG	1 Cap	3 times daily	10-Feb-2010	0 Days
Tramadol Hydrochloride	56	CAPS 50MG	1 or 2 Caps	4 times daily	28-Jan-2010	0 Days
Venlafaxine	28	TABS 37.5MG	1 Tab	At night	28-Jan-2010	0 Days
Veil	70	Cover CREAM	-	-	30-Dec-2009	0 Days
Amoxicillin	21	CAPS 500MG	1 Cap	3 times daily	30-Dec-2009	0 Days
Venlafaxine	28	TABS 37.5MG	1 Tab	At night	30-Dec-2009	0 Days
Veil	35	Finishing PDR	-	-	30-Dec-2009	0 Days
Tramadol Hydrochloride	56	CAPS 50MG	1 or 2 Caps	4 times daily	30-Dec-2009	0 Days

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		09-Feb-2009
Current smoker:		22-Aug-2008
Current smoker:		23-Jan-2007
Current smoker:		23-Nov-2005
Current smoker:		07-Oct-2004
Trivial drinker - <1u/day:		22-Jan-2002

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY (ortho)	☑		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	

CHI: 2507706163

Glasgow Royal Infirmary

(19)

Total Att: 8

12 Mth Att: 2

Title: **MISS**

SULLIVAN **Donna**

DOB: **25/07/1970** Age: **43y** Sex: **Female**

5 Duntarvie Place
Flat 0/2
Glasgow
G34 9JB

Next of kin: **SULLIVAN, DANIELLE**
Relationship: **Sister**
07751932639

GP: **KA Lindsay**
0141 531 8170

(61)

Attendance Date: **23/07/2014** Arrival Time: 19:05

Registration Time: **19:05** Date of Incident: **23/07/2014**

Major Incident Desc:

Reason for Attendance: **BACK PAIN**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **23/07/2014 19:07** Nurse name: **Nurse Claire Adams1**

Temp	**36.5**	C
HR	**65**	bpm
BP	**115/71**	mmHg
MAP	**85.67**	mmHg
RR	**16**	bpm
SpO2	**96**	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	**4**
Motor	**6**
Verbal	**5**
Total	**15**

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **Fall on sunday, injuring lower back. seen in dept on monday for back pain. given paracetamol and diazepam to take home. now has had 3 episodes of double incontinence. has been mobilising normally.**

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	**Clinical Notes**	
	Seen By	Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

NHS GREATER GLASGOW & CLYDE

2507706163
SULLIVAN
Donna
F
25/07/1970

CLINICAL NOTES - NURSING

Date & Time		Signature, Print Name & Designation
24/7/14	WR STARK	
	History reviewed	
	Acute onset back pain and urinary	
	problems last 3 days.	
	(P) MRI - ? cauda equina	ASWM.
1155	NEWS = 0 All obs stable. Independent	
	with all ADLs Passing urine	
	spontaneously. Awaiting MRI.	CNS Rose
24/07/14	MCGlynn	
1930	No issues	
	Not had MRI yet ⇒ chase tomorrow.	
		SR
25 0020	JUL 14	
	All care given as per care plan. NEWS 0	
	Pt states she has moved her bowels earlier	
	this shift, therefore laxatives refused.	
	Passing urine spontaneously. Continues to	
	mobilise independently for a cigarette.	Robert Saltley
	Otherwise, rest else of note.	WARDER, for.
25/07/14	MCGlynn NIR	
0950	Still awaiting MRI - needs done today	
		SR
25/7/14	FIZ CAMPBELL.	
1129	MRI today @ 1615.	#3517

193443

Date & Time		Signature, Print Name & Designation
25/07	NEWS = 0 ↓ obs stable.	
1155	Independent with mobilising & with all care. Leaving ward for short periods to visit her Dad in ward 63 and to go for cigarettes. For MRI this afternoon.	EM/SN Fraser
13/14	FIZ CAMPBELL	
1705	MRI — Some degenerative L4/5 + L5/S1 discs but otherwise negative MRI — no evidence any cauda equina.	
	Patient informed of result. Up in ward & feeling well. Pain now settled	
	Plan · Home today · No ortho follow up.	Campbell #3517

NHS
Greater Glasgow and Clyde

ORTHOPAEDIC PHYSIOTHERAPY ASSESSMENT

Unit No:	
Surname:	Miss D Sullivan
First Name:	5 Duntarvie Place
Address:	Flat 0/2 Glasgow G34 9JB
DOB:	25/07/1970
CHI:	2507706163

Ward/Unit: 61
Consultant:
Admission Date: 23/07/14
Referral Date: 24/07/14
Tel. No.: 07751932639 (Danielle Sullivan - NOK)
Age: 43 (H)

Consent

PC BACK PAIN

HPC FELL ON SUNDAY INJURING BACK. SEEN IN DEPT. MONDAY + WAS OK (H)
NOW HAD 3 EPISODE OF DOUBLE INCONTINENCE. MOBILISING (N)
MRI/Investigations/Results

PMH DIVERTICULITIS, DISCECTOMY 2002, HIATUS HERNIA

DH SEE KARDEX

Contraindications/Precautions/Allergies INTOLERANT CODAINE/NSAIDS

SH LIVES C PARTNER, SMOKES N/O-15 CPD, OCCASIONAL ALCOHOL

Management/Post op/Trauma round Instruction

Objective Date Completed:

Chest issues? Y ☐ N ☐

Lie/sit: Ind ☐ Sup ☐ AO1 ☐ AO2 ☐ Unable ☐ Other:

Sit/stand: Ind ☐ Sup ☐ AO1 ☐ AO2 ☐ Standaid ☐ Unable ☐ Other:

Bed/chair: Ind ☐ Sup ☐ AO1 ☐ AO2 ☐ Standaid ☐ Hoist ☐ Other:

Gait: Ind ☐ Sup ☐ AO1 ☐ AO2 ☐ Unable ☐

W/S x __ ☐ E/C x __ ☐ WZF ☐ Other:

Walking Aid Provided: None ☐ W/S x __ ☐ E/C x __ ☐ WZF x __ ☐ Other:

Date	Signature	Print Name	Designation	Initials
24/07/14		MARICAR ASPIRAS	PTA	MA

Patients Name:_____ CHI:_____

Traffic light updated: Y □ N □ Mobility recommendation_____

EMS completed: Y □ N □ Tinetti completed: Y □ N □ (if Y, see attached)

Stairs: Ind □ Sup □ AO1 □ AO2 □ Unable □ N/A □ _____

Number of stairs completed _____ Handrail used? Y □ _____ N □ _____

Walking Aid Documentations Completed: Y □ N □ Own aids □ N/A □

Physiotherapy discharge criteria met: Y □ N □ → Continued Rehab □

Follow-up Required: Y □ N □ Appointment / Referral Sent:_____

2507706163
SULLIVAN
Donna
F
25/07/1970

Patient and Physiotherapist Expectations:

Problem List

Date	Problem	
	1.	
	2.	
	3.	
	4.	
	5.	

Patient Agreed Goals/Treatment Plan

Date	Goal	Management Plan	Timescale	

Continuation

Date	Signature	Print Name	Designation	Initials

Acute Services Division

Nursing Admission & Assessment

1. Admission

NHS Greater Glasgow and Clyde

Hospital: GRI	Ward: 61
Date of admission: / /	Time: 01[00]
Admitting Consultant: REC.	Admitting Nurse: WA
Expected date of discharge: / /	

Name: [redacted] 2507706163
Address: SULLIVAN Donna 5 Duntarvie Place Flat 0/2 Glasgow G34 9JB
DoB: [redacted] 25/07/1970
CHI nur [redacted]

1. Patient Details

Preferred name: DONNA	Next of Kin (NoK): DANIELLE SULLIVAN
Age: 43	Relationship: SISTER
Religion:	NoK Address:
Telephone:	
GP:	NoK Telephone: 07751932639
GP address: Dr. KA Lindsay, Newhills Medical Practice, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ	NoK Aware of admission: ☑ Yes ☐ No
	Consent for information to be given to relatives: ☑ Yes ☐ No
	Nominated family contact:
GP telephone:	Telephone - Day:
	Telephone - Evening:

Is the patient a carer? ☐ Yes ☐ No If 'Yes' refer to Duty Social Worker if required: ☐ Referred ☐ Not required

Does the patient have an appointed Welfare Guardian / Power of Attorney? ☐ Yes ☐ No ☐ N/A

a. If 'Yes' please provide – Name: ..... Relationship: .....

Contact telephone number: .....

b. If 'Yes' does the patient have an 'Adult with Incapacity Section 47' certificate in place? ☐ Yes ☐ No ☐

If 'No' to 'b' please inform medical staff. Name of doctor informed: .....

2. Presenting Complaint / Diagnosis

- BACKPAIN - ?CAUDA EQUINA SYNDROME - REDUCED TONE LUMBAR-SACRAL.

Why does the patient think they are in hospital? *Use patients own words:*

- Backpain.

3. Allergies (including food allergies)

No known allergies: ☑ *NKA* INTOLERANT - CODEINE/NSAIDS

4. Observations

Cannard	Waterlow	MUST	Pulse	BP	Resp	SaO_2	Temp
N/A	7	0	69	148/82	17	98% (A)	36.2
Urinalysis:		AMT4 Score	BM	NEWS Score	Weight Estimated / Actual	Height Estimated / Actual	BMI
N/A		N/A	N/A	0	5'6"	12 2	30

5. Current Medication

- SEE KARDEX

Medicines reconciled on admission? ☐ Yes ☑ No

6. Relevant Past Medical History

- DIVERTICULITIS
- DISCECTOMY 2002
- HIATUS HERNIA.

7. Risk Assessment

MUST

1. Is the patient's BMI:
   - > 20 ..... Score 0
   - 18.5-20 ..... Score 1
   - <18.5 ..... Score 2

   Score 0
2. Has the patient had unplanned weight loss in the past 3-6 months?
   - < 5% ..... Score 0
   - 5-10% ..... Score 1
   - >10% ..... Score 2

   Score 0
3. If the patient is acutely unwell and there has been or is likely to be no food intake for > 5 days:
   - Score = 2
   - Not applicable: Score = 0

   Score 0

MUST Score: 0

If score 1 or more, complete full Nutrition Profile

Na ..... 2507706163 .....
Ad SULLIVAN F .....
..... Donna 25/07/1970 .....
Dol 5 Duntarvie Place .....
Flat 0/2
CHI Glasgow G34 9JB .....

8. Cognitive Impairment

For all patients ≥ 65 years, ask the following 4 AMT questions:

1. How old are you? ..... years
2. What is your date of birth? / /
3. What is this place? .....
4. What year is it? .....

If the patient does not answer all questions correctly then refer to medical staff.

AMT Score: ..... out of 4

Name of Doctor informed (if required).

..... Grade .....

9. MRSA Screening / CJD / Healthcare outside Scotland

Will the patient be an inpatient >23 hours? ☑ Yes ☐ No If 'Yes' complete the following section.

1. Has the patient ever had a previous positive MRSA result? ☐ Yes ☐ No ☑ Not known
2. Has the patient been admitted from a Care Home/ institutional setting or another hospital? ☐ Yes ☑ No ☐ Not known
3. Does the patient have a wound / ulcer or invasive device which was present prior to this admission? ☐ Yes ☑ No ☐ Not known

If **'Yes'** to any of the above questions **OR** if the patient is admitted to a 'high impact speciality' e.g. **Orthopaedics, Vascular, Renal Unit, Critical Care – then obtain MRSA Swabs:**

☑ **Nasal** ☑ **Perineum** ☐ **Other - Specify:** THROAT ☐ **Patient refused**

CJD: **Has the patient ever been contacted by Public Health and told that they are possibly at risk of CJD:**

☐ Yes ☑ No If 'Yes' contact Infection Control Team. Infection Control Team contacted: ☐

Healthcare outside Scotland

Has the patient been transferred from, or received health care in, a hospital outside of Scotland in the last 12 months:

☐ Yes ☑ No If 'Yes obtain rectal swab and send to microbiologty for CPE screen.

Rectal swab taken ☐ Patient refused ☐

10. Lifestyle

Smoking:

Does the patient smoke? ☐ Yes ☐ No

If 'Yes' how many per day:

Does the patient use nicotine replacement therapy? ☐ Yes ☐ No

Does the patient wish referral to Smoking Cessation Service?

☐ Yes ☐ No If 'Yes', date of referral: / /

Drugs: Does the patient use recreational drugs? ☐ Yes ☐ No If 'Yes' specify:

Alcohol (Men): How often do you have **8** or more drinks on one occasion:

☐ Never ☐ Less than monthly
☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

Alcohol (Women): How often do you have **6** or more drinks on one occasion:

☐ Never ☐ Less than monthly
☑ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

1. Admission Documentation Completed By

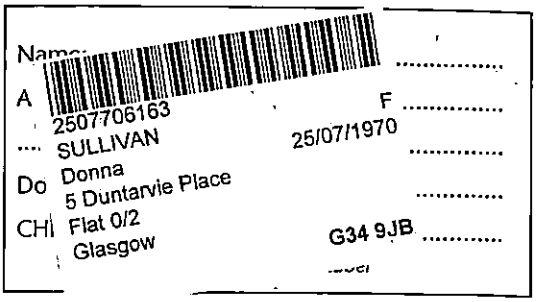
Name (Please PRINT): M SATCHELL	Signature: MS
Designation: SIN	Date: 24/7/14

Acute Services Division

Nursing Admission & Assessment

2. Assessment

Hospital: GRI	Ward: 61
Date of Assessment: 24/7/14	Time: 01[illegible]



1. Breathing and Circulation

Breathing:

- ☑ No symptoms or history of respiratory problems
- ☐ Dyspnoeic at rest
- ☐ Dyspnoeic on minimal exertion
- ☐ Dyspnoeic on maximum exertion
- ☐ Productive / non-productive cough evident
- ☐ Normally receives oxygen therapy

If 'Yes' provide details:

Circulation:

- ☑ No symptoms
- ☐ Known cardiac or circulatory problems

Problem identified: ☐ Yes ☑ No If 'Yes' please describe

	Initial
	VM

2. Communication

Assessment of ability to communicate:

What language does the patient speak?:

ENGLISH

Interpreter: Required ☐ Not required ☑

If required, provide details and arrangement made:

Does the patient have:

a. Speech difficulties? ☐ Yes ☑ No

b. A learning disability e.g. Down's Syndrome?
☐ Yes ☑ No

If 'Yes' please specify:

If 'Yes' contact Liaison Learning Disability Team.
Liaison Learning Disability Team contacted:
☐ Yes ☑ No

c. A learning difficulty e.g. dyslexia, dyspraxia?
☐ Yes ☑ No

If 'Yes' please specify:

3. Senses

Senses:

Eyesight

- ☐ Normal vision
- ☐ Glasses – ☐ Distance ☐ Reading
- ☐ Prosthesis – ☐ Left ☐ Right
- ☐ Contact lenses
- ☐ Registered blind

Hearing

- ☐ Normal
- ☐ Hearing impaired
- ☐ Hearing aid – ☐ Left ☐ Right

4. Mental Status

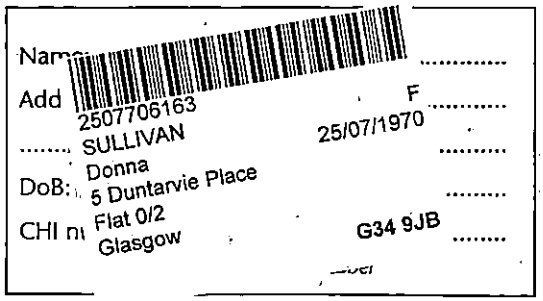
Mental Status:

- ☑ Orientated
- ☐ Confused
- ☐ Distressed
- ☐ Aggressive /Abusive
- ☐ Unconcious

Problem identified: ☐ Yes ☑ No If 'Yes' please describe

	Initial
	VM

5. Hydration and Nutrition



MUST Score: ....0..... **If score is 1 or more, complete a Nutrition Profile.**

Nutition Profile completed ☐ Yes ☑ No
If 'Yes' do not complete sections 5a to 5d.

- **If score is 0, reassess / screen patient in 7 days.**
- **Complete sections 5a to 5d.**

Date of reassessment: 30 / 7 /14

5a 1. Food likes / dislikes:

- Nil Specified

5a 2. Fluid likes / dislikes:

- Nil Specified.

5c. Help needed with eating and drinking:
☐ Yes ☑ No
If 'Yes' provide details:

5b. Cultural or religious diet needed (e.g. vegetarian, vegan, halal, kosher etc):
☐ Yes ☑ No
If 'Yes' specify diet needed:

5d. Texture Modified Diet needed?
☐ Yes ☑ No
If 'Yes' specify texture: A☐ B☐ C☐ D☐ E☐
Thickened Fluids required? ☐ Yes ☐ No
If 'Yes' specify stage required: 1☐ 2☐ 3☐

Problem identified: ☐ Yes ☑ No If 'Yes' please describe

Initial

6. Elimination

Continent:
☐ Bladder SEE
☐ Bowel BELOW

Incontinent:
☐ Bladder
☐ Bowel

NHS GGC Stool Chart commenced:
☐ Required ☑ Not required

Long-term urinary catheter in situ? ☐ Yes ☑ No
If 'Yes' – Size: ..... fg Make: .....
Date catheter last changed: / /

Continence assessment commenced:
☐ Yes ☑ No ☐ Not applicable

Containment products in use? Please specify:

☑ Bowels regular
☐ Constipated
☐ Diarrhoea / loose stools

Stoma: ☐ Yes ☑ No
If 'Yes' please specify and list appliances used:

Problem identified: ☑ Yes ☐ No If 'Yes' please describe

- HAS HAD 2 EPISODES ~~NOT~~ URINARY / X 1 EPISODE FAECAL INCONTINENCE OVER LAST WEEK.

Initial

7. Personal Hygiene, Oral Health and Skin Assessment

Name: ..... F .....
2507706163 25/07/1970
SULLIVAN .....
D Donna .....
Cl 5 Duntarvie Place .....
Flat 0/2 G34 9JB .....
Glasgow
...a label

Personal hygiene:

☑ Self-caring and independent

☐ Requires assistance

Specify assistance if required:

Oral health:

Self-caring and independent	☑ Yes	☐ No
Does the the patient have a sore mouth	☐ Yes	☑ No
Does the patient have a non healing mouth ulcer	☐ Yes	☑ No

If the patient has a sore mouth or non healing mouth ulcer, refer to dentist (See StaffNet for dentist referral pathway) and implement Oral Care Bundle.

Oral Hygiene Care Bundle:

☐ Required ☑ Not required

Dentures:

☐ Not worn ☐ Full set

☐ Upper set ☐ Dentures with patient on admission

☐ Lower set

Skin assessment:

☑ Skin healthy with no evidence of damage

☐ Skin broken ☐ Skin oedematous ☐ Skin discoloured ☐ Skin clammy

If 'Yes' to any of the above, describe skin condition:

Wound Assessment Chart completed: ☐ Yes ☐ No ☑ Not applicable

Pressure ulcer evident: ☐ Yes ☑ No

If 'Yes' please identify Grade and record on Pressure Ulcer record sheet – Grade: .....

Problem identified: ☐ Yes ☑ No If 'Yes' please describe

Initial

8. Mobility

Patient fully mobile / independent? ☑ Yes ☐ No If 'No' complete Moving and Handling Assessment.

☐ Limited mobility

☐ Mobile with aid – Specify:

☐ Prosthesis – Specify:

Moving and Handling Plan commenced:

☐ Yes ☑ No

Problem identified: ☐ Yes ☑ No If 'Yes' please describe

Initial VM

9. Maintaining a Safe Environment

Pain status:

Does the patient have pain? ☑ Yes ☐ No

If 'Yes' record Pain Score on NEWS chart.

What makes their pain better? Please provide brief details:

- Comfortable OIA. ongoing review.

Bed rail assessment completed: ☐ Yes ☑ No

Bed rails required:

☐ Required ☑ Not required

Problem identified: ☐ Yes ☑ No If 'Yes' please describe

Initial VM

10. Sleep and Rest

Sleep habits:

☐ Less than 8 hours ☐ Afternoon nap
☐ Morning nap

Sleep difficulties:

☑ None ☐ Disturbed
☐ Early wakening e.g. nocturia, insomnia

Medication required: ☐ Yes ☑ No

Name: 2507706163 .....
Addre: SULLIVAN F .....
..... Donna 25/07/1970 .....
DoB: .....
CHI nu .....
Place patient data label

Problem identified: ☐ Yes ☑ No If 'Yes' please describe

Initial

1. Social Circumstances

☐ Employed ☐ Unemployed ☐ Retired
☑ Lives alone
☐ Lives with Family
☐ Friend
☐ Dependants
☐ Other: ☐ Nursing Home ☐ Residential

Current Care / Support arrangements:

☐ Social Services ☐ Unpaid carer e.g. family, friends
☐ Private Carers ☐ None

If support services in place, please provide details:

Problem identified: ☐ Yes ☑ No If 'Yes' please describe

Initial

12. Privacy, Dignity and Sexuality

Does the patient have issues related to privacy, dignity and/or sexuality that are relevant to admission?

☐ Yes ☐ No

If 'Yes' please provide brief details:

13. Spiritual Care

Is there anything with regard to faith or culture that we can support the patient with during their stay in hospital (e.g. prayer, meditation)?

☐ Yes ☐ No

If 'Yes' please provide brief details:

Is there anything causing the patient a lot of anxiety at the time of admission that staff should be aware of?

☐ Yes ☐ No

If 'Yes' please provide brief details:

Ask the patient:

"Would you like the ward staff to arrange for a Hospital Chaplain to visit you while in hospital?"

☐ Yes ☐ No ☐ Not at this time

If 'Yes' please specify faith group:

Name: 2507706163
Address:.... SULLIVAN F
Donna 25/07/1970
..... 5 Duntarvie Place
DoB: ..... Flat 0/2
Glasgow
CHI numbe G34 9JB
Affix patient data label

14. Anticipatory Care
(This section is for patients thought to be in the last year of life, where appropriate and relevant)

Appropriate ■ Not appropriate ■

Is the **patient** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Is the **patient's family** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Preferred place of care:
Home: ☐ Hospital ☐ Hospice ☐

Preferred place of death:
Home: ☐ Hospital ☐ Hospice ☐

Current treatment – please identify (e.g. chemotherapy/ radiotherapy):

Other agencies involved in patient's care – please identify (e.g.) Marie Curie, MacMillan Nurses):

DNACPR order in place: ☐ Yes ☐ No
If 'Yes' are the patient's family and next of kin aware? ☐ Yes ☐ No

15. Admission Assessment Completed By

Name (Please PRINT): MSATCHELL

Signature: MA

Designation: SIN

Date: 24/7/14

Clinical Notes

Date and Time	Notes	Name, Signature and Designation
24/7/14	63 year old lady admitted via A+E.	
01	Injured back in fall 3/7 ago.	
	Worsening pain since then with	
	Urinary + faecal incontinence. Admitted	
	for analgesia + review - ? for MRI	
	in am. Settled + Comfortable O/A.	
	Able to walk with no problems.	

Clinical Notes continue on next page

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Clinical Notes (continued)

Date and Time	Notes	Name, Signature and Designation

NEWS – National Early Warning Score

(17)

NHS
Greater Glasgow and Clyde

Name	
Address	2507706163 SULLIVAN F Donna 25/07/1970 5 Duntarvie Place Flat 0/2 Glasgow G34 9JB
CHI No.	
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

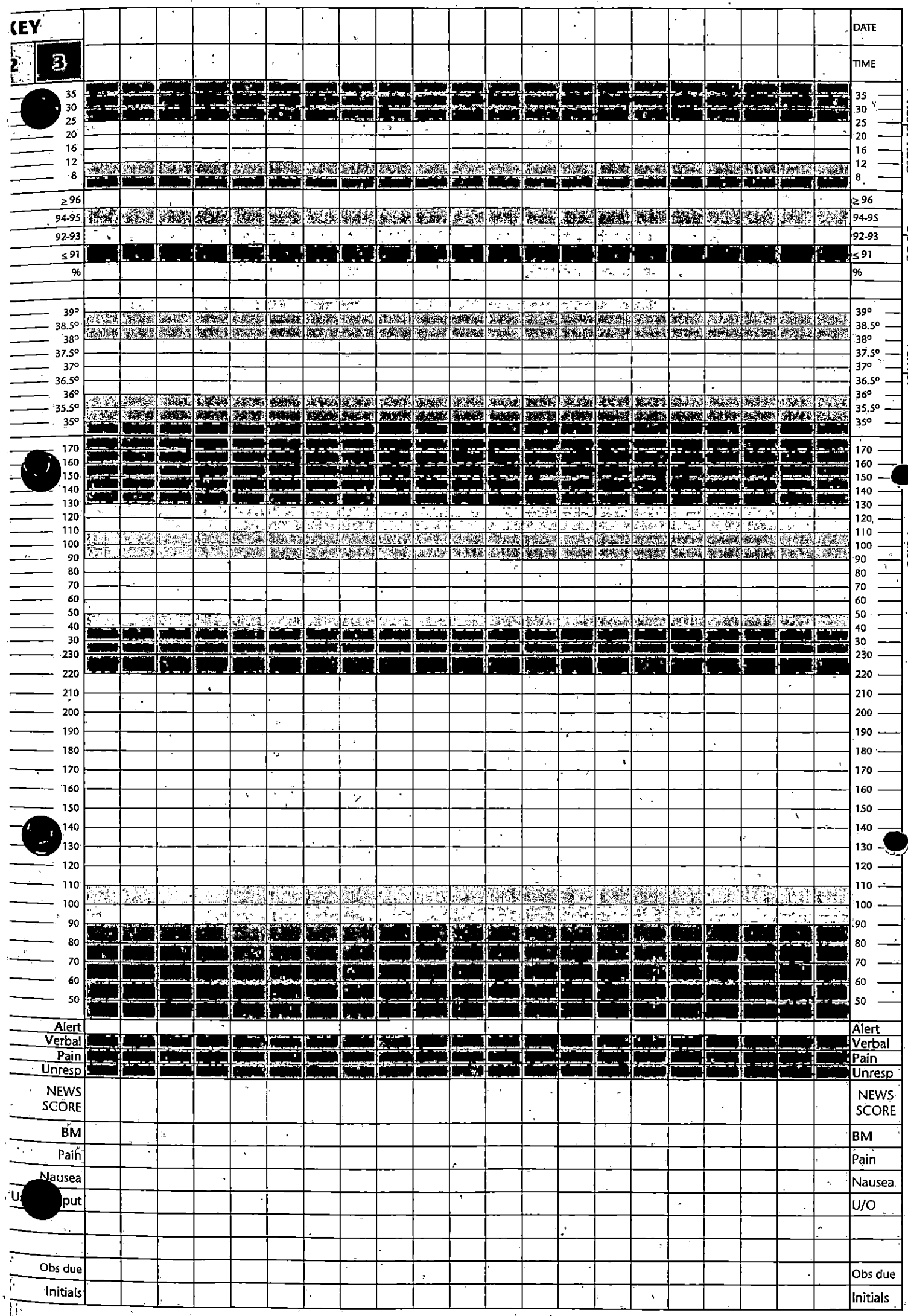
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1-4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

17 - Donna Sullivan

| | | |


KEY
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥ 96
94-95
92-93
≤ 91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Blood Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Neurological Observations

Date:																									
Time:																									
COMA SCALE	E Eyes open	Spontaneously	4																						Eyes closed by dwelling = C
		To speech	3																						
		To pain	2																						
		None	1																						
	V Best Verbal response	Orientated	5																						Endotracheal tube or tracheostomy = T
		Confused	4																						
		Inappropriate words	3																						
		Incomprehensible sounds	2																						
		None	1																						
	M Best motor response	Obeys	6																						Usually record the best arm response
		Localises	5																						
		Flexion - withdrawal	4																						
		Flexion - abnormal	3																						
		Extension to pain	2																						
		None	1																						
TOTAL SCORE																									
PUPILS	R	Size																							+ reacts – no reaction c. eyes closed
		Reaction																							
	L	Size																							
		Reaction																							
LIMB MOVEMENT	ARMS	Normal power																							Recordright (R) andleft (L) separatelyif there is a difference between the two sides
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							
	LEGS	Normal power																							
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							

Glasgow Coma Scale

Pupil size (mm)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting	
0	= None
1	= Mild (*Not distressing – no retching/vomiting*)
2	= Moderate (*Troublesome – occasional retching/vomiting*)
3	= Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

NHS
Greater Glasgow and Clyde

NATVNS
SCOTLAND

WRITE, II
Surname 2507706163 SULLIVAN F
Forename Donna 25/07/1970
DoB ..... 5 Duntarvie Place
Flat 0/2
Glasgow
Location .. G34 9JB

ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

More than one score/category can be used: **10+= 'At Risk': 15+= 'High Risk': 20+= 'Very High Risk'**
Complete assessment on admission/1st visit, if there is a change in individuals condition and repeat regularly according to local protocol

Sex									
Male	1								
Female	2	2	2						
Age									
14 -49	1	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	1	1						
Obese - BMI > 30	2								
Below average - BMI < 20	3								
Continence									
Complete/catheterised	0	0	0						
Incontinent urine	1								
Incontinent faeces	2								
Doubly incontinent (urine & faeces)	3								
Skin Type - Visual Risks Area									
Healthy	0	0	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 sever pain or disease)	3	3	3						
Bedbound (unconscious/unable to change position/traction)	4								
Chairbound (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	0	0						
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	0							
Single organ failure e.g. cardiac, renal, respiratory	5								
Peripheral vascular disease	5								
Anaemia = Hb < 8	2								
Smoking	1		1						
Special Risks - Neurological Deficit									
Diabetes/MS/CVA/motor/sensory/paraplegia *Max 6*	4-6	0							
Special Risks - Surgery/Trauma									
On table > 6 hours	8	0	/						
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	0	/						
Total Score		7	8						
Date		24/7	25/07						
Initials		MA	EJ						
Time		01-	1140						

83826

Ensure plan of care is implemented / reviewed for all identified areas of concern.

Adult Peripheral Venous Cannulation (PVC) Chart

Please use 1 chart per PVC

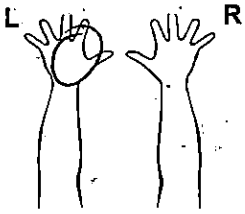
NHS Greater Glasgow and Clyde

Affix patient label

Nam 2507706163
Addr SULLIVAN F
Donna 25/07/1970
D.O.I 5 Duntarvie Place
Flat 0/2
CHI r Glasgow
G34 9JB
Hosp

PVC Insertion Information

*Ensure the PVC dressing has **date** and **time** of insertion written on it. This implies that appropriate technique has been used for insertion.*



Date: 24/7/14
Time: 0030 (See IV Dressing)
Reason for Insertion: A+E
Flushed on insertion ☐ (if known)

Other Site: _____

PVC Maintenance Information

Modified V.I.P (Visual Infusion Phlebitis) Score

IV site appears healthy	0	No Phlebitis	Observe Cannula
ONE of the following is evident: - slight pain or redness near site	1	Possible first signs	Observe Cannula
TWO of the following are evident: - pain -redness - swelling	2	Early stage of phlebitis	Re-site Cannula
ALL of the following are evident: - pain - redness - hardening of the surrounding tissue	3	Phlebitis / Thrombophlebitis **Re-site Cannula & Seek Further Advice**	
As above including: - palpable venous cord	4		
As above including: - pyrexia	5		

Day 1 (24 hours after insertion)

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	(Yes) / No
2. VIP Score?	0
3. PVC Dressing dry & intact?	(Yes) / No
4. Was PVC dressing renewed?	Yes / (No) / NA
5. Was PVC Removed?	Yes / (No)

Removal Reason: _____

Comments/Actions Taken:

Date: 25/07 Initials: EF

Day 2

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	Yes / No
2. VIP Score?	☐
3. PVC Dressing dry & intact?	Yes / No
4. Was PVC dressing renewed?	Yes / No / NA
5. Was PVC Removed?	Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

After Day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain insitu:

Date: Initials:

Day 3

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	Yes / No
2. VIP Score?	☐
3. PVC Dressing dry & intact?	Yes / No
4. Was PVC dressing renewed?	Yes / No / NA
5. Was PVC Removed?	Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

Day 4

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	Yes / No
2. VIP Score?	☐
3. PVC Dressing dry & intact?	Yes / No
4. Was PVC dressing renewed?	Yes / No / NA
5. Was PVC Removed?	Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

Western Infirmary, GLASGOW

NHS
Greater Glasgow and Clyde

NAI 2507706163
UNI SULLIVAN F
Donna 25/07/1970
5 Duntarvie Place
(LA Flat 0/2
Glasgow
G34 9JB

WARD: _____

ON DAY OF ADMISSION, SELECT AND RECORD CARE WHICH IS MOST APPROPRIATE FOR PATIENT.

RECORD **CHANGES** OF CARE IN NURSING ACTION FLOWCHART.

USE AN ARROW e.g. ⟶ TO INDICATE **CONTINUATION** OF CARE ON THE FLOWCHART

ENTRIES MUST BE RECORDED IN BLACK INK AND SIGNED.

WATERLOW SCORE (MUST BE COMPLETED ON ADMISSION FOR **EVERY** PATIENT)

Build/Weight		Skin		Sex/Age		Continence		Mobility		Appetite	0
								Fully	0	Average	1
Average	0	Healthy	0	Male	1	Complete/		Restless/Fidgety	1	Poor	
Above Average	1	Tissue paper	1	Female	2	catheterised	0	Apathetic	2	Fluids only/	2
Obese	2	Dry	1	14 - 49	1	Occasional		Restricted	3	Nasogastric feed	
Below Average	3	Oedematous	1	50 - 64	2	incontinence	1	Inert/traction	4	Nil by mouth	3
		Discoloured	2	65 - 74	3	Cath./incont.		Chairbound	5	anorexic	
		Broken/spot	3	75 - 80	4	faeces	2				
				81 +	5	Doubly incont.	3				

SPECIAL RISKS							
Tissue Malnutrition		Neurological Deficit		Major Surgery Trauma		Medication	
Terminal Cachexia	8	Diabetes, MS, CVA, Motor / Sensory Paraplegia	4-6	Orthopaedic – Below waist/ Spinal	5	High dose Anti-inflammatory, Steroids, Cytotoxics	4
Cardiac Failure	5			On table > 2 hours	5		
P.V.D.	5						
Anaemia	2						
Smoking	1						

SCORE
10+ AT RISK
15+ HIGH RISK
20+ VERY HIGH RISK

24/7/14

	AIM	ASSESSMENT / INTERVENTIONS
1 MONITORING OF VITAL SIGNS Standard observations (BP, P, T, R, $Sa0_2$) - requirement & frequency CSM/Neurovascular observations Special observations eg. blood glucose, peak flow, Neurological obs Special requirements (0_2, chest physio)	To detect abnormalities and maintain optimum function.	Observations as per NEWS protocol.
2 IV THERAPY Peripheral / Central Line - Sites Use of Venflon Careplan Infusion Chart in use NB: 4° temp required if patient has an IV	Early detection / prevention of the problems of IV therapy.	PVC ⓛ hand - see Careplan.
3 MAINTAINING SAFETY Level of conciousness Chronic / Acute confusion Alcohol withdrawal Seizures Wandering / at risk of injury	To maintain safety at all times.	Alert + orientated.
MOBILITY / MOVING & HANDLING Assess DVT risk using SIGN guidelines Specify limitations/current ability & aids used Traction Active/Passive exercise TED Stockings on admission	To prevent / reduce the complications of reduced mobility. To move the patient safely. To promote independence.	As per VTE risk form. Mobile + independant.
5 PRESSURE AREA CARE Waterlow score Interventions	The patients skin will remain healthy and intact.	Waterlow ⑦. Self positioning.
6 PAIN Monitor effectiveness of analgesia - involve patient & medical staff - use of Pain Chart	The patient will state that he is comfortable.	ongoing review as per kardex.
7 PERSONAL HYGIENE Self caring or Specify assistance required Mouth care Eye care	To maintain a high standard of personal hygiene. To promote independence.	Independant.
8 NUTRITIONAL STATUS Score: (Use nutrition risk assessment) Special Dietary requirements Fasting / fluid restrictions Fluid balance monitoring required	To maintain adequate nutritional intake. To promote healing.	MUST ⓪. Normal fluid/ diet.
9 URINARY & BOWEL FUNCTION Independent or specify aids used (urinals, bedpan etc) Catheterised - size free drainage / hourly volumes Bowel - Stoma, Aperients – Chart daily	To detect any problems with output. To promote independence.	Monitor for incontinence.
10 OTHER e.g. Wound Care / Dressing NB: For other wounds, use GRI Tissue Viability Careplan	The patient will have clean & dry wounds. To promote Healing.	Nil

Sign: WCA

Date: 25/07/16	Date:	Date:	Date:	Date:
as per news protocal.				
Access only.				
Alert & orientated				
Independent				
WL = 8 Intact				
as per Kardex.				
Independent				
normal diet & fluids				
Independent PU & BO				
N/C Enk				

Date:	Date:	Date:	Date:	Date:

Date:	Date:	Date:	Date:	Date:

Date:	Date:	Date:	Date:	Date:

Date:	Date:	Date:	Date:	Date:

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 25-7-14

Attach Addressograph label

Donna Sullivan

Ward: 61

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr 4hr (6hr)

1. Signed [signature] Name GARDNER Designation RN
2. Signed [signature] Name FRASER Designation SN
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y / (N) Bed rails: Y / (N)
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

		Times	0002	0904																	
	1.	**Pain: assess and address** If in pain inform registered nurse Y / N or N/A	N	N																	
S	2.	**SKIN INSPECTION** Pressure areas checked: Y / N / I (Independent)	I	I																	
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)	INT	INT																	
K	3.	**KEEP MOVING:** Have you moved or walked Y / N / I (independent)	I	I																	
		Bed Right side (30° tilt) – **R** Left Side (30° tilt) – **L** Back– **B**	B	B																	
		Chair Assist to walk, stand or tilt (W /ST/ T)	/																		
I	4.	**ELIMINATION:** Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces	I	I																	
N	5.	**FOOD, FLUIDS AND NUTRITION:** Is the patient nil by mouth? Y / N (consider mouth care)	N	N																	
		Encourage the patient to drink? Y / N / N/A	S	Y																	
		Food, snack or supplement taken? Y / N / N/A	S	Y																	
	6.	**ENVIRONMENT: Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S	S	Y																	
	7.	**INFORMATION:** Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S	S	Y																	
	8.	**ESCALATION:** Escalate any issues to the Registered Nurse Y / N/A	N/A	N/A																	
		Nurse Initials	[signature]	AG																	

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 24.4.14

Attach Addressograph label

DONNA SULLIVAN

Ward: 61

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr 4hr (6hr)

1. Signed MC Name E/SATCHELL Designation SIN
2. Signed [illegible] Name E FRASER Designation SN
3. Signed Robert Gubby Name WARDROPE Designation RN

Individual patient needs: Red mat required: Y (N) Bed rails: Y (N)
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

		Times	06	10	22															
	1.	**Pain: assess and address** If in pain inform registered nurse Y / N or N/A	N	N	N															
S	2.	**SKIN INSPECTION** Pressure areas checked: Y / N / I (Independent)	Y	I	I															
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)	INT	I	✓															
K	3.	**KEEP MOVING:** Have you moved or walked Y / N / I (independent)	Y	I	I															
		Bed Right side (30° tilt) – **R** Left Side (30° tilt) – **L** Back– **B**	R	R	B															
		Chair Assist to walk, stand or tilt (W /ST/ T)	✓	✓	✓															
I	4.	**ELIMINATION:** Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces	I	NT	I															
N	5.	**FOOD, FLUIDS AND NUTRITION:** Is the patient nil by mouth? Y / N (consider mouth care)	N	N	N															
		Encourage the patient to drink? Y / N / N/A	N	Y	Y															
		Food, snack or supplement taken? Y / N / N/A	N	N	Y															
	6.	**ENVIRONMENT: Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S	Y	Y	Y															
	7.	**INFORMATION:** Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S	Y	Y	Y															
	8.	**ESCALATION:** Escalate any issues to the Registered Nurse Y / N/A	N/A	N/A	N/A															
		Nurse Initials	MC	SIN	RG															

eMedicines Reconciliation Form - v1.2

NHS Greater Glasgow and Clyde

CHI Number: 2507706163 Patient Name: Donna Sullivan

Hospital Name:	Glasgow Royal Infirmary
Consultant's Name:	Stark
Ward:	61
Specialty:	Trauma and Orthopaedic Surgery

Patient Details

Name:	Sullivan, Donna
Address:	5 Duntarvie Place,Flat 0/2,Glasgow,
Postcode:	G34 9JB
CHI Number:	2507706163
CRN:	20508978K
B:	25/07/1970
Gender:	Female

Sources Checked

ECS	X	Patient	X	Carer	
Relative		GP Surgery		GP Printout	
Patients own drugs		Other			
Other Details					

Active

Continued

Source	Date Started	Last Issued	Drug	Formulation	Dose	Frequency
ECS	17/07/2014	17/07/2014	Amitriptyline Hydrochloride	50 mg Tablets	N/A	ONE ONCE AT NIGHT
ECS	05/06/2014	17/07/2014	Cetirizine Hydrochloride	10 mg Tablets	N/A	ONE TO BE TAKEN EACH DAY
ECS	21/08/2012	07/05/2014	Esomeprazole	40 mg Gastro-resistant Capsules	N/A	TWO CAPSULES DAILY
ECS	17/07/2014	17/07/2014	Fusidic Acid And Hydrocortisone Acetate	2 % + 1 % Cream	N/A	APPLY TWICE A DAY
ECS	19/10/2010	17/07/2014	Paracetamol	500 mg Tablets	N/A	2 TABS UP TO FOUR TIMES DAILY DISP 112 TABS MONTHLY
	17/07/2014	17/07/2014	Prochlorperazine Maleate	5 mg Tablets	N/A	ONE TO BE TAKEN THREE TIMES A DAY
ECS	21/03/2013	17/07/2014	Ranitidine	150 mg Tablets	N/A	ONE TO BE TAKEN TWICE A DAY
ECS	17/07/2014	17/07/2014	Senna	7.5 mg Tablets	N/A	TAKE TWO TO FOUR TABLETS AT NIGHT

Allergies - ECS Summary

No ECS Allergies Found

Additional Allergy Notes

No Allergies Added

Prescriber Sign Off

Signed off by	Grade	Sign off date
Fraser Mcnab	ST	24/07/2014 03:07

CONFIRM JOINT PPI + H+ Receptor blocker ☐

Last signed off by: Fraser Mcnab 24/07/2014 03:07

MEDICINE — PRESCRIPTION FORM

Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

Hospital Number:	Height:
DOB:	Weight:
Date of Admission: __/__/__	Surface area:
Consultant Name:	Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
25/07/06	PARACETAMOL	1g	PO		BURNS	DM	2215
25/07/06	DIAZEPAM	2mg	PO		BURNS	DM	22.15

SULLIVAN
Donna
5 Duntarvie Place
Flat 0/2
Glasgow
G34 9JB

F
25/07/1970

Name _____

CHI No _____

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

NSAIDs, Codeine -> intolerance

Nurse/Midwife Administration by Sympt[illegible]atic Relief Policy or other Protoc
-Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

DATE → 24
MONTH → 7

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N	0123456789
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N	0123456789
SIGNATURE OF ASSESSOR	0123456789
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N	0123456789

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: ENDOXAPACIN

DOSE: 40MG | ROUTE: SC | DATE: 23/07/14 | STOPPED DATE: 31/7 | INITIALS: AT

PRESCRIBER (PRINT & SIGN): MGWAB

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: WHILST IMMOBILE

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800						
2200-2400	14					
Other time						

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800						
2200-2400						
Other time						

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800						
2200-2400						
Other time						

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

D DRUG
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

E DRUG
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

F DRUG
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

G DRUG
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name 2507708765 SULLIVAN Donna F 25/07/1970
5 Duntarvie Place
Flat 0/2
Glasgow
G34 9JB

CHI No

Drug Allergies / Sensitivities None Known ☐ Yes ☑ (provide details below)
NSAIDs, Codeine → intolerance

Nurse/Midwife Administration by Sympt[o]atic Relief Policy or other Protoc

- Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

Oral and Other Drugs: Regular Prescription

DATE → 24 25
MONTH → 07 07

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: PARACETAMOL

DOSE | ROUTE | DATE | STOPPED DATE: 23/07/16 | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

J

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: ~~CODEINE 30/500~~

DOSE: 2 TABS | ROUTE: ORAL | DATE: 23/07/16 | STOPPED DATE: 24/07/16 | INITIALS:

PRESCRIBER (PRINT & SIGN): MCNAMARA

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

K

BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: AMITRYPTILINE

DOSE: 50MG | ROUTE: ORAL | DATE: 23/07/16 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

2200-2400: RW

L

BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: RANITIDINE

DOSE: 150MG | ROUTE: ORAL | DATE: 23/07/16 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

0700-0900: [illegible]

2200-2400: RW

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

Oral and Other Drugs: Regular Prescription

DATE → 24 25
MONTH → 07 07

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time | Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

M — DRUG: FLOMEPRAZOLE
DOSE: 40MG | ROUTE: ORAL | DATE: 23/07/14 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☑
0700-0900: 4 | 1600-1800: 4

N — DRUG: SENNA
DOSE: 15MG | ROUTE: ORAL | DATE: 23/07/14 | STOPPED DATE: 27/7 | INITIALS: [signature]
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
2200-2400: 3

P — DRUG: CETIRIZINE
DOSE: 10MG | ROUTE: ORAL | DATE: 23/07/14 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
0700-0900: [signature] [signature]

R — DRUG: PROCHLORPERAZINE
DOSE: 5MG | ROUTE: ORAL | DATE: 23/07/14 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
0700-0900: [signature] [signature] | 1200-1400: [signature] [signature] | 2200-2400: RW

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name: 2507706163 SULLIVAN Donna
5 Duntarvie Place
Flat 0/2
Glasgow
G34 9JB

CHI No:

F
25/07/1970

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

NSAIDs, Codeine → intolerance

wife Administration by Sympto...atic Relief Policy or other Protoc
orised Nurses/Midwives Only (Maximum number of doses as per protocol)
Check the As Required and Regular Prescription sections to ensure that the ...already been prescribed by a doctor

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

Oral and Other Drugs: Regular Prescription

DATE → 24 25
MONTH → 07 07

Patient's Own Medicine

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

S | DRUG: FUSIDIC ACID / HYDROCORT

DOSE: 1 APP | ROUTE: TOP | DATE: 24/07/14 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): MCNAB

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Time		
Other time		
0700-0900	4	
1200-1400		
1600-1800		
2200-2400	4	
Other time		

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

T | DRUG: PARACETAMOL

DOSE: 1G | ROUTE: ORAL | DATE: 24/07/14 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): MCNAB

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Time		
Other time		
0700-0900	8	8
1200-1400	12	12
1600-1800	8	
2200-2400	RW	
Other time		

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

V | DRUG: SENNA

DOSE: 2 tabs | ROUTE: ORAL | DATE: 25/7/14 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): CAMPBELL

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Time		
Other time		
0700-0900		
1200-1400		
1600-1800		
2200-2400		
Other time		

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

W | DRUG:

DOSE: | ROUTE: | DATE: | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Time		
Other time		
0700-0900		
1200-1400		
1600-1800		
2200-2400		
Other time		

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

X

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Y

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

AA

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BB

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name 2507706163 SULLIVAN Donna 5 Duntarvie Place Flat 0/2 Glasgow G34 9JB

F 25/07/1970

CHI No

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

NSAIDs, Codeine → intolerance

Nurse/Midwife Administration by Sympt...atic Relief Policy or other Protoc

Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name 2507706163 SULLIVAN Donna 5 Duntarvie Place Flat 0/2 Glasgow G34 9JB

F 25/07/1970

CHI No

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

NSAIDs, Codeine → intolerance

...istration by Sympto...atic Relief Policy or other Protoco...
...es/Midwives Only (Maximum number of doses as per protocol)
...Required and Regular Prescription sections to ensure that the

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained-release lithium or theophylline).

All Routes: As Required Prescriptions

																															Patient's Own Medicine
BEFORE ADMISSION ☐	LL	DRUG: ORAL MORPHINE																												STOPPED DATE: INITIALS:	DATE																														For Use Y/N
NEW DOSE ☐		DOSE: 10MG	ROUTE: ORAL	INDICATION: PAIN																											TIME																														Qty:
		PRESCRIBER (PRINT & SIGN):			MAX.FREQ.: 2°	DATE: 23/07/14																									DOSE																														Date:
NEW MEDICATION ☑		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: MCNAB																													GIVEN BY																														Assessed by:
																																																															Ordered from Pharm.
BEFORE ADMISSION ☐	MM	DRUG: CYCLIZINE																													STOPPED DATE: INITIALS:	DATE																														For Use Y/N
NEW DOSE ☐		DOSE: 50MG	ROUTE: ORAL/IV	INDICATION: NAUSEA/ VOMITING																											TIME																														Qty:
		PRESCRIBER (PRINT & SIGN):			MAX.FREQ.: 8°	DATE: 23/07/14																									DOSE																														Date:
NEW MEDICATION ☑		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																													GIVEN BY																														Assessed by:
																																																															Ordered from Pharm.
BEFORE ADMISSION ☐	NN	DRUG: DIAZEPAM																													STOPPED DATE: INITIALS:	DATE																														For Use Y/N
NEW DOSE ☐		DOSE: 5MG	ROUTE: ORAL	INDICATION: BACK PAIN																											TIME																														Qty:
		PRESCRIBER (PRINT & SIGN):			MAX.FREQ.: TDS	DATE: 24/07/14																									DOSE																														Date:
NEW MEDICATION ☑		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																													GIVEN BY																														Assessed by:
																																																															Ordered from Pharm.
BEFORE ADMISSION ☐	PP	DRUG:																													STOPPED DATE: INITIALS:	DATE																														For Use Y/N
NEW DOSE ☐		DOSE:	ROUTE:	INDICATION:																											TIME																														Qty:
		PRESCRIBER (PRINT & SIGN):			MAX.FREQ.:	DATE:																									DOSE																														Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																													GIVEN BY																														Assessed by:
																																																															Ordered from Pharm.

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

BEFORE ADMISSION ☐	RR	DRUG	STOPPED DATE: INITIALS:	DATE		Patient's Own Medicine For Use Y/N
NEW DOSE ☐	DOSE	ROUTE / INDICATION		TIME		Qty:
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ. / DATE:		DOSE		Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			GIVEN BY		Assessed by: / Ordered from Pharm.
BEFORE ADMISSION ☐	SS	DRUG	STOPPED DATE: INITIALS:	DATE		For Use Y/N
NEW DOSE ☐	DOSE	ROUTE / INDICATION		TIME		Qty:
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ. / DATE:		DOSE		Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			GIVEN BY		Assessed by: / Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG	STOPPED DATE: INITIALS:	DATE		For Use Y/N
NEW DOSE ☐	DOSE	ROUTE / INDICATION		TIME		Qty:
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ. / DATE:		DOSE		Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			GIVEN BY		Assessed by: / Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG	STOPPED DATE: INITIALS:	DATE		For Use Y/N
NEW DOSE ☐	DOSE	ROUTE / INDICATION		TIME		Qty:
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ. / DATE:		DOSE		Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			GIVEN BY		Assessed by: / Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

2507706163

Name SULLIVAN Donna
5 Duntarvie Place
Flat 0/2
Glasgow
G34 9JB

F
25/07/1970

CHI No

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

NSAIDs, Codeine → intolerance

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

Milligram = mg
Gram = g
Millilitre = ml
Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010

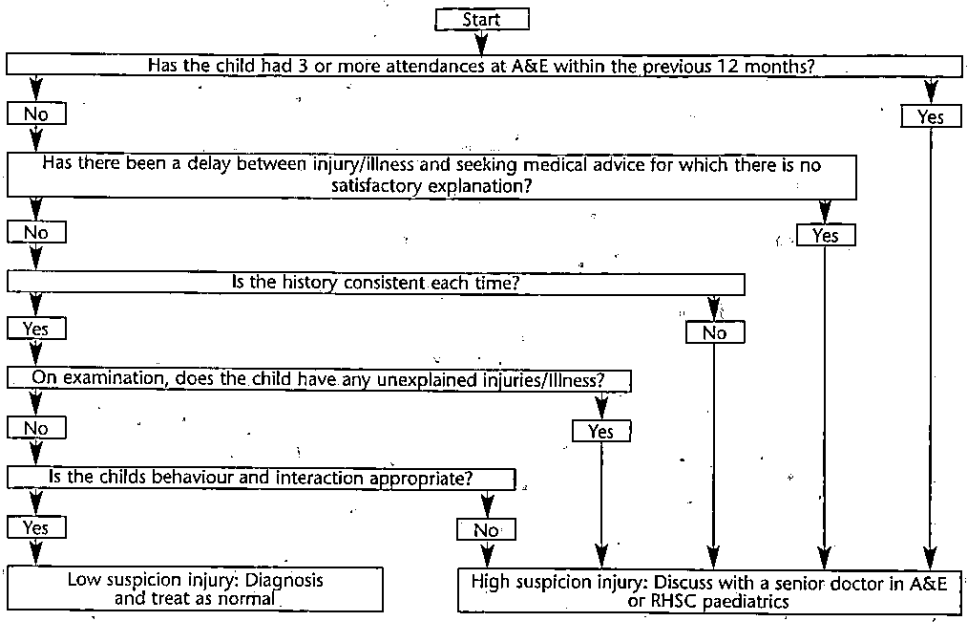
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

2507706163
SULLIVAN
Donna F
5 Duntarvie Place 25/07/1970
Flat 0/2
Glasgow
G34 9JB

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I.Form	☐
Audit Form	☐
Police Consent	☐

Clinical Notes

28/07/14 21 BWRI A+E

43F back pain

BWRI 2x discharge 10 yrs ago

Meds Augmentin
Paracetamol
Senna
Ranitidine
Paracetamol
Ibuprofen

8/52 hx ? partner
bruises 0/52 partner
Occasional alcohol, monthly

Allergies Codeine, Vistaril

Please complete where appropriate:

AMT (if >65 years)	CURB Score (if <65 years)
	SIRS

80907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

2507706163
SULLIVAN F
Donna 25/07/1970
5 Duntarvie Place
Flat 0/2
Glasgow
G34 9JB

Clinical Notes

23/07/14 BURNS Fyz ATE

PC Fall sunday (20/07/14)
→ Jumped onto mattress → flung into cupboard ~~[illegible]~~
injury lower back

Attended ATE Monday (21/07/14)
Ls, moved flys, d/c c analgesia + warning advice

2x urinary incontinence episode

1x faecal incontinence episode

ongoing pain,

bowel ok, bear mobility (N), pressure/ulcer/nutrition

OE: Alert + orientated, clinically well

Obs: T - 36.5 HR 65 bpm BP 115/71 RR 16 Sats 96%, on

- Midline tenderness L4/5, sacrum
- Full ROM, comfortable, able to mobilise
- Abd SNT
- PR (chaperone SIN Verrez. McCann, ↓ anal tone (N) perianal sensation)
- Power 5/5, sensation (N) lower limbs, tone (N), reflexes present but weak
- Plantars ↓

Imp ?? cauda equina

Plan - Bladder scan Pre void 450ml Post void 0ml
- Ortho → will kindly r/v

BURNS Fyz

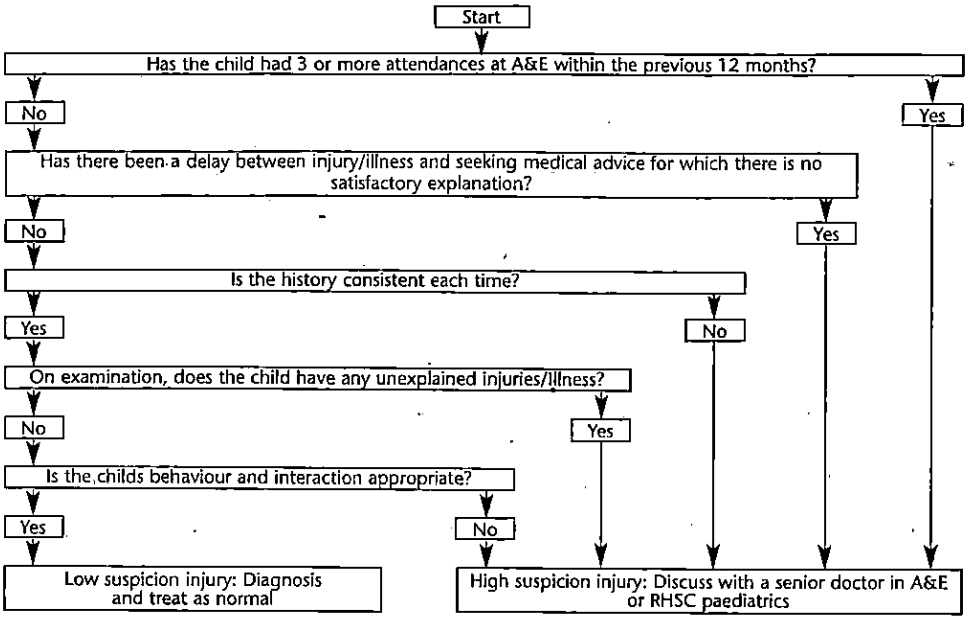
Glasgow Royal Infirmary Unitary Patient Record (Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

2507706163
SULLIVAN
Donna
5 Duntarvie Place
Flat 0/2
Glasgow
G34 9JB
F
25/07/1970

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I.Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

23/07/14 22:25 MCNAB GPST1.1 ORTHO

NB hx: 43 y/o lady PMH haemorrhoids, obesity, Hiatus hernia, Diverticulitis, Discectomy x2 2002

HPC seen in A+E 20/07/14 following back injury → went to jump into bed, missed + landed on sacrum.

Back pain worsening since Monday

Please complete where appropriate:

AMT (if >65 years)	CURB Score (if <65 years)
	SIRS

80907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A – Acute Assessment)

Clinical Notes

23/07/14 22:20 MGWAB GPST1 ORTHO

C/O left medial thigh parasthesia
– 6 months duration

Able to WB at present

1 x episode of faecal incontinence
– minimal Mon after A+E.

Has had 1 x episode urinary incontinence – wakes in Am last 2 days + bed soaking with urine

O/E: Denies CP / SOB / abdo pain
HS 1+II+0 Pulse regular
Chest auscultation clear
Abdomen SNT BS ✓
Calves SNT
Power 5/5 throughout both lower limbs
– L2/L3/L4/L5/S1
Reflexes present ? SL reduced bilateral at ankles
Parasthesia L2 area L thigh – not new
PR examination performed by A+E SHO – SL reduced tone but perianal sensation ✓

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

Clinical Notes

23/01/14 22:20 MCNAB GPST1 ORTHO

Post void bladder scan: ond

Plan / Analgesia
Bloods
O/w I McGraw, SpR → advises admit for MRI L/S spine in morning
R/v on WR after TM
Observe overnight

MCNAB
GPST
3681

24/01/14 GPST MCNAB ORTHO NIGHTS
0310

Bloods: Hb 118 MCV 85.8 WCC 8.
PLT 282 Glucose 4.4
INR 0.9 Na^+ 143 K^+ 4.3
Urea 2.0 Creat 59 CRP 2
eGFR 760 Adj Ca^{2+} 2.43

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY (GENERAL)	☑		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	

Acute Services Division

GASTROENTEROLOGY
Dr Ruth J S Gillespie
Gastroenterology Clinic

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

NHS
Greater Glasgow and Clyde

Clinic date	20/09/2012
Dictated	20/09/2012
Typed	27/09/2012
Your Ref	
Our Ref	RG/HP

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 211 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5659
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5162
Dr J Winter	0141 211 4519/Fax 0141 211 5659
Dr D R Gaya	0141 211 4290/Fax 0141 211 5162
Dr S Barclay	0141 211 4851/Fax 0141 211 5162

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre, 9 Auchinlea Road, Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
41 Springcroft Wynd, Baillieston, Glasgow, G69 6SE

Diagnoses: 1. GORD
2. Gastroparesis
3. IBS
4. Obesity BMI 34.5
5. Probable NAFLD
6. Smoker
7. Previous discectomy

This lady attended for review at the clinic. She has done extremely well and taking some time off work, trying to address her eating habits and also managing to come off Tramadol completely. She seems well motivated to try and address her health issues.

Unfortunately she feels no better. Her gastric emptying study has shown a degree of gastroparesis and this was done whilst she was off Tramadol. This, therefore, seems to be idiopathic. Prokinetics have not helped and, therefore, after discussion we have agreed to go for endoscopy and Botox injection to the pylorus. I have briefly mentioned gastric pacemaker although her gastroparesis is not the most severe. I have suggested that the recent addition of Nizatidine is probably not going to add much and we have agreed to stop both her Domperidone and Metoclopramide. The reason for this is she is complaining of frequent palpitations and in view of the fact that she is on Venlafaxine and concerns regarding QT prolongation I am going to arrange a 24 hour ECG before considering further prokinetic. She will be reviewed following her investigations.

Yours sincerely

DR RUTH J S GILLESPIE
Consultant Physician & Gastroenterologist

cc Eileen McIlroy, Endoscopy Coordinator, GRI- **I would be grateful if this lady could receive an Appointment on my list for an endoscopy and Botox injection to the pylorus and could we inform Sister Docherty of the date so that she can order the Botox.**
Mary Docherty, Endoscopy Suite, GRI

Outstanding Investigations: 24 hour ECG

Acute Services Division

GASTROENTEROLOGY
Consultant - Dr R J S Gillespie
Secretary : 0141 211 4331

Glasgow Royal Infirmary
Wards 8/9
84 Castle Street
Glasgow G4 0SF
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	12/09/2012
Dictated	12/09/2012
Typed	14/09/2012
Your Ref	
Our Ref	RJSG/CT

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre, 9 Auchinlea Road, Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

This lady has been in touch to say that her symptoms are much worse and I am arranging to bring forward her appointment at the Oesophageal Clinic.

Her gastric emptying study has shown some delay although she is on Tramadol medication which may well be contributing.

She will be reviewed as above.

Yours sincerely

Ruth J S Gillespie
Consultant Physician & Gastroenterologist

Cc Return Gastro Appointments
Medical Records Department
Glasgow Royal Infirmary

Ps please bring forward to the next available review appointment at the Oesophageal Clinic.

Acute Services Division

GASTROENTEROLOGY
Dr Ruth J S Gillespie

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic
Dictated 22/08/2012
Typed 23/08/2012
Your Ref
Our Ref RG/PK

Consultants:
Dr A J Morris 0141 211 4470/Fax 0141 221 5131
Dr A J Stanley 0141 211 4073/Fax 0141 211 5131
Dr E Forrest 0141 232 0734/Fax 0141 211 5131
Dr Ruth J S Gillespie 0141 211 4331/Fax 0141 211 5131
Dr J Winter 0141 211 4519/Fax 0141 211 5131
Dr Daniel R Gaya 0141 211 4290/Fax 0141 211 5131

PRIVATE & CONFIDENTIAL

Ms Donna Sullivan
187 Commonhead Road
Glasgow
G34 0DS

Dear Ms Sullivan

DOB - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K

I see that you didn't attend for your gastric emptying study on the 3rd August. I hope there was no untoward reason for this. At present you hold clinic review with myself on the 29th November and I would be happy to discuss your symptoms further at that time.

Yours sincerely

R J S GILLESPIE
CONSULTANT PHYSICIAN/GASTROENTEROLOGIST

cc Mr M Forshaw, Consultant Upper GI Surgeon, GRI
Dr John Goldie, Newhills Medical Practice, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow G34 9HQ

Nuclear Medicine Department
(Located QEB, Alexandra Parade)
Glasgow Royal Infirmary
84 Castle Street
Glasgow
~~G4 0SF~~

Dr Ruth Gillespie
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Tel: 0141 211 4762
Date: 06/08/12
CHI No: 2507706163
Hosp No: 20508978K

Dear Doctor,

We would like to inform you that the patient below has failed to arrive for a radiology appointment.

Patient: Donna Sullivan
Date of birth: 25/07/1970
CHI No: 2507706163
Patient Address:
187 COMMONHEAD ROAD

GLASGOW
LANARKSHIRE
G34 0DS
Referrer: Dr Ruth Gillespie
Referral Source: Glasgow Royal Infirmary

letter due 22/8/12 + file please

For: **NM Solid gastric emptying study**
On: **Friday, 03 August, 2012 at 9:00 am**
At: **Glasgow Royal Infirmary, Nuclear Medicine Department**

We are concerned that your patient still requires their examination. If this is the case, could you please confirm this and re-request in the normal manner?

Yours sincerely

Appointments Officer

Event E-26769084

Acute Services Division

GASTROENTEROLOGY
Dr Ruth J S Gillespie's Clinic

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	11/07/2012
Dictated	11/07/2012
Typed	19/07/2012
Your Ref	
Our Ref	RG/HJ

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 221 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5969
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5131
Dr J Winter	0141 211 4519/Fax 0141 211 5969
Dr Daniel R Gaya	0141 211 4290/Fax 0141 211 5131

Mr Matthew Forshaw
Consultant Upper GI Surgeon
Glasgow Royal Infirmary

Dear Mr Forshaw Matthew

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Diagnosis:

1. GORD
2. IBS
3. Obesity BMI 34.5
4. Probable NAFLD
5. Smoker
6. Previous discectomy

file HPF

Thank you for asking me to see this 41 year old lady in the Oesophageal Clinic. I agree that I would have concerns regarding her suitability for fundoplication surgery.

She has a background of typical IBS symptoms with abdominal bloating, central abdominal discomfort and a tendency to constipation. I think she has had antispasmodics in the past and Amitriptyline which she found either unhelpful or could not tolerate. In the last few years she has complained of increasing upper abdominal symptoms. She describes a poor appetite, frequent nausea and when she eats solid food she feels it sticks in the epigastric region and she may regurgitate it. She complains of some heartburn. Large doses of acid suppression have not made a huge impact on her symptoms but she now feels much worse when she stops them and there may be an element of rebound hypersecretion.

She was also tearful at the clinic and is somewhat at the "end of her tether". She runs her own bar and works extremely long hours. She lives with two teenage children. She is worried financially about her ability to continue working and seems to have got into a rather unhealthy pattern. She feels she can't tolerate food and so is existing on a diet of milkshakes and chocolate to give her energy. She has gained a huge amount of weight and is now significantly obese. She feels that that the only thing that helps her abdominal pain is Tramadol. Her other medication is Esomeprazole 40mgs bd, Ranitidine 150mgs tid, Gaviscon, Tramadol, Venlafaxine, Zopiclone, Cetirizine and Fybogel.

On examination she is not anaemic there is no lymphadenopathy or clubbing. Abdominal examination was unremarkable/....

Contd:

Not to depress

6/52

I note that ultrasounds have been normal apart from a fatty liver. Her LFT's show mild elevation of her gamma GT consistent with this. Auto-immune screen negative. Endoscopies have revealed a hiatus hernia only with no erosive oesophagitis. Her pH and manometry shows normal manometry with a reasonable LOS pressure at 13mmHg. Her off treatment pH study does show a moderately raised DeMeester score but I agree there is a very poor symptom correlation.

She understands that surgery would be pointless if we don't feel that if the majority of her symptoms are reflux related but she is very distressed by her situation. She is not particularly amenable to the suggestion of trying to get back to a healthier lifestyle i.e. taking time to eat regular healthy meals, trying to cut back on her Tramadol use, increasing physical activity and weight reduction etc. She is similarly not keen to go down the route of doing an on treatment pH study on a slightly more conservative dose of PPI which I suspect would show normalised acid. We have agreed to do a gastric emptying study in case there is an element of gastroparesis and I will see her for review and hopefully we can make progress.

Yours sincerely

Dr R J S Gillespie
Consultant Gastroenterologist

cc. Dr John Goldie, Newhills Medical Practice, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ

Outstanding results: gastric emptying study

Acute Services Division

GASTROENTEROLOGY
Dr Ruth J S Gillespie's Clinic

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	11/07/2012
Dictated	11/07/2012
Typed	19/07/2012
Your Ref	
Our Ref	RG/HJ

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 221 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5969
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5131
Dr J Winter	0141 211 4519/Fax 0141 211 5969
Dr Daniel R Gaya	0141 211 4290/Fax 0141 211 5131

Mr Matthew Forshaw
Consultant Upper GI Surgeon
Glasgow Royal Infirmary

Dear Mr Forshaw

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

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Yours sincerely

Dr R J S Gillespie
Consultant Gastroenterologist

cc. Dr John Goldie, Newhills Medical Practice, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ

Outstanding results: gastric emptying study

OESO

W/L

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell @ggc.scot.nhs.uk

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

MJF/EM

Dictated: 30/04/2012
Typed: 01/05/2012

Dr Ruth Gillespie
Consultant Gastroenterologist
Glasgow Royal Infirmary

Dear Ruth

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I would be very grateful if you could arrange to see this lady who has been appointed to your clinic in the past. She appears to have a constellation of abdominal symptoms some of which are definitely related to gastro-oesophageal reflux disease but I suspect that there is a strong overlay of irritable bowel syndrome. I am concerned that she would not necessarily be an ideal candidate for anti-reflux surgery and I would very much welcome your opinion.

I enclose a copy of my most recent letter for her.

With many thanks for your help.

Yours sincerely

Mr M J Forshaw MA MSc FRCS(Gen)
Consultant Upper Gastrointestinal and General Surgeon

NP oesophageal clinic

7/5/12

Copy to:

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Acute Services Division

OESOPHAGO-GASTRIC UNIT

NHS
Greater Glasgow and Clyde

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell @ggc.scot.nhs.uk

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

MJF/EM

Dictated: 30/04/2012
Typed: 01/05/2012

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I contacted Ms Sullivan by telephone this afternoon following her attendance at my out patient clinic. Unfortunately Ms Sullivan did not get the opportunity to see me in clinic as I was seeing one of my cancer patients and I understand from clinic staff that Ms Sullivan left in tears having been disappointed following the consultation with one of my senior registrars. I, therefore, contacted Ms Sullivan by telephone this afternoon and with her permission had a consultation with her over the telephone. Ms Sullivan over the last year has had almost daily epigastric and right upper quadrant pain with also reflux symptoms and vomiting. She has been admitted on 2 occasions as an emergency to Glasgow Royal Infirmary with these symptoms. She currently takes Nexium, 40 mg bd, together with Ranitidine, 150 mg tds, and also over-the-counter Gaviscon. She does notice that this medication does help her symptoms. She has been investigated by means of an upper GI endoscopy which has shown a 3 cm hiatus hernia without any evidence of oesophagitis. She has also had 2 ultrasound scans of her abdomen which have not shown any evidence of gallstones. More recently Ms Sullivan has had a pH and manometry study. The manometry studies were entirely normal but the pH studies have indicated borderline evidence of gastro-oesophageal reflux disease. The total acid exposure time was 5.2 and her DeMeester score was 21.4. However, there was a very poor correlation between the pH studies and her symptoms. This makes me very concerned as to whether or not she is a suitable candidate for anti-reflux surgery.

During the course of my telephone consultation with Ms Sullivan she also told me she had some other symptoms such as bloating and she tells me that she has been diagnosed with irritable bowel syndrome in the past. These would also raise concerns about her suitability for anti-reflux surgery. She also admits that she is overweight.

Acute Services Division

OESOPHAGO-GASTRIC UNIT

NHS
Greater Glasgow and Clyde

Mr M Forshaw
Mr G Fullarton
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Alexandra Parade
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Ms Sullivan has made a number of lifestyle changes but still remains very symptomatic and this has been affecting the quality of her life. Based upon her pH and manometry studies, I am concerned that she is possibly not a candidate for anti-reflux surgery and if she did undergo such surgery she may well get a poor outcome. As a result, I have asked Dr Gillespie, who has seen her in the past, to review her and to advise whether or not, in her opinion, she is a good candidate for anti-reflux surgery. I have emphasised to Ms Sullivan that we will try and get all of this arranged as soon as possible and then I will arrange to see her back in clinic.

Yours sincerely

Mr M J Forshaw MA MSc FRCS(Gen)
Consultant Upper Gastrointestinal and General Surgeon

Copy to:

Dr R Gillespie
Consultant Gastroenterologist
Glasgow Royal Infirmary

Acute Services Division

GASTROENTEROLOGY
Dr Ruth J S Gillespie
Gastroenterology Clinic

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

NHS
Greater Glasgow and Clyde

Clinic date	20/09/2012
Dictated	20/09/2012
Typed	27/09/2012
Your Ref	
Our Ref	RG/HP

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 211 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5659
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5162
Dr J Winter	0141 211 4519/Fax 0141 211 5659
Dr D R Gaya	0141 211 4290/Fax 0141 211 5162
Dr S Barclay	0141 211 4851/Fax 0141 211 5162

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre, 9 Auchinlea Road, Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
41 Springcroft Wynd, Baillieston, Glasgow, G69 6SE

Diagnoses: 1. GORD
2. Gastroparesis
3. IBS
4. Obesity BMI 34.5
5. Probable NAFLD
6. Smoker
7. Previous discectomy

This lady attended for review at the clinic. She has done extremely well and taking some time off work, trying to address her eating habits and also managing to come off Tramadol completely. She seems well motivated to try and address her health issues.

Unfortunately she feels no better. Her gastric emptying study has shown a degree of gastroparesis and this was done whilst she was off Tramadol. This, therefore, seems to be idiopathic. Prokinetics have not helped and, therefore, after discussion we have agreed to go for endoscopy and Botox injection to the pylorus. I have briefly mentioned gastric pacemaker although her gastroparesis is not the most severe. I have suggested that the recent addition of Nizatidine is probably not going to add much and we have agreed to stop both her Domperidone and Metoclopramide. The reason for this is she is complaining of frequent palpitations and in view of the fact that she is on Venlafaxine and concerns regarding QT prolongation I am going to arrange a 24 hour ECG before considering further prokinetic.. She will be reviewed following her investigations.

Yours sincerely

DR RUTH J S GILLESPIE
Consultant Physician & Gastroenterologist

cc Eileen McIlroy, Endoscopy Coordinator, GRI- **I would be grateful if this lady could receive an Appointment on my list for an endoscopy and Botox injection to the pylorus and could we inform Sister Docherty of the date so that she can order the Botox.**
Mary Docherty, Endoscopy Suite, GRI

Outstanding Investigations: 24 hour ECG

26/11/2012

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

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Greater Glasgow and Clyde

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Alexandra Parade
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Switchboard: 0141 211 4000

MJF/EM

Dictated: 30/04/2012
Typed: 01/05/2012

Dr Ruth Gillespie
Consultant Gastroenterologist
Glasgow Royal Infirmary

Dear Ruth

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I would be very grateful if you could arrange to see this lady who has been appointed to your clinic in the past. She appears to have a constellation of abdominal symptoms some of which are definitely related to gastro-oesophageal reflux disease but I suspect that there is a strong overlay of irritable bowel syndrome. I am concerned that she would not necessarily be an ideal candidate for anti-reflux surgery and I would very much welcome your opinion.

I enclose a copy of my most recent letter for her.

With many thanks for your help.

Yours sincerely

Mr M J Forshaw MA MSc FRCS(Gen)
Consultant Upper Gastrointestinal and General Surgeon

Copy to:

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Acute Services Division

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MJF/EM

Dictated: 30/04/2012
Typed: 01/05/2012

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

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Acute Services Division

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Greater Glasgow and Clyde

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Ms Sullivan has made a number of lifestyle changes but still remains very symptomatic and this has been affecting the quality of her life. Based upon her pH and manometry studies, I am concerned that she is possibly not a candidate for anti-reflux surgery and if she did undergo such surgery she may well get a poor outcome. As a result, I have asked Dr Gillespie, who has seen her in the past, to review her and to advise whether or not, in her opinion, she is a good candidate for anti-reflux surgery. I have emphasised to Ms Sullivan that we will try and get all of this arranged as soon as possible and then I will arrange to see her back in clinic.

Yours sincerely

Mr M J Forshaw MA MSc FRCS(Gen)
Consultant Upper Gastrointestinal and General Surgeon

Copy to:

Dr R Gillespie
Consultant Gastroenterologist
Glasgow Royal Infirmary

Acute Services Division

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Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

VG/EM

Dictated: 30/04/2012
Typed: 02/05/2012

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I reviewed Donna on behalf of Mr Forshaw today. She continues to have an awful lot of problems with epigastric pain, heartburn, nausea, vomiting and bloating. She has tried a whole lot of different medications including lots of different anti-emetics, Ranitidine, high dose Nexium and Gaviscon. She does not feel that they help her symptoms much at all. However, she does say that when she was off PPIs for her manometry her symptoms did actually worsen. She tells me her diet is very poor at the moment as she is sticking to only really milkshakes as she feels this helps with her symptoms. Her weight, despite this, is not reducing. She is also taking Tramadol on a frequent basis for pain as well as regular Senna.

Her recent oesophageal tests show normal oesophageal motility. Her pH scores show a raised DeMeester score of 21.4. However, her symptom correlation with this was only 4 out of a total of 34 episodes of perceived reflux.

After discussion with Mr Forshaw, we feel that given the lack of symptom correlation she probably would not be a good candidate for a fundoplication procedure. I believe her symptoms seem to be more IBS type of functional nature rather than pure reflux. I think it would be advisable to try and get her away from Tramadol and Senna as they certainly may exacerbate the symptoms she is having. I have advised her to try and eat a healthy diet. However, she feels that this is impossible. I am going to refer her to one of the gastroenterologists to see if there is any other advice they can give in terms of her symptom management.

Yours sincerely

pp

Miss Vivienne Gough
Specialist Registrar

Thomson, Shona

From: Ogilvie, Patricia
Sent: 14 March 2012 07:50
To: Return Appointments, GRI
Cc: Thomson, Shona
Subject: DONNA SULLIVAN 20508978K

HI
COULD YOU ARRANGE AN APPOINTMENT FOR MR FORSHAWS CLINIC .
THANKS
PATRICIA OGILVIE
CLERKESS
WARD 32 .

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell @ggc.scot.nhs.uk

Oesophageal Manometry/24 hour ph metry. Book in:
Mon:9am,11am,1.30pm,3pm.
Tues: 9am,11am, 1.30pm,3pm,3.15pm
Wed: 1.30pm, 3pm
Thurs:9am, 11am

NHS
Greater Glasgow and Clyde

13/3/12
3pm

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

FH/EM

Dictated: 06/02/2012
Typed: 07/02/2012

2321285
Manometry Catheter
environment. is torn or damaged

Sister Shona Thomson
Nurse Practitioner G I Physiology
Oesophageal Function Unit
Ward 32, 3rd Floor (old Building) Surgical Block
Glasgow Royal Infirmary
G4 0SF

Dear Shona

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I would be grateful if you could arrange 24 hour pH studies and oesophageal manometry on this lady. I enclose a copy of her clinic letter for your information. We will review her back in Mr Forshaw's clinic once your tests have been completed.

With many thanks for your help.

Yours sincerely

Faisal Hanif
ST7 in Surgery

Copy to:

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Acute Services Division

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Mr G Fullarton
Mr C K MacKay
Miss C Craig

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NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

FH/EM

Dictated: 06/02/2012
Typed: 07/02/2012

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I reviewed Miss Sullivan in Mr Forshaw's clinic today. She was given an earlier appointment at your request. She has been having reflux-type symptoms and tells me that she experiences lots of retrosternal burning and she also suffers from reflux and vomiting. In addition she complains of a lot of upper abdominal pain. She has been previously investigated with an ultrasound scan which confirmed the presence of gallstones. She has also had an upper GI endoscopy which showed a 3 cm sliding hiatus hernia but the stomach and duodenum were normal and there was no evidence of oesophagitis.

She is currently on high dose PPI: Nexium, 40 mg bd, Ranitidine 150 mg bd and Domperidone. She tells me that she derives significant benefit from these medications but still gets symptoms.

On clinical examination she had mild tenderness in her epigastrium but the rest of her abdominal examination was unremarkable.

She denies any history of major respiratory or cardiovascular problems and I think, therefore, that we should perform 24 hour pH and manometry studies. Once these have been completed we will review her again in Mr Forshaw's clinic with the results.

Yours sincerely

Faisal Hanif
ST7 in Surgery

FINAL DISCHARGE LETTER

NHS Greater Glasgow

First Issued: 13/03/2012 09:49
Printed: 13/03/2012 11:07

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF
Telephone : 0141 - 211 - 4000

Admitted: 26/01/2012 **Discharged:** 28/01/2012
Discharged to: Home
Ward: WD66
Consultant: DR MOHAMED, General Surgery
Hospital No: 20508978K **Date of birth:** 25/07/1970
CHI: 2507706163

REGISTERED GP

Dr JOHN GOLDIE
NEWHILLS MEDICAL PRACTICE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW

PATIENT

DONNA SULLIVAN
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE
G34 0DS

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Vomiting, 26/01/2012	R11X	1. Ultrasound scan of abdomen, N/A, 27/01/2012	Uncoded

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Amitriptyline	Tab	Oral	50mg					X		Indefinite	Patients Own
Venlafaxine	Tablet	Oral	75mg	X				X			Patients Own
Pregabalin	Tablet	Oral	75mg	X				X			Patients Own
Senna	Tab	Oral	2 tabs					X		Indefinite	Patients Own
Ranitidine	Tab	Oral	150mg	X				X		Indefinite	Patients Own
Prochlorperazine	Tablet	Oral	5mg	X		X		X		Indefinite	Patients Own
Zopiclone	Tab	Oral	7.5mg					X		Indefinite	Patients Own
Esomeprazole	Tablet	Oral	40mg	X				X			Patients Own
Paracetamol	Tab	Oral	1g	X	X		X	X	4-6hrly for pain	Indefinite	Patients Own
Diazepam	Tab	Oral	2mg						PRN	Indefinite	Patients Own

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Dear Dr Goldie,

re Donna Sullivan, DOB: 25/07/1970

Ms Sullivan was admitted to the Glasgow Royal Infirmary on 26/01/2012 with nausea and vomiting. She is known to have a hiatus hernia, for which she is under the care of Mr Forshaw.

On admission she was tender in th right upper quadrant and was Murphy's sign positive. All of her blood tests were normal. An ultrasound scan was done to exclude gallstones, and no abnormal findings were revealed.

Her symptoms resolved and she was discharged home on 28/01/2012. She will be followed up by Mr Forshaw in clinic.

NHS Greater Glasgow

FINAL DISCHARGE LETTER

Patient: DONNA SULLIVAN **D.O.B:** 25/07/1970 **Hosp. No:** 20508978K
Admitted: 26/01/2012 **Discharged:** 28/01/2012 **Printed:** 13/03/2012 11:07

GENERAL COMMENTS (continued)

Kind regards,

Rosalind Ievins
FY1 General Surgery

Final discharge comments: AG/WK/12 03 12

Nil to add.

Yours sincerely

DR ALEXNADER GIAKOUSTIDIS
LISTER FELLOW

Signed: _____ **Designation:** _____

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

PATIENT COPY

First Issued: 10/02/2012 14:57
Printed: 10/02/2012 14:57

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF
Telephone : 0141 - 211 - 4000

Admitted: 26/01/2012 **Discharged:** 28/01/2012
Discharged to: Home
Ward: WD66
Consultant: DR MOHAMED, General Surgery
Hospital No: 20508978K **Date of birth:** 25/07/1970
CHI: 2507706163

REGISTERED GP

Dr JOHN GOLDIE
NEWHILLS MEDICAL PRACTICE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW

PATIENT

DONNA SULLIVAN
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE
G34 0DS

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Vomiting, 26/01/2012	R11X	1. Ultrasound scan of abdomen, N/A, 27/01/2012	Uncoded

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
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Venlafaxine	Tablet	Oral	75mg	X				X			Patients Own
Pregabalin	Tablet	Oral	75mg	X				X			Patients Own
Senna	Tab	Oral	2 tabs					X		Indefinite	Patients Own
Ranitidine	Tab	Oral	150mg	X				X		Indefinite	Patients Own
Prochlorperazine	Tablet	Oral	5mg	X		X		X		Indefinite	Patients Own
Zopiclone	Tab	Oral	7.5mg					X		Indefinite	Patients Own
Esomeprazole	Tablet	Oral	40mg	X				X			Patients Own
Paracetamol	Tab	Oral	1g	X	X		X	X	4-6hrly for pain	Indefinite	Patients Own
Diazepam	Tab	Oral	2mg						PRN	Indefinite	Patients Own

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Final discharge letter to follow

Dear Dr Goldie,

re Donna Sullivan, DOB: 25/07/1970

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NHS Greater Glasgow

Patient: DONNA SULLIVAN D.O.B: 25/07/1970 Hosp. No: 20508978K
Admitted: 26/01/2012 Discharged: 28/01/2012 Printed: 10/02/2012 14:57

GENERAL COMMENTS (continued)

Kind regards,

Rosalind Ievins
FY1 General Surgery

Signed: Designation:

Contact: Rosalind Levins Pager Number:

Acute Services Division

OESOPHAGO-GASTRIC UNIT

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Mr G Fullarton
Mr C K MacKay
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Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

MJF/EM

Dictated: 18/01/2012
Typed: 20/01/2012

Miss Donna Sullivan
187 Commonhead Road
Glasgow
G34 0DS

Dear Miss Sullivan

CHI: 2507706163 - CRN: 20508978K

I have reviewed your case notes following your recent endoscopy. Before arranging to see you in clinic, I think it would be appropriate to arrange a further ultrasound scan. The reason for this is that we need to be absolutely sure you do not have gallstones and the best way for double checking this is to actually repeat the ultrasound again. Once you have had the ultrasound scan I will arrange for you to be seen in the out patient clinic. If you have any queries about this please do not hesitate to contact me.

Yours sincerely

Mr M J Forshaw MA MSc FRCS(Gen)
Consultant Upper Gastrointestinal and General Surgeon

Copy to:

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

GLASGOW ROYAL INFIRMARY

Radiology Report

Patient Name:	SULLIVAN DONNA	**Report Date:**	27-Jan-2012 14:28
Patient ID:	2507706163	**Accession No.:**	G107H26580778
Patient Birth Date:	25-Jul-1970	**Report Status:**	F
Referring Physician:	Dr Samy Ramadan Mohamed	**Reason For Study:**	

[Report Summary]
Clinical History :
RUQ pain. Right shoulder tip pain. Nausea and vomiting. ? gall stones.
[US Abdomen]
US Abdomen :
Rather poor ultrasound candidate due to body habitus.
The liver is diffusely echobright and attenuating in keeping with fatty infiltration/parenchymal disease. No focal liver lesions identified. Normal gallbladder, spleen, pancreas, biliary tree and kidneys. Normal calibre abdominal aorta. No free fluid.

Reported by : *Dr Oliver Cram (SpR)*

2nd Report by :

Verified by : *Dr Oliver Cram (SpR)*

Produced by Carestream Health PACS

Acute Services Division

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Greater Glasgow and Clyde

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Switchboard: 0141 211 4000

FH/EM

Dictated: 06/02/2012
Typed: 07/02/2012

Sister Shona Thomson
Nurse Practitioner G I Physiology
Oesophageal Function Unit
Ward 32, 3rd Floor (old Building) Surgical Block
Glasgow Royal Infirmary
G4 0SF

Dear Shona

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

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With many thanks for your help.

Yours sincerely

Faisal Hanif
ST7 in Surgery

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Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
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Dictated: 06/02/2012
Typed: 07/02/2012

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I reviewed Miss Sullivan in Mr Forshaw's clinic today. She was given an earlier appointment at your request. She has been having reflux-type symptoms and tells me that she experiences lots of retrosternal burning and she also suffers from reflux and vomiting. In addition she complains of a lot of upper abdominal pain. She has been previously investigated with an ultrasound scan which confirmed the presence of gallstones. She has also had an upper GI endoscopy which showed a 3 cm sliding hiatus hernia but the stomach and duodenum were normal and there was no evidence of oesophagitis.

She is currently on high dose PPI: Nexium, 40 mg bd, Ranitidine 150 mg bd and Domperidone. She tells me that she derives significant benefit from these medications but still gets symptoms.

On clinical examination she had mild tenderness in her epigastrium but the rest of her abdominal examination was unremarkable.

She denies any history of major respiratory or cardiovascular problems and I think, therefore, that we should perform 24 hour pH and manometry studies. Once these have been completed we will review her again in Mr Forshaw's clinic with the results.

Yours sincerely

Faisal Hanif
ST7 in Surgery

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

Gastroenterology
GGC General Referral

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

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

Hospital location code.
G107H

Email address
-

Urgency of referral ROUTINE
Date of referral 20-Jan-2012 **Date sent** 24-Jan-2012

PATIENT DETAILS

Surname	Sullivan
Forename(s)	Donna
Title	Mrs
Sex	Female
Date of birth	25-Jul-1970
CHI no.	2507706163
Area of Residence	-

Patient's address

187 Commonhead Rd
GLASGOW
G34 0DS

Contact number(s)

Voice: 771 3295
Voice: 07597240430

101003070650X Unique Care Pathway Number: 101003070650X

REGISTERED GP DETAILS

Name	Dr J Goldie		
GMC code	2597894	GP code	06521
Practice name	Newhills Medical Practice (18904)		
Practice code	46451		

Practice address

9 Auchinlea Road
Easterhouse
G34 9HQ

Contact number(s)

Voice: 0141 531 8170
Facsimile: 0141 531 8167

REFERRING GP DETAILS

Name	Dr. Kristeen Lindsay		
GMC code	3272079	GP code	02968
Practice name	Newhills Medical Practice (46451)		
Practice code	46451		

Practice address

Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8170

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Mr. Forshaw's Upper GI Clinic.

Comment: This patient unfortunately missed her appointment on the 12th January 2012 because she claims not to have received the appointment. She continues to have ongoing symptoms of reflux and vomiting. She had an endoscopy recently which showed a 3cm sliding hiatus hernia, but no other abnormality.

She remains on Nexium 40mg twice daily, Ranitidine 150mg twice daily and despite her Domperidone she continues to have reflux and associated with vomiting.

I would be grateful if a follow up appointment can be sent for this patient.

Reason for referral

Care type requested: Out Patient
Expected outcome: Investigate

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

Description	Comment	Date of onset	Date recorded
Hiatus hernia	-	23-Nov-2011	23-Nov-2011
Haemorrhoids	-	24-Mar-2007	24-Mar-2007
Diverticulitis	-	06-Aug-2006	06-Aug-2006
Atypical chest pain	-	19-Nov-1999	19-Nov-1999
Recurrent urinary tract infection	-	01-Oct-1998	01-Oct-1998
Inflammatory breast disease	-	01-Jul-1998	01-Jul-1998
Diaphragmatic hernia	hiatus hernia	02-Apr-1998	02-Apr-1998
Scar NOS	Revision left cheek	08-Dec-1997	08-Dec-1997
Acute posttrauma stress state	-	01-Jan-1996	01-Jan-1996
Normal delivery in a completely normal case	Daughter	01-Apr-1994	01-Apr-1994
Dyspepsia	-	01-Jan-1994	01-Jan-1994
Normal delivery in a completely normal case	-	30-Aug-1992	30-Aug-1992
Backache	mechanical	28-Jan-1992	28-Jan-1992
Obesity	-	01-Jan-1989	01-Jan-1989
Anxiety state NOS	-	01-Jan-1989	01-Jan-1989

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Rubber band ligation of haemorrhoid	07-Dec-2010	07-Dec-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Esomeprazole Gastro-resistant Tablets 40 mg	56	56 TABLET	1 Tab Daily	-	19-Oct-2010	19-Jan-2012
Metoclopramide Hydrochloride Tablets 10 mg	168	168 TABLET	1 Tab 3 times daily	-	19-Oct-2010	06-Oct-2011
Paracetamol Tablets 500 mg	224	224 TABLET	2 TABS UP TO QID DISP MONTHLY	-	19-Oct-2010	19-Jan-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amitriptyline Hydrochloride Tablets 25 mg	56	56 TABLET	TWO TABS AT NIGHT	-	19-Jan-2012	19-Jan-2012
Venlafaxine Tablets 75					19-Jan-	19-Jan-

mg	56	56 TABS	1 Tab morning and night	-	2012	2012
Ranitidine Tablets 150 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY	-	19-Jan-2012	19-Jan-2012
Prochlorperazine Maleate Tablets 5 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	19-Jan-2012	19-Jan-2012
Pregabalin Capsules 75 mg	28	28 capsule	ONE CAP TWICE DAILY	-	19-Jan-2012	19-Jan-2012
Erythromycin E/c tablets 250 mg	20	20 TABLET	TWO TO BE TAKEN TWICE A DAY	-	06-Jan-2012	06-Jan-2012
Diazepam Tablets 2 mg	14	14 tablet	ONE TO BE TAKEN WHEN REQUIRED	-	06-Jan-2012	19-Jan-2012
Domperidone Tablets 10 mg	100	100 TABLET	ONE OR TWO TABLETS THREE TO FOUR TIMES DAILY	-	15-Dec-2011	15-Dec-2011
Senna Tablets 7.5 mg	28	28 TABS	1 or 2 Tabs At night	-	15-Dec-2011	19-Jan-2012
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY	-	15-Dec-2011	15-Dec-2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	15-Dec-2011	19-Jan-2012
Domperidone Tablets 10 mg	100	100 TABLET	ONE OR TWO TABLETS THREE TO FOUR TIMES DAILY	-	25-Nov-2011	25-Nov-2011
Mebeverine Hydrochloride Tablets 135 mg	100	100 tablet	ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS	-	25-Nov-2011	25-Nov-2011
Venlafaxine Tablets 75 mg	56	56 TABS	1 Tab morning and night	-	18-Nov-2011	15-Dec-2011
Diazepam Tablets 2 mg	14	14 tablet	ONE TO BE TAKEN WHEN REQUIRED	-	18-Nov-2011	15-Dec-2011
Amitriptyline Hydrochloride Tablets 25 mg	56	56 TABLET	TWO TABS AT NIGHT	-	18-Nov-2011	15-Dec-2011
Co-Amoxiclav 500/125 Tablets	21	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Nov-2011	01-Nov-2011
Hyoscine Butylbromide Tablets 10 mg	56	56 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY	-	01-Nov-2011	01-Nov-2011
Domperidone Tablets 10 mg	100	100 TABLET	ONE OR TWO TABLETS THREE TO FOUR TIMES DAILY	-	01-Nov-2011	01-Nov-2011
Senna Tablets 7.5 mg	28	28 TABS	1 or 2 Tabs At night	-	01-Nov-2011	18-Nov-2011
Cyclizine Tablets 50 mg	100	100 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	27-Oct-2011	27-Oct-2011
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	2 Caps Daily	-	27-Oct-2011	18-Nov-2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	27-Oct-2011	25-Nov-2011
Fusidic Acid Cream 2 %	30	30 gram	APPLY THREE TO FOUR TIMES DAILY	-	27-Oct-2011	27-Oct-2011
Ranitidine Tablets 150 mg	60	60 tablet	ONE TO BE TAKEN TWICE A DAY	-	06-Oct-2011	27-Oct-2011
Venlafaxine Tablets 75 mg	56	56 TABS	1 Tab morning and night	-	06-Oct-2011	06-Oct-2011
Diazepam Tablets 2 mg	14	14 tablet	ONE TO BE TAKEN WHEN REQUIRED	-	06-Oct-2011	06-Oct-2011
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY	-	21-Sep-2011	21-Sep-2011
Clotrimazole Cream and Pessary 2 % 500 mg	1	1 PACK	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	21-Sep-2011	21-Sep-2011
Amitriptyline Hydrochloride Tablets	56	56 TABLET	TWO TABS AT NIGHT	-	21-Sep-	27-Oct-

25 mg					2011	2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	15-Sep-2011	06-Oct-2011
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	15-Sep-2011	15-Sep-2011
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	2 Puffs Take as required	-	15-Sep-2011	15-Sep-2011
Diazepam Tablets 2 mg	14	14 tablet	ONE TO BE TAKEN WHEN REQUIRED	-	24-Aug-2011	24-Aug-2011
Amitriptyline Hydrochloride Tablets 25 mg	56	56 TABLET	TWO TABS AT NIGHT	-	29-Jul-2011	24-Aug-2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	29-Jul-2011	24-Aug-2011
Esomeprazole Gastro-resistant Tablets 20 mg	56	56 TABS	1 Tab Twice daily	-	29-Jul-2011	24-Aug-2011
Venlafaxine Tablets 75 mg	56	56 TABS	1 Tab morning and night	-	29-Jul-2011	24-Aug-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoking Status New Contract.cl - Repeat after an Interval	09-Feb-2009
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	22-Aug-2008
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	23-Jan-2007
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	23-Nov-2005
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	07-Oct-2004
Trivial drinker - <1u/day:	Alcohol Intake$$.clm - Repeat after an Interval	22-Jan-2002

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

2050897BK

MiSys

MRN		Gender	F
Name	**SULLIVAN, DONNA**	Date Of Birth	**25-Jul-1970**
Encounter Number			

COPY ONLY DO NOT FILE

SOPRANO clinical workflow

US Abdomen

Time Collected	27-Jan-2012 13:46	**Time Received**	27-Jan-2012 14:50
Time Reported	27-Jan-2012 14:28	**Order Number**	G107H26580778
Status	Final		

Results
US Abdomen Final

Donna Sullivan
Clinical History :
RUQ pain. Right shoulder tip pain. Nausea and vomiting. ? gall stones.

US Abdomen :
Rather poor ultrasound candidate due to body habitus.

The liver is diffusely echobright and attenuating in keeping with fatty infiltration/parenchymal disease. No focal liver lesions identified. Normal gallbladder, spleen, pancreas, biliary tree and kidneys. Normal calibre abdominal aorta. No free fluid.

Reported by: Dr Oliver Cram (SpR)
Verified by: Dr Oliver Cram (SpR)

Prepared for Wilma Kelly (Wilma Kelly) on 30 January 2012 09:56:28

p/t phoned re soon admission

07936 225858

MJF.

Nothing was mentioned by me to pt re admission

E

FILED

p/t Pain Note Really

Can You Let Her Know

OPA Monday.

W

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Dr JOHN GOLDIE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD GLASGOW

G34 9HQ

Date : 26 Jan 2012

Dear Dr JOHN GOLDIE,

Re: DONNA SULLIVAN, 187 COMMONHEAD ROAD, GLASGOW, LANARKSHIRE, G34 0DS
Date of Birth: 25/07/1970 CHI number: 2507706163

Your patient attended Glasgow Royal Infirmary on the 26 Jan 2012.

The presenting complaint was: **ABDO PAINS, HAS HIATUS HERNIA AND GALL BLADDER PROBLEMS**

Triage information: **PNT MR FORSHAW. HIATUS HERNIA, PAST FORTNIGHT INCREASING BURNING GASTRITIC TYPE PAIN, TAKING MILK ETC TO EASE IT AND NOW SEVERE RUQ PAIN RADIATING INTO BACK AND R SHOULDER. ?GALLSTONES.**

The following investigations were carried out: **None**

The A&E diagnosis was: **GASTRO-INTESTINAL - CHOLECYSTITIS**

The following treatment was **None**

given:

At the conclusion of treatment the patient was: **ADMITTED**

Follow-up: **ADMITTED**

Additional information: **None**

Yours sincerely,

SANTHOSH KESHAVAMURTHY

EMERGENCY DEPARTMENT DOCTOR

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell @ggc.scot.nhs.uk

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

MJF/EM

Dictated: 18/01/2012
Typed: 20/01/2012

Miss Donna Sullivan
187 Commonhead Road
Glasgow
G34 0DS

Dear Miss Sullivan

CHI: 2507706163 - CRN: 20508978K

I have reviewed your case notes following your recent endoscopy. Before arranging to see you in clinic, I think it would be appropriate to arrange a further ultrasound scan. The reason for this is that we need to be absolutely sure you do not have gallstones and the best way for double checking this is to actually repeat the ultrasound again. Once you have had the ultrasound scan I will arrange for you to be seen in the out patient clinic. If you have any queries about this please do not hesitate to contact me.

Yours sincerely

Mr M J Forshaw MA MSc FRCS(Gen)
Consultant Upper Gastrointestinal and General Surgeon

Copy to:

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 OSF
Switchboard:0141~211~4000
Direct Dial: 0141~211~4519
Fax: 0141~211~5659

Oesophageal Clinic
Consultant:
Dr R Gillespie
Consultant Physician & Gastroenterologist
Dr J Winter
Consultant Gastroenterologist
e.mail: mary.doherty@northglasgow.scot.nhs.uk

JW/JR/20508978K

Dict: 16/01/2012
Typed: 17/01/2012

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre, 9 Auchinlea Road, Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Donna Sullivan failed to attend her appointment at the Oesophageal Clinic this afternoon (12.1.12). I have not arranged for further review.

Yours sincerely

Jack Winter
Consultant Gastroenterologist

Acute Services Division

DEPARTMENT OF OTOLARYNGOLOGY AND
HEAD AND NECK SURGERY
MR MacKENZIE'S CLINIC

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	25/10/2011
Dictated	25/10/2011
Typed	03/11/2011
Your Ref	
Our Ref	KMACK/AM
Fax	0141 211 4896

Consultants:

Mr K MacKenzie
Mr G W McGarry
Mr I R C Swan
Mr O Hilmi

Dr J Winter
Consultant Gastroenterologist
Department of Gastroenterology
Glasgow Royal Infirmary

Dear Dr Winter

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Please find enclosed a copy of the letter of referral on Donna Sullivan who has gross gastro-oesophageal reflux symptoms associated with spontaneous vomiting and possible hematemesis. She is currently on Esomeprazole 20 mgs bd, however, her symptoms are clearly not controlled. I would be very grateful for your opinion. She is expecting to hear from you in due course.

Yours sincerely

K MacKENZIE
Consultant ENT Surgeon and Honorary Senior Lecturer

Outstanding results:

te Services Division

SOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell @ggc.scot.nhs.uk

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

EC/EM

Dictated: 23/11/2011
Typed: 25/11/2011

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Mrs Sullivan attended today the Endoscopy Unit at the New Stobhill Hospital today for endoscopy following her recent discharge from Glasgow Royal Infirmary under the care of Mr Forshaw. As you know she was admitted with upper abdominal and right upper quadrant pain. An ultrasound scan did not show any evidence of any gallstones or any other abnormalities and an out patient endoscopy has been arranged. She has had some symptomatic relief with Nexium 40 mg bd. However, this has not eliminated her symptoms entirely.

Her endoscopy today showed a 3 cm sliding hiatus hernia but no other abnormalities. I would be grateful if you could continue her on high dose Nexium but also add in Domperidone, 10 mg tid, to see if this helps things. If there is no improvement I would suggest adding in Ranitidine at night. I will arrange that she is reviewed back in Mr Forshaw's clinic in approximately 8 weeks' time.

Yours sincerely

Miss Elizabeth Cannings
ST7 in General Surgery

FINAL DISCHARGE LETTER

NHS
Greater Glasgow

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF
Telephone : 0141 - 211 - 4000

First Issued: 11/11/2011 15:44
Printed: 11/11/2011 15:44

Admitted: 03/11/2011 **Discharged:** 03/11/2011
Discharged to: Home
Ward: WD65
Consultant: Mr FORSHAW, General Surgery
Hospital No: 20508978K **Date of birth:** 25/07/1970
CHI: 2507706163

REGISTERED GP

Dr JOHN GOLDIE
NEWHILLS MEDICAL PRACTICE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW

PATIENT

DONNA SULLIVAN
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE
G34 0DS

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Right hypochondrial pain, 03/11/2011	R101		

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
Upper GI endoscopy	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Dear Doctor,

This lady presented to GRI surgical wards with 2/52 of RUQ pain. USS showed no evidence of gallstones. She was given 40mg omeprazole bd on discharge. An outpatient OGD has been organised for the coming weeks.

Kind Regards,
Aodhan Glynn FY1

FINAL COMMENT DICTATED 11.11.11 VG/EM

Nil to add.

Yours sincerely

Vivienne Gough
Specialist Registrar

Signed: _____ **Designation:** _____

IMMEDIATE DISCHARGE LETTER

NHS
Greater Glasgow

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF
Telephone : 0141 - 211 - 4000

GP COPY

First Issued: 07/11/2011 12:34
Printed: 07/11/2011 12:34

Admitted: 03/11/2011 **Discharged:** 03/11/2011
Discharged to: Home
Ward: WD65
Consultant: Mr FORSHAW, General Surgery
Hospital No: 20508978K **Date of birth:** 25/07/1970
CHI: 2507706163

REGISTERED GP

Dr JOHN GOLDIE
NEWHILLS MEDICAL PRACTICE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW

PATIENT

DONNA SULLIVAN
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE
G34 0DS

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Right hypochondrial pain, 03/11/2011	R101		

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
Upper GI endoscopy	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Final discharge letter to follow
Dear Doctor,

This lady presented to GRI surgical wards with 2/52 of RUQ pain. USS showed no evidence of gallstones. She was given 40mg omeprazole bd on discharge. An outpatient OGD has been organised for the coming weeks.

Kind Regards,
Aodhan Glynn FY1

Signed: _____ **Designation:** _____

Contact: Kirsty McDowell **Pager Number:**

Acute Services Division

DEPARTMENT OF OTOLARYNGOLOGY AND
HEAD AND NECK SURGERY
MR MacKENZIE'S CLINIC

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	25/10/2011
Dictated	25/10/2011
Typed	03/11/2011
Your Ref	
Our Ref	KMACK/AM
Fax	0141 211 4896

Consultants:

Mr K MacKenzie
Mr G W McGarry
Mr I R C Swan
Mr O Hilmi

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre,
9 Auchinlea Road,
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Thank you for asking me to see Mrs Sullivan who complains of marked burning in her hypopharynx and pharynx and gross heartburn and indigestion. Associated with this she has hoarseness most days. All these symptoms have been worse since she was assaulted in July of this year. In addition to these problems she also spontaneously vomits and has complained of bringing up blood also.

On examination she had diffuse swelling over the thyroid region, no palpable masses, nose and pharynx are clear. Fibreoptic nasendoscopy shows mild laryngitis only. I note that she is already on Esomeprazole 20 mgs bd and I have asked her to increase this to 40 mgs bd. I have also given her a note of the telephone number to contact Speech and Language Therapy to arrange a course of voice therapy.

I have arranged for review by the Upper GI team.

Yours sincerely

K MacKENZIE
Consultant ENT Surgeon and Honorary Senior Lecturer

Outstanding results:

cc Dr J Winter, Consultant Gastroenterologist, Department of Gastroenterology, Glasgow Royal Infirmary

Acute Services Division

DEPARTMENT OF OTOLARYNGOLOGY AND HEAD AND NECK SURGERY
MR MacKENZIE'S CLINIC

Glasgow Royal Infirmary
16 Alexandra Parade
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NHS
Greater Glasgow and Clyde

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Consultants:

Mr K MacKenzie
Mr G W McGarry
Mr I R C Swan
Mr O Hilmi

Dr J Winter
Consultant Gastroenterologist
Department of Gastroenterology
Glasgow Royal Infirmary

Dear Dr Winter

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Please find enclosed a copy of the letter of referral on Donna Sullivan who has gross gastro-oesophageal reflux symptoms associated with spontaneous vomiting and possible hematemesis. She is currently on Esomeprazole 20 mgs bd, however, her symptoms are clearly not controlled. I would be very grateful for your opinion. She is expecting to hear from you in due course.

Yours sincerely

K MacKENZIE
Consultant ENT Surgeon and Honorary Senior Lecturer

Outstanding results:

20508976K

Hospital use only	Clinic	Day Date	Time	Hospital No.

ENMCKUOIC

25/10/11.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Single Stylesheet - [standard|dental|diagnostic imaging]

GGC General Referral Protocol (Glasgow, vR13.0)

REFERRAL TO

ENT - Head, Neck and Throat
GGC General Referral

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

— **Hospital and hospital address**

Hospital location code.
G107H

Email address
-

Urgency of referral ROUTINE
Date of referral 19-Sep-2011 **Date sent** 20-Sep-2011

PATIENT DETAILS

Surname	Sullivan
Forename(s)	Donna
Title	Mrs
Sex	Female
Date of birth	25-Jul-1970
CHI no.	2507706163
Area of Residence	-

Patient's address

187 Commonhead Rd
GLASGOW
G34 0DS

Contact number(s)
Voice: 771 3743

101002551828G Unique Care Pathway Number: 101002551828G

REGISTERED GP DETAILS

Name	Dr J Goldie		
GMC code	2597894	GP code	06521
Practice name	Newhills Medical Practice (18904)		
Practice code	46451		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow

Contact number(s)
Voice: 0141 531 8170
Facsimile: 0141 531 8167

REFERRING GP DETAILS

Name	Dr. Kristeen Lindsay		
GMC code	3272079	GP code	02968
Practice name	Newhills Medical Practice (46451)		
Practice code	46451		

Practice address

Easterhouse Health Centre
9 Auchinlea Road
Glasgow

Contact number(s)
Voice: 0141 531 8170

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Intermittent hoarseness and soreness of her throat.

Comment: This patient previously attended the ENT and nil abnormal was found.

She has continued to complain of intermittent hoarseness and soreness of her throat.

In view of her ongoing symptoms I would be most grateful for your further assessment and advice.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Haemorrhoids	-	07-Dec-2010	07-Dec-2010
Haemorrhoids	-	15-Jan-2009	15-Jan-2009
Haemorrhoids	-	24-Mar-2007	24-Mar-2007
Diverticulitis	-	06-Aug-2006	06-Aug-2006
Haemorrhoids	-	22-Aug-2003	22-Aug-2003
Termination of pregnancy	-	03-May-2000	03-May-2000
Atypical chest pain	-	19-Nov-1999	19-Nov-1999
Recurrent urinary tract infection	-	01-Oct-1998	01-Oct-1998
Inflammatory breast disease	-	01-Jul-1998	01-Jul-1998
Diaphragmatic hernia	hiatus hernia	02-Apr-1998	02-Apr-1998
Scar NOS	Revision left cheek	08-Dec-1997	08-Dec-1997
Acute posttrauma stress state	-	01-Jan-1996	01-Jan-1996
Normal delivery in a completely normal case	Daughter	01-Apr-1994	01-Apr-1994
Dyspepsia	-	01-Jan-1994	01-Jan-1994
Normal delivery in a completely normal case	-	30-Aug-1992	30-Aug-1992
Backache	mechanical	28-Jan-1992	28-Jan-1992
Obesity	-	01-Jan-1989	01-Jan-1989
Anxiety state NOS	-	01-Jan-1989	01-Jan-1989

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Rubber band ligation of haemorrhoid	07-Dec-2010	07-Dec-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Esomeprazole Gastro-resistant Tablets 40 mg	56	56 TABLET	1 Tab Daily	-	19-Oct-2010	27-Jun-2011
Metoclopramide Hydrochloride Tablets 10 mg	168	168 TABLET	1 Tab 3 times daily	-	19-Oct-2010	27-Jun-2011
Paracetamol Tablets 500 mg	224	224 TABLET	2 TABS UP TO QID DISP MONTHLY	-	19-Oct-2010	24-Aug-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	15-Sep-2011	15-Sep-2011
Amoxicillin Capsules		15	ONE TO BE TAKEN THREE TIMES		15-Sep-	15-Sep-

500 mg	15	CAPSULE	A DAY	-	2011	2011
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	2 Puffs Take as required	-	15-Sep-2011	15-Sep-2011
Diazepam Tablets 2 mg	14	14 tablet	ONE TO BE TAKEN WHEN REQUIRED	-	24-Aug-2011	24-Aug-2011
Amitriptyline Hydrochloride Tablets 25 mg	56	56 TABLET	TWO TABS AT NIGHT	-	29-Jul-2011	24-Aug-2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	29-Jul-2011	24-Aug-2011
Esomeprazole Gastro-resistant Tablets 20 mg	56	56 TABS	1 Tab Twice daily	-	29-Jul-2011	24-Aug-2011
Venlafaxine Tablets 75 mg	56	56 TABS	1 Tab morning and night	-	29-Jul-2011	24-Aug-2011
Ferrous Fumarate Tablets 210 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	13-Jun-2011	13-Jun-2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	13-Jun-2011	11-Jul-2011
Amitriptyline Hydrochloride Tablets 25 mg	56	56 TABLET	TWO TABS AT NIGHT	-	03-Jun-2011	29-Jun-2011
Esomeprazole Gastro-resistant Tablets 20 mg	56	56 TABS	1 Tab Twice daily	-	03-Jun-2011	03-Jun-2011
Trimethoprim Tablets 200 mg	10	10 tablet	ONE TO BE TAKEN TWICE A DAY	-	25-May-2011	25-May-2011
Senna Tablets 7.5 mg	28	28 TABS	1 or 2 Tabs At night	-	25-May-2011	13-Jun-2011
Mefenamic Acid Tablets 500 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	25-May-2011	29-Jun-2011
Tranexamic Acid Tablets 500 mg	100	100 tablet	TWO TO BE TAKEN FOUR TIMES DAILY IF REQUIRED	-	25-May-2011	25-May-2011
Movelat Gel	125	125 GRAM	APPLY FOUR TIMES DAILY	-	25-May-2011	25-May-2011
Venlafaxine Tablets 75 mg	56	56 TABS	1 Tab morning and night	-	19-May-2011	19-May-2011
Amitriptyline Hydrochloride Tablets 25 mg	30	30 tablet	ONE TO BE TAKEN EACH EVENING	-	05-May-2011	05-May-2011
Amitriptyline Hydrochloride Tablets 10 mg	28	1*28 tablet	ONE TO BE TAKEN EACH EVENING	-	05-May-2011	05-May-2011
Diazepam Tablets 2 mg	14	14 tablet	ONE TO BE TAKEN WHEN REQUIRED	-	05-May-2011	25-May-2011
Orlistat Capsules 120 mg	84	84 CAPSULE	ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)	-	20-Apr-2011	20-Apr-2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	20-Apr-2011	25-May-2011

Cetirizine Hydrochloride Tablets 10 mg	60	60 tablet	ONE TO BE TAKEN EACH DAY	-	13-Apr-2011	13-Apr-2011
Gabapentin Capsules 100 mg	90	90 capsule	NEUROPATHIC PAIN, INITIALLY ONE TO BE TAKEN THREE TIMES A DAY	-	07-Apr-2011	07-Apr-2011
Senna Tablets 7.5 mg	28	28 TABS	1 or 2 Tabs At night	-	07-Apr-2011	05-May-2011
Amitriptyline Hydrochloride Tablets 25 mg	30	30 tablet	ONE TO BE TAKEN EACH EVENING	-	21-Mar-2011	13-Apr-2011
Amitriptyline Hydrochloride Tablets 10 mg	28	1*28 tablet	ONE TO BE TAKEN EACH EVENING	-	21-Mar-2011	13-Apr-2011
Zopiclone Tablets 7.5 mg	7	7 TABS	1 Tab At night	-	21-Mar-2011	07-Apr-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoking Status New Contract.cl - Repeat after an Interval	09-Feb-2009
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	22-Aug-2008
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	23-Jan-2007
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	23-Nov-2005
Current smoker:	Smoking Status New Contract.cl - Repeat after an Interval	07-Oct-2004
Trivial drinker - <1u/day:	Alcohol Intake$$.clm - Repeat after an Interval	22-Jan-2002

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

NHS Greater Glasgow and Clyde

GASTROSCOPY REPORT

Name: **Donna SULLIVAN, 25/07/1970 (F)**
CHI No: **2507706163**
Case note no.: **20508978K**

Address: 41 Springcroft Wynd
Baillieston
Glasgow
G69 6SE

Procedure date
26th November 2012

GP: GOLDIE, JOHN
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Priority: Elective
Status: Day patient/NHS
Hospital: Glasgow Royal
Ward: (none)
Referring Cons: Dr Ruth Gillespie (Gastroenterology)

Indications
Abdominal pain and nausea and/or vomiting.

Consultant/Endoscopist
Dr Ruth Gillespie
Nurses: SSN Mary Jones
S/N Fiona Sinclair

Report
The procedure was completed successfully.
The whole upper gastro-intestinal tract was normal.

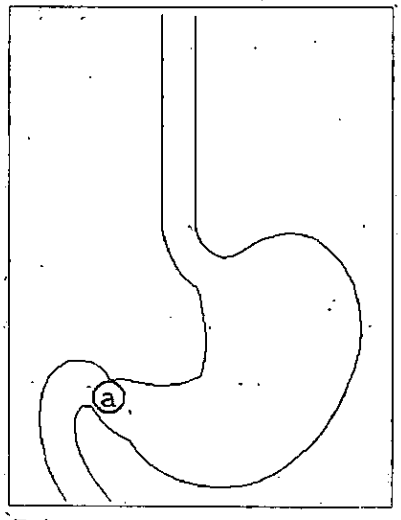
Instrument
SCANTRACK

Therapeutic procedures
Injection: 2ml of Botulinum toxin 100iu via 4 Injections

Premedication
Midazolam (IV) 4 mg
Xylocaine Spray (Oral) 5 spray

Follow up
Return to the GI physician.

Advice/comments
No fasting residue nor erosive oesophagitis.
Uncomplicated Botox injection - review in clinic.



a: *Pylorus*

Dr Ruth Gillespie
Consultant Gastroenterologist

NHS Greater Glasgow and Clyde

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Dr Ruth Gillespie
Consultant Gastroenterologist

Consultant/Endoscopist
Dr Ruth Gillespie
Nurses: SSN Mary Jones
S/N Fiona Sinclair

Instrument
SCANTRACK

Premedication
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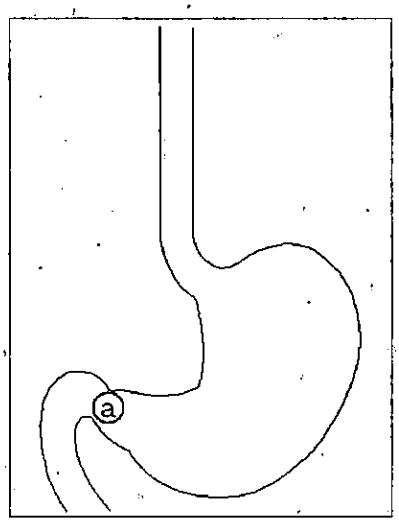
Xylocaine Spray (Oral) 5 spray



a: *Pylorus*

Esophageal manometry report

SULLIVAN, DONNA

Gender:	Female	Investigation nr:	01
Date of birth:	25/07/1970	Hospital:	NHS Greater Glasgow & Clyde
Patient number:	2507706163	Investigator:	SR S THOMSON
Investigation date:	13/03/2012	Referred by:	MR M FORSHAW

NHS Greater Glasgow and Clyde

LES station results

LES upper border	42.0	cm
LES lower border	45.7	cm
LES length	3.7	cm

LES relaxation overview

	#	%	Normals
% Complete LES relaxations	12	100 %	90-100 %
% Partial LES relaxations	0	0 %	0-10 %
% Absent LES relaxations	0	0 %	0 %

LES resting pressures - Mean

#	P1	P2	P3	P4	P5	P6	P7	P8	Avg	Normals		Duration (s)
1	-	-	-	-	-	-	-	19	19	6-25	mmHg	79.9 s
2	-	-	-	-	-	-	13	-	13	6-25	mmHg	90.4 s
3	-	-	-	-	-	17	-	-	17	6-25	mmHg	55.1 s
4	-	-	-	-	15	-	-	-	15	6-25	mmHg	64.7 s
5	-	-	-	13	-	-	-	-	13	6-25	mmHg	51.3 s
6	-	-	11	-	-	-	-	-	11	6-25	mmHg	65.0 s
7	10	-	-	-	-	-	-	-	10	6-25	mmHg	62.6 s
8	-	6	-	-	-	-	-	-	6	6-25	mmHg	46.4 s
Avg	10	6	11	13	15	17	13	19	13	6-25	mmHg	
Max	10	6	11	13	15	17	13	19	13	6-25	mmHg	

Average of LES relaxations

	P3	Normals	
Percentage relaxation	100	90-100	%
Residual pressure	-5		mmHg
Duration	8.5	5-10	s

Esophageal motility results

Average calculations for 12 swallow(s) [Wet swallow 5 ml]

	P8	P7	P6	P5	Average	Normals	
Peak amplitude	88	31	60	73	63	30-160	mmHg
Contraction duration	2.0	2.2	2.1	3.3	2.4	2-6	s

Onset velocity(P8-P5)	2.45 cm/s
Peak velocity(P8-P5)	2.24 cm/s

	#	%	Normals
% Peristaltic contractions	6	50 %	80-100 %
% Simultaneous contractions	0	0 %	0-20 %
% Retrograde contractions	0	0 %	0 %
% Non transmitted contractions	0	0 %	0-20 %
% Dropped contractions	0	0 %	
% Interrupted contractions	6	50 %	

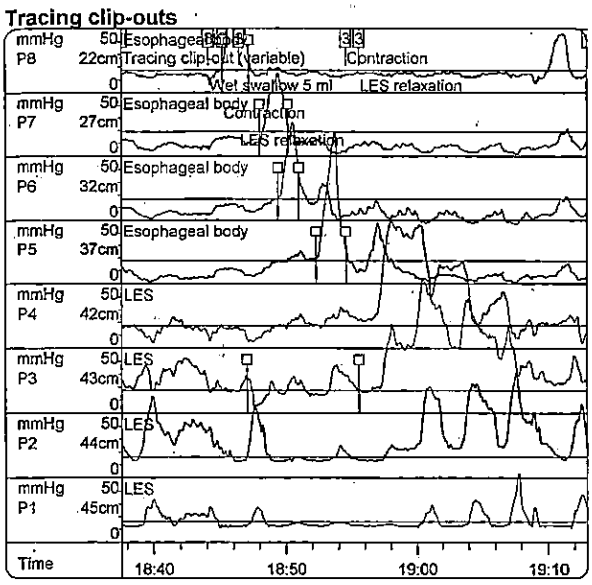
Esophageal manometry report

SULLIVAN, DONNA

Gender:	Female	Investigation nr:	01
Date of birth:	25/07/1970	Hospital:	NHS Greater Glasgow & Clyde
Patient number:	2507706163	Investigator:	SR S THOMSON
Investigation date:	13/03/2012	Referred by:	MR M FORSHAW

NHS Greater Glasgow and Clyde

Tracing clip-outs



Investigation conclusion

Clinical problem: GORD.
Intubation via right nare. Oesophageal manometry catheter from central decontamination unit- 2321285
Technical difficulties encountered during intubation- none.

Procedure: Manometric evaluation of oesophageal function

Description: Manometric procedure included Dent silicone 8 channel catheter. Distilled degassed water was perfused through each channel with a T-coupler flow resistors a rate of 0.15 ml /min. A series of ten x 5ml water bolus induced single swallows were evaluated.

Oesophageal peristalsis was normal. (*Normal value 80-100%)* .

The mean lower oesophageal sphincter pressure was 13 mmHg, referenced to stomach pressure. (*Normal value 6-25 mmHg)*

The lower oesophageal relaxation reflex was normal. (*Normal value 90-100%)* .

The mean oesophageal contractions were 63 mmHg. (*Normal value 30-160mmHg)*

Trace clipping shows a peristaltic contraction.

Interpretation:
Oesophageal function was evaluated with perfused manometry. Peristaltic pressures and rates were normal for dry and water swallows. The lower oesophageal sphincter did relax on multiple single swallows. Normal oesophageal study. Clinical correlation, follow-up by Mr M Forshaw.

Reported by:Sr S Thomson

Nurse Practitioner Clinical G I Physiology.

Gender:	Female	Investigation nr:	01
Date of birth:	25/07/1970	Hospital:	NHS Greater Glasgow & Clyde
Patient number:	2507706163	Investigator:	SR S THOMSON
Investigation date:	13/03/2012	Referred by:	MR M FORSHAW

NHS Greater Glasgow and Clyde

SR S THOMSON

pH investigation report

SULLIVAN, DONNA

Gender:	Female	Investigation nr:	02
Date of birth:	25/07/1970	Hospital:	NHS Greater Glasgow & Clyde
Patient number:	2507706163	Investigator:	SR S THOMSON
Investigation date:	14/03/2012	Referred by:	MR M FORSHAW

NHS Greater Glasgow and Clyde

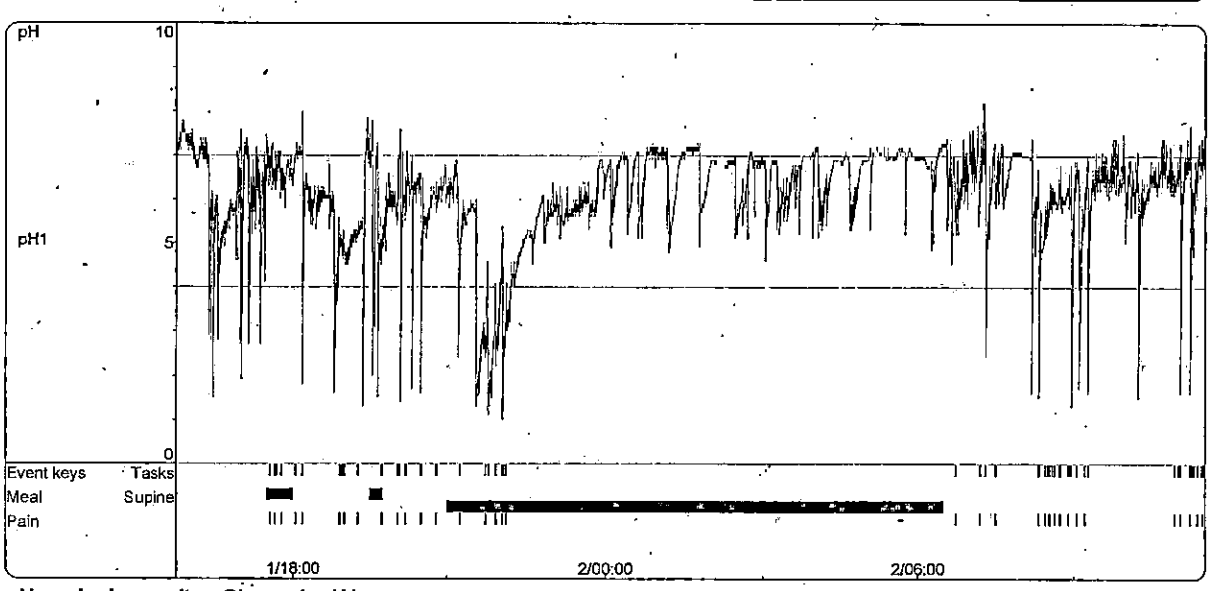
Investigation memo

Interpretation: Abnormal total acid exposure time 5.2% (*normal <4.2*) . DeMeester total score 21.39 (*normal <14.72*) .Symptom association -negative for SAP for 34 marked events.
Clinical correlation, follow-up by Mr M Forshaw.

Off medication study- Nexium 40mgs bd, ranitidine 150mgs bd.

Probe position 37 cm.

Sr Shona Thomson



pH analysis results - Channel: pH1

pH acid results

	Upright	Supine	Total	
Duration	10:15	9:30	19:45	hh:mm
Duration	51.9	48.1	100.0	%
Total reflux time (pH <=4.0)	20.5	40.9	61.3	min
Total reflux time (pH <=4.0)	3.3	7.2	5.2	%
Nr of reflux periods	33	6	39	
Nr of long reflux periods >5 min.	0	3	3	
Longest reflux	1.8	15.7	15.7	min

DeMeester scoring results (Score according to DeMeester normal values)

Score component	Patient	Score	Mean	SD	
Total reflux time	5.2	3.69	1.51	1.36	Total %
Total reflux time	3.3	1.42	2.34	2.34	Upright %
Total reflux time	7.2	7.54	0.63	1.00	Supine %
Nr of reflux periods	47.4	3.22	19.00	12.76	in 24 hours
Nr of long reflux periods >5 min.	3.6	3.38	0.84	1.18	in 24 hours
Longest reflux	15.7	2.14	6.74	7.85	min

DeMeester score: 21.39 (14.72 is upper limit of 95.0 percentile of normal)

Adult scoring results

	Patient	Normal		
Total reflux time	5.2	< 4.2	20	Total %
Nr of reflux periods	47.4	< 50.0	100	in 24 hours
Nr of long reflux periods >5 min.	3.6	< 4.0	20	in 24 hours
Longest reflux	15.7	< 9.2	60	min

No Boix-Ochoa scoring results calculated. Patient is too old.

pH investigation report

SULLIVAN, DONNA

Gender:	Female	Investigation nr:	02
Date of birth:	25/07/1970	Hospital:	NHS Greater Glasgow & Clyde
Patient number:	2507706163	Investigator:	SR S THOMSON
Investigation date:	14/03/2012	Referred by:	MR M FORSHAW

NHS Greater Glasgow and Clyde

No Infant scoring results calculated. Patient is too old.

Symptom analysis results - Channel: pH1

#	Symptom time	Reflux	pH drop	
1	1/17:34:06			
2	1/17:39:08			
3	1/17:46:43			
4	1/18:03:20			
5	1/18:11:08			
6	1/18:54:17			
7	1/18:59:54			
8	1/19:16:21			
9	1/19:44:13			
10	1/20:02:40			
11	1/20:12:48			
12	1/20:30:30	*		
13	1/20:47:41			
14	1/21:14:56			
15	1/21:44:20			
16	1/21:55:49			
17	1/22:03:19			
18	1/22:07:38			
19	2/06:44:45			
20	2/07:12:51			
21	2/07:30:40		*	
22	2/08:20:13	*		
23	2/08:27:26			
24	2/08:32:20			
25	2/08:38:27			
26	2/08:44:26			
27	2/08:53:59			
28	2/09:03:40			
29	2/09:13:02			
30	2/10:55:21			
31	2/11:01:56	*		
32	2/11:13:00			
33	2/11:21:12			
34	2/11:27:13			

Nr of symptoms analyzed	34
Nr of symptoms related to reflux	4
Nr of symptoms not related to reflux	30
Nr of reflux periods	39
Nr of pH drops	45
Symptom index for reflux (SI)	11.8 %
Symptom sensitivity index (SSI)	10.3 %
Symptom association probability (SAP)	78.6 %

SAP

	S+	S-	Total
R+	4	64	68
R-	30	494	524
Total	34	558	592

p = 0.2140

SR S THOMSON

Patient Diary

NHS Greater Glasgow and Clyde

Name :	20508978K SULLIVAN F DONNA 25/07/1970 187 COMMONHEAD ROAD GLASGOW LANARKSHIRE G34 0DS CHI-2507706163	Date: 13/3/12
Hospital N		
Comment		

Intubation *(please tick)*: 1) right nare ☑ 2) left nare ☐ 3) the mouth ☐

Technical difficulties encountered during intubation: none

Please record the START and FINISH time for the following events.

1. **When eating and drinking** - it is helpful if you record which food you have eaten.
2. **When lying down or asleep** - the recording device can be placed under your pillow.
3. **Episodes of heartburn or chest pain** - you need only record the onset of these.

18th

Start Time	Event:	Finish Time
17-30	Dinner Sausage + mash	17.45
17.45	Cup of tea	18-00
19-30	MILK Shake	
20.00	Glass of water	
21-00	Went to bed with Severe heartburn	
06-30	Glass of WATER Got up Couldn't eat Felt too SICK	

Duration of Study

To maintain a minimum duration study period of 20 hours then
Patients attending a 9am appointment slot should return between 9am -10am
Patients attending 11am appointment slot should return between 9am -10am
Patients attending a 1.30pm appointment slot should return between 11.30am -12 midday
Patient attending a 3pm appointment should return at 12md (not before this time)

Care of Ambulatory PH Recording Device:

1. Do not allow this unit to come in contact with water or household agents.
2. If the catheter (TUBE) is coughed into the mouth it should be removed by pulling it from the nose. DO NOT re-pass the tube. Make a note of the time that the tube was removed.
3. The hours of this unit are 8am-4pm. If you need advice outside these hours contact your G.P. or local casualty unit.

Compiled by Shona Thomson ~ Motility Nurse - *Reviewed 26 August 2010 SR S Thomson* Designed & Produced by Medical Illustration GRI Job No. 247290

Glasgow Royal Infirmary

NHS
Greater Glasgow and Clyde

Endoscopy Unit

Philosophy

- The nursing staff within the Endoscopy Unit will strive to provide a high standard of quality care to all our clients.
- We believe that the care that each person receives should be centred around their own needs, and that they should be valued as an individual.
- We believe that each person has the right to be treated with dignity

  We believe that the right to client confidentiality should be maintained at all times
- We will ensure that the values, customs and spiritual beliefs that are held by each individual will be respected
- We will endeavour to provide a standard of excellence in all areas of care and we are open to any suggestions that you might have to enable us to accomplish this.

Escort / Next of Kin

DANIELLE

Contact Number

07519326389

20508978K
SULLIVAN F
DONNA 25/07/1970
41 SPRINGCROFT WYND
BAILLIESTON
GLASGOW G69 6SE
CHI-2507706163

MIS 240927 • Tel: 0141 211 4692
Review Date: Jun. 2013

Consultant: Dr Gillespie

Admission Nurses: N. Bensming

Procedure Nurses: JONES

SINCLAR

WATSON

Date: 26/11/12 Time: 0910

Procedure: OGD + BOTOX

Intra Procedure	Y	N	N/A
Surgical Pause	✓		
Consent obtained	✓		
Documentation correct	✓		
Patient in safe/suitable position	✓		
Airway maintained	✓		
Continual visual monitoring	✓		
Provide reassurance	✓		
Venflon inserted	✓		
Maintain venous access	✓		
Cell check stoma bag			✓

Drugs given	Amount	Tick box if applicable		
Midazolam	4mg	✓		
Pethidine / Fentanyl				
Buscopan				
Adrenaline 1:10,000				
Narcan				
Annexate				
Botox injection				
Xylocaine Topical				
Throat spray 2%	10.15	✓		
Solution 4%				
Gel 2%				
IV Antibiotics	**Dose**			
Administer 02 therapy				

NASAL CANNULA

1. Oxygen 4 litres per minute if SpO2 drops below 95% ☑
2. Oxygen 4 litres per minute until fully awake ☐
3. Oxygen _____ per minute via _____ until _____ ☐

Comfort Score (please circle score): as per GRS comfort score

(1) Comfortable
2 - Mild
3 - Moderate
4 - Significant
5 - Extreme

Start Time: 10.15 Stop Time: 10.35

Consent Withdrawn ☐ YES ☑ NO

UNEVENTFUL PROCEDURE.
INJECTION OF BOTOX

Diet Instructions			
Normal diet	✓		
Fluids			
Soft diet			
Nil orally till further medical instructions			
To be seen by doctor before discharge		✓	

Post Procedure	Y		
Blood pressure	✓		
Pulse	✓		
Oxygen (saturation level)	✓		
Respirtory rate (if applicable)			
Other: (x-ray, ecg etc)			
Fit for discharge	✓		
Patient for admission		✓	
Bed manager contacted			✓
Ward available			✓
Verbal advice and reassurance	✓		
Potential problems highlighted	✓		
Venflon removed	✓		
Time to eat and drink if applicable 11.15	✓		
Advice to patient re diet			✓
Discharge prescription / patient info sheet	—		
Irregular discharge			—

Post Sedation/Recovery Document

Nurse Signature _____ Nurse signature: _____

	Pre-Procedure	Y	N	N/A
Medical & Nursing Assessment	Notes / Referral Letter	✓		
	Baseline Recordings	✓		
	Jewellery body piercing removed	✓		
	Make Up / Nail Polish removed	✓		
Activity/ Safety & Moving & Handling	Identification band	✓		
	PT Independent	✓		
	Aids and/or assistance required		✓	
	Prosthesis		✓	
Orientation Psychological Support	Orientate to area/staff	✓		
	Communication needs	✓		
	Explain procedure	✓		
Room Prep Assessment	Walk to room/trolley	✓		
	Stoma bag		✓	
	Underwear off		✓	
	Clothes on/off	✓		
Diet & Fluids Fasting	12 MN:			
	8 AM: 2000 23/11			
	Other:			
Bowel Prep	Type & Amount			✓
	Enema required			✓
Sedation Choice	Explain Sedation & risks	✓		
	Check understanding	✓		
	Sedation requested	✓		
	Time for questions	✓		
	Venflon inserted			
Discharge Plan	Discuss expected discharge time	✓		
	Escort home	✓		
	Ambulance transport		✓	
	Overnight care		✓	

Medical History	Tick box if applicable
Ischaemic Heart Disease	
M.I.: DATE:	
Hypertension	
CABG - Date:	
Heart Valve Replacement/pacemaker	
P.V.D.	
Stroke / TIA	
Prev. Major Surgery	
Asthma / Bronchitis COPD	
Epilespsy / Fits	
Diabetes Type I or II	
Arthritis (Specify)	
Patient Menstruating/Hysterectomy	
Alcohol Liver Disease	
Hyperlipidaemia	
Anaemia	
Oseophageal / Gastric Varices	
Reflux / Oseophagitis / Barretts	✓
Dysphagia	
Coeliac, Ulcerative Colitis, Crohns Altered Bowel Habit / PR Bleed	
Previous Endoscopy Procedures	✓
Is therapeutic work possible?	
Gastroparesis.	
IBS	

Medication
Anti-coagulant Therapy INR: Date:
NEXIUM
Metroclopramide

CJD / vCJD NOTIFICATION

Have you ever been notified that you are at risk of CJD or vCJD for Public Health purposes?

☐ YES ☑ NO ☐ UNABLE TO RESPOND

Other Comments

Any allergies: *NKDA*

Nurse signature:

Table 1 Sedation Scores	Table 2 Airway Scores	Table 3 Comfort Scores
1 Awake and anxious	A Talking	1 Comfortable
2 Awake not anxious	B Clear	2 Mild
3 Speech slurred	C Semi - obstructed (eg. snoring)	3 Moderate
4 Eyes closed, responds to speech	D Needs intervention	4 Significant
5 Eyes closed, responds to shaking		5 Extreme
6 Unresponsive		

Time	0915		1040	1055	1115						
	120/86		111/71	107/69	131/89						
Heart Rhythm	92		83	71	90						
02 Saturation	97%		92%	94%	97%						
Resp. Rate	(A)				(A)						
BX STIX			AnL								
ion Score			7	4	2						
Airway Score			A	B	A						
Comfort Score			1	1	1						
				½A	SQ						

IV Fluids

Type of fluid	Volume	Duration	Signature	Time began	Nurse Signature

Others:

Consent Form

Patient agreement to endoscopic investigation or treatment

20508978K
SULLIVAN F
DONNA 25/07/1970
41 SPRINGCROFT WYND
BAILLIESTON
GLASGOW G69 6SE
CHI-2507706163

Name of Procedure

Gastroscopy/ Endoscopy/ Oesophago-gastro-duodenoscopy

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography)

Biopsy specimens will be retained.

26/11/12 - Patient also advised re risks of Botox. DS CW

Statement of Patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in this booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I understand that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

I would like to have: **local anaesthetic throat spray** ☐
or sedation ☐ (Please tick box)

Have you ever been notified that you are at an increased risk of CJD/VCJD for public health purposes:

☐ Yes ☑ No

Consent Signature

Signed D Sullivan **Date** 26/11/12

Name (print in capitals) DONNA SULLIVAN

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signed _____ **Date** _____

Staff Only

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the procedure)

I have confirmed that the patient understands what the procedure involves including any risks.

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed N Bensmina **Date** 26/11/12

Name (print in capitals) N. BENSMINA

Job Title STAFF NURSE

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - NURSING

20508978K F
SULLIVAN
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Date & Time		Signature, Print Name & Designation
25.10.11.		

193443

Date & Time		Signature, Print Name & Designation
25/10/11	[illegible]	
	[illegible]	
	2 sprays of lidocaine 5% + phenylephrine	
	0.5% given up each nostril	A Jain

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - NURSING

20508978K
SULLIVAN F
DONNA 25/07/1970
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GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Date & Time		Signature, Print Name & Designation
6/2/12	HEIGHT 168.6	Shirley Ballantyne
	WEIGHT 97.2	Shirley Ballantyne AUX
	BMI 34.5	
	(41) F. Acid reflux Heartburn. Epigastric pain. Sickness / vomiting.	
	Intermittent problems for a few years — worse in last year. When eats, solid food. — feels sticks in epigastric region, + then regurgitates it. Mainly solid food. — milkshake/chocolate. Appetite not great. Feels vomited only twice Weight ↑ ↓ since in last years. Mainly Bowels: 2x week. — often has to strain.	Pt Long term Bed Ranitidine 150mg bd Fybogel. 2 sachets. OD Senna tid. Cetirizine ↓ nerves. Gaviscon. Tramadol (last cycle of 5 days. ← Venlafaxine Loperamide (new — not started) Laxtans ← PMT

Date & Time		Signature, Print Name & Designation
	- sslt. / sometimes pellety.	
	- piles in past - once spotty red blood.	
	- central abdo pain / frequent diarrhoea "loose like 1hrs prepn)"	
	No dysphagia.	
	Some vomiting relieve symptoms / reduced symptoms.	
	PMH - Discectomy x2. Laparoscopy. OPM / Asthma.	
	SH - Smoke 5/7 Alcohol < 1 unit / week Own bar - driving a lot. / heavy lifting. Lives c 2 kids 18+ cats	
	FH - Mother ? DM + mother HTN. - ? gallstone parents Father - both overweight.	

Accident and Emergency Department
Glasgow Royal Infirmary

ECG ✓

20508978K

A&E No. 11000071423

3

Surname	SULLIVAN	**Forename**	DONNA	**Title:** MRS	
Address:	187 COMMONHEAD ROAD GLASGOW LANARKSHIRE	**Postcode** **Telephone:**	G34 0DS 771 3743	**CHI No:** 2507706163 5/7 7 937169	
Date of Birth:	25.07.70	**Sex:**	F	**Age:** 41 yrs	

CHI Number: 2507706163

GP Name:	GOLDIE JOHN			
Address:	EASTERHOUSE HEALTH... 9 AUCHINLEA ROAD GLASGOW	**Postcode** **Telephone:**	G34 9HQ 01415318170	

Next of Kin	THOMAS DOCHERTY		
Relationship:	PARTNER		
Address:	2/1 2 BREVAL COURT BAILLIESTON GLASGOW	**Postcode** **Telephone:**	G69 7BF 07521500853
Primary Carer:			

Date of Attendance: 03.11.11 13:11
Date of Incident:
Presenting Complaint: ABDO PAIN

Triage 2/52 HX UPPER (R) ABDOMINAL PAIN, 4/52 VOMITING, PT DENIES BOWEL SYMPTOMS HAS BEEN PASSING URINE MORE FREQUENTLY THAN NORMAL, PT WAS PREVIOUSLY ASSAULTED & FEELUING GENERALLY UNWELL SINCE, PT VISITED GP ON TUE ? GALLBLADDER PROB. PMH NILL.

Tetanus Cover:

Allergies: Urine - NAD
HCG - VE.

P= 111 **BP=** 123/58 **RR=** 18 **Sat=** 96 **BM=**

PF= **GCS=** E: M: V: Total: T° 36.7°C

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time
3/11/11	PARACETAMOL	1g	O			1420
3/11/11	METOCLOPRAMIDE	10mg	O			1420
3/11/11	TRAMADOL	50mg	O			1445

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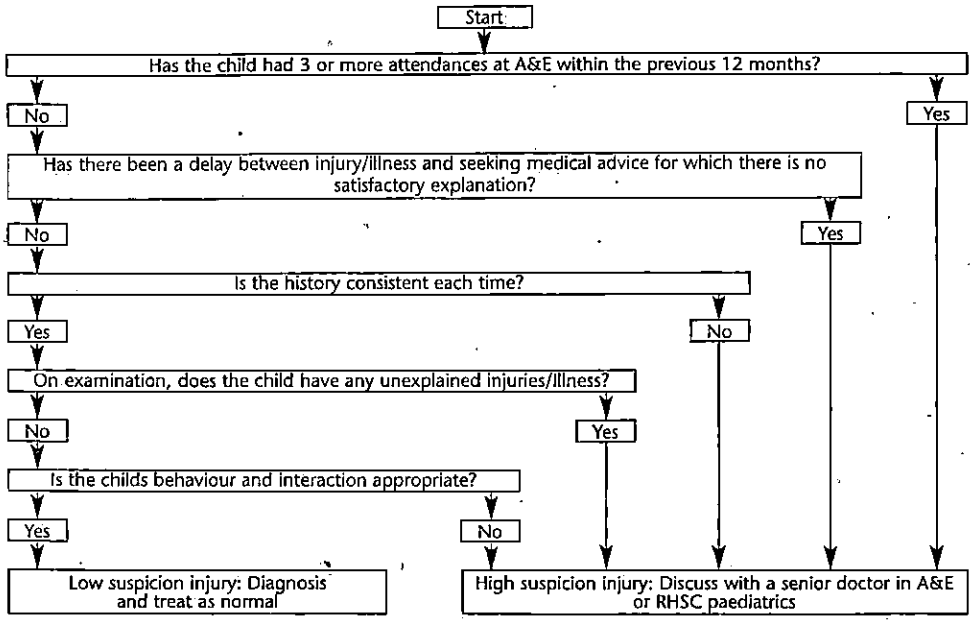
Glasgow Royal Infirmary Unitary Patient Record (Part A - Acute Assessment)

NHS Greater Glasgow and Clyde

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I.Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

3/11/11 1420 MAIN F/2 AE

41 ♀ PC/ RUQ PAIN.

- Pt c/o 2/52 Hx of RUQ + epigastric pain.
  - intermittent
  - radiates round to her back.
  - not relieved by paracetamol
- C/O nausea + vomiting for 2-3 weeks - last vomited overnight - dark brown ° blood.
- Is able to keep some food down, but feels very nauseous.
- No diarrhoea / constipation → bowel motions are lighter than normal.
- ↑ urinary frequency, no dysuria / no colour change.

Please complete where appropriate:

AMT (if >65 years)	CURB Score (if <65 years)
	SIRS

80907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

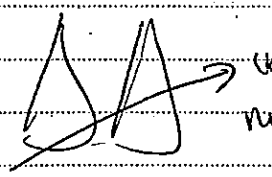
Clinical Notes

- Previous Hx of cholecystitis a few yrs ago — no follow up.
- Known diverticular disease — can't take codeine
- Has been having reflux for 1-2 months
- felt warm + shivery several days ago - now resolved.
- It has been taking cyclizine @ home.

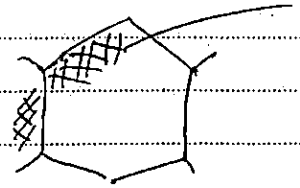
PMHx	DHx	SHx
Diverticular disease.	Ventolin inh	5 cpd
Haemorrhoids	Esomeprazole	Occasional alcohol.
	NKDA.	

O/E

RR 18 Sats 96 HR 111 BP 123/58 Temp 36.7°C



HS I + II + 0



Chest clear NAD

Urinalysis - NAD
βhCG -ve

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

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SULLIVAN F
DONNA 25/07/1970
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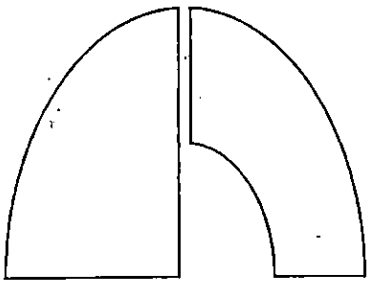
Clinical Notes

Imp
? biliary colic
? cholecystitis

Plan
Bloods - inc amylase
Analgesia + antiemetic - nausea + pain not helped.
- pt still tender in RUQ

Admit surgeons - d/w on call.
ECG

X-Ray results



ECG findings

Other investigations

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Biochem/Haematology results

Indicate which lab tests have been requested

Haem	3/7/11	d time
WCC		
Hb		
Plat		
MCV		
Neut		
DDim	Date and time	
PT		
PTT		
TT		

Bioch	3/7/11	d time
Na^+	135	
K^+	4·4	
Cl^-		
Ur	2.0	
Creat	59	
Glu	7.3	
CRP	5.6	
Bil	Date and time	
AST	29	
ALT	50	
GGT	83	
ALP	65	
Prot		
Alb		
Glob		
Ca^{++}	2.54	
Amyl	Date and time	
TSH		
FT4		
Tropl	Date and time	
Chol		
Trig		
Para	Date and time	
Sal		
S osm		
ABG	Date and time	
H^+		
$PaCO_2$		
PaO_2		
Bic		
BE		
FiO_2		
Lactate		

Fluids Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Drugs Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking _____ away from)

the _____ Hospital at my own desire and contrary to the advice of medical staff.

I have had the risks of so doing explained to me, and accept full responsibility for my action.

Signature _____

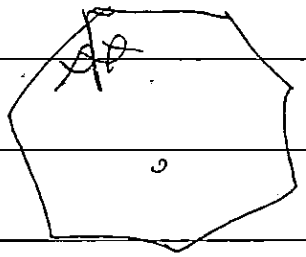
Witness Date _____

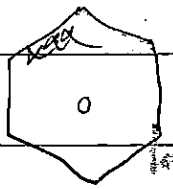
* Delete whichever is inapplicable.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL

20508978K
SULLIVAN
DONNA
CHI-2507706163

Date & Time		Signature, Print Name & Designation
18.00 3/4/12	W/R Dr Gough	
	PC Nausea + RUQ pain past 2 weeks	
	Cholecystitis 1 year ago.	
	Bowels working normally	
	Usually fit + well.	
	No other medical problems.	
	Patient is a smoker	
	No vomiting No rebound.	
	Tender RUQ.	
		
	(P) E+O	
	US scan tomorrow	A. Flynn FY1

Date & Time		Signature, Print Name & Designation
4/11/11	WR. Mr. Foreshaw.	
	Hx Pain Rt side of abd radiates to back for last 2 wk	
	O/E 	
	AVSS → (N.)	
	(P) AVSS	
4/11/11	WR Mr. foreshaw	
16:17	USS → no evidence of gall stones, NAD	
	P → PPI 40mg od.	
	(A) tom morning	
	OP OGD at stobhill.	
5/11	WR. Mr. Foreshaw.	
	better today.	
	P → (H)	
	OP OGD. at stobhill hosp	

Accident and Emergency Department
Glasgow Royal Infirmary

20508978K

A&E No. 12000005842

3

Surname	SULLIVAN	**Forename**	DONNA	**Title:** MRS	
Address:	187 COMMONHEAD ROAD GLASGOW LANARKSHIRE	**Postcode** **Telephone:**	G34 0DS 771 3295	**CHI No:**2507706163	
Date of Birth:	25.07.70	**Sex:**	F	**Age:** 41 yrs	

CHI Number: 2507706163

GP Name:	GOLDIE JOHN		
Address:	EASTERHOUSE HEALTH... 9 AUCHINLEA ROAD GLASGOW	**Postcode** **Telephone:**	G34 9HQ 01415318170

Next of Kin	THOMAS DOCHERTY		
Relationship:	PARTNER		
Address:	2/1 2 BREVAL COURT BAILLIESTON GLASGOW	**Postcode** **Telephone:**	G69 7BF ~~07521500853~~
Primary Carer:			

Date of Attendance: 26.01.12 18:26

Date of Incident:

Presenting Complaint: ABDO PAINS, HAS HIATUS HERNIA AND GALL BLADDER PROBLEMS

67

Triage	PNT MR FORSHAW. HIATUS HERNIA, PAST FORTNIGHT INCREASING BURNING GASTRITIC TYPE PAIN, TAKING MILK ETC TO EASE IT AND NOW SEVERE RUQ PAIN RADIATING INTO BACK AND R SHOULDER. ? GALLSTONES.	**Tetanus Cover:** **Allergies:**

P= 95 **BP=** 132/93 **RR=** 18 **Sat=** 96 **BM=**

PF= **GCS=** E: M: V: Total:

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time
26/01/12	Morphine	5mg + 5mg	IV			22[10]
	Cyclizine	50mg	IV			22[10]

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2030 :
urine : blood : trace
protein : trace
HCG : negative

21/10 Cannulated & bloods sent
LMOr.

SANTHOSH STEEM

PC: Severe RUA + Epigastric pain intermittently since past few months
worse & Content today
Radiating to back along
right side + goes upto right
shoulder.
Assoc frequent vomiting

III/law C/O admitted 1 Mo. Forshaw
in Nov - Dec 2011 - USS abds: NAD
OP endoscopy - Note! 3cm HH
Waiting for opt. USS of abdomen.
as advised by Mr Forshaw
No H/O any other complaints

Medi

Diazepam
Amitriptyline
Venlafaxine
Pregabalin
Senna
Zopiclone
Ranitidine
Prochlorperazine
Erythromycin
Esomeprazole
Paracetamol
Metaclopramide

PMH

1. IBS
2. Diverticulosis
3. HH
4. Depression

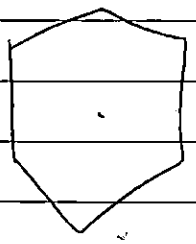
NKDA
Smoker - 6cig/day
Bus manager

PTO

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL

20508978K
SULLIVAN
DONNA
CHI-2507706163

Date & Time	Liz Cummings ST7 Gen. Surg.	Signature, Print Name & Designation
26.01.12 2315.	41 yr old f: E/A ulcer. Q-P & RUQ pain.	
	2/52 pain. Int mic last 48°. Now (R) shoulder tip pain.	
	Nausea & vomiting - bile + fluid/bile.	
	O/D - hiatus hernia.	
	USS - Nov 11 - no g.s. - awaiting rpt USS. (Mr Fisher).	
	Alw hx GORD meds.	
	Bowels - constipated (2d to normal).	
	DM IIx :- ~~Diagnosis~~ Exenatide 4Oz bd. PM IIx :- Dyslipidaemia.	
	Ranitidine 150 bd. IBS.	
	U.ahl p - lx (? g.s)	
	O/E.	
	WCC 10.7. Hb 12.7. CRP 9.7.	
	UEs - (N) LFTs - (N)	
	O/E :- BP 132/93. T 36.3°.	
	P 95 S 96% RA.	
	ECXR - NAD	
	 Soft. Tender RUQ. ++ Murphy's neg.	
	Imp :- ? gallstones	
	Plan :- USS abdo	
	- IVI + Pre fills (Bd 6am)	
	- analgesia.	
	- If USS neg → HIDA (OD)	
		#3406.

Date & Time		Signature, Print Name & Designation
27/1/12	WR Mohamed	
0820	~~Bowels working today~~	
	USS today to assess GB	
		GOPALAKRISHNAN (FY1) (43183)
27/1/12	WR MOHAMMED	
1 5.	US. no significant findings.	
	- pain likely from ulcer	
	Plan - maximum dose omeprazole	
	- eat and drink	
	- observe	
	- F/U once pain settles	Shk SAGA WATHIK (3206)
28/1/12	WR CHRIS MOHAMMED	
10.15	CXR stable, appeal	
	- ve LCS.	
	Pain settled this AM	
	Δ Early w/ no further F/U.	
		RETCHER CRS 2776

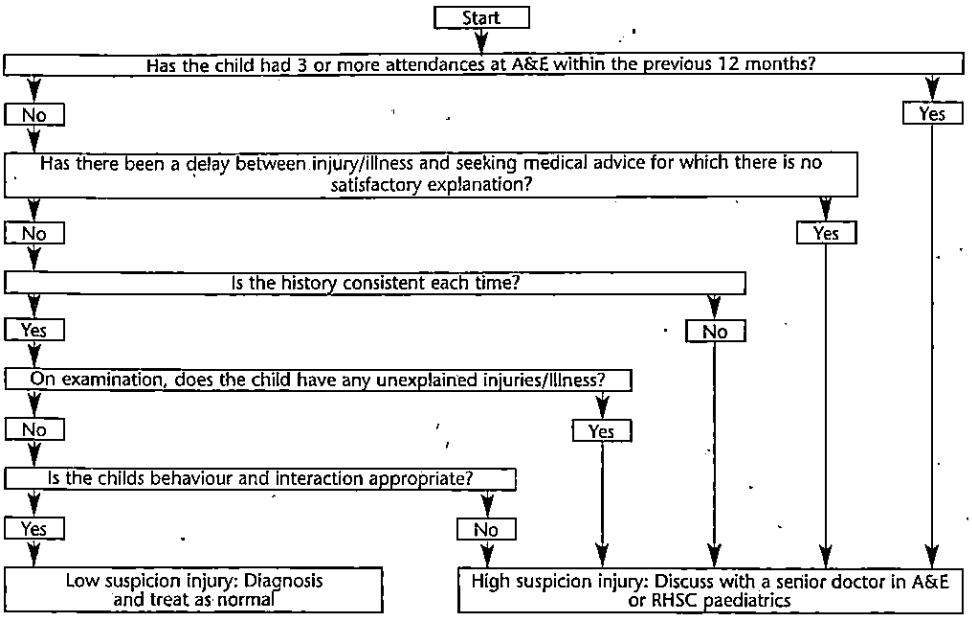
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

20508978K
SULLIVAN
DONNA F
197 COMMONHEAD ROAD 25/07/1970
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I.Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

26/01/2012 Sam Hoh SHO EM

O/E: Pt. in distress ↓ pain
Ob- stable + apyrexial ✓
RS: Normal breath sound
CVS: S, & S, ↔
PA: Soft tender

BS + hernial orifice
Normal
Murphy's (+ve)

PTO

Please complete where appropriate:

AMT (if >65 years)

CURB Score (if ≤65 years)

SIRS

80907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

20508978K
SULLIVAN
DONNA F
25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Clinical Notes

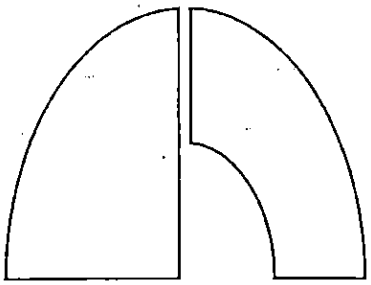
Date Initials

Imp: ??? Acute Cholecystitis.

Plan: 1. IV analgesia

2. Ref to surgeon.

X-Ray results



20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

ECG findings

Other investigations

Biochem/Haematology results

Indicate which lab tests have been requested

Haem	26/9 and time
WCC	10.7
Hb	124
Plat	252
MCV	
Neut	5.7
DDim	Date and time
PT	16
PTT	37
TT	

Bioch	26/9 and time
Na^+	137
K^+	4.0
Cl^-	105
Ur	2.6
Creat	63
Glu	
CRP	9.7
Bil	Date and time
AST	17
ALT	44
GGT	98
ALP	70
Prot	
Alb	
Glob	
Ca^{++}	
Amyl	193 and time
TSH	
FT4	
Tropl	Date and time
Chol	
Trig	
Para	Date and time
Sal	
S osm	
ABG	Date and time
H^+	
P_aCO_2	
P_aO_2	
Bic	
BE	
FiO_2	
Lactate	

Fluids Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Drugs Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking _____ away from)

the _____ Hospital at my own desire and contrary to the advice of medical staff.

I have had the risks of so doing explained to me, and accept full responsibility for my action.

Signature _____

Witness Date _____

* Delete whichever is inapplicable.

To be completed by the Clinical Practitioner

The clinician completing this form should have sufficient knowledge of the proposed investigation or treatment in order to provide the patient with the appropriate information.

Notes for Clinician

A patient has the right to grant or withold consent prior to these investigations. The clinician must give the patient enough time to read this form and enough information, in a way he-she can understand about the proposed procedure, significant side effects and any alternatives. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time.

I have fully explained to the: Patient / Parent / Guardian / Next of Kin (delete as appropriate)

1. The procedure named on this form
2. The significant side effects which may result from the procedure

Name and Grade: _____ *Date:* 13/3/12

Customer: G.R.I – Ward 32
Product: Manometry Catheter

S N Unit2321285

STERILE 2012–03 2013–03

NHS Greater Glasgow Central Decontamination Unit Glasgow G22 6DT

Store in dust free. Do not use if package

Prepared by Sr. Shona Thomson Sept 2010
Designed & Produced by Medical Illustration Services
Tel: 0141 211 4692 • E-mail: medillgri@ggc.scot.nhs.uk • Ref: MIS 234513

Glasgow Royal Infirmary

Oesophageal Function
Gastroenterology Department

NHS Greater Glasgow and Clyde

Name 20508978K F SULLIVAN DONNA 25/07/1970 187 COMMONHEAD ROAD GLASGOW LANARKSHIRE G34 0DS CHI-2507706163 Hospital Number: _____

Addres _____

_____

_____ D.O.B. _____

Telephone No _____

Consultant: MR M Fordham

Referring Clinic/Hospital: Oesoph-Gastric Unit

Investigation Date: 13/3/12

Procedure: OES Manom tp/f

Drugs Given: _____ Dose: _____ Route: _____ Time: _____

Prescribed by: _____ Given by: _____

Screening Time: 34 mins.

Results:

Follow up arrangements: ✓
(Follow up will be to the referring consultant's clinic unless indicated otherwise)

Patient Care

1. Assess patients understanding
2. Check fasting requirements
3. Check allergies
4. Check other health problems
5. Check 10 day rule for x-ray
6. Obtain verbal/written consent
7. Check escort arrangements
8. Remove prosthesis/denture etc.

Technical Care

1. Observations
2. X-ray screening
3. Nasogastric probe - Intubation (please indicate):
   1. right nare ☐ 2. left nare ☐ 3. the mouth ☐
   Technical difficulties encountered during intubation.
4. Others

Nursing Notes:

Oesophageal Manometry
Lower Oeosophageal Sphin[ter] ..... zone ..... cm.
Type of catheter: LOS Silico[ne] Manometry Catheter 2321285 .....
Central Decontamination [date] .....
Serial Number: .....

To be comple[ted] by the: Patient/Parent/Guardian/Next of kin

You should read this form and the notes below carefully. If there is anything you do not understand please ask for an explanation. If for any reason you are not satisfied with the explanation you are entitled to refuse the procedure. If you are happy with this and wish to proceed you should sign this form.

This procedure involves passing a thin, soft tube into your gullet (oesophagus) via your nostril. It is a safe procedure but is sometimes associated with some minor discomfort in your nose or throat and a runny nose. It can occassionally make you feel faint. For some tests the tube remains in place for 24 hours and we may have to ask you to follow some restrictions in your diet and activity.

You may ask for a relative or a nurse to be present while the clinician explains the procedure and asks you to sign the form.

I AM The patient / parent / guardian / next of kin
(delete as appropriate)

I UNDERSTAND The purpose, benefits and significant risks associated with the procedure, which have been explained to me by the clinician on this form.

Please tick the appropriate box if you agree or disagree to any of the following

To the procedure named on this form — I Agree ☑ — I Disagree ☐

Students need to learn and observe how procedures are done.
A student may be present during the procedure

To examination by a student during procedure named on this form under supervision of the senior clinician undertaking the procedure

I Agree ☑ — I Disagree ☐

Signature: ..... Date: 13/3/12

MEDICINE **PRESCRIPTION FORM** Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
___/___/___ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Height:

Weight:

Surface area:

Ward: 67

Name Donna Sullivan

CHI No 2507706163

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

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

_____

_____

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol

Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Check the As Required and Regular Prescription sections to ensure that the

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case

DATE → 27
MONTH → 11

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N	
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N	
SIGNATURE OF ASSESSOR	
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N	

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DRUG: CLEXANE

DOSE: 40mg | ROUTE: S/C | DATE: 26/11 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): Dr D- SHAH

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800	A					
2200-2400						
Other time						

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800						
2200-2400						
Other time						

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800						
2200-2400						
Other time						

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name Donna Sullivan

CHI No 2507706163

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

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol
Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)
Check the As Required and Regular Prescription sections to ensure that the

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case

Oral and Other Drugs: Regular Prescription

DATE: 26 27 28
MONTH: 1 1 1

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H DRUG: DIAZEPAM
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE | ROUTE: O | DATE: 26/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Dr A. SARAH
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

J DRUG: AMITRIPTYLINE
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 50mg | ROUTE: O | DATE: 26/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Dr A. SARAH
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
2200-2400: 3 13 MACD

K DRUG: VENLAFAXINE
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 75mg | ROUTE: O | DATE: 26/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Dr A. SARAH
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
0700-0900: 13 BRCH
2200-2400: 13 13 MACD

L DRUG: PREGABALIN
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 75mg | ROUTE: O | DATE: 26/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Dr A. SARAH
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
0700-0900: 13
2200-2400: 13 13 MACD

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

Oral and Other Drugs: Regular Prescription

DATE: 26 27 28
MONTH: 1 1 1

Patient's Own Medicine

M — DRUG: SENNA
DOSE: 1-11 | ROUTE: O | DATE: 26/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Dr A. SARAH
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
2200-2400: 13 13 MACD

N — DRUG: RANITIDINE
DOSE: 150mg | ROUTE: O | DATE: 26/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Dr A. SARAH
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.
0700-0900: 13 A
2200-2400: 13 13 MACD

P — DRUG: PROCHLORERAZINE
DOSE: 5mg | ROUTE: O | DATE: 26/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Dr A. SARAH
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.
0700-0900: 13 A
1200-1400: 13 PM
2200-2400: 3 13 MACD

R — DRUG: ZOPICLONE
DOSE: 7.5mg | ROUTE: O | DATE: 26/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Dr A. SARAH
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.
2200-2400: (3)

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name: Donna Sullivan
CHI No: 2507706163

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

...idwife Administration by Sympt...atic Relief Policy or other Protocol
...thorised Nurses/Midwives Only (Maximum number of doses as per protocol)
...e 'As Required and Regular Prescription sections to ensure that the

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case

Oral and Other Drugs: Regular Prescription

DATE → 26 27 28
MONTH → 1 1

Patient's Own Medicine

S — DRUG: ESOMEPRAZOLE

BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: 40mg | ROUTE: O | DATE: 26/1 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): [signature]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time			
0700-0900		13 A	13 CH
1200-1400			
1600-1800			
2200-2400	13	12 MRO	
Other time			

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

T — DRUG: PARACETAMOL

BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: 1g | ROUTE: O | DATE: 26/1 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): [signature]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time			
0700-0900		13 A	13 CH
1200-1400		13 A	
1600-1800		3	
2200-2400	13	3	
Other time			

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

V — DRUG: TRAMADOL

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: 100mg | ROUTE: O | DATE: 27/1/12 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): [signature] WAT

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time			
0700-0900			CH 50mg
1200-1400			
1600-1800		3	
2200-2400		3	
Other time			

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

W — DRUG:

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: | ROUTE: | DATE: | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time			
0700-0900			
1200-1400			
1600-1800			
2200-2400			
Other time			

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name Donna Sullivan

CHI No 2507706163

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

dministration by Sympt atic Relief Policy or other Protoco

d Nurses/Midwives Only (Maximum number of doses as per protocol):

wired and Regular Prescription sections to ensure that the

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name Donna Sullivan

CHI No 2507706163

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

Nurse/Midwife Administration by Sympto[m]atic Relief Policy or other Protocol

Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Check the As Required and Regular Prescription sections to ensure that the

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case.

All Routes: As Required Prescriptions

Patient's Own Medicine

| | | |

BEFORE ADMISSION		DRUG	STOPPED	DATE																						Patient's Own Medicine
☐	RR	MORPHINE	DATE:	DATE	27/1																					For Use Y/N
NEW DOSE ☐	DOSE: 5mg	ROUTE: IV/SC/IM	INDICATION: PAIN	TIME	1610																					Qty:
	PRESCRIBER (PRINT & SIGN): [illegible]		MAX.FREQ. 2°	DOSE	5 MG																					Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE: 27/1/12	GIVEN BY	[illegible]																					Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION	SS	DRUG	STOPPED	DATE																						For Use Y/N
☐	DOSE	ROUTE	INDICATION	TIME																						Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DOSE																						Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE:	GIVEN BY																						Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION	TT	DRUG	STOPPED	DATE																						For Use Y/N
☐	DOSE	ROUTE	INDICATION	TIME																						Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DOSE																						Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE:	GIVEN BY																						Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION	VV	DRUG	STOPPED	DATE																						For Use Y/N
☐	DOSE	ROUTE	INDICATION	TIME																						Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DOSE																						Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE:	GIVEN BY																						Assessed by:
																										Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name Donna Sullivan

CHI No 2507706163

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

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

Milligram = mg
Gram = g
Millilitre = ml
Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010

Patient Observation Chart

NHS Greater Glasgow and Clyde

Name	
Address	20508978K F SULLIVAN DONNA 25/07/1970 187 COMMONHEAD ROAD GLASGOW LANARKSHIRE G34 0DS
Hospital No.	CHI-2507706163
DOB	

Admitted Date 26/1/12 Ward 67

Transferred Date _____ Ward _____

Transferred Date _____ Ward _____

Patient Observation Chart Guidelines

Not all patients will require every part of this observation chart to be completed. Clinical judgement should be used to dictate the type and frequency of vital sign monitoring required.

The following patients are considered to be at high risk of developing a critical illness therefore it would be considered good practice to commence MEWS at the earliest opportunity.

- All emergency admissions
- Unstable patients
- Patients whose condition is causing concern
- Patients requiring frequent or increasing frequency of observations
- Patients who have stepped down from a higher level of care
- Patients with a chronic health problem
- Patients who are failing to progress
- Post-operative patients

There are also patients in whom the use of MEWS may be inappropriate:

- Day case patients
- Patients requiring no observations
- Patients who are terminally ill
- Planned discharges.

This is not an exhaustive list. Although the majority of patients may benefit from utilisation of the scoring system, a nurse's own clinical judgement dictates whether he/she feels the patient reqiures scoring. For guidance on the use of MEWS, refer to the Nurse in Charge.

Pain Score

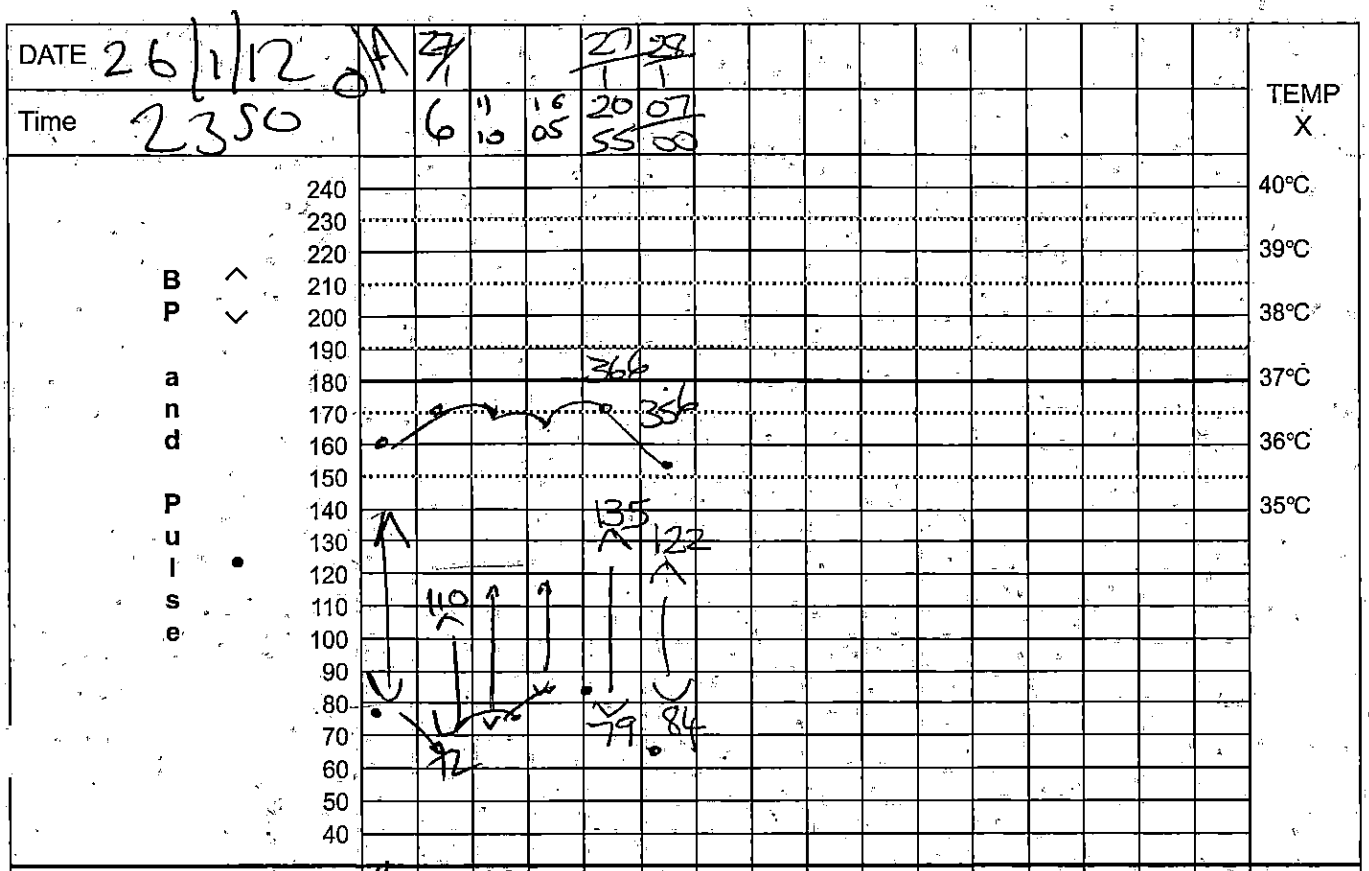
Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

Sedation Score

0 = Awake, alert, orientated
1 = Mild, aroused by verbal stimulus
2 = Moderate, aroused by physical stimulus
3 = Severe, no response
S = Normal sleep; easy to rouse
Score 2 or 3 requires immediate intervention

Nausea Score

0 = No nausea
1 = Mild (No treatment wanted)
2 = Moderate (Treatment required)
3 = Severe (Clinical problem persists despite treatment)
Review 1 hour after treatment. Inform doctor if additional treatment required.



Resp. Rate	16	14	16	17	D	17	
Inspiration O_2%	A12	(A)	A,1	A	A	A	
SpO_2%	98	98	97	96	96	97	
Pain Score	13	0	1/3	3/3	0	0	
Sedation Score	0	0	0	0	0	0	
Nausea Score	0	0	0	0	0	0	
Blood Glucose	0	✓	X	X	X	X	

MEWS							
	Resp. Rate	0	0	0	0	0	0
	Pulse	0	0	0	0		
	Systolic BP	0		0	0		
	GCS / AVPU	0		0	0		
	Urine Output	0		0	0		
	Temp.	0		0	0		
	SpO_2%	0	0	0	0		
	TOTAL	0	0	0	0	0	0

Modified Early Warning Score (MEWS)

Score	3	2	1	0	1	2	3
Resp. Rate		≤8	9-10	11-20	21-25	26-30	≥31
Pulse		≤40	41-50	51-100	101-110	111-130	≥131
Systolic BP	≤84	85-89	90-100	101-199		>200	
GCS / AVPU	≤8	9-13	14 New agitation or confusion	15 / Alert	Voice	Pain	Unresponsive
Urine	<10mls/hr for 2 hrs	<30mls/hr for 2 hrs					
Temp. (°C)		≤35.0	35.1-35.9	36.0-37.4	37.5-38.5	≥38.6	
SpO_2%	≤87	88-91	92-94	95-100			

DATE																		
Time																		TEMP X
BP ^ v and Pulse •	240																	40°C
	230																	
	220																	39°C
	210																	
	200																	38°C
	190																	
	180																	37°C
	170																	
	160																	36°C
	150																	
	140																	35°C
	130																	
	120																	
	110																	
	100																	
	90																	
	80																	
	70																	
	60																	
	50																	
	40																	
Resp. Rate																		
Inspiration O_2%																		
SpO_2%																		
Pain Score																		
Sedation Score																		
Nausea Score																		
Blood Glucose																		
MEWS	Resp. Rate																	
	Pulse																	
	Systolic BP																	
	GCS / AVPU																	
	Urine Output																	
	Temp.																	
	SpO_2%																	
	TOTAL																	

Calling Criteria

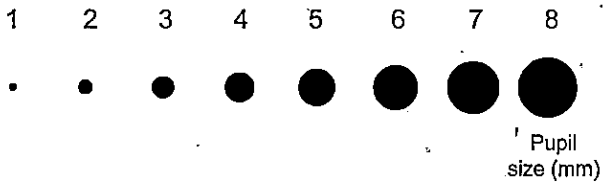
Score is 1-3	Increase frequency of patient observations, monitor trends and inform Nurse in Charge.
Score is 3 in one category	Contact Senior Nurse and increase frequency of patient observations.
Score is 4 and above or increasing by 2 or more Patient's GCS falls by 2 or more Any patient whose condition is causing concern	Contact Senior Nurse and increase frequency of patient observations Contact Critical Care Outreach Team.

The Senior Nurse will direct patient care and contact the appropriate medical staff when necessary.

Neurological Observation Chart

DATE																			
Time																			
COMA SCALE	E Eyes open	Spontaneously	4																Eyes closed by dwelling = C
		To speech	3																
		To pain	2																
		None	1																
	V Best verbal response	Orientated	5																Endotracheal tube or tracheostomy = T
		Confused	4																
		Inappropropriate words	3																
		Incomprehensible sounds	2																
		None	1																
	M Best motor response	Obeys	6																Usually record the best arm response
		Localises	5																
		Flexion - withdrawal	4																
		Flexion - abnormal	3																
		Extension to pain	2																
		None	1																
		TOTAL SCORE																	
PUPILS	R	Size																	= reacts —no reaction c. eyes closed
		Reaction																	
	L	Size																	
		Reaction																	
LIMB MOVEMENT	ARMS	Normal power																	Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																	
		Severe weakness																	
		Spastic flexion																	
		Extension																	
		No response																	
	LEGS	Normal power																	
		Mild weakness																	
		Severe weakness																	
		Extension																	
		No response																	

Glasgow Coma Scale



DATE																			
Time																			
COMA SCALE	E Eyes open	Spontaneously	4																Eyes closed by dwelling = C
		To speech	3																
		To pain	2																
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	LEGS	Normal power																	
		Mild weakness																	
		Severe weakness																	
		Extension																	
		No response																	

Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

GLASGOW ROYAL INFIRMARY

I.V THE
PRESCRIPT

IV fluids Please.

Donna Sullivan

,67 PATIENT ID LABEL GR1

No. 05199

	DATE	FLUID (USE BLOCK LE ADDITIVE DRUG				E	Serial No. Batch No.	Time Begun	Given B Added b
A	27/1	HARTMANN'S					111KTRG 10/14		
B	27/1	HARTMANN'S					11H22 IHD GRT14	03 40	B
C	27/1	HARTMANN'S					11H 22T40	08 20	A
D	27/1	HARTMANN'S	500	IV	4°				
E		5% DEXTROSE	500	IV	4°				
F		HARTMANNS	500	IV	4°				
G									
H									
I									
J									
K									
L									
M									
N									
O									

RATE OF FLOW (Drops/Min.) = VOL. OF FLUID (ml) x 15 (Duration (Mins.))

.6:62

(1ml = 15 drops)

Approximate Rate for 500ml.

1 hr. = 120 Drops/min.

4 hr. = 30 Drops/min.

6 hr. = 22 Drops/min.

8 hr. = 15 Drops/min.

SHEET NO .....

GLASGOW ROYAL INFIRMARY

Donna Sullivan
w67 GRI

PATIENT I.D. LABEL

24hr. FLUID BALANCE CHART (including Blood)
12mn - 12mn

Date 27/1/12

INTAKE				TIME	OUTPUT			
CODE LETTER OR DESCRIPTION OF INTAKE	ORAL ml.	I.V. ml.	OTHER		URINE	GASTRIC	OTHER	COMMENTS
A		500		1				
				2				
				3				
Actrapid		500		4				
				5				
				6				
				7				
C		500		8				
				9				
				10				
				11		D150		
				12				
				1				
				2				
				3				
				4				
				5				
				6				
				7				
				8				
				9				
				10				
				11				
				12				
				12mn.				

TOTAL INTAKE = mls.

TOTAL OUTPUT = mls.

APPROXIMATE MEASURES:- TUMBLER = 200mls. ORDINARY CUP = 150 mls. FEEDING CUP = 175mls. SOUP BOWL = 250m

05094

Adult Peripheral Venous Cannulation (PVC) Chart

Please use 1 chart per PVC

NHS Greater Glasgow and Clyde

Affix patient label

Name: 20508978K F SULLIVAN DONNA 25/07/1970

Address: 187 COMMONHEAD ROAD GLASGOW LANARKSHIRE G34 0DS

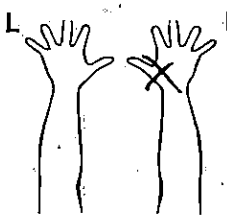
D.O.B:

CHI number: CHI-2507706163

Hospital: Ward:

PVC Insertion Information

*Ensure the PVC dressing has **date** and **time** of insertion written on it. This implies that appropriate technique has been used for insertion.*



Date: 26/1/12

Time: A+6 (See IV Dressing)

Reason for Insertion: IV

Flushed on insertion ☐ (if known)

Other Site: _____

PVC Maintenance Information

Modified V.I.P (Visual Infusion Phlebitis) Score

IV site appears healthy	0	No Phlebitis	**Observe Cannula**
ONE of the following is evident: - slight pain or redness near site	1	Possible first signs	**Observe Cannula**
TWO of the following are evident: - pain -redness - swelling	2	Early stage of phlebitis	**Re-site Cannula**
ALL of the following are evident: - pain - redness - hardening of the surrounding tissue	3	Phlebitis / Thrombophlebitis **Re-site Cannula & Seek Further Advice**	
As above including: - palpable venous cord	4		
As above including: - pyrexia	5		

Day 1 (24 hours after insertion)

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? (Yes) / No
2. VIP Score? 0
3. PVC Dressing dry & intact? (Yes) / No
4. Was PVC dressing renewed? Yes / (No) / NA
5. Was PVC Removed? Yes / (No)

Removal Reason: _____

Comments/Actions Taken:

Date: 27/1/12 Initials: MacD

Day 2

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? Yes / No
2. VIP Score? ☐
3. PVC Dressing dry & intact? Yes / No
4. Was PVC dressing renewed? Yes / No / NA
5. Was PVC Removed? Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

After Day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain insitu:

Date: Initials:

Day 3

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? Yes / No
2. VIP Score? ☐
3. PVC Dressing dry & intact? Yes / No
4. Was PVC dressing renewed? Yes / No / NA
5. Was PVC Removed? Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

Day 4

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? Yes / No
2. VIP Score? ☐
3. PVC Dressing dry & intact? Yes / No
4. Was PVC dressing renewed? Yes / No / NA
5. Was PVC Removed? Yes / No

Removal Reason:

Comments/Actions Taken:

Date: Initials:

Nutrition Profile

NHS Greater Glasgow and Clyde

Name:	Date of admission: 26/1/12
Address: 20508978K F SULLIVAN DONNA 25/07/1970 187 COMMONHEAD ROAD GLASGOW LANARKSHIRE G34 0DS CHI-2507706163	Time: 2350
DoB:	HOSPITAL: GRI
CHI number:	Ward: 67
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 5ft 7 m/ft Actual ☐ Patient/ carer reported ☑ Alternative measurement ☐

Weight: 98.9 kg/stones Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☒

If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months

Is there evidence of recent weight loss?

No ☐ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Eating and drinking likes and dislikes (including appetite and/or NBM status):

NBM

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☒

Please state:

Are there any contributing factors that may affect food intake such as **physical** (e.g. swallowing difficulties), **physiological** (e.g. nausea), **psychological** (e.g. dementia), **social or environmental**? Yes ☐ No ☐

Please specify all factors:

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☐

Please state:

Profile completed by: Name (PRINT): LOURANO WATT Signature: Date: 26/1/12

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Malnutrition Universal Screening Tool ('MUST')

Date	26/1									
Initials	LW									
Height (see page 1) 5ft 7 — Weight	98									
Oedema or ascites present Y/N	N									
BMI	34									

'MUST'

Step 1: BMI Score (refer to chart on page 4) >20 (>30 = Obese) ..... 0 18.5 - 20 ..... 1 <18.5 2	0								
Step 2: Weight Loss Score Unplanned weight loss in past 3-6 months: <5% ..... 0 5-10% ..... 1 >10% 2	0								
Step 3: Acute Disease Effect Score If patient is acutely ill and there has been or is likely to be no or virtually no food intake for > 5 days..... Score 2 Not applicable ..... Score 0	0								
Step 4: Overall Risk of Malnutrition Total:	0								

Step 5: Management Guidelines

Score of Overall Risk of Malnutrition	Action Required
0	**LOW RISK** - *Routine Clinical Care* • Repeat screening. Hospital Acute .....Weekly Hospital Rehabilitation .....Monthly
1	**MEDIUM RISK** - *Observe* • Document dietary intake for 3 days on a Food Record Chart. • If no improvement in intake: - Encourage oral intake. - Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Repeat screening weekly.
2 or more	**HIGH RISK** - *Treat** • Refer to Dietitian **and** document food intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Monitor **and** review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

Management Plan

FOR ALL PATIENTS

- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Complete nursing checklist for swallowing difficulties if appropriate.
- Use a recognised system to identify when equipment or asssistance is required at mealtimes (e.g. red mats, coloured napkins).

Referral Services

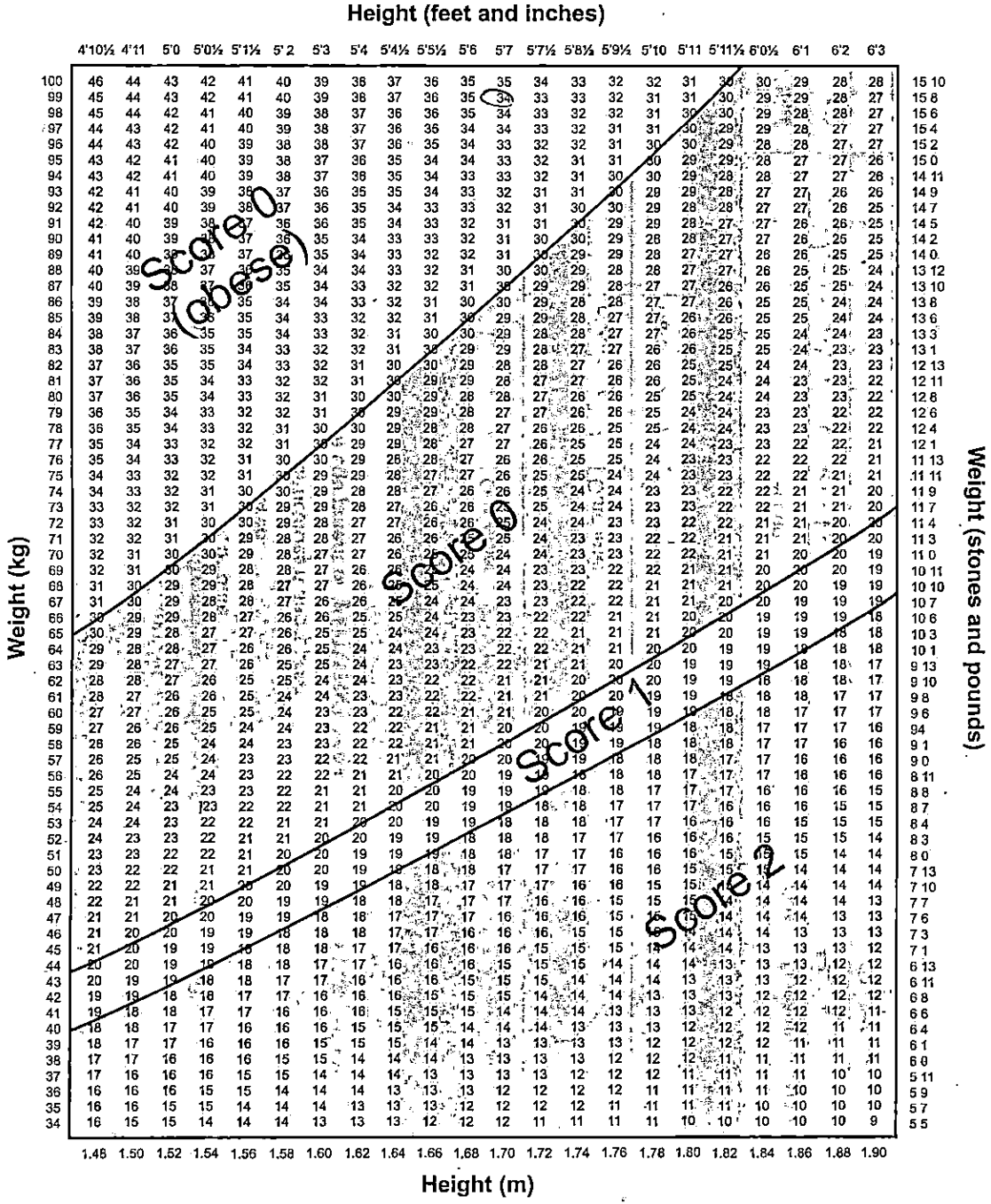
Dietitian	Date: / /	Outcome:
Speech and Language Therapy	Date: / /	Outcome:
Occupational Therapy	Date: / /	Outcome:
Dental Service	Date: / /	Outcome:

Multidisciplinary Nutrition Care Plan

Date	Overall Risk	Action	Review date	Name (PRINT) Signature/Designation
26/11	0	Review Weekly		SN C Macdonald
				C Macdonald

N.B. Ensure discharge plan includes most recent 'MUST' score and any necessary follow-up requirements.

Step 1 - BMI Score



Step 2 - Weight Loss Score

Weight before weight loss (kg)	Score 0 W't loss <5%	Score 1 W't loss 5-10%	Score 2 W't loss >10%
34 kg	<1.7 kg	1.7-3.4 kg	>3.4 kg
36 kg	<1.8 kg	1.8-3.6 kg	>3.6 kg
38 kg	<1.9 kg	1.9-3.8 kg	>3.8 kg
40 kg	<2 kg	2-4 kg	>4 kg
42 kg	<2.1 kg	2.1-4.2 kg	>4.2 kg
44 kg	<2.2 kg	2.2-4.4 kg	>4.4 kg
46 kg	<2.3 kg	2.3-4.6 kg	>4.6 kg
48 kg	<2.4 kg	2.4-4.8 kg	>4.8 kg
50 kg	<2.5 kg	2.5-5 kg	>5 kg
52 kg	<2.6 kg	2.6-5.2 kg	>5.2 kg
54 kg	<2.7 kg	2.7-5.4 kg	>5.4 kg
56 kg	<2.8 kg	2.8-5.6 kg	>5.6 kg
58 kg	<2.9 kg	2.9-5.8 kg	>5.8 kg
60 kg	<3 kg	3-6 kg	>6 kg
62 kg	<3.1 kg	3.1-6.2 kg	>6.2 kg
64 kg	<3.2 kg	3.2-6.4 kg	>6.4 kg
66 kg	<3.3 kg	3.3-6.6 kg	>6.6 kg
68 kg	<3.4 kg	3.4-6.8 kg	>6.8 kg
70 kg	<3.5 kg	3.5-7 kg	>7 kg
72 kg	<3.6 kg	3.6-7.2 kg	>7.2 kg
74 kg	<3.7 kg	3.7-7.4 kg	>7.4 kg
76 kg	<3.8 kg	3.8-7.6 kg	>7.6 kg
78 kg	<3.9 kg	3.9-7.8 kg	>7.8 kg
80 kg	<4 kg	4-8 kg	>8 kg
82 kg	<4.1 kg	4.1-8.2 kg	>8.2 kg
84 kg	<4.2 kg	4.2-8.4 kg	>8.4 kg
86 kg	<4.3 kg	4.3-8.6 kg	>8.6 kg
88 kg	<4.4 kg	4.4-8.8 kg	>8.8 kg
90 kg	<4.5 kg	4.5-9 kg	>9 kg
92 kg	<4.6 kg	4.6-9.2 kg	>9.2 kg
94 kg	<4.7 kg	4.7-9.4 kg	>9.4 kg
96 kg	<4.8 kg	4.8-9.6 kg	>9.6 kg
98 kg	<4.9 kg	4.9-9.8 kg	>9.8 kg
100 kg	<5 kg	5-10 kg	>10 kg
102 kg	<5.1 kg	5.1-10.2 kg	>10.2 kg
104 kg	<5.2 kg	5.2-10.4 kg	>10.4 kg
106 kg	<5.3 kg	5.3-10.6 kg	>10.6 kg
108 kg	<5.4 kg	5.4-10.8 kg	>10.8 kg
110 kg	<5.5 kg	5.5-11 kg	>11 kg
112 kg	<5.6 kg	5.6-11.2 kg	>11.2 kg
114 kg	<5.7 kg	5.7-11.4 kg	>11.4 kg
116 kg	<5.8 kg	5.8-11.6 kg	>11.6 kg
118 kg	<5.9 kg	5.9-11.8 kg	>11.8 kg
120 kg	<6 kg	6-12 kg	>12 kg
122 kg	<6.1 kg	6.1-12.2 kg	>12.2 kg
124 kg	<6.2	6.2-12.4 kg	>12.4 kg
126 kg	<6.3	6.3-12.6 kg	>12.6 kg

Weight before weight loss (st/lb)	Score 0 W't loss <5%	Score 1 W't loss 5-10%	Score 2 W't loss >10%
5st 4lb	<4lb	4lb-7lb	>7lb
5st 7lb	<4lb	4lb-8lb	>8lb
5st 11lb	<4lb	4lb-8lb	>8lb
6st	<4lb	4lb-8lb	>8lb
6st 4lb	<4lb	4lb-9lb	>9lb
6st 7lb	<5lb	5lb-9lb	>9lb
6st 11lb	<5lb	5lb-10lb	>10lb
7st	<5lb	5lb-10lb	>10lb
7st 4lb	<5lb	5lb-10lb	>10lb
7st 7lb	<5lb	5lb-11lb	>11lb
7st 11lb	<5lb	5lb-11lb	>11lb
8st	<6lb	6lb-11lb	>11lb
8st 4lb	<6lb	6lb-12lb	>12lb
8st 7lb	<6lb	6lb-12lb	>12lb
8st 11lb	<6lb	6lb-12lb	>12lb
9st	<6lb	6lb-13lb	>13lb
9st 4lb	<7lb	7lb-13lb	>13lb
9st 7lb	<7lb	7lb-13lb	>13lb
9st 11lb	<7lb	7lb-1st	>1st
10st	<7lb	7lb-1st	>1st
10st 4lb	<7lb	7lb-1st	>1st
10st 7lb	<7lb	7lb-1st 1lb	>1st 1lb
10st 11lb	<8lb	8lb-1st 1lb	>1st 1lb
11st	<8lb	8lb-1st 1lb	>1st 1lb
11st 4lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 7lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 11lb	<8lb	8lb-1st 3lb	>1st 3lb
12st	<8lb	8lb-1st 3lb	>1st 3lb
12st 4lb	<9lb	9lb-1st 3lb	>1st 3lb
12st 7lb	<9lb	9lb-1st 4lb	>1st 4lb
12st 11lb	<9lb	9lb-1st 4lb	>1st 4lb
13st	<9lb	9lb-1st 4lb	>1st 4lb
13st 4lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 7lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 11lb	<10lb	10lb-1st 5lb	>1st 5lb
14st	<10lb	10lb-1st 6lb	>1st 6lb
14st 4lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 7lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 11lb	<10lb	10lb-1st 7lb	>1st 7lb
15st	<11lb	11lb-1st 7lb	>1st 7lb
15st 4lb	<11lb	11lb-1st 7lb	>1st 7lb
15st 7lb	<11lb	11lb-1st 8lb	>1st 8lb
15st 11lb	<11lb	11lb-1st 8lb	>1st 8lb
16st	<11lb	11lb-1st 8lb	>1st 8lb
16st 4lb	<11lb	11lb-1st 9lb	>1st 9lb
16st 7lb	<12lb	12lb-1st 9lb	>1st 9lb
16st 11lb	<12lb	12lb-1st 9lb	>1st 9lb

VI MEDICAL ILLUSTRATION • NUTRITION & DIET • 12366/01.09.08

STORES ORDER CODE 41850

NHS
Greater Glasgow and Clyde

NATVNS
SCOTLAND

V
S 20508978K
SULLIVAN F
Fi DONNA 25/07/1970
187 COMMONHEAD ROAD
D GLASGOW
LANARKSHIRE G34 0DS
Lc CHI-2507706163

ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

More than one score/category can be used: **10+= 'At Risk': 15+= 'High Risk': 20+= 'Very High Risk'**

Complete assessment on admission/1st visit, if there is a change in individuals condition and repeat regularly according to local protocol

Sex									
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	2							
Below average - BMI < 20	3								
Continence									
Complete/catheterised	0	0							
Incontinent urine	1								
Incontinent faeces	2								
Doubly incontinent (urine & faeces)	3								
Skin Type - Visual Risks Area									
Healthy	0	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	0							
Restless/fidgety	1								
Apathetic (sedated/depressed/reluctant to move)	2								
Restricted (restricted by sever pain or disease)	3								
Bedbound (unconscious/unable to change position/traction)	4								
Chairbound (unable to leave chair without assistance)	5								
Nutritional Element									
Unplanned weight loss in past 3-6 months		0							
<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	1							
Special Risks - Neurological Deficit									
Diabetes/MS/CVA/motor/sensory/paraplegia *Max 6*	4-6	0							
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	0							
Special Risks - Medication									
Cytotoxic, anti-inflammatory, long term/high dose steroid *Max 4*	4	0							
Total Score		6							
Date		26/1							
Initials		LW							
Time		2350							

83826

Ensure plan of care is implemented / reviewed for all identified areas of concern.

Cl nt) Moving and Handling Risk Assessment Form

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Patient's name:	Named Nurse:	If Patient is totally independent, tick here and go to date box	Risk: Low ✓ Medium High

Obese		Tall	
Above average		Medium	
Average		Short	
Below average			
RISK OF FALLS			
High		Low	

Problems with comprehension, behaviour, co-operation (specify):

Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):

Transfers (Including To/From: Bed; Wheelchair; Commode; Toilet)

HOIST/STANDAID (Specify)		ASSISTANCE		SUPERVISION		INDEPENDENT	
Model:		People: 1	2 3	Additional Information:			
Sling type:		Walking aid (specify)					
Sling size:							

Toileting

HOIST/STANDAID		ASSISTANCE		SUPERVISION		INDEPENDENT	
		People: 1	2 3	Additional Information:			

Move on / off bed pan

HOIST		MANEOUVRE		ASSISTANCE		SUPERVISION		N/A	
		Roll patient		People 1		Additional Information:			
		Monkey pole		People 2					
		Patient bridges		People 3					

Move up / down bed

HOIST		HANDLING AIDS		ASSISTANCE		SUPERVISION		INDEPENDENT	
		Sliding sheet		People 1		Additional Information:			
		Monkey pole		People 2					
		Rope ladder		People 3					

Transfer to / from trolley (or bed etc.)

HOIST		HANDLING AIDS		ASSISTANCE		SUPERVISION		INDEPENDENT	
		Patslide		People 1		Additional Information:			
		Other		People 2					
		Fabric sliding aid		People 3					

Sit up over side of bed

BED REST		ASSISTANCE		SUPERVISION		INDEPENDENT	
		People: 1	2 3	Additional Information (e.g. equipment to be used – swivel cushion):			

Into Bath or Shower

WHICH BATH		HANDLING AID		ASSISTANCE		SUPERVISION		INDEPENDENT	
Shower		Shower chair		People 1		Additional Information:			
Variable height bath		Bathing Hoist e.g. Alenti		People 2					
Bed bath		Sling lifting Hoist		People 3					

Walking

NO WALKING		WALKING AID (specify)		ASSISTANCE		SUPERVISION		INDEPENDENT	
				People 1		Distanced walked / Additional Information:			
				People 2					
				People 3					

Other Instructions

Recording Symbol:	/	X	*
Date Assessed:	26/1/12		
Assessor's signature:			
Proposed Review date:	30/1/12		

05236

Acute Services Division

Hospital / Department GRI Wd 66

NHS Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack

Patient name: .....
20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Ward: .....

CHI number: .....

....Unit/Hospital number .....

Contents

1. Canard Falls Risk Assessment Scoring Form
2. Falls Assessment Care Plan
3. Glossary of terms used in risk assessment

Notes: Risk assessment should be completed within 24 hours of admission to each ward.

Assessment Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
2. Second or subsequent fall
3. Significant Injury caused by a fall. (Significant Injury defined as any fracture, significant bruising or laceration to head or body.)

The patient should be referred with any of the above criteria.

General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive impairment unattended on commodes, in toilets, baths and showers.
- Patients with poor mobility, who are known not to ask for assistance, should not be left unattended on commodes, toilets, baths and showers.
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to the ward environment

Cannard Falls Risk Assessment

(Must be completed within 24 hours of admission to each ward)

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						Date: 22/1 Ward: 67	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			0						
Sex	Male 1	Female 2				2						
Age	13-59 0	60-70 1	71-80 2	81+ 1		0						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		0						
Medication type **	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		0						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	0						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chair-bound/ wheel-chair 1		1						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
				TOTAL SCORE		4						
				ACTION(S) TAKEN Enter action code(s) from Care Plan below		1						
SCORE 13+ = HIGH RISK If patient unconscious score as N/A until patient status improves				NURSE SIGNATURE		[redacted]						

Please see back page for glossary of terms relating to the assessment above.

Falls Assessment Care Plan

Please tick all applicable nursing interventions

Action code	NURSING INTERVENTIONS	Date: 27/11 Ward: 66	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
1	Falls prevention and general safety precautions discussed with patient and family.	✓						
2	Move to more observable area of ward to optimise supervision.							
3	Advise patient they may experience dizziness when they mobilise initially.							
4	Requires assistance with mobilisation.							
5	Observe trip hazard due to invasive lines, drains and catheters..							
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.							
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
8	Monitor lying and standing / sitting BP and pulse.							
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.							
10	Commence continence assessment, follow Local Guidelines.							
11	Refer to Occupational Therapist.							
12	Select suitable seating (refer to policy).							
13	Non slip mat on chair /floor following advice from therapists.							
14	Refer to Physiotherapist.							
15	Review Transfer techniques.							
16	Request medication review.							
17	Bed/chair monitor in use.							
18	Falls map in use for seven days for patient who has second or subsequent falls.							
19	Bed rails/bumpers to be used (refer to policy).							
20	Patient requires low bed / mattress on the floor (refer to policy.)							
21	Patient requires one to one nursing care.							
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).							
23	Other interventions.							

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.

Patient Profile

North Glasgow Hospitals

NHS Greater Glasgow and Clyde

Ward: 67 **Date:** 26/1/12 **Time:** 2350 (24hr clock)

Please print clearly in BLOCK CAPITALS

Title:
Name:
Preferred name:
Address:

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Post Code:
☎:
DOB: Age: 41
Hosp. No:
Occupation: BAR MANAGER
Religion: R.C.
S.O.S. ☐ date: ☐☐/☐☐/☐☐
Interpreter required: ☐
(specify:)
Lives alone ☐

Consultant: MR MOHAMMED
Named Nurse ①:
Admitting Nurse: S/N L WATT
Named Nurse ②:
Relatives seen by Doctor ☐

1 NOK/Friend/Contact: THOMAS DOCHERTY
Address: SIA.

☎Day: 07824355702
☎Night:
Relationship: PARTNER
2 NOK/Friend/Contact:
Address:

☎Day:
☎Night:
Relationship:
NOK informed of admission ☑ Informed by Patient
NOK informe
GP:
Address:

Dr. J GOLDIE
NEWHILLS MEDICAL PRACTICE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW
G34 9HQ

REASON FOR ADMISSION

ABDO PAIN + VOMITING
3/52 NOW SEVERE.

Patient's perception of illness:
AWARE

Diagnosis:

Operation/Treatment:
26/1 CXRay
26/1 AXRay
27/1/12 AUS → NAD

Relevant PMH:
NOW 11° SEMI ABDO PAIN (McFARLANE)
DISSECTORY 10yr AGO.
DIVERTICULOSIS - COLONOSCOPY
HAEMORRHOID BANDING, ENDOSCOPY - HA

MEDICATIO

With patient ☐
Stored & receipt given ☐
No medication required ☐
Taken home ☐
details:

PERSONAL BELONGINGS

Clothing listed ☐
Valuables listed ☐
Valuables in ward ☐
Valuables in hospital safe ☐

OBSERVATIONS ON ADMISSION

Temperature	36.1 °C
Pulse	76 bpm
BP	139/81
Resp	98% RA 16
Pain Score	1/3
Urinalysis	∝ NAD
Waterlow Score	6
Height	5FT 7 m
Weight	98.9 kg
Body Mass Index	34
Blood sugar(if appropriate)	NA mmols
Allergies	Yes ☐ No ☑
details:	NICOA

00553

N [barcode] Ward: 67 Date: 26/1/12 Case Record No.:

20508978K
SULLIVAN F
DONNA 25/07/1970
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GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

ACTIVITIES OF DAILY LIVING

Lives with family ☑
Lives alone ☐
Nursing home ☐
Residential care ☐
Elderly/disabled partner ☐
Family support (specify below) ☐

District Nurse (_____days/week) ☐
(cancelled ☐)
Home help(_____days/week) ☐
(cancelled ☐)
Other services (specify below) ☐

Stairs: Internal ☐ External ☐
Comments:

NUTRITION

Normal menu (includes vegetarian) ☑
Vegan ☐ Child's menu ☐
Halal ☐ Kosher ☐
Refer to Dietician if any below ticked:
Inability to eat/swallow ☐
(refer to speech and language therapist)
Any recent weight changes ☐
Medically related nutrition problems (e.g. diabetes) ☐
Other (specify):

BREATHING

1. No symptoms ☐
2. Breathless with moderate exercise ☑
3. Breathless with minimal exertion ☐
4. Breathless at rest ☐
5. Uses inhalers ☐

Comments:

SMOKING

Non-smoker ☐
Smoker: 10 per day ☑
Ex-smoker ☐
Aware of hospital policy ☐

HYGIENE

Bath ☐ Shower ☐
Requires assistance ☐ Stand up wash ☐
Skin assessment:
Other:

ELIMINATION

Bowels regular ☑
Constipated ☐
Diarrhoea/Loose stools ☐
Uses aperient ☑
Has stoma:
- Colostomy ☐
- Urostomy ☐
- Ileostomy ☐

appliances used:

Frequency of micturition ☐
Incontinent: urine/faeces ☐
day/night ☐
stress ☐
No urinary symptoms ☑
Comments:

SLEEP

Hours/night 6
Medication ☐
details: ATA 20 pi cliono as reqd

MENTAL STATE

Alert/Orientated ☑
Confused: day/night ☐
Anxious/Distressed ☐
Unconscious ☐
Other (specify):

SENSES

Glasses:	distance	☐
	reading n/a	☐
Hearing impaired:	left/right	☐
Hearing aid:	left/right n/a	☐
Dentures:	upper crown	☐
	lower front	☐
Communication Difficulties		seeing ☐

Other: _____

MOBILITY (Pre-admission)

- Mobile without aid ☑
- Mobile with aid ☐
- (Specify type/side held: _____)
- Furniture walking ☐
- Chair Bound ☐
- Housebound ☐

RELATIVE PARTICIPATION

ALCOHOL INTAKE

Units/week:	nil	☐
	less than 14	☑
	14 - 21	☐
	over 21	☐

(1 unit = 1 measure spirits/half pint beer/ lager/1 glass wine)

PROFILE COMPLETED BY:

(Please print name in block capitals)

Lorraine Watt

Signature: _____

Designation: SN

Countersigned (if applicable):

OTHER RELEVANT INFORMATION

Date: 26/1/12 Ward: 67

MRSA Screening:

A: Clinical Risk Assessment (CRA)- for patients >23 hours

	YES	NO
1. Has the patient ever had a previous positive MRSA result?	☐	☑
2. Has the patient been admitted from a care home/ institutional setting or another hospital?	☐	☑
3. Does the patient have a wound/ulcer or invasive device which was present prior to admission?	☐	☑

If 'Yes' to any question **or** if the patient is within (or admitted to) a High Impact Speciality* complete section B ['Not known' = 'No']

*Orthopaedics / Vascular / Renal / Critical Care [please circle]

B: MRSA Lab Test: Nose ☐ Perineum ☐

Other (s)..... Patient refused ☐

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Ward: 67 Date: 26/1/12 Case Record No.:

CARE PLAN

		BASIC CARE AND PERSONAL HYGIENE	Date Disc.	Signature
26/1/12		Independent		
		Bed bath		
		Assisted wash		
		Oral hygiene		
		Pressure care		
		2.NUTRITION		
26/1/12		Fasting		
		Normal Diet		
		Special Diet / Modified Diet		
		3.ELIMINATION		
		Independent		
		Commode		
		Bedpan/urinal		
		Urinary Catheter | Size: | Batch No:		
		Type of Material: | H_2O in Balloon:		
		Type of Stoma Appliance:		
		4.MOBILITY		
26/1/12		Fully Independent/fully mobile		
		Minimal assistance (give details)		
		Dependent (See movement and handling sheet - keep with patient)		
		5.OBSERVATIONS		
26/1/12		Waterlow daily (if score is over 10+)		
		TPR		
		BP		
		Pain Score		
		Fluid Balance		

00629

CARE PLAN

Date Comm.	Signature	6.TECHNICAL CARE	Date Disc.	Signature
26/1/12		IV Infusion		
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
26/1/12		IV access: ∞ IV cannulae PINK (R) HAND ∞ others		
		7.WOUND CARE		
		8.SPECIMENS/INVESTIGATIONS		
		9.SLEEP		
		10.SPECIAL NEEDS		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
		Anti-embolic stockings		
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
		12.FAMILY/SIGNIFICANT OTHER		

Initial Care Plan seen and agreed by patient: Yes ☐ N/A ☐

Signature of nurse:

Date: 26/9/12

20508978K
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GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Ward: 67 Date: 26/1/12 Case Record No.:

CARE PLAN EVALUATION

giene	5. Observations	9. Sleep
	6. Technical Care	10. Special Needs
3. Elimination	7. Wound Care	11. Other Relevant Information
4. Mobility	8. Specimens/Investigations	

DATE	TIME	No.	EVALUATION AND PROGRESS OF CARE	SIGNATURE
26/1/12			PATIENT ADMITTED FROM A+E WITH ?300 PAIN AND VOMITING.	
		5	OBSERVATIONS STABLE ON ADMISSION APYREXIAL.	
			NIV REQ - MON - FF - IVF - fast 6am - USS - AM.	LWatt
27/1/12	SC		Slept well Uneventful night Awaiting RSOW IV fluids maintained 4° fasted from 6am. for USS + further review Apyrexial	
			Reviewed by Mr Mohammed IV fluids & fast for U/S today	
	1240	(1)	Self caring with ~~oral~~ analgesia personal hygiene	
		(2)	Fasting as per protocol ~~wit~~ for imaging	
		(3)	Voiding Spontaneously	
		(4)	Mobile around ward independantly	
		(5)	Routine observations stable and apyrexial.	
		(6)	IV fluids in progress 4°; oral analgesia as per Kardex with good effect.	
		(8)	Awaits U/S @ 1430	ANMacdonald
	1800	WR	S/B Mr Mohammed - U/S NAD ? pain 2° to hiatus hernia. Plan - F+D - Continue esomeprazole 40mg B.D. - Observe overnight	
		(6)	4 5mg S/C morphine for pain with good effect.	ANMacdonald
			Transfered to Wd 66	SW CMacDonald
			Orientated to ward & staff	

EVALUATION OF CARE

DATE	TIME	No.	EVALUATION AND PROGRESS OF CARE	SIGNATURE
27/1/12	N/S	(5)	Observations stable Apyrexial Oral analgesia for pain	SN EMacDonald
28/1/12	0600	(9) (5)	settled and slept well Observations stable Apyrexial.	SN EMacDonald
	10pm		For home today Venflon out F/Up lap chole to be arranged. IDLS requested. Own medication.	(S/N)
	11 am		For home today Venflon out F/Up ½ mr. Fullerton to be arranged. IDLS requested. Own meds.	(S/N)

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GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

nary/Western Infirmary

NHS
Greater Glasgow and Clyde

NOT TO BE FILED UNTIL DISCHARGE

Unit No.:

Date:		26/1	27/1									
Time of Result:												
WCC	4-11	10.7	7.6									
Hb	M - 13-18 F - 11.5-16.5	124	117									
Plat	150-400	252	236									
Amylase	<100	93	90									
CRP	<10	9.7	8.6									
Na+	135-145	137	135									
K+	3-5-50	4.0	3.8									
Cl-	98-108	105	104									
Bic	21-28											
Urea	2.5-7.5	2.6	2.9									
Creat.	57-113	63	61									
Glucose	~~3.5-5.5~~ Mg^{++}		0.78									
Bilirubin	3-22	3	5									
AST	<40	17	25									
ALT	<50	44	49									
G-GT	<55	98	87									
Alk. Phos.	40 -150	70	59									
Protein	60-80	70	64									
Albumin	32-45	35	33									
Globulin	22-33	35	31									
Ca	2.1-2.6											
Adj Ca	2.1-2.6	2.46	2.37									
PO4	0.7-1.4	1.20	1.15									
PT	9-12	10/0.9	11/1.0									
APTT	25-37	37/1.1	35/1.0									
TCT	11-15	12/0.9	12/0.9									
H+	35-45											
PO2	12-15											
PCO2	4.4-5.6											
HCO2	20-28											

Patient Profile

North Glasgow Hospitals

NHS Greater Glasgow and Clyde

Ward: 67 **Date:** 3/11/11 **Time:** 1730 (24hr clock)

Please print clearly in BLOCK CAPITALS

Title:
Name:
Preferred nam
Address:

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

☎:

DOB: 25/7/70 Age: 41
Hosp. No: 20508978K
Occupation:
Religion:
S.O.S. ☐ date: ☐☐/☐☐/☐☐
Interpreter required: ☐
(specify:)
Lives alone ☐

1 NOK/Friend/Contact: THOMAS
Address:

☎Day: 07582435572
☎Night: 07582435572
Relationship: PARTNER
2 NOK/Friend/Contact:
Address:

☎Day:
☎Night:
Relationship
NOK informe
NOK informe
GP:
Address:

Dr. J GOLDIE
NEWHILLS MEDICAL PRACTICE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW
G34 9HQ
531 8170

Consultant: MR FORSHAW
Named Nurse ①:
Admitting Nurse: S/N Alexander
Named Nurse ②:
Relatives seen by Doctor ☐

REASON FOR ADMISSION

c/o acid reflux/vomiting and nausea

Patient's perception of illness: aware.

Diagnosis: ? biliary colic.

Operation/Treatment:
MSS 4/11/11 - NAD

Relevant PMH: Diverticular disease, Spinal op 2yr ago ? discectomy

MEDICATION

With patient	☐
Stored & receipt given	☐
No medication required	☐
Taken home	☐
details:	

PERSONAL BELONGINGS

Clothing listed	☐
Valuables listed	☐
Valuables in ward	☐
Valuables in hospital safe	☐

OBSERVATIONS ON ADMISSION

Temperature	36.7 °C
Pulse	89 bpm
BP	105/51
Resp	Spo2 97% (A)
Pain Score	0.
Urinalysis (D)	NAD Bhcg -ve
Waterlow Score	3
Height	5ft 7 m
Weight	14st 10 kg
Body Mass Index	33
Blood sugar(if appropriate)	N/A mmols
Allergies	Yes ☐ No ☑
details:	NKDA.

00553

ACTIVITIES OF DAILY LIVING

HOME CIRCUMSTANCES/ SOCIAL SUPPORT

- Lives with family ☑
- Lives alone ☐
- Nursing home ☐
- Residential care ☐
- Elderly/disabled partner ☐
- Family support (specify below) ☐

District Nurse (_____days/week) ☐
(cancelled ☐)
Home help(_____days/week) ☐
(cancelled ☐)
Other services (specify below) ☐

Stairs: Internal ☐ External ☐
Comments:_____

SMOKING

- Non-smoker ☐
- Smoker: 5-6 per day ☑
- Ex-smoker ☐
- Aware of hospital policy ☐

HYGIENE

Bath ☐ Shower ☑
Requires assistance ☐ Stand up wash ☐
Skin assessment:_____
Other:_____

ELIMINATION

- Bowels regular ☑
- Constipated ☑
- Diarrhoea/Loose stools ☐
- Uses aperient ☐
- Has stoma:
  - Colostomy ☐
  - Urostomy ☐
  - Ileostomy ☐

appliances used:_____

Frequency of micturition ☐
Incontinent: urine/faeces ☐
day/night ☐
stress ☐
No urinary symptoms ☑
Comments:_____

NUTRITION

Normal menu (includes vegetarian) ☑
Vegan ☐ Child's menu ☐
Halal ☐ Kosher ☐
Refer to Dietician if any below ticked:
Inability to eat/swallow ☐
(refer to speech and language therapist)
Any recent weight changes ☐
Medically related nutrition problems (e.g. diabetes) ☐
Other (specify):_____

SLEEP

Hours/night ☑
Medication ☐
details:_____

BREATHING

1. No symptoms ☑
2. Breathless with moderate exercise ☐
3. Breathless with minimal exertion ☐
4. Breathless at rest ☐
5. Uses inhalers ☐

Comments:_____

MENTAL STATE

Alert/Orientated ☑
Confused: day/night ☐
Anxious/Distressed ☐
Unconscious ☐
Other (specify):

00549

[redacted]

SENSES

Glasses: distance ☑
reading ☒
Hearing impaired: left/right ☐
Hearing aid: left/right ☒
Dentures: upper ☐
lower ☒
Communication Difficulties ☐
Other: _____

ALCOHOL INTAKE

Units/week: nil ☐
less than 14 ☑
14 - 21 ☐
over 21 ☐
(1 unit = 1 measure spirits/half pint beer/ lager/1 glass wine)

MOBILITY (Pre admission)

Mobile without aid ☑
Mobile with aid ☐
(Specify type/side held: _____)
Furniture walking ☐
Chair Bound ☐
Housebound ☐

RELATIVE PARTICIPATION

PROFILE COMPLETED BY:

(Please print name in block capitals)
Signature: RNLD S/N
Designation:
Countersigned (if applicable):

OTHER RELEVANT INFORMATION

HF: Venlafaxine
amitriptyline
Nexium
Selna.
NOVA.

MRSA Screening:

A: Clinical Risk Assessment (CRA)- for patients >23 hours	YES	NO
1. Has the patient ever had a previous positive MRSA result?	☐	☑
2. Has the patient been admitted from a care home/institutional setting or another hospital?	☐	☑
3. Does the patient have a wound/ulcer or invasive device which was present prior to admission?	☐	☑

If 'Yes' to any question or if the patient is within (or admitted to) a High Impact Speciality* complete section B ['Not known' = 'No']

*Orthopaedics / Vascular / Renal / Critical Care [please circle]

B: MRSA Lab Test: Nose ☐ Perineum ☐

Other (s) .....
Date...../...../.....Ward..... Patient refused: ☐

Name: Donna Sullivan Ward: 67 Date: 3/3/11 Case Record No.:

CARE PLAN

Date Comm.	Signature	1.BASIC CARE AND PERSONAL HYGIENE	Date Disc.	Signature
3/11	RSCN	Independent		
		Bed bath		
		Assisted wash		
		Oral hygiene		
		Pressure care		
		2.NUTRITION		
3/11	RSCN	Fasting		
		Normal Diet		
		Special Diet / Modified Diet		
		3.ELIMINATION		
3/11	RSCN	Independent		
		Commode		
		Bedpan/urinal		
		Urinary Catheter | Size: | Batch No:		
		Type of Material: | H_2O in Balloon:		
		Type of Stoma Appliance:		
		4.MOBILITY		
3/11	RSCN	Fully Independent/fully mobile		
		Minimal assistance (give details)		
		Dependent (See movement and handling sheet - keep with patient)		
		5.OBSERVATIONS		
		Waterlow daily (if score is over 10+)		
3/11	RSCN	TPR BP X4		
		Pain Score		
		Fluid Balance		

00629

CARE PLAN

Date Comm.	Signature	6.TECHNICAL CARE	Date Disc.	Signature
		IV Infusion		
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
3/11-	RSW	IV access: ∞ IV cannulae (R) arm pink ∞ others		
		7.WOUND CARE		
		8.SPECIMENS/INVESTIGATIONS		
		9.SLEEP		
		10.SPECIAL NEEDS		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
		Anti-embolic stockings		
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
		12.FAMILY/SIGNIFICANT OTHER		

Initial Care Plan seen and agreed by patient: Yes ☐ N/A ☑

Signature of nurse: RSW **Date:** 03/11/11

Name: Donna Sullivan Ward: 67 Date: 3/11/11 Case Record No.:

CARE PLAN EVALUATION

1. Basic Care and Hygiene	5. Observations	9. Sleep
2. Nutrition	6. Technical Care	10. Special Needs
3. Elimination	7. Wound Care	11. Other Relevant Information
4. Mobility	8. Specimens/Investigations	

DATE	TIME	No.	EVALUATION AND PROGRESS OF CARE	SIGNATURE
3/11/11	0/A		Pt admitted to the ward	
	17.30		via A+E with acid reflux	
			abdo pain + nausea.	
		(E)	Obs stable as charted, apyrexial.	RStell
			Awaiting r/v.	
	PM	W/R	Pt rvw by Reg – for	
			U/S scan today. Allow	
			F+D tonight.	RStell
4/11/11	5am	@	Slept well	
			Uneventful night	
			PO analgesia given v/c	
			good effect.	
			Fasted from 6am for	
			USS + further review	
4/11/11	1030	W/R	Mr McKay	
			for U/S today	
			further R/V	Brian
4/11/11	1810		Settled day.	
			Independant with personal	
			hygiene.	
			Obs stable. Apyrexial.	
			Attended for USS today.	
			Tollerating F+D.	
			Passing urine.	
			Bowels moving.	
			PO analgesia given. Bloods-(N)	Teplet
4/11/11	1850		W/R Mr Forshaw.	
			USS (N)	
			Allow F+D	
			? Home tomorrow v/c of OGD.	Teplet
5/11/11			Settled overnight.	
			Observations Satisfactory	c wd
	0950	W/R	S/B Mr Forshaw – pain settled	
			bloods (N). Discharged from ward	
			GS; IV Cannula removed. no	
			discharge medications required.	
			For A/A for OGD on Mr Forshaw	
			listed	AWood SN

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Western Infirmary

NHS Greater Glasgow and Clyde

NOT TO BE FILED UNTIL DISCHARGE

Unit No.: 20508978K

Date:		03/11/11	4/11										
Time of Result:		1431	0800										
WCC	4-11	9.9	8.5										
Hb	M - 13-18 F - 11.5-16.5	137	130										
Plat	150-400	286	247										
Amylase	<100	85	88										
CRP	<10	5.6	5.7										
Na+	135-145	135	139										
K+	3-5-50	4.4	4.4										
Cl-	98-108	104	108										
~~Bic~~ MCH	21-28		0.90										
Urea	2.5-7.5	2.0	2.4										
Creat.	57-113	59	56										
Glucose	3.5-5.5		—										
Bilirubin	3-22	4	3										
AST	<40	29	26										
ALT	<50	50	49										
G-GT	<55	83	80										
Alk. Phos.	40 -150	65	58										
Protein	60-80	73	67										
Albumin	32-45	37	36										
Globulin	22-33	36	31										
Ca	2.1-2.6	2.44	2.41										
Adj Ca	2.1-2.6	2.54	2.53										
PO4	0.7-1.4	1.07	1.60										
PT	9-12		10.9										
APTT	25-37		32.1										
TCT	11-15		19.0										
H+	35-45												
PO2	12-15												
PCO2	4.4-5.6												
HCO2	20-28												

MIS 238455/GRI/WIG

DATE																		TEMP X
Time																		
BP ^ v and Pulse •	240																	40°C
	230																	
	220																	39°C
	210																	
	200																	38°C
	190																	
	180																	37°C
	170																	
	160																	36°C
	150																	
	140																	35°C
	130																	
	120																	
	110																	
	100																	
	90																	
	80																	
	70																	
	60																	
	50																	
	40																	
Resp. Rate																		
Inspiration O_2%																		
SpO_2%																		
Pain Score																		
Sedation Score																		
Nausea Score																		
Blood Glucose																		

MEWS																	
	Resp. Rate																
	Pulse																
	Systolic BP																
	GCS / AVPU																
	Urine Output																
	Temp.																
	SpO_2%																
	TOTAL																

Calling Criteria

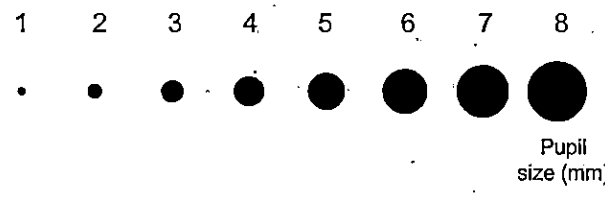
Score is 1-3	Increase frequency of patient observations, monitor trends and inform Nurse in Charge.
Score is 3 in one category	Contact Senior Nurse and increase frequency of patient observations.
Score is 4 and above or increasing by 2 or more Patient's GCS falls by 2 or more Any patient whose condition is causing concern	Contact Senior Nurse and increase frequency of patient observations Contact Critical Care Outreach Team.

The Senior Nurse will direct patient care and contact the appropriate medical staff when necessary.

Neurological Observation Chart

DATE																				
Time																				
COMA SCALE	E Eyes open	Spontaneously	4																	Eyes closed by dwelling = C
		To speech	3																	
		To pain	2																	
		None	1																	
	V Best verbal response	Orientated	5																	Endotracheal tube or tracheostomy = T
		Confused	4																	
		Inappropropriate words	3																	
		Incomprehensible sounds	2																	
		None	1																	
	M Best motor response	Obeys	6																	Usually record the best arm response
		Localises	5																	
		Flexion - withdrawal	4																	
		Flexion - abnormal	3																	
		Extension to pain	2																	
		None	1																	
		TOTAL SCORE																		
PUPILS	R	Size																		= reacts —no reaction c. eyes closed
		Reaction																		
	L	Size																		
		Reaction																		
LIMB MOVEMENT	ARMS	Normal power																		Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																		
		Severe weakness																		
		Spastic flexion																		
		Extension																		
		No response																		
	LEGS	Normal power																		
		Mild weakness																		
		Severe weakness																		
		Extension																		
		No response																		

Glasgow Coma Scale



DATE																				
Time																				
COMA SCALE	E Eyes open	Spontaneously	4																	Eyes closed by dwelling = C
		To speech	3																	
		To pain	2																	
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		Extension																		
		No response																		
	LEGS	Normal power																		
		Mild weakness																		
		Severe weakness																		
		Extension																		
		No response																		

Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

Patient Observation Chart

NHS Greater Glasgow and Clyde

Name	
Address	20508978K SULLIVAN DONNA
Hospital No.	CHI-2507706163
DOB	

Admitted Date _____ Ward _____

Transferred Date _____ Ward _____

Transferred Date _____ Ward _____

Patient Observation Chart Guidelines

Not all patients will require every part of this observation chart to be completed. Clinical judgement should be used to dictate the type and frequency of vital sign monitoring required.

The following patients are considered to be at high risk of developing a critical illness therefore it would be considered good practice to commence MEWS at the earliest opportunity.

- All emergency admissions
- Unstable patients
- Patients whose condition is causing concern
- Patients requiring frequent or increasing frequency of observations
- Patients who have stepped down from a higher level of care
- Patients with a chronic health problem
- Patients who are failing to progress
- Post-operative patients

There are also patients in whom the use of MEWS may be inappropriate:

- Day case patients
- Patients requiring no observations
- Patients who are terminally ill
- Planned discharges.

This is not an exhaustive list. Although the majority of patients may benefit from utilisation of the scoring system, a nurse's own clinical judgement dictates whether he/she feels the patient reqiures scoring. For guidance on the use of MEWS, refer to the Nurse in Charge.

Pain Score

Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

Sedation Score

0 = Awake, alert, orientated
1 = Mild, aroused by verbal stimulus
2 = Moderate, aroused by physical stimulus
3 = Severe, no response
S = Normal sleep, easy to rouse
Score 2 or 3 requires immediate intervention

Nausea Score

0 = No nausea
1 = Mild (No treatment wanted)
2 = Moderate (Treatment required)
3 = Severe (Clinical problem persists despite treatment)
Review 1 hour after treatment. Inform doctor if additional treatment required.

Adult Peripheral Venous Cannulation (PVC) Chart

Please use 1 chart per PVC

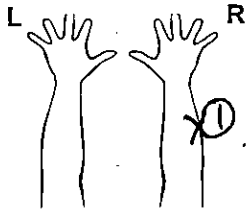
NHS Greater Glasgow and Clyde

Affix patient label

N
20508978K
A SULLIVAN F
DONNA 25/07/1970
D 187 COMMONHEAD ROAD
GLASGOW
C LANARKSHIRE G34 0DS
CHI-2507706163
H

PVC Insertion Information

Ensure the PVC dressing has date and time of insertion written on it. This implies that appropriate technique has been used for insertion.



Date: 3/11/11

Time: 1700 (See IV Dressing)

Reason for Insertion: A+E

Flushed on insertion ☐ (if known)

Other Site: _____

PVC Maintenance Information

Modified V.I.P (Visual Infusion Phlebitis) Score

IV site appears healthy	0	No Phlebitis	**Observe Cannula**
ONE of the following is evident: - slight pain or redness near site	1	Possible first signs	**Observe Cannula**
TWO of the following are evident: - pain -redness - swelling	2	Early stage of phlebitis	**Re-site Cannula**
ALL of the following are evident: - pain - redness - hardening of the surrounding tissue	3	Phlebitis / Thrombophlebitis **Re-site Cannula & Seek Further Advice**	
As above including: - palpable venous cord	4		
As above including: - pyrexia	5		

Day 1 (24 hours after insertion)

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	Yes / No
2. VIP Score?	☐
3. PVC Dressing dry & intact?	Yes / No
4. Was PVC dressing renewed?	Yes / No / NA
5. Was PVC Removed?	Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

Day 2

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	Yes / No
2. VIP Score?	☐
3. PVC Dressing dry & intact?	Yes / No
4. Was PVC dressing renewed?	Yes / No / NA
5. Was PVC Removed?	Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

After Day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain insitu:

Date: Initials:

Day 3

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	Yes / No
2. VIP Score?	☐
3. PVC Dressing dry & intact?	Yes / No
4. Was PVC dressing renewed?	Yes / No / NA
5. Was PVC Removed?	Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

Day 4

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	Yes / No
2. VIP Score?	☐
3. PVC Dressing dry & intact?	Yes / No
4. Was PVC dressing renewed?	Yes / No / NA
5. Was PVC Removed?	Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

Nutrition Profile

NHS Greater Glasgow and Clyde

Name:	Date of admission: 3 / 11 / 11
Address: 20508978K SULLIVAN F DONNA 25/07/1970 187 COMMONHEAD ROAD GLASGOW LANARKSHIRE G34 0DS CHI-2507706163-	Time: 1630
DoB:	HOSPITAL: GRI
CHI number:	Ward: 65/67
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 5ft7 m/ft Actual ☐ Patient/ carer reported ☑ Alternative measurement ☐

Weight: 14st10 kg/stones Actual ☐ Patient/ carer reported ☑ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months

Is there evidence of recent weight loss?

No ☑ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Eating and drinking likes and dislikes (including appetite and/or NBM status):

likes most

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☑

Please state:

Are there any contributing factors that may affect food intake such as **physical** (e.g. swallowing difficulties), **physiological** (e.g. nausea), **psychological** (e.g. dementia), **social or environmental?** Yes ☐ No ☑

Please specify all factors:

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☑

Please state:

Profile completed by: Name (PRINT): R Alexander Signature: R Alexander Date: 3/11/11

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Management Plan

FOR ALL PATIENTS

- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Complete nursing checklist for swallowing difficulties if appropriate.
- Use a recognised system to identify when equipment or asssistance is required at mealtimes (e.g. red mats, coloured napkins).

Referral Services

Dietitian	Date: / /	Outcome:
Speech and Language Therapy	Date: / /	Outcome:
Occupational Therapy	Date: / /	Outcome:
Dental Service	Date: / /	Outcome:

Multidisciplinary Nutrition Care Plan

Date	Overall Risk	Action	Review date	Name (PRINT) Signature/Designation
3/11.	0	No action required		RSW

N.B. Ensure discharge plan includes most recent 'MUST' score and any necessary follow-up requirements.

Malnutrition Universal Screening Tool ('MUST')

Date	3/11									
Initials	RD									
Height (see page 1) 5ft 7 — Weight	14st 10									
Oedema or ascites present Y/N	N									
BMI	33									

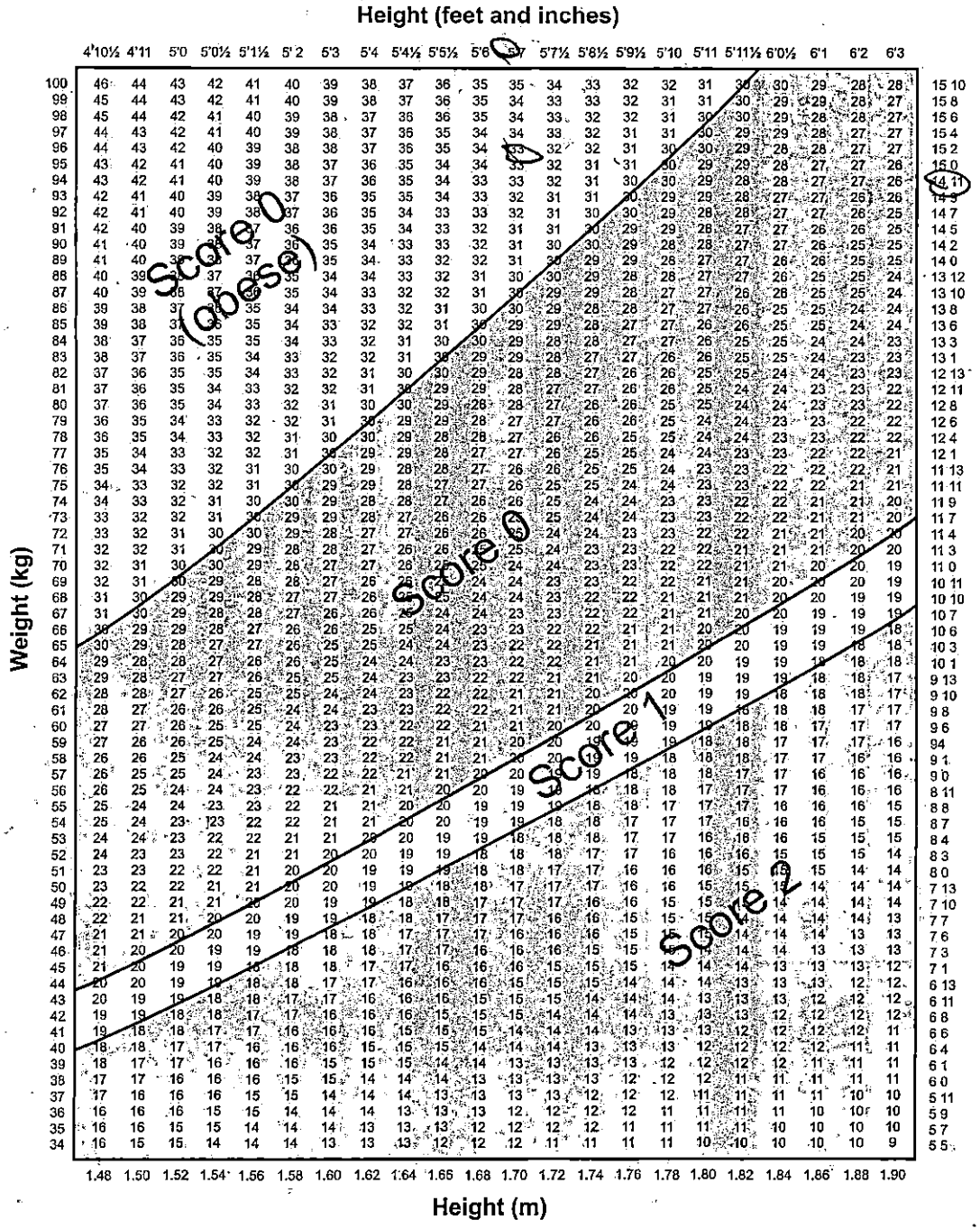
'MUST'

Step 1: BMI Score (refer to chart on page 4) >20 (>30 = Obese) ..... 0 8.5 - 20 ..... 1 <18.5 2	0								
Step 2: Weight Loss Score Unplanned weight loss in past 3-6 months: <5% ..... 0 5-10% ..... 1 >10% 2	0								
Step 3: Acute Disease Effect Score If patient is acutely ill **and** there has been or is likely to be no or virtually no food intake for > 5 days..... Score 2 Not applicable ..... Score 0	0								
Step 4: Overall Risk of Malnutrition Total:	0								

Step 5: Management Guidelines

Score of Overall Risk of Malnutrition	Action Required
0	**LOW RISK** - *Routine Clinical Care* • Repeat screening. Hospital Acute .....Weekly Hospital Rehabilitation .....Monthly
1	**MEDIUM RISK** - *Observe* • Document dietary intake for 3 days on a Food Record Chart. • If no improvement in intake: - Encourage oral intake. - Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Repeat screening weekly.
2 or more	**HIGH RISK** - *Treat** • Refer to Dietitian **and** document food intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Monitor **and** review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

Step 1 - BMI Score



Step 2 - Weight Loss Score

Weight before weight loss (kg)	Score 0 W't loss <5%	Score 1 Wt loss 5-10%	Score 2 W't loss >10%
34 kg	<1.7 kg	1.7-3.4 kg	>3.4 kg
36 kg	<1.8 kg	1.8-3.6 kg	>3.6 kg
38 kg	<1.9 kg	1.9-3.8 kg	>3.8 kg
40 kg	<2 kg	2-4 kg	>4 kg
42 kg	<2.1 kg	2.1-4.2 kg	>4.2 kg
44 kg	<2.2 kg	2.2-4.4 kg	>4.4 kg
46 kg	<2.3 kg	2.3-4.6 kg	>4.6 kg
48 kg	<2.4 kg	2.4-4.8 kg	>4.8 kg
50 kg	<2.5 kg	2.5-5 kg	>5 kg
52 kg	<2.6 kg	2.6-5.2 kg	>5.2 kg
54 kg	<2.7 kg	2.7-5.4 kg	>5.4 kg
56 kg	<2.8 kg	2.8-5.6 kg	>5.6 kg
58 kg	<2.9 kg	2.9-5.8 kg	>5.8 kg
60 kg	<3 kg	3-6 kg	>6 kg
62 kg	<3.1 kg	3.1-6.2 kg	>6.2 kg
64 kg	<3.2 kg	3.2-6.4 kg	>6.4 kg
66 kg	<3.3 kg	3.3-6.6 kg	>6.6 kg
68 kg	<3.4 kg	3.4-6.8 kg	>6.8 kg
70 kg	<3.5 kg	3.5-7 kg	>7 kg
72 kg	<3.6 kg	3.6-7.2 kg	>7.2 kg
74 kg	<3.7 kg	3.7-7.4 kg	>7.4 kg
76 kg	<3.8 kg	3.8-7.6 kg	>7.6 kg
78 kg	<3.9 kg	3.9-7.8 kg	>7.8 kg
80 kg	<4 kg	4-8 kg	>8 kg
82 kg	<4.1 kg	4.1-8.2 kg	>8.2 kg
84 kg	<4.2 kg	4.2-8.4 kg	>8.4 kg
86 kg	<4.3 kg	4.3-8.6 kg	>8.6 kg
88 kg	<4.4 kg	4.4-8.8 kg	>8.8 kg
90 kg	<4.5 kg	4.5-9 kg	>9 kg
92 kg	<4.6 kg	4.6-9.2 kg	>9.2 kg
94 kg	<4.7 kg	4.7-9.4 kg	>9.4 kg
96 kg	<4.8 kg	4.8-9.6 kg	>9.6 kg
98 kg	<4.9 kg	4.9-9.8 kg	>9.8 kg
100 kg	<5 kg	5-10 kg	>10 kg
102 kg	<5.1 kg	5.1-10.2 kg	>10.2 kg
104 kg	<5.2 kg	5.2-10.4 kg	>10.4 kg
106 kg	<5.3 kg	5.3-10.6 kg	>10.6 kg
108 kg	<5.4 kg	5.4-10.8 kg	>10.8 kg
110 kg	<5.5 kg	5.5-11 kg	>11 kg
112 kg	<5.6 kg	5.6-11.2 kg	>11.2 kg
114 kg	<5.7 kg	5.7-11.4 kg	>11.4 kg
116 kg	<5.8 kg	5.8-11.6 kg	>11.6 kg
118 kg	<5.9 kg	5.9-11.8 kg	>11.8 kg
120 kg	<6 kg	6-12 kg	>12 kg
122 kg	<6.1 kg	6.1-12.2 kg	>12.2 kg
124 kg	<6.2 kg	-12.4 kg	>12.4 kg
126 kg	<6.3 kg	-12.6 kg	>12.6 kg

Weight before weight loss (st/lb)	Score 0 W't loss <5%	Score 1 Wt loss 5-10%	Score 2 W't loss >10%
5st 4lb	<4lb	4lb-7lb	>7lb
5st 7lb	<4lb	4lb-8lb	>8lb
5st 11lb	<4lb	4lb-8lb	>8lb
6st	<4lb	4lb-8lb	>8lb
6st 4lb	<4lb	4lb-9lb	>9lb
6st 7lb	<5lb	5lb-9lb	>9lb
6st 11lb	<5lb	5lb-10lb	>10lb
7st	<5lb	5lb-10lb	>10lb
7st 4lb	<5lb	5lb-10lb	>10lb
7st 7lb	<5lb	5lb-11lb	>11lb
7st 11lb	<5lb	5lb-11lb	>11lb
8st	<6lb	6lb-11lb	>11lb
8st 4lb	<6lb	6lb-12lb	>12lb
8st 7lb	<6lb	6lb-12lb	>12lb
8st 11lb	<6lb	6lb-12lb	>12lb
9st	<6lb	6lb-13lb	>13lb
9st 4lb	<7lb	7lb-13lb	>13lb
9st 7lb	<7lb	7lb-13lb	>13lb
9st 11lb	<7lb	7lb-1st	>1st
10st	<7lb	7lb-1st	>1st
10st 4lb	<7lb	7lb-1st	>1st
10st 7lb	<7lb	7lb-1st 1lb	>1st 1lb
10st 11lb	<8lb	8lb-1st 1lb	>1st 1lb
11st	<8lb	8lb-1st 1lb	>1st 1lb
11st 4lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 7lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 11lb	<8lb	8lb-1st 3lb	>1st 3lb
12st	<8lb	8lb-1st 3lb	>1st 3lb
12st 4lb	<9lb	9lb-1st 3lb	>1st 3lb
12st 7lb	<9lb	9lb-1st 4lb	>1st 4lb
12st 11lb	<9lb	9lb-1st 4lb	>1st 4lb
13st	<9lb	9lb-1st 4lb	>1st 4lb
13st 4lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 7lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 11lb	<10lb	10lb-1st 5lb	>1st 5lb
14st	<10lb	10lb-1st 6lb	>1st 6lb
14st 4lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 7lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 11lb	<10lb	10lb-1st 7lb	>1st 7lb
15st	<11lb	11lb-1st 7lb	>1st 7lb
15st 4lb	<11lb	11lb-1st 7lb	>1st 7lb
15st 7lb	<11lb	11lb-1st 8lb	>1st 8lb
15st 11lb	<11lb	11lb-1st 8lb	>1st 8lb
16st	<11lb	11lb-1st 8lb	>1st 8lb
16st 4lb	<11lb	11lb-1st 9lb	>1st 9lb
16st 7lb	<12lb	12lb-1st 9lb	>1st 9lb
16st 11lb	<12lb	12lb-1st 9lb	>1st 9lb

VI MEDICAL ILLUSTRATION • NUTRITION & DIET • 12366/01.09.08
STORES ORDER CODE 41850

NHS
Greater Glasgow and Clyde

NATVNS
SCOTLAND

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

More than one score/category can be used: **10+= 'At Risk': 15+= 'High Risk': 20+= 'Very High Risk'**

Complete assessment on admission/1st visit, if there is a change in individuals condition and repeat regularly according to local protocol

Sex									
Male	1								
Female	2	✓							
Age									
14 -49	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 sever pain or disease)	3								
Bedbound (unconscious/unable to change position/traction)	4								
Chairbound (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		2/11							
Initials		RD							
Time		1700							

83826

Ensure plan of care is implemented / reviewed for all identified areas of concern.

ING AND HANDLING CARE PLAN

20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Patient's De

Named Nurse:

If Patient is totally independent, tick here and go to date box. ✓

BODY BUILD			
Obese		Tall	
Above average		Medium	✓
Average	✓	Short	
Below Average		Weight	Kg

Problems with comprehension, behaviour, co-operation (specify):

Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):

RISK OF FALLS			
High		Low	✓

Into Bath or shower.

HANDLING AID		WHICH BATH		ASSISTANCE		SUPERVISION		INDEPENDENT		BED BATH	
Ambulift		Parker		People 1		2		Additional Information:			
Shower Chair		Variable Height									
Other (specify)		Fixed Height									
		Shower									

Transfers (including to/from: bed; wheelchair; commode; toilet).

HOIST (specify)				MANUAL SUPPORT		ASSISTANCE		INSTRUCTION		SUPERVISION		INDEPENDENT
People 1	2	3		People 1	2	Additional Information:						
				Walking Aid (specify)								

Toiletting

HOIST (specify)				MANUAL SUPPORT		ASSISTANCE		INSTRUCTION		SUPERVISION		INDEPENDENT
People 1	2	3		People 1	2	Additional Information:						
				Walking Aid (specify)								

Walking.

NO WALKING		MANUAL SUPPORT		ASSISTANCE		INSTRUCTION		SUPERVISION		INDEPENDENT
		People 1	2	Distance Walked/Additional Information:						
		Walking Aid (specify)								

Move up/down bed.

HOIST (specify)				HANDLING AIDS		ASSISTANCE		INSTRUCTION		SUPERVISION		INDEPENDENT
People 1	2	3		Sliding aid (fabric)		Additional Information:						
				Rope ladder								
				Hand blocks								

Sit up over side of bed.

ROPELADDER		SWIVEL CUSHION		ASSISTANCE		INSTRUCTION		SUPERVISION		INDEPENDENT

Move on/off bed pan.

HOIST		ROLL PATIENT		PATIENT BRIDGES		MONKEY POLE		N/A	

Transfer to/from trolley (or bed etc).

SLIDING AID - RIGID		SLIDING AID - FABRIC		ASSISTANCE		INSTRUCTION		SUPERVISION		INDEPENDENT

Other Instructions.

Date Assessed:	3/11/11					
Assessor's Signature:						
Proposed Review Dates:						

05236

Acute Services Division

Hospital / Department GRI, 67.

NHS Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack

Patient name: .....
20508978K
SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

Ward: .....

CHI number: .....

Unit/Hospital number .....

Contents

1. Canard Falls Risk Assessment Scoring Form
2. Falls Assessment Care Plan
3. Glossary of terms used in risk assessment

Notes: Risk assessment should be completed within 24 hours of admission to each ward.

Assessment Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
2. Second or subsequent fall
3. Significant Injury caused by a fall. (Significant Injury defined as any fracture, significant bruising or laceration to head or body.)

The patient should be referred with any of the above criteria.

General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive impairment unattended on commodes, in toilets, baths and showers.
- Patients with poor mobility, who are known not to ask for assistance, should not be left unattended on commodes, toilets, baths and showers.
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to the ward environment

Cannard Falls Risk Assessment

(Must be completed within 24 hours of admission to each ward)

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						Date: 0/A Ward: 67	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			0						
Sex	Male 1	Female 2				2						
Age	13-59 0	60-70 1	71-80 2	81+ 1		0						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		0						
Medication type	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		0						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	0						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chair-bound/ wheel-chair 1		1						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
				TOTAL SCORE		4						
				ACTION(S) TAKEN Enter action code(s) from Care Plan below		1,2						
SCORE 13+ = HIGH RISK If patient unconscious score as N/A until patient status improves				NURSE SIGNATURE		RS						

Please see back page for glossary of terms relating to the assessment above.

Falls Assessment Care Plan

Please tick all applicable nursing interventions

Action code	NURSING INTERVENTIONS	Date: 9/4 Ward: 37	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
1	Falls prevention and general safety precautions discussed with patient and family.	✓						
2	Move to more observable area of ward to optimise supervision.	✓						
3	Advise patient they may experience dizziness when they mobilise initially.							
4	Requires assistance with mobilisation.							
5	Observe trip hazard due to invasive lines, drains and catheters.							
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.							
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
8	Monitor lying and standing / sitting BP and pulse.							
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.							
10	Commence continence assessment, follow Local Guidelines.							
11	Refer to Occupational Therapist.							
12	Select suitable seating (refer to policy).							
13	Non slip mat on chair /floor following advice from therapists.							
14	Refer to Physiotherapist.							
15	Review Transfer techniques.							
16	Request medication review.							
17	Bed/chair monitor in use.							
18	Falls map in use for seven days for patient who has second or subsequent falls.							
19	Bed rails/bumpers to be used (refer to policy).							
20	Patient requires low bed / mattress on the floor (refer to policy.)							
21	Patient requires one to one nursing care.							
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).							
23	Other interventions.							
		[illegible]						

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.

MEDICINE **PRESCRIPTION FORM** Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

Hosp 20508978K
DOB SULLIVAN F
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
Date LANARKSHIRE G34 0DS
Cons CHI-2507706163

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Name DONNA SULLIVAN
CHI No _____

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

Nurse/Midwife Administration by Sympto...atic Relief Policy or other Protoc

Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Check the As Required and Regular Prescription sections to ensure that the [illegible] not already been prescribed by a doctor

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

DATE → 14
MONTH → 11

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N	
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N	
SIGNATURE OF ASSESSOR	
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N	

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DRUG: CLEXANE

DOSE: 40 mg | ROUTE: S/C | DATE: 14/11/11

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800	AN					
2200-2400						
Other time						

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800						
2200-2400						
Other time						

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800						
2200-2400						
Other time						

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

D DRUG
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

E DRUG
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

F DRUG
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

G DRUG
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name DONNA SULLIVAN

CHI No _____

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

Nurse/Midwife Administration by Sympto[illegible]tic Relief Policy or other Protoc[illegible]

- Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the [illegible] not already been prescribed by a doctor

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

Oral and Other Drugs: Regular Prescription

DATE: 24 5 | MONTH: 11 11

Patient's Own Medicine

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

H DRUG: AMITRIPTYLIN

DOSE: 50 mg | ROUTE: PO | DATE: 04/11/11 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): [illegible] MOKOIL

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time																															
Other time																															
0700-0900																															
1200-1400																															
1600-1800																															
2200-2400	CW																														
Other time																															

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

J DRUG: * - VENLAFAXINE

DOSE: 50 mg | ROUTE: PO | DATE: 4/11/11 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time																															
Other time																															
0200-0900	(4)	(2)																													
1200-1400																															
1600-1800																															
2200-2400	(7)																														
Other time																															

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

K DRUG: SENNA

DOSE: 15 mg | ROUTE: PO | DATE: 4/11/11 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time																															
Other time																															
0700-0900																															
1200-1400																															
1600-1800																															
2200-2400	CW																														
Other time																															

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

L DRUG: OMEPRAZOLE

DOSE: 40 mg | ROUTE: PO | DATE: 4/11/11 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time																															
Other time																															
0700-0900	✓																														
1200-1400																															
1600-1800																															
2200-2400	CW																														
Other time																															

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

M DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

N DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

P DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

R DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name DONALD SULLIVAN

CHI No _____

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

_____

_____

...te Administration by Sympto... ...atic Relief Policy or other Protoc...

...sed Nurses/Midwives Only (Maximum number of doses as per protocol)

...the As Required and Regular Prescription sections to ensure that the ...n prescribed by a doctor.

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. In the case of sustained-release lithium or theophylline).

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

S

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

T

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

V

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

W

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

| | | |

...rse/Midwife Administration by Sympto... itic Relief Policy or other Protoc...

- Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

...ther Check the As Required and Regular Prescription sections to ensure that the ... not already been prescribed by a doctor...

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. In the case of sustained-release lithium or theophylline).

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

CC

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DD

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EE

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FF

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name OONAGH SULLIVAN

CHI No

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

Nurse/Midwife Administration by Sympto… itic Relief Policy or other Protocc…

- Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained-release lithium or theophylline).

All Routes: As Required Prescriptions

								Patient's Own Medicine
BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☑	LL	DRUG: TRAMADOL	DOSE: 50-100mg	ROUTE: PO	INDICATION: PAIN	PRESCRIBER (PRINT & SIGN):	MAX.FREQ.: 4-6°	STOPPED DATE: / INITIALS: / DATE: 4/11/11

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | | | | | | |

BEFORE ADMISSION ☐	RR	DRUG	STOPPED DATE: INITIALS:	DATE																						Patient's Own Medicine For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	TIME																						Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DOSE																						Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE:	GIVEN BY																						Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	SS	DRUG	STOPPED DATE: INITIALS:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	TIME																						Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DOSE																						Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE:	GIVEN BY																						Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG	STOPPED DATE: INITIALS:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	TIME																						Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DOSE																						Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE:	GIVEN BY																						Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG	STOPPED DATE: INITIALS:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	TIME																						Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DOSE																						Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE:	GIVEN BY																						Assessed by:
																										Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name DONNA SULLIVAN

CHI No _____

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

Nurse/Midwife Administration by Symptc atic Relief Policy or other Protoc..
- Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
4/11/11	Replag Liquid	10ml	PO	0630	P Reeves	P Reeves	0630

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg Gram = g
Millilitre = ml Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010

GASTROENTEROLOGY
DO NOT REMOVE FROM CLINIC AREA

NHS Greater Glasgow and Clyde

CLINIC

AD

20508978K F
SULLIVAN
DONNA 25/07/1970
187 COMMONHEAD ROAD
GLASGOW
LANARKSHIRE G34 0DS
CHI-2507706163

DATE	20/9
CONSULTANT	Gillespie
SITE	GRI
NEW PATIENT	
RETURN PATIENT	✓

ONE BOX FROM 1-10 MUST BE TICKED FOR ALL PATIENTS IN ADDITION TO THE FURTHER APPOINTMENT INFORMATION BELOW

1a	TREATMENT STARTED TODAY		6	INVESTIGATION AS IP/DC/OP	
1b	TREATMENT PREVIOUSLY STARTED			*DISCHARGE*	
	DISCHARGE		7	TO RETURN FOR TREATMENT AS IP/DC/OP	
2	NO (FURTHER) TREATMENT REQUIRED				
	DISCHARGE		8	PATIENT CONSIDERING TREATMENT OPTIONS	
3	PATIENT DECLINES TREATMENT				
	DISCHARGE		9	ONWARD REFERRAL FOR SAME CONDITION TO	CONS
4	OBSERVE & REVIEW *INCLUDING CHRONIC DISEASE MANAGEMENT*				NURSE
					AHP
5	SUPPLY MEDICAL DEVICE				OTHER
	DISCHARGE		10	DNA - DISCHARGE	
				DNA - FURTHER APPOINTMENT	

PLEASE ARRANGE A FURTHER APPOINTMENT IN	WEEKS	
	MONTHS	
AMBULANCE TRANSPORT NEXT VISIT (CRITERIA MET)		
INTERPRETER REQUIRED		
ADMITTED FROM CLINIC		

OUTPATIENT PROCEDURE PERFORMED

		TICK
X38.8	Interferon Injection	
X39.1	Interferon Oral Tablet	
U16.8	Fibroscan	

Jun-11

ELECTRONIC PATIENT RECORDS

1 of 2

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☑		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
'IEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 30/11/2025

Consultant: Mr David Chong

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
8 Millennium Gardens
Glasgow G34 9HH

Attended on: **17/11/2025 at 09:48 hrs.** Departed on: **18/11/2025 at 20:00 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **9**

Presenting complaint
to collect meds 19/11/25. constipation - tried multiple remedies at home

Nursing Assessment:

Investigations in ED:

1. Amylase	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. HCG	**8. Full Blood Count**	**9. Coagulation screen**
10. Lactate	**11. XR Abdomen**	**12. CT Abdomen and pelvis with contrast**
13. Urea and Electrolytes	**14. Full Blood Count**	**15. LFT**
16. CRP	**17. Amylase**	

Diagnosis:

Diagnosis	Side	Site
Other and Unspecified Abdominal Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Dear Doctor, Donna Sullivan was reviewed in the Surgical Assessment Unit on 17/11/25 following GP referral. She presented with abdominal pain and acute on chronic constipation. Bloods were unremarkable. AXR showed no signs of obstruction, but some right sided faecal loading. She attended for a CTAP which demonstrated no evidence of acute abdominal obstruction or pathology. Her bowels had started to move following picolax and she was discharged home with worsening advice. She will be followed up with an outpatient upper GI endoscopy, she has been discharged with a sachet of picolax and glycerol supps. Thank you for your continuing care in the community. Sincerely, Rebecca Mulvey, trainee ANP

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Rebecca Mulvey
Nurse

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 10/11/2025

Consultant: Dr Steven Rainey

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
8 Millennium Gardens
Glasgow G34 9HH

Attended on: **09/11/2025 at 20:36 hrs.** Departed on: **10/11/2025 at 00:15 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **8**

Presenting complaint
unwell

Nursing Assessment:
ABDO PAIN. NEWS 1. Onset 1400 central abdo pain. Abdo distended. Nauseous but hasn't vomited. Denies urinary/bowel issues. Under Ix for lupus. Taken own analgesia with no relief.

Investigations in ED:
1. Urine culture

Diagnosis:

Diagnosis	Side	Site
Other and Unspecified Abdominal Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

55F seen due to right flank pain feeling generally unwell with stinging and burning when passing urine. Nitrites on urine dip, right flank tenderness. Systemically well and examination otherwise unremarkable, discharged with strong worsening advice

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Caitlin Macaskill
Doctor

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 10/10/2025

Consultant: Mr Tadhg Kelliher

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
8 Millennium Gardens
Glasgow G34 9HH

Attended on: **09/10/2025 at 23:06 hrs.** Departed on: **10/10/2025 at 11:21 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **7**

Presenting complaint
?allergic reaction - REMAINS IN AMBULANCE

Nursing Assessment:-
?ALLERGIC REACTION. Pt eating rice and curry sauce tonight, felt sudden onset DIB and tongue swelling 3 hors later. Hx of similar, awaiting allergy testing. No signs of airway compromise at present. Hx fibro, lupus, T2DM.

Investigations in ED:

1. CRP	**2. Glucose**	**3. LFT**
4. Urea and Electrolytes	**5. Coagulation screen**	**6. Full Blood Count**

Diagnosis:

Diagnosis	Side	Site
Allergy, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

55F presented with an episode of tongue, lip and face swelling after eating curry and rice last night. She was given chlorpheniramine by SAS and symptoms had settled by the time she arrived to ED. FBC, CRP, U&E, LFT were all normal, observations were all normal. She was kept under observation overnight. 12 hrs later, obs normal, no SOB/wheeze, no cyanosis, no swelling. She was discharged with follow up with her GP. Worsening advice given.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Sami Yousif
Doctor

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 24/09/2025

Consultant: Dr Caitriona Considine

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
8 Millennium Gardens
Glasgow G34 9HH

Attended on: **24/09/2025 at 10:03 hrs.** Departed on: **24/09/2025 at 14:49 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **7**

Presenting complaint
chest pain

Nursing Assessment:
ECG PLEASE, NEWS 0 Chest pain overnight, central cp radiating under left breast and vomiting. recent chest infection. pmh angina lupus. No relief from GTN

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Full Blood Count**
7. Troponin I hs	**8. Chol / Triglyceride**	**9. XR Chest**
10. D - Dimer		

Diagnosis:

Diagnosis	Side	Site
Chest Pain, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Dear Doctor, This 55 year old lady was reviewed in the AAU at GRI on 24/09/25 with chest pain, lethargy and nausea. She has since developed a cough with dark brown sputum with blood streaks though it with chest pain worse on inspiration. Bloods: WCC 5.9, CRP 5, Hb 119, Trop <4, D-dimer <150, Glucose 9.4, Cholesterol 4.2, U&E and LFT unremarkable. Her ECG showed normal sinus rhythm and chest x-ray was unremarkable. Urinalysis: Glucose +. Viral swab negative. Impression: LRTI. Discharged home to complete antibiotics and steroids. Worsening advice given. yours sincerely Craig Morrison (ANP)

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Craig Morrison
Advanced Nurse Practitioner

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 14/05/2025

Consultant: Dr Colin Bell

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
8 Millennium Gardens
Glasgow G34 9HH

Attended on: **14/05/2025 at 05:27 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **9**

Presenting complaint
l hand / foot inj

Nursing Assessment:
L FOOT & L WRIST INJURY. NEWS 1. APPEARS WELL. Trip on Sunday. Pain worsening since. L foot swollen. No bruising or deformity. Ambulatory into triage. L wrist swollen. No bruising. Difficulty in forming fist. Own analgesia to limited effect. Hx: brain tumour.

Investigations in ED:
1. XR Wrist Lt
2. XR Hand Lt
3. XR Foot Lt
4. XR Ankle Lt
5. XR Scaphoid Lt

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Navicular [scaphoid] Bone of Hand	**Left**	**Hand**
Closed Fracture of Fibula Alone	**Left**	**Ankle**

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Attended MIU following fall 2/7 onto out stretched hand after catching foot in path. Minimal swelling noted to wrist. N.V intact. BT distal radius and ASB. Hand and wrist x-rays with scaphoid views obtained, # to edge of scaphoid visualised. Places in wrist splint. Ankle minimally swollen to lateral side. BT to lateral malleolus. N.V intact. Corrtical irregularity noted to distal tip of fibula in keeping with tenderness. Treat as #. Given black walking boot. D/C with above, Pt advises has own co-codamol for analgesia. VFC follow up arranged.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Emma Livingston
Nurse

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 15/12/2024

Consultant: Dr Allan Cameron

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
8 Millennium Gardens
Glasgow G34 9HH

Attended on: **12/12/2024 at 14:44 hrs.** Departed on: **13/12/2024 at 11:10 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **11**

Presenting complaint
SAS - ?CVA symptoms started yesterday. Slurred speech

Nursing Assessment:
Low viral risk - Ongoing stroke like symptoms since yesterday morning. Slurred speech, facial droop, issues swallowing tablet. PEARL in triage and speaking in full sentences. Slight facial asymmetry noted.

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. Urea and Electrolytes**
4. Glucose	**5. LFT**	**6. Bone Profile**
7. CRP	**8. Chol / Triglyceride**	**9. CT Head**
10. Faeces Bacterial Culture		

Diagnosis:

Diagnosis	Side	Site
Low Back Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Presenting with L sided weakness and back pain. CTB - nil acute. Seen by stroke cons who deemed not stroke, discharged with analgesia, discharged. Is due neuro follow up

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Finlay Matheson
Doctor

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 09/09/2024

Consultant: Dr Allan Cameron

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
8 Millennium Gardens
Glasgow G34 9HH

Attended on: **03/09/2024 at 09:09 hrs.** Departed on: **03/09/2024 at 13:22 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **10**

Presenting complaint
03/09/24, RETURN FOR CTPA (9.45 SLOT, NOTES IN DIARY)

Nursing Assessment:

Investigations in ED:

1. Investigation of Prolonged APTT	**2. Coagulation screen**	**3. Factor XI**
4. Factor XII	**5. Factor VIII one stage assay**	**6. Factor IX**
7. Lupus	**8. Haemostasis Report**	

Diagnosis:

Diagnosis	Side	Site
Chest Pain, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

Dear Doctor, This 54 year old was reviewed in AAU by my medical colleague on 2nd of September 2024 following a referral by her GP. She reported chest and epigastric pain after a discharge from general surgery with abdominal pain and covid-19. Pain worse on inspiration and exertion, also several months of worsening dyspnoea. Patient advised GP had discussed exercise tolerance testing to further investigate breathlessness. Bloods: DDIMER 1039, Troponin <4, Hb 103 (improved), CRP <1, WCC 7.9, Eosinophils 0.31, Coag: APTT 43, APTT 1.4, Glucose 8, AST 64, haematinics normal, otherwise unremarkable. CXR and ECG nil acute. Ambulatory CTPA requested for following day to rule out PE. CT results: No PE. T5-T9 right-sided osteophytes and degenerative changes. Moderate coronary artery calcification. On examination: faint wheeze at left base, heart sounds normal, epigastric tenderness. Symptomatic of postural BP deficit, advice given on managing falls risk, to withhold Bendroflumethiazide until light-headedness improves. Imp: Likely MSK pain secondary to covid-19. Possible underlying airways disease given worsening dyspnoea and eosinophilia. Possible gastritis - on Esomeprazole 20mg BD. Plan: Given supply of Co-codamol 8/500 x2 and 40mg Prednisolone for 5 days. To return to AAU for Prolonged APTT screen - results will be followed up by dept. Discharged with strict worsening advice, advised to contact GP to discuss if light-headedness ongoing after withholding diuretic for 1 week. Could contact GP for review of Esomeprazole if epigastric pain continues. *Please consider trial of inhaled therapy if respiratory symptoms ongoing, could refer for cardiac investigations if felt to be indicated (patient very keen following reported discussion with GP and coronary artery calcification on CT).* Kind regards, Katy Rooney (Trainee ANP).

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Bethany Storrie
Doctor

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 21/01/2024

Consultant: Dr Alan Davidson

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
8 Millennium Gardens
Glasgow G34 9HH

Attended on: **07/01/2024 at 16:16 hrs.** Departed on: **08/01/2024 at 14:39 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
abdo pain / pr bleed

Nursing Assessment:
NEWS 0. ABDO PAIN/PR BLEEDING. Pt presents c/o 2 day hx of PR bleeding and abdo pain. Passing clots. PMHx meningioma brain tumours(benign), fibromyalgia, ulcerated colitis. Taken own analgesia.

Investigations in ED:

1. Full Blood Count	**2. CRP**	**3. Urea and Electrolytes**
4. LFT	**5. Amylase**	**6. Coagulation screen**
7. XR Abdomen	**8. Faeces Bacterial Culture**	

Diagnosis:

Diagnosis	Side	Site
Constipation		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

Presented complaining of PR bleeding and abdominal pain. Diagnosed with ulcerative proctitis in March. Increased frequency of PR bleeding prior 2/7 days. Right sided colicky abdominal pain. Complaining of nausea but no vomiting. CRP 2 WCC 7.3 Hb 124 Amylase 143. AXR nil focal bar left side fecal loading. Managed as overflow constipation with laxatives and topical treatment for haemorrhoids. Follow up with IBD clinic as previously planned prior to admission.

Followup : **IBD clinic**

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Alexandra Millar
Doctor

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 25/04/2023

Consultant: Mr Colin Kenneth MacKay

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
MAIN DOOR
Glasgow G34 9HH

Attended on: **24/04/2023 at 09:01 hrs.** Departed on: **24/04/2023 at 20:04 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
SFT: abdominal pain PR bleeding and mucus coming by ambulance

Nursing Assessment:

Investigations in ED:

1. Amylase	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. Full Blood Count	**8. Coagulation screen**	**9. Urine culture**

Diagnosis:

Diagnosis	Side	Site
Other and Unspecified Abdominal Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Dear Dr, Ms Sullivan was reviewed under the care of the general surgeons 24/04/23 after presenting from the GP with abdominal pain and PR bleeding. had a sigmoidoscopy 23/03/23 for PR bleeding - diagnosed with PR bleeding. Had ongoing abdominal pain and PR bleeding since. On examination, abdomen was soft, tender LIF PR examination, empty rectum, extremal haemorrhoids no evidence of bleeding. She was reviewed with the surgical DRs deemed fit for discharge to await biopsy results under Mr Chong Many thanks Nicola McClure Surgical Nurse Practitioner

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Nicola McClure
Consultant

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 28/01/2022

Consultant: Mr Tadhg Kelliher

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
MAIN DOOR
Glasgow G34 9HH

Attended on: **27/01/2022 at 13:31 hrs.** Departed on: **27/01/2022 at 17:09 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
back/chest pain

Nursing Assessment:
PLEURITIC CHEST PAIN. NEWS 1. 6/7 hx pleuritic chest/ back pain on inspiration. seen by gp finished course of abx 1/7 states pain no better Denies covid symptoms

Investigations in ED:

1. CRP	**2. Glucose**	**3. LFT**
4. Urea and Electrolytes	**5. Coagulation screen**	**6. D - Dimer**
7. Full Blood Count	**8. Troponin I hs**	**9. XR Chest**

Diagnosis:

Diagnosis	Side	Site
Other Chest Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
***NO GP ACTION REQUIRED* Chest pain. investigations normal. likley costocondritis.**

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Saqib Ali
Doctor

Copies to:
1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 16/07/2021

Consultant: Mr Philip Stevens

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
MAIN DOOR
Glasgow G34 9HH

Attended on: **14/07/2021 at 10:30 hrs.** Departed on: **15/07/2021 at 16:43 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
Returning tomorrow for AUSS - to be phoned with time. RUQ pain and nausea. not s ee by GP. No covid symptoms.

Nursing Assessment:

Investigations in ED:

1. Urea and Electrolytes	**2. Full Blood Count**	**3. LFT**
4. CRP	**5. Amylase**	**6. Coagulation screen**
7. Glucose	**8. Lactate (Glasgow only)**	**9. Urea and Electrolytes**
10. Full Blood Count	**11. LFT**	**12. CRP**
13. Amylase	**14. Glucose**	**15. Lactate (Glasgow only)**
16. Coagulation screen	**17. Urea and Electrolytes**	**18. Full Blood Count**
19. LFT	**20. CRP**	**21. Amylase**

22. Glucose
23. Lactate (Glasgow only)
24. Coagulation screen
25. XR Chest
26. Urine culture
27. US Abdomen

Diagnosis:

Diagnosis	Side	Site
Pain Localized to Upper Abdomen		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Dear Doctor This 50 year old lady was referred to the on-call general surgeons at GRI via her GP on 14/7/2021 with RUQ pain. She reported a 4 day history of RUQ pain radiating to her right shoulder and through to her back. She has been extensively investigated by gastro for symptoms of upper abdominal pain. On examination her abdomen was soft with mild RUQ tenderness and tenderness over right lower ribs anterolaterally. She was reviewed by the on-call surgical doctor who felt biliary colic unlikely due to abdo uss 6/52 ago demonstrating no gallstones however a repeat scan was arranged. Repeat abdo uss on 15/7/2021 revealed fatty liver as on previous scan, no gallstones. She was discharged home, no surgical follow up is planned. Yours sincerely Susan Jamieson Surgical Nurse Practitioner

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Susan Jamieson
Nurse

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 01/12/2020

Consultant: Dr Fiona Ritchie

SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear SJ Colling

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
1 Corsehill Path
Glasgow G34 0PJ

Attended on: **01/12/2020 at 10:40 hrs.** Departed on: **01/12/2020 at 14:20 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
headaches

Nursing Assessment:
HEADACHES. News: 2. PmHx brain tumour. C/O headaches for 2/7, flash of light in one of her eyes and a sensation down face and arm. A/w MRI but has been delayed due to covid. Denies covid symptoms.

Investigations in ED:
1. CT Head

Diagnosis:

Diagnosis	Side	Site
Headache		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

worsening headache ct - no change in appearance of meningiomas since last scan sept 2019 pt reassured will self manage headaches

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Neil Dignon
Consultant

Copies to:

1. SJ Colling (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 12/03/2019

Consultant: Dr Claire Fitzpatrick

JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear JG Goldie

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
1 Corsehill Path
Glasgow G34 0PJ

Attended on: **01/03/2019 at 14:52 hrs.** Departed on: **01/03/2019 at 18:50 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **5**

Presenting complaint
chest pain

Nursing Assessment:
NEWS 1, CPE low risk. RUQ pain which is radiating to back today. A/W scan re same.

Investigations in ED:
1. Amylase **2. CRP** **3. Urea and Electrolytes**
4. Bicarbonate **5. LFT** **6. Glucose**
7. Full Blood Count

Diagnosis:

Diagnosis	Side	Site
Acute abdominal pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
James Kinane
Doctor

Copies to:

1. JG Goldie (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 02/01/2019

Consultant: Mr Tadhg Kelliher

JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear JG Goldie

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
1 Corsehill Path
Glasgow G34 0PJ

Attended on: **02/01/2019 at 11:28 hrs.** Departed on: **02/01/2019 at 13:46 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
headaches

Nursing Assessment:
headache and Jaw pain with pain going down L leg having to urinate more than normal for last 3 days pain score 10/10 at triage own analgesia little effect prev history of meningioma's to brain recent UTI just finished antibiotics for same recnt diagnosis of auto immune disease pmh meningioma's to brain secondary epilepsy long QT syndrome sciatica cyst on spine slipped discs

Investigations in ED:

1. Bone Profile	**2. CRP**	**3. Glucose**
4. LFT	**5. Urea and Electrolytes**	**6. Coagulation screen**
7. Full Blood Count	**8. CT Head**	

Diagnosis:

Diagnosis	Side	Site
Headache		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Headache for 2 days, no relief with usual medication. No significant change seen on CT scan of head. Symptoms improved with Dihydrocdeine. Discharged with Dihydrocodeine 30mg 1-2 tab 4-6hourly x10 tabs.

Followup : **GP**

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
John Burns
Doctor

Copies to:

1. JG Goldie (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 14/03/2017

Consultant: Mr Tadhg Kelliher

JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear JG Goldie

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
1 Corsehill Path
Glasgow G34 0PJ

Attended on: **14/03/2017 at 11:03 hrs.** Departed on: **at hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **9**

Presenting complaint
nose bleed,ear complaint

Nursing Assessment:
meningioma brain tumours since 7/16. Left ear pain and headache for 2/52. today also has nose bleed. Patient concerned as she now had dullness of hearing intermittent balance loss.

Investigations in ED:
1. Amylase **2. CRP** **3. Glucose**
4. LFT **5. Urea and Electrolytes** **6. Coagulation screen**
7. Full Blood Count

Diagnosis:

Diagnosis	Side	Site
Headache		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Attended with 2 weeks of intermittent left sided headache associated with tinnitus followed by reduced hearing and vertigo. Each episode lasting seconds. Obs normal. Examination did not show any new neurological symptoms. Left tympanic membrane appears under tension - no erythema/ purulent fluid/haemotympanum. Bloods normal. Several CT/MRI head imaging over last 8 months - no change to meningiomas. GP has already prescribed decongestant, not yet collected. Advised to attend GP if not settling with decongestant for possible onward referral for ENT assessment.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Mollie Simpson
Doctor

Copies to:

1. JG Goldie (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 23/02/2017

Consultant: Dr Scott Taylor

JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear JG Goldie

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
1 Corsehill Path
Glasgow G34 0PJ

Attended on: **23/02/2017 at 20:04 hrs.** Departed on: **at hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **8**

Presenting complaint
chest pain

Nursing Assessment:
cat 2 ecg. sudden onset central chest pain radiating to left arm, given gtn and aspirin by sas, no cardiac hx.

Investigations in ED:

1. Bone Profile	**2. CRP**	**3. Glucose**
4. LFT	**5. Troponin I hs**	**6. Urea and Electrolytes**
7. Coagulation screen	**8. Full Blood Count**	**9. D - Dimer**
10. XR Chest	**11. D - Dimer**	

Diagnosis:

Diagnosis	Side	Site
Chest pain (non cardiac)		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

presented with episode of sharp chest pain lasted for 10 seconds, associated with palpitations and SOB, sweating, no nausea, no similar episodes, had history of palpitations before, OE; haemodynamically stable, afebrile, chest examination unremarkable, ECG sinus tachycardia no acute ischemic changes, blood test (Troponin I and DDimer) NAD, reassured, discharged home, GP follow up

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Doctor

Copies to:

1. JG Goldie (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 01/09/2016

Consultant: Dr Fiona Ritchie

JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear JG Goldie

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
1 Corsehill Path
Glasgow G34 0PJ

Attended on: **31/08/2016 at 13:20 hrs.** Departed on: **31/08/2016 at 16:55 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **7**

Presenting complaint
headache & numbness

Nursing Assessment:
Headache and pressure feeling on the bridge of nose. No loc. No speech impairment. Recent diagnosis at GRI of Brain tumour & currently awaiting neurology appt. Obs stable.

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Headache		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Ongoing headaches with visual disturbance since diagnosis of multiple meningiomas in July. Donna incredibly stressed and anxious over perceived lack of advice since diagnosis. Still awaiting neurosurgical follow up. No new symptoms or new neurology. I attempted to reassure Donna today with regard to her diagnosis and note her neurosurgical referral has been allocated 'urgent'. I have encouraged her to speak with your practice if her headaches do not improve.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Caitriona Considine
Doctor

Copies to:

1. JG Goldie (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 02/07/2016

Consultant: Dr Fiona Ritchie

KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear KA Lindsay

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
0/2 5 Duntarvie Place
Glasgow G34 9JB

Attended on: **02/07/2016 at 07:38 hrs.** Departed on: **02/07/2016 at 10:26 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **5**

Presenting complaint
CHEST PAIN

Nursing Assessment:
2/7 hx left sided chest pain radiating to shoulder and jaw. worse during night. sister states sweaty and clammy when this happened. currently having ix for HTN and COPD. cat 2 for ecg

Investigations in ED:

1. Troponin I hs	**2. Amylase**	**3. Bone Profile**
4. Coagulation screen	**5. CRP**	**6. Full Blood Count**
7. Glucose	**8. LFT**	**9. Urea and Electrolytes**
10. D - Dimer	**11. XR Chest**	

Diagnosis:

Diagnosis	Side	Site
Chest pain, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Mrs Sullivan presented with 2 days history of central chest pain radiating to her left arm. She was worried about MI because of strong positive family history. Troponin, D-Dimers and ECG were normal. She was discharged home on Aspirin and GTN and has been referred to chest pain clinic for further management. Yours Sincerely Ayodeji Akinsemolu SHO

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,

Doctor

Copies to:

1. KA Lindsay (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 30/11/2015

Consultant: Dr Ryan Connelly

KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear KA Lindsay

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
5 Duntarvie Place
Glasgow G34 9JB

Attended on: **30/11/2015 at 08:34 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
shoulder injury

Nursing Assessment:
c/o pain in right shoulder and wrist. pt states assaulted yesterday am. pushed down 4 stairs, hit with screwdriver and pulled by hair. restricted range of movement in right arm. nv intact. c spine bony tenderness. mobile into triage, assisted onto trolley.

Investigations in ED:
1. XR Shoulder Rt **2. XR Wrist Rt**

Diagnosis:

Diagnosis	Side	Site
Contusion of shoulder and upper arm, multiple		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Alleged assault with multiple twists and holds, pain to right arm and shoulder with discomfort on all movement but good active movement. No cervical spine tenderness with good ROM. Advice and mobilise X-Ray of shoulder and wrist normal. Given advice and reassure

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Phil Anderson
Consultant (non admitting)

Copies to:

1. KA Lindsay (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 16/11/2015

Consultant: Mr Tadhg Kelliher

KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear KA Lindsay

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
5 Duntarvie Place
Glasgow G34 9JB

Attended on: **16/11/2015 at 16:30 hrs.** Departed on: **16/11/2015 at 19:25 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
unwell

Nursing Assessment:
sob and R back pain under investigation by respiratory has productive cough gp given anti biotics recently for chest infection able to speak in sentences 10mg morphine by sas

Investigations in ED:

1. Amylase	**2. Bone Profile**	**3. CRP**
4. D - Dimer	**5. Full Blood Count**	**6. Glucose**
7. LFT	**8. Urea and Electrolytes**	**9. Coagulation screen**
10. XR Chest		

Diagnosis:

Diagnosis	Side	Site
Chest pain (non cardiac)		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

patient presented with 1 day history of right sided sharp chest pain, worse on inspiration and radiating to RUQ. Obs stable, examination unremarkable except tender over rt chest wall. ECG nil, CXR normal and bloods including d-dimer, LFTs, inflam makers and amylase normal. Impression = MSK pain. Discharged with small short course of diazepam

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Sarah Barton
Doctor

Copies to:

1. KA Lindsay (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 28/09/2015

Consultant: Dr Scott Taylor

KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear KA Lindsay

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
5 Duntarvie Place
Glasgow G34 9JB

Attended on: **28/09/2015 at 11:40 hrs.** Departed on: **28/09/2015 at 13:32 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
sob

Nursing Assessment:
1/12 hx sob chest pain worse on inspiration and movementgp ? underlying COPD feels symptoms worsening over last few days

Investigations in ED:

1. Bone Profile	**2. CRP**	**3. Full Blood Count**
4. Glucose	**5. LFT**	**6. Urea and Electrolytes**

Diagnosis:

Diagnosis	Side	Site
Dyspnoea		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

SOB for one month, has been under Ix by GP. Felt worse today. Chest clear, good AE throughout, WCC 18, bloods otherwise normal. Discharged back to care of GP

Followup : **GP**

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Joselyn Brittliff
Doctor

Copies to:

1. KA Lindsay (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 12/08/2015

Consultant: Mr Alastair Ireland

KA Lindsay
Newhills Medical Practice,
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear KA Lindsay

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
5 Duntarvie Place
Glasgow G34 9JB

Attended on: **12/08/2015 at 09:10 hrs.** Departed on: **12/08/2015 at 12:17 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
s.o.b chest tightness

Nursing Assessment:
sob since last night. sudden onset tightness in centre of chest and sob 30 mins ago. felt sweaty with frontal headache and nauseated. 2 for ecg please.

Investigations in ED:

1. Coagulation screen	**2. CRP**	**3. D - Dimer**
4. Full Blood Count	**5. Urea and Electrolytes**	**6. Troponin I hs**
7. LFT	**8. XR Chest**	**9. XR Chest**

Diagnosis:

Diagnosis	Side	Site
Chest pain, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Sensation of SOB & epigastric tightness. Nil on examination. Persisted in ED despite analgesia. Admitted to acute med.

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Marie-Ann Monnington
Doctor

Copies to:

1. KA Lindsay (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 15/06/2015

Consultant: Dr Phil Anderson

KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear KA Lindsay

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
5 Duntarvie Place
Glasgow G34 9JB

Attended on: **15/06/2015 at 19:19 hrs.** Departed on: **at hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
eye inj

Nursing Assessment:
face inj hit with fire door on sat no loc gcs 15

Investigations in ED:
1. XR Facial bones

Diagnosis:

Diagnosis	Side	Site
Fracture of facial, malar and maxillary bones, closed		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Hit on right face with metal fire door > 48h ago No LOC, No vomiting. OE: GCS=15/15 Cranial nerves intact. No focal neurology. PERLA. VA R=L=6/4. Tender with no evident deformity or crepitus at the right zygoma. XR facial bones: undisplaced # right zygoma. No other deformity identified. DC with advice to avoid blowing nose and head injury advice panphlet; rv appointment arranged for 24/06/15 zone 4 SGH, at 14.30. Maxillofacial OP clinic (arranged after contacted MaxFac reg on).

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Xenofon Roussis
Doctor

Copies to:

1. KA Lindsay (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 22/07/2014

Consultant: Dr Ryan Connelly

KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear KA Lindsay

Re: **Sullivan Donna** DOB: **25/07/1970** CHI: **2507706163**
5 Duntarvie Place
Glasgow G34 9JB

Attended on: **21/07/2014 at 15:21 hrs.** Departed on: **21/07/2014 at 16:46 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
back inj

Nursing Assessment:
went to jump into high bed missed and landed on bottom sacral area painful today previous back surgery

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Contusion of lower back and pelvis		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
David Amer
Doctor

Copies to:

1. KA Lindsay (GP)

School Address:

HOSPITAL INFORMATION MISSING

Dr JOHN GOLDIE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD GLASGOW

G34 9HQ

Date : 26 Jan 2012

Dear Dr JOHN GOLDIE,

Re: DONNA SULLIVAN, 187 COMMONHEAD ROAD, GLASGOW, LANARKSHIRE, G34 0DS
Date of Birth: 25/07/1970 CHI number: 2507706163

HOSPITAL INFORMATION MISSING Patient attended on the 26 Jan 2012.

The presenting complaint was:	**ABDO PAINS, HAS HIATUS HERNIA AND GALL BLADDER PROBLEMS**
Triage information:	**PNT MR FORSHAW. HIATUS HERNIA, PAST FORTNIGHT INCREASING BURNING GASTRITIC TYPE PAIN, TAKING MILK ETC TO EASE IT AND NOW SEVERE RUQ PAIN RADIATING INTO BACK AND R SHOULDER. ?GALLSTONES.**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**GASTRO-INTESTINAL - CHOLECYSTITIS**

The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**ADMITTED**
Follow-up:	**ADMITTED**
Additional information:	**None**

Yours sincerely,

SANTHOSH KESHAVAMURTHY

EMERGENCY DEPARTMENT DOCTOR

HOSPITAL INFORMATION MISSING

Dr JOHN GOLDIE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD GLASGOW

G34 9HQ

Date : 03 Nov 2011

Dear Dr JOHN GOLDIE,

Re: DONNA SULLIVAN, 187 COMMONHEAD ROAD, GLASGOW, LANARKSHIRE, G34 0DS
Date of Birth: 25/07/1970 CHI number: 2507706163

HOSPITAL INFORMATION MISSING Patient attended on the 03 Nov 2011.

The presenting complaint was: **ABDO PAIN**

Triage information: **2/52 HX UPPER (R) ABDOMINAL PAIN, 4/52 VOMITING, PT DENIES BOWEL SYMPTOMS HAS BEEN PASSING URINE MORE FREQUENTLY THAN NORMAL, PT WAS PREVIOUSLY ASSAULTED & FEELUING GENERALLY UNWELL SINCE, PT VISITED GP ON TUE ? GALLBLADDER PROB. PMH NILL.**

The following investigations were carried out: **None**

The A&E diagnosis was: **GASTRO-INTESTINAL - CHOLECYSTITIS**

The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**ADMITTED**
Follow-up:	**ADMITTED**
Additional information:	**None**

Yours sincerely,

NAVEETA MAINI

EMERGENCY DEPARTMENT DOCTOR

HOSPITAL INFORMATION MISSING

Dr JOHN GOLDIE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD GLASGOW

G34 9HQ

Date : 30 Sep 2010

Dear Dr JOHN GOLDIE,

Re: DONNA SULLIVAN, 187 COMMONHEAD ROAD, GLASGOW, LANARKSHIRE, G34 0DS
Date of Birth: 25/07/1970 CHI number: 2507706163

HOSPITAL INFORMATION MISSING Patient attended on the 30 Sep 2010.

The presenting complaint was: **ARM INJURY**

Triage information: **Not recorded**

The following investigations were carried out: **None**

The A&E diagnosis was: **** INJURY- NOT ASSAULT** - SPRAIN - WRIST - LEFT**

The following treatment was given: **None**

DISCHARGED

At the conclusion of treatment the patient was:

Follow-up: **DISCHARGED**

Additional information: **This lady fell from bed 5/7 ago, she was seen in ED the following day and thought to have a soft tissue injury. She is c/o ongoing pain in her left arm, worse at the wrist but present throughout her whole arm. O/E she has generalised muscle tenderness throughout and reduced ROM at wrist. X-ray of her wrist was normal. She was advised to take regular analgesia and mobilise.**

Yours sincerely,

FIONA RITCHIE

EMERGENCY MED. MIDDLE GRADE

HOSPITAL INFORMATION MISSING

Dr JOHN GOLDIE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD GLASGOW

G34 9HQ

Date : 27 Sep 2010

Dear Dr JOHN GOLDIE,

Re: DONNA SULLIVAN, 187 COMMONHEAD ROAD, GLASGOW, LANARKSHIRE, G34 0DS
Date of Birth: 25/07/1970 CHI number: 2507706163

HOSPITAL INFORMATION MISSING Patient attended on the 27 Sep 2010.

The presenting complaint was:	**FALL-SHOULDER,HEAD INJURY**
Triage information:	**GOT OUT OF BED WRONG WAY THIS AM, & FELL ONTO LEFT SIDE. C/O OF PAIN TO LEFT SHOULDER. ALSO STATES BUMPED HEAD. DENIES LOC. C/O OF HEADACHE. TOOK 2 X PARACETAMOL @9AM WITH NO RELIEF. GCS 15/15. PERL 3+**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**** INJURY- NOT ASSAULT** - MUSCLE INJURY - OTHER-SPECIFY IN G P LETTER**

The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**DISCHARGED**
Follow-up:	**DISCHARGED**
Additional information:	**Injury falling out of bed this morning causing lateral flexion of neck and downwards compression on shoulder causing generalised discomfort of left shoulder with full range of movement. No indication for x-rays. Home, treat with regular analgesia.**

Yours sincerely,

ADAM HAY

EMERGENCY DEPARTMENT DOCTOR

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

NHS
Greater Glasgow and Clyde

Virtual Clinic Tel: 0141 201 6416
Virtual Clinic Fax: 0141 211 4060

Clinic Date: 15/05/2025
Typed: 15/05/2025

VIRTUAL TRIAGE ASSESSMENT

Dear Dr Colling,

Re: Mrs Donna Sullivan 25/07/1970; CHI: 2507706163; CRN:2507706163; 8 Millennium Gardens Glasgow G34 9HH

Your patient was recently followed up at the Virtual Fracture Clinic at Glasgow Royal Infirmary and the following details were recorded:

Patient Assessment I

Bodily site:	Scaphoid, Ankle
Laterality:	Left
Injury Type:	Fracture
Management plan:	Fracture clinic

Patient Assessment II

Patient contacted:	Phone
Site:	GRI
Outcome:	# Clinic - Wednesday (Hand)
Consultant:	Sean Phelan

Patient Assessment III

Patient Called Helpline:	No
Outcome of Helpline:	
Nurses notes:	: 15/05/2025 10:28 Hannah Cassells Spoke with patient regarding x-ray review. (L) hand and (L) ankle injury. X-rays show scaphoid tubercle # and Weber A #. Patient in wrist splint and black boot, can wear for 4 weeks then begin to wean as comfort allows. For review at Wednesday 21/5/25 hand # clinic, time TBC.

NB Discharged patients will receive a separate letter with advice on how to manage their injury.

Yours sincerely

The Orthopaedic Department
Glasgow Royal Infirmary
www.nhsggc.org.uk/orthopaedics

NHS
Greater Glasgow and Clyde

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Telephone: **0141 211 4447**
Fax: **0141 211 0481**
Appointments: 0141 211 4608

MR SIANOS HAND & WRIST SERVICE

Clinic and dictated: 09/03/2016
Typed: 14/03/2016.
Our Ref: PY/KSS

Dr Ka Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Lindsay

Re: Mrs Donna Sullivan 25/07/1970; CHI: 2507706163; CRN:2507706163
0/2 5 Duntarvie Place Glasgow Lanarkshire G34 9JB

Diagnosis: **Right carpal tunnle syndrom**
Outcome: **Night splintage**

I reviewed Donna in the clinic today. She is a 45 year old lady who over the last year has had symptoms of radial sided paresthesia in her right hand. She also describes clumsiness, some nocternal symptoms and overalll feels the symptoms are slowly progressive. She date sthis back to a alleged assult by her neighbour when her wrist was hyper ecxtended.

She doe shave some ocasional cervical stiffness and discomfort but no radicular sounding symptoms. She does ahve a history of lumber discetomy at 3 levels with post-operative parathetic maralgia. She is a non diabetic and of her medication on note she is on Gabapentin.

On clinical examination today there is no obvious muscle wasting in the hands nor sqauring at the base of the thumb. She had paresthesia in the radial 3 ½ digits at rest with complet sparring of the ulnar nerve distribution. The symptoms were worsening with Tinel's and a modified Durkin's test today. Examination of the cervical spine showed it was shifted but overall good range of movement with no radicular symptoms.

This lady's symptoms are very much in keeping with carpal tunnel syndrome. I have explaine dthe diagnosis to her her and i think the best place to start is with night splintage and education and we have provided these today. I have advised her that if the symptoms worsen despite night splintage she shjould come back and see us again and i breifit discussed carpal tunnle decompression if required.

Yours sincerely

Peter Young
Specialist Registrar in Orthopaedics

Clinical letter - GP: GP Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Orthopaedics
Contact Tel: 0141-201-3750
Enquiries to:

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Letter Date: 04/06/2025
Reference: IMcG\CW
Dictated Date: 21/05/2025
Transcribed Date: 22/05/2025

Dear Dr Colling ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

This lady who is 54 years of age, tripped on a manhole cover on the 14th of May and injured her left ankle and left wrist.

X-rays of her ankle show a possible injury to the very tip of lateral malleolus. Certainly this would correspond to her area of tenderness. She is not comfortable in the boot and I have explained she will do just as well in shoe wear and she is keen to ditch the boot and get back into her sketchers.

She has pain around the scaphoid tubercle which would correspond to a small fracture there seen on scaphoid views. I don't see any communication with a fracture line across the scaphoid waist and I have explained that this injury is a benign prognosis.

She can dispense with her splint when she sees fit and has been discharged from follow-up at the hand clinic.

Yours sincerely,

Iain McGraw FRCS

Consultant Hand and Orthopaedic Surgeon

Glasgow Royal Infirmary

Honorary Clinical Senior Lecturer

The University of Glasgow

www.nhsggc.scot/orthopaedicsgri

Electronically Signed: Mr Iain McGraw, Consultant

cc.

Clinical letter - GP: FDL

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Stroke Department
Contact Tel: 0141 451 5196
Enquiries to:

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Letter Date: 16/12/2024
Reference: TQ/MC
Dictated Date: 13/12/2024
Transcribed Date: 13/12/2024

Dear Dr Colling ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Diagnoses:

1. Chronic sensory symptoms
2. Fibromyalgia
3. Label of migraine
4. Depression
5. Diabetes mellitus type 2
6. Steatohepatitis

This lady had a short admission to the Royal Infirmary where I was asked to see her as the Stroke Consultant oncall. She described a long history of relapsing remitting back pain and painful paraesthesia. Her reason for coming to the hospital was for pain relief.

I see she has been extensively investigated in the past for sensory and motor symptoms.

On examination she had no deficit localising neurology. Her gait was antalgic but this was inconsistent.

She had a CT brain which was normal. Random blood glucose was high. She had a modest transaminitis but I see she has previously been extensively investigated for liver issues and found to have steatohepatitis.

I could see no evidence of stroke here. She was discharged with a short course of Co-codamol. She has follow-up with Neurology Services.

Yours sincerely

Prof Terry Quinn

Chair in Cardiovascular Ageing and Honorary Consultant Physician

Electronically Signed: Dr Terry Quinn, Consultant

cc:

Clinical letter - GP: GP

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Urology
Contact Tel: 0141 201 3537
Enquiries to: Pauline Milligan

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Letter Date: 01/03/2024
Reference: LD/KL
Dictated Date: 20/02/2024
Transcribed Date: 27/02/2024

Dear Dr Colling,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

I reviewed Mrs Sullivan by telephone today and she reports that she continue to have cystitis type symptoms with urinary urgency which she finds problematic. She found no benefit from the Solifenacin 5mg and she has stopped this.

Given her history of previous ureteral stricture I have requested flow studies and these will indicate whether the urethral stricture may have reoccurred and follow her up thereafter.

Yours sincerely

Lesley Douglas

Clinical Nurse Specialist

Electronically Signed: Nurse Lesley Douglas, Nurse Practitioner

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Gastroenterology
Contact Tel: 0141 201 6372
Enquiries to: Pauline.kennedy@ggc.scot.nhs.uk
Letter Date: 21/02/2024
Reference: SF/DC
Dictated Date: 19/02/2024
Transcribed Date: 19/02/2024

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Colling,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

I saw this patient in the gastroenterology clinic on 9th February. She had a blood test performed as part of her assessment at clinic and these have demonstrated the presence of both iron and folate deficiency. She is due to have bi-directional endoscopies to investigate the cause of this iron deficiency anaemia.

I would be very grateful if you could please provide her with a course of Folic Acid and iron replacement for 3 months. She should have Folic Acid 5mg once daily and Ferrous Fumarate 210mg once daily. I have informed her of the need to stop her iron therapy for one week prior to attending for colonoscopy.

Yours sincerely

DR SHARIF FATTAH

ST5 IN GASTROENTEROLOGY

Electronically Signed: Dr Sharif Fattah, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Gastroenterology & Liver
Contact Tel: 0141-201-6370
Enquiries to: claire.thacker@ggc.scot.nhs.uk
Letter Date: 15/06/2023
Reference: AC/CT
Dictated Date: 13/06/2023
Transcribed Date: 14/06/2023

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Colling ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH

Ms Sullivan attended for a sigmoid recently under Mr Chong's care. She was found to have inflammation in the last part of her rectum.

If she is still symptomatic I would suggest a trial of Mesalazine suppositories 1gm at night time for eight weeks.

I will arrange for her to receive a clinic appointment.

Yours sincerely

Dr Aidan Cahill

Consultant Physician & Gastroenterologist

Electronically Signed: ,

cc. Mrs Donna Sullivan
MAIN DOOR
8 MILLENNIUM GARDENS
GLASGOW
G34 9HH

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Gastroenterology
Contact Tel: 0141-201-6370
Enquiries to: claire.thacker@ggc.scot.nhs.uk
Letter Date: 15/06/2023
Reference: AC/CT
Dictated Date: 13/06/2023
Transcribed Date: 14/06/2023

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Colling,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH

Ms Sullivan attended for a sigmoid recently under Mr Chong's care. She was found to have inflammation in the last part of her rectum.

If she is still symptomatic I would suggest a trial of Mesalazine suppositories 1gm at nigh time for eight weeks.

I will arrange for her to receive a routine NP clinic appointment.

Yours sincerely

Dr Aidan Cahill

Consultant Physician & Gastroenterologist

Electronically Signed: Dr Aidan Cahill, Consultant

cc. Mrs Donna Sullivan
MAIN DOOR
8 MILLENNIUM GARDENS
GLASGOW
G34 9HH

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Mr Ross Vint
Consultant Urological Surgeon
Department of Urology
GLASGOW ROYAL INFIRMARY

Main Switchboard: 0141 211 4000
Department: Urology
Contact Tel: 0141 201 3527
Enquiries to: AnnMarie.Pollock@ggc.scot.nhs.uk
Letter Date: 09/09/2022
Reference: LD/JC
Dictated Date: 18/08/2022
Transcribed Date: 02/09/2022

Dear Mr Vint,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH

Mrs Sullivan attended Glasgow Royal Infirmary at the Emergency Department on 26th July 2022 with an episode of acute urinary retention. She has got quite a complex past medical history including meningiomas, type 2 diabetes, bulging disc at T6/7, cyst in the mid spine, and three lumbar discectomies.

She has had significant issues with spontaneous urinary incontinence for many months with no known cause. Mrs Sullivan was discharged from the ward having had a failed trial of voiding and catheter was in situ on discharge.

Mrs Sullivan advises that she has had blood in her catheter +++ and the catheter was changed several times by the district nurse, however was removed last week at Mrs Sullivan's request and she has been voiding urine since the catheter has been removed.

Post void bladder scan today showed 3ml only and no further intervention has been carried out today, however I have referred her on for urodynamic studies in view of her complex past medical history and her poor bladder emptying.

Yours sincerely

Lesley Douglas

Clinical Nurse Specialist

Electronically Signed: Nurse Lesley Douglas, Nurse Practitioner

cc. Dr SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ
-
-
-
Linda Winning
Urodynamic Nurse Specialist
Urology Department
Glasgow Royal Infirmary
-
-
-
Terri Dooley
Staff Nurse
Urology Clinic
Glasgow Royal Infirmary

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Urology
Contact Tel: 01412013526
Enquiries to: Karen.Mccann@ggc.scot.nhs.uk
Letter Date: 20/09/2021
Reference: MPRC
Dictated Date: 03/09/2021
Transcribed Date: 16/09/2021

Dr Emanuela Molinari
Consultant Neurologist
Queen Elizabeth University Hospital
1345 Govan Rd
Glasgow
G51 4TF

Dear Dr Molinari,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH

Following your referral, we arranged for Mrs Sullivan to have a video consultation today but I'm afraid that she did not log in to the Near Me system. We will send one further appointment.

Kind regards

yours sincerely,

Mr Michael Palmer

Consultant Urologist

Electronically Signed: Mr Michael Palmer, Consultant

cc. Dr Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Urology
Contact Tel: 01412013526
Enquiries to: Karen.Mccann@ggc.scot.nhs.uk

Letter Date: 03/09/2021
Reference: MPRC
Dictated Date: 06/08/2021
Transcribed Date: 17/08/2021

Dr Molinari
Consultant Neurologist
Queen Elizabeth University Hospital
1345 Govan Rd
Glasgow
G51 4TF

Dear Dr Molinari,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH

Following your referral, we arranged a video consultation for Ms Sullivan today but I'm afraid that she did not login to the Near Me system. We will send one further appointment.

Kind regards

yours sincerely,

Mr Michael Palmer

Consultant Urologist

Electronically Signed: Mr Michael Palmer, Consultant

cc. Dr Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 355 1377
Enquiries to: maree.pasieka@ggc.scot.nhs.uk
Letter Date: 21/08/2020
Reference: MP/FS
Dictated Date: 13/08/2020
Transcribed Date: 13/08/2020

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr S J Colling,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Easterhouse, Glasgow, G34 0PJ

Thank you for your referral dated the 10th August 2020 for this lady with a history of dysphagia.

I assessed Donna by telephone today. She gives a history of a problem with choking particularly in the evening with fluids and her medication. She also has a problem with swallowing meats etc, and this has been ongoing for the past four weeks. She has current acid reflux and its taking Esomeprazole 40mg once daily and Peptac as required.

Donna may have developed an oesophageal stricture and by way of this letter I will arrange a category 2 upper GI endoscopy. In the meantime I have asked her to increase her Esomeprazole to 40mg twice daily, this is best taken half an hour before food. She is aware that she will be tested for COVID 19 prior to her appointment.

Your sincerely

Maree Pasieka

Nurse Endoscopist

Electronically Signed: Nurse Maree Pasieka, Consultant

cc. Claire Mellon
Waiting List Coordinator
Acute Services

Endoscopy
GRI
84 Castle Street
Glasgow
G4 0SF

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr Lucy McGeoch,
Consultant Rheumatologist,
Rheumatology Department,
Glasgow Royal Infirmary.

Main Switchboard: 0141 211 4000
Department: Dermatology
Contact Tel: 0141-211-4297
Enquiries to:
Letter Date: 29/05/2019
Reference: CJ/VAT
Dictated Date: 14/05/2019
Transcribed Date: 28/05/2019

Dear Dr McGeoch,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

DR JURY PM CLINIC ON 14/05/2019

DIAGNOSES:

Rosacea

Calcified meningioma

Secondary epilepsy

Diabetes

TREATMENT:

Trial of Soolantra gel applied nightly for 12 weeks

Regular sun protection

Ms Sullivan is now 48 and tells me she has had problems with facial erythema particularly starting in December of last year. She reports that this flares on a daily basis predominantly affecting her cheeks, nose and forehead and sunshine seems to exacerbate, things. She does not notice any change with changes in temperature, she is a non-drinker and takes very little in the way of spicy food. In the past Ms Sullivan tells me that her skin flared around 2 years ago with a similar pattern, at that point she was told she had rosacea and was started on antibiotics and topical Metronidazole although she did not feel either was of benefit.

Ms Sullivan has a complex past history and is currently taking a combination of anticonvulsant, antihypertensive and diabetic medication all of which are reasonably longstanding. I note that recent blood tests have shown a very mildly positive ANA at 1/40 but complement levels and lymphocytes were normal.

On examination today there were only very subtle changes evident on the skin with mild erythema on the cheeks and chin and some very subtle thickening of the tissues towards the end of the nose. Fingertips appear normal with no evidence of change around the cuticles. She does suffer from dry eyes but there was no erythema evident today.

On balance like you I think that Ms Sullivan has some mild rosacea. I do not think systemic medication is required but I have suggested a trial of Soolantra as topical Metronidazole has not been particularly effective in the past. Hopefully this along with regular sun protection will give her some benefit.

I have not arranged further review at this stage.

Yours sincerely

CATHERINE JURY

Consultant Dermatologist

Electronically Signed: Dr Catherine Jury, Consultant

cc. Dr S J Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Rheumatology
Contact Tel: 0141 232 1029
Enquiries to: Anne.Irvine@ggc.scot.nhs.uk
Letter Date: 22/03/2019
Reference: LMCG/XH
Dictated Date: 18/03/2019
Transcribed Date: 21/03/2019

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

This lady was seen as a new patient in my Rheumatology Clinic. She was referred from Neurology. Issues are as follows:

1. Weakly positive ANA: She has a significant past medical history including type II diabetes, seizures, multiple meningiomas, chronic headaches and obstructive sleep apnoea not currently requiring CPAP.

She has had previous lumbar decompression surgery almost 20 years ago. I note she has recently been seen in the Pain Clinic.

She reports fatigue, facial rash with some photosensitivity and non-inflammatory arthralgia in the small joints of her hands, both knees and her lumbar spine. She reports dry eyes but is on a number of contributing medications. ANA was checked and this was very weakly positive at 1/40 and she is concerned she has a diagnosis of lupus.

She was recently an inpatient in one of the surgical wards here at GRI with non-specific abdominal pain and states that she was told by a ward Doctor that this may have been due to her lupus.

Past medical history as noted.

Current medication includes Lactulose, Pregabalin 2 25mg bd, Capsaicin cream, Ranitidine 150mg bd, Esomeprazole 40mg, Paracetamol as required, Ramipril 10mg, Lactulose as required, Bendroflumethiazide 2.5mg, Senna as required, Pramiprexole, Levetiracetam

750mg bd, Metformin 1g bd, Atorvastatin 20mg at night, Empagliflozin 10mg daily, Epilim Chrono 400mg mr bd

She is not currently working. She has no relevant family history.

On examination from a musculoskeletal point of view I could find some early degenerative arthritis but no signs of synovitis. She does have a very mild facial rash in a malar distribution but I actually wondered if this could be rosacea. She has no other cutaneous lesions. Nil else of note on examination.

This lady reports a variety of non-specific symptoms and in the context of a very borderline ANA I do not think constitutes a diagnosis of lupus as things stand. She is concerned about her facial rash and I will refer her to Dermatology. She states she was advised several years ago this may be rosacea but she did not respond to standard antibiotics.

I have updated routine bloods, thyroid, B12 folate, ENA and complement and I will see Mrs Sullivan back for review but as things stand I have reassured her that I can not define a label of SLE or another connective tissue disorder.

Kind regards.

Yours sincerely

LUCY McGEOCH

Consultant Rheumatologist

Electronically Signed: Dr Lucy McGeoch, Consultant

cc. Dr Emanuela Molinari Consultant Neurologist, Queen Elizabeth University, Hospital, 1345 Gova n Road, Glasgow, G51 4TF ---------- Department of Dermatology, Walton Building, Glasgow Royal Infirmary

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Respiratory Department
Contact Tel: 0141 211 497
Enquiries to: lindsay.fraser@ggc.scot.nhs.uk
Letter Date: 11/04/2019
Reference: JBN/RS
Dictated Date: 13/03/2019
Transcribed Date: 14/03/2019

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Further to Dr Livingston's letters of 9th May and 20th June 2018 I saw this patient for review at the sleep clinic on 13th March 2019. As you know she was diagnosed with sleep apnoea and referred to the orthodontics department at the Royal Victoria Hospital in Kirkcaldy. However, due to a combination of reasons including ill health she was unable to attend. She was recently discharged from hospital and told me that she had been diagnosed with lupus for which she has been referred to Rheumatology. She is no longer pathologically tired with an Epworth sleepiness study of 4 today. Given the fact that the degree of sleep apnoea was mild and in the context of a normal Epworth rating, there is no need to pursue further management. Therefore I have not re referred her to Kirkcaldy and discharged her from follow up.

Kind regards

Yours sincerely

Dr JB Neilly

Consultant in Respiratory Medicine

Electronically Signed: Dr Brian Neilly, Consultant

cc.

Clinical letter - GP: Discharge

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Physiotherapy
Contact Tel:	531 8141
Enquiries to:	
Letter Date:	14/12/2018
Reference:	
Dictated Date:	14/12/2018
Transcribed Date:	14/12/2018

Dear ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

GP Action Required: Nil

Presenting Condition: Chronic Low Back Pain - Flare up in August 2018

Physiotherapy Comments:

Onset of symptoms - 20 Year History

Mechanism of onset - No Apparent Reason

Diagnosis - Chronic Low Back Pain

Treatment - Advice Reassurance and Home Exercise Program

Further Info - Pleasant lady with brain cancer - recent MRI showed nil spinal mets. Previous spinal decompression op 20 years ago. Nil Red Flags, Nil CES, Altered left L5/S1 dermatome and weakened left L5 myotome both for 20 yrs post decompression op.

Discharge Outcome:

The patient has an exercise programme to continue with self management.

The patient rescheduled their last 2 review appointments and then called to say she had been having seizures and so requesting discharge currently and plans to refer back to physiotherapy when this has been dealt with.

This patient has now been discharged from our care.

Yours sincerely

Dr Derek Tobin

Clinical Specialist Physiotherapist

Greater Glasgow & Clyde Back Pain Service

Electronically Signed: ,

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Stroke
Contact Tel:	Secretary: 0141 211 4897
Enquiries to:	Sharon Murphy
Letter Date:	27/06/2018
Reference:	TQ/SM
Dictated Date:	26/06/2018
Transcribed Date:	26/06/2018

Dear Dr Goldie ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Mrs Sullivan had a short admission to the Acute Stroke Unit with seizure. During her time on the ward she complained of some swelling in her arm. An ultrasound scan was ordered. I did not order the scan but the result has come to me. There was no lesion identified on the ultrasound. This is a reassuring result. I am not proposing any follow-up.

Yours sincerely

Dr Terry Quinn

Senior Lecturer and Honorary Consultant in Stroke

Electronically Signed: Dr Terry Quinn, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard: 0141 211 4000
Department: ENT
Contact Tel: 0141 211 3213
Enquiries to: Jackie Rooney
Letter Date: 08/06/2018
Reference: AT/SW
Dictated Date: 09/05/2018
Transcribed Date: 29/05/2018

Dear Dr Goldie ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

I reviewed this lady in the clinic whose main problem is some tinnitus in the left and some dizziness when sitting standing and rolling in bed. She had an epley manoeuvre in the past which helped things only temporarily.

On examination she went slightly dizzy on Dixhallpike towards the right without any nystagmus. I performed a new epley and I hope she will find some benefit. I did offer her referral to the vestibular rehabilitation team but she was not very keen for that. It is also worthwhile making sure there is no fluctuation in her blood pressure and I will be most grateful if you could arrange for that. Recent MRI scan of the patient was normal.

The patient during the consultation mentioned that she has some voice change for a number of weeks now and some discomfort in the level of her oesophagus. I performed flexible nasendoscopy and apart from a very mild redness in her larynx I could not see any other abnormality. The patient tells me that she has been on omeprazole for quite some time and she is due to see the gastroenterologists next week. I did ask them to mention those symptoms to them and as for the quality of her voice I will be referring her to speech and language therapy. She was otherwise discharged.

With kind regards.

Yours sincerely

Mr Alexandros Tsikoudas
Consultant Otolaryngologist

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

cc.

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr Emanuela Molinari
Consultant Neurologist
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 211 4000
Department: Respiratory Medicine
Contact Tel: 0141 211 5058
Enquiries to: Angela Neil {Secretary}
Letter Date: 10/05/2018
Reference: EL/LMF
Dictated Date: 09/05/2018
Transcribed Date: 10/05/2018

Dear Dr Molinari,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Thank you for referring this 47 year old ex-smoker to the Sleep Clinic where I saw her today. She suffers from socially disruptive snoring and her partner has commented about possible apnoeic episodes. She can waken herself up with a choking sensation. She is unrefreshed on wakening and does complain of daytime sleepiness with an Epworth Sleepiness Score today of 16/24. Her weight has been static over the last few years. She denies any depressive symptoms. She is up once per night to pass urine. She does not drive. She goes to bed around 8.30 pm, initiates sleep without any problem and she feels as if she sleeps well throughout the night. She is up for good at 6 am. She doesn't describe nasal stuffiness. She has her own teeth. She is not working. She is on a whole host of medication including Amitriptyline, Levetiracetam, Metformin, Atorvastatin, Empagliflozin, Pramipexol, Ramipril, Gabapentin, Senna, Bendroflumethiazide, Esomeprazole, Ranitidine, Paracetamol and Epilim Chrono.

On examination she was overweight with a BMI of 34 kg/m2 and a collar size of 16 inches. Her BP was 121/75 mm Hg. There was no retrognathia and her oropharynx was Mallampati class 3.

It is certainly a possibility that she might have obstructive sleep apnoea syndrome. She obviously has other reasons why she might be sleeping including some of her medication.

I have arranged for her to have a five channel sleep study on Thursday 17 May at 3.15 pm, returning it the following morning between 8.30 and 10 am. If this is highly suggestive of obstructive sleep apnoea syndrome then a trial of CPAP therapy would be warranted. We will update you how she gets on in due course.

Yours sincerely

Eric Livingston

Consultant Respiratory Physician

Electronically Signed: Dr Eric Livingston, Consultant

cc. Dr Goldie
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr Jim Boyle
Consultant Physician
Diabetic Department
Ground Floor, Medical Block
GRI

Main Switchboard:
Department: Gastroenterologist
Contact Tel: 0141-800-1907
Enquiries to: claire.thacker@ggc.scot.nhs.uk

Letter Date: 02/05/2017
Reference: AC/CT
Dictated Date: 20/04/2017
Transcribed Date: 27/04/2017

Dear Jim ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

This lady was referred for an appointment for the Liver Clinic because of mild elevation in her transaminases during her recent in-patient stay. From what I can see on the portal this was longstanding, she has had a liver screen which was negative and a fibroscan last year which did not suggest any significant fibrosis/cirrhosis.

I think the diagnosis here is fatty liver as this my obviously be related to her diabetes. I do not think there is any benefit for her being seen at the Liver Clinic.

Yours sincerely

Dr A Cahill

Consultant Physician & Gastroenterologist

Electronically Signed: Dr Aidan Cahill, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	
Contact Tel:	0141 211 4290
Enquiries to:	Helen.Pelosi@ggc.scot.nhs.uk
Letter Date:	20/11/2015
Reference:	
Dictated Date:	16/11/2015
Transcribed Date:	16/11/2015

Dear Dr Lindsay,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
5 Duntarvie Place, Flat 0/2, Glasgow, G34 9JB

Diagnoses:
1. New iron deficiency anaemia
2. Rectal bleeding
3. Previous extensive GI investigations including endoscopy, colonoscopy, gastric emptying study, CT scan, oesophageal manometry - presumed IBS

Many thanks for re-referring this 45 year old lady to the GI clinic. I note she has been extensively investigated by my colleague, Dr Gillespie in the recent past.

The reason for the re-referral was the new occurrence of iron deficiency anaemia. Mrs Sullivan does not have any menorrhagia and indeed has a Mirena coil in situ. She does report regular PR bleeding, which is a longstanding complaint. I note her normal colonoscopy from 2014.

I cannot see any record of duodenal biopsies or coeliac serology having been checked.

Abdominal examination reveals her to be significantly overweight and I could not palpate any masses.

I plan to repeat her bidirectional endoscopies and obtain duodenal biopsies to exclude coeliac disease. I am grateful for you replacing her iron stores in the community and following her haemoglobin periodically.

I will see her back at the clinic next year.

Yours sincerely

Dr Daniel R Gaya
Consultant Gastroenterologist

cc Eileen McIlroy, Endoscopy Coordinator, GRI - Generic endo/colon with D2 biopsies please

Electronically Signed: Dr Daniel Gaya, Consultant

cc.

Clinical letter - GP: DNA

NHS
Greater Glasgow and Clyde

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000

Department: Gastroenterology
Tel: 0141-211-4331
Enquiries to: Helen Johnston (Secretary)

Letter Date: 24/07/2013
Reference: RG/CT
Dictated Date: 18/07/2013
Transcribed Date: 24/07/2013

Dear Dr. Goldie ,

Name:	**Sullivan Donna**
CHI:	**2507706163**
DOB:	**25/07/1970**
Address:	**41 Springcroft Wynd**
	Baillieston
	Glasgow
	Lanarkshire
	G69 6SE

Further to my colleagues previous letter this lady has failed to attend for her oesophageal function tests and I have not rebooked them.

Yours sincerely

Dr Ruth Gillespie

Consultant Gastroenterologist

Electronically Signed: Dr John Paul Seenan, Doctor

cc.

Clinic Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Cardiology
Contact Tel:	0141 201 3817
Enquiries to:	
Letter Date:	06/08/2025
Reference:	ET/RM
Dictated Date:	06/08/2025
Transcribed Date:	08/08/2025

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Attendance: Specialty - Cardiology; Clinic - GRETCA601D-DR E TZOLOS CARDIO CLINIC WED PM
Date and Time of Appointment - 06/08/2025 14:30

Follow Up: 15/07/2026 15:45 Cardiology Dr Evangelos Tzolos

Clinical Comments:
Diagnoses

1. Angina with non obstructive coronary artery disease (on three antianginals).

2. Poorly controlled type 2 diabetes - on Metformin and Dapagliflozin, recent HbA1c of 79.

3. Hypertension.

4. Treated Dyslipidaemia.

5. Ex smoker.

6. Family history of ischaemic heart disease.

7. Epilepsy.

8. Previous history of meningioma and history of left L4/L5 micro discectomy and lateral wrist decompression surgery 2022.

Follow up : Routine follow up at clinic.

Medication changes :

1. Increase Isosorbide Mononitrate to 50mg once daily and routine follow up at clinic to assess symptoms and need for invasive microvascular studies.

2. Please consider referral to Diabetes Nurse or Endocrinology for tighter control of her diabetes.

I have reviewed Mrs Sullivan in the Outpatient Cardiology Clinic. She continues to experience episodes of angina which are relieved with GTN spray. Angiogram last year suggestive of mild to moderate coronary atheroma with no significant stenosis, no microvascular studies have been performed at that point. She is on 25mg of Isosorbide Mononitrate MR and takes also 5mg of Bisoprolol once daily and 5mg Amlodipine. She has managed to lose a lot of weight since last year her MBI is almost 26 (from 32). She does not smoke and unfortunately she does not have a good diabetic control albeit she had a recent review in the clinic in addition of Dapagliflozin, her prescription needs further review with a repeat HbA1c.

On clinical examination today, blood pressure was 122/80, heart rate 81, chest clear, heart sounds were normal with no murmurs. She was euvolemic with no ankle oedema.

I have reassured Mrs Sullivan. I have suggested in the first instance that we increase her nitrate to 50mg once daily as she has a good response rate to GTN spray. I will review her again in the clinic and if she continues to be symptomatic, we will consider referral for microvascular angina studies. I have suggested that she has better diabetes control and I would appreciate if she could be considered for diabetic nurse review or referral to the Endocrinology Clinic.

With kind regards.

Yours sincerely

Dr Evangelos Tzolos

Consultant Cardiologist

Electronically Signed: Dr Evangelos Tzolos, Consultant

cc.

Bone Metabolism/Fracture Liaison Service
Glasgow Royal Infirmary/Stobhill Hospital
Telephone 0141 201 5301/5300

NHS Greater Glasgow and Clyde

Osteoporosis Specialist Nurses: Sr Frances Lovell/ CN David McKee
Consultant: Dr J Hinnie

Ref: DM/DM/2507706163

15-May-2025

Dr. STEFAN COLLING
NEWHILLS MEDICAL PRACTICE
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr. COLLING,

Donna Sullivan, DOB: 25-Jul-1970
8 Millennium Gardens
Glasgow
G34 9HH

Your patient recently attended hospital having sustained a fracture.
She was subsequently assessed for Osteoporosis risk on 15-May-2025.

The following clinical risk factors have been reviewed:

Osteoporosis Risk Factors
Past history of fragility fracture(s)

Fracture Risk Factors
History of previous fracture (>50yr)

Fracture History
Left Hand / foot (Aged 54)
Left Ankle (Aged 54)

Treatment Recommendations
Treatment recommendation deferred until after further assessment at the clinic

Lifestyle Recommendations
(None)

Densitometry: An appointment for the nurse-led DXA clinic will be arranged

This patient's fracture care was discussed at the virtual fracture clinic; they have not been seen in person by the Fracture Liaison Service.

Due to the current waiting list for DXA there will be a delay for this DXA scan however patients will be held on a waiting list until an appointment is arranged. An appointment letter will be sent out to the patient in due course.

Yours sincerely

CN David McKee

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department: Gastroenterology
Contact Tel: 0141 201 6369
Enquiries to: Jacqueline.dunnion2@ggc.scot.nhs.uk
Letter Date: 09/02/2024
Reference: SF/HP
Dictated Date: 09/02/2024
Transcribed Date: 14/02/2024

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Attendance: Specialty - Gastroenterology; Clinic - GRJWGA9-GASTRO DR J WINTER FRIDAY AM
Date and Time of Appointment - 09/02/2024 09:00

Follow Up: 4 October 2024, Dr Jack Winter, OPC

Clinical Comments:
Diagnoses:
1. UC proctitis
2. Probable IBS
3. Multiple sagittal meningioma - secondary seizures
4. Fibromyalgia
5. Haemorrhoids
6. Type 2 diabetes
7. Hypertension

I had a consultation with this patient at the gastroenterology clinic today. She has recently been diagnosed with proctitis by the surgical team and has been referred on to the gastroenterology service. She has had symptoms for approximately a year with altered bowel motions going between two and three times a day. Her stool is loose. She does experience fresh PR blood loss. She has since been commenced on Mesalazine suppositories following her investigations in March. She feels as though she is now passing less blood, however, it is not of any benefit in terms of her stool frequency or consistency.

She has a variety of symptoms that are likely related to her proctitis. She experiences lower abdominal pain, which is intermittent and crampy. This is relieved by defecation. She also has a variety of upper GI symptoms with bloating, post prandial epigastric pain and nausea with occasional vomiting. Her weight has if anything gone up in recent months and she weighs 92.8 kg at clinic today.

Her past medical history is detailed as above. I have reviewed her medication as per her emergency summary. I note that she is taking a combination of Buscopan and Mebeverine for her crampy abdominal pain. She is taking Mesalazine 1 gram suppositories once daily. She has recently had an admission under the surgical team with abdominal pain and PR bleeding and was told to stop the Mesalazine suppositories following her discharge. It is not clear why that is the case.

She is an ex-smoker having stopped two years ago. She drinks no alcohol. She is not working at present. There is no significant family history of note.

On examination in the clinic today, she appears well. There is no peripheral stigmata of GI disease. Her heart sounds are pure and chest is clear to auscultation. On examination of abdomen she has some epigastric tenderness to palpation, however, her abdomen is soft with no palpable organomegaly. Bowel sounds are normal.

Mrs Sullivan certainly has convincing evidence of inflammation on her rectum on sigmoidoscopy in March last year. Biopsies have confirmed the presence of moderately active chronic inflammation. Her calprotectin level also appears to have responded to Mesalazine suppositories. It had been previously elevated at 345 and was rechecked in December when it was 87.

She has a variety of other symptoms which are unlikely to be related to her proctitis. The abdominal pain, bloating, post prandial nausea may well be features of irritable bowel syndrome. It is certainly common to have IBS and IBD overlap. I have asked the patient to provide us with an updated faecal calprotectin sample and I have also updated some routine blood tests in the clinic today including haematinics. The patient has experienced limited benefit from Buscopan and Mebeverine and, therefore, it is reasonable to try Alverine as an alternative. I have issued an advice note on clinical portal for this today. She is yet to have a completion colonoscopy following her recent diagnosis of proctitis and I will request this today. She should continue on Mesalazine suppositories and we will arrange for her to be followed up in the clinic routinely.

Yours sincerely

Dr Sharif Fattah

ST5 in Gastroenterology

Electronically Signed: Dr Sharif Fattah, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	General Surgery
Contact Tel:	0141 201 6665
Enquiries to:	karen.burns@ggc.scot.nhs.uk
Letter Date:	27/12/2023
Reference:	DH/MAJ
Dictated Date:	28/12/2023
Transcribed Date:	09/01/2024

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Attendance: Specialty - General Surgery; Clinic - GRDHGSI-MR D HOLROYD GS ADHOC CLINIC
Date and Time of Appointment - 27/12/2023 18:00

Clinical Comments:
I met Donna Sullivan in HPB clinic this evening. She was admitted whilst I was on call in October with a history of upper abdominal pain. She had an ultrasound during her acute admission that did not demonstrate any biliary abnormalities and certainly no evidence of gallstones.

Since she was discharged, she has continued to have epigastric pain that is worse after eating. She does also report heartburn and nausea. She also feels that she has lost a small amount of weight over the last several months. She takes Omeprazole 40mg daily on a regular basis and has done for a number of years. She does not report any dysphagia.

Given her persistent epigastric symptoms, I will arrange for her to have an urgent outpatient endoscopy. I will arrange a further follow up appointment for Mrs Sullivan following her upper GI endoscopy.

Kind regards.

Yours sincerely,

Mr David Holroyd,

Consultant HPB Surgeon.

Electronically Signed: Mr David Holroyd, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department: Gastroenterology
Contact Tel: 0141 201 6542
Enquiries to: ibdnursesgri@ggc.scot.nhs.uk
Letter Date: 19/12/2023
Reference: JM/NB
Dictated Date: 19/12/2023
Transcribed Date: 19/12/2023

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Attendance: Specialty - Gastroenterology; Clinic - GRJMUGA3-NURSE MUNRO IBD TUES AM
Date and Time of Appointment - 19/12/2023 09:10

Clinical Comments:
Diagnosis: Likely new diagnosis of proctitis following scope March 2023 showing inflamed mucosa 5cm on biopsies and in keeping with moderately active chronic inflammation.

Medication: Metoclopramide 10mg one twice daily, Mesalazine 1g suppository using sporadically, Laxido one to three sachets as required, Senna 7.5mg two at night, Esomeprazole 40mg daily & all other medications as per repeat prescription

Donna attended the IBD clinic today for review. Her bowels opened six times through the day yesterday and this was a type six to seven stool on the Bristol stool chart. She passed some blood clots on Saturday but has seen no visible blood since. She has nausea and some epigastric pains after eating. She feels exhausted. She has left lower quadrant/pelvic abdominal pain which is crampy and intermittent and worse pre defecation.

I see her most recent faecal calprotectin has dropped down to 87 with a negative stool for culture.

Bloods were updated including a ferritin.

Donna is on the new IBD Consultant appointment waiting list. I have given her a face to face IBD nurse review in three months time as a safety net. She has surgical outpatient clinic next week post admission for potential gallstones.

I have advised her to keep using the 1g Mesalazine suppository but to do it daily rather than intermittently.

Yours sincerely

Joanna Munro

Crohn's & colitis Nurse Specialist

Electronically Signed: Nurse Joanna Munro, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Gastroenterology
Contact Tel:	0141 201 6542
Enquiries to:	ibdnursesgri@ggc.scot.nhs.uk
Letter Date:	11/10/2023
Reference:	RK/NB
Dictated Date:	11/10/2023
Transcribed Date:	12/10/2023

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Attendance: Specialty - Gastroenterology; Clinic - GRRKGA5-NURSE R KERMACK GASTRO WED AM
Date and Time of Appointment - 11/10/2023 09:10

Clinical Comments:
Diagnosis: Likely new diagnosis of proctitis following scope March 2023 showing inflamed mucosa a 5 cm - biopsies in keeping with moderately active chronic inflammation.

Medication: Mesalazine 1g suppositories prn

Donna was due to attend clinic today for review, however I noticed she was recently admitted to general surgery with right upper quadrant pain and was just discharged yesterday. I note an ultrasound scan did not see any cause for her pain and showed no evidence of gallstones. She has follow up arranged with the surgeons.

Donna reports she is feeling well and feels like her constipation resolved last week, therefore improving her symptoms. She states her bowels are currently moving every third day and that she is no longer passing any blood or mucus. At present she is no longer using suppositories, however she is aware she can recommence these if her symptoms worsen.

Her faecal calprotectin has slightly improved at 222 from 345.

I have arranged a face to face appointment in two months to reassess and at this point, I will recheck her faecal calprotectin.

Donna is aware to contact the advice line if her symptoms deteriorate.

Yours sincerely

Rebecca Kermack

IBD Clinical Nurse Specialist

Electronically Signed: Nurse Rebecca Kermack, Nurse

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard: 0141 211 4000
Department: Urology
Contact Tel: 0141 201 3537
Enquiries to: Pauline.Milligan@ggc.scot.nhs.uk
Letter Date: 04/10/2023
Reference: Id/or
Dictated Date: 10/10/2023
Transcribed Date: 04/10/2023

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Attendance: Specialty - Urology; Clinic - GRLDUR5S1-NURSE DOUGLAS URO WED AM
Date and Time of Appointment - 04/10/2023 11:30

Clinical Comments:
Dear Doctor

I reviewed Mrs Sullivan by telephone today and she advises that she continues to have episodes of urinary urgency. Her recent urodynamic studies showed no significant issues with flow or detrusor contractility but with some urgency.

In view of this, I would be grateful if you could consider prescribing an anticholinergic of your choice if there are no contraindications to this. I will review Mrs Sullivan in 3 months.

Yours sincerely

Lesley Douglas

Clinical Nurse Specialist

Electronically Signed: Nurse Lesley Douglas, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Gastroenterology
Contact Tel:	0141 201 6542
Enquiries to:	ibdnursesgri@ggc.scot.nhs.uk
Letter Date:	28/09/2023
Reference:	RK/NB
Dictated Date:	11/10/2023
Transcribed Date:	12/10/2023

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Attendance: Specialty - Gastroenterology; Clinic - GRJMUGA7-NURSE MUNRO IBD THURSDAY
Date and Time of Appointment - 28/09/2023 09:10

Clinical Comments:
Diagnosis

Likely new diagnosis of proctitis following scope March 2023 showing inflamed mucosa 5cm on biopsies and in keeping with moderately active chronic inflammation.

Donna made contact with us via the IBD advice line on the 27th September. She had been booked to attend review with my colleague the previous day but had not, due to frequency of bowel movements. Over the past week she reports frequency had gone up to eight to ten times a day including a few times over night some nights. She was passing a fairly liquid stool unless she managed to eat anything and then it was a mushy stool. However she was not eating much and her family were remarking that she had lost weight. She was having left lower quadrant and left upper quadrant pain which came in waves and generally always present but more severe pre-defecation. Since using 1g Mesalazine suppositories twice daily she is seeing no further PR blood. She got some antiemetics from your practice as struggling with nausea but no vomiting. She feels exhausted. She agreed to attend the gastro day unit on the 28th September for further assessment.

The previous weight I could see online was from March 2021 and was 88.5 but weight on attending was 87.75 kgs. She handed in a sample for faecal calprotectin check. This is a formed stool but it had been looser and she had been seeing small amounts of PR blood mixed in with it. Vital signs were

normal apart from heart rate 101 and BP 119/77. Her main issues were pain and nausea. The pain in her left lower quadrant was constant and worse after eating and could radiate across her abdomen and she was having some left lower back pain as well. Intermittently she felt rectal throbbing. She looked exhausted.

Urgent bloods were sent which came back showing CRP 1, amylase 141 and lactate 2.7 but otherwise normal results. **Medical staff physically examined her and decided to send her for an abdominal x-ray which showed faecal loading. She has sugar free lactulose at home but prefers Laxido and I have asked her to restart taking one to three sachets daily. She went home with two phosphate enemas also. She was given worsening advice but booked for a phone review with me in two weeks' time. We await her faecal calprotectin results.**

Yours sincerely

Joanna Munro

Crohn's and Colitis Nurse Specialist

P.S FC 222. Review as planned

Electronically Signed: Nurse Joanna Munro, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
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G31 2ER
0141 211 4000

Main Switchboard:
Department: Gastroenterology
Contact Tel: 0141 201 6542
Enquiries to: ibdnursesgri@ggc.scot.nhs.uk
Letter Date: 11/08/2023
Reference: RK/JD
Dictated Date: 11/08/2023
Transcribed Date: 15/08/2023

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Attendance: Specialty - Gastroenterology; Clinic - GRRKGA9-NURSE R KERMACK GASTRO FRI AM
Date and Time of Appointment - 11/08/2023 12:00

Follow Up: 06/09/2023 12:00 Gastroenterology Nurse Rebecca Kermack 26/09/2023 14:10 Gastroenterology Nurse Rebecca Kermack

Clinical Comments:
Diagnoses:

Likely new diagnosis of proctitis following scope March 2023 showing inflamed mucosa a 5 cm - biopsies in keeping with moderately active chronic inflammation.

Medication: Mesalazine 1g suppositories daily - advised to increase these to twice daily.

I had a video review with Donna today and she reports that her symptoms are still ongoing. She has been using the suppositories daily for the last two weeks. Donna states her bowels are moving two to three times daily which has improved from five times previously. She states that she can still notice some blood and mucus through her stool. Donna states that she's no longer requiring to use any Laxido sachets at present. Donna does complain of a left sided abdominal pain which she states is related to her bowel movements.

I've advised that she increases her suppositories to twice daily, as her scope in March showed 5 cm of inflammation distal to the rectum. She may require further prescription of these, so I would be grateful if you could please arrange this for her.

Donna will continue the suppositories over the next 6 weeks and will attend for a clinic review face to face where I will also update her bloods. I have advised her that if her symptoms do deteriorate at all, that she gets in touch with us via our advice line and we will see her sooner than this. I will update her faecal calprotectin at the end of the eight weeks of suppositories.

Yours sincerely

Rebecca Kermack

IBD Clinical Nurse Specialist

Electronically Signed: Nurse Rebecca Kermack, Nurse

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
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0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
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Main Switchboard: 0141 211 4000
Department: Gastroenterology
Contact Tel: 0141 201 6542
Enquiries to: ibdnursesgri@ggc.scot.nhs.uk
Letter Date: 07/07/2023
Reference: LMcN/MAC
Dictated Date: 10/07/2023
Transcribed Date: 11/07/2023

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH

Attendance: Specialty - Gastroenterology; Clinic - GRLMGA9-NURSE MCNAUGHT GASTRO FRI AM
Date and Time of Appointment - 07/07/2023 09:30

Follow Up: Sister McNaught 8 weeks (to be arranged)

Clinical Comments:
Diagnosis: Likely new diagnosis of proctitis following scope March 2023 showing inflamed mucosa a 5 cm - biopsies in keeping with moderately active chronic inflammation

Donna attended the IBD Nurse Led Clinic today for review. As noted above, she attended a sigmoidoscopy at the beginning of the year for investigations of PR bleeding. I discussed this with her today that she has a likely diagnosis of proctitis. Dr Cahill had recommended that she commence Mesalazine suppositories 1 g nocte for a period of around 8 weeks. Donna tells me that she had been using the suppositories which has stopped the PR bleeding, however, she feels that they have constipated her and is now going around 4 days without moving her bowels at all. She is also complaining of bloating and abdominal pain and was visibly uncomfortable in the clinic today. She has been taking 3 sachets of Laxido per day. I have advised that she can increase this up to 6 sachets per day to get her bowels moving and then reduce again when needed. She is drinking plenty of fluids and observing her diet also.

I have advised her to make contact with the IBD Advice Line in a couple of weeks if the Laxido is not helping. When she is able to move her bowels, I have asked her to hand in a stool sample for faecal calprotectin as well as for culture. I updated her routine bloods today. These have returned showing urea 2.2, haematocrits 0.53 and all the rest of her bloods are within normal limits.

I have arranged a video consultation with her in around 8 weeks or sooner if the need arises.

Yours sincerely.

SISTER LAUREN McNAUGHT

IBD Clinical Nurse Specialist

Electronically Signed: Nurse Lauren McNaught, Nurse Practitioner

cc. Ms Nicola Brown
Gastric Investigation Unit
St Mungo Building
GRI
(for 8 week appt with Sister McNaught)

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Dermatology
Contact Tel:	0141-201-6454
Enquiries to:	
Letter Date:	29/11/2022
Reference:	CJ/VAT
Dictated Date:	29/11/2022
Transcribed Date:	15/12/2022

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH

Attendance: Specialty - Dermatology; Clinic - GRCJDE4-DR C JURY TUE PM
Date and Time of Appointment - 29/11/2022 14:30

Clinical Comments:
DIAGNOSES:

1 – Seborrhoeic dermatitis

2 – Meningiomas

3 – Type 2 diabetes

TREATMENT:

Ketoconazole shampoo once or twice weekly, leave lather on for 5 minutes before rinsing

Daktacort cream to facial skin nightly for 7 days for flare ups, then once or twice weekly for maintenance treatment

Mrs Sullivan is 52 and has had problems with an intermittent rash on her face for the last few years. She has previously attended with a diagnosis of rosacea which she treated with Soolantra and sun protection. Since then things have evolved and she has developed fairly scaly erythema on the face and hairline.

Mrs Sullivan has a history of meningiomas causing epilepsy, type 2 diabetes. Current medication includes Gabapentin, Levetiracetam, Pramipexole, Metformin and Sodium Valproate.

On examination today the changes on the face really there was a seborrhoeic dermatitis with erythema and scaling in the nasolabial folds. Intermittently this will extend up to the eyebrows and on examination today there was scaling and erythema along the hairline.

Seborrhoeic dermatitis and rosacea can coexist but my impression today was that the main feature was of seborrhoeic dermatitis. I have suggested topical treatment as outlined above. If that fails to settle things then restarting a regular low dose antibiotic such as Lymecycline would be worth considering.

I have not arranged further review at this point.

Yours sincerely

DR CATHERINE JURY

Consultant Dermatologist

Electronically Signed: Dr Catherine Jury, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
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G34 9HQ

Main Switchboard:	
Department:	Gastroenterology
Contact Tel:	0141 201 6369
Enquiries to:	Jeanette Martin
Letter Date:	04/03/2021
Reference:	JW/JVM
Dictated Date:	04/03/2021
Transcribed Date:	15/03/2021

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH

Attendance: Specialty - Gastroenterology; Clinic - GRJWGA8-GASTRO DR WINTERS OESOPHAGEAL CLINIC THURSDAY PM
Date and Time of Appointment - 04/03/2021 14:40

Requested Out-patient Investigations:
Bloods, ultrasound

Follow Up: Discharged

Clinical Comments:
I reviewed Donna, 50 years, at the oesophageal clinic this afternoon. She has been seen on several occasions over the last 10 years with recurring functional abdominal symptoms. She has been quite well investigated in the past, including by CT scans, by bi-directional endoscopy and by oesophageal physiology test. Although she does have a degree of reflux, and has long been accepted that she would be a poor candidate for a surgical fundoplication given her multiple symptoms.

She has gone through some good spells and bad spells over the years with symptoms that are often similar but vary in intensity.

I note that she has type 2 diabetes and obesity, but she has lost weight due to increased exercise during lockdown and her body mass index is now down to 30.

She describes problems with daily epigastric discomfort after eating which can radiate through to the back. She has no swallowing difficulties and no vomiting, but will awake at night with a cough and a fear that she will regurgitate.

She is currently on Esomeprazole 40 mg per day, and her other medications include Pramipexole, Metformin, Empagliflozin, Bendrofluazide, Rosuvastatin, Ramipril and Duloxetine which she just started a few weeks ago. She informed me she cannot use Amitriptyline due to previous QT prolongations.

On physical examination, she appeared well and was obese. She was not pale, icteric or clubbed and had no lymphadenopathy. Her abdomen was soft, although tender in the epigastrium. There were no evidence masses or organomegaly.

A recent upper GI endoscopy was essentially normal. A short hiatus hernia has been mentioned in the report, but in my opinion these are often over diagnosed at upper GI endoscopy and I am not sure this is of any real significance. I have reassured her regarding this.

I have explained that the situation is difficult both in terms of further investigations and in terms of therapy and I suspect that she will gradually improve with the passage of time. I asked her about any external stressors, which she denies.

I have requested an abdominal ultrasound scan, although I suspect this will be unremarkable as she has had a few over the years, with a most recent being in 2019. I have also checked her routine bloods today, and if there is a significant abnormality we will need to bear in mind if any further investigation is needed as a consequence of that. However, if the bloods and the ultrasound scan are unremarkable I think there is probably little further we need to do beyond reassurance here.

I suggested that she could try taking Esomeprazole before her evening meal in addition to her morning dose, but she was keen not to do this unless ultrasound was normal and she was continuing to have difficulty at that time. I will therefore let her and you know when the result is available, although this may be in a few months.

I have not arranged for further review.

Yours sincerely

Dr Jack Winter

Consultant Gastroenterologist

PS Blood tests unremarkable

Electronically Signed: Dr Jack Winter, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
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G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	General Surgery
Contact Tel:	0141 211 5386
Enquiries to:	Theresa.Cairns@ggc.scot.nhs.uk
Letter Date:	22/10/2019
Reference:	MH/LM
Dictated Date:	22/10/2019
Transcribed Date:	30/10/2019

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Easterhouse, Glasgow, G34 0PJ

Attendance: Specialty - General Surgery; Clinic - GRPCGS3-GS MR P CHONG TUESDAY AM
Date and Time of Appointment - 22/10/2019 09:00

Clinical Comments:
I saw Mrs Sullivan in Mr Chong's clinic today. She had had an EUA and banding of haemorrhoids in May. She initially had good relief however on holiday in Turkey this September noticed some further outlet type bleeding. Her haemoglobin did drop to 112 at the time however the bleeding has now stopped and her haemoglobin is now back to normal.

Given the fact that she previously had a transfusion following haemorrhoidal bleeding, we will place her on the list for repeat banding.

Yours Sincerely

Mr Matthew Hinckley

Clinical Fellow

Electronically Signed: Dr Matthew Hinckley, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Rheumatology
Contact Tel:	01412114525
Enquiries to:	
Letter Date:	12/09/2019
Reference:	LMCG/SD
Dictated Date:	12/09/2019
Transcribed Date:	17/09/2019

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Attendance: Specialty - Rheumatology; Clinic - GRLMCRH8-DR MCGEOCH RHEUM THUR PM CLINIC
Date and Time of Appointment - 12/09/2019 15:45

Follow Up: None

Clinical Comments:
I reviewed this 49-year old lady once again in the Rheumatology clinic. Issues are as follows:
Musculoskeletal symptoms and borderline ANA – Donna reports widespread musculoskeletal pain and severe fatigue. In addition she reports some hair thinning and at times has been prone to facial redness. Her ANA is very borderline at 1/40 and this is not diagnostic of an underlying connective tissue disorder. Complement is normal, ENA screen is negative, rheumatoid factor is negative, full blood count is normal with no cytopenias.

On the basis of all of these results I don't think Donna has a diagnosis of an underlying connective tissue disorder. I have suggested that some of her musculoskeletal symptoms of fatigue may be due to concomitant fibromyalgia and I recall she has multiple other co-morbidities.

I have given her some information on fibromyalgia. Pharmacological measures are to be avoided due to her co-morbidities and she is keen to employ methods such as meditation and mindfulness.

She does not require Rheumatology follow up.

Kind regards.

Yours sincerely,

Dr Lucy McGeoch

Consultant Rheumatologist & Physician

Electronically Signed: Dr Lucy McGeoch, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
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G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 211 5386
Enquiries to: Theresa.Cairns@ggc.scot.nhs.uk
Letter Date: 29/01/2019
Reference: TW/AH
Dictated Date: 29/01/2019
Transcribed Date: 05/02/2019

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Attendance: Specialty - General Surgery; Clinic - GRPCGS3-GS MR P CHONG TUESDAY AM
Date and Time of Appointment - 29/01/2019 09:30

Clinical Comments:
I reviewed Mrs Sullivan today in clinic on behalf of Mr Chong. She reports that she has had a 5 year history of fresh red blood from her back passage which occurs on defaecation. She notices this on wiping and in the toilet bowl. She has previously been investigated for this with two colonoscopies, one most recently in October 2018 which was completely normal. She has also had 2 recent full blood counts which again have been completely normal. She denies any sinister history of any weight loss, altered bowel habit or any other symptoms associated with anything more sinister.

On examination she did have some evidence of some external haemorrhoids and some internal haemorrhoids on PR. Apart from that there were no other abnormalities and there was no blood I could find.

It light of her history and examination findings I am quite happy that there is not anything sinister going on here but I do think she probably has some issues with some haemorrhoids which she could benefit from EUA + banding for. I have therefore listed her for this procedure which she shall get a letter in the post for preassessment for and then a date for surgery in due course.

Yours sincerely

Dr Tom Walshaw

CT2 in General Surgery

Electronically Signed: Mr Peter Chong, Consultant

cc.

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr Jim Boyle
Consultant Physician
Diabetic Department
Ground Floor, Medical Block
GRI

Main Switchboard:
Department: Gastroenterologist
Contact Tel: 0141-800-1907
Enquiries to: claire.thacker@ggc.scot.nhs.uk
Letter Date: 02/05/2017
Reference: AC/CT
Dictated Date: 20/04/2017
Transcribed Date: 27/04/2017

Dear Jim ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

This lady was referred for an appointment for the Liver Clinic because of mild elevation in her transaminases during her recent in-patient stay. From what I can see on the portal this was longstanding, she has had a liver screen which was negative and a fibroscan last year which did not suggest any significant fibrosis/cirrhosis.

I think the diagnosis here is fatty liver as this my obviously be related to her diabetes. I do not think there is any benefit for her being seen at the Liver Clinic.

Yours sincerely

Dr A Cahill

Consultant Physician & Gastroenterologist

Electronically Signed: Dr Aidan Cahill, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 211 4608
Enquiries to:	
Letter Date:	31/01/2017
Reference:	BD/BL
Dictated Date:	31/01/2017
Transcribed Date:	08/02/2017

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Attendance: Specialty - Orthopaedics ; Clinic - GRPHHAOR4-ORTHO PHYSIO HAND TUESDAY PM
Date and Time of Appointment - 31/01/2017 13:30

Clinical Comments:
DIAGNOSIS:

Bilateral carpal tunnel syndrome, right mild grade 2, left very mild grade 1 on nerve conduction studies

Type 2 diabetes and multiple meningiomas

OUTCOME:

Good response to bilateral carpal tunnel steroid injection

Discharged with contact telephone number

Donna attended clinic today reporting that following the bilateral carpal tunnel steroid injections administered in December last year, she has had an excellent outcome in that she has had no further episodes of pain and paraesthesia in the median nerve distribution of her hands. She describes only a slight ache at her wrists. She has had a change in medication with regards to her meningiomas and now sleeps soundly for 10 hours. She still however experiences clumsiness of her hands, frequently dropping objects.

She is delighted with this outcome and is satisfied to be currently discharged from clinic on the understanding that should her symptoms return, we would be happy to review her. The next stage would be surgical decompression but this would not be until she has completed any potential forthcoming surgical or conservative management of her meningiomas.

Yours sincerely

Brenda Danks

Extended Scope Practitioner Physiotherapist (Orthopaedics)

Electronically Signed: Physiotherapist Brenda Danks, Physiotherapist

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	DERMATOLOGY
Contact Tel:	0141-211-4297
Enquiries to:	
Letter Date:	23/01/2017
Reference:	SH/VAT
Dictated Date:	23/01/2017
Transcribed Date:	30/01/2017

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Attendance: Specialty - Dermatology; Clinic - GRSHDE1-DR S HOLMES MON AM
Date and Time of Appointment - 23/01/2017 09:15

Clinical Comments:
Thank you for referring this 46-year-old woman to the Dermatology Department. She describes blackhead type lesions on her face and an abscess under her right breast which has been treated with several courses of Flucloxacillin. She denies previous skin problems.

On examination today there were comedonal lesions over the upper cheeks, more marked on the right than on the left. Clinically these were suggestive of Favre-Racouchot syndrome rather than acne. On the inferior aspect of the right breast there was a resolving abscess but no lesions elsewhere.

I have explained to Ms Sullivan that the changes on her cheeks are related to sun damage and not acne. They tend to respond poorly to treatment but I have suggested a 3 month trial of Differin nocte, continuing this if it is of benefit. If it is not helpful then I have suggested Ms Sullivan enlist the help of a beauty therapist to express the lesions.

A solitary submammary abscess is not enough to make a diagnosis of hidradenitis suppurativa however it is not possible to entirely exclude the early stages of this condition. I have discussed this with Ms Sullivan today and given her some written information on the condition. If she is experiencing recurrent breast abscesses or abscesses affecting other flexural areas, I would consider a 4 month trial of Tetralysal in the first instance. At present however no further routine review at the outpatient clinic has been arranged.

Yours sincerely

SUSAN HOLMES

Consultant Dermatologist

Electronically Signed: Dr Susan Holmes, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	0141 211 4000
Department:	Orthopaedics
Contact Tel:	0141 211 5146
Enquiries to:	
Letter Date:	20/12/2016
Reference:	BD/MC
Dictated Date:	20/12/2016
Transcribed Date:	30/12/2016

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Attendance: Specialty - Orthopaedics ; Clinic - GRPHHAOR4-ORTHO PHYSIO HAND TUESDAY PM
Date and Time of Appointment - 20/12/2016 14:00

Clinical Comments:

Diagnosis: Bilateral carpal tunnel syndrome. Right mild grade 2, left very mild grade 1 on nerve conduction studies.

Type 2 diabetes and recently diagnosed multiple meningioma's.

Outcome: Bilateral carpal tunnel steroid injections administered. Discharged with contact telephone number issued.

Thank you for re-referring this 46 year old lady to the orthopaedic clinic. She has had previous nerve conduction studies, the results of which are shown above confirming bilateral carpal tunnel syndrome. Symptoms have been present for over a year and are currently of equal intensity bilaterally. Her night resting wrist splints are of benefit but her sleep will still be disturbed regularly. Throughout the day she will have episodes of pain and paraesthesia in the median nerve distribution of her right hand, although on her left symptoms are worse towards the medial side of her hand. She is becoming increasingly clumsy, dropping objects from her hand.

Earlier this year she was diagnosed with multiple meningioma's, with currently no plans to operate. She is on medication for epilepsy. As you explain, her neurosurgeon has advised that her hand symptoms are not due to her condition and he would be keen for her to pursue further management for her carpal tunnel syndrome.

On examination she had diminished sensation of her right middle and ring finger and her left little finger. She had positive findings bilaterally for Phalen's, carpal tunnel compression and Tinel's.

With such mild compression, this would normally be managed conservatively in the first instance and she was certainly keen to pursue steroid injection.

20mg of Kenalog was administered to each carpal tunnel uneventfully and appropriate aftercare advice given. A contact telephone number has been supplied to arrange a return appointment should her symptoms fail to settle.

Yours sincerely,

Brenda Danks

ESP Physiotherapist in Orthopaedics

Electronically Signed: Physiotherapist Brenda Danks, Physiotherapist

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 30/08/2016
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Attendance: Specialty - Gastroenterology; Clinic - GRMMGA4-NURSE MARTIN CNS LIVER TUES PM
Date and Time of Appointment - 30/08/2016 14:00

Clinical Comments:
The above named patient, who you referred, attended the Nurse Led Liver Clinic prior to their attendance at the Consultant Led Liver Clinic.

A number of blood tests which were predetermined by the Consultant were undertaken. Where appropriate an ultrasound of the abdomen has been requested.

If these screening tests detect any significant abnormalities the consultant will be informed and appropriate action taken. The doctor will discuss and forward the results of the investigations when the patient attends the Liver Clinic.

No results will be given directly to patients prior to the Liver Clinic visit.

Yours sincerely

Mary Martin

CNS Liver Disease

Electronically Signed: Nurse Mary Martin, Nurse

cc.

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Appointments: 0141 211 4608/5146
Fax: 0141 211 0481

NHS
Greater Glasgow and Clyde

ESP PHYSIOTHERAPY HAND CLINIC

Clinic and dictated: 26/04/2016
Typed: 06/05/2016
Our Reference: BD/SL

Consultant in Clinical Neurophysiology
Department of Clinical Neurophysiology
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dear Consultant

Re: Mrs Donna Sullivan 25/07/1970; CHI: 2507706163
0/2 5 Duntarvie Place Glasgow Lanarkshire G34 9JB

Diagnosis: (?) bilateral carpal tunnel syndrome, right worse than left

I would be grateful if this 45 year old right hand dominant lady could be reviewed with regards to nerve conduction studies. Since September 2015 she has been troubled with paraesthesia of her right hand confined to the median nerve distribution. She dates this back to an alleged assault by her neighbour when her wrist was hyper extended. Her symptoms are worse nocturnally disturbing her sleep every night and she has weakness and clumsiness of her hand. A night resting wrist splint was supplied from which she gained no benefit. In recent weeks there has been a marked exacerbation of her symptoms with her pain now extending into her forearm and at times the full length of her right upper limb. She now also has involvement of her left hand at the median nerve distribution.

She has very recently been diagnosed with type 2 diabetes. She is currently off work as a bar manager with a diagnosis of COPD.

On examination she had diminished sensation in the median nerve distribution of her right hand only but no motor deficit. Interestingly carpal tunnel compression and Phalen's was positive on the left hand only.

Cervical spine movements were full range and pan free although extension appeared to reproduce discomfort at the dorsal aspect of her right hand. This lady's presentation does appear to be related to carpal tunnel syndrome and should the results support the diagnosis she would be keen to proceed with decompression surgery. We will contact her by letter when the results are available.

Yours sincerely

BRENDA DANKS
Extended Scope Physiotherapy Practitioner (Orthopaedics)

c.c. Dr Ka Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Gastroenterology
Contact Tel: 0141 211 4519
Enquiries to: helen.johnston@ggc.scot.nhs.uk
Letter Date: 13/11/2014
Reference: JW/HJ
Dictated Date: 13/11/2014
Transcribed Date: 18/11/2014

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr. KA Lindsay,

Donna Sullivan; D.O.B: 25 Jul 1970; CHI: 2507706163
5 Duntarvie Place, Flat 0/2, Glasgow, G34 9JB

Attendance: Specialty - Gastroenterology; Clinic - GRRGGA8-GASTRO DR R GILLESPIE OESO/ DYS CLINIC THURSDAY PM
Date and Time of Appointment - 13/11/2014 15:20

Clinical Comments:
Thank you for referring this 44 year old lady back to the Oesophageal Clinic. She was assessed in great detail by both the surgical and medical gastroenterology teams in 2012 and 2013 with protracted symptoms of irritable bowel and functional dyspepsia. At that time she had unremarkable upper GI Endoscopy, unremarkable abdominal ultrasound scan, normal CT scan, normal oesophageal manometry, very minor acid reflux on 24 hour ph study and a gastric emptying study which revealed only a very slight delay, probably in relation to Tramadol which she had been taking not long before this.

When I last saw her I discharged her as I felt there was nothing more that we could really do for her. However, I note that in the interim she improved a great deal, and I think this is really as a consequence of getting over a number of other stresses in her life. She informed me at the time she had many symptoms it was shortly after the death of her mother, and that she was going through a difficulty separation. She feels in a much better place psychologically.

She has felt well for over a year, but over the last few months has began to feel a little bit nauseated and bloated again and has been concerned that she will end up back to where she started.

Her past history includes diverticular disease, back pain and haemorrhoids. Current medications are paracetamol, Amitriptyline 25mgs nocte, Fluoxetine and Omeprazole 20mgs bd.

She describes no stress currently.

She describes no sinister upper GI symptoms.

On examination she appeared well and was cheerful today. She was a little overweight with a body mass index of 29. She was not evidently pale, icteric or clubbed and had no lymphadenopathy. Her abdomen was soft and non-tender with no masses or organomegaly.

It is my impression that her symptoms are those of functional abdominal discomfort, namely functional dyspepsia and irritable bowel syndrome. She has had a wide range of invasive diagnostic tests within the last 3 years, none of which revealed any significant pathology and I would be very reluctant to go down the route of re-investigating her. I think it most likely that her symptoms are functional and I have reassured her regarding this. I have also provided her with some information and a web reference regarding the low FODMAP diet, which can be helpful in patients with irritable bowel.

I have not arranged for any routine review.

Yours sincerely

Jack Winter

Consultant Gastroenterologist

Electronically Signed: Dr Jack Winter, Consultant

cc.

Acute Services Division

GASTROENTEROLOGY
Dr J Winter's Gastroenterology Clinic

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS Greater Glasgow and Clyde

Clinic date	30/05/2013
Dictated	30/05/2013
Typed	31/05/2013
Your Ref	
Our Ref	JW/CH

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 211 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5659
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5131
Dr J Winter	0141 211 4519/Fax 0141 211 5659
Dr D R Gaya	0141 211 4290/Fax 0141 211 5131

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre, 9 Auchinlea Road, Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
41 Springcroft Wynd, Baillieston, Glasgow, G69 6SE

Donna Sullivan attended on 25th April. A CT of her abdomen was requested in order to exclude chronic pancreatitis or any other significant upper abdominal pathology to explain her symptoms. This has been reported as normal.

She awaits an on-treatment 24 ph and impedance study. Follow up will be arranged in the Oesophageal Clinic subsequently.

Yours sincerely

Jack Winter
Consultant Gastroenterologist

Outstanding results: 24 ph and impedance study

Acute Services Division

GASTROENTEROLOGY
Dr J Winter's Gastroenterology Clinic

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS Greater Glasgow and Clyde

Clinic date	30/05/2013
Dictated	30/05/2013
Typed	31/05/2013
Your Ref	
Our Ref	JW/CH

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 211 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5659
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5131
Dr J Winter	0141 211 4519/Fax 0141 211 5659
Dr D R Gaya	0141 211 4290/Fax 0141 211 5131

Donna Sullivan
41 Springcroft Wynd
Baillieston
Glasgow
G69 6SE

Dear Ms Sullivan

CHI: 2507706163 - CRN: 20508978K

I write following your attendance for CT of your abdomen on 17th May. I am pleased to report that this investigation has revealed no abnormality.

With best wishes.

Yours sincerely

Jack Winter
Consultant Gastroenterologist

Outstanding results:

Acute Services Division

GASTROENTEROLOGY
Dr J Winter's Gastroenterology Clinic

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS Greater Glasgow and Clyde

Clinic date	30/05/2013
Dictated	30/05/2013
Typed	31/05/2013
Your Ref	
Our Ref	JW/CH

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 211 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5659
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5131
Dr J Winter	0141 211 4519/Fax 0141 211 5659
Dr D R Gaya	0141 211 4290/Fax 0141 211 5131

Donna Sullivan
41 Springcroft Wynd
Baillieston
Glasgow
G69 6SE

Dear Ms Sullivan

CHI: 2507706163 - CRN: 20508978K

I write following your attendance for CT of your abdomen on 17th May. I am pleased to report that this investigation has revealed no abnormality.

With best wishes.

Yours sincerely

Jack Winter
Consultant Gastroenterologist

Outstanding results:

Acute Services Division

GASTROENTEROLOGY
Dr J Winter's Gastroenterology Clinic

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS Greater Glasgow and Clyde

Clinic date	25/04/2013
Dictated	25/04/2013
Typed	30/04/2013
Your Ref	
Our Ref	JW/MD

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 211 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5659
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5131
Dr J Winter	0141 211 4519/Fax 0141 211 5659
Dr D R Gaya	0141 211 4290/Fax 0141 211 5131

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre, 9 Auchinlea Road, Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
41 Springcroft Wynd, Baillieston, Glasgow, G69 6SE

Diagnosis: (1) Unexplained persistent epigastric pain
(2) Previous chronic codeine analgesia use
(3) Chronic constipation~on regular stimulant laxative

I reviewed Donna Sullivan, 42 years, this afternoon. She complains bitterly of epigastric discomfort which is persistent and radiates to her back. She also complains of regular retrosternal discomfort. She is on regular Esomeprazole 20mg twice daily, but concentrates all her meals in the middle of the day and her dose timing is suboptimal. She is also on regular Fluoxetine and trials of prokinetics have been unhelpful.

She has had a number of investigations which have failed to yield any obvious diagnosis. Oesophageal manometry was unremarkable. Although she has a mildly elevated acid exposure time on a 24 hour pH study, symptom association is negative. She has also had normal abdominal ultrasound scan on a few occasions. A nuclear medicine gastric emptying study did reveal slightly prolonged gastric emptying, but this was only at 96 minutes (upper limit of normal 90 minutes) and I personally do not think this is particularly significant. She had an attempt at botulinum toxin injection to her pyloric sphincter, but this was unhelpful and I do not think we will attempt this again. She did inform me that gastric pacemaker had been mentioned before, but I do nto think this would be an appropriate thing to consider in her case, as she is not vomiting and has no evidence of significant delay in gastric emptying.

I have explained to Donna that while I sympathise with her problem, it is very difficult for me to know what we can do to help with her symptoms. I have suggested that she improve the dose timing of her PPI, taking this medication before meals and not on an empty stomach at other times of the day. She is already on Fluoxetine and has previously tried tricyclics with no benefit. She is clearly not a candidate for anti-reflux surgery which would be unlikely to of benefit in her circumstance. There is no evidence of gallstones or any biliary pathology.

Given that her pain is persistent and radiates to her back, I am arranging for a CT scan of her pancreas, although I suspect this will probably be normal. I am also arranging for her to have an on-tretment 24 hour pH and impedence study to make sure her acid profile and any reflux is adequately controlled on her current PPI dose. Again, I suspect this will probably be normal.

She will be seen once more after these investigations. Unfortunately, if further proposed investigation yield no significant diagnosis then I do not think there would be anything further we can do to help her through the gastroenterology clinic. In that circumstance I would suggest perhaps referral to somewhere like the homeopathic hospital may be of benefit in order to attempt to ameliorate her symptoms.

Yours sincerely

Jack Winter
Consultant Gastroenterologist

Outstanding results:

Acute Services Division

GASTROENTEROLOGY
Consultant - Dr R J S Gillespie
Secretary : 0141 211 4331

Glasgow Royal Infirmary
Wards 8/9
84 Castle Street
Glasgow G4 0SF
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	16/01/2013
Dictated	16/01/2013
Typed	16/01/2013
Your Ref	
Our Ref	RJSG/CT

Ms Donna Sullivan
41 Springcroft Wynd
Ballieston
GLASGOW
G69 6SE

Dear Ms Sullivan

CHI: 2507706163 - CRN: 20508978K

I see that you have had your ECG recording. This has shown no significant electrical abnormality of the heart to explain your palpitations.

I shall see you for review in the clinic.

With best wishes

Yours sincerely

R J GILLESPIE
Consultant Gastroenterologist

Cc Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre,
9 Auchinlea Road, Glasgow
G34 9HQ

Acute Services Division

GASTROENTEROLOGY
Dr Ruth J S Gillespie's Clinic

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	05/12/2012
Dictated	05/12/2012
Typed	11/12/2012
Your Ref	
Our Ref	RJSG/AMMCK

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 221 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5969
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5131
Dr J Winter	0141 211 4519/Fax 0141 211 5969
Dr Daniel R Gaya	0141 211 4290/Fax 0141 211 5131

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre, 9 Auchinlea Road, Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
41 Springcroft Wynd, Baillieston, Glasgow, G69 6SE

This lady attended for an uncomplicated botox injection to the pylorus. She will be reviewed in the clinic in due course and I shall forward on the result of her 24 hour ECG.

Yours sincerely

Dr R Gillespie
Consultant Gastroenterologist

Acute Services Division

GASTROENTEROLOGY
Dr Ruth J S Gillespie
Gastroenterology Clinic

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

NHS Greater Glasgow and Clyde

Clinic date	20/09/2012
Dictated	20/09/2012
Typed	27/09/2012
Your Ref	
Our Ref	RG/HP

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 211 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5659
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5162
Dr J Winter	0141 211 4519/Fax 0141 211 5659
Dr D R Gaya	0141 211 4290/Fax 0141 211 5162
Dr S Barclay	0141 211 4851/Fax 0141 211 5162

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre, 9 Auchinlea Road, Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
41 Springcroft Wynd, Baillieston, Glasgow, G69 6SE

Diagnoses: 1. GORD
2. Gastroparesis
3. IBS
4. Obesity BMI 34.5
5. Probable NAFLD
6. Smoker
7. Previous discectomy

This lady attended for review at the clinic. She has done extremely well and taking some time off work, trying to address her eating habits and also managing to come off Tramadol completely. She seems well motivated to try and address her health issues.

Unfortunately she feels no better. Her gastric emptying study has shown a degree of gastroparesis and this was done whilst she was off Tramadol. This, therefore, seems to be idiopathic. Prokinetics have not helped and, therefore, after discussion we have agreed to go for endoscopy and Botox injection to the pylorus. I have briefly mentioned gastric pacemaker although her gastroparesis is not the most severe. I have suggested that the recent addition of Nizatidine is probably not going to add much and we have agreed to stop both her Domperidone and Metoclopramide. The reason for this is she is complaining of frequent palpitations and in view of the fact that she is on Venlafaxine and concerns regarding QT prolongation I am going to arrange a 24 hour ECG before considering further prokinetic. She will be reviewed following her investigations.

Yours sincerely

DR RUTH J S GILLESPIE
Consultant Physician & Gastroenterologist

cc Eileen McIlroy, Endoscopy Coordinator, GRI- **I would be grateful if this lady could receive an Appointment on my list for an endoscopy and Botox injection to the pylorus and could we inform Sister Docherty of the date so that she can order the Botox.**
Mary Docherty, Endoscopy Suite, GRI

Outstanding Investigations: 24 hour ECG

Acute Services Division

GASTROENTEROLOGY
Consultant - Dr R J S Gillespie
Secretary : 0141 211 4331

Glasgow Royal Infirmary
Wards 8/9
84 Castle Street
Glasgow G4 0SF
0141 211 4000

NHS Greater Glasgow and Clyde

Clinic	12/09/2012
Dictated	12/09/2012
Typed	14/09/2012
Your Ref	
Our Ref	RJSG/CT

Dr John Goldie
Newhills Medical Practice,
Easterhouse Health Centre, 9 Auchinlea Road, Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

This lady has been in touch to say that her symptoms are much worse and I am arranging to bring forward her appointment at the Oesophageal Clinic.

Her gastric emptying study has shown some delay although she is on Tramadol medication which may well be contributing.

She will be reviewed as above.

Yours sincerely .

Ruth J S Gillespie
Consultant Physician & Gastroenterologist

Cc Return Gastro Appointments
Medical Records Department
Glasgow Royal Infirmary

Ps please bring forward to the next available review appointment at the Oesophageal Clinic

Acute Services Division

GASTROENTEROLOGY
Dr Ruth J S Gillespie

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	-
Dictated	22/08/2012
Typed	23/08/2012
Your Ref	
Our Ref	RG/PK

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 221 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5131
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5131
Dr J Winter	0141 211 4519/Fax 0141 211 5131
Dr Daniel R Gaya	0141 211 4290/Fax 0141 211 5131

PRIVATE & CONFIDENTIAL

Ms Donna Sullivan
187 Commonhead Road
Glasgow
G34 0DS

Dear Ms Sullivan

DOB - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K

I see that you didn't attend for your gastric emptying study on the 3rd August. I hope there was no untoward reason for this. At present you hold clinic review with myself on the 29th November and I would be happy to discuss your symptoms further at that time.

Yours sincerely

R J S GILLESPIE
CONSULTANT PHYSICIAN/GASTROENTEROLOGIST

cc Mr M Forshaw, Consultant Upper GI Surgeon, GRI
Dr John Goldie, Newhills Medical Practice, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow G34 9HQ

Acute Services Division

GASTROENTEROLOGY
Dr Ruth J S Gillespie's Clinic

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	11/07/2012
Dictated	11/07/2012
Typed	19/07/2012
Your Ref	
Our Ref	RG/HJ

Consultants:

Dr A J Morris	0141 211 4470/Fax 0141 221 5131
Dr A J Stanley	0141 211 4073/Fax 0141 211 5131
Dr E Forrest	0141 232 0734/Fax 0141 211 5969
Dr Ruth J S Gillespie	0141 211 4331/Fax 0141 211 5131
Dr J Winter	0141 211 4519/Fax 0141 211 5969
Dr Daniel R Gaya	0141 211 4290/Fax 0141 211 5131

Mr Matthew Forshaw
Consultant Upper GI Surgeon
Glasgow Royal Infirmary

Dear Mr Forshaw

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Diagnosis:

1. GORD
2. IBS
3. Obesity BMI 34.5
4. Probable NAFLD
5. Smoker
6. Previous discectomy

Thank you for asking me to see this 41 year old lady in the Oesophageal Clinic. I agree that I would have concerns regarding her suitability for fundoplication surgery.

She has a background of typical IBS symptoms with abdominal bloating, central abdominal discomfort and a tendency to constipation. I think she has had antispasmodics in the past and Amitriptyline which she found either unhelpful or could not tolerate. In the last few years she has complained of increasing upper abdominal symptoms. She describes a poor appetite, frequent nausea and when she eats solid food she feels it sticks in the epigastric region and she may regurgitate it. She complains of some heartburn. Large doses of acid suppression have not made a huge impact on her symptoms but she now feels much worse when she stops them and there may be an element of rebound hypersecretion.

She was also tearful at the clinic and is somewhat at the "end of her tether". She runs her own bar and works extremely long hours. She lives with two teenage children. She is worried financially about her ability to continue working and seems to have got into a rather unhealthy pattern. She feels she can't tolerate food and so is existing on a diet of milkshakes and chocolate to give her energy. She has gained a huge amount of weight and is now significantly obese. She feels that that the only thing that helps her abdominal pain is Tramadol. Her other medication is Esomeprazole 40mgs bd, Ranitidine 150mgs tid, Gaviscon, Tramadol, Venlafaxine, Zopiclone, Cetirizine and Fybogel.

On examination she is not anaemic there is no lymphadenopathy or clubbing. Abdominal examination was unremarkable/....

Contd:

I note that ultrasounds have been normal apart from a fatty liver. Her LFT's show mild elevation of her gamma GT consistent with this. Auto-immune screen negative. Endoscopies have revealed a hiatus hernia only with no erosive oesophagitis. Her pH and manometry shows normal manometry with a reasonable LOS pressure at 13mmHg. Her off treatment pH study does show a moderately raised DeMeester score but I agree there is a very poor symptom correlation.

She understands that surgery would be pointless if we don't feel that if the majority of her symptoms are reflux related but she is very distressed by her situation. She is not particularly amenable to the suggestion of trying to get back to a healthier lifestyle i.e. taking time to eat regular healthy meals, trying to cut back on her Tramadol use, increasing physical activity and weight reduction etc. She is similarly not keen to go down the route of doing an on treatment pH study on a slightly more conservative dose of PPI which I suspect would show normalised acid. We have agreed to do a gastric emptying study in case there is an element of gastroparesis and I will see her for review and hopefully we can make progress.

Yours sincerely

Dr R J S Gillespie
Consultant Gastroenterologist

cc. Dr John Goldie, Newhills Medical Practice, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ

Outstanding results: gastric emptying study

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell @ggc.scot.nhs.uk

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

MJF/EM

Dictated: 30/04/2012
Typed: 01/05/2012

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I contacted Ms Sullivan by telephone this afternoon following her attendance at my out patient clinic. Unfortunately Ms Sullivan did not get the opportunity to see me in clinic as I was seeing one of my cancer patients and I understand from clinic staff that Ms Sullivan left in tears having been disappointed following the consultation with one of my senior registrars. I, therefore, contacted Ms Sullivan by telephone this afternoon and with her permission had a consultation with her over the telephone. Ms Sullivan over the last year has had almost daily epigastric and right upper quadrant pain with also reflux symptoms and vomiting. She has been admitted on 2 occasions as an emergency to Glasgow Royal Infirmary with these symptoms. She currently takes Nexium, 40 mg bd, together with Ranitidine, 150 mg tds, and also over-the-counter Gaviscon. She does notice that this medication does help her symptoms. She has been investigated by means of an upper GI endoscopy which has shown a 3 cm hiatus hernia without any evidence of oesophagitis. She has also had 2 ultrasound scans of her abdomen which have not shown any evidence of gallstones. More recently Ms Sullivan has had a pH and manometry study. The manometry studies were entirely normal but the pH studies have indicated borderline evidence of gastro-oesophageal reflux disease. The total acid exposure time was 5.2 and her DeMeester score was 21.4. However, there was a very poor correlation between the pH studies and her symptoms. This makes me very concerned as to whether or not she is a suitable candidate for anti-reflux surgery.

During the course of my telephone consultation with Ms Sullivan she also told me she had some other symptoms such as bloating and she tells me that she has been diagnosed with irritable bowel syndrome in the past. These would also raise concerns about her suitability for anti-reflux surgery. She also admits that she is overweight.

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell @ggc.scot.nhs.uk

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

Ms Sullivan has made a number of lifestyle changes but still remains very symptomatic and this has been affecting the quality of her life. Based upon her pH and manometry studies, I am concerned that she is possibly not a candidate for anti-reflux surgery and if she did undergo such surgery she may well get a poor outcome. As a result, I have asked Dr Gillespie, who has seen her in the past, to review her and to advise whether or not, in her opinion, she is a good candidate for anti-reflux surgery. I have emphasised to Ms Sullivan that we will try and get all of this arranged as soon as possible and then I will arrange to see her back in clinic.

Yours sincerely

Mr M J Forshaw MA MSc FRCS(Gen)
Consultant Upper Gastrointestinal and General Surgeon

Copy to:

Dr R Gillespie
Consultant Gastroenterologist
Glasgow Royal Infirmary

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
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Glasgow Royal Infirmary
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Glasgow
G31 2ER
Switchboard: 0141 211 4000

VG/EM

Dictated: 30/04/2012
Typed: 02/05/2012

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I reviewed Donna on behalf of Mr Forshaw today. She continues to have an awful lot of problems with epigastric pain, heartburn, nausea, vomiting and bloating. She has tried a whole lot of different medications including lots of different anti-emetics, Ranitidine, high dose Nexium and Gaviscon. She does not feel that they help her symptoms much at all. However, she does say that when she was off PPIs for her manometry her symptoms did actually worsen. She tells me her diet is very poor at the moment as she is sticking to only really milkshakes as she feels this helps with her symptoms. Her weight, despite this, is not reducing. She is also taking Tramadol on a frequent basis for pain as well as regular Senna.

Her recent oesophageal tests show normal oesophageal motility. Her pH scores show a raised DeMeester score of 21.4. However, her symptom correlation with this was only 4 out of a total of 34 episodes of perceived reflux.

After discussion with Mr Forshaw, we feel that given the lack of symptom correlation she probably would not be a good candidate for a fundoplication procedure. I believe her symptoms seem to be more IBS type of functional nature rather than pure reflux. I think it would be advisable to try and get her away from Tramadol and Senna as they certainly may exacerbate the symptoms she is having. I have advised her to try and eat a healthy diet. However, she feels that this is impossible. I am going to refer her to one of the gastroenterologists to see if there is any other advice they can give in terms of her symptom management.

Yours sincerely

Miss Vivienne Gough
Specialist Registrar

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell@ggc.scot.nhs.uk

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

MJF/EM

Dictated: 30/04/2012
Typed: 01/05/2012

Dr Ruth Gillespie
Consultant Gastroenterologist
Glasgow Royal Infirmary

Dear Ruth

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I would be very grateful if you could arrange to see this lady who has been appointed to your clinic in the past. She appears to have a constellation of abdominal symptoms some of which are definitely related to gastro-oesophageal reflux disease but I suspect that there is a strong overlay of irritable bowel syndrome. I am concerned that she would not necessarily be an ideal candidate for anti-reflux surgery and I would very much welcome your opinion.

I enclose a copy of my most recent letter for her.

With many thanks for your help.

Yours sincerely

Mr M J Forshaw MA MSc FRCS(Gen)
Consultant Upper Gastrointestinal and General Surgeon

Copy to:

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell @ggc.scot.nhs.uk

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

FH/EM

Dictated: 06/02/2012
Typed: 07/02/2012

Sister Shona Thomson
Nurse Practitioner G I Physiology
Oesophageal Function Unit
Ward 32, 3rd Floor (old Building) Surgical Block
Glasgow Royal Infirmary
G4 0SF

Dear Shona

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I would be grateful if you could arrange 24 hour pH studies and oesophageal manometry on this lady. I enclose a copy of her clinic letter for your information. We will review her back in Mr Forshaw's clinic once your tests have been completed.

With many thanks for your help.

Yours sincerely

Faisal Hanif
ST7 in Surgery

Copy to:

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell @ggc.scot.nhs.uk

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

FH/EM

Dictated: 06/02/2012
Typed: 07/02/2012

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

I reviewed Miss Sullivan in Mr Forshaw's clinic today. She was given an earlier appointment at your request. She has been having reflux-type symptoms and tells me that she experiences lots of retrosternal burning and she also suffers from reflux and vomiting. In addition she complains of a lot of upper abdominal pain. She has been previously investigated with an ultrasound scan which confirmed the presence of gallstones. She has also had an upper GI endoscopy which showed a 3 cm sliding hiatus hernia but the stomach and duodenum were normal and there was no evidence of oesophagitis.

She is currently on high dose PPI: Nexium, 40 mg bd, Ranitidine 150 mg bd and Domperidone. She tells me that she derives significant benefit from these medications but still gets symptoms.

On clinical examination she had mild tenderness in her epigastrium but the rest of her abdominal examination was unremarkable.

She denies any history of major respiratory or cardiovascular problems and I think, therefore, that we should perform 24 hour pH and manometry studies. Once these have been completed we will review her again in Mr Forshaw's clinic with the results.

Yours sincerely

Faisal Hanif
ST7 in Surgery

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell @ggc.scot.nhs.uk

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

MJF/EM

Dictated: 18/01/2012
Typed: 20/01/2012

Miss Donna Sullivan
187 Commonhead Road
Glasgow
G34 0DS

Dear Miss Sullivan

CHI: 2507706163 - CRN: 20508978K

I have reviewed your case notes following your recent endoscopy. Before arranging to see you in clinic, I think it would be appropriate to arrange a further ultrasound scan. The reason for this is that we need to be absolutely sure you do not have gallstones and the best way for double checking this is to actually repeat the ultrasound again. Once you have had the ultrasound scan I will arrange for you to be seen in the out patient clinic. If you have any queries about this please do not hesitate to contact me.

Yours sincerely

Mr M J Forshaw MA MSc FRCS(Gen)
Consultant Upper Gastrointestinal and General Surgeon

Copy to:

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 OSF
Switchboard:0141~211~4000
Direct Dial: 0141~211~4519
Fax: 0141~211~5659

Oesophageal Clinic
Consultant:
Dr R Gillespie
Consultant Physician & Gastroenterologist
Dr J Winter
Consultant Gastroenterologist
e.mail: mary.doherty@northglasgow.scot.nhs.uk

JW/JR/20508978K

Dict: 16/01/2012
Typed: 17/01/2012

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre, 9 Auchinlea Road, Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan ~ 25/07/1970 ~ CHI: 2507706163
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Donna Sullivan failed to attend her appointment at the Oesophageal Clinic this afternoon (12.1.12). I have not arranged for further review.

Yours sincerely

Jack Winter
Consultant Gastroenterologist

Acute Services Division

Canniesburn Plastic Surgery Unit
DEPARTMENT OF BURNS & PLASTIC SURGERY

Consultant : MR STEPHEN MORLEY

1st Floor
Walton Building
The Royal Infirmary.
Castle Street
GLASGOW G4 0SF
Switchboard : 0141 211 4000
Direct Line: 0141 232 0836
Fax: 0141 211 9356
E-mail address:
Gillian.roberts2@ggc.scot.nhs.uk

NHS Greater Glasgow and Clyde

SM/GR

Date of Clinic: *14/12/2011*
Date Dictated: 14/12/2011
Date Typed: *19/12/2011*

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre, 9 Auchinlea Road, Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Your patient, Donna Sullivan did not attend my outpatient clinic today. I will assume that all is well but should she wish a further appointment please let me know.

Kind regards

Yours sincerely

MR STEPHEN MORLEY, MD FRCS (PLAST)
CONSULTANT PLASTIC SURGEON &
HONORARY SENIOR LECTURER

Acute Services Division

OESOPHAGO-GASTRIC UNIT

Mr M Forshaw
Mr G Fullarton
Mr C K MacKay
Miss C Craig

Secretary: Eileen Mitchell
Tel: 0141 211 4413
Fax: 0141 211 5355
Email: Eileen.Mitchell @ggc.scot.nhs.uk

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Switchboard: 0141 211 4000

EC/EM

Dictated: 23/11/2011
Typed: 25/11/2011

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS

Mrs Sullivan attended today the Endoscopy Unit at the New Stobhill Hospital today for endoscopy following her recent discharge from Glasgow Royal Infirmary under the care of Mr Forshaw. As you know she was admitted with upper abdominal and right upper quadrant pain. An ultrasound scan did not show any evidence of any gallstones or any other abnormalities and an out patient endoscopy has been arranged. She has had some symptomatic relief with Nexium 40 mg bd. However, this has not eliminated her symptoms entirely.

Her endoscopy today showed a 3 cm sliding hiatus hernia but no other abnormalities. I would be grateful if you could continue her on high dose Nexium but also add in Domperidone, 10 mg tid, to see if this helps things. If there is no improvement I would suggest adding in Ranitidine at night. I will arrange that she is reviewed back in Mr Forshaw's clinic in approximately 8 weeks' time.

Yours sincerely

Miss Elizabeth Cannings
ST7 in General Surgery

Acute Services Division

DEPARTMENT OF OTOLARYNGOLOGY AND HEAD AND NECK SURGERY
CASUALTY CLINIC

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS Greater Glasgow and Clyde

Clinic	13/07/2011
Dictated	13/07/2011
Typed	14/07/2011
Your Ref	
Our Ref	NKN/JB
Fax	0141 211 4896

Consultants:

Mr K MacKenzie
Mr G W McGarry
Mr I R C Swan
Mr O Hilmi

Dr John Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
187 Commonhead Road Glasgow G34 0DS

This lady was reviewed following an alleged assault four days ago. She describes someone pressing their thumb over her neck in the region of the thyroid cartilage. Since then she has had hoarseness and found it uncomfortable to swallow, but this is now all improving. She is able to eat and drink liquids and solids and has no respiratory difficulties or neck pain.

On examination the patient looked well but was mildly hoarse. Examination of the neck revealed minimal tenderness in the region of the thyroid cartilage which appeared intact without any surgical emphysema, abnormal masses, cervical lymphadenopathy. The oral cavity was clear and flexible nasolaryngoscopy revealed symmetrical normal looking mobile vocal cords without any abnormal lesions. The remainder of the pharynx also appeared normal.

I have given advice to the patient and arranged for her to be reviewed again. Should there be any concerns beforehand please do not hesitate to contact us.

With kind regards.

Yours sincerely

DR N KOO NG
ST4 IN ENT

Outstanding results:

Surgical Specialties
Consultant Ophthalmologists: Dr B.H Browne
Dr D M Montgomery
Dr D Yorston

Department of Ophthalmology
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER
Secretary's Direct Line **0141 211 5542**
Reception Direct Line **0141 211 4713**
Fax Number **0141 211 1220**

Secretary's e-mail address: Moira.Summers@ggc.scot.nhs.

Our Ref: D

Dictated: 31/12/2010
Typed: 27/01/2011

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan, 187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS
D.o.B: 25/07/1970 – CHI: 2507706163 – Hospital No: 20508978K

This woman has failed to attend her Eye Clinic appointment on two occasions.

No further appointment will be sent unless you request it.

Yours sincerely

D Yorston
Consultant Ophthalmologist

Surgical Specialties
Consultant Ophthalmologists: Dr B H Browne
Dr D M Montgomery
Dr D Yorston

Department of Ophthalmology
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER
Secretary's Direct Line 0141 211 5542
Reception Direct Line 0141 211 4713
Fax Number 0141 211 1220

Secretary's e-mail address: Moira.Summers@ggc.scot.nhs.

Our Ref: DY/WDM/20508978K

Dictated: 31/12/2010
Typed: 27/01/2011

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Goldie

Donna Sullivan, 187 Commonhead Road, Glasgow, Lanarkshire, G34 0DS
D.o.B: 25/07/1970 – CHI: 2507706163 – Hospital No: 20508978K

This woman has failed to attend her Eye Clinic appointment on two occasions.

No further appointment will be sent unless you request it.

Yours sincerely

D Yorston
Consultant Ophthalmologist

Acute Services Division

GENERAL MEDICINE
(Wards 4/5)

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic	01/05/2007
Dictated	01/05/2007
Typed	15/05/2007
Your Ref	
Our Ref	JT/IW

Dr K R Paterson
(0141 211 4917)
Dr M Fisher
(0141 211 4182)
Dr C Perry
(0141 211 4969)

Dr John Goldie
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ

Dear Dr Goldie

Donna Sullivan - 25/07/1970 - CHI: 2507706163 - CRN: 20508978K
1 Brodie Gardens, Baillieston, Glasgow, G69 6BQ

The above lady has failed to attend our Medical Clinic several times now. I: have sent her no further appointment.

Yours sincerely

J TRAYNOR
Specialist Registrar

Final Discharge Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department: General Medicine
Contact Tel: 0141 201 6655
Enquiries to: Megan.Kelly3@nhs.scot
Letter Date: 06/03/2026
Reference: SH/MK
Dictated Date: 05/02/2026
Transcribed Date: 05/02/2026

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Admission: Specialty - General Medicine; Ward - GRI Ward 50 MR Respiratory
Consultant - Dr Sheharyar Hanif; Date of Admission - 26/01/2026
Date of Discharge - 27/01/2026; Discharged to - Private Residence - no additional detail added

Follow Up: OP colonoscopy

Clinical Comments:

Mrs Sullivan was admitted to GRI with chest pain, nausea and diarrhoea.

BG: HTN, T2DM, NAFLD, angina with non-obstructive CAD, meningioma, UC, coeliac, sleep apnoea, fibromyalgia and proctitis.

Investigations: ECG SR. CXR and AXR nil obvious acute. Inflammatory markers and troponin negative. Urine culture awaited.

Impression: gastroenteritis, symptoms resolved prior to discharge.

Medications as below. Hypotensive during admission so anti-hypertensives withheld, please consider if these should be re-started while in community. Laxatives withheld given acute symptoms please re-start these in 3-4 days.

Many thank for ongoing care of this patient.

Sara McKitterick - FY1

.....

Final comments:

Group B streptococcus in urine culture on 26/01/26, CRP was normal with no symptoms, I can see subsequent urine culture was negative on 20/02/26. No treatment needed until patient has signs of infection.

Yours sincerely,

Dr Sheharyar Hanif

Consultant Physician

Electronically Signed: ,

cc.

Final Discharge Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Stroke Ward
Contact Tel:	0141 451 5199
Enquiries to:	Marion.Cramb@nhs.scot
Letter Date:	03/03/2025
Reference:	SO/MC
Dictated Date:	28/02/2025
Transcribed Date:	03/03/2025

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Admission: Specialty - General Medicine; Ward - GRI Ward 53 MR D.O.M.E / Stroke
Consultant - Dr Laura Duffy; Date of Admission - 21/02/2025
Date of Discharge - 22/02/2025; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Immediate Discharge Letter comments:

Thank you for taking over the continuing care of Mrs Donna Sullivan who was admitted to the GRI on the 21/02/2025 with a headache

BG: Meningioma, seizures, HTN, IHD, Bronchiectasis, T2DM, NAFLD, Migraine, UC Proctitis

Investigations:

Blood investigations on admission revealed hypokalaemia

CT Head 20/02- No acute intracranial abnormality.

MRI Spine Lumbar/Sacral 21/02- Suspected very subtle small recurrent right subarticular disc protrusion at L4-L5 with

contact of the transiting right L5 nerve root predisposing to neural irritation. Static appearances within the left L4-L5 lateral recess and elsewhere. No major central spinal canal stenosis is demonstrated.

On admission she was found to have difficulty swallowing, headache and numbness on the left side of the face, she

was then reviewed by the stroke team who deemed that her symptoms and findings were not consistent with CVA.

The orthopaedic team reviewed her and will arrange further OP follow up with orthopaedic spinal team.

Mrs Sullivan made good recovery in the ward and was discharged on the 22/02/2025 with worsening advice and

analgesia.

Follow up:

Orthopaedic OP follow up arranged

Discharge Comments:

Follow Up: Yes

Orthopaedic OP f/u

Final Discharge Letter to Follow: Yes

Final Discharge Letter comments:

I did not feel Mrs Sullivan's presentation, with difficulty swallowing and left sided weakness were in keeping with a stroke. When I was taking a history from Mrs Sullivan, she was able to move her left arm freely, but when I formally assessed her, the power was reduced. I note she had a similar admission in December 2024.

I explained to her, that her CT head did not show any signs of a stroke and I felt that the left sided weakness would improve.

We have referred her to the Orthopaedic Team due to the results of her MRI spine. She does give a history of sciatic pain down that right leg.

Kind regards

Yours sincerely

Dr Sinead Oxley

Consultant Physician in Stroke Medicine

Electronically Signed: Dr Sinead Oxley, Consultant

cc.

Final Discharge Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Respiratory Medicine
Contact Tel:	0141 201 5340
Enquiries to:	Mariann Cameron
Letter Date:	11/03/2025
Reference:	HB/LP
Dictated Date:	07/02/2025
Transcribed Date:	27/02/2025

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Admission: Specialty - General Medicine; Ward - GRI Ward 50 MR Respiratory
Consultant - Dr Hannah Bayes; Date of Admission - 06/02/2025
Date of Discharge - 07/02/2025; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Dear Doctor,

Donna Sullivan is a 54 y/o lady who presented to hospital with sharp chest pain that radiated to her left shoulder.

BG: NAFLD, T2DM, bronchiectasis, IHD, HTN, hypercholesterolaemia, meningioma, seizures

Trop: <4

D-dimer: 150

ECG: no new changes

CXR: normal

Her pain resolved with administration of co-codamol. On examination, the pain was elicited upon palpation of chest wall.

which pointed towards MSk pain.

She was deemed safe for home with worsening advice.

Thank you for your ongoing care,

GRI Ward 50

Respiratory receiving

FINAL COMMENTS: See IDL for list of medications

Nil to add

Yours sincerely

DR HANNAH BAYES

Consultant Respiratory Physician

Electronically Signed: Dr Hannah Bayes, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	Cardiology
Contact Tel:	0141 201 3824
Enquiries to:	Donna Sharpe
Letter Date:	18/11/2024
Reference:	AS/RM
Dictated Date:	03/11/2024
Transcribed Date:	08/11/2024

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
8 Millennium Gardens, Glasgow, G34 9HH

Admission: Specialty - Cardiology; Ward - GRI Ward 43A Cardiology Receiving Consultant - Professor Mark Petrie; Date of Admission - 03/10/2024
Date of Discharge - 07/10/2024; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:
Dear Doctor,

Donna Sullivan is a 54 yo lady who presented on 3/10 with chest pain and worsening SOB on exertion over a few weeks.

Pain is GTN responsive.

PMHx T2DM, HTN, NAFLD. FHx of CAD. Ex-smoker.

CTPA showed moderate coronary artery calcification.

Imp: Exertional angina.

Bisoprolol increased to 5mg OD, started amlodipine 5mg OD, dapa 10mg OD .

For outpatient urgent angiography/PCI.

Thank you for your continued care,

GRI Ward 43A

FINAL COMMENTS - see IDL for list of medications

Dear Doctor,

This 54 year old lady with a background of type 2 diabetes, hypertension, ex smoker and a family history of coronary artery disease was admitted with six weeks history of exertional chest pain on a crescendo nature that culminated with some episodes of resting pain at rest. These were reported to be GTN responsive.

Her ECG showed sinus rhythm, a heart rate 101 beats per minute with no ST/T changes and her bloods demonstrated a negative troponin and a negative D-dimer.

She was exercised as an inpatient with a full Bruce, however, she only managed 3minutes 30seconds and it was stopped due to fatigue and breathlessness, not achieving the maximum predictable heart rate, therefore, it was an inconclusive test.

She was given prognostic medication, which includes Aspirin and Atorvastatin and had her antianginals increased, which included her beta-blocker and Isosorbide Mononitrate, remaining pain free during the rest of her inpatient stay. She had a non gaited CTPA the month before that showed some moderate coronary artery calcification.

Given her typical anginal pain, which is crescendo in nature, with risk factors and coronary artery calcification, she falls in the high risk category for possible obstructive coronary disease, therefore, she was discharged with early outpatient invasive coronary angiogram. This has been requested on the 7 October prior to discharge.

No Cardiology follow up arranged.

Yours sincerely

Dr Angelo Santos

ST6, Cardiology

Electronically Signed: Dr Angelo Santos, Doctor

cc.

Final Discharge Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	0141 211 4000
Department:	General Medicine
Contact Tel:	0141 211 4000
Enquiries to:	
Letter Date:	04/04/2023
Reference:	DM/MK
Dictated Date:	30/03/2023
Transcribed Date:	30/03/2023

Dear Dr. SJ Colling,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH

Admission: Specialty - General Medicine; Ward - GRI Ward 50/51 MR General Medicine
Consultant - Dr David McCarey; Date of Admission - 19/02/2023
Date of Discharge - 20/02/2023; Discharged to - Private Residence - no additional detail added

Follow Up: Referral to the allergy clinic

Clinical Comments:
Diagnosis: allergy and unexplained neurological symptoms.

Treatment: antihistamines.

Follow up: referral to the allergy clinic.

This 52 year old was admitted to general medicine after her sister phoned an ambulance worried her mother was having

a stroke. She had sudden onset left sided facial droop and slurred speech whilst on FaceTime. On examination by the ED team, she was found to have a left sided reduction in sensation in CNV. She also had some angioedema of the lips,

noticed in the emergency department and on the ward.

Her past medical history includes meningiomas, microdiscectomy in Oct 2022, secondary epilepsy, migraine, T2DM and

fibromyalgia. CT brain showed nothing acute. She was reviewed by the stroke consultant who did not think that there was a need for further imaging.

Dr Drew McMichael

Acute Medicine FY1

.....

Final comments:

Nil to add.

Dr David McCarey

Consultant Physician

Electronically Signed: Dr David McCarey, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 07/02/2019
Reference:
Dictated Date: 06/02/2019
Transcribed Date:

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Admission: Specialty - Gastroenterology; Ward - GRI Ward 8 Gastroenterology/General Medicine
Consultant - Dr Neil Lachlan; Date of Admission - 19/11/2018
Date of Discharge - 24/11/2018; Discharged to - Private Residence - living alone

Clinical Comments:

Thank you for your ongoing care of Donna Sullivan, a pleasant 48 year old lady who was admitted to GRI on 19/11/18.
Issues: Probable seizure
Past medical history: Sagittal meningiomas, Migraine, Epilepsy, T2DM
Summary of admission:
Ms Sullivan was admitted following an episode where she blacked out. This happened after feeling generally unwell for a few days and she found she had bitten her tongue and felt confused afterwards. Examination revealed some reduced power and sensation on her right hand side and some right upper quadrant abdominal tenderness. Admission bloods were reassuring. The blackout episode was treated as a possible seizure and she had an MRI head which showed no new focal abnormalities. Whilst in hospital Ms Sullivan continued to report abnormal neurological symptoms including weakness in her right arm associated with dropping things and her family reported increased confusion and memory issues. She was reviewed by neurology who felt some of these symptoms could be attributed to her levitaracetam and so have changed her to lamotrigine. Whilst an inpatient Ms Sullivan reported episodes of anxiety and at times palpitations. She had an ECG done which showed a prolonged QTC and so a decision was made to stop her amitriptyline. A repeat ECG showed a slight improvement on her QTc however we have stopped the amitriptyline for the time being. We have requested a 24hour ECG to follow up on this which will be done as an outpatient.
Please be advised that neurology have provided a detailed plan for switching the levitaracetam to lamotrigine which I have explained at the bottom of this letter. If Ms Sullivan reports any rash once the lamotrigine has been started then the drug must be stopped.
Any questions please contact ward 8, GRI.
Kind regards,
Florence Hibbert (FY1)
Lamotrigine dosing:
Week 1,2 - 25mg alternate days

Week 3,4 - 25mg at night
Week 5,6 - 25mg twice a day
Week 7,8 - 25mg morning, 50mg at night
Week 9,10 - 50mg twice a day
Week 11,12 - 50mg morning, 75mg at night
Week 13,14 - 75mg twice a day
Once Ms Sullivan is on the 75mg twice a day of lamotrigine her levitaracetam can be reduced by 500mg every 2 weeks. If seizures occur whilst on lamotrigine then the dose can be increased up to 2 further increments of 25mg at intervals of more than 2 weeks.

Electronically Signed: Dr Neil Lachlan, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Stroke
Contact Tel: Secretary: 0141 211 4897
Enquiries to: sharon.murphy2@ggc.scot.nhs.uk

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Letter Date: 22/05/2018
Reference: TQ/SM
Dictated Date: 11/05/2018
Transcribed Date: 15/05/2018

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Admission: Specialty - General Medicine; Ward - GRI Ward 53 MR D.O.M.E / Stroke
Consultant - Dr Terry Quinn; Date of Admission - 03/05/2018
Date of Discharge - 04/05/2018; Discharged to - Private Residence - no additional detail added

Follow Up: None Stroke

Clinical Comments:

Diagnosis:
1. Meningioma
2. Seizure disorder
3. Migraine
4. Diabetes mellitus - Insulin requiring
5. Depression
6. Previous admission with right sensory motor symptoms - attributed to migraine or seizure

change to Medication: Nil
Investigations Pending: Ultrasound of upper limb
Follow-up: Re-referred to Neurology Service

This lady with a history of difficult to control seizures was admitted with lethargy and confusion. I note a recent increase in her Epilim. In the context of this she had an episode of retro orbital headache with some spreading right sided paraesthesia. This was resolved by the time I saw her. I see she has had previous admissions with similar.

CT brain showed meningiomas as per previous neuroimaging. She was kept over night and was well. The plan had been to discuss with neurology. From what I can see the advice given was to be re-referred to Neurology Services and this has been performed. She will be followed up by then.

During her admission she complained of a lesion on her forearm. She did not volunteer this to me and I have not examined the lesion. I see that an ultrasound has been requested although it was felt that the lesion was benign. If the report of this ultrasound comes to me I will forward it to you.

I am not planning any follow-up.

Yours sincerely

Dr Terry Quinn

Senior Lecturer and Honorary Consultant in Stroke

Electronically Signed: Dr Terry Quinn, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	General Medicine - Ward 3
Contact Tel:	0141-211-4971
Enquiries to:	enis.johnston@ggc.scot.nhs.uk
Letter Date:	12/09/2017
Reference:	AH/EJ
Dictated Date:	11/09/2017
Transcribed Date:	11/09/2017

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Admission: Specialty - General Medicine; Ward - GRI Ward 3 Diabetes Endocrinology/General Medicine
Consultant - Prof Gerard McKay; Date of Admission - 31/07/2017
Date of Discharge - 04/08/2017; Discharged to - Private Residence - no additional detail added

Follow Up: MRI Head Results

Clinical Comments:
This 47year old patient was admitted to the GRI on 31/7/17.

PC: Weakness in right arm and pins and needles in right arm, leg and face.

Background: Multiple meningioma, numbness in left leg, on going ear pain, dizziness and headache, T2DM, diverticulosis.

Clinical course: Donna was admitted and a CT head was performed. This showed no acute changes. An MRI was performed on 04/08/17 and the results from this are pending. Donna will be contacted by the department for these results and any follow up if necessary will be arranged. She remained stable during her admission and we feel that she is currently fit for discharge. She is awaiting pre-arranged outpatient appointments with ENT regarding her ear pain and dizziness. She also has a pre-arranged appointment with the spinal team to investigate her left leg numbness.

Follow-up: Donna will be contacted her pending MRI scan results. If any action is required, appropriate follow up will be arranged. She has an appointment with neurology scheduled for December 2017 at present.

Many thanks for your on-going care of this patient. Please contact the team if you require ay further information.

Kind Regards,

M Watters FY1 Ward 3

FINAL COMMENT:
MRI results available - unchanged since the previous scan, no change to account for patient's new symptoms.. Follow-up in place as above.

Nil else to add to immediate discharge letter.

ANNA HAMILTON

GPST2

Electronically Signed: Dr Anna Hamilton, Doctor

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:	
Department:	General Medicine
Contact Tel:	0141 211 5719
Enquiries to:	jean.cairney@ggc.scot.nhs.uk
Letter Date:	14/08/2017
Reference:	DC/JC
Dictated Date:	04/08/2017
Transcribed Date:	04/08/2017

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Admission: Specialty - General Medicine; Ward - GRI Ward 46 Head Injury/General Medicine
Consultant - Dr David Colville; Date of Admission - 12/07/2017
Date of Discharge - 12/07/2017; Discharged to - Private Residence - living with relatives or friends

Follow Up: ENT

Clinical Comments:
Diagnoses:

1. Possible labyrinthitis

2. known Meningiomas

Your patient Mrs Sullivan was admitted due to recurrent episodes of dizziness which resulted in a fall at home. She denies any loss of consciousness and says that her symptoms are very similar to those that she has had for a long period of time. She has known meningiomas and has attended London for a second opinion and is awaiting further MDT discussion. I believe that she has also been referred to ENT to review her regarding possible concurrent labyrinthitis. At the time of review, she was asymptomatic and very keen for home. I have therefore discharged her with no medical follow-up in place as she will be seen by ENT and we have copied the discharge letter to the neurosurgeons to inform them of her admission.

Yours sincerely,

Dr David Colville

Consultant Physician Acute Medicine

Electronically Signed: Dr David Colville, Consultant

cc. Neurosurgeons
Centre Block
Glasgow Royal Infirmary

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 03/05/2017
Reference:
Dictated Date: 03/05/2017
Transcribed Date:

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Admission: Specialty - Diabetes; Ward - GRI Ward 4 General Medicine
Consultant - Dr James Graham Boyle; Date of Admission - 03/04/2017
Date of Discharge - 12/04/2017; Discharged to - Private Residence - no additional detail added

Follow Up: GP to check U&Es in 2 weeks. Diabetes outpatient clinic in 4 weeks.

Clinical Comments:
Dear Doctor,

Presenation: Hyperglycaemia; Reduced Visual Acuity; Headache.

This 46 year old lady was admitted to GRI via AAU on 3/4/17 with a week history of malaise, polydipsia and polyuria, with some loin pain when passing urine.

Over a few days prior to admission, she developed rigors, frontal headache and deterioration in her vision, which she visited her optician for. Ms Sullivan was found to have significantly worsened visual acuity, from 6/9 to 6/30 on admission. Her blood sugar was 18.5, HbA1c 53 and Triglycerides 6.1 and she was also found to have a mild transaminitis.

Ms Sullivan is known to have meningiomas, with neurosurgery planned for September '17. There was no obvious neurological signs found on admission, but a CT brain was performed, which revealed nil acute.

Ms Sullivan has clinically improved since being admitted and has been started on Metformin and Gliclazide, which improved her vision as her blood sugar was controlled. She is due to be reviewed as an outpatient at the diabetic clinic in 4 weeks after discharge, with a view to reviewing whether gliclazide is still indicated.

In addition to the above, Ms Sullivan's serum sodium was low at 132 after reintroducing her Bendroflumathiazide and it may be beneficial to the patient if she had this rechecked as an outpatient in 2 weeks.

She is therefore fit for discharge back into your care.

Kind regards,
Dr T Kane (FY1).

FINAL COMMENTS
Nil to add

Yours Sincerely,
Dr David Omoregie
Clinical Fellow, FY2

Electronically Signed: ,

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 23/01/2017
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Admission: Specialty - General Medicine; Ward - GRI Ward 28 Rheumatology/General Medicine
Consultant - Dr Ravi Jamdar; Date of Admission - 28/11/2016
Date of Discharge - 02/12/2016; Discharged to - Private Residence - living with relatives or friends

Diagnosis:
Headache (ICD10: R51.X)

Follow Up: as per neuro 22nd December

Clinical Comments:
This 46 year old lady with known multiple meningiomas was admitted with 9/10 headache. CT head showed no changes from previous imaging. Pitzofen and amlodipine have been stopped, amitriptyline has been increased. Headache has improved to 5/10. She is discharged home. She has neurology follow up on the 22nd December.
FDL comments: Donna attended her neurology appt on 22/12 who have made changes to her medications and have on going follow up in Feb 2017
Kind regards
Sharyl Alexander
GPST

Electronically Signed: Dr David McCarey, Consultant

cc.

Final Discharge Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Acute Assessment Unit
Contact Tel: 0141 211 5719
Enquiries to: jean.cairney@ggc.scot.nhs.uk

Letter Date: 24/02/2017
Reference: RJ/JC
Dictated Date: 24/02/2017
Transcribed Date: 24/02/2017

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr. JG Goldie,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

Admission: Specialty - General Medicine; Ward - GRI Ward 46 Head Injury/General Medicine
Consultant - Dr Ravi Jamdar; Date of Admission - 05/11/2016
Date of Discharge - 06/11/2016; Discharged to - Private Residence - no additional detail added

Follow Up: none

Clinical Comments:
Further to the IDL;

Nil to add

Dr Ravi Jamdar

Consultant Physician

Electronically Signed: ,

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 24/08/2015
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. KA Lindsay,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
5 Duntarvie Place, Flat 0/2, Glasgow, G34 9JB

Admission: Specialty - General Medicine; Ward - GRI Ward 15 Rheumatology/General Medicine
Consultant - Dr Eric Livingston; Date of Admission - 12/08/2015
Date of Discharge - 14/08/2015; Discharged to - Private Residence - living with relatives or friends

Follow Up: Awaiting haematinics. Will contact patient and GP if follow up required.

Clinical Comments:
Donna Sullivan is a 45year old lady who presented to GRI A&E on 12/8/15 with SOB, chest tightness and nausea. She described waking and experiencing increasing chest tightness associated with sharp, painful spasms radiating to her L shoulder, sweating, SOB and nausea. She reported no previous episodes and this was not like any previous dyspepsia episodes.
She has a PMHx of diverticular disease, anxiety/depression, haemorrhoids and previous UTIs. She also has a Mirena coil insitu
On admission her troponin was not raised, CXR NAD, FOB negative, ECG NAD. She has been taking diet and reporting sleeping well since being on the ward. She disclosed working long hours covering 3 jobs, which certainly presents a stressor in her life. Her Hb was noted to be 101, however this was not too dissimilar to her levels in 2014 and she reported known bleeding from haemorrhoids which she has previously been seen by the general surgeons for. Heamatinics were taken, however not reported at the time of writing. We shall contact Ms Sullivan and her GP if any follow up is required once these are reported. An ETT showed a normal resting ECG, resonable BP and HR response to exercise and no chest pain or arrhythmias noted.
Ms Sullivan is now fit enough to be discharged home.

Final Comments:

Unfortunately Ms Sullivans haematinics were not processed by the laboratory. I would be grateful if her GP could repeat these in due course.
Kind regards
Pollie Humberstone
CT1 GRI ward 15

Electronically Signed: Dr Rajan Madhok, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 24/08/2015
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. KA Lindsay,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
5 Duntarvie Place, Flat 0/2, Glasgow, G34 9JB

Admission: Specialty - General Medicine; Ward - GRI Ward 15 Rheumatology/General Medicine
Consultant - Dr Eric Livingston; Date of Admission - 12/08/2015
Date of Discharge - 14/08/2015; Discharged to - Private Residence - living with relatives or friends

Follow Up: Awaiting haematinics. Will contact patient and GP if follow up required.

Clinical Comments:
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She has a PMHx of diverticular disease, anxiety/depression, haemorrhoids and previous UTIs. She also has a Mirena coil insitu
On admission her troponin was not raised, CXR NAD, FOB negative, ECG NAD. She has been taking diet and reporting sleeping well since being on the ward. She disclosed working long hours covering 3 jobs, which certainly presents a stressor in her life. Her Hb was noted to be 101, however this was not too dissimilar to her levels in 2014 and she reported known bleeding from haemorrhoids which she has previously been seen by the general surgeons for. Heamatinics were taken, however not reported at the time of writing. We shall contact Ms Sullivan and her GP if any follow up is required once these are reported. An ETT showed a normal resting ECG, resonable BP and HR response to exercise and no chest pain or arrhythmias noted.
Ms Sullivan is now fit enough to be discharged home.

Final Comments:

Unfortunately Ms Sullivans haematinics were not processed by the laboratory. I would be grateful if her GP could repeat these in due course.
Kind regards
Pollie Humberstone
CT1 GRI ward 15

Electronically Signed: Dr Rajan Madhok, Consultant

cc.

Generic general letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Gastroenterology Coordinator
Dept of Health Records
G/F
QEB
GRI

Main Switchboard:	0141 211 4000
Department:	Gastroenterology
Contact Tel:	
Enquiries to:	
Letter Date:	19/09/2016
Reference:	RG/CB
Dictated Date:	15/09/2016
Transcribed Date:	16/09/2016

Dear ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

This lady had an appointment at my Liver Clinic today. She turned up 20 minutes early for her appointment and apparently left before being seen because she 'could not be bothered to wait any longer'. I do not think she needs to be reappointed as enclosed.

Yours sincerely

Ruth Gillespie
CONSULTANT GASTROENTEROLOGIST

Enc

Electronically Signed: Dr Ruth Gillespie, Consultant

cc.

Generic general letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Gastroenterology Coordinator
Dept of Health Records
G/F
QEB
GRI

Main Switchboard:	0141 211 4000
Department:	Gastroenterology
Contact Tel:	
Enquiries to:	
Letter Date:	19/09/2016
Reference:	RG/CB
Dictated Date:	15/09/2016
Transcribed Date:	16/09/2016

Dear ,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
1 Corsehill Path, Glasgow, G34 0PJ

This lady had an appointment at my Liver Clinic today. She turned up 20 minutes early for her appointment and apparently left before being seen because she 'could not be bothered to wait any longer'. I do not think she needs to be reappointed as enclosed.

Yours sincerely

Ruth Gillespie
CONSULTANT GASTROENTEROLOGIST

Enc

Electronically Signed: Dr Ruth Gillespie, Consultant

cc.

Generic general letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr Melanie Brewis
Acting Consultant Respiratory Physician
Respiratory Department
Glasgow Royal Infirmary

Main Switchboard:
Department: ENT
Contact Tel: 0141 211 0484
Enquiries to: sadie.sweeny@ggc.scot.nhs.uk
Letter Date: 01/06/2016
Reference: GM/AM
Dictated Date: 25/05/2016
Transcribed Date: 31/05/2016

Dear Dr Brewis,

Donna Sullivan; D.O.B: 25/07/1970; CHI: 2507706163
0/2 5 Duntarvie Place, Glasgow, G34 9JB

Thank you for referring this patient and I note her history of unexplained cough and breathlessness. She has also had episodes of dysphonia but tells me her voice is better recently. She has no dysphagia, no pharyngeal pain, no red flags as such.

Examination of her upper aerodigestive tract was entirely normal. Her neck was normal to palpation, oral cavity was normal and fibreoptic endoscopy showed no evidence of any abnormality in the larynx or pharynx. I got a good view down to the third tracheal ring through normal mobile cord. Therefore, I am afraid I have been unable to explain this patient's symptoms but on the positive side she does not appear to have anything nasty going on in her upper aerodigestive tract.

I have reassured and discharged her.

Kind regards.

Yours sincerely

Professor G McGarry

Electronically Signed: Mr Gerald Mcgarry, Consultant

cc. Dr Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow

G34 9HQ

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 04-Mar-2026

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
21-Feb-2026 18:25	IP	04-Mar-2026	

Specialty	Consultant	Ward	Telephone
General Surgery	Quinn	GRI Ward 65 General Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Shi Yun Joan Liew (Shi Yun Joan Liew - FY1 AUGUST 2025) on 04 Mar 2026 10:29

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Peakhealth pharmacy 0141 773 2003					
Amitriptyline Hydrochloride 10 mg Tablets	oral	ONE TO BE TAKEN IN THE EVENING,	Yes		**Drug Details:** The tablets can be crushed and dispersed in water if needed for swallowing difficulties.	Y	Amended
Bisoprolol Fumarate 5 mg Tablets	oral	ONE TO BE TAKEN EACH DAY,	Yes		**Drug Details:** The tablets can be crushed and dispersed in water if needed for swallowing difficulties.	Y	Amended
Cetirizine Hydrochloride 10 mg Tablets	oral	ONE TO BE TAKEN EACH DAY,	Yes		**Drug Details:** Can swallow small tablet.	Y	Amended
Co-Codamol 30/500 Tablets	oral	TWO TABLETS FOUR TIMES DAILY FOR MSK PAIN,	Yes		**Drug Details:** Patient halves the tablets and swallows the two halves separately.	Y	Amended
Colecalciferol 1,000unit tablets	oral	TAKE ONE TABLET DAILY,	Yes		**Drug Details:** can swallow small tablets	Y	Amended
Dapagliflozin 10mg tablets	oral	ONE TO BE TAKEN EACH DAY,	Yes			Y	
Diclofenac diethylammonium 2.32% gel	topical	when required Apply 3 times daily,				Y	
Duloxetine 60 mg Gastro-resistant Capsules	oral	1 tablet twice daily , at 9am and 6pm	Yes		**Drug Details:** The capsules can be opened and their contents mixed with apple juice or apple sauce for administration for swallowing	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					difficulties. Do not chew/crush.		
Famotidine 40 mg Tablets	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,	Yes		**Drug Details:** The tablets can be crushed and mixed with water for administration if swallowing difficulties.	Y	Amended
Ferrous Fumarate 210 mg Tablets	oral	ONE TO BE TAKEN DAILY,	Yes		**Drug Details:** takes at night. Can swallow small tablet.	Y	Amended
Generic Ensure liquid	oral	1 dose three times daily					Added
Gliclazide 40mg tablets	oral	ONE TABLET IN THE MORNING AND AT TEATIME.	Yes		**Drug Details:** Crush the tablets well (as the drug is practically insoluble) and mix with water or orange juice for administration if swallowing difficulties.	Y	
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	2 doses when required					
Hyoscine butylbromide 10mg tablets	oral	2 tablets four times daily , Can swallow small tablet.	Yes				Added Amended
Isosorbide mononitrate 50mg modified-release capsules	oral	1 DAILY DISPENSE WEEKLY,	Yes		**Drug Details:** Patient aware capsules cannot be open, will swallow them whole.	Y	Amended
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	Prescribed 3 sachets twice daily but takes one at lunchtime and 2 at bedtime (3 sachets total throughout the day).					

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Levetiracetam 100mg/ml oral solution sugar free	oral	750 mg twice daily , morning and teatime	Yes				Added
Lidocaine 700 mg (5 %) Medicated Plaster	oral	APPLY ONE PATCH EVERY 12HOURS 12 HOURS ON AND 12HOURS OFF,			**Drug Details:** back	Y	
Metformin Hydrochloride 500 mg Tablets	oral	ONE TO BE TAKEN TWICE DAILY MORNING AND TEATIME,	Yes		**Drug Details:** Patient hales the tablets and takes the two halves separately.	Y	Amended
Naloxegol 25mg tablets	oral	1 tablet once daily , Can swallow small tablet.	Yes				Added Amended
Omeprazole 20mg dispersible gastro-resistant tablets	oral	2 tablets twice daily	Yes				Added Amended
Pramipexole dihydrochloride 125 micrograms (88 micrograms base) Tablets	oral	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY,	Yes		**Drug Details:** takes at tea time. Can swallow small tablet.	Y	
Pramipexole dihydrochloride 250 micrograms (180 micrograms base) Tablets	oral	TAKE ONE TABLET AT NIGHT 2-3HOURS BEFORE BEDTIME,	Yes		**Drug Details:** teatime on hepma. Can swallow small tablet.	Y	Amended
Pregabalin 100mg capsules	oral	1 capsule twice daily , Open the capsules and dissolve the contents in water for administration if swallowing difficulties. Unpleasant taste.	Yes		**Drug Details:** 14 (fourteen) capsules		
Rosuvastatin 20 mg Tablets	oral	TAKE ONE TABLET AT NIGHT,	Yes		**Drug Details:** The tablets can be crushed and mixed with water or soft food for administration if swallowing difficulties.	Y	Amended

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Senna 7.5 mg Tablets	oral	TAKE TWO TABLETS AT NIGHT,	Yes		**Drug Details:** can swallow small tablets	Y	Amended
Sodium valproate 200mg/5ml oral solution	oral	200 mg four times daily , changed MR to IR preparation: same daily dose but frequency increased based on GGC epilepsy NBM guideline	Yes			Y	Amended
Sucralfate 1 gram Tablets	oral	TAKE TWO TABLETS TWICE DAILY MORNING AND NIGHT,	Yes		**Drug Details:** Patient will half the tablets to help with swallowing. If unable to swallow, I advised to disperse in water for administration.	Y	Amended
Venlafaxine 75mg tablets	oral	Take 1 tablet in the morning and 2 tablets at night	Yes		**Drug Details:** Crush tablets and take with jam if swallowing difficulties.	Y	Amended
Zopiclone 7.5 mg Tablets	oral	when required ONE TO BE TAKEN AT NIGHT,	Yes		**Drug Details:** takes PRN	Y	Amended

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

Withheld Medication:

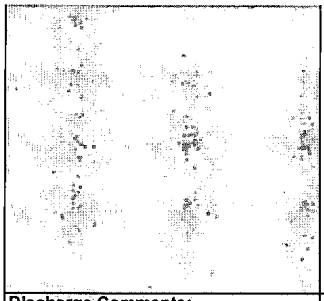
Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2026-03-04	Amlodipine 5mg tablets	oral	TAKE ONE TABLET ONCE DAILY,		Hypotensive during admission
2026-03-04	Bendroflumethiazide 2.5 mg Tablets	oral	TAKE ONE TABLET DAILY,		Hypotensive during admission

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-03-04	Cyclizine 50 mg Tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY,		Patient improved
2026-03-04	Diazepam 2mg tablets	oral	1 tablet three times daily when required Patient reports taking PRN but note no acute prescription since Aug 2025.		Stopped before admission
2026-03-04	Dihydrocodeine 30mg tablets	oral	1 tablet three times daily when required		d/w patient, not needed as on regular co-codamol
2026-03-04	Esomeprazole 40mg gastro-resistant capsules	oral	TAKE ONE CAPSULE TWICE DAILY,		changed to omeprazole as IP
2026-03-04	Famotidine 40 mg Tablets	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,		Duplicate
2026-03-04	Levetiracetam 750 mg Tablets	oral	TAKE ONE TABLET TWICE DAILY MORNING AND TEATIME,	takes 2 at night.	patient preference, changed to liquid

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Mrs Donna Sullivan was admitted to GRI on 21/2/26 with 2/7 of lower abdo pain. PMHx: coeliac disease, diverticulosis Ix: - CT: no obstructing lesion, distended stomach suggesting gastric outflow obstruction

	- OGD: foodstuffs in stomach, pyloric inflammation causing narrowing. NJ inserted. The NJ has been removed and Mrs Sullivan is fit for discharge with Ensures TDS and a sloppy food diet. Med Rec: - Omeprazole 40mg BD F/u: - Appt in Miss Craig's clinic in 6 weeks Thank you for your ongoing support in the community. Kind Regards, GRI Ward 65
Discharge Comments:	
Follow Up:	Yes - Appt in Miss Craig's clinic in 6 weeks
Results Awaited:	Yes . Biopsies of pylorus
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Shi YUN JOAN LIEW

Prescription Review
Medications reviewed by pharmacist: Andreea Croitoru (Pharmacist)
Checked by: Jacqueline CAMPBELL3 (pharmacy technician)
Discharged by: Niamh MORGAN (Nurse)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Sheharyar HANIF, 02-Mar-2026 12:46
FDL:
Group B Streptococcus IN URINE CULTURE on 26/01/26, crp was normal with no symptoms, I can see subsequent urine culture was negative on 20/02/2026. No treatment neede until patient has signs of infection.

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 03-Feb-2026

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
26-Jan-2026 11:41	IP	27-Jan-2026	

Specialty	Consultant	Ward	Telephone
General Medicine	Hanif	GRI Ward 50 MR Respiratory	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Sara McKitterick (Sara McKitterick - FY1 AUGUST 2025) on 27 Jan 2026 11:56

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Peakhealth pharmacy 0141 773 2003					
Amitriptyline Hydrochloride 10 mg Tablets	oral	ONE TO BE TAKEN IN THE EVENING,	Yes			Y	
Bisacodyl 5 mg E/c tablets	oral	TWO AT NIGHT,	Yes			Y	
Bisoprolol Fumarate 5 mg Tablets	oral	ONE TO BE TAKEN EACH DAY,	Yes			Y	
Cetirizine Hydrochloride 10 mg Tablets	oral	ONE TO BE TAKEN EACH DAY,	Yes			Y	
Co-Codamol 30/500 Tablets	oral	TWO TABLETS FOUR TIMES DAILY FOR MSK PAIN,				Y	
Colecalciferol 1,000unit tablets	oral	TAKE ONE TABLET DAILY,	Yes		**Dispensing Details:**	Y	
Dapagliflozin 10mg tablets	oral	ONE TO BE TAKEN EACH DAY,	Yes			Y	
Diclofenac diethylammonium 2.32% gel	topical	when required Apply 3 times daily,				Y	
Duloxetine 60 mg Gastro-resistant Capsules	oral	1 tablet twice daily , at 9am and 6pm	Yes			Y	Amended
Esomeprazole 40mg gastro-resistant capsules	oral	TAKE ONE CAPSULE TWICE DAILY,	Yes		**Dispensing Details:** tabs	Y	
Famotidine 40 mg Tablets	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,	Yes			Y	
Gliclazide 40mg tablets	oral	ONE TABLET IN THE MORNING,	Yes		**Drug Details:** with breakfast	Y	Amended
Glycerol 4g suppositories	rectal	1 suppository once daily when required					
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	2 doses when required					

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Isosorbide mononitrate 50mg modified-release capsules	oral	1 DAILY DISPENSE WEEKLY,	Yes			Y	
Levetiracetam 750 mg Tablets	oral	TAKE ONE TABLET TWICE DAILY MORNING AND TEATIME,	Yes		**Dispensing Details:** 250+500	Y	
Lidocaine 700 mg (5 %) Medicated Plaster	oral	APPLY ONE PATCH EVERY 12HOURS 12 HOURS ON AND 12HOURS OFF,			**Drug Details:** back	Y	
Metformin Hydrochloride 500 mg Tablets	oral	ONE TO BE TAKEN TWICE DAILY MORNING AND TEATIME,	Yes			Y	
Mirtazapine 15mg tablets	oral	1 tablet once daily at bedtime	Yes				Added
Pramipexole dihydrochloride 125 micrograms (88 micrograms base) Tablets	oral	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY,	Yes			Y	
Pramipexole dihydrochloride 250 micrograms (180 micrograms base) Tablets	oral	TAKE ONE TABLET AT NIGHT 2-3HOURS BEFORE BEDTIME,	Yes			Y	
Pregabalin 100mg capsules	oral	1 capsule twice daily	Yes		**Drug Details:** 14 (fourteen) capsules		Added Amended
Prochlorperazine Maleate 5 mg Tablets	oral	when required 1 UP TO THREE TIMES DAILY,	Yes			Y	
Rosuvastatin 20 mg Tablets	oral	TAKE ONE TABLET AT NIGHT,	Yes			Y	
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	when required ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED,				Y	
Sodium valproate 200mg modified-release tablets	oral	TAKE TWO TABLETS TWICE DAILY MORNING AND TEATIME,			**Drug Details:** not in dosette	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Sucralfate 1 gram Tablets	oral	TAKE TWO TABLETS TWICE DAILY MORNING AND NIGHT,	Yes			Y	
Venlafaxine 225mg modified-release capsules	oral	TAKE ONE CAPSULE DAILY AT LUNCHTIME,	Yes		**Dispensing Details:** 150+75	Y	
Zopiclone 7.5 mg Tablets	oral	ONE TO BE TAKEN AT NIGHT,			**Drug Details:** takes PRN	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2026-01-27	Amlodipine 5mg tablets	oral	TAKE ONE TABLET ONCE DAILY,		Hypotensive during admission
2026-01-27	Bendroflumethiazide 2.5 mg Tablets	oral	TAKE ONE TABLET DAILY,		Hypotensive during admission
2026-01-27	Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	Prescribed 3 sachets twice daily but takes one at lunchtime and 2 at bedtime (3 sachets total throughout the day).		Suspended for 4 days then restart after which
2026-01-27	Ramipril 10 mg Capsules	oral	ONE TO BE TAKEN EACH DAY,		Hypotensive during admission
2026-01-27	Senna 7.5 mg Tablets	oral	TAKE TWO TABLETS AT NIGHT,		Suspended for 4 days then restart after which

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-01-27	Fluconazole 50 mg Capsules	oral	1 DAILY (WITHOLD ROUSUVASTATIN), Fixed Period 7 Day(s) from 13 Nov 2025		Course completed
2026-01-27	Pregabalin 25 mg Capsules	oral	ONE CAP TWICE DAILY AT 7AM AND 10PM;		Poor therapeutic response Dose increased to ONE 100mg capsule BD
2026-01-27	Pregabalin 50 mg Capsules	oral	ONE CAP TWICE DAILY;		Poor therapeutic response Dose increased to ONE 100mg capsule BD

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Colleague, Mrs Sullivan was admitted to GRI with chest pain, nausea and diarrhoea. BG: HTN, T2DM, NAFLD, angina with non-obstructive CAD, meningioma, UC, coeliac, sleep apnoea, fibromyalgia and proctitis. Investigations: ECG - SR CXR and AXR - nil obvious acute Inflammatory markers and troponin - negative Urine culture - awaited Impression: gastroenteritis - symptoms resolved prior to discharge.

	Medications as below. Hypotensive during admission so anti-hypertensives withheld - please consider if these should be re-started while in community. Laxatives withheld given acute symptoms please re-start these in 3-4 days. Many thank for ongoing care of this patient. Kind Regards, Ward 50 GRI
Discharge Comments:	
Follow Up:	Yes OP Colonoscopy on 2/2/26
Results Awaited:	Yes Urine culture
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Sara MCKITTERICK

Prescription Review
Medications reviewed by pharmacist: John Galloway (Pharmacist)
Checked by: Gerard MCGOOGAN (Pharmacy Technician)
Discharged by: Craig ZYCINSKI (GPST1 - Gastro)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 27-Jan-2026

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
17-Nov-2025 09:48	AE	18-Nov-2025	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Accident and Emergency	Chong	GRI Surgical Assessment Unit	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Hannah Nield (Hannah Nield - Surgical Nurse Practitioner) on 19 Nov 2025 07:47

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Peakhealth pharmacy 0141 773 2003					
Amitriptyline Hydrochloride 10 mg Tablets	oral	ONE TO BE TAKEN IN THE EVENING,				Y	
Amlodipine 5mg tablets	oral	TAKE ONE TABLET ONCE DAILY,				Y	
Bendroflumethiazide 2.5 mg Tablets	oral	TAKE ONE TABLET DAILY,				Y	
Bisacodyl 5 mg E/c tablets	oral	TWO AT NIGHT,				Y	
Bisoprolol Fumarate 5 mg Tablets	oral	ONE TO BE TAKEN EACH DAY,				Y	
Cetirizine Hydrochloride 10 mg Tablets	oral	ONE TO BE TAKEN EACH DAY,				Y	
Co-Codamol 30/500 Tablets	oral	TWO TABLETS FOUR TIMES DAILY FOR MSK PAIN,				Y	
Colecalciferol 1,000unit tablets	oral	TAKE ONE TABLET DAILY,				Y	
Dapagliflozin 10mg tablets	oral	ONE TO BE TAKEN EACH DAY,				Y	
Diclofenac diethylammonium 2.32% gel	topical	when required Apply 3 times daily,				Y	
Duloxetine 60 mg Gastro-resistant Capsules	oral	1 DAILY AT 5 PM DISPENSE WEEKLY,				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	TAKE ONE CAPSULE TWICE DAILY,				Y	
Famotidine 40 mg Tablets	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Fluconazole 50 mg Capsules	oral	1 DAILY (WITHOLD ROUSUVASTATIN), , Fixed Period 7 Day(s) from 13 Nov 2025				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Gliclazide 40mg tablets	oral	ONE TABLET IN THE MORNING,			**Drug Details:** not in dosette	Y	
Glycerol 4g suppositories	rectal	1 suppository once daily when required	Yes				Added
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	2 doses when required					
Isosorbide mononitrate 50mg modified-release capsules	oral	1 DAILY DISPENSE WEEKLY,				Y	
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	Prescribed 3 sachets twice daily but takes one at lunchtime and 2 at bedtime (3 sachets total throughout the day).					Amended
Levetiracetam 750 mg Tablets	oral	TAKE ONE TABLET TWICE DAILY MORNING AND TEATIME,				Y	
Lidocaine 700 mg (5 %) Medicated Plaster	oral	APPLY ONE PATCH EVERY 12HOURS 12 HOURS ON AND 12HOURS OFF,			**Drug Details:** back	Y	
Metformin Hydrochloride 500 mg Tablets	oral	ONE TO BE TAKEN TWICE DAILY MORNING AND TEATIME,				Y	
Pramipexole dihydrochloride 125 micrograms (88 micrograms base) Tablets	oral	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY,				Y	
Pramipexole dihydrochloride 250 micrograms (180 micrograms base) Tablets	oral	TAKE ONE TABLET AT NIGHT 2-3HOURS BEFORE BEDTIME,				Y	
Pregabalin 25 mg Capsules	oral	ONE CAP TWICE DAILY AT 7AM AND 10PM,				Y	
Pregabalin 50 mg Capsules	oral	ONE CAP TWICE DAILY,				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Prochlorperazine Maleate 5 mg Tablets	oral	when required 1 UP TO THREE TIMES DAILY,				Y	
Ramipril 10 mg Capsules	oral	ONE TO BE TAKEN EACH DAY,				Y	
Rosuvastatin 20 mg Tablets	oral	TAKE ONE TABLET AT NIGHT,				Y	
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	when required ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED,				Y	
Senna 7.5 mg Tablets	oral	TAKE TWO TABLETS AT NIGHT,				Y	
Sodium valproate 200mg modified-release tablets	oral	TAKE TWO TABLETS TWICE DAILY MORNING AND TEATIME,			**Drug Details:** not in dosette	Y	
Sucralfate 1 gram Tablets	oral	TAKE TWO TABLETS TWICE DAILY MORNING AND NIGHT,				Y	
Venlafaxine 225mg modified-release capsules	oral	TAKE ONE CAPSULE DAILY AT LUNCHTIME,				Y	
Zopiclone 7.5 mg Tablets	oral	ONE TO BE TAKEN AT NIGHT,			**Drug Details:** takes PRN	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-11-17	Cyclizine 50 mg Tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY,	takes PRN	Stopped before admission
2025-11-17	Diazepam 2 mg Tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED,		Stopped before admission
2025-11-17	Generic Anusol cream	topical	1 application twice daily		Stopped before admission
2025-11-17	Lactulose 3.1-3.7g/5ml oral solution	oral	10 mL twice daily		Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Colleague, Donna Sullivan was reviewed in the Surgical Assessment Unit on 17/11/25 following GP referral. She presented with abdominal pain and constipation. AXR showed no signs of obstruction, but some right sided faecal loading. She attended for a CTAP which demonstrated no evidence of acute abdominal obstruction or pathology. Her bowels had started to move following picolax and she was discharged home with worsening advice. She will be followed up with an outpatient upper GI endoscopy, she has been discharged with a sachet of picolax and glycerol supps. Kind Regards, Hannah Nield Trainee ANP Surgical
Discharge Comments:	
Follow Up:	Yes OP OGD
Results Awaited:	Yes

	as above
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Hannah NIELD

Prescription Review
Medications reviewed by pharmacist: Robbie Cord (Pharmacist)
Checked by: Jacqueline CAMPBELL3 (pharmacy technician)
Discharged by: Sara MCKITTERICK (FY1 AUGUST 2025)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 28-Aug-2025

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
23-Aug-2025 11:40	IP	28-Aug-2025	

Specialty	Consultant	Ward	Telephone
General Surgery	Chong	GRI/CAN Ward 47 - Plastic Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Pak Hang Kwok (Pak Hang Kwok - FY2 Plastic Surgery) on 27 Aug 2025 14:42

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Peakhealth pharmacy 0141 773 2003					Added
Amitriptyline Hydrochloride 10 mg Tablets	oral	ONE TO BE TAKEN IN THE EVENING,				Y	
Amlodipine 5mg tablets	oral	TAKE ONE TABLET ONCE DAILY,				Y	
Bendroflumethiazide 2.5 mg Tablets	oral	TAKE ONE TABLET DAILY,				Y	
Bisoprolol Fumarate 5 mg Tablets	oral	ONE TO BE TAKEN EACH DAY,				Y	
Co-Codamol 30/500 Tablets	oral	TWO TABLETS FOUR TIMES DAILY FOR MSK PAIN,				Y	
Colecalciferol 1,000unit tablets	oral	TAKE ONE TABLET DAILY,				Y	
Cyclizine 50 mg Tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY,			**Drug Details:** takes PRN	Y	
Dapagliflozin 10mg tablets	oral	ONE TO BE TAKEN EACH DAY,				Y	
Diazepam 2 mg Tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED,				Y	
Duloxetine 60 mg Gastro-resistant Capsules	oral	1 DAILY AT 5 PM DISPENSE WEEKLY,				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	TAKE ONE CAPSULE TWICE DAILY,				Y	
Famotidine 40 mg Tablets	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Generic Anusol cream	topical	1 application twice daily	Yes				Added
Gliclazide 40mg tablets	oral	ONE TABLET IN THE MORNING,			**Drug Details:** not in dosette	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	2 doses when required					Added
Isosorbide mononitrate 50mg modified-release capsules	oral	1 DAILY DISPENSE WEEKLY,				Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	10 mL twice daily	Yes				Added
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	3 sachets twice daily	Yes				Added
Levetiracetam 750 mg Tablets	oral	TAKE ONE TABLET TWICE DAILY MORNING AND TEATIME,				Y	
Lidocaine 700 mg (5 %) Medicated Plaster	oral	APPLY ONE PATCH EVERY 12HOURS 12 HOURS ON AND 12HOURS OFF,			**Drug Details:** back	Y	
Metformin Hydrochloride 500 mg Tablets	oral	ONE TO BE TAKEN TWICE DAILY MORNING AND TEATIME,				Y	
Pramipexole dihydrochloride 125 micrograms (88 micrograms base) Tablets	oral	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY,				Y	
Pramipexole dihydrochloride 250 micrograms (180 micrograms base) Tablets	oral	TAKE ONE TABLET AT NIGHT 2-3HOURS BEFORE BEDTIME,				Y	
Pregabalin 25 mg Capsules	oral	ONE CAP TWICE DAILY AT 7AM AND 10PM,				Y	
Pregabalin 50 mg Capsules	oral	ONE CAP TWICE DAILY,				Y	
Ramipril 10 mg Capsules	oral	ONE TO BE TAKEN EACH DAY,				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Rosuvastatin 20 mg Tablets	oral	TAKE ONE TABLET AT NIGHT,				Y	
Senna 7.5 mg Tablets	oral	TAKE TWO TABLETS AT NIGHT,				Y	
Sodium valproate 200mg modified-release tablets	oral	TAKE TWO TABLETS TWICE DAILY MORNING AND TEATIME,			**Drug Details:** not in dosette	Y	
Sucralfate 1 gram Tablets	oral	TAKE TWO TABLETS TWICE DAILY MORNING AND NIGHT,				Y	
Venlafaxine 225mg modified-release capsules	oral	TAKE ONE CAPSULE DAILY AT LUNCHTIME,				Y	
Zopiclone 7.5 mg Tablets	oral	ONE TO BE TAKEN AT NIGHT,			**Drug Details:** takes PRN	Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
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Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-08-25	.Compliance Aid - Dosette	Route unspecified	PEAKHEALTH PHARMACY Lochend road 773 2003 . Delv norm on a Tuesday	Lloyds Lochend road 773 2003	Course completed
2025-08-25	Amlodipine 5mg tablets	oral	1 tablet once daily		Course completed
2025-08-25	Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY		Course completed

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-08-25	Bisoprolol 5mg tablets	oral	1 tablet once daily		Course completed
2025-08-25	Co-codamol 30mg/500mg tablets	oral	2 tablets four times daily , for MSK pain		Course completed
2025-08-25	Colecalciferol 1,000unit tablets (Stexerol-D3 (Kyowa Kirin Ltd))	oral	1 DAILY , On-going		Course completed
2025-08-25	Dapagliflozin 10mg tablets	oral	1 tablet once daily		Course completed
2025-08-27	Diclofenac diethylammonium 1.16% gel	topical	Apply 3 times daily,		Course completed
2025-08-25	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required , For pain		Course completed
2025-08-25	Duloxetine 60mg gastro-resistant capsules	oral	1 capsule once daily , Tea	confirmed dose with patient	Course completed
2025-08-25	Esomeprazole 40mg gastro-resistant capsules	oral	1 capsule twice daily		Course completed
2025-08-25	Famotidine 40mg tablets	oral	1 tablet once daily		Course completed
2025-08-25	Isosorbide mononitrate 25mg modified-release capsules	oral	1 capsule once daily		Course completed
2025-08-25	Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	ONE sachet mixed with 65mls of water DAILY		Course completed
2025-08-25	Levetiracetam 750mg tablets	oral	ONE TABLET BD- DISPENSE WEEKLY,	morning and teatime	Course completed
2025-08-25	Metformin 500mg tablets	oral	1 tablet twice daily , morning and teatime		Course completed
2025-08-25	Pramipexole 180microgram tablets	oral	180 micrograms once daily at night		Course completed
2025-08-25	Pramipexole 88microgram tablets	oral	1 tablet once daily at night		Course completed
2025-08-25	Pregabalin 25mg capsules	oral	1 capsule twice daily , 7am and 10pm		Course completed
2025-08-25	Pregabalin 50mg capsules	oral	1 capsule twice daily	outwith PP	Course completed
2025-08-25	Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,		Course completed

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-08-25	Rosuvastatin 20mg tablets	oral	1 tablet once daily at night		Course completed
2025-08-25	Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,		Course completed
2025-08-25	Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily, Morning + teatime	Outwith dosette box	Course completed
2025-08-25	Sucralfate 1g tablets	oral	2 tablets twice daily, morning and night		Course completed
2025-08-25	Venlafaxine 225mg modified-release capsules	oral	1 capsule once daily, lunchtime		Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	
	Patient self discharged as a boarding patient, I did not see this patient in person but reviewed her case with the surgical team Dear Doctor, This IDL was not initiated by the parent team but has been reviewed since self-discharge. Ms Sullivan was a/w abdo pain and constipation. XR showed faecal loading, for management with laxatives. With no bowel movements since 24/08/25. Ms Sullivan self-discharged from ward 47 on 28/08 so the team are unaware if she has since opened her bowels. If Ms Sullivan has a recurrence of severe constipation of faecal loading, or presents with ongoing symptoms, could GP to kindly follow up with Picolax? Thank you for your continued care of Ms Sullivan. Many Thanks, GRI Ward 47

Discharge Comments:	
Follow Up:	No None
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Harriet CHARLTON

Prescription Review
Medications reviewed by pharmacist: Amy Harkins (Pharmacist)
Checked by: Jacqueline CAMPBELL3 (pharmacy technician)
Discharged by: Owen HERITY (Deputy Charge Nurse Plastic Surgery Unit Ward 47)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 22-Feb-2025

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
21-Feb-2025 08:31	IP	22-Feb-2025	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Medicine	Duffy	GRI Ward 53 MR D.O.M.E / Stroke	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Jorge Menendez Lorenzo (Jorge Menendez Lorenzo - FY1) on 22 Feb 2025 15:56

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	PEAKHEALTH PHARMACY Lochend road 773 2003 . Delv norm on a Tuesday			**Drug Details:** Lloyds Lochend road 773 2003		
Amlodipine 5mg tablets	oral	1 tablet once daily					
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Bisoprolol 5mg tablets	oral	1 tablet once daily					
Co-codamol 30mg/500mg tablets	oral	2 tablets four times daily , for MSK pain					
Colecalciferol 1,000unit tablets (Stexerol-D3 (Kyowa Kirin Ltd))	oral	1 DAILY, , On-going				Y	
Dapagliflozin 10mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required , For pain					Added
Duloxetine 60mg gastro-resistant capsules	oral	1 capsule once daily , Tea			**Drug Details:** confirmed dose with patient		
Esomeprazole 40mg gastro-resistant capsules	oral	1 capsule twice daily				Y	
Famotidine 40mg tablets	oral	1 tablet once daily					
Isosorbide mononitrate 25mg modified-release capsules	oral	1 capsule once daily					Added
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	ONE sachet mixed with 65mls of water DAILY					
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,			**Drug Details:** morning and teatime	Y	
Metformin 500mg tablets	oral	1 tablet twice daily , morning and teatime				Y	
Pramipexole 180microgram tablets	oral	180 micrograms once daily at night				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pramipexole 88microgram tablets	oral	1 tablet once daily at night					
Pregabalin 25mg capsules	oral	1 capsule twice daily , 7am and 10pm					
Pregabalin 50mg capsules	oral	1 capsule twice daily			**Drug Details:** outwith PP		
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Rosuvastatin 20mg tablets	oral	1 tablet once daily at night					
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily , Morning + teatime			**Drug Details:** Outwith dosette box		
Sucralfate 1g tablets	oral	2 tablets twice daily , morning and night					
Venlafaxine 225mg modified-release capsules	oral	1 capsule once daily , lunchtime					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Thank you for taking over the continuing care of Mrs Donna Sullivan who was admitted to the GRI on the 21/02/2025 with a headache BG: Meningioma, seizures, HTN, IHD, Bronchiectasis, T2DM, NAFLD, Migraine, UC Proctitis Investigations: Blood investigations on admission revealed hypokalaemia CT Head 20/02- No acute intracranial abnormality. MRI Spine Lumbar/Sacral 21/02- Suspected very subtle small recurrent right subarticular disc protrusion at L4-L5 with contact of the transiting right L5 nerve root predisposing to neural irritation. Static appearances within the left L4-L5 lateral recess and elsewhere. No major central spinal canal stenosis is demonstrated. On admission she was found to have difficulty swallowing, headache and numbness on the left side of the face, she was then reviewed by the stroke team who deemed that her symptoms and findings were not consistent with CVA. The orthopaedic team reviewed her and will arrange further OP follow up with orthopaedic spinal team. Mrs Sullivan made good recovery in the ward and was discharged on the 22/02/2025 with worsening advice and analgesia. Follow up: Orthopaedic OP follow up arranged
Discharge Comments:	
Follow Up:	Yes Orthopaedic OP f/u
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Jorge MENENDEZ LORENZO

Prescription Review
Checked by: Jorge MENENDEZ LORENZO (FY1)
Discharged by: Jorge MENENDEZ LORENZO (FY1)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 07-Feb-2025

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
06-Feb-2025 22:30	IP	07-Feb-2025	

Specialty	Consultant	Ward	Telephone
General Medicine	Bayes	GRI Ward 50 MR Respiratory	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Mandy Khumanthem (Mandy Khumanthem - FY1) on 07 Feb 2025 11:42

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	PEAKHEALTH PHARMACY Lochend road 773 2003 . Delv norm on a Tuesday	No	Patient's own supply	**Drug Details:** Lloyds Lochend road 773 2003		
Amlodipine 5mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient's own supply		Y	
Bisoprolol 5mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Co-codamol 30mg/500mg tablets	oral	2 tablets four times daily , for MSK pain	No	Patient's own supply			Added
Colecalciferol 1,000unit tablets (Stexerol-D3 (Kyowa Kirin Ltd))	oral	1 DAILY, , On-going	No	Patient's own supply		Y	
Dapagliflozin 10mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Duloxetine 60mg gastro-resistant capsules	oral	1 capsule once daily , Tea	No	Patient's own supply	**Drug Details:** confirmed dose with patient		
Esomeprazole 40mg gastro-resistant capsules	oral	1 capsule twice daily	No	Patient's own supply		Y	
Famotidine 40mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	ONE sachet mixed with 65mls of water DAILY	No	Patient's own supply			
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,	No	Patient's own supply	**Drug Details:** morning and teatime	Y	
Metformin 500mg tablets	oral	1 tablet twice daily , morning and teatime	No	Patient's own supply		Y	
Pramipexole 180microgram tablets	oral	180 micrograms once daily at night	No	Patient's own supply		Y	
Pramipexole 88microgram tablets	oral	1 tablet once daily at night	No	Patient's own supply			
Pregabalin 25mg capsules	oral	1 capsule twice daily , 7am and 10pm	No	Patient's own supply			Added

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pregabalin 50mg capsules	oral	1 capsule twice daily	No	Patient's own supply	**Drug Details:** outwith PP		
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,	No	Patient's own supply		Y	
Rosuvastatin 20mg tablets	oral	1 tablet once daily at night					
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,	No	Patient's own supply		Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily , Morning + teatime	No	Patient's own supply	**Drug Details:** Outwith dosette box		
Sucralfate 1g tablets	oral	2 tablets twice daily , morning and night	No	Patient's own supply			
Venlafaxine 225mg modified-release capsules	oral	1 capsule once daily , lunchtime	No	Patient's own supply			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-02-07	Aspirin 75mg dispersible tablets	oral	1 tablet once daily	outwith PP	Superseded by HEPMA medications
2025-02-07	Ferrous sulfate 200mg tablets	oral	1 tablet three times daily	outwith PP	Superseded by HEPMA medications

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-02-07	Ondansetron 4mg tablets	oral	1 tablet three times daily when required when required		Superseded by HEPMA medications
2025-02-07	Paracetamol 500mg tablets	oral	2 tablets four times daily when required., 112 tablets fortnightly		Course completed
2025-02-07	Salbutamol 100micrograms/dose dry powder inhaler	inhalation	2 puffs when required	Dropped off ECS	Superseded by HEPMA medications
2025-02-07	Zopiclone 7.5mg tablets	oral	1 tablet once daily at night	outwith PP	Superseded by HEPMA medications

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear Doctor,

Donna Sullivan is a 54 y/o lady who presented to hospital with sharp chest pain that radiated to her left shoulder.

BG: NAFLD, T2DM, bronchiectasis, IHD, HTN, hypercholesterolaemia, meningioma, seizures

Trop: <4
D-dimer: 150

ECG: no new changes
CXR: normal

Her pain resolved with administration of co-codamol. On examination, the pain was elicited upon palpation of chest wall which pointed towards MSk pain.
She was deemed safe for home with worsening advice.

Thank you for your ongoing care,

	GRI Ward 50 Respiratory receiving
Discharge Comments:	
Follow Up:	No n/a
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Mandy KHUMANTHEM

Prescription Review
Checked by: Alfred GAMANKE (Nurse)
Discharged by: Alfred GAMANKE (Nurse)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 07-Oct-2024

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
03-Oct-2024 18:16	IP	07-Oct-2024	

Specialty	Consultant	Ward	Telephone
Cardiology	Petrie	GRI Ward 43A Cardiology Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Yung Jiun Liew (Yung Jiun Liew - FY1) on 07 Oct 2024 12:30

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	PEAKHEALTH PHARMACY Lochend road 773 2003 . Delv norm on a Tuesday	Yes		**Drug Details:** Lloyds Lochend road 773 2003		
Amlodipine 5mg tablets	oral	1 tablet once daily					Added
Aspirin 75mg dispersible tablets	oral	1 tablet once daily			**Drug Details:** outwith PP		Added
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Bisoprolol 5mg tablets	oral	1 tablet once daily					Added
Colecalciferol 1,000unit tablets (Stexerol-D3 (Kyowa Kirin Ltd))	oral	1 DAILY, , On-going				Y	
Dapagliflozin 10mg tablets	oral	1 tablet once daily					Added
Duloxetine 60mg gastro-resistant capsules	oral	1 capsule once daily , Tea			**Drug Details:** confirmed dose with patient		
Esomeprazole 40mg gastro-resistant capsules	oral	1 capsule twice daily				Y	
Famotidine 40mg tablets	oral	1 tablet once daily					
Ferrous sulfate 200mg tablets	oral	1 tablet three times daily			**Drug Details:** outwith PP		Added
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	ONE sachet mixed with 65mls of water DAILY					Added
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,			**Drug Details:** morning and teatime	Y	Amended
Metformin 500mg tablets	oral	1 tablet twice daily , morning and teatime				Y	
Ondansetron 4mg tablets	oral	1 tablet three times daily when required when required					Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required , 112 tablets fortnightly					

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pramipexole 180microgram tablets	oral	180 micrograms once daily at night				Y	
Pramipexole 88microgram tablets	oral	1 tablet once daily at night					Added
Pregabalin 50mg capsules	oral	1 capsule twice daily			**Drug Details:** outwith PP		Added
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Rosuvastatin 20mg tablets	oral	1 tablet once daily at night					Amended
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	2 puffs when required			**Drug Details:** Dropped off ECS		Amended
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily , Morning + teatime			**Drug Details:** Outwith dosette box		
Sucralfate 1g tablets	oral	2 tablets twice daily , morning and night					
Venlafaxine 225mg modified-release capsules	oral	1 capsule once daily , lunchtime					
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night			**Drug Details:** outwith PP		Amended

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
Checked by N Carson

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-10-04	Diazepam 2mg tablets	oral	1 tablet three times daily when required	do not need dispensed, has not used as inpatient	Stopped before admission
2024-10-04	Metoclopramide 10mg tablets	oral	1 tablet three times daily when required		Stopped before admission
2024-10-04	Oxycodone 10mg capsules	oral	1 capsule every four hours when required		Stopped before admission
2024-10-04	Oxypro 20mg modified-release tablets (Ridge Pharma Ltd)	oral	1 tablet twice daily		Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Donna Sullivan is a 54 yo lady who presented on 3/10 with chest pain and worsening SOB on exertion over a few weeks. Pain is GTN responsive. PMHx T2DM, HTN, NAFLD. FHx of CAD. Ex-smoker. CTPA showed moderate coronary artery calcification. Imp: Exertional angina. Bisoprolol increased to 5mg OD, started amlodipine 5mg OD, dapa 10mg OD . For outpatient urgent angiography/PCI. Thank you for your continued care, GRI Ward 43A
Discharge Comments:	

Follow Up:	Yes Angiography/PCI
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Yung Jiun LIEW

Prescription Review
Medications reviewed by pharmacist: Callum MacDonald (Pharmacist)
Checked by: Hannah MASTERTON (Pharmacist)
Discharged by: Yung Jiun LIEW (FY1)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 29-Aug-2024

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
17-Aug-2024 00:57	IP	28-Aug-2024	

Specialty	Consultant	Ward	Telephone
General Surgery	Duxbury		

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Chinyendu Okoronkwo (Chinyendu Okoronkwo - ST1) on 28 Aug 2024 15:08

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	PEAKHEALTH PHARMACY Lochend road 773 2003 . Delv norm on a Tuesday	Yes		**Drug Details:** Lloyds Lochend road 773 2003		
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Colecalciferol 1,000unit tablets (Stexerol-D3 (Kyowa Kirin Ltd))	oral	1 DAILY, , On-going				Y	
Diazepam 2mg tablets	oral	1 tablet three times daily when required			**Drug Details:** do not need dispensed, has not used as inpatient		
Duloxetine 60mg gastro-resistant capsules	oral	1 capsule once daily , Tea			**Drug Details:** confirmed dose with patient		
Esomeprazole 40mg gastro-resistant capsules	oral	1 capsule twice daily				Y	
Famotidine 40mg tablets	oral	1 tablet once daily					
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,				Y	
Metformin 500mg tablets	oral	1 tablet twice daily				Y	
Metoclopramide 10mg tablets	oral	1 tablet three times daily when required					
Oxycodone 10mg capsules	oral	1 capsule every four hours when required	Yes				Added
Oxypro 20mg modified-release tablets (Ridge Pharma Ltd)	oral	1 tablet twice daily	Yes				Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required					
Pramipexole 180microgram tablets	oral	180 micrograms once daily at night , Teatime				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Rosuvastatin 20mg capsules	oral	1 capsule once daily , DISPENCE WEEKLY					
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	when required inhale TWO puffs					
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily , Morning + teatime			**Drug Details:** Outwith dosette box		
Sucralfate 1g tablets	oral	2 tablets twice daily					
Venlafaxine 225mg modified-release capsules	oral	1 capsule once daily , lunchtime					
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
Disp - C Brace Check - C Devlin 29/08/24

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-08-28	Oxycodone 20mg capsules	oral	1 capsule twice daily , Please Wean down and stop , Fixed Period 7		MR required

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
			Day(s) from 28 Aug 2024		

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor This Dear woman presented with abdominal pain and was admitted under the general surgeons. CT showed Nil Acute. She was managed on long acting Oxypro PRN but only used once in 24 hours She was keen for home and no new concerns were expressed by managing team She was boarded to Gynaecology ward She is discharged on Short course opioids GP Actions: Please Kindly Reduce course in community and wean off Many thanks for your ongoing care. Ward 56 A
Discharge Comments:	
Follow Up:	No No FU requested by general Surgery
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Gabriel PREECE

Prescription Review
Medications reviewed by pharmacist: Callum MacDonald (Pharmacist)
Checked by: Sam MCCOURT (Pharmacist)
Discharged by: Gillian LOGAN (Staff Nurse)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 17-Sep-2024

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
10-Aug-2024 23:09	IP	12-Aug-2024	

Specialty	Consultant	Ward	Telephone
General Surgery	Duxbury	GRI Ward 63 Surgical Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Gerard Griffin (Gerard Griffin - FY1) on 17 Sep 2024 15:05

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	PEAKHEALTH PHARMACY Lochend road 773 2003 . Delv norm on a Tuesday	No	Patient left before supplied	**Drug Details:** Lloyds Lochend road 773 2003		
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Colecalciferol 1,000unit tablets (Stexerol-D3 (Kyowa Kirin Ltd))	oral	1 DAILY, , On-going	No	Patient left before supplied		Y	
Diazepam 2mg tablets	oral	1 tablet three times daily when required	No	Patient left before supplied	**Drug Details:** do not need dispensed, has not used as inpatient		
Duloxetine 60mg gastro-resistant capsules	oral	1 capsule once daily , Tea	No	Patient left before supplied	**Drug Details:** confirmed dose with patient		
Esomeprazole 40mg gastro-resistant capsules	oral	1 capsule twice daily	No	Patient left before supplied		Y	
Famotidine 40mg tablets	oral	1 tablet once daily	No	Patient left before supplied			
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Metformin 500mg tablets	oral	1 tablet twice daily	No	Patient left before supplied		Y	
Metoclopramide 10mg tablets	oral	1 tablet three times daily when required	No	Patient left before supplied			
Oxycodone 10mg capsules	oral	1 capsule every four hours when required	No	Patient left before supplied			Added
Oxypro 20mg modified-release tablets (Ridge Pharma Ltd)	oral	1 tablet twice daily	No	Patient left before supplied			Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient left before supplied			

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pramipexole 180microgram tablets	oral	180 micrograms once daily at night , Teatime	No	Patient left before supplied		Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY. DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Rosuvastatin 20mg capsules	oral	1 capsule once daily , DISPENCE WEEKLY	No	Patient left before supplied			
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	when required inhale TWO puffs	No	Patient left before supplied			
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily , Morning + teatime	No	Patient left before supplied	**Drug Details:** Outwith dosette box		
Sucralfate 1g tablets	oral	2 tablets twice daily	No	Patient left before supplied			
Venlafaxine 225mg modified-release capsules	oral	1 capsule once daily , lunchtime	No	Patient left before supplied			
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required	No	Patient left before supplied			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Donna was admitted on 10/08/24, with generalised abdominal pain, her third admission this year for saemthing. CTAP Jan 24: no cause for symptoms Flexi-sigmoid Jan 24: grade 2 haemorrhoids AUSS April 24: no gallstone, CBD 9mm MRCP April 24: No gallstones, no dilatation Gastric emptying May 24: normal OGD April 24: Mild gastritis On examination abdomen was soft and generally tender ECG NAD, trop <4, Bloods: Amylase 145, all others NAD Given morphine for analgesia and wanted this for home but was explained that was not possible and tramadol was contraindicated due to interactions with current medications. Follow up for O/P EUS
Discharge Comments:	
Follow Up:	No O/P EUS
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Gerard GRIFFIN

Prescription Review
Checked by: Gerard GRIFFIN (FY1)
Discharged by: Gerard GRIFFIN (FY1)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 27-Aug-2024

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
10-Aug-2024 23:09	IP	10-Aug-2024	

Specialty	Consultant	Ward	Telephone
General Surgery	Duxbury	GRI Ward 63 Surgical Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Monica Blair (Monica Blair2 - FY1) on 27 Aug 2024 18:58

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	PEAKHEALTH PHARMACY Lochend road 773 2003 . Delv norm on a Tuesday			**Drug Details:** Lloyds Lochend road 773 2003		
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Colecalciferol 1,000unit tablets (Stexerol-D3 (Kyowa Kirin Ltd))	oral	1 DAILY, , On-going				Y	
Diazepam 2mg tablets	oral	1 tablet three times daily when required			**Drug Details:** do not need dispensed, has not used as inpatient		
Duloxetine 60mg gastro-resistant capsules	oral	1 capsule once daily , Tea			**Drug Details:** confirmed dose with patient		
Esomeprazole 40mg gastro-resistant capsules	oral	1 capsule twice daily				Y	
Famotidine 40mg tablets	oral	1 tablet once daily					
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,				Y	
Metformin 500mg tablets	oral	1 tablet twice daily				Y	
Metoclopramide 10mg tablets	oral	1 tablet three times daily when required					
Paracetamol 500mg tablets	oral	2 tablets four times daily when required					
Pramipexole 180microgram tablets	oral	180 micrograms once daily at night , Teatime				Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Rosuvastatin 20mg capsules	oral	1 capsule once daily , DISPENCE WEEKLY					

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	when required inhale TWO puffs					
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily , Morning + teatime			**Drug Details:** Outwith dosette box		
Sucralfate 1g tablets	oral	2 tablets twice daily					
Venlafaxine 225mg modified-release capsules	oral	1 capsule once daily , lunchtime					
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

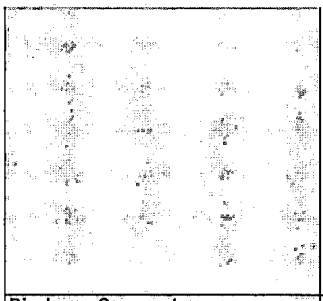
Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor,

	Donna Sullivan was admitted to Glasgow Royal Infirmary on 12/08/2024 with epigastric pain radiating to the back, nausea, and vomiting. On examination she had tenderness on the RUQ and LUQ regions and observations were normal. Bloods revealed raised amylase (145). Ms Sullivan has been admitted three times this year with a similar presentation, plan from her last admission was to consider endoscopic ultrasound and we have referred her to have this as an outpatient. Ms Sullivan had expressed wishes to be discharged with morphine however, given her complex history of chronic pain, we have explained that this would not be suitable. The option of adding other forms of analgesics was discussed with pharmacy and due to interactions with current medications, this is also not appropriate. Her pain has now settled with morphine and she is fit for discharge. Thank you for your ongoing care. Kind regards, Ward 63, General Surgery Glasgow Royal Infirmary
Discharge Comments:	
Follow Up:	Yes outpatient endoscopic ultrasound scan
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Noha FARRAG

Prescription Review
Checked by: Monica BLAIR (FY1)
Discharged by: Monica BLAIR (FY1)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 30-Apr-2024

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25-Jul-1970	8 Millennium Gardens, Glasgow, G34 9HH

Admitted	Type	Discharged	Destination
22-Apr-2024 16:27	IP	30-Apr-2024	

Specialty	Consultant	Ward	Telephone
General Surgery	Chong	GRI Ward 70 Urology	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Sinead Downey (7989057 - aug23 fy1) on 30 Apr 2024 10:29

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	PEAKHEALTH PHARMACY Lochend road 773 2003 . Delv norm on a Tuesday			**Drug Details:** Lloyds Lochend road 773 2003		
Anusol ointment (Church & Dwight UK Ltd)	rectal	Apply Morning and Night and after each bowel movement until condition is controlled					Added
Anusol suppositories (Church & Dwight UK Ltd)	rectal	when required Insert ONE Morning and Night and after a bowel movement					Added
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Clotrimazole 500mg pessary and Clotrimazole 2% cream 1 pack	vaginal	Use as directed.					Added
Colecalciferol 1,000unit tablets (Stexerol-D3 (Kyowa Kirin Ltd))	oral	1 DAILY, , On-going				Y	
Diazepam 2mg tablets	oral	1 tablet three times daily when required			**Drug Details:** do not need dispensed, has not used as inpatient		Amended
Duloxetine 60mg gastro-resistant capsules	oral	1 capsule once daily , Tea			**Drug Details:** confirmed dose with patient		
Esomeprazole 40mg gastro-resistant capsules	oral	1 capsule twice daily				Y	
Famotidine 40mg tablets	oral	1 tablet once daily					
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	1 sachet once daily					
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Mesalazine 1g suppositories	rectal	1 suppository once daily at night when required					Amended
Metformin 500mg tablets	oral	1 tablet twice daily				Y	
Metoclopramide 10mg tablets	oral	1 tablet three times daily when required					Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required					
Pot chlor 600mg/Pot bicarb 400mg (total pot 12mmol) efferv	oral	2 tablets three times daily , Fixed Period 3 Day(s) from 29 Apr 2024	Yes		**Dispensing Details:** x20		Added
Pramipexole 180microgram tablets	oral	180 micrograms once daily at night , Teatime				Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Rosuvastatin 20mg capsules	oral	1 capsule once daily , DISPENCE WEEKLY					
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	when required inhale TWO puffs					
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily , Morning + teatime			**Drug Details:** Outwith dosette box		
Sucralfate 1g tablets	oral	2 tablets twice daily					
Venlafaxine 225mg modified-release capsules	oral	1 capsule once daily , lunchtime					
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.Disp:- M Mallon 30/4/24

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-04-23	Cyclizine 50mg tablets	oral	1 tablet every eight hours when required		Stopped before admission
2024-04-23	Diclofenac diethylammonium 2.32% gel	topical	when required APPLY thinly THREE times daily		Stopped before admission
2024-04-23	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required		Stopped before admission
2024-04-23	Ferrous fumarate 210mg tablets	oral	1 tablet once daily		Stopped before admission
2024-04-23	Folic acid 5mg tablets	oral	1 tablet once daily		Stopped before admission
2024-04-23	Glucorx Nexus Test strips	topical	TO BE USED AS DIRECTED.		not req'd for rx

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Dr, BG: Diverticulitis, Colitis/proctitis, Meningioma (benign) - sezirues secondary to this, T2DM, Haemorrhoids, NAFLD, Hiatus Hernia, HTN Donna was admitted on 22/04/24 with worsening epigastric pain, vomiting and intermittent PR bleeding. She was being investigated for abdo pain and vomiting by Gastroenterology. She had a recent discharge from general surgery with a

[redacted]	similar episode and was managed with anti-emetics, high-dose PPI and commenced for 6/52. This admission an amylase was raised at 326 and raised suspicion for acute pancreatitis. She underwent an Abdominal USS which revealed no gallstones but a dilated CBD. She was subsequently investigated with MRCP. The MRCP ruled out pancreatitis and showed stomach is distended with debris - in keeping with findings from OGD in January which showed gastroparesis. She was thought to have had an episode of resolving pancreatitis. She is now medically fit for discharge and due to be followed up under Mr CK Mackay in 12/52 as an outpatient to undergo a Nuclear Medicine Gastric Emptying Study. Best Wishes, Ward 70 - Urology, GRI
Discharge Comments:	
Follow Up:	Yes NM GASTRIC EMPTYING STUDY - booked as OP. F/U with Mr CK Mackay in 12/52. Pls copy to his secretary.
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Krish SAJNANI

Prescription Review
Medications reviewed by pharmacist: Lesley Anne Tait (Pharmacist)
Checked by: Marianne CUPPLES (Pharmacy Technician)
Discharged by: Sinead DOWNEY (aug23 fy1)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 29-Mar-2024

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
25-Mar-2024 13:29	IP	28-Mar-2024	

Specialty	Consultant	Ward	Telephone
General Surgery	Stevens	GRI Ward 65 General Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Imogen Greig (8004875 - aug23 fy1) on 28 Mar 2024 15:01

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	PEAKHEALTH PHARMACY Lochend road 773 2003			**Drug Details:** Lloyds . Lochend road 773 2003		
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Colecalciferol 1,000unit tablets (Stexerol-D3 (Kyowa Kirin Ltd))	oral	1 DAILY, , On-going				Y	
Cyclizine 50mg tablets	oral	1 tablet every eight hours when required	Yes				Added
Diazepam 2mg tablets	oral	1 tablet three times daily when required					
Diclofenac diethylammonium 2.32% gel	topical	when required APPLY thinly THREE times daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required	Yes				Added
Duloxetine 60mg gastro-resistant capsules	oral	1 capsule once daily , Tea			**Drug Details:** confirmed dose with patient		Added Amended
Esomeprazole 40mg gastro-resistant capsules	oral	1 capsule twice daily	Yes			Y	Amended
Famotidine 40mg tablets	oral	1 tablet once daily	Yes				Added
Ferrous fumarate 210mg tablets	oral	1 tablet once daily					Added
Folic acid 5mg tablets	oral	1 tablet once daily					Added
Glucorx Nexus Test strips	topical	TO BE USED AS DIRECTED,				Y	
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	1 sachet once daily					
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,				Y	
Mesalazine 1g suppositories	rectal	1 suppository once daily at night	No	Community Pharmacist to Supply			
Metformin 500mg tablets	oral	1 tablet twice daily				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Paracetamol 500mg tablets	oral	2 tablets four times daily when required					
Pramipexole 180microgram tablets	oral	180 micrograms once daily at night , Teatime				Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Rosuvastatin 20mg capsules	oral	1 capsule once daily , DISPENCE WEEKLY					
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	when required inhale TWO puffs					
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily , Morning + teatime					
Sucralfate 1g tablets	oral	2 tablets twice daily , duration to be confirmed, outwith dosette for 1st week	Yes				Added Amended
Venlafaxine 225mg modified-release capsules	oral	1 capsule once daily , lunchtime					
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.dispensed by g oconnell

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Mrs Sullivan presented to GRI A&E on 28/3/24 with abdominal pain and vomiting. This was thought likely to be due to gastroparesis. She was given antiemetics and had her esomeprazole increased to 40mg BD for 6 weeks. Famotidine was also added in. Gastroenterology reviewed this patient during her admission and noted her proctitis was well controlled with mesalazine and her symptoms are likely IBS related. Mrs Sullivan improved and was deemed medically safe for discharge. Kind regards General surgery ward 65
Discharge Comments:	
Follow Up:	Yes gastric emptying studies as an outpatient . f/u with Mr Stevens in 3 months
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Imogen GREIG

Prescription Review
Medications reviewed by pharmacist: Andreea Croitoru (Pharmacist)
Checked by: Rebecca JERRETT (Pharmacy Technician)
Discharged by: Erin CALLAGHAN (Staff Nurse)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 11-Mar-2024

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
15-Jan-2024 23:11	IP	18-Jan-2024	

Specialty	Consultant	Ward	Telephone
General Surgery	Stevens	GRI Ward 63 Surgical Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Gemma Swann (8001486 - Foundation Year 1 Doctor) on 18 Jan 2024 17:33

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	PEAKHEALTH PHARMACY Lochend road 773 2003			**Drug Details:** Lloyds Lochend road 773 2003		Amended
Bendroflumethiazide 2.5mg . tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Colecalciferol 1,000unit tablets (Stexerol-D3 (Kyowa Kirin Ltd))	oral	1 DAILY, , On-going				Y	Amended
Diazepam 2mg tablets	oral	1 tablet three times daily when required					
Diclofenac diethylammonium 2.32% gel	topical	when required APPLY thinly THREE times daily					
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Gabapentin 300mg capsules	oral	4 capsules three times daily , M,L,N , On-going				Y	
Glucorx Nexus Test strips	topical	TO BE USED AS DIRECTED,				Y	
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	1 sachet once daily					Added
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,				Y	
Mesalazine 1g suppositories	rectal	1 suppository once daily at night					Added
Metformin 500mg tablets	oral	1 tablet twice daily				Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily when required					
Pramipexole 180microgram tablets	oral	180 micrograms once daily at night , Teatime				Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Rosuvastatin 20mg capsules	oral	1 capsule once daily , DISPENCE WEEKLY					

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	when required inhale TWO puffs					
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily , Morning + teatime					
Venlafaxine 225mg modified-release capsules	oral	1 capsule once daily , lunchtime					Added
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-01-16	Capsaicin 0.025% cream	topical	when required Apply TWICE daily	as per dermatology	Stopped before admission
2024-01-16	Chlorphenamine 4mg tablets	oral	1 tablet three times daily when required		Stopped before admission
2024-01-16	Lactulose 3.1-3.7g/5ml oral solution	oral	10 mL twice daily when required		Stopped before admission
2024-01-16	Venlafaxine 150mg modified-release capsules	oral	1 capsule once daily , Total dose: 187.5mg		dose change

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-01-16	Venlafaxine 37.5mg modified-release capsules	oral	1 capsule once daily Total dose: 187.5mg		dose changed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	
	Dear Doctor, Thank you for your ongoing care of Mrs Sullivan. She was admitted to Glasgow Royal Infirmary on 15th January 2024 with abdominal pain, vomiting, and PR bleeding. A CT-abdomen/pelvis showed focal narrowing of the sigmoid colon due to ? muscle spasm. Subsequent flexible sigmoidoscopy was normal. Past medical history: - Diverticulitis - Colitis/proctitis - Haemorrhoids - Non-alcoholic fatty liver disease - Meningiomas and secondary seizures - Type 2 diabetes mellitus - Hiatus hernia - Anxiety - Hypertension Diagnosis: non-specific abdominal pain on a background of multi-site pain and gastroparesis. Medication changes: nil. Follow-up: nil Kind regards, Gemma Swann, FY1 Ward 63 GRI

Discharge Comments:	
Follow Up:	No Nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Gemma SWANN

Prescription Review
Checked by: David CUNNINGHAM (aug23 fy1)
Discharged by: David CUNNINGHAM (aug23 fy1)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 17-Oct-2023

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**8 Millennium Gardens, Glasgow, G34 9HH**

Admitted	Type	Discharged	Destination
08-Oct-2023 16:07	IP	10-Oct-2023	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	Holroyd		

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
nil

Last Discharge Review: Emily Findlay (8001303 - aug23 fy1) on 17 Oct 2023 12:13

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS.	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Lochend road 773 2003	No	Patient's own supply	**Drug Details:** Lloyds Lochend road 773 2003		
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient's own supply		Y	
Capsaicin 0.025% cream	topical	when required Apply TWICE daily	No	Patient's own supply	**Drug Details:** as per dermatology		
Chlorphenamine 4mg tablets	oral	1 tablet three times daily when required	No	Patient's own supply			
Colecalciferol 1,000unit tablets	oral	1 DAILY, , On-going	No	Patient's own supply		Y	
Diazepam 2mg tablets	oral	1 tablet three times daily when required	No	Patient's own drugs at home			
Diclofenac diethylammonium 2.32% gel	topical	when required APPLY thinly THREE times daily	No	Patient's own supply			
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient's own supply		Y	
Gabapentin 300mg capsules	oral	4 capsules three times daily , M,L,N , On-going	No	Patient's own supply		Y	
Glucorx Nexus Test strips	topical	TO BE USED AS DIRECTED,	No	Patient's own supply		Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	10 mL twice daily when required	No	Patient's own supply			
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,	No	Patient's own supply		Y	
Metformin 500mg tablets	oral	1 tablet twice daily	No	Patient's own supply		Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient's own supply			
Pramipexole 180microgram tablets	oral	250 micrograms once daily at night , Teatime	No	Patient's own supply		Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,	No	Patient's own supply		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Rosuvastatin 20mg capsules	oral	1 capsule once daily , DISPENCE WEEKLY	No	Patient's own supply			
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	when required inhale TWO puffs	No	Patient's own supply			
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,	No	Patient's own supply		Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily , Morning + teatime	No	Patient's own supply			
Venlafaxine 150mg modified-release capsules	oral	1 capsule once daily , Total dose: 187.5mg	No	Patient's own supply			
Venlafaxine 37.5mg modified-release capsules	oral	1 capsule once daily , Total dose: 187.5mg	No	Patient's own supply			
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required	No	Patient's own supply			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Ms Sullivan was referred to surgical assessment at GRI on 8/10/23 presenting with RUQ pain, nausea and vomiting. On examination, abdomen was soft with tenderness to RUQ and right flank. Observations were stable, apyrexial. Bloods on admission: amylase 128, CRP 1, WCC 8, bilirubin 5 with normal LFTs. An AUSS was arranged: The gallbladder was thin-walled throughout with no evidence of cholelithiasis. The common duct was of normal calibre measuring 0.4 cm. Bloods were unremarkable and observations were stable throughout Ms Sullivans hospital admission. She was deemed fit for discharge home with Mr Holroyd clinic follow up. Kind regards, Natalie Laurie Surgical Nurse Practitioner
Discharge Comments:	
Follow Up:	Yes Mr Holroyd clinic follow up
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Natalie LAURIE

Prescription Review
Checked by: Emily FINDLAY (aug23 fy1)
Discharged by: Emily FINDLAY (aug23 fy1)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 27-Mar-2023

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH**

Admitted	Type	Discharged	Destination
19-Feb-2023 18:18	IP	20-Feb-2023	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Medicine	McCarey	GRI Ward 50/51 MR General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Drew Mcmichael (7835029 - FY1 Intake August 2022) on 12 Mar 2023 18:41

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Lochend road 773 2003	No	Patient left before supplied	**Drug Details:** Lloyds Lochend road 773 2003		
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Capsaicin 0.025% cream	topical	when required Apply TWICE daily	No	Patient left before supplied	**Drug Details:** as per dermatology		Added
Chlorphenamine 4mg tablets	oral	1 tablet three times daily when required	No	Patient left before supplied			Added
Colecalciferol 1,000unit tablets	oral	1 DAILY, , On-going	No	Patient left before supplied		Y	
Diazepam 2mg tablets	oral	1 tablet three times daily when required	No	Patient left before supplied			
Diclofenac diethylammonium 2.32% gel	topical	when required APPLY thinly THREE times daily	No	Patient left before supplied			Added
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Gabapentin 300mg capsules	oral	4 capsules three times daily , M,L,N , On-going	No	Patient left before supplied		Y	
Glucorx Nexus Test strips	topical	TO BE USED AS DIRECTED,	No	Patient left before supplied		Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	10 mL twice daily when required	No	Patient left before supplied			
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Metformin 500mg tablets	oral	1 tablet twice daily	No	Patient left before supplied		Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient left before supplied			

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pramipexole 180microgram tablets	oral	250 micrograms once daily at night , Teatime	No	Patient left before supplied		Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Rosuvastatin 20mg capsules	oral	1 capsule once daily , DISPENCE WEEKLY	No	Patient left before supplied			
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	when required inhale TWO puffs	No	Patient left before supplied			Added
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily , Morning + teatime	No	Patient left before supplied			
Venlafaxine 150mg modified-release capsules	oral	1 capsule once daily , Total dose: 187.5mg	No	Patient left before supplied			
Venlafaxine 37.5mg modified-release capsules	oral	1 capsule once daily , Total dose: 187.5mg	No	Patient left before supplied			
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required	No	Patient left before supplied			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2023-02-20	Desogestrel 75microgram tablets	oral	1 tablet once daily		Stopped before admission
2023-02-20	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required		Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	DIAGNOSIS: Allergy and unexplained neurological symptoms TREATMENT: Antihistamines FOLLOW-UP: Referral to the allergy clinic Dear Doctor, This 52 year old was admitted to general medicine after her sister phoned an ambulance worried her mother was having a stroke. She had sudden onset left sided facial droop and slurred speech whilst on FaceTime. On examination by the ED team, she was found to have a left sided reduction in sensation in CNV. She also had some angioedema of the lips, noticed in the emergency department and on the ward. Her past medical history includes meningiomas, microdiscectomy in Oct 2022, secondary epilepsy, migraine, T2DM and fibromyalgia. CT brain showed nothing acute. She was reviewed by the stroke consultant who did not think that there was a need for further imaging. My very best, Dr Drew McMichael Acute Medicine FY1
Discharge Comments:	
Follow Up:	Yes Referral to the allergy clinic

Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Drew MCMICHAEL

Prescription Review
Checked by: Drew MCMICHAEL (FY1 Intake August 2022)
Discharged by: Rachita-Beth LEE (FY2)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 05-Sep-2022

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH**

Admitted	Type	Discharged	Destination
02-Sep-2022 18:08	IP	05-Sep-2022	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Orthopaedics	McLean	GRI Ward 62 Orthopaedics	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Kathleen Brown (Kathleen Brown1 - Nurse Practitioner-Ortho GRI) on 05 Sep 2022 18:34

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Lochend road 773 2003	No	Patient's own drugs at home	**Drug Details:** Lloyds Lochend road 773 2003		
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Desogestrel 75microgram tablets	oral	1 tablet once daily	No	Patient's own drugs at home			Added
Diazepam 2mg tablets	oral	1 tablet three times daily when required	No	Patient's own drugs at home			Added
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required	Yes				Added
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Gabapentin 300mg capsules	oral	3 TABS THREE TIMES DAILY DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Glucorx Nexus Test strips	topical	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	10 mL twice daily when required	No	Patient's own drugs at home			
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Metformin 500mg tablets	oral	1 tablet twice daily	No	Patient's own drugs at home		Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient's own drugs at home			Amended
Pramipexole 180microgram tablets	oral	Take ONE tablet 2-3 hours before bedtime	No	Patient's own drugs at home		Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Rosuvastatin 20mg capsules	oral	1 capsule once daily , DISPENCE WEEKLY	No	Patient's own drugs at home			
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono (CST Pharma Ltd))	oral	2 tablets twice daily	No	Patient's own drugs at home			Amended
Venlafaxine 150mg modified-release capsules	oral	1 capsule once daily , Total dose: 187.5mg	No	Patient's own drugs at home			Added
Venlafaxine 37.5mg modified-release capsules	oral	1 capsule once daily , Total dose: 187.5mg	No	Patient's own drugs at home			Added
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required	No	Patient's own drugs at home			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2022-09-05	Pot chlor 600mg/Pot bicarb 400mg (total pot 12mmol) efferv	oral	2 tablets three times daily , Fixed Period 2 Day(s) from 27 Jul 2022		Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Admitted via A&E with headache associated with numbness to left side of face, which came on during the night. Also complaining of backpain. Admitted to Orthopaedics for assessment for cauda equina syndrome. MRI requested and resulted as:- Unilateral disc prolapse. No CES For discharge today
Discharge Comments:	
Follow Up:	Yes Follow up with Jenny Love Spinal Clinic 4-6 weeks
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Kathleen BROWN .

Prescription Review
Checked by: Sandra MARSHALL (Nurse)
Discharged by: Sandra MARSHALL (Nurse)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 29-Jul-2022

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH**

Admitted	Type	Discharged	Destination
26-Jul-2022 23:35	IP	28-Jul-2022	

Specialty	Consultant	Ward	Telephone
General Surgery	Dickson	GRI Ward 66 General Surgery Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Connor Littler (Connor Littler - FY1 Doctor August 2021) on 28 Jul 2022 11:45

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Lochend road 773 2003			**Drug Details:** Lloyds Lochend road 773 2003		
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Gabapentin 300mg capsules.	oral	3 TABS THREE TIMES DAILY DISPENSE WEEKLY,				Y	
Glucorx Nexus Test strips	topical	TO BE USED AS DIRECTED,				Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	10 mL twice daily when required					
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,				Y	
Metformin 500mg tablets	oral	1 tablet twice daily				Y	Amended
Paracetamol 500mg tablets	oral	2 tablets four times daily	Yes		**Dispensing Details:** 1x100		Added
Pot chlor 600mg/Pot bicarb 400mg (total pot 12mmol) efferv	oral	2 tablets three times daily , Fixed Period 2 Day(s) from 27 Jul 2022	Yes		**Dispensing Details:** 1x20		Added
Pramipexole 180microgram tablets	oral	1.5 tablets once daily				Y	Amended
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Rosuvastatin 20mg capsules	oral	1 capsule once daily , DISPENCE WEEKLY					
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets	oral	2 tablets twice daily					

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
disp by - L Gordon

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2022-07-28	Desogestrel 75microgram tablets	oral	1 tablet once daily		Stopped before admission
2022-07-28	Diazepam 2mg tablets	oral	ONE TO BE TAKEN WHEN REQUIRED, MAX THREE TIMES DAILY		Stopped before admission
2022-07-28	Empagliflozin 10mg tablets	oral	ONE TO BE TAKEN DAILY DISPENSE WEEKLY.		Stopped before admission
2022-07-28	Folic acid 5mg tablets	oral	1 tablet once daily		Stopped before admission
2022-07-28	Venlafaxine 37.5mg modified-release capsules	oral	1 capsule once daily		Stopped before admission
2022-07-28	Venlafaxine 75mg modified-release capsules	oral	1 capsule once daily		Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Mrs Sullivan was admitted to the Emergency Department on 26/07/22 suffering from acute urinary retention. Investigations: Blood results were unremarkable, urine culture showed no growth and a CT KUB showed no evidence of stones. Mrs Sullivan had a catheter inserted on admission which in combination with analgesia improved her loin to groin pain. Trial without catheter on 27/07/22 failed so she has been re-catheterised, which she is to go home with. She will arranged for the TWOC clinic and flow studies as outpatient, as per urology input. During admission, Mrs Sullivan tested positive for Covid-19, she was asymptomatic and no treatment was required. Thank you for your continued care in the community Kind regards Ward 66 GRI
Discharge Comments:	
Follow Up:	Yes TWOC clinic and flow studies
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Connor LITTLER

Prescription Review
Medications reviewed by pharmacist: Robbie Cord (Pharmacist)
Checked by: Amanda HEPBURN (Pharmacy Technician)
Discharged by: Alison CLARE (Staff Nurse)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Main Switchboard:
Date of Completion: 06-May-2022

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**MAIN DOOR, 8 MILLENNIUM GARDENS, Glasgow, Lanarkshire, G34 9HH**

Admitted	Type	Discharged	Destination
06-May-2022 12:30	IP	06-May-2022	

Specialty	Consultant	Ward	Telephone
Gynaecology	McAlpine-Scott		

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Emily Jackson (Emily Jackson - FY2) on 06 May 2022 13:25

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Lochend road 773 2003	No	Patient's own drugs at home	**Drug Details:** Lloyds Lochend road 773 2003		
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Desogestrel 75microgram tablets	oral	1 tablet once daily	Yes				
Diazepam 2mg tablets	oral	ONE TO BE TAKEN WHEN REQUIRED, MAX THREE TIMES DAILY	No	Patient's own drugs at home		Y	
Empagliflozin 10mg tablets	oral	ONE TO BE TAKEN DAILY DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Folic acid 5mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home			
Gabapentin 300mg capsules	oral	3 TABS THREE TIMES DAILY DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Glucorx Nexus Test strips	topical	TO BE USED AS DIRECTED,	No	Patient's own drugs at home		Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	10 mL twice daily when required	No	Patient's own drugs at home			
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Metformin 500mg tablets	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Pramipexole 180microgram tablets	oral	1 2-3 HOURS BEFORE BEDTIME DISPENSE WEEKLY,	No	Patient's own supply		Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Rosuvastatin 20mg capsules	oral	1 capsule once daily , DISPENCE WEEKLY	No	Patient's own drugs at home			
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,	No	Patient's own drugs at home		Y	
Sodium valproate 200mg modified-release tablets	oral	2 tablets twice daily	No	Patient's own drugs at home			
Venlafaxine 37.5mg modified-release capsules	oral	1 capsule once daily	No	Patient's own drugs at home			
Venlafaxine 75mg modified-release capsules	oral	1 capsule once daily	No	Patient's own drugs at home			
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required	No	Patient's own drugs at home			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Attended Gynaecology Ward with 4 months of heavy bleeding and abdominal pain. Had been on norethisterone for 8/52 with no improvement. Had the Mirena coil removed in September 2021, was amenorrhoeic with it.

	TVUS: AV uterus, endometrial thickness 9.9mm, ovaries not visualised. Pipelle bx optained on speculum, normal vulva/vagina/cervix. Discharged with Cerelle and to stop norethisterone. Follow up organised for repeat scan +/- hysteroscopy +/- insertion of Mirena
Discharge Comments:	
Follow Up:	Yes As above
Results Awaited:	Yes Pipelle biopsy
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Emily JACKSON

Prescription Review
Checked by: Sharon DICKSON1 (Staff Nurse)
Discharged by: Sharon DICKSON1 (Staff Nurse)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Jean Cairney, 26-Sep-2019 09:42
Nil to add
Dr David Colville Consultant Physician

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 05-Sep-2019

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	**2507706163**	**25-Jul-1970**	**1 Corsehill Path, Glasgow, G34 0PJ**

Admitted	Type	Discharged	Destination
03-Sep-2019 19:46	IP	04-Sep-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Medicine	Colville	GRI Ward 46 Head Injury/General Medicine	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Zoe Puyrigaud (Zoe Puyrigaud - FY1) on 04 Sep 2019 19:54

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Lochend road 773 2003	No	Patient left before supplied	**Drug Details:** Lloyds Lochend road 773 2003		
Atorvastatin 20mg tablets	oral	ONE AT NIGHT DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Diazepam 2mg tablets	oral	ONE TO BE TAKEN WHEN REQUIRED,	No	Patient left before supplied		Y	
Diclofenac 2.32% gel	transdermal	1 application once daily when required	No	Patient left before supplied			Amended
Empagliflozin 10mg tablets	oral	ONE TO BE TAKEN DAILY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Ferrous fumarate 210mg tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY,	No	Patient left before supplied		Y	
Gabapentin 300mg capsules	oral	3 TABS THREE TIMES DAILY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Glucorx Nexus Test strips	topical	TO BE USED AS DIRECTED,	No	Community Pharmacist to Supply		Y	
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Metformin 500mg tablets	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Paracetamol 500mg tablets	oral	2 TABS UP TO FOUR TIMES DAILY DISP 112 TABS FORTNIGHTLY,	No	Patient left before supplied		Y	
Pramipexole 180microgram tablets	oral	1 2-3 HOURS BEFORE BEDTIME DISPENSE WEEKLY,	No	Patient left before supplied		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Ranitidine 150mg tablets	oral	ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Sodium valproate 200mg modified-release tablets	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,	No	Patient left before supplied		Y	
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-09-04	Atorvastatin 20mg tablets	oral	ONE AT NIGHT DISPENSE WEEKLY,		duplicate
2019-09-04	Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,		duplicate
2019-09-04	Empagliflozin 10mg tablets	oral	ONE TO BE TAKEN DAILY DISPENSE WEEKLY,		duplicate
2019-09-04	Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,		duplicate

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-09-04	Hyoscine butylbromide 10mg tablets	oral	1 tablet three times daily when required , as required for pain , Fixed Period 1 Week(s) from 08 Mar 2019		Stopped Before Admission
2019-09-04	Lactulose 3.1-3.7g/5ml oral solution	oral	10ML TWICE DAILY IF REQUIRED,		Stopped Before Admission
2019-09-04	Levetiracetam 750mg tablets	oral	1 tablet twice daily	To be withdrawn by 500mg every 2 weeks when lamotrigine 75mg BD	duplicate
2019-09-04	Metformin 500mg tablets	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,		duplicate
2019-09-04	Paracetamol 500mg tablets	oral	2 tablets four times daily		duplicate
2019-09-04	Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,		duplicate
2019-09-04	Sodium valproate 200mg modified-release tablets (Epilim Chrono)	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,		Stopped Before Admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Ms Sullivan was admitted to ward 46 in GRI on 03/09/19 with sudden onset occipital headache. She has a history of migraines but felt this was different to what she has experienced previously. Bloods were unremarkable. CT scan showed no changes but could not exclude subarachnoid haemorrhage. An LP was performed and CSF showed high red cells due to a traumatic tap but no evidence of subarachnoid haemorrhage. She was managed with analgesia.

	Ms Sullivan is now fit for discharge with no follow up required. The cause of her headache is likely migraine. If you have any questions please do not hesitate to get in touch. Yours sincerely, Zoe Puyrigaud FY1 Ward 46
Follow Up:	No Nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Zoe Puyrigaud

Prescription Review
Checked by: Callum Innes (FY1)
Discharged by: Callum Innes (FY1)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Paulina Kosk, 13-Jun-2019 12:41
Nil to add.

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

STEFAN COLLINGNewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 17-May-2019

Dear STEFAN COLLING,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25-Jul-1970	1 Corsehill Path, Glasgow, G34 0PJ

Admitted	Type	Discharged	Destination
17-May-2019 07:00	IP	17-May-2019	

Specialty	Consultant	Ward	Telephone
General Surgery	Chong	GRI Ward 66 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Kirsten McCollum (Kirsten McCollum - FY1 Aug 18) on 17 May 2019 18:22

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Lochend road 773 2003			**Drug Details:** Lloyds Lochend road 773 2003		
Atorvastatin 20mg tablets	oral	ONE AT NIGHT DISPENSE WEEKLY,				Y	
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Diazepam 2mg tablets	oral	ONE TO BE TAKEN WHEN REQUIRED,				Y	
Diclofenac 2.32% gel	transdermal	1 application once daily					Added
Empagliflozin 10mg tablets	oral	ONE TO BE TAKEN DAILY DISPENSE WEEKLY,				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Gabapentin 300mg capsules	oral	3 TABS THREE TIMES DAILY DISPENSE WEEKLY,				Y	
Hyoscine butylbromide 10mg tablets	oral	1 tablet three times daily when required , as required for pain , Fixed Period 1 Week(s) from 08 Mar 2019					
Lactulose 3.1-3.7g/5ml oral solution	oral	10ML TWICE DAILY IF REQUIRED,				Y	
Levetiracetam 750mg tablets	oral	1 tablet twice daily			**Drug Details:** To be withdrawn by 500mg every 2 weeks when lamotrigine 75mg BD		
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	1 sachet four times daily , Fixed Period 1 Week(s) from 08 Mar 2019					
Metformin 500mg tablets	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Paracetamol 500mg tablets	oral	2 tablets four times daily					Added
Pramipexole 180microgram tablets	oral	1 2-3 HOURS BEFORE BEDTIME DISPENSE WEEKLY,				Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Ranitidine 150mg tablets	oral	ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY,				Y	
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono)	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,				Y	
Zopiclone 7.5mg tablets	oral	1 tablet once daily at night when required					Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-03-08	Lamotrigine 25mg tablets	oral	IN WEEKS 1 & 2 25mg ALTERNATE DAYS, THEN TITRATE DOSE UP AS PER IDL	Week 1, 2 - 25mg alt days Week 3,4 - 25mg nocte Week 5,6 - 25mg BD Week 7,8 - 25mg mane 50mg nocte	Stopped Before Admission Ward contacted - pt confirmed does not take anymore

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
				Week 9,10 - 50mg BD Week 11,12 - 50mg mane, 75mg nocte Week 13,14 - 75mg BD	before admission C.Bland

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear colleague, Ms Sullivan attended GRI today for an elective EUA and banding of haemorrhoids. The procedure was uncomplicated and she was fit for discharge the same day. No formal follow up. Yours sincerely,
Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Kirsten McCollum

Prescription Review
Checked by: Megan Brownlow (Staff Nurse)
Nurse discharging patient: Megan Brownlow (Staff Nurse)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: SystemUpdate, 27-Jun-2019 16:44
The following stopped medications should have the stopped reasons listed here.
Medication: 2019-03-08, Lamotrigine 25mg tablets, oral, . Stopped Reason: Stopped Before Admission. Additional Text: Ward contacted - pt confirmed does not take anymore before admission C.Bland

Additional Information: John Anderson, 18-Mar-2019 09:08
MRCP: CBD is within normal limits. No gallbladder or ductal stones.

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

JOHN GOLDIENewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 08-Mar-2019

Dear JOHN GOLDIE,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25-Jul-1970	1 Corsehill Path, Glasgow, G34 0PJ

Admitted	Type	Discharged	Destination
01-Mar-2019 18:50	IP	08-Mar-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	Anderson	GRI Ward 66 General Surgery	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Isabelle Bough (Isabelle Bough - FY1 Aug 18) on 08 Mar 2019 11:35

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Lochend road 773 2003			**Drug Details:** Lloyds Lochend road 773 2003		
Atorvastatin 20mg tablets	oral	ONE AT NIGHT DISPENSE WEEKLY,				Y	
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Diazepam 2mg tablets	oral	ONE TO BE TAKEN WHEN REQUIRED,				Y	
Empagliflozin 10mg tablets	oral	ONE TO BE TAKEN DAILY DISPENSE WEEKLY,				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Gabapentin 300mg capsules	oral	3 TABS THREE TIMES DAILY DISPENSE WEEKLY,				Y	
Hyoscine butylbromide 10mg tablets	oral	1 tablet three times daily when required , as required for pain , Fixed Period 1 Week(s) from 08 Mar 2019					
Lactulose 3.1-3.7g/5ml oral solution	oral	10ML TWICE DAILY IF REQUIRED,				Y	
Levetiracetam 750mg tablets	oral	1 tablet twice daily			**Drug Details:** To be withdrawn by 500mg every 2 weeks when lamotrigine 75mg BD		
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	1 sachet four times daily , Fixed Period 1 Week(s) from 08 Mar 2019					
Metformin 500mg tablets	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pramipexole 180microgram tablets	oral	1 2-3 HOURS BEFORE BEDTIME DISPENSE WEEKLY,				Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Ranitidine 150mg tablets	oral	ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY,				Y	
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono)	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
disp hyoscine and laxido only C.Bland 8/3 @ 12. disp by catriona qureshi

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-03-08	Lamotrigine 25mg tablets	oral	IN WEEKS 1 & 2 25mg ALTERNATE DAYS, THEN TITRATE DOSE UP AS PER IDL	Week 1, 2 - 25mg alt days Week 3,4 - 25mg nocte Week 5,6 - 25mg BD Week 7,8 - 25mg mane 50mg nocte Week 9,10 - 50mg BD Week 11,12 - 50mg	

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
				mane, 75mg nocte Week 13,14 - 75mg BD	

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Donna Sullivan was admitted to GRI on 1/3/19 with 2 days' history of episodic, gripping RUQ pain with associated nausea and bilious vomiting but no fevers. O/E: Uncomfortable; soft abdomen with tender RUQ and Murphy's positive CRP 4; WCC 9.4 ALT 174; AST 88 AUSS: no gallstones Given the normal US, a liver screen was checked. She went on to have an MRCP which was unfortunately not reported prior to discharge - the consultant will report this on the final discharge letter. She was deemed medically fit for discharge. Thank you for your ongoing care of this patient. Kind regards, Isabelle Bough FY1 ward 66
Follow Up:	No -
Results Awaited:	Yes MRCP result
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Isabelle Bough

Prescription Review
Medications reviewed by pharmacist: Christopher Bland (Pharmacist)
Checked by: Tracy Rafferty (Senior pharmacy technician)
Nurse discharging patient: Isabelle Bough (FY1 Aug 18).

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

JOHN GOLDIENewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 23-Nov-2018

Dear JOHN GOLDIE,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25-Jul-1970	1 Corsehill Path, Glasgow, G34 0PJ

Admitted	Type	Discharged	Destination
19-Nov-2018 02:52	IP	23-Nov-2018	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Gastroenterology	Lachlan	GRI Ward 8 Gastroenterology/General Medicine	0141 2114000

Primary Diagnosis
Seizure

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures
There is no data to display.

Last Discharge Review: Florence Hibbert (Florence Hibbert - FY1 Aug 18) on 23 Nov 2018 12:30

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Lochend road 773 2003			**Drug Details:** Lloyds Lochend road 773 2003		
Atorvastatin 20mg tablets	oral	ONE AT NIGHT DISPENSE WEEKLY,				Y	
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Diazepam 2mg tablets	oral	ONE TO BE TAKEN WHEN REQUIRED,				Y	
Empagliflozin 10mg tablets	oral	ONE TO BE TAKEN DAILY DISPENSE WEEKLY,				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Gabapentin 300mg capsules	oral	3 TABS THREE TIMES DAILY DISPENSE WEEKLY,				Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	10ML TWICE DAILY IF REQUIRED,				Y	
Lamotrigine 25mg tablets .	oral	IN WEEKS 1 & 2 25mg ALTERNATE DAYS, THEN TITRATE DOSE UP AS PER IDL			**Dispensing Details:** 21 x 25mg **Drug Details:** Week 1, 2 - 25mg alt days Week 3,4 - 25mg nocte Week 5,6 - 25mg BD Week 7,8 - 25mg mane 50mg nocte Week 9,10 - 50mg BD Week 11,12 - 50mg mane, 75mg nocte Week 13,14 - 75mg BD		Added
Levetiracetam 750mg tablets	oral	1 tablet twice daily			**Drug Details:** To be withdrawn by 500mg		Added

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
					every 2 weeks when lamotrigine 75mg BD		
Metformin 500mg tablets	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,				Y	
Pramipexole 180microgram tablets	oral	1 2-3 HOURS BEFORE BEDTIME DISPENSE WEEKLY,				Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Ranitidine 150mg tablets	oral	ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY,				Y	
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono)	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
Amitriptyline stopped due to prolonged QTc. Repeat ECG - borderline prolonged. No obvious precipitating factors. Lamotrigine=new. EB, 23/11/18 Only 4 weeks of lamotrigine supplied on discharge-dg23/11/18 dispensed by H. Stewart 23/11/18

Withheld Medication:

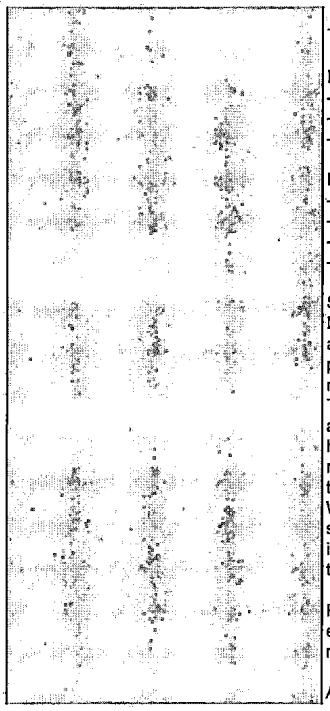
Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2018-11-23	Amitriptyline 25mg tablets	oral	ONE TO BE TAKEN AT NIGHT- DISPENSE WEEKLY,		QTc prolonged
2018-11-23	Amitriptyline 50mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,		QTc prolonged
2018-11-23	Anusol Plus HC ointment (Church & Dwight UK Ltd)	topical	APPLY TWICE DAILY,		Stopped Before Admission
2018-11-23	Atenolol 25mg tablets	oral	ONE TO BE TAKEN EACH DAY,	outwith dosette	Stopped Before Admission
2018-11-23	Clotrimazole 2 % + 500 mg Cream and Pessary	topical	TO BE USED AS DIRECTED,		Stopped Before Admission
2018-11-23	Ferrous fumarate 210mg tablets	oral	1 tablet three times daily	Review in 3 months	Not required
2018-11-23	Hyoscine butylbromide 10mg tablets	oral	1-2 4-6 HOURLY,		Stopped Before Admission
2018-11-23	Levetiracetam 750mg tablets	oral	ONE TABLET BD- DISPENSE WEEKLY,		Stopped as per neuro
2018-11-23	Paracetamol 500mg tablets	oral	2 TABS UP TO FOUR TIMES DAILY DISP 112 TABS FORTNIGHTLY,		Patient improved
2018-11-23	Peppermint oil 0.2ml gastro-resistant capsules	oral	ONE TO BE TAKEN THREE TIMES A DAY,		Stopped Before Admission
2018-11-23	Prochlorperazine 5mg tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY,	outwith dosette	Stopped Before Admission
2018-11-23	Rizatriptan 10mg oral lyophilisates sugar free	oral	As directed,		Stopped Before Admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor,



Thank you for your ongoing care of Donna Sullivan, a pleasant 48 year old lady who was admitted to GRI on 19/11/18.

Issues:
- Generally unwell
- Probable seizure
- Neurological symptoms

Past medical history:
- Sagittal meningiomas
- Migraine
- Epilepsy
- T2DM

Summary of admission:
Ms Sullivan was admitted following an episode where she blacked out. This happened after feeling generally unwell for a few days and she found she had bitten her tongue and felt confused afterwards. Examination revealed some reduced power and sensation on her right hand side and some right upper quadrant abdominal tenderness. Admission bloods were reassuring.
The blackout episode was treated as a possible seizure and she had an MRI head which showed no new focal abnormalities. Whilst in hospital Ms Sullivan continued to report abnormal neurological symptoms including weakness in her right arm associated with dropping things and her family reported increased confusion and memory issues. She was reviewed by neurology who felt some of these symptoms could be attributed to her levitaracetam and so have changed her to lamotrigine.
Whilst an inpatient Ms Sullivan reported episodes of anxiety and at times palpitations. She had an ECG done which showed a prolonged QTC and so a decision was made to stop her amitriptyline. A repeat ECG showed a slight improvement on her QTc however we have stopped the amitriptyline for the time being. We have requested a 24hour ECG to follow up on this which will be done as an outpatient.

Please be advised that neurology have provided a detailed plan for switching the levitaracetam to lamotrigine which I have explained at the bottom of this letter. If Ms Sullivan reports any rash once the lamotrigine has been started then the drug must be stopped.

Any questions please contact ward 8, GRI.

	Kind regards, Florence Hibbert (FY1) Lamotrigine dosing: Week 1,2 - 25mg alternate days Week 3,4 - 25mg at night Week 5,6 - 25mg twice a day Week 7,8 - 25mg morning, 50mg at night Week 9,10 - 50mg twice a day Week 11,12 - 50mg morning, 75mg at night Week 13,14 - 75mg twice a day Once Ms Sullivan is on the 75mg twice a day of lamotrigine her levitaracetam can be reduced by 500mg every 2 weeks. If seizures occur whilst on lamotrigine then the dose can be increased up to 2 further increments of 25mg at intervals of more than 2 weeks. If a rash does occur whilst on lamotrigine then the drug should be stopped immediately if the dose is 50mg or less, if over 50mg then stop over 5 days.
Follow Up:	No Nil
Results Awaited:	Yes 24hr ECG
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Florence Hibbert

Prescription Review
Medications reviewed by pharmacist: Erin Bailey (Clinical Pharmacist)
Checked by: Melanie Louise Young (Pharmacy Technician)
Nurse discharging patient: Florence Hibbert (FY1 Aug 18)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

JOHN GOLDIENewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 05-Sep-2018

Dear JOHN GOLDIE,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25-Jul-1970	1 Corsehill Path, Glasgow, G34 0PJ

Admitted	Type	Discharged	Destination
03-Sep-2018 21:00	IP	05-Sep-2018	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
Orthopaedics	Elias-Jones	GRI Ward 61 Orthopaedics	0141 2114000

Primary Diagnosis
Backache

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Kathleen Brown (Kathleen Brown1 - Nurse Practitioner-Ortho GRI) on 05 Sep 2018 15:19

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Lochend road 773 2003	No	Patient's own drug returned on discharge	**Drug Details:** Lloyds Lochend road 773 2003		
Amitriptyline 25mg tablets	oral	ONE TO BE TAKEN AT NIGHT- DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Amitriptyline 50mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Atenolol 25mg tablets	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own drug returned on discharge	**Drug Details:** outwith dosette	Y	
Atorvastatin 20mg tablets	oral	ONE AT NIGHT DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Diazepam 2mg tablets	oral	ONE TO BE TAKEN WHEN REQUIRED,	No	Patient's own drug returned on discharge		Y	
Empagliflozin 10mg tablets	oral	ONE TO BE TAKEN DAILY DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Gabapentin 300mg capsules	oral	3 TABS THREE TIMES DAILY DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Hyoscine butylbromide 10mg tablets	oral	1-2 4-6 HOURLY,	No	Patient's own drug returned on discharge		Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	10ML TWICE DAILY IF REQUIRED,	No	Patient's own drug returned on discharge		Y	
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Metformin 500mg tablets	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Paracetamol 500mg tablets	oral	2 TABS UP TO FOUR TIMES DAILY DISP 112 TABS FORTNIGHTLY,	No	Patient's own drug returned on discharge		Y	
Pramipexole 180microgram tablets	oral	1 2-3 HOURS BEFORE BEDTIME DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Prochlorperazine 5mg tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY,	No	Patient's own drug returned on discharge	**Drug Details:** outwith dosette	Y	
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Ranitidine 150mg tablets	oral	ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono)	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,	No	Patient's own drug returned on discharge		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2018-09-05	Anusol Plus HC ointment (Church & Dwight UK Ltd)	topical	APPLY TWICE DAILY,		not prescribed on kardex- prescribe if needed
2018-09-05	Clotrimazole 2 % + 500 mg Cream and Pessary	topical	TO BE USED AS DIRECTED,		not prescribed on kardex- prescribe if needed

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2018-09-05	Peppermint oil 0.2ml gastro-resistant capsules	oral	ONE TO BE TAKEN THREE TIMES A DAY,		not prescribed on kardex- prescribe if needed
2018-09-05	Rizatriptan 10mg oral lyophilisates sugar free	oral	As directed,		not prescribed on kardex- prescribe if needed

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2018-07-20	Glucorx Nexus Test strips	topical	TO BE USED AS DIRECTED,		device
2018-07-20	Pramipexole 180microgram tablets	oral	ONE TO BE TAKEN AT NIGHT,		duplicate px

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Admitted with worsening leg numbness and backache with urinary incontinence. Discussed with Neurology and due to history of calcified meningiomas, whole spine MRI arranged. Consultant happy with result and for discharge
Follow Up:	Yes Out patient physiotherapy will be arranged
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Kathleen Brown

Prescription Review
Checked by: Kathleen Brown (Nurse Practitioner-Ortho GRI)
Nurse discharging patient: Kathleen Brown (Nurse Practitioner-Ortho GRI)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Laura McCann, 26-Jul-2018 10:45
Final Discharge Comments: EM/LM Dictated 25/07/2018 Typed 26/07/2018

I note this woman was due to attend the same day admission unit however has not heard regarding this. I will arrange follow up at the same day admission unit for this iron transfusion.

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

JOHN GOLDIENewhills Medical Practice,Easterhouse Health Centre,9 Auchinlea Road, Glasgow, G34 9HQ

Glasgow Royal Infirmary,84 Castle St G4 0SF
Main Switchboard: 0141 2114000
Date of Completion: 21-Jul-2018

Dear JOHN GOLDIE,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25-Jul-1970	1 Corsehill Path, Glasgow, G34 0PJ

Admitted	Type	Discharged	Destination
19-Jul-2018 18:01	IP	21-Jul-2018	

Specialty	Consultant	Ward	Telephone
General Surgery	Chong	GRI Ward 67 General Surgery GP Referrals	0141 2114000

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Adeeb Naasan (Adeeb Naasan - FY2) on 21 Jul 2018 10:57

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	Lloyds Lochend road 773 2003			**Drug Details:** Lloyds Lochend road 773 2003		Added
Amitriptyline 25mg tablets	oral	ONE TO BE TAKEN AT NIGHT- DISPENSE WEEKLY,				Y	
Amitriptyline 50mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Atenolol 25mg tablets	oral	ONE TO BE TAKEN EACH DAY,			**Drug Details:** outwith dosette	Y	Modified
Atorvastatin 20mg tablets	oral	ONE AT NIGHT DISPENSE WEEKLY,				Y	
Bendroflumethiazide 2.5mg tablets	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Diazepam 2mg tablets	oral	ONE TO BE TAKEN WHEN REQUIRED,				Y	
Empagliflozin 10mg tablets	oral	ONE TO BE TAKEN DAILY DISPENSE WEEKLY,				Y	
Esomeprazole 40mg gastro-resistant capsules	oral	ONE DAILY DISPENSE WEEKLY,				Y	
Gabapentin 300mg capsules	oral	3 TABS THREE TIMES DAILY DISPENSE WEEKLY,				Y	
Hyoscine butylbromide 10mg tablets	oral	1-2 4-6 HOURLY,				Y	
Lactulose 3.1-3.7g/5ml oral solution	oral	10ML TWICE DAILY IF REQUIRED,				Y	
Levetiracetam 750mg tablets	oral	ONE TABLET BD-DISPENSE WEEKLY,				Y	
Metformin 500mg tablets	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Paracetamol 500mg tablets	oral	2 TABS UP TO FOUR TIMES DAILY DISP 112 TABS FORTNIGHTLY,				Y	
Pramipexole 180microgram tablets	oral	1 2-3 HOURS BEFORE BEDTIME DISPENSE WEEKLY,				Y	
Prochlorperazine 5mg tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY,			**Drug Details:** outwith dosette	Y	Modified
Ramipril 10mg capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY,				Y	
Ranitidine 150mg tablets	oral	ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY,				Y	
Senna 7.5mg tablets	oral	2 AT NIGHT DISPENSE WEEKLY,				Y	
Sodium valproate 200mg modified-release tablets (Epilim Chrono)	oral	2 Tabs TWICE DAILY DISPENSE WEEKLY,				Y	Modified

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2018-07-21	Anusol Plus HC ointment (Church & Dwight UK Ltd)	topical	APPLY TWICE DAILY,		not prescribed on kardex- prescribe if needed
2018-07-21	Clotrimazole 2 % + 500 mg Cream and Pessary	topical	TO BE USED AS DIRECTED,		not prescribed on kardex- prescribe if needed

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2018-07-21	Peppermint oil 0.2ml gastro-resistant capsules	oral	ONE TO BE TAKEN THREE TIMES A DAY,		not prescribed on kardex- prescribe if needed
2018-07-21	Rizatriptan 10mg oral lyophilisates sugar free	oral	As directed,		not prescribed on kardex- prescribe if needed

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2018-07-20	Glucorx Nexus Test strips	topical	TO BE USED AS DIRECTED,		device
2018-07-20	Pramipexole 180microgram tablets	oral	ONE TO BE TAKEN AT NIGHT,		duplicate px

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear Doctor,

Donna presented with a 2 week history of intermittent abdominal pain, associated with PR bleeding which had increased in frequency over the preceding few days. She has previously been investigated for chronic constipation, with a colonoscopy in 2016 which revealed diverticulosis, haemorrhoids and a rectal polyp which was excised. She had a normal colonic transit study carried out in June 2018.

On PR exam this admission, Grade 3 haemorrhoids were seen, with no active bleeding. She was mildly tender in the LUQ. Haemoglobin was 88 on admission (previously 120), but all other bloods were normal.

Donna had an iron transfusion as an inpatient, and a further iron infusion will be arranged for one week's time. She is to have an outpatient colonoscopy with Mr P Chong.

If you have any questions, please do not hesitate to get in touch with Mr Chong's team.

	Kind Regards, Adeeb Naasan FY1 Ward 65 GRI
Follow Up:	Yes OP Colonoscopy (P Chong) Iron Infusion in 1/52
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Adeeb Naasan

Prescription Review
Checked by: Adeeb Naasan (FY2)
Nurse discharging patient: Kathryn Stewart2 (Nurse)

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 04/05/2018

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr JG Goldie,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	1 Corsehill Path Glasgow G34 0PJ

Admitted	Type	Discharged	Destination
03/05/2018 17:03	In Patient	04/05/2018	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Terry Quinn	GRI Ward 53 MR D.O.M.E / Stroke	

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Diagnosis: ?Seizure +/- Migraine

PMH: Multiple calcified saggital meningiomas, Migraines, Secondary epilepsy (500mg Keppra BD, Gabapentin 900mg TID, Sodium Valproate 400mg BD)

Imaging: CT Head, Nil acute

Medications: No change

Follow-up: Discharge letter to be forward to Dr. Emanuela Molinari and further neurological follow-up if appropriate

Mrs Sullivan presented to the GRI on the 03/05/2018 with headache, right sided weakness and right sided 'jerking' associated with disorientation. She

underwent a CT which showed no new acute changes. On examination she had slowly resolving right sided weakness and an unsteady gait with no further cerebellar signs. Further, she has had no speech or visual symptoms, sensation remained in tact and there were no cranial nerve disturbances.

She was reviewed by Dr. Quinn, stroke consultant, who suspected that she may have suffered a seizure in combination with a migraine. The patient was referred to neurology for inpatient review but she was keen to get home and it was felt that she was well enough to do so, with this letter to be copied to her consultant neurologist, Dr. Emanuela Molinari instead.

Mrs Sulivan recovered well in hospital and the only thing of note was a soft, firm lump on the dorsal aspect of her mid-forearm. In the context of her past medical history it was felt important to have these imaged as an outpatient; an forearm USS has been booked.

Thank you for your continued care of this patient,

Yours Sincerely,
Dr. Schultz, HASU FY1 (Ext 20570)

Treatments: None recorded.

Follow-up arranged: To be forwarded to Neurology (Dr. Emanuela Molinari) and followed up if appropriate

Planned Outpatient Investigations: Outpatient Forearm USS

Final Discharge letter to follow: Yes

Medication Info:

Allergies: No Allergy

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Medication Comment: No change to regular medication

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Chase Schultz-Swarthfigure
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Chase Schultz-Swarthfigure, Doctor

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 07/08/2017

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr JG Goldie,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	1 Corsehill Path Glasgow G34 0PJ

Admitted	Type	Discharged	Destination
31/07/2017 23:18	In Patient	04/08/2017	

Specialty	Consultant	Ward	Telephone
General Medicine	Prof Gerard McKay	GRI Ward 3 Diabetes Endocrinology/General Medicine	0141 211 4526

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,
This 47year old patient was admitted to the GRI on 31/7/17.
PC: Weakness in right arm and pins and needles in right arm, leg and face.
Background: Multiple meningioma, numbness in left leg, on going ear pain, dizziness and headache, T2DM, diverticulosis.
Clinical course: Donna was admitted and a CT head was performed. This showed no acute changes. An MRI was performed on 04/08/17 and the results from this are pending. Donna will be contacted by the department for these results and any follow up if necessary will be arranged. She remained stable during her admission and we feel that she is currently fit for discharge. She is awaiting pre-arranged outpatient appointments with ENT regarding her ear pain and dizziness. She also has a pre-arranged appointment with the spinal team to investigate her left leg numbness.

Follow-up: Donna will be contacted her pending MRI scan results. If any action is required, appropriate follow up will be arranged. She has an appointment with neurology scheduled for December 2017 at present. Many thanks for your on-going care of this patient. Please contact the team if you require ay further information.
Kind Regards,
M Watters FY1 Ward 3

Treatments: None recorded.

Follow-up arranged: MRI Head Results

Planned Outpatient Investigations: Nil

Final Discharge letter to follow: yes

Medication Info:

Allergies: No Allergy

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Amitriptyline Hydrochloride Tablets	Oral	125	mg	At Night	No duration defined	
Atorvastatin Tablets	Oral	20	mg	At Night	No duration defined	
Bendroflumethiazide Tablets	Oral	2.5	mg	In the Morning	No duration defined	
Esomeprazole Tablets	Oral	40	mg	In the Morning	No duration defined	
Gabapentin Capsules	Oral	900	mg	THREE Times a Day	No duration defined	
Lactulose Solution	Oral	10	mL	TWICE a day	No duration defined	
Levetiracetam Tablet	Oral	750	mg	TWICE a day	No duration defined	
Liraglutide 18mg/3ml pre-filled pen	Injected	0.6	mg	In the Morning	No duration defined	
Metformin Hydrochloride Tablets	Oral	1000	mg	TWICE a day	No duration defined	
Paracetamol Tablets	Oral	1000	mg	FOUR Times a Day	No duration defined	
Pizotifen Tablets	Oral	1.5	mg	At Night	No duration defined	

Pramipexole Tablets	Oral	250	micrograms	ONCE a Day	No duration defined	To be taken at teatime.
Ramipril Capsules	Oral	10	mg	At Night	No duration defined	
Ranitidine Tablets	Oral	150	mg	TWICE a day	No duration defined	

Medication Comment: Medications in dosette box

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Marianne Watters
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Marianne Watters, Doctor

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 12/04/2017

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr JG Goldie,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	1 Corsehill Path Glasgow G34 0PJ

Admitted	Type	Discharged	Destination
03/04/2017 20:58	In Patient	12/04/2017	

Specialty	Consultant	Ward	Telephone
Diabetes	Dr James Graham Boyle	GRI Ward 4 General Medicine	0141 211 4211

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,

Presenation: Hyperglycaemia; Reduced Visual Acuity; Headache.

This 46 year old lady was admitted to GRI via AAU on 3/4/17 with a week history of malaise, polydipsia and polyuria, with some loin pain when passing urine.

Over a few days prior to admission, she developed rigors, frontal headache and deterioration in her vision, which she visited her optician for. Ms Sullivan was found to have significantly worsened visual acuity, from 6/9 to 6/30 on admission. Her blood sugar was 18.5, HbA1c 53 and Triglycerides 6.1 and she was also found to have a mild transaminitis.

Ms Sullivan is known to have meningiomas, with neurosurgery planned for September '17. There was no obvious neurological signs found on admission, but a CT brain was performed, which revealed nil acute.

Ms Sullivan has clinically improved since being admitted and has been started on Metformin and Gliclazide, which improved her vision as her blood sugar was controlled. She is due to be reviewed as an outpatient at the diabetic clinic in 4 weeks after discharge, with a view to reviewing whether gliclazide is still indicated.

In addition to the above, Ms Sullivan's serum sodium was low at 132 after reintroducing her Bendroflumathiazide and it may be beneficial to the patient if she had this rechecked as an outpatient in 2 weeks.

She is therefore fit for discharge back into your care.

Kind regards,
Dr T Kane (FY1).

Treatments: None recorded.

Follow-up arranged: GP to check U&Es in 2 weeks. Diabetes outpatient clinic in 4 weeks.

Planned Outpatient Investigations: No

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Amitriptyline Hydrochloride Tablets	Oral	125	mg	At Night	Indefinite	
Atorvastatin Tablets	Oral	20	mg	At Night	Indefinite	
Bendroflumethiazide Tablets	Oral	2.5	mg	ONCE a Day	No duration defined	
Esomeprazole Tablets	Oral	40	mg	ONCE a Day	Indefinite	
Gabapentin Capsules	Oral	900	mg	THREE Times a Day	Indefinite	
Gliclazide Tablet	Oral	160	mg	TWICE a day	4 Weeks	review in 4 weeks
Lactulose Solution	Oral	10	mL	As Required	Indefinite	Max BD
Levetiracetam Tablet	Oral	750	mg	TWICE a day	Indefinite	

Metformin Hydrochloride Tablets	Oral	1000	mg	TWICE a day	Indefinite	
Paracetamol Tablets	Oral	1000	mg	Every 4 - 6 Hours when required	Indefinite	
Pramipexole Tablets	Oral	250	micrograms	At 6pm	Indefinite	250mcg (180mcg base)
Ramipril Capsules	Oral	10	mg	ONCE a Day	Indefinite	
Ranitidine Tablets	Oral	150	mg	TWICE a day	Indefinite	
Senna Tablets	Oral	15	mg	At Night	Indefinite	

New Medication Started: Metformin, gliclazide and atorvastatin.

Medication Comment: Will need new plus-pak as new meds started during admission. Monitor LFTS (new statin) and sodium (on esomeprazole and bendroflumethiazide) IK 12/04/17

Medication compliance aid: yes-Pluspak Lloyds 01417732003

Discontinued Medication:

Drug Name	Dose	UOM	Reason
Nystatin Suspension 100000uns/ml	1	mL	Medical staff decision
Beclometasone 50 micrograms/actuation Aqueous Nasal Spray	2	spray(s)	Medical staff decision

Yours sincerely,
Dr Tajinder Kane
Doctor

Prescription Review
Medications Reviewed by Pharmacist: Ilkin Kasmani, Pharmacist
Dispensed Medications Checked by Pharmacy: Christopher Devlin, Technician
Nurse discharging patient: Lindsay MacDonald, Nurse

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 02/12/2016

Dear Dr JG Goldie,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	1 Corsehill Path Glasgow G34 0PJ

Admitted	Type	Discharged	Destination
28/11/2016 12:40	In Patient	02/12/2016	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Ravi Jamdar	GRI Ward 28 Rheumatology/ General Medicine	0141 211 5114 / 0141 211 4498

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: This 46 year old lady with known multiple meningiomas was admitted with 9/10 headache. CT head showed no changes from previous imaging. Pitzofen and amlodipine have been stopped, amitriptyline has been increased. Headache has improved to 5/10. She is discharged home. She has neurology follow up on the 22nd December.
Kind regards

Treatments: .

Follow-up arranged: as per neuro 22nd December

Planned Outpatient Investigations: nil

Final Discharge letter to follow:

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Amitriptyline Hydrochloride Tablets	Oral	100	mg	ONCE a Day	No duration defined	at teatime
Bendroflumethiazide Tablets	Oral	2.5	mg	In the Morning	No duration defined	
Diazepam Tablet	Oral	2	mg	As Required	No duration defined	max bd
Esomeprazole Tablets	Oral	40	mg	In the Morning	No duration defined	
Gabapentin Capsules	Oral	900	mg	THREE Times a Day	No duration defined	Mane, lunch and teatime
Lactulose Solution	Oral	10	mL	TWICE a day	No duration defined	
Levetiracetam Tablet	Oral	500	mg	TWICE a day	No duration defined	Mane and night
Mirtazapine Tablets	Oral	15	mg	At Night	No duration defined	stop on the 5/12 GP to start new agent
Paracetamol Tablets	Oral	1000	mg	FOUR Times a Day	No duration defined	
Pramipexole Tablets	Oral	250	micrograms	At 6pm	No duration defined	3 hrs before bed
Prochlorperazine Maleate Buccal Tablets (Buccastem)	Buccal	5	mg	THREE Times a Day	No duration defined	Prochlorperazine 5mg tablets. Not Buccal tablets. Mane , lunch and teatime
Ramipril Capsules	Oral	10	mg	In the Morning	No duration defined	
Ranitidine Tablets	Oral	150	mg	TWICE a day	No duration defined	mane and night
Senna Tablets	Oral	15	mg	At Night	No duration defined	

Medication Comment: Amlodipine and pizotifen stopped. Amitriptyline dose increased and started on prochlorperazine. BY Chai Pharmacist 02/12/16.

Medication compliance aid: Pluspak from Lochend Rd Pharmacy Tel: 773 2003

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Ruth Walker
Doctor

cc. 1: .

Prescription Review
Medications Reviewed by Pharmacist: Bik Yun Chai, Pharmacist
Dispensed Medications Checked by Pharmacy: Lindy Macfarlane, Pharmacist
Nurse discharging patient: Nathan Taylor, Nurse

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS
Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 06/11/2016

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr JG Goldie,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	1 Corsehill Path Glasgow G34 0PJ

Admitted	Type	Discharged	Destination
05/11/2016 18:14	In Patient	06/11/2016	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Ravi Jamdar	GRI Ward 46 Head Injury/ General Medicine	0141 211 4203

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor

Background : multiple left sided meningiomas, Seizures, T2DM, right branch retinal vein occlusion, Hypertension

I saw this lady on ward 46 on 6/11/16. She was admitted through the out of hours service the day before with right sided headache. She has reported multiple symptoms since her diagnosis with menigiomas which have been difficult to attribute a cause to and even more difficult to control.

She attended with a 3 day history of shooting pains coming from the right side of her neck to the front of her head on the same side. These were severe, lasting for 20 minutes before subsiding, and recurring after a few hours. There weren't any particular associated features other than generalised sweating. Certainly no other features common to a particular primary headache disorder.

She had no new neurological symptoms.
She told me that she has had a constant background headache, which is dull and over the occiput radiating forwards. She has had a trial of dihydrocodeine and pizotifen, which haven't really made any difference. She states that if anything the dihydrocodeine makes her feel seedy.
Her blood pressure has been sporadically high and I note now she is on 3 agents - amlodipine 10mg od and ramipril 10mg od with bendrofluazide 2.5 mg od recently added. Her blood pressure varied between 100/60 and 130/60 on the ward and she felt presyncopal with the former reading.
I am not sure what is causing her presenting symptoms, which do sound neuropathic if anything, but I don't think related to her meningiomas, as with her many other symptoms. I have suggested that rather than add anything in, we should rationalise her medications. We have agreed to discontinue the pizotifen and dihydrocodeine, neither of which have helped, and may be making her feel worse.
I have also suggested she see you with a view to reducing her antihypertensives. Headache can particularly be a problem with amlodipine, and wonder if this might be titrated down and indeed stopped if possible. She was keen to get home rather than have to wait for a prescription. I would consider uptitrating her amitryptilline from 20 mg nocte to see if this has any benefit.

kind regards
Ravi Jamdar
Consultant Physician

Treatments: None recorded.

Follow-up arranged: neurology

Planned Outpatient Investigations: no

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Ravi Jamdar

Consultant

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Ravi Jamdar, Consultant

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 06/10/2016

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr JG Goldie,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	1 Corsehill Path Glasgow G34 0PJ

Admitted	Type	Discharged	Destination
03/10/2016 16:15	In Patient	06/10/2016	

Specialty	Consultant	Ward	Telephone
Gastroenterology	Dr Aidan Cahill	GRI Ward 8 Gastroenterology/ General Medicine	0141 211 4208

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Admission date: 03/10/16
Discharge date: 06/10/16
Ward: 8

Dear Doctor,

Diagnosis
1) Multiple meningioma with previous seizures, 3 day history of progressive left arm and leg weakness and numbness ?cause

Presenting complaint
This 46-year old lady with a recent diagnosis of multiple meningioma presented to A&E on 3/10/16 with progressive left arm and leg weakness and numbness. She reported that she had experienced left leg numbness

for months but her arm numbness was new. She denied any generalised seizures or loss of consciousness.
On examination, she had reduced tone, power, sensation and proprioception in the left arm and leg. The right arm and leg neurological examination was normal.

Investigation
MRI spine 05/10/16: No significant disease progression to explain new neurological symptoms. The multiple parafalcine meningiomas which have not changed significantly since the previous scan. As on previous CT venogram, the posterior aspect of the superior sagittal sinus is displaced contralaterally, without definite invasion. The sinuses are patent and the configuration is unchanged from previous CT venogram dated 19/9/16. No acute ischaemia. No intracranial haemorrhage. Again there are scattered deep white matter high T2 signal changes in keeping with small vessel disease. Normal ventricular system and vascular flow voids.

Clinical progress
On discussion with Neurosurgery, she underwent a repeat MRI spine which did not show significant disease progression to explain her new neurological symptoms.
During her admission, she had nausea which was treated with anti-emetics and visual disturbance with peripheral shadows. Her weakness persisted.

Medications
Medications were unchanged from admission.

Follow up
Follow up is arranged with Neurosurgery on 20/10/16.

Kind regards,
Karen Leslie (FY1 Ward 8)

Treatments: None recorded.

Follow-up arranged: Appointment with neurosurgery in place for the 20/10/16.

Planned Outpatient Investigations: Nil

Final Discharge letter to follow: Yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Amitriptyline Hydrochloride Tablets	Oral	20	mg	At Night	No duration defined	
Amlodipine Tablets	Oral	10	mg	In the Morning	No duration defined	
Cyclizine Tablets	Oral	50	mg	THREE Times a Day	No duration defined	At morning, dinner and night time.
Diazepam Tablet	Oral	2	mg	Every 6 - 8 Hours when required	No duration defined	Max 3 times a day.
Dihydrocodeine Tartrate Tablets	Oral	60	mg	FOUR Times a Day	No duration defined	
Esomeprazole Tablets	Oral	40	mg	In the Morning	No duration defined	
Gabapentin Capsules	Oral	900	mg	THREE Times a Day	No duration defined	At morning, dinner and night time.
Lactulose Solution	Oral	10	mL	As Required	No duration defined	As required 12 hourly. Maximum two per day.
Levetiracetam Tablet	Oral	500	mg	Every morning and night	No duration defined	
Mirtazapine Tablets	Oral	45	mg	At Night	No duration defined	
Paracetamol Tablets	Oral	1000	mg	FOUR Times a Day	No duration defined	
Pramipexole Tablets	Oral	180	micrograms	At Night	No duration defined	2-3 HOURS BEFORE BEDTIME DISPENSE WEEKLY
Ramipril Capsules	Oral	10	mg	In the Morning	No duration defined	
Ranitidine Tablets	Oral	150	mg	Every morning and night	No duration defined	

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Karen Elizabeth Leslie1
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Karen Leslie, Doctor

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Main Switchboard:
Date of Completion: 19/09/2016

Dr. JG Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr JG Goldie,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	1 Corsehill Path Glasgow G34 0PJ

Admitted	Type	Discharged	Destination
19/09/2016 09:00	In Patient	19/09/2016	

Specialty	Consultant	Ward	Telephone
Neurosurgery	Mr Likhith Alakandy		

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Treatments:

Follow-up arranged:

Planned Outpatient Investigations:

Final Discharge letter to follow:

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Levetiracetam Tablet	Oral	500	mg	TWICE a day	No duration defined	

Medication Comment:

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Kyriaki Karampatou
Doctor

Prescription Review
Medications Reviewed by Pharmacist: Andrew Stockton, Pharmacist
Dispensed Medications Checked by Pharmacy: Karen Montgomery, Technician
Nurse discharging patient: Mairi Coutts, Nurse

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 01/08/2016

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr KA Lindsay,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	5 Duntarvie Place Glasgow G34 9JB

Admitted	Type	Discharged	Destination
26/07/2016 23:31	In Patient	01/08/2016	

Specialty	Consultant	Ward	Telephone
General Medicine	Prof Gerard McKay	GRI Ward 3 Diabetes Endocrinology/General Medicine	0141 211 4526

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,
Donna presented to GRI one week post discharge complaining of a recurrence of severe headache, and right sided burning sensation/ weakness accompanied by new blurred vision on the right. There was also a report by her family that she had exhibited two episodes of right limb shaking and possible loss of consciousness - presumed seizure by them. She had a repeat CT scan of head which showed un-changed meningioma's and no evidence of mass effect.
Her case was discussed with neurosurgery on-call who felt no need for intervention at present. She was discussed with neurology regarding commencing an anti-epileptic however this was not felt to be indicated at present as all her "seizures?" had been unwitnessed by medical staff.
We commenced her on amitriptyline for symptom control which provided some improvement but it was felt appropriate to do an MRI of her head whilst she remained an inpatient. This showed known meningioma's and

non-specific scattered deep white matter high T2 signal changes most likely to represent small vessel disease. There was no restricted diffusion to suggest recent ischaemia.
She had no further seizure-like episodes whilst an inpatient. We have referred her to the first-seizure clinic at Neurology's request and she is for OP Neurosurgery follow up as before.
She is feeling well and is fit for discharge.
Yours Sincerely,
Dr Katherine Cameron, FY1, GRI Ward 3.

Treatments: None recorded.

Follow-up arranged: Neurosurgery First Seizure Clinic

Planned Outpatient Investigations: Nil

Final Discharge letter to follow: Yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Amitriptyline Hydrochloride Tablets	Oral	20	mg	At Night	Indefinite	
Amlodipine Tablets	Oral	5	mg	In the Morning	Indefinite	
Diazepam Tablet	Oral	2	mg	Every 6 - 8 Hours when required	Indefinite	
Gabapentin Capsules	Oral	600	mg	THREE Times a Day	Indefinite	
Lactulose Solution	Oral	15	mL	As Required	Indefinite	BD PRN
Mirtazapine Tablets	Oral	45	mg	At Night	Indefinite	
Paracetamol Tablets	Oral	1000	mg	Every 4 - 6 Hours when required	Indefinite	
Pramipexole Tablets	Oral	250	micrograms	At Night	Indefinite	
Ramipril Capsules	Oral	10	mg	In the Morning	Indefinite	
Ranitidine Tablets	Oral	150	mg	TWICE a day	Indefinite	

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Katherine Cameron3
Doctor

Prescription Review
Medications Reviewed by Pharmacist: Carl Fenelon, Pharmacist
Dispensed Medications Checked by Pharmacy: Catriona McGurk, Technician
Nurse discharging patient: Kara Summers, Nurse

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 21/07/2016

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr KA Lindsay,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	5 Duntarvie Place Glasgow G34 9JB

Admitted	Type	Discharged	Destination
19/07/2016 15:56	In Patient	20/07/2016	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Christine Aiken	GRI Ward 46 Head Injury/ General Medicine	0141 211 4203

Reason for Admission and Presenting Complaints	Admission Category
	Accidental Injury - Injury caused by an accident

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Background: diverticular disease, anxiety, depression, bronchiectasis, hypertension, T2DM

Ms Sullivan presented with sudden severe sharp headache behind her eyes and in the occipital region, associated with blurred vision. No specific aggrevating or relieving factors. Later she collapsed (LOC ?duration), no proceeding dizziness, palpitaion or chest pain. No focal neurology on examination. CT head showed multiple meningiomas, no mass effect, no gross evidence of venous thrombosis. The results of the scan was discussed with the neurosurgical team and there was no indication for urgent intervention, they review her as outpatient.
Symptoms resolved, discharged with plan for follow up with neurosurgery.

Treatments: None recorded.

Follow-up arranged: Mr Laurance Dunn clinic (neurosurgery)

Planned Outpatient Investigations: no

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Abdullah Al-Dallaali
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Abdullah Al-Dallaali, Doctor

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No
This letter supersedes previous version of 03 Feb 2016 08:28

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 17/03/2016

Dear Dr KA Lindsay,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	0/2 5 Duntarvie Place Glasgow G34 9JB

Admitted	Type	Discharged	Destination
01/02/2016 08:06	In Patient	02/02/2016	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Peter Chong	GRI Ward 65 General Surgery	0141 211 5060

Reason for Admission and Presenting Complaints	Admission Category
Left sided abdo pain and fresh PR bleed.	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations
01/02/2016	FIBREOPTIC ENDOSCOPIC SNARE RESECTION OF LESION OF COLON
01/02/2016	CAECUM
01/02/2016	FIBREOPTIC ENDO EXAM OF UPPER GASTROINTESTINAL TRACT AND BIOPSY OF LESION
01/02/2016	SPECIFIED UPPER DIGESTIVE TRACT NEC

Clinical Comments: Written from casenotes.
Dear Doctor,
Ms Donna Sullivan a 45 year old lady was admitted to the GRI on the 01/02/16 under the care of the on-call surgical team Mr P Chong.
Ms Sullivan presented with left sided abominal pain and fresh PR bleeding.
Ms Sullivan had a Gastroscopy and Colonoscopy on the 30/01/16 for Microcytic anaemia.
Gastrocopy: Mild duodenitis associated with erosions in the anterior bulb. Await biopsy pathology. CLO test negitive.

Colonoscopy: Small polyp in the caecum which was retrieved and sent to lab. Await pathology. Very early sigmoid diverticular change and large external haemorrhoids. No routine follow up required as this stage.
On admission bloods: WCC 11.2, CRP 8 and Hb 133.
On examination: Nil acute to report. Ms Sullivan was haemodynamically stable throughout.
The plan therefore was for observation and daily bloods to ensure no worsening PR bleed and that Hb remains stable.
Ms Sullivan has remained well her bowels have opened normally now and she is now fit for discharge back to your care. She will have follow up arranged as an outpatient with Gastroenterology Team. This would have been arranged post Gastroscopy.
Please do not hesitate to contact the team if you have any questions or concerns.
Thank You
Stephanie Willis
Surgical Nurse Practitioner
GRI Ward 65.

FINAL COMMENTS: LM/TH DICT 010316 TYPED 140316
Duodenal biopsies show normal small bowel mucosa. Biopsy of caecal polyp is shown to be a small hyperplastic polyp with no evidence of dysplasia or malignancy. I note that she was seen by Gastroenterology and has a follow up appointment with Dr Gaya on 8th August this year.

Yours sincerely

Dr Lesley Megahy

GPST1.1

General Surgery

Treatments: Daily bloods and observations.

Follow-up arranged: Gastroenterologist follow up arranged for March.

Planned Outpatient Investigations: No further outpatient investigations required.

Final Discharge letter to follow: n

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

New Medication Started: No

Medication Comment: No changes to regular meds

Medication compliance aid: No

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Lesley Megahy
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Jocelyn Kennedy,

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 14/08/2015

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr KA Lindsay,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	5 Duntarvie Place Glasgow G34 9JB

Admitted	Type	Discharged	Destination
12/08/2015 12:17	In Patient	14/08/2015	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Eric Livingston	GRI Ward 15 Rheumatology/ General Medicine	0141 211 5115

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Donna Sullivan is a 45year old lady who presented to GRI A&E on 12/8/15 with a PC of SOB, chest tightness and nausea. She described waking and experiencing increasing chest tightness associated with sharp, painful spasms radiating to her L shoulder, sweating, SOB and nausea. She reported no previous episodes and this was not like any previous dyspepsia episodes.

She has a PMHx of diverticular disease, anxiety/depression, haemorrhoids and previous UTIs. She also has a Mirena coil insitu

On admission her troponin was not raised, CXR NAD, FOB negative, ECG NAD. She has been taking diet and reporting sleeping well since being on the ward. She disclosed working long hours covering 3 jobs, which certainly presents a stressor in her life. Her Hb was noted to be 101, however this was not too dissimilar to her levels in 2014 and she reported known bleeding from haemorrhoids which she has previously been seen by the general surgeons for. Heamatinics were taken, however not reported

at the time of writing. We shall contact Ms Sullivan and her GP if any follow up is required once these are reported. An ETT showed a normal resting ECG, resonable BP and HR response to exercise and no chest pain or arrhythmias noted.
Ms Sullivan is now fit enough to be dishcarged home.

Treatments: None recorded.

Follow-up arranged: Awaiting haematinics. Will contact patient and GP if follow up required.

Planned Outpatient Investigations: Nil

Final Discharge letter to follow: Yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Esomeprazole Tablets	Oral	80	mg	In the Morning	Indefinite	POD
Fluoxetine Hydrochloride Capsules	Oral	60	mg	In the Morning	Indefinite	POD
Gabapentin Capsules	Oral	300	mg	Every morning and night	Indefinite	POD
Lactulose Solution	Oral	15	mL	TWICE a day	Indefinite	POD
Paracetamol Tablets	Oral	1000	mg	TWICE a day	Indefinite	POD
Pramipexole Tablets	Oral	250	micrograms	At 6pm	Indefinite	POD
Ranitidine Tablets	Oral	150	mg	Every morning and night	Indefinite	POD
Senna Tablets	Oral	15	mg	At Night	Indefinite	POD

Medication Comment: NEW: lactulose. Pramipexole for restless legs

Medication compliance aid: No

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
DrMaggie Rostron
Doctor

Prescription Review
Medications Reviewed by Pharmacist: Anne Greschner, Pharmacist
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Nina Cunning, Doctor

Sullivan Donna CHI: 2507706163

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 25/07/2014

Dr. KA Lindsay
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr KA Lindsay,

Name	CHI	DoB	Address
Donna Sullivan	2507706163	25/07/1970	5 Duntarvie Place Glasgow G34 9JB

Admitted	Type	Discharged	Destination
23/07/2014 23:52	In Patient	25/07/2014	

Specialty	Consultant	Ward	Telephone
Orthopaedics	Mr Andy Stark	GRI Ward 61 Orthopaedics	0141 211 9200

Reason for Admission and Presenting Complaints	Admission Category
Acute low back pain and three isolated episodes of urinary incontinence.	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Treatments: Normal post void bladder scan. MRI spine - some degenerative changes L4/5 and L5/S1 discs but otherwise normal. No evidence cauda equina.

Follow-up arranged: nil

Planned Outpatient Investigations: nil

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Amitriptyline Hydrochloride Tablets	Oral	50	mg	At Night	Indefinite	Patient's own supply
Cetirizine Tablets	Oral	10	mg	ONCE a Day	Indefinite	Patient's own supply
Esomeprazole Tablets	Oral	40	mg	TWICE a day	Indefinite	Patient's own supply
Fucidin H Cream	Topical	1	application	TWICE a day	Other	Duration: as directed by GP. Patient's own supply
Paracetamol Tablets	Oral	1000	mg	FOUR Times a Day	Indefinite	Patient's own supply
Prochlorperazine Maleate Tablets	Oral	5	mg	THREE times a day when required	Indefinite	Patient's own supply
Ranitidine Tablets	Oral	150	mg	TWICE a day	Indefinite	Patient's own supply
Senna Tablets	Oral	15	mg	At Night	Indefinite	Patient's own supply

New Medication Started: no

Medication Comment: no changes to pre-admission medication.

Medication compliance aid: no

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Amy Campbell1
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Evelyn Fraser, Nurse

Letter to Patient: 0

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 355 1368
Enquiries to:

Donna Sullivan
8 Millennium Gardens
Glasgow
G34 9HH

Letter Date: 02/04/2026
Reference: FB/RC
Dictated Date: 11/03/2026
Transcribed Date: 30/03/2026

Dear Mrs Sullivan,

I now have the results of the biopsies obtained at your endoscopy on 02/02/26. Duodenal biopsies show normal small bowel mucosa with no evidence of coeliac disease. Gastric biopsies show normal gastric mucosa with no evidence of helicobacter pylori. I understand further follow up has been arranged to Miss Craigs surgical clinic.

Yours sincerely

Fiona Beck

Nurse Endoscopist

Electronically Signed: Nurse Fiona Beck, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Donna Sullivan
8 Millennium Gardens
Glasgow
G34 9HH

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 201 6673
Enquiries to: eileen.mitchell@nhs.scot
Letter Date: 13/03/2026
Reference: CC/EM
Dictated Date: 11/03/2026
Transcribed Date: 13/03/2026

Dear Mrs Sullivan,

I now have the result of the biopsies we took at your endoscopy whilst you were an inpatient. These show some mild inflammation in the gastric lining. There is no evidence of helicobacter infection, the bug which can cause ulcers, and there are no concerning features. Given the presentation you had I am going to arrange for you to come for a follow up endoscopy in 6 weeks' time. In the meantime you should remain on acid suppressing medication and diet as suggested by the dieticians.

Yours sincerely

Miss Carol Craig

Consultant Upper GI Surgeon

Electronically Signed: ,

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Gastroenterology
Contact Tel: 0141 2016372
Enquiries to: Pauline.kennedy@ggc.scot.nhs.uk
Letter Date: 21/02/2024
Reference: SF/DC
Dictated Date: 19/02/2024
Transcribed Date: 19/02/2024

Donna Sullivan
8 Millennium Gardens
Glasgow
G34 9HH

Dear Mrs Sullivan,

I now have all the blood test results available from the samples collected during your gastroenterology clinic appointment on 9th February. The majority of these blood tests are normal and are no cause for concern. We have noted from your blood tests that you appear to be mildly anaemia with a haemoglobin level of 110 (normal range >115). You appear to be deficient in iron and folic acid, which is likely to be the cause of the anaemia. We will ask your GP to provide you with a 3 month course of both Folic Acid and iron replacement.

You are currently waiting for a colonoscopy test given your recent diagnosis of proctitis. It is important that you stop the oral iron replacement therapy for 7 days prior to attending for your colonoscopy.

Patients who are deficient in iron can occasionally have chronic blood loss from their digestive tract as a cause of the iron deficiency. If there is any evidence of this coming from your large bowel we should see it in the colonoscopy test. It would also be prudent to perform an endoscopy test of the upper part of your digestive tract looking at the gullet and stomach. I will also arrange for you to have all of these tests, which ideally will be performed on the same day.

Yours sincerely

DR SHARIF FATTAH

ST5 IN GASTROENTEROLOGY

Electronically Signed: Dr Sharif Fattah, Doctor

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Gastroenterology
Contact Tel: 0141 201 6369
Enquiries to: Jacqueline Dunnion/Mariann Cameron
Letter Date: 08/06/2023
Reference: RJSG/MAC
Dictated Date: 06/06/2023
Transcribed Date: 07/06/2023

Donna Sullivan
MAIN DOOR
8 MILLENNIUM GARDENS
Glasgow
Lanarkshire
G34 9HH

Dear Mrs Sullivan,

I know that we have not met personally. I understand that you have been having problems with bleeding from the back passage. The tube test has suggested that you have some inflammation there and I am sure that we can get your symptoms better with medication. I am going to ask your GP to get you started on a suppository anti-inflammatory medication called Salofalk. You should one of these daily until the bleeding settles down. I am also going to arrange for you to be seen in the clinic to discuss the diagnosis in more detail.

With best wishes.

Yours sincerely

DR RJS GILLESPIE

Consultant Gastroenterologist

Electronically Signed: Dr Ruth Gillespie, Consultant

cc. Dr SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Mr David Chong
Department of Surgery
Wards 63/64
GRI

IBD Nursing Staff
Gastric Day Unit
Ward 40, St Mungo Building

GRI

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Gastroenterology
Contact Tel: 0141 201 6369
Enquiries to: Gastric Secretary
Letter Date: 07/06/2021
Reference: JW/MAC
Dictated Date: 02/06/2021
Transcribed Date: 03/06/2021

Donna Sullivan
MAIN DOOR
8 MILLENNIUM GARDENS
Glasgow
Lanarkshire
G34 9HH

Dear Mrs Sullivan ,

I write following your attendance for abdominal ultrasound scan recently.

This has not revealed any abnormality which would explain your abdominal discomfort. It has revealed a rather fatty appearance to your liver which has been noted in the past. This is not uncommon in patients who have type 2 diabetes mellitus. There is no specific advice beyond trying to control weight and I understand that you have recently managed to successfully lose some weight which is excellent. Despite the fatty appearance to your liver, your liver function tests recently have been normal and, in that circumstance, we do not require any specific follow up of this finding.

With best wishes.

Yours sincerely

DR JACK WINTER

Consultant Gastroenterologist

Electronically Signed: Dr Jack Winter, Consultant

cc. Dr SJ Colling
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Letter to Patient: Cancellation Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 211 0420/0141 211 5170
Enquiries to: Liz.Black@ggc.scot.nhs.uk & Deborah.Clarkson@ggc

Donna Sullivan
1 Corsehill Path
Easterhouse
Glasgow
G34 0PJ

Letter Date: 02/04/2020
Reference: DC
Dictated Date: 02/04/2020
Transcribed Date: 02/04/2020

Dear Donna Sullivan,

You will have heard of the arrangements being made to prepare for the expected high demands on the National Health Service over the coming weeks. As part of contingency planning to manage the COVID 19 outbreak, it has been necessary to make cancellations to a range of our services. These decisions are based on clinical assessments about what we should continue to provide and what can be safely rescheduled.

In view of this, it has been decided that your planned procedure has to be cancelled.

Clinician & Specialty:	**Professor P Horgan, Consultant Surgeon, General Surgeon**
Admission Date:	**27/03/2020**
Location:	**Glasgow Royal Infirmary**
Procedure:	**Flexible Sigmoidoscopy & Banding**

Please accept our apologies for any inconvenience to you. We will reschedule your procedure or advise of alternative arrangements as soon as we can.

Please note that this notification confirms only the above noted procedure has been cancelled. If you have other procedures planned with another clinical service and you have not been contacted by either phone or letter, you should plan to attend for these.

Please do not attend for any procedure if you have symptoms of respiratory infection such as a fever, cough or sore throat. If you do have any of these symptoms and you have a planned procedure, it is essential that you call us in advance to make an alternative arrangement for your care.

If you think the condition you are being treated for is deteriorating and you need to be seen soon, please contact us by telephone on 0141 211 0420 between 9am and 4pm Monday-Friday.

We know that you will understand why we have had to take this action and please be assured we will be in touch with you again as soon as possible to advise of further arrangements.

Yours sincerely

Deborah Clarkson

Waiting List Coordinator

Endoscopy Unit

North Sector

On behalf of Greater Glasgow & Clyde

Electronically Signed: ,

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Rheumatology
Contact Tel: 0141/211/4966 or 0141/211/4329
Enquiries to: Dr McGeoch's Secretary
Letter Date: 22/03/2019
Reference: LMcG/SRO
Dictated Date: 21/03/2019
Transcribed Date: 22/03/2019

Donna Sullivan
1 Corsehill Path
Glasgow
G34 0PJ

Dear Mrs Sullivan,

It was a pleasure to meet you in my Rheumatology Clinic recently. I have reviewed your initial blood results. You are deficient in Vitamin D which may be aggravating some of your recent musculoskeletal symptoms and I would suggest if possible your GP prescribe some Vitamin D supplementation.

I await some additional auto-antibody blood tests. You will recall I have referred you to the Dermatology Department for assessment of your rash and I will see you back in my clinic as planned in June.

Yours sincerely

Dr Lucy McGeoch

Consultant Rheumatologist

Electronically Signed: ,

cc. Dr Goldie
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

NHS Intraoperative Accountable Items Count Record

Date 20/02/24

2507706163
SULLIVAN F
Donna 25/07/1970
8 Millennium Gardens
Glasgow
G34 9HH

WARD

HOSPITAL GRI

THEATRE W3

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
PRE - OP SWAB COUNT	J Liana	S Sivagnanasundaram
PRE - OP INSTRUMENT COUNT	N/A	N/A
FINAL SWAB COUNT	J Liana	S Sivagnanasundaram
FINAL INSTRUMENT COUNT	N/A	N/A
FINAL DISPATCH COUNT	J. Liana	S Sivagnanasundaram

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1 (Sign) .....

SCRUB PRACTITIONER 2 (Sign) ..... N/A ☑

OPERATION : OGD.

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

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

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

						ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (2x2)		Pledgelets		Caesarean Roll		
Swabs (10x10)	5	Tapes				
Abdominal packs		Sloops/Slings				
Sutures		Bulldogs				
Blades		Shods				
IV needles		Ports				
Sy is		Tibbs Cannula				
Dl d-a-pad		Staple Gun Inserts				
Diathermy pencil		Spears				
Diathermy tips		Retrieval Bag (Bert)				
Scratch pad		Digital Tourniquets		Throat Pack IN	☐	
Reels		Pen & Ruler		Throat pack OUT	☐ ☐ ☐	
Patties		Bi-Polar		Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☑

DETAIL IN WHICH COUNT DISCREPANCY OCCURRED:-

Detail of the discrepancy:-

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

Scrub Practitioner Signature if count still incorrect

.....

Datix is Completed ☐

Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS .....

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

ELECTRONIC PATIENT RECORDS

2 of 2

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☑		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐

Acute Services Division

NHS Greater Glasgow and Clyde

2507706163
SULLIVAN F
Donna 25/07/1970
8 Millennium Gardens
Glasgow
G34 9HH

Perioperative Care Plan

Hospital: GRI	Consultant: Miss Quinn
Ward: 49	Date: 26/2/06

Theatre Staff - The following information can be found within the My Admission Record (MAR)

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History - see MAR	Yes ☐ No ☐	Yes ☐ No ☐
THEATRE STAFF – For Baseline Observations refer to NEWS 2 chart.		
Height: ..... **Weight:**		

WARD Other information

Document any other relevant information e.g. needle phobia, preferred name, interpreter arranged.
Please provide e.g. theatre buddy, 'Getting to know me' document if available.

WARD Safety Checklist

Up-to-date Blood Results available on Clinical Portal	Yes ☑ No ☐	Comments if required:
Blood Cross Matched confirmed by labs	Yes ☐ No ☐ N/A ☐	
Blood Grouped and Saved confirmed by labs 1st sample ☐ 2nd Sample ☐	Yes ☐ No ☐ N/A ☐	
Antibodies +ve ☐ -ve ☐		

Date of Last Menstrual Period (LMP) N/A ☐	Date __/__/__	Comments
Is there any chance you are pregnant? N/A ☑	Yes ☐ No ☐	Comments
Pregnancy test carried out with the patient's consent	Yes ☐ Refused ☐	Comments
Pregnancy test result N/A ☑	Postive ☐ Negative ☐	
Tampon removed N/A ☑	Yes ☐	Comments
MRSA Positive ☐ Negative ☐	Results pending ☐ N/A ☑	Comments
CPE Positive ☐ Negative ☐	Results pending ☐ N/A ☑	
Other Positive ☐ Negative ☐	Results pending ☐ N/A ☑	
PUDRA Yes ☑ N/A ☐	Patient Refused ☐	Comments
PVC care plan in place Yes ☑	No ☐ N/A ☐	Comments

Topical Local Anaesthetic applied	Yes ☐ No ☐ N/A ☐	
Specify site and time applied	Site 1:	
	Time:	
	Site 2:	
	Time:	

N
A
2507706163 F
SULLIVAN
D Donna 25/07/1970
C 8 Millennium Gardens
Glasgow
G34 9HH

SAFETY Checklist – Ward Check completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Practitioner
IDENTITY BAND CORRECT (Name, DoB, CHI number, gender, Ward)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Case Notes / Scanner Folder (circle)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
ECG	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
MAR document	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
S chart	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
isk assessment	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Prescription Chart	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Alert Sticker – specify:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☑
Biometry	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☑
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Procedure and laterality matches Theatre list	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Patient confirms proposed procedure	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Correct site marked	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Signed by Surgeon and Patient	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Dated			
ADULTS WITH INCAPACITY (AWI) N/A ☑			
Check;			
2 page Certificate of Incapacity for Single Procedure;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Procedure and laterality matches Theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and Signed by operating surgeon	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ge Capacity Documentation for cal treatment present	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Certificate of Incapacity under section 47 completed and;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and signed by medical practitioner	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ALLERGIES/Sensitivities and Reactions (Please also include food allergies)	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
If 'Yes' specify:	Gluten	NKDA	Gluten
Fasted from – specify time (24 hr clock) N/A ☑	Food:	Food: 12	Food: 1930
	Fluid:	Fluid:	Fluid:
Blood Glucose Score – if relevant	Time: Score: N/A ☐	Time: Score: N/A ☑ 15-20 6.5	Time: 1520 Score: 6.5 N/A ☐
INTERNAL PROSTHESIS in situ e.g. metalwork, pacemaker, implant etc If 'Yes' state location and type	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☑
EXTERNAL PROSTHESIS N/A ☐ e.g. hairpiece, false eye etc. If 'Yes' state type where stored	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑

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SULLIVAN
Donna
8 Millennium Gardens
Glasgow
F
25/07/1970
G34 9HH

Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed N/A ☐ If 'Yes' state where stored	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐ Removed	Yes ☑ No ☐ N/A ☐ Pt to keep
Loose teeth, caps and crowns and veneers State site and type	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Hearing aid(s) N/A ☑ If removed state where stored	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐
Spectacles/Contact lenses removed N/A ☐ If 'Yes' state where stored	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐ On ward.
Make-up/ Nail polish removed N/A ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
False nails in situ – Anaesthetist informed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Jewellery/Body piercing removed N/A ☑ If 'yes' state where stored If unable to remove,please tape and state location	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes? Please complete additional CJD question form for High Risk Ophthalmology Procedures	Yes ☐ No ☐ Not Known ☐ Yes ☐ N/A ☐	If yes, contact Infection Control Team and Theatres. Infection Control Team Informed on ___/___/___ Comments if required:	
Inhalers/ sprays with patient N/A ☑	Yes ☐ No ☐	Type:	
Anti-embolic Prophylaxis prescribed N/A ☐	Yes ☑ No ☐	Type:	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☐	State reason:	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☐ No ☐	Comment if required:	
Pre-Medication given N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐		Bed ☐ Trolley ☐ Operating chair ☑ Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: Sign: Time:	Print: D. Clark Sign: Time: 15.60	Print: K Mackenzie Sign: Time:: 1545

Name: .....
Address: .....
.....
DoB .....
CHI number: .....
Affix patient data label

Surgical Brief

Surgical Brief carried out:	Yes ☑ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse:	BP:	Temp:	SpO_2:	Resps:
	73	115/64	36.1	94	8 14

Stop Before You Block This section NOT applicable ☐

Stop Before You Block carried out:	Yes ☐ No ☐

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☐	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☐	Throat spray ☐ Time: _____
Local Anaesthetic ☐	Site: Drug:		mls
Sedation ☑	Drug: Midazolam		4 mls

Skin Prepping used for Patient Monitoring / Blocks This section NOT applicable ☑

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☐ Yes ☐	Other ☐ Specify prep:
CVP CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☐ Yes ☐	Other ☐ Specify prep:
SPINAL / EPIDURAL / COMBINED	Yes ☐ N/A ☐	Specify prep:		
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:		

Blood Glucose Monitoring This section NOT applicable ☑

Time								
BM Score								

Prevention of Eye Injury This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☐	Specify:

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Anaesthetics continued

Maintenance of Normothermia

This section NOT applicable ☑

Actions taken to maintain the patient's temperature	Yes ☐ No ☐	Warm air blanket device – specify:	Yes ☐ No ☐ N/A ☐
		Warm Fluids	Yes ☐ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
Temperature documented by Anaesthetist		Other – specify:	Yes ☐ No ☐ N/A ☐

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☑

Anaesthetic Practitioner Comments

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre

Safe Positioning

This section NOT applicable ☑

Moving aids used to move patient	Yes ☐ No ☐	Pat Slide ☐	Sliding sheet ☐	Roll board ☐
		Hover Mattress ☐	Other:	

Pressure Area Care (THIS MUST BE COMPLETED)

Pre-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☐ 1 2 3 4 Ungradable Suspected Deep tissue

No areas of concern identified ☐ Patient refused ☐

Area of concern identified (include area of body)	Actions taken

Position	Positioning Devices		Pressure redistribution	Arm Position
Position 1 **Time:** Supine ☐ Prone ☐ Left Lateral ☑ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☑ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐
Position 2 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐
Position 3 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐

Pressure Area care Chart

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Insert KEY to identify pressure re-distribution:-
E – Elevation **U**- unable to access
R - Reposition

Prevention of Compartment Syndrome
Legs in Lloyd Davis or Lithotomy Position:

This Section NOT Applicable ☐
Patient legs must be rested for 5 minutes every 3 hours. If this does not happen,please document reason in comments section.

Time Legs Positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐ Left	ARMS Right	HEELS N/A ☐ Left	HEELS Right	LEGS N/A ☐ Left	LEGS Right	O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	30° TILT With PILLOW N/A ☐	SIGNATURE
15[45]	K	K	K	K	K	K	K	(L) INDEX	/	/	KM

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Electrosurgery — This section NOT applicable ☑

Monopolar: Yes ☐ N/A ☐		Bipolar: Yes ☐ N/A ☐
Site(s) of Monopolar Return Electrode:		
Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☐ N/A ☐	State site:
Return Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

Tourniquets — This section NOT applicable ☑

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐	
Padding under tourniquet	Yes ☐ No ☐ N/A ☐	
Cover over tourniquet	Yes ☐ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time de-flated

Digit Tourniquet — This section NOT applicable ☑

Site and side applied	Time applied	Time removed

Prescribed DVT Prophylaxis — Contraindicated ☐ — This section NOT applicable ☑

Intermittent Pneumatic Compression Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Foot Pump Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Other – Specify:	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Fluids for Irrigation — This section NOT applicable ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Skin Preparation

This section NOT applicable ☐

Site – specify: N/A ☐	Clipped	Preparation solution used		
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date_____	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____	

Site – specify: N/A ☐	Clipped	Preparation solution used		
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____	

Site – specify: N/A ☐	Clipped	Preparation solution used		
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____	

Site – specify: N/A ☐	Clipped	Preparation solution used		
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____	

Local Anaesthetic Infiltration to Wound

This section NOT applicable ☐

Site	Drug	Quantity

Drains

This section NOT applicable ☐

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

26/02/2026 | 2026/02/26

Production Id: 327545 DISINFECTED AER [redacted]

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

GRI - Endoscopy

NHS Greater Glasgow and Clyde

OLY-GIF-1TH180-1

ID: 50554764200000467

GASTROSCOPE GIF-1TH180 OLYMPUS

Sn: 2143615

EXPIRES: 26/02/2026 18:04

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Blood Tag Dispatch

This section NOT applicable ☑

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Wound Closure and Dressings (including Packing)

This section NOT applicable ☑

Wound Closure used: Yes ☐ No ☐ N/A ☐ | Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Skin Closure	Dressings	Packing and number of pieces
1		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
2		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
3		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
4		Type: Absorbable ☐ Non Absorbable ☐ Other.....		

Electrosurgery

Electrosurgery return electrode site post-op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Operation / Procedure Performed

DDD + NJ insertion

Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☑ 1 2 3 4 Ungradeable Suspected deep tissue

No areas of concern identified ☑ Patient refused ☐

Actions taken if required:

Notes / Comments

	Note / Comment	Time	PRINT and Sign

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Immediate Post-Operative Recovery

Surgical handover Instructions e.g. ' hand high elevation'

Verbal Handover from Theatre to Recovery

Verbal Handover given by: To:

Handover should include the following

Patient		**Other**
Patient's name		RSI
Theatre		Awake Fibre Optic Intubation
Procedure		
Allergies		

Recovery

This section NOT applicable ☐

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐	Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
If 'Yes' please specify (right)	Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care (MUST BE COMPLETED)

Patient refused ☐

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Patient Position	No Concerns Identified	Excoriation Level N/A ☐	Pressure Ulcer Grade N/A ☐

Area of concern identified (include area of body)	Actions taken (continue in events section on page 16)

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G34 9HH

Post-operative Observations

Time	15[45]	16[00]		16[25]	16.40	16.55												
210																		
200																		
190																		
180																		
170																		
160																		
150																		
140																		
130		^	^	118	114													
120																		
110	^			^	^	102												
100						^												
90																		
80																		
70	v	v	v	v	v	v												
60																		
50																		
40																		
30																		
Airway type	L	R	L	L	L	L												
O_2 Therapy	A	~~RA~~	4L	4L	4L	4L												
SpO_2	94%	~~94%~~	97%	97%	97%	97%												
Resp. Rate					13	14												
CVP																		
Temp.				37.1														
Pain Score																		
P.O.N.V.					0													
Sedation Score	1	2	2	2	1	1												
BM Score																		
PV staining																		
Hourly Urine Vol.	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Total Urine Vol.	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Wound Score																		
Circulation +ve/-ve																		
Sensation +ve/-ve																		
Movement +ve/-ve																		
Pedal Pulse – R / L																		
Drain 1																		
Staff initials	KM	KM	KM	KM	AK	AK												

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
PV Staining							
Hourly Urine Vol. / Total Urine Vol.	/	/	/	/	/	/	/
Wound Score							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – R / L							
Drain 1							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score										
0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

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Discharge

NEWS 2 Score:	Time:	Local Discharge Criteria met: Yes ☐ No ☐

Discharge Comments

Pt maintaining sats 97% on 4L O2 post-op. Sedation score improved from 2 to 1 and able to move up the bed independently. BP reduced to 103/56 in recovery. Pt NBM + no PONV. Pt for AXR once in the ward and remain NBM.

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS 2 Score	
Allergies		Intra-operative events		
	IV Fluids			
	PVC			
	PVC Documentation			

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Use this page to document further patient information if required.

Acute Services Division

NHS Greater Glasgow and Clyde

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Perioperative Care Plan

Hospital: GRI	Consultant: MJ QUINN
Ward: CCU5	Date: 25/2/26

Theatre Staff - The following information can be found within the My Admission Record (MAR)

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History - see MAR	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS 2 chart.

Height: ..... **Weight:** .....

WARD Other information

Document any other relevant information e.g. needle phobia, preferred name, interpreter arranged.
Please provide e.g. theatre buddy, 'Getting to know me' document if available.

WARD Safety Checklist

Up-to-date Blood Results available on Clinical Portal	Yes ☑ No ☐	Comments if required:
Blood Cross Matched confirmed by labs	Yes ☐ No ☐ N/A ☐	
Blood Grouped and Saved confirmed by labs 1st sample ☐ 2nd Sample ☐	Yes ☐ No ☐ N/A ☐	
Antibodies +ve ☐ -ve ☐		

Date of Last Menstrual Period (LMP) N/A ☐	Date __/__/__	Comments
Is there any chance you are pregnant? N/A ☑	Yes ☐ No ☐	Comments
Pregnancy test carried out with the patient's consent	Yes ☐ Refused ☐	Comments
Pregnancy test result N/A ☑	Postive ☐ Negative ☐	
Tampon removed N/A ☑	Yes ☐	Comments
MRSA Positive ☐ Negative ☐ Results pending ☐ N/A ☐ CPE Positive ☐ Negative ☐ Results pending ☐ N/A ☐ Other Positive ☐ Negative ☐ Results pending ☐ N/A ☐		Comments
PUDRA Yes ☑ N/A ☐ Patient Refused ☐		Comments ON TRACK
PVC care plan in place Yes ☑ No ☐ N/A ☐		Comments

Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☐ Site 1: Time: Site 2: Time:	

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SAFETY Checklist – Ward Check completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Practitioner
IDENTITY BAND CORRECT (Name, DoB, CHI number, gender, Ward)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Case Notes / Scanner Folder (circle)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
ECG	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
IAR document	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
NEWS chart	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Falls risk assessment	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Prescription Chart	Yes ☐ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Alert Sticker – specify:	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
Biometry	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Procedure and laterality matches Theatre list	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Patient confirms proposed procedure	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐
Signed by Surgeon and Patient	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Dated			
ADULTS WITH INCAPACITY (AWI) N/A ☑ Check;			
2 page Certificate of Incapacity for Single Procedure;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Procedure and laterality matches Theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ited and Signed by operating surgeon	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
rrect site marked	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4 page Capacity Documentation for Medical treatment present	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Certificate of Incapacity under section 47 completed and;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and signed by medical practitioner	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ALLERGIES/Sensitivities and Reactions (Please also include food allergies)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
If 'Yes' specify:	Gluten	Gluten.	
Fasted from – specify time (24 hr clock) N/A ☑	Food:	Food: 24/2	Food:
	Fluid:	Fluid: Sips to sip	Fluid:
Blood Glucose Score – if relevant Type 2	Time: Score: N/A ☐	Time: Score: N/A ☐	Time: Score: N/A ☐
INTERNAL PROSTHESIS in situ e.g. metalwork, pacemaker, implant etc	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
If 'Yes' state location and type	Mirena Coil		
EXTERNAL PROSTHESIS N/A ☐ e.g. hairpiece, false eye etc.	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐
If 'Yes' state type where stored			

1

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25/07/1970

Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed N/A ☐ If 'Yes' state where stored	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑ Top partial plate	Yes ☐ No ☐ N/A ☐
Loose teeth, caps and crowns and veneers State site and type.	Yes ☑ No ☐ upper Right	Yes ☐ No ☑	Yes ☐ No ☐
Hearing aid(s) N/A ☑ If removed state where stored	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ N/A. Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐
Spectacles/Contact lenses removed N/A ☑ If 'Yes' state where stored	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
Make-up/ Nail polish removed N/A ☐	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
False nails in situ – Anaesthetist informed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
Jewellery/Body piercing removed N/A ☑ If 'yes' state where stored If unable to remove,please tape and state location	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes? Please complete additional CJD question form for High Risk Ophthalmology Procedures	Yes ☐ No ☑ Not Known ☐ Yes ☐ N/A ☑	If yes, contact Infection Control Team and Theatres. Infection Control Team Informed on ___/___/___ Comments if required:	
Inhalers/ sprays with patient N/A ☑	Yes ☐ No ☐	Type:	
Anti-embolic Prophylaxis prescribed N/A ☐	Yes ☑ No ☐	Type: TED's	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☑	State reason:	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐	Comment if required:	
Pre-Medication given N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☑ Trolley ☐ Operating chair ☐ Yes ☑ No ☐		Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: Sign: Time: 1350	Print: Nicola Wardle Sign: Time: 14:10.	Print: Sign: Time::

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Surgical Brief

Surgical Brief carried out:	Yes ☐ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse:	BP:	Temp:	SpO_2:	Resps:

Stop Before You Block — This section NOT applicable ☐

Stop Before You Block carried out:	Yes ☐ No ☐

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☐	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☐	Throat spray ☐ Time: _____
Local Anaesthetic ☐	Site: Drug:		mls
Sedation ☐	Drug:		mls

Skin Prepping used for Patient Monitoring / Blocks — This section NOT applicable ☐

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Yes ☐ Chlor-a-prep solution Yes ☐		Other ☐ Specify prep:
CVP CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Yes ☐ Chlor-a-prep solution Yes ☐		Other ☐ Specify prep:
SPINAL / EPIDURAL / COMBINED	Yes ☐ N/A ☐	Specify prep:		
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:		

Blood Glucose Monitoring — This section NOT applicable ☐

Time								
Score								

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☐	Specify:

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Anaesthetics continued

Maintenance of Normothermia — This section NOT applicable ☐

Actions taken to maintain the patient's temperature	Yes ☐ No ☐		
		Warm air blanket device – specify:	Yes ☐ No ☐ N/A ☐
		Warm Fluids	Yes ☐ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
Temperature documented by Anaesthetist		Other – specify:	Yes ☐ No ☐ N/A ☐

Record of Anaesthetic Pump Infusion Device Numbers — This section NOT applicable ☐

Anaesthetic Practitioner Comments

ENDOSCOPY ROOM 3 25/02/2026 14:55 — MISS Grant

Pause pre procedure, no issues
XYLOCAINE SPRAY @ 15:00 pm
3 mg of MIDAZOLAM given
75 mcg of FENTANYL given
OGD NJ placed endoscopically,
for X-RAY to confirm position on
route to ward. See report for
plan. NBM till
X-RAY is reviewed.

[redacted]

24/02/2026 | 2026/02/24
Production Id: 327108 DISINFECTED AER
Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.
GRI - Endoscopy
GRI
Endoscopy Decontamination Dept
01412114000
OLY-GIF-1TH190-1
ID: 50554764200001821
GASTROSCOPE GIF-1TH190 OLYMPUS
Sn: 2244580
EXPIRES: 24/02/2026 16:43

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre

Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient	Yes ☐ No ☐	Pat Slide ☐	Sliding sheet ☐	Roll board ☐
		Hover Mattress ☐	Other:	

Pressure Area Care (THIS MUST BE COMPLETED)

Pre-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☐ 1 2 3 4 Ungradable Suspected Deep tissue

No areas of concern identified ☐ Patient refused ☐

Area of concern identified (include area of body)	Actions taken

Position	Positioning Devices		Pressure redistribution	Arm Position
Position 1 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐
Position 2 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐
Position 3 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐

Pressure Area care Chart

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Insert KEY to identify pressure re-distribution:-
E – Elevation **U**- unable to access
R - Reposition

Prevention of Compartment Syndrome
Legs in Lloyd Davis or Lithotomy Position:

This Section NOT Applicable ☐
Patient legs must be rested for 5 minutes every 3 hours. If this does not happen please document reason in comments section.

Time Legs Positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐		HEELS N/A ☐		LEGS N/A ☐		O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	30° TILT With PILLOW N/A ☐	SIGNATURE
		Left	Right	Left	Right	Left	Right				

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Electrosurgery — This section NOT applicable ☐

Monopolar: Yes ☐ N/A ☐		Bipolar: Yes ☐ N/A ☐
Site(s) of Monopolar Return Electrode:		
Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☐ N/A ☐	State site:
Return Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

Tourniquets — This section NOT applicable ☐

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐	
Padding under tourniquet	Yes ☐ No ☐ N/A ☐	
Cover over tourniquet	Yes ☐ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

	Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time de-flated

Digit Tourniquet — This section NOT applicable ☐

Site and side applied	Time applied	Time removed

Prescribed DVT Prophylaxis — Contraindicated ☐ — This section NOT applicable ☐

Intermittent Pneumatic Compression Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Foot Pump Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Other – Specify:	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Fluids for Irrigation — This section NOT applicable ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Skin Preparation

This section NOT applicable ☐

Site – specify: N/A ☐	Clipped	Preparation solution used		
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date_____	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____	

Site – specify: N/A ☐	Clipped	Preparation solution used		
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____	

Site – specify: N/A ☐	Clipped	Preparation solution used		
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____	

Site – specify: N/A ☐	Clipped	Preparation solution used		
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____	

Local Anaesthetic Infiltration to Wound

This section NOT applicable ☐

Site	Drug	Quantity

Drains

This section NOT applicable ☐

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

Name: .....
Address: .....
.....
DoB: .....
CH number: .....
Affix patient data label

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Wound Closure and Dressings (including Packing)

This section NOT applicable ☐

Wound Closure used: Yes ☐ No ☐ N/A ☐ | Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Skin Closure	Dressings	Packing and number of pieces
1		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
2		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
3		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
4		Type: Absorbable ☐ Non Absorbable ☐ Other.....		

Electrosurgery

Electrosurgery return electrode site post-op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Operation / Procedure Performed

Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☐ 1 2 3 4 Ungradeable Suspected deep tissue

No areas of concern identified ☐ Patient refused ☐

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Immediate Post-Operative Recovery

Surgical handover instructions e.g. ' hand high elevation'

Verbal Handover from Theatre to Recovery

Verbal Handover given by: To:

Handover should include the following

Patient		**Other**
Patient's name		RSI
Theatre		Awake Fibre Optic Intubation
Procedure		
Allergies		

Recovery

This section NOT applicable ☐

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐
If 'Yes' please specify (right)

Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care (MUST BE COMPLETED)

Patient refused ☐

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Patient Position	No Concerns Identified	Excoriation Level N/A ☐	Pressure Ulcer Grade N/A ☐

Area of concern identified (include area of body)	**Actions taken (continue in events section on page 16)**

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Glasgow
G34 9HH

Post-operative Observations

25/12/26 Time	1520	1535	1550
210			
200			
190			
180			
170			
160			
150			
140			
130			
120	^		^
110	|	^	|
100	|	|	|
90	V	|	|
80		|	V
70		|	
60	O	Ø	O
50	/		
40			
30			
Airway type	1	1	1
O_2 Therapy	4L	4L	4L
SpO_2	97	97	97
Resp. Rate	12	12	13
CVS HR	SR	SR	SR
Temp.	36.2°C		
Pain Score	0	0	0
P.O.N.V.	0	0	0
Sedation Score	1	1	1
BM Score	5.3 mmol/L		
PV staining			
Hourly Urine Vol.	MX		
Total Urine Vol.			
Wound Score			
Circulation +ve/-ve			
Sensation +ve/-ve			
Movement +ve/-ve			
Pedal Pulse – R / L			
Drain 1			
Staff initials			

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
PV Staining							
Hourly Urine Vol. / Total Urine Vol.							
Wound Score							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – R / L							
Drain 1							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occosional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Events

Event	Action	Outcome
Recovery - A - maintaining own airway B - 4 Litres of O_2 via nasal prongs C - no IV fluids D - NJ tube in situ E - CXR in recovery. to be reviewed in ward. Passed urine in recovery.		

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Discharge

NEWS 2 Score:	Time:	Local Discharge Criteria met: Yes ☐ No ☐

Discharge Comments

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS 2 Score	
Allergies		Intra-operative events		
	IV Fluids			
	PVC			
	PVC Documentation			

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Use this page to document further patient information if required.

Operation note:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department:
Contact Tel:
Enquiries to:
Letter Date: 26/02/2026
Reference:
Dictated Date: 26/02/2026
Transcribed Date:

26.02.2026
Mark Johnstone ST8
OGD and insertion of NJ feeding tube

Glasgow Royal Infirmary
Department:

Indication: CT revealed GOO. OGD yesterday by Ms Craig showed foodstuffs in stomach, pyloric inflammation causing narrowing but able to pass with scope. Biopsies of pylorus and NJ inserted for feeding which dislodged last night. Plan to replace NJ today.

Preparation: Consented, WHO pause, throat spray, 4mg of midazolam, mouth guard, O2.

Procedure: Scope passed to D2. Foodstuffs in stomach again. Inflamed pylorus which was narrow and somewhat difficult to pass but with gentle insufflation able to pass to D2. NJ feeding tube inserted. Transferred to nose. Initially wouldn't flush so withdrawn by a 20cm and would then flush. Secured with bridle at 120cm.

Post-op: Return to ward, keep nil by mouth, AXR to confirm NJ remains distal to pylorus given need for position adjustment and start feed after.

Mark Johnstone ST8

Acute Services Division

NHS Greater Glasgow and Clyde

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Glasgow
G34 9HH

Perioperative Care Plan

Hospital: GRI	Consultant: Mr Duxbury
Ward: 63	Date: 18/1/24

Theatre Staff - The following information can be found within the My Admission Record (MAR)

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History - see MAR	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS 2 chart.

Height: ..... **Weight:** .....

WARD Other information

Document any other relevant information e.g. needle phobia, preferred name, interpreter arranged.
Please provide e.g. theatre buddy, 'Getting to know me' document if available.

WARD Safety Checklist

Up-to-date Blood Results available on Clinical Portal	Yes ☑ No ☐	Comments if required:
Blood Cross Matched confirmed by labs	Yes ☐ No ☐ N/A ☑	
Blood Grouped and Saved confirmed by labs 1st sample ☐ 2nd Sample ☐ Antibodies +ve ☐ -ve ☐	Yes ☐ No ☐ N/A ☑	

Date of Last Menstrual Period (LMP) N/A ☑	Date __/__/__	Comments
Is there any chance you are pregnant? N/A ☑	Yes ☐ No ☐	Comments
Pregnancy test carried out with the patient's consent	Yes ☐ Refused ☐	Comments
Pregnancy test result N/A ☑	Postive ☐ Negative ☐	
Tampon removed N/A ☑	Yes ☐	Comments
MRSA Positive ☐ Negative ☐ Results pending ☐ N/A ☑ CPE Positive ☐ Negative ☐ Results pending ☐ N/A ☑ Other Positive ☐ Negative ☐ Results pending ☐ N/A ☑		Comments
PUDRA Yes ☑ N/A ☐ Patient Refused ☐		Comments
PVC care plan in place Yes ☑ No ☐ N/A ☐		Comments

Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☑ Site 1: Time: Site 2: Time:	

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SAFETY Checklist – Ward Check completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Practitioner
IDENTITY BAND CORRECT (Name, DoB, CHI number, gender, Ward)	Yes ☑ No ☐	Yes ☐ No ☑ Changed	Yes ☑ No ☐
Case Notes / Scanner Folder (circle)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
ECG	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐
MAR document	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
NEWS chart	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Falls risk assessment	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Prescription Chart	Yes ☐ No ☑ Hepma	Yes ☐ No ☐ HEPMA	Yes ☐ No ☐
Alert Sticker – specify:	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
Biometry	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Procedure and laterality matches Theatre list	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Patient confirms proposed procedure	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Correct site marked	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Signed by Surgeon and Patient	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Dated			
ADULTS WITH INCAPACITY (AWI) N/A ☑			
Check;			
2 page Certificate of Incapacity for Single Procedure;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Procedure and laterality matches Theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and Signed by operating surgeon	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4 page Capacity Documentation for Medical treatment present	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Certificate of Incapacity under section 47 completed and;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and signed by medical practitioner	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ALLERGIES/Sensitivities and Reactions (Please also include food allergies)	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
If 'Yes' specify:	None known		
Fasted from – specify time (24 hr clock) N/A ☐	Food: 00.00	Food: ←	Food: 1700
	Fluid: sips	Fluid: STS	Fluid:
Blood Glucose Score – if relevant	Time: 0600 Score: N/A ☐	Time: Score: 8.3 N/A ☐	Time: Score: N/A ☐
INTERNAL PROSTHESIS in situ e.g. metalwork, pacemaker, implant etc If 'Yes' state location and type	Yes ☐ No ☑	Yes ☑ No ☐	Yes ☑ No ☐
	Mirena coil		
EXTERNAL PROSTHESIS N/A ☐ e.g. hairpiece, false eye etc. If 'Yes' state type where stored	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☑

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Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed N/A ☐	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state where stored	Plate on top		removed
Loose teeth, caps and crowns and veneers	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
State site and type			
Hearing aid(s) N/A ☑	R ☐ L ☐	R ☐ L ☐	R ☐ L ☐
	Insitu ☐ Removed ☐	Insitu ☐ Removed ☐	Insitu ☐ Removed ☐
If removed state where stored			
Spectacles/Contact lenses removed N/A ☐	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☑
If 'Yes' state where stored	On ward		
Make-up/ Nail polish removed N/A ☐	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
False nails in situ – Anaesthetist informed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Jewellery/Body piercing removed N/A ☐	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
If 'yes' state where stored			
If unable to remove,please tape and state location			
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?	Yes ☐ No ☑	If yes, contact Infection Control Team and Theatres.	
	Not Known ☐	Infection Control Team Informed on ___/___/___	
Please complete additional CJD question form for High Risk Ophthalmology Procedures	Yes ☐ N/A ☐	Comments if required:	
Inhalers/ sprays with patient N/A ☐	Yes ☐ No ☑	Type: X	
Anti-embolic Prophylaxis prescribed N/A ☐	Yes ☑ No ☐	Type: TEDS + enoxaparin	
Paper pants in situ – If 'No' specify reason:	Yes ☑ No ☐	State reason: X	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐	Comment if required: Yes	
Pre-Medication given N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☑
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☑ Trolley ☐		Bed ☑ Trolley ☐
	Operating chair ☐		Operating chair ☐
	Yes ☑ No ☐		Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: B SMITH	Print: ALLYSON HOGRAW	Print: E WILLIAMSON
	Sign: B Smith	Sign: A Hograw	Sign: E Williamson
	Time: 10.00	Time: 10.10	Time:: 10.30

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Surgical Brief

Surgical Brief carried out:	Yes ☑ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse:	BP:	Temp:	SpO_2:	Resps:
	82	108/66		91	

Stop Before You Block This section NOT applicable ☑

Stop Before You Block carried out:	Yes ☐ No ☐

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☐	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☐	Throat spray ☐ Time: _____
Local Anaesthetic ☐	Site: Drug:		mls
Sedation ☑	Drug: Midazolam		3 mls

Skin Prepping used for Patient Monitoring / Blocks This section NOT applicable ☑

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol ☐ Chlor-a-prep solution ☐	Yes ☐ Yes ☐	Other ☐ Specify prep:
CVP CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol ☐ Chlor-a-prep solution ☐	Yes ☐ Yes ☐	Other ☐ Specify prep:
SPINAL / EPIDURAL / COMBINED	Yes ☐ N/A ☐	Specify prep:		
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:		

Blood Glucose Monitoring This section NOT applicable ☐

Time								
BM Score	6.3							

Prevention of Eye Injury This section NOT applicable ☑

Eyes protected from injury during procedure	Yes ☐	Specify:

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Anaesthetics continued

Maintenance of Normothermia

This section NOT applicable ☑

Actions taken to maintain the patient's temperature	Yes ☐ No ☐	Warm air blanket device – specify:	Yes ☐ No ☐ N/A ☐
		Warm Fluids	Yes ☐ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
Temperature documented by Anaesthetist		Other – specify:	Yes ☐ No ☐ N/A ☐

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☑

Anaesthetic Practitioner Comments

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre

Safe Positioning

This section NOT applicable ☑

Moving aids used to move patient	Yes ☐ No ☐	Pat Slide ☐	Sliding sheet ☐	Roll board ☐
		Hover Mattress ☐	Other:	

Pressure Area Care (THIS MUST BE COMPLETED)

Pre-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☑ 1 2 3 4 Ungradable Suspected Deep tissue

No areas of concern identified ☑ Patient refused ☐

Area of concern identified (include area of body)	Actions taken

Position	Positioning Devices		Pressure redistribution	Arm Position	
Position 1 **Time:**	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Supine ☐ Prone ☐	Pillows ☑	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Left Lateral ☐ Right lateral ☑	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Other ☐ Lithotomy ☐	Bean bag ☐			**Secured with:**	**Secured with:**
	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐
Position 2 **Time:**	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Other ☐ Lithotomy ☐	Bean bag ☐			**Secured with:**	**Secured with:**
	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐
Position 3 **Time:**	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Other ☐ Lithotomy ☐	Bean bag ☐			**Secured with:**	**Secured with:**
	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐

Pressure Area care Chart

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Insert KEY to identify pressure re-distribution:-
E – Elevation **U**- unable to access
R - Reposition

Prevention of Compartment Syndrome
Legs in Lloyd Davis or Lithotomy Position:

This Section NOT Applicable ☑
Patient legs must be rested for 5 minutes every 3 hours. If this does not happen please document reason in comments section.

Time Legs Positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐ Left	ARMS Right	HEELS N/A ☐ Left	HEELS Right	LEGS N/A ☐ Left	LEGS Right	O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	30° TILT With PILLOW N/A ☐	SIGNATURE

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Electrosurgery

This section NOT applicable ☑

Monopolar: Yes ☐ N/A ☐		Bipolar: Yes ☐ N/A ☐
Site(s) of Monopolar Return Electrode:		
Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☐ N/A ☐	State site:
Return Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

Tourniquets

This section NOT applicable ☑

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐	
Padding under tourniquet	Yes ☐ No ☐ N/A ☐	
Cover over tourniquet	Yes ☐ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time de-flated

Digit Tourniquet

This section NOT applicable ☑

Site and side applied	Time applied	Time removed

Prescribed DVT Prophylaxis

Contraindicated ☐ This section NOT applicable ☐

Intermittent Pneumatic Compression Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Foot Pump Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☑ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☑
Other – Specify:	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Fluids for Irrigation

This section NOT applicable ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Skin Preparation

This section NOT applicable ☑

Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date _____	Chlorhexidine gluconate solution: ___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution: ___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution: ___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution: ___% ☐ Chlorhexidine acetate solution: _____% ☐ Other – Specify: _____% ☐ Batch no: _____ Expiry Date: _____

Local Anaesthetic Infiltration to Wound

This section NOT applicable ☑

Site	Drug	Quantity

Drains

This section NOT applicable ☑

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					

Name:.....

Address:.....

.....

DoB:.....

CHI number:.....

Affix patient data label

Traceability Stickers

18/01/2024 | 2024/01/18

Production Id: 146466 DISINFECTED AER

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

GRI - Endoscopy

NHS Greater Glasgow and Clyde

OLY-CF-Q260DL-1

ID: 50554764200000231

COLONOSCOPE CF-Q260DL OLYMPUS

Sn: 2911252

EXPIRES: 18/01/2024 12:46

NEXT: OLY-CF-Q260DL-1 Sn: 2911252 Prod Id: 146466

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Blood Tag Dispatch

This section NOT applicable ☑

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Wound Closure and Dressings (including Packing)

This section NOT applicable ☑

Wound Closure used: Yes ☐ No ☐ N/A ☐

Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Skin Closure	Dressings	Packing and number of pieces
1		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
2		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
3		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
4		Type: Absorbable ☐ Non Absorbable ☐ Other.....		

Electrosurgery

Electrosurgery return electrode site post-op skin check(s) is satisfactory	Yes ☐ No ☐ N	If 'No' state reason and action: -SN

Operation / Procedure Performed

flexible Sigmoidoscopy

Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☐ 1 2 3 4 Ungradeable Suspected deep tissue

No areas of concern identified ☐ Patient refused ☐

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Immediate Post-Operative Recovery

Surgical handover Instructions e.g. ' hand high elevation'

Verbal Handover from Theatre to Recovery

Verbal Handover given by: To:

Handover should include the following

Patient		**Other**
Patient's name		RSI
Theatre		Awake Fibre Optic Intubation
Procedure		
Allergies		

Recovery — This section NOT applicable ☐

Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐ If 'Yes' please specify (right)	Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐ Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care (MUST BE COMPLETED) — Patient refused ☐

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Patient Position	No Concerns Identified	Excoriation Level N/A ☐	Pressure Ulcer Grade N/A ☐

Area of concern identified (include area of body)	Actions taken (continue in events section on page 16)

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Glasgow
G34 9HH

3 Midazolam @ 10:35.

Post-operative Observations

Time	10:30	10:40	10:45	10:50	10:57	11:20													
210																			
200																			
190																			
180																			
170																			
160																			
150																			
140																			
130																			
120																			
110	108																		
100	A	94																	
90		^																	
80																			
70																			
60	V	V																	
50																			
MUP																			
Airway type	GUN	MASK	MASK																
O_2 Therapy	Nil	2L	4L																
SpO_2	91	93	99																
Resp. Rate																			
CVP ECG																			
Temp.																			
Pain Score	0	0	0																
P.O.N.V.	0	0	0																
Sedation Score	0	1	1																
BM Score	8.3																		
PV staining																			
Hourly Urine Vol.																			
Total Urine Vol.																			
Wound Score																			
Circulation +ve/-ve																			
Sensation +ve/-ve																			
Movement +ve/-ve																			
Pedal Pulse – R / L																			
Drain 1																			
Staff initials																			

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
PV Staining							
Hourly Urine Vol. / Total Urine Vol.							
Wound Score							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – R / L							
Drain 1							
Staff initials							

Key to Scoring / Abbreviations

Airway Type

1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy

Post Operative Nausea and Vomiting Assessment

0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*

Sedation Score

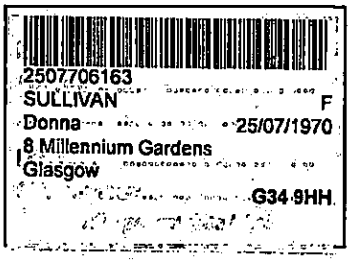
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable

Wound Score

0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			



Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

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8 Millennium Gardens
Glasgow G34 9HH

Discharge

NEWS 2 Score:	Time:	Local Discharge Criteria met: Yes ☑ No ☐

Discharge Comments O2 sats 94% on 4L O2, BP stable, BM 6.4. All observations stable on discharge

Verbal Handover from Recovery to Ward

Verbal Handover given by: L. Mc To:

Handover should include the following

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS 2 Score	
Allergies		Intra-operative events		
	IV Fluids			
	PVC			
	PVC Documentation			

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Use this page to document further patient information if required.

Intraoperative Accountable Items Count Record

Date 18/01/24

2507706163
SULLIVAN F
Donna 25/07/1970
8 Millennium Gardens
Glasgow
G34 9HH

WARD 63
HOSPITAL GRI
THEATRE A

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
PRE - OP SWAB COUNT	N/A	[signature]
PRE - OP INSTRUMENT COUNT	N/A	N/A
FINAL SWAB COUNT	N/A	[signature]
FINAL INSTRUMENT COUNT	N/A	N/A
FINAL DISPATCH COUNT	N/A	[signature]

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1 (Sign) - .....

SCRUB PRACTITIONER 2 (Sign) - ..... N/A ☑

OPERATION : flexible sigmoidoscopy

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

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

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

Swabs (2x2)	0	Pledgelets	0	Caesarean Roll	0	ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (10x10)	5	Tapes	0			
Abdominal packs	0	Sloops/Slings	0			
Sutures	0	Bulldogs	0			
Blad	0	Shods	0			
IV needles	0	Ports	0			
Syringes	0	Tibbs Cannula	0			
Discard-a-pad	0	Staple Gun Inserts	0			
Diathermy pencil	0	Spears	0			
Diathermy tips	0	Retrieval Bag (Bert)	0			
Scratch pad	0	Digital Tourniquets	0	Throat Pack IN	☐	
Reels	0	Pen & Ruler	0	Throat pack OUT	☐	
Patties	0	Bi-Polar	✓	Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☑

DETAIL IN WHICH COUNT DISCREPANCY OCCURRED:-

Detail of the discrepancy:-

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

Scrub Practitioner Signature if count still incorrect

.....

Datix Is Completed ☐

Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS .....

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

2507706163 F
SULLIVAN 25/07/1970
Donna
8 Millennium Gardens
Glasgow G34 9HH

Theatre: A

Date: 18/1/24

Patient Safety Checklists
North Sector Theatre Suite

NHS Greater Glasgow and Clyde

Anaesthetic Pause (Sign in)
Before any form of sedation or anaesthesia

Patient, Anaesthetist, Assistant/ODP to participate in the anaesthetic pause and cease their tasks:

Silence for pause.

Ask the patient their name and DoB. Check this matches name band and CHI is correct? Y/ N

Does the patient have any Allergies? Y/ N
Or metalwork? Y/ N

Ask the patient what operation they are having?
Is there a signed consent form for the expected procedure? Y/ N

Laterality – has the patient been marked? Y/ N/ NA
If lateral block planned attach **STOP BEFORE YOU BLOCK** sticker. Y/ N
If neuraxial block, check last dose LMWH >12h Y/ N

Pregnancy: confirm that the pregnancy status question has been asked. Y/ N/ NA
(n/a in males, females >55, previous hysterectomy/BSO, post menopausal, surgery for ERPOC)

Anaesthetic equipment available and checked ready to use? Y/ N/ NA

Name/Signed_____

Surgical Pause - Pre Skin Incision
Before start of surgical intervention

All the theatre team to participate in the surgical pause and cease their tasks:

Silent theatre for pause.

Scrub Team to Confirm:
Patient Name, DoB, CHI on Name Band and Consent Form? Y/ N
Operation and Laterality on Consent Form (and check mark if laterality)? Y/ N

Anaesthetic Team to Confirm:
Patient Allergies? Y/ N
Antibiotics given in correct dose? Y/ N/ NA
A.S.A. N/A
Warming required ? Y/ N
Any concerns ? Y/ N

Anaesthetic Assistant to Confirm:
Position of any metalwork/ pacemaker? Y/ N

Surgeon to Confirm:
Does imaging need to be displayed? Y/ N
Any concerns? Y/ N
Intra-op DVT prophylaxis? Y/ N
If yes circle TEDS/Flowtrons/LMWH Y/ N

Circulating Team to Transfer Information above to the Theatre Whiteboard? YES

Emergency cases: CEPOD category agreed? Y/ N
ELLSA data completed ? Y/ N/ NA

Name/Signed_____

Sign Out
Towards the end of procedure

All the theatre team to participate in the surgical sign out and cease their tasks:

Silent theatre for sign out.

Lead surgeon at table (start of skin closure) Y/ N

Has the correct procedure been recorded? Y/ N
Is the swab, needle and instrument count correct? Y/ N

Is there a specimen? Y/ N
Confirm - labelled and recorded correctly? Y/ N

Are there any packs or drains in the patient? Y/ N
What are the post-op instructions for these?

What is the estimated blood loss (EBL)? 0 ml

Are more antibiotics required? Y/ N
Has post-op VTE prophylaxis been prescribed? Y/ NA

Can the patient eat and drink immediately post-op? Y/ N
Any concerns for the recovery and management of this patient? Y/ N

Is the post-op destination still appropriate? Y/ N

Name/Signed_____

Review Date: June 2024

2507706163
SULLIVAN F
Donna 25/07/1970
1 Corsehill Path
Glasgow
G34 0PJ

Theatre: E

Date: 17/5/2018

Patient Safety Checklists
GRI Theatre Suite

NHS Greater Glasgow and Clyde

Scottish Patient Safety

Anaesthetic Pause (Sign in)
Before Induction of Anaesthesia

Patient, Anaesthetist, Assistant/ODP to participate in the anaesthetic pause and cease their tasks:
Silence for pause.

Ask the patient their name and confirm same name on name band? Yes/No

Ask the patient their date of birth and confirm same DoB on name band? Yes/No
Check the last 4 digits of CHI on the name band are the same on the patient record? Yes/No

Does the patient have any Allergies? Yes/No
Or metalwork? Yes/No

Ask the patient what operation they are having?
Is there a signed consent form for the expected procedure? Yes/No

Laterality – has the patient been marked? Yes/No/NA
Is a lateral regional block planned? Yes/No
If Yes attach STOP BEFORE YOU BLOCK sticker Yes/No

Pregnancy: confirm that the pregnancy status question has been asked. Yes/NA

Name/Signed MMclaughlin
MMCLAUGHLIN

Surgical Pause - Pre Skin Incision
Before Start of surgical intervention

All the theatre team to participate in the surgical pause and cease their tasks:

Silent theatre for pause.

Scrub Team to Confirm:
Patient Name, DoB, CHI on Name Band and Consent Form? Yes/No
Operation and Laterality on Consent Form (and check mark if laterality)? Yes/No

Anaesthetic Team to Confirm:
Patient Allergies? Yes/No
Antibiotics Given? Yes/No/NA
A.S.A. 2

Anaesthetic Assistant to Confirm:
Position of any metalwork/ pacemaker? No metalwork Yes/NA

Surgeon to Confirm:
Does imaging need to be displayed? Yes/No

Circulating Team to Transfer Information above to the Theatre Whiteboard? Yes

Emergency cases: CEPOD category agreed Yes / NO

Name/Signed Sara McPhee CSW

Sign Out
Towards the end of procedure

All the theatre team participate in the surgical sign out and cease their tasks:
Silent theatre for sign out.

Lead surgeon at table (start of skin closure). Yes/No

Has the correct procedure been recorded? Yes/No
Is the swab, needle and instrument count correct? Yes/No

Is there a specimen? Yes/No
Confirm - labelled and recorded correctly? Yes/No

Are there any packs or drains in the patient? Yes/No
What are the post-op instructions for these?

What is the estimated blood loss (EBL)? NIL ml

Are more antibiotics required? Yes/No
Has post-op VTE prophylaxis been prescribed? Yes/No

Can the patient eat and drink immediately post-op? Yes/No
Any concerns for the recovery and management of this patient? Yes/No
Is the post-op destination still appropriate? Yes/No

Name/Signed MMclaughlin
MMCLAUGHLIN

Box for QR code

NHS Intraoperative Accountable Items Count Record

Date 17.5.19

ADDRESSOGRAPH

2507706163 F
SULLIVAN 25/07/1970
Donna
1 Corsehill Path
Glasgow G34 0PJ
Ht

WARD

HOSP - GRI

THEATRE - E.

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT		EPacker / G Howe
PRE - OP INSTRUMENT COUNT CORRECT		EPacker / G Howe
FINAL SWAB COUNT CORRECT	N/A	EPacker / G Howe
FINAL INSTRUMENT COUNT CORRECT		EPacker / G Howe
FINAL SWAB DISPATCH COUNT CORRECT		EPacker / G Howe

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct
SCRUB NURSE 1- SIGNATURE -
SCRUB NURSE 2 SIGNATURE - N/A.
To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT *To be completed for permanent and temporary replacement*			
INCOMING COUNT *To be completed for temporary replacement*			

OPERATION EUA + Banding of Haemorrhoids

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

Swabs (2x2)	1	Tapes					ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	10	Sloops/Slings					
Abdominal packs		Bulldogs					
Sutures		Shods					
Blades		Tibbs Cannula					
IV needles		Ports					
[redacted]nges		Staple Gun Inserts					
Discard-a-pad		Spears					
Diathermy pencil		Throat packs - Anae					
Diathermy tips		Throat packs - Scrub					
Scratch pad		Retrieval Bag (Bert)					
Reels		Digital Tourniquets					
Patties							
Pledgelets							

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED N/A

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE.

✓ metformin 2 tabs. 05:30

Peri-Operative Care Plan

NHS Greater Glasgow and Clyde

2507706163
SULLIVAN F
Donna 25/07/1970
1 Corsehill Path
Glasgow
G34 0F

Date: 17/5/19.
Ward: SDU.
Consultant: MW P. Chong.
Proposed operation: CuA +/- Banding.

Baseline Observations

~~Ward~~ PWP Score:	Pulse:	BP:	Temp:	SPO2:	Resp.	Height: / Weight:	BMI:
	77	113/73	35.7	97%	16	1.69 / 104	36.

These checks must be made immediately prior to administration of pre-med.

Pre-operative checks comments:	Ward comments:	Reception
Identify band correct (name, date of birth, hospital number, ward	✓	✓
Consent signed and dated	☑ ✓	✓
Fasted from:	Food: 19:00 Fluid:	05:30 water ✓
Correct site surgery marked and prepared	—	—
Allergies/sensitivities and reaction	Nil.	NIL.
Medical conditions, i.e. other relevant information: Epilepsy.	HTN	NOT TAKEN AM MEDS JUST METFORMIN.
Inhalers/Sprays	NO	Nil
Blood Glucose (if relevant) T2DM- BM	5.8 @ 07:20	✓
Antiembolitic Treatment e.g. TEDs A22 C37 L39	☑	✓
Implants insitu e.g. pacemaker, joint replacements	No. mirena coil.	✓
Dentures / ~~loose teeth~~, ~~Gaps~~, Crowns upper PARTIAL	secure	REMOVED
Hearing Aid, Spectacles and Hair pieces remaining in situ (contact lenses to be removed) - please state	yes - pre op	ML.
Are you or could you be pregnant? Yes / No If "Yes", pregnancy test should be performed with patient's consent Pregnancy test results +ve / (-ve) 17/5/19 SD7 Yes / No	48 yrs old. ✓	-ve
Group and Save Yes / No Date Antibodies +ve / -ve	N/A.	
Make up/nail polish removed	NO	ML
Jewellery/body piercing taped/removed	NO	ML
Underwear removed/~~disposable pants~~	✓	✓
Voided urine/catheter insitu		✓
Documentation (case notes, nursing notes, prescription charts, ECG, X-ray, Blood results)	Yes, Portal.	PORTAL
Premedication given:		

Please sign once check completed:

Ward Nurse: ~~RGN~~ SCN	Reception Practitioner:	Anaesthetic assistant/Theatre Practitioner
		MMcCaughey

Time into Reception: _____

Operational Data	Time into Anaesthetic Room 0920 Time into Theatre 0930 Time out of Theatre	Scrub Practitioner Emma Packer Circulating Practitioner ~~AAF~~ G Horne Anaesthetic Assistant MMclaughlin

ANAESTHETIC ROOM		
Blood Availability check	Anaesthetic Practitioner has confirmed with Anaesthetic that X matched blood is:- Required ☐ Available ☐ Grouped and Saved ☐ *(tick or cross as necessary)* N/Req	
Psychological care given to allay anxiety	Verbal & Non Verbal Communication given ☑ Explanation of expected events/routine given ☑ Communication adapted to meet needs of the patient ☑ Certificate of Incapacity ☐	
Safe Application, Preparation and Use of Equipment	SP02 ☑ Position Rotated Hourly ☐ Arterial Line ☐ CVP Line ☐ Temperature probe ☐	Infusion Device Numbers
	ECG ☑ Warming Device	
	NIBP ☑ Other	

THEATRE		
Information given in Scrub Nurse and Senior Circulating Nurse by Anaesthetic Nurse	Scrub nurse must check patient ID band with consent ☐ Patient Allergies ☑ nil Prosthesis ☑ nil Other ☐ Name Scrub Practitioner Emma Packer	
Operation Site & procedure safety check	Scrub Nurse and Senior Circulating Nurse confirms with Surgeon the procedure to be performed ☑ Correct Site and Site of operation ☑	
Safe positioning and prevention of injury to Skin, Joints and Nerves	Moving Aids - Pat Slide ☐ Roll Board ☐ Sliding Sheets ☐ Hover mattress ☐ Other ☐ _____ **DIATHERMY PAD MUST BE CHECKED WHEN RE-POSITONING PATIENT**	

Position(s)	1- Lithotomy	Torrence Score Key
Pre- operative Skin Check + Torrence Score	all visualised skin dry + intact.	
Post operative Skin Check + Torrence Score		
Positioning Devices (type, position)	Lloyd davies stirrups.	
Padding (type, position)	Pillow. Pressure relieving mattress	
Arm Position and Security (type, position)	Both by sides padded + secured	

Skin Integrity e.g. Intact, Red, Broken, Bruise

Risk Assessment Toll - Name and Score

Positioning Devices e.g. Pillow, Wedge, Stirrups, Rolls etc.

Padding e.g. Heel, Pads, Headrest, Gel Pads etc.

Arm Position e.g. By side, Arm Boards, Over Abdomen. Secured By e.g. Ties, J Board

N.B ARM BOARDS MUST BE PLACED AT LESS THAN 90 DEGREES TO AVOID INJURY

Measures to reduce the risks of Compartment Syndrome

LEGS IN LITHOTOMY OR LLOYD DAVIS POSITION MUST BE LOWERED EVERY 3 HOURS FOR A MINIMUM OF 5 MINUTES Remove compression stockings pre operatively

Position	Time legs positioned	Time legs lowered and duration	Time legs lowered and duration	Removal of Comp. Stockings prior to surgery
	0930	0940		

DVT Prophylaxis

Elastic Compression Stockings ☑ Sequential Compression device _____ mmhg

Flowtron Boots ☐ _____ mmhg

Safe use and application of Intraoperative equipment to prevent injury

NA

Diathermy - Monopolar Bi polar

Monopolar return eletrode - Site _____

Skin site assessed - meets safety criteria ☐ Skin prepared - N/A ☐ Clipped ☐ Dry Shaved ☐

Tourniquet - Checked ☐ Padding applied ☐

	Position	Time inflated	Pressure	Time deflated	Time inflated	Pressure	Time deflated
Site 1							
Site 2							

Skin Preparation to reduce the risk of infection

NA

Correct site(s) to be checked with Surgeon ☐

Site	Skin	Prepping Solution
Site 1-	None ☐ Clipped ☐ Wet Shave ☐ Dry Shave ☐	Betadine Antiseptic ☐ Chlorhexidine Acetate ___ ☐ Chlorhexidine ___ ☐ Betadine Alcohol ☐ Other ☐
Site 2-	None ☐ Clipped ☐ Wet Shave ☐ Dry Shave ☐	Betadine Antiseptic ☐ Chlorhexidine Acetate ___ ☐ Chlorhexidine ___ ☐ Betadine Alcohol ☐ Other ☐

Aseptic Technique to reduce risk of infection

NA

Drain(s) Inserted ☐

	Type	Site	Size	Secured with
Drain 1				
Drain 2				
Drain 3				

Urinary Catheter ☐

Type	Site	Size	Ballooned Inflated with	Pepping Solution
			mls	

Wound Closure/Dressings

	Site	Wound Closure	Dresssing	Other
1				
2				

Wound Bath - Sterile Saline 0.9% ☐ Other ☐ _____

Pack left in situ

Site	Type	Size	Number

OPERATION PERFORMED

EUA, BANDING OF HAEMM.

COMMENTS / NOTES

PROTHESIS STICKERS

TRACEABILITY STICKERS

Post Operative Instructions

Oxygen: _____

Fluids: _____

_____

_____

Other: _____

_____

_____

Anaesthetist's Signature: _____

Surgeons Notes

Signature of Surgeon:

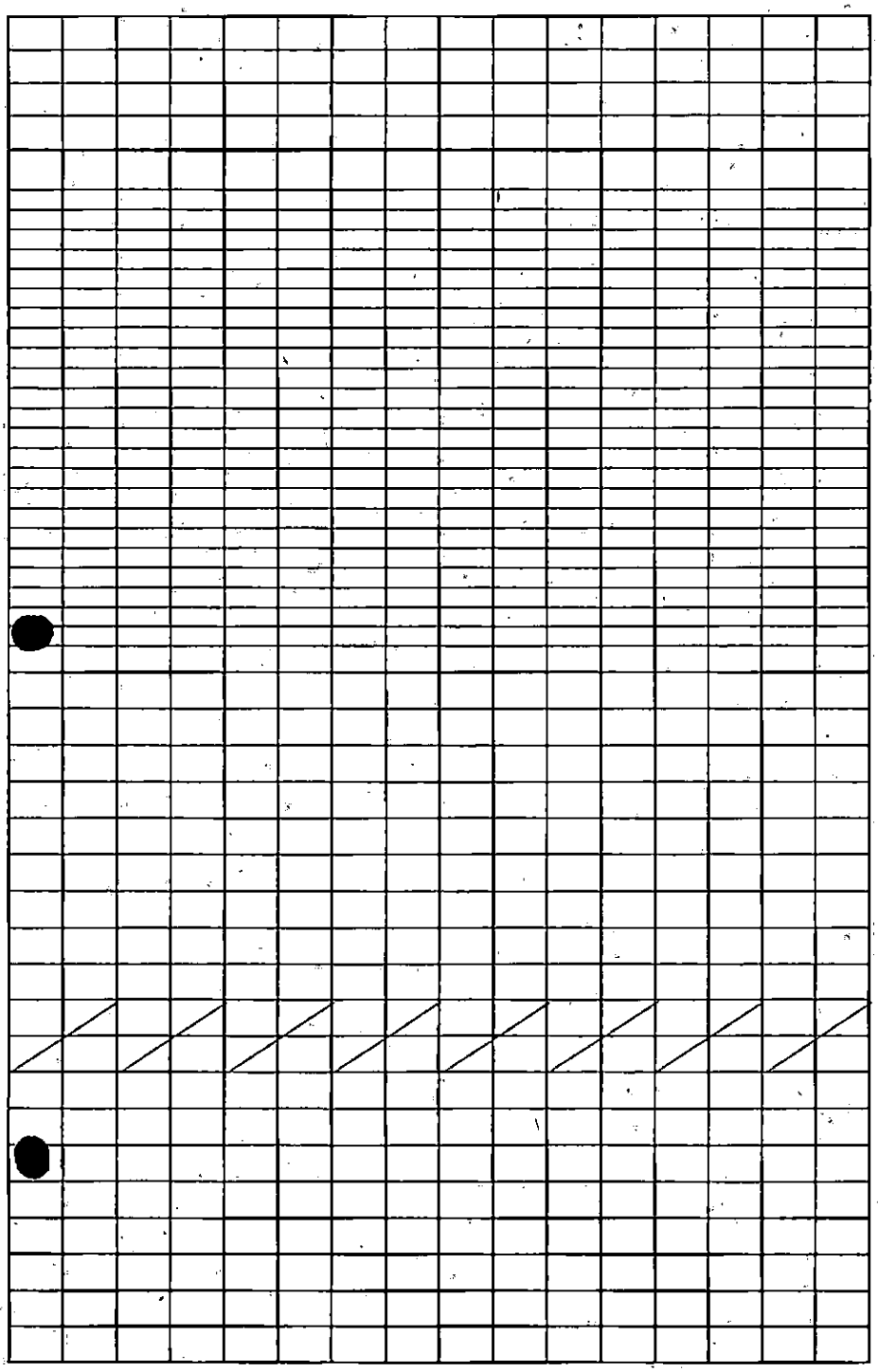
Nursing Notes

GA ? banding of haemorrhoids (operation notes awaited) Pain Post Op, Pain Score 6 out of 10, IV Tenoxynal & oral Paracetamol, Pain Score dulled to 2-3 out of 10. No bleeding PR, no obvious signs of acute blood loss. Patient Mental Orientated. Observations Unremarkable as charted. MEWS Score 0.

Drugs & Route					Time																
IV	Fentynal	25mcgs			10:00			Oral	Paracetamol					1g	/	10:30	Hrs				
IV	Fentynal	25mcg			10:05																
IV	Fentynal	25mcg			10:10																
IV	Fentynal	25mcg			10:20																

Time		09[45]	10[00]	10[15]	10[30]	10[45]														
SPO_2	240																			
	230	97	98	99	98	99														
	220																			
	210																			
	200																			
	190																			
	180																			
	170																			
	160																			
	150		129																	
	140																			
	130	110	^	115	111															
	120																			
	110	^		^	^															
	100																			
	90																			
	80																			
	70																			
	60																			
	50	62	37	62																
	40				59															
	30																			
(MAP)	20	(81)	(100)	(88)	(80)															
Airway Type		1	1	1	1	1														
Resp. Rate		11	14	12	13	12														
O_2 Therapy L/min		6	6	6	6	6														
Sedation score		1	0	0	0	0														
E.C.G		SR	SR	SR	SR	SR														
Wound score PR		0	0	0	0	0														
Core Temp:		36.8	X	0	0	0														
Pain score		6	6	4	3	2														
P.O.N.V.		0	0	0	0	0														
½ Hrs Urine Volume		NPU		NPU		NPU														
Total Volume																				
BM / mmol		5.2	X	X	X	X														

I.V. Fluids from Theatre	1000 ml			
Time	Type of Fluid	Volume	Batch No.	Signature
1				
2				
3				
4				
5				



KEYS

AIRWAY TYPE

1 Spontaneous
2 Guedel
3 NASO - pharangeal
4 L.M.A.
5 E.T.T.
6 Double lumen ET.T.
7 Tracheostomy

WOUND SCORE

0 Dry and intact
1 Slight staining
2 Moderate staining
3 Saturation/Pad req.

PAIN SCORE

0 No pain at rest, no pain on movement
1 No pain at rest, slight pain on movement
2 Intermittent pain at rest, moderate pain on movement
3 Continuous pain at rest, severe pain on movement

SEDATION SCORE

0 Awake
S Normal sleep
1 Drowsy, easy to rouse: eyes open to speech or light shake
2 Sedated, difficult to rouse: eyes open only to vigorous shaking
3 Unconscious, unrousable

PONV ASSESSMENT

0 None
1 Mild nausea
2 Moderate Nausea
3 Severe Nausea
4 Patient Vomiting.

MEWS	
Pulse	0
Resp. Rate	0
Temp	0
Avpu	0
Urine Output	0
Systolic BP	0
SpO_2%	0
Total	0

Waterlow Score
See Chart

Discharge Criteria Achieved (Yes) / No - see Nursing Notes

Recovery Practitioner Signature: _____

Operation note:

NHS
Greater Glasgow and Clyde
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department:
Contact Tel:
Enquiries to:
Letter Date: 17/05/2019
Reference:
Dictated Date: 17/05/2019
Transcribed Date:

Date: 17.5.19
Surgeon: Mr P Chong
Anaesthetist: Dr Agaram
Procedure: EUA and banding of haemorrhoids

Glasgow Royal Infirmary
Department:

Indication: 5 year history of rectal bleeding

Findings: Internal haemorrhoidal cushions at 3, 5 and 7 o clock positions

Procedure

WHO checklist, GA, lithotomy

Prepped and draped

EUA

findings as above

banding of haemorrhoids carried out

Postoperative instructions

eat and drink

home today

OPD Mr P Chong 3/12

Gastroscopy report

Performed	27-Apr-2026 10:30	Received	27-Apr-2026 10:46
Reported	27-Apr-2026 10:46	Order Number	UNI413023-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
GASTROSCOPY REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**8 Millennium Gardens**
Date of birth:	**25/07/1970**		**Glasgow**
NHS No:	**2507706163**		**G34 9HH**
Case Note No:	**2507706163**		
GP:	**COLLING, STEFAN**	Procedure date:	**27th April 2026 (10:30)**
	Newhills Medical Practice	**Attachments:**	**Repeat/Scheduled**
	Easterhouse Health Centre	First part_1	**GRI**
	9 Auchinlea Road	Middle body_1	**(none)**
	Glasgow	Bulb_1	**G P (G P)**
	G34 9HQ	An area extending from the middle oesophagus to the lower oesophagus_1	
		An area extending from the middle oesophagus to the lower oesophagus_2	
		Bulb_2	
		Middle body_2	
		Middle body_3	
		Bulb_3	
		An area extending from the middle oesophagus to the lower oesophagus_3	
		Middle body_4	
		Priority:	
		Hospital:	
		Ward:	
		Referring Cons:	

Indications

Surgery follow up: recent admission with vomiting

Consultant/Endosc

Miss Carol

- temporary nj feeding
ogd pyloric inflammation but no stenosis bx
inflammatory no h pylori
for reassessment today
ongong issues with constipation - longstanding and prev inv.

Nurse: (

Instrur
SCANT

Premedica
Fentanyl (IV) 5
Midazolam (IV)
Xylocaine (Spray) 1

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.

Diagnoses
OESOPHAGUS. Normal.
STOMACH. Widely patent pylorus no residue nil else of note pyloric bx.
DUODENUM. Normal.

Advice/Comments
Appearances improved
coudl try reducing acid suppressing meds over time
we will contact with bx when available

Follow up
Return to the referring GP.

Miss Carol Craig
Consultant

Produced by Unisoft's GI Reporting Tool Compiled on 27/04/2026 at

Gastroscopy report

Performed	25-Feb-2026 15:16	Received	25-Feb-2026 15:25
Reported	25-Feb-2026 15:25	Order Number	UNI406175-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
GASTROSCOPY REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**8 Millennium Gardens**
Date of birth:	**25/07/1970**		**Glasgow**
NHS No:	**2507706163**		**G34 9HH**
Case Note No:	**2507706163**		
GP:	**COLLING, STEFAN**	Procedure date:	**25th February 2026 (15:16)**
	Newhills Medical Practice	**Attachments:**	**Repeat/Scheduled**
	Easterhouse Health Centre	Pylorus_1	**GRI**
	9 Auchinlea Road		**(none)**
	Glasgow	Priority:	**G P (G P)**
	G34 9HQ	Hospital:	
		Ward:	
		Referring Cons:	

Indications
Clinically important comments: Abnormal ct ?
gastric outlet obstruction depsite normal recent scope
note no confirmation of new coeliac diagnosis yet.

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.

Diagnoses
OESOPHAGUS. Normal.
STOMACH. Large vol residue mild pyloric inflammation and easily passed but rebx today.
DUODENUM. Normal.

Advice/Comments
Pylorus only mildly abnormal but given presentation nj placed and rerouted to nose- didnt flush easily so withdrawn to faciltate and sitting at 110cm at nose at end

cxr/ axr on route to ward to check post pyloric still
start feed/ dietetic review
await urgent bx

Consultant/Endosc
Miss Carol

Instrur
SCANT

Premedica
Fentanyl (IV).5
Midazolam (IV)
Xylocaine (Spray) 1

Follow up
Return to the ward.

Miss Carol Craig
Consultant

Produced by Unisoft's GI Reporting Tool Compiled on 25/02/2026 at

Gastroscopy report

Performed	02-Feb-2026 13:02	Received	02-Feb-2026 13:25
Reported	02-Feb-2026 13:25	Order Number	UNI403165-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
GASTROSCOPY REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**8 Millennium Gardens**
Date of birth:	**25/07/1970**		**Glasgow**
NHS No:	**2507706163**		**G34 9HH**
Case Note No:	**2507706163**		
GP:	**COLLING, STEFAN**	Procedure date:	**2nd February 2026 (13:02)**
	Newhills Medical Practice	Priority:	**Elective**
	Easterhouse Health Centre	Hospital:	**GRI**
	9 Auchinlea Road	Ward:	**(none)**
	Glasgow	Referring Cons:	**G P (G P)**
	G34 9HQ		

Indications
Abdominal pain.
Clinically important comments: Newly diagnosed coeliac disease.

Consultant/Endosc
Fion

Instrur
SCAN
Disposable f

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
Apparent mucosal junction at 40cm from the incisors. The whole upper gastro-intestinal tract was normal.

Premedic
Midazolam (IV)
Xylocaine (Spray) 1

Site a: Antrum
Specimens: 4x biopsy.
Site b: Second part
Specimens: 4x biopsy.

Advice/Comments
Continue with PPI.

Follow up
Awaiting pathology results. No further follow up.

Fiona Beck
Nurse Endoscopist

Produced by Unisoft's GI Reporting Tool Compiled on 02/02/2026 at

EUS HPB report

Performed	25-Sep-2024 14:18	Received	25-Sep-2024 14:28
Reported	25-Sep-2024 14:28	Order Number	UNI342428-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
EUS HPB REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**8 Millennium Gardens**
Date of birth:	**25/07/1970**		**Glasgow**
NHS No:	**2507706163**		**G34 9HH**
Case Note No:	**2507706163**		
GP:	**COLLING, STEFAN**	Procedure date:	**25th September 2024 (14:18)**
	Newhills Medical Practice	**Attachments:**	**Elective**
	Easterhouse Health Centre	Gall bladder_1	**Outpatient/NHS**
	9 Auchinlea Road	Common bile	**GRI**
	Glasgow	duct_1	**Ward - Not specified**
	G34 9HQ	Gall bladder_2	**Mr P Stevens (Colorectal)**
		Priority:	
		Status:	
		Hospital:	
		Ward:	
		Referring Cons:	

Indications
Ultrasound images were normal.

Report
The complete biliary and pancreatic systems were visualised. The whole biliary system and pancreas was normal. There were no peri-operative complications.

Advice/Comments
Fatty liver noted but CBD normal, 3mm max, no stones or microliths. Gallbladder normal and pancreas/PD normal. No significant lymphadenopathy. No evidence of pancreatio-biliary pathology on EUS. Follow up with gastro team in place.

Follow up
Return to the referring Consultant and review will be in the Gastroenterology clinic.

Consultant/Endosc
Prof Colin J I

Instrur
SCANT

Premedica
Fentanyl (IV) 7
Midazolam (IV)
Xylocaine (Spray) 1

Prof Colin J McKay
Consultant Upper GI Surgeon
c.c. Sullivan, Donna

Produced by Unisoft's GI Reporting Tool Compiled on 25/09/2024 at

Gastroscopy report

Performed	17-Apr-2024 09:06	Received	17-Apr-2024 09:30
Reported	17-Apr-2024 09:30	Order Number	UNI320232-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
GASTROSCOPY REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**8 Millennium Gardens**
Date of birth:	**25/07/1970**		**Glasgow**
NHS No:	**2507706163**		**G34 9HH**
Case Note No:	**2507706163**		
GP:	**COLLING, STEFAN**	Procedure date:	**17th April 2024 (09:06)**
	Newhills Medical Practice	**Attachments:**	**Urgent**
	Easterhouse Health Centre	Second part_1	**Outpatient/NHS**
	9 Auchinlea Road	Antrum_1	**GRI**
	Glasgow	Upper body_1	**Ward - Not specified**
	G34 9HQ	Lower oesophagus_1	**Mr P Stevens (Colorectal)**
		Lower oesophagus_2	
		Antrum_2	
		Antrum_3	
		Lower oesophagus_3	
		Lower oesophagus_4	
		Priority:	
		Status:	
		Hospital:	
		Ward:	
		Referring Cons:	

Indications
Abdominal pain, microcytic anaemia and nausea and/or vomiting.
Clinically important comments: Prolonged fast for todays procedure - limited views of stomach at previous endoscopy a few months ago.

Consultant/Endosc
C/N Paul

Instrur
SCANT

Premedic
Xylocaine (Spray) 2

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.

Site a: Lower oesophagus
Specimens: 4x biopsy at 34cm.

Site c: Antrum
Gastritis: mild erythematous/exudative with no bleeding.

Diagnoses

OESOPHAGUS. White plaques.
STOMACH. Gastritis.
DUODENUM. Normal.

Advice/Comments

Good views obtained of the stomach - mild gastritis only.
Raised white oesophageal plaque at 34cm - routine biopsies taken to ensure not dysplastic in nature.

Follow up

Awaiting pathology results. Follow up with Gastro and Surgical team in place.

C/N Paul Miller
Nurse Endoscopist

Produced by Unisoft's GI Reporting Tool Compiled on 17/04/2024 at

Sigmoidoscopy report

Performed	18-Jan-2024 10:49	Received	18-Jan-2024 10:58
Reported	18-Jan-2024 10:58	Order Number	UNI308004-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
SIGMOIDOSCOPY REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**8 Millennium Gardens**
Date of birth:	**25/07/1970**		**Glasgow**
NHS No:	**2507706163**		**G34 9HH**
Case Note No:	**2507706163**		
GP:	**COLLING, STEFAN**	Procedure date:	**18th January 2024 (10:49)**
	Newhills Medical Practice	Priority:	**Urgent**
	Easterhouse Health Centre	Status:	**Outpatient/NHS**
	9 Auchinlea Road	Hospital:	**GRI**
	Glasgow	Ward:	**Ward - Not specified**
	G34 9HQ	Referring Cons:	**Mr P Stevens (Colorectal)**

Indications
Abnormal CT scan.
Clinically important comments: CT to investigate acute admission with left sided abdominal pain showing probable area of spasm in the sigmoid colon however direct visualisation is advised to ensure no underlying abnormality.

Consultant/Endosc
List consultant: Mr Philip St
Endoscopist No1: Mr Mohammed El-H

Instrur
SCANT

Premedica
Midazolam (IV)

Report
Bowel preparation with enema was satisfactory. A digital rectal examination was performed.
The sigmoidoscope was inserted via the anus to the distal transverse. The scope was retroflexed in the rectum. The rest of the examination to the limit of insertion was normal. There were no peri-operative complications.

Site a: Anal margin
Perianal lesions: 2 haemorrhoids (2nd degree).

Diagnoses
Haemorrhoids.

Advice/Comments
Adequate vies of the rectum and sigmoid colon sgowing no mucosal abnormalities apart from grade II internal haemorrhoids. No evidence of diverticulosis and certainly no evidence of proctitis

which was described on a previous sigmoidoscopy.
PLAN:
1. Return to ward.
2. Home later and no follow up required.

Follow up

No further tests required. Return to the ward.

Mr Mohammed El-Haddad
ST8

Produced by Unisoft's GI Reporting Tool Compiled on 18/01/2024 at

Gastroscopy report

Performed	09-Jan-2024 09:13	Received	09-Jan-2024 09:37
Reported	09-Jan-2024 09:37	Order Number	UNI306542-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
GASTROSCOPY REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**8 Millennium Gardens**
Date of birth:	**25/07/1970**		**Glasgow**
NHS No:	**2507706163**		**G34 9HH**
Case Note No:	**2507706163**		

GP: **COLLING, STEFAN**
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Procedure date: **9th January 2024 (09:13)**
Attachments: **Elective**
Lower oesophagus_1 **Outpatient/NHS**
Cardia_1 **GRI**
Upper body_1 **Ward - Not specified**
Second part_1 **Mr David Holroyd (General Surgery)**

Priority:
Status:
Hospital:
Ward:
Referring Cons:

Indications
Nausea and/or vomiting, reflux symptoms, weight loss and Epigastric pain.
Clinically important comments: Esomeprazole 40mgs
Type II diabetic.

Consultant/Endosc
List consultant: Nick
Endoscopist No1: Dr linda p
Endoscopist No2: Nick

Instrur
SCANT

Premedica
Midazolam (IV)
Xylocaine (Spray) 2

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
Apparent mucosal junction at 38cm from the incisors.

Site c: Upper body
Lumen: a moderate amount of food residue found.
Site d: Prepyloric region
Specimens: 2x biopsy.
Site e: Second part
Specimens: 2x biopsy.

Diagnoses

OESOPHAGUS. Normal.
DUODENUM. Normal.

Advice/Comments

Food residue in stomach limiting views. May have dysmotility due to medications/diabetes.
Biopsies taken.
If further OGD required would need prolonged fast.

Follow up

Awaiting pathology results.

Dr linda provan
Clinical Fellow
c.c. Mr David Holroyd (General Surgery)
Sullivan, Donna

Produced by Unisoft's GI Reporting Tool Compiled on 09/01/2024 at

Sigmoidoscopy report

Performed	23-Mar-2023 09:08	Received	23-Mar-2023 09:18
Reported	23-Mar-2023 09:18	Order Number	UNI271143-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
SIGMOIDOSCOPY REPORT

Name: **Donna SULLIVAN (F)**
Date of birth: **25/07/1970**
NHS No: **2507706163**
Case Note No: **2507706163**

Address: **Main Door**
8 Millennium Gardens
Glasgow
Lanarkshire
G34 9HH

GP: **COLLING, STEFAN**
Newhills Medical Practice
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Procedure date: **23rd March 2023 (09:08)**
Priority: **Elective**
Hospital: **GRI**
Ward: **Ward - Not specified**
Referring Cons: **Mr Peter Chong (General Surg**

Indications
Episodes of fresh bleeding rectal bleeding.

Consultant/Endosc
Mr David

Report
Bowel preparation with enema was satisfactory. The sigmoidoscope was inserted via the anus to the proximal sigmoid. There were no peri-operative complications.

Site a: An area extending from the distal sigmoid to the proximal sigmoid
Specimens: 4x random biopsy.
Site b: An area extending from the anal margin to the rectum
Mucosa: patchy mild congestion, erythema and granularity.Specimens: 6x random biopsy.

Instrur
SCANT

Premedica
Midazolam (IV)

Diagnoses
Colitis.

Advice/Comments
Inflamed looking distal 5cm rectal mucosa

Follow up
Awaiting pathology results.

Mr David Chong
Consultant Colorectal Surgeon

Produced by Unisoft's GI Reporting Tool Compiled on 23/03/2023 at

Sigmoidoscopy report

Performed	30-Mar-2021 09:29	Received	30-Mar-2021 09:51
Reported	30-Mar-2021 09:51	Order Number	UNI192087-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
SIGMOIDOSCOPY REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**1 Corsehill Path**
Date of birth:	**25/07/1970**		**Easterhouse**
NHS No:	**2507706163**		**Glasgow**
Case Note No:	**2507706163**		**G34 0PJ**
GP:	**COLLING, STEFAN**	Procedure date:	**30th March 2021 (09:29)**
	Newhills Medical Practice	**Attachments:**	**Repeat/Scheduled**
	Easterhouse Health Centre	Anal margin_1	**Outpatient/NHS**
	9 Auchinlea Road		**GRI**
	Glasgow	Priority:	**Ward - Not specified**
	G34 9HQ	Status:	**Mr Peter Chong (General Surg**
		Hospital:	
		Ward:	
		Referring Cons:	

Indications
Clinically important comments: Known haemorrhoids. Banding 2019. Still symptomatic.

Report
Bowel preparation with 1 phosphate enema was satisfactory. A digital rectal examination was performed.
The sigmoidoscope was inserted via the anus to the splenic flexure. The scope was retroflexed in the rectum. There were no peri-operative complications.

Site a: Anal margin
Perianal lesions: haemorrhoids (1st degree) and skin tag.Banding of piles: 2 bands.

Diagnoses
Haemorrhoids.

Advice/Comments
Tiny hyperplastic rectal polyp cold snare, but not retrieved. Banding x 2 applied. No routine follow up required.

Consultant/Endosc
Mr Richard Stev

Instrur
SCANT

Premedica
Entonox (Nirous Oxide)

Mr Richard Stevenson, MbChB PhD
Consultant Colorectal Surgeon

Produced by Unisoft's GI Reporting Tool Compiled on 30/03/2021 at

Sigmoidoscopy report

Performed	22-Nov-2019 11:14	Received	22-Nov-2019 11:16
Reported	22-Nov-2019 11:16	Order Number	UNI151651-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
SIGMOIDOSCOPY REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**1 Corsehill Path**
Date of birth:	**25/07/1970**		**Easterhouse**
NHS No:	**2507706163**		**Glasgow**
Case Note No:	**2507706163**		**G34 0PJ**
GP:	**COLLING, STEFAN**	Procedure date:	**22nd November 2019 (11:14)**
	Newhills Medical Practice	Priority:	**Elective**
	Easterhouse Health Centre	Hospital:	**GRI**
	9 Auchinlea Road	Ward:	**(none)**
	Glasgow	Referring Cons:	**Prof Paul Horgan (Colorectal)**
	G34 9HQ		

Indications
Known piles.

Report
Bowel preparation with enema was satisfactory. The sigmoidoscope was inserted via the anus to the proximal descending. There were no peri-operative complications.

Site a: Anal margin
Perianal lesions: haemorrhoids (2nd degree).Banding of piles: 2 bands.

Diagnoses
Haemorrhoids.

Advice/Comments
Continue movicol longterm

Follow up
Return to the referring Consultant.

Prof Paul Horgan
Consultant Colorectal Surgeon

Consultant/Endosc
Prof Paul H
Nurses: Joanna
Staff Nurse Agustin Barroso Iç

Instrur
SCANT

Premedica
No se

Produced by Unisoft's GI Reporting Tool Compiled on 22/11/2019 at

Colonoscopy report

Performed	04-Oct-2018 14:10	Received	27-Jan-2019 12:36
Reported	27-Jan-2019 12:36	Order Number	UNI88594-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
COLONOSCOPY REPORT

Name:	**Donna SULLIVAN (F)**	Address:	**1 Corsehill Path**
Date of birth:	**25/07/1970**		**Glasgow**
NHS No:	**2507706163**		**G34 0PJ**
Case Note No:	**2507706163**		
GP:	**GOLDIE, JOHN**	Procedure date:	**4th October 2018 (14:10)**
	Newhills Medical Practice	Priority:	**Elective**
	Easterhouse Health Centre	Hospital:	**GRI**
	9 Auchinlea Road	Ward:	**(none)**
	Glasgow	Referring Cons:	**Mr Peter Chong (General Surg**
	G34 9HQ		

Indications
Chronic constipation.

Report
Bowel preparation with 3 Klean prep was poor. A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, which was identified by the ileocecal valve and the appendicular orifice. The scope was retroflexed in the rectum. The examination to the limit of insertion was normal. There were no peri-operative complications.

Advice/Comments
Normal colonoscopy.

No surgical follow up required.

Mr Peter Chong
Consultant

Consultant/Endosc
Mr Peter
Nurses: S/N Ashley Anc
Alison M

Instrur
SCANT

Premedica
Fentanyl (IV) 5
Midazolam (IV)

Produced by Unisoft's GI Reporting Tool Compiled on 04/10/2018 at

Colonoscopy report

Performed	30-Jan-2016 09:17	Received	30-Jan-2016 09:51
Reported	30-Jan-2016 09:51	Order Number	UNI316596-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

COLONOSCOPY REPORT

Name:	**Donna SULLIVAN, 25/07/1970 (F)**	Address:	**0/2 5 Duntarvie Place Glasgow G34 9JB**
CHI No:	**2507706163**		
Case Note No:	**20508978K**		
GP:	**LINDSAY, KRISTEEN Newhills Medical Practice Easterhouse Health Centre 9 Auchinlea Road Glasgow G34 9HQ**	Status:	**Day patient/NHS**
		Hospital:	**Glasgow Royal**
		Ward:	**(none)**
		Referring Cons:	**Dr D Gaya (Gastroenterology)**

Procedure date: 30 January 2016

Attachments:
Caecum_1
Caecum_2
Caecum_3

Resected Colon
0

Indications
Microcytic anaemia.

Report
Bowel preparation with 4 klean prep was satisfactory.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, which was identified positively by the ileocecal valve and the appendicular orifice.
The scope was retroflexed in the rectum.
Lesions: 1 sessile polyp (1mm) excised (cold biopsy), retrieved and sent to labs from the caecum.
Diverticula: a few scattered in the distal sigmoid.
There were no peri-operative complications.

Consultant/Endoscopist
Dr Jack Winter
Nurses: SN Emma Scott
S/N Cathy Doherty

Instrument
SCANTRACK

Premedication
Fentanyl (IV) 50 mcg
In addition to previous procedure

Specimens Taken
Polyps (x1 from caecum)

Diagnoses
Diverticulosis, haemorrhoids and rectal polyp.

Therapeutic procedures
Polypectomy: 1 excised (cold biopsy)

Follow up
Awaiting pathology results. Return to the referring Consultant.

Advice/Comments
Bowel preparation suboptimal but with extensive washing views were adequate
Possible tiny polyp in caecum removed. Of no significance and needs no routine follow up
Large external haemorrhoids. Very early sigmoid diverticular change

***** END OF REPORT *****

Gastroscopy report

Performed	30-Jan-2016 09:03	Received	30-Jan-2016 11:57
Reported	30-Jan-2016 11:57	Order Number	UNI316590-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

GASTROSCOPY REPORT

Name:	**Donna SULLIVAN, 25/07/1970 (F)**	Address:	**0/2 5 Duntarvie Place Glasgow G34 9JB**
CHI No:	**2507706163**		
Case Note No:	**20508978K**		
GP:	**LINDSAY, KRISTEEN Newhills Medical Practice Easterhouse Health Centre 9 Auchinlea Road Glasgow G34 9HQ**	Status:	**Day patient/NHS**
		Hospital:	**Glasgow Royal**
		Ward:	**(none)**
		Referring Cons:	**Dr D Gaya (Gastroenterology)**

Procedure date: 30 January 2016

Attachments:
Upper body_1
Anterior bulb_1
Second part_1

Indications
Microcytic anaemia.

Report
DUODENUM. Duodenitis: mild associated with erosions in the anterior bulb.

Diagnoses
OESOPHAGUS. Normal.
STOMACH. Normal.
DUODENUM. Duodenitis.

Follow up
Awaiting pathology results.

Advice/Comments
Off PPI for 72 hrs she had a few tiny erosions in her duodenal cap. No other abnormality.
D2 biopsies and CLO test taken
Colonoscopy to follow.

clo test negative

Consultant/Endoscopist
Dr Jack Winter
Nurses: SN Emma Scott
S/N Cathy Doherty

Instrument
SCANTRACK

Premedication
Midazolam (IV) 2.5 mg
Xylocaine Spray (Oral) 5 spray

Specimens Taken
Urease test for H.pylori from antrum
Biopsy (x3 from second part)

***** END OF REPORT *****

2507706163[CHI]{,,};SULLIVAN, Donna ;25-Jul-1970;Female

Colonoscopy report

Performed	16-Sep-2014 14:38	Received	16-Sep-2014 14:57
Reported	16-Sep-2014 14:57	Order Number	UNI261121-2507706163
Status	Final	Source System	MasterLab

UGI G1 Final

COLONOSCOPY REPORT

Name:	**Donna SULLIVAN, 25/07/1970 (F)**	Address:	**41 Springcroft Wynd Glasgow G69 6FE**
CHI No:	**2507706163**		
Case Note No:	**20508978K**		
GP:	**LINDSAY, KRISTEEN Newhills Medical Practice Easterhouse Health Centre 9 Auchinlea Road Glasgow G34 9HQ**	Status:	**Inpatient/NHS**
		Hospital:	**Glasgow Royal**
		Ward:	**(none)**
		Referring Cons:	**GP (Direct Access)**

Procedure date: 16 September 2014

Attachments:
Ileocecal valve_1
Rectum_1

Indications
Fresh pr bleeding - intermittant rectal bleeding.

Consultant/Endoscopist
Endoscopist No1: Lynn Gilmour
Nurse: SN Elaine Martin

Report
Bowel preparation with klean prep was satisfactory.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, which was identified positively by the ileocecal valve, the appendicular orifice and the tri-radiate caecal fold. The scope was retroflexed in the rectum.
Diverticula: a few localised in an area extending from the rectum to the distal descending.
There were no peri-operative complications.

Instrument
SCANTRACK

Premedication
Midazolam (IV) 3 mg
Pethidine (IV) 50 mg

Diagnoses
Diverticulosis.

Advice/Comments

Inpatient prescription & administration record for Donna Sullivan (2507706163) Admission: 20/02/2026 => 05/03/2026

01:22
08/03/26

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow, G34 9HH

Admitted: 20/02/2026 09:35
Discharged: 05/03/2026 11:07

Transfer history

Admission	2026-02-20 09:35:00	RSAU GRI SAU IP
Transfer	2026-02-21 18:29:00	R64 GRI WARD 64
Transfer	2026-02-22 21:29:00	R49GS GRI GS
Transfer	2026-02-27 14:56:00	R65 GRI WARD 65

Responsible Consultant history

Assigned No Consultant	20/02/26	09:35
Martha Quinn	20/02/26	09:36

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): No Known Drug Allergies

Sensitivity (reaction): liraglutide(GI Upset); codeine(Other (see medical notes))

Amitriptyline 10 mg Tablets

20/02/26 22:00 10 mg ONCE daily at 10pm (Oral) — Lorraine Watt NMP

20/02/26	22:00	20/02/2026	21:30	Elaine McClure NMP	
21/02/26	22:00			Natalie Knight	Self Administers
22/02/26	22:00			Grace Kouadio	Self Administers
23/02/26	22:00	23/02/2026	21:34	Emma Riddle	
24/02/26	22:00	24/02/2026	21:20	Emma Riddle	
25/02/26	22:00	25/02/2026	21:35	Emma Riddle	
26/02/26	22:00			Grace Kouadio	Nil by mouth / Fasting

Discontinued on: 27/02/2026 16:48:00 by: Robbie Cord PIP . Reason: Therapeutic Duplicate

Amitriptyline 25 mg in 5mL Oral Sugar Free Liquid

27/02/26 22:00 10 mg ONCE daily at 10pm (Nasojejunal) — Robbie Cord PIP

27/02/26	22:00	27/02/2026	22:07	Octavie Ngassa	
28/02/26	22:00	28/02/2026	21:33	Lydia Offeibea Sakyi	
01/03/26	22:00	01/03/2026	22:36	Rhoda Obruchejiru	
02/03/26	22:00	02/03/2026	22:26	Karen Meddicks	
03/03/26	22:00	03/03/2026	22:16	Julia Gabriela Szelagowsk	
04/03/26	22:00			SYSTEM	Not Charted prior to Discharge

Bisoprolol 5 mg Tablets

21/02/26 07:00 5 mg ONCE daily at 7am (Oral) — Lorraine Watt NMP

21/02/26	07:00			Morgan Kerr	Self Administers
22/02/26	07:00			Alix Duncan	Self Administers
23/02/26	07:00	23/02/2026	08:23	Regina Buoni	
24/02/26	07:00	24/02/2026	08:06	Jodie Govan	
25/02/26	07:00	25/02/2026	07:24	Jodie Govan	
26/02/26	07:00	26/02/2026	07:56	Regina Buoni	
27/02/26	07:00			Jessica McFarlane	Nil by mouth / Fasting

Discontinued on: 27/02/2026 16:46:18 by: Robbie Cord PIP . Reason: Discontinued due to conflict

added by **Robbie Cord PIP** on 27/02/2026 at 16:46

Title: Bisoprolol

Crush/disperse tablets in water prior to fluishing down NJ tube

28/02/26 07:00 5 mg ONCE daily at 7am (Nasojejunal) — Robbie Cord PIP

28/02/26	07:00	28/02/2026	08:52	Nur1 GRI66	
01/03/26	07:00	01/03/2026	08:26	Nur1 GRI66	
02/03/26	07:00	02/03/2026	08:15	Nicole Paterson	
03/03/26	07:00	03/03/2026	08:19	Lesley Tough	
04/03/26	07:00	04/03/2026	08:12	Louise Macleod	
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Duloxetine 60 mg Capsules *(Continued)*

Dispensing Note added by **Robbie Cord PIP** on 27/02/2026 at 16:49

Title: Duloxetine

NOT SUITABLE TO NJ ADMINISTRATION

Either give orally or withhold. If team will allow to give this orally, might reduce risk of withdrawal.

Update 03.03.26 for liquid/sloppy diet:

The capsules can be opened and their contents mixed with apple juice or apple sauce for administration to patients with swallowing difficulties. The capsules contain enteric-coated beads which should not be chewed or crushed. The mixture should be given immediately.

21/02/26 09:00 60 mg TWICE daily at 9am & 5pm (Oral) Lorraine Watt NMP

21/02/26	09:00			Morgan Kerr	Self Administers
21/02/26	17:00			Morgan Kerr	Self Administers
22/02/26	09:00			Alix Duncan	Self Administers
22/02/26	17:00			Alix Duncan	Self Administers
23/02/26	09:00	23/02/2026	08:41	Regina Buoni	
23/02/26	17:00	23/02/2026	17:56	Alison McGhee	
24/02/26	09:00	24/02/2026	08:11	Jodie Govan	
24/02/26	17:00	24/02/2026	17:23	Jodie Govan	
25/02/26	09:00	25/02/2026	12:22	Jodie Govan	
25/02/26	17:00	25/02/2026	17:00	Jodie Govan	
26/02/26	09:00	26/02/2026	08:04	Regina Buoni	
26/02/26	17:00	26/02/2026	22:22	Grace Kouadio	
27/02/26	09:00			Jessica McFarlane	Nil by mouth / Fasting
27/02/26	17:00			Lesley Tough	Prescription Clarification Required
28/02/26	09:00			Nurl GRI66	Nil by mouth / Fasting
28/02/26	17:00			Nurl GRI66	Other - see patient nursing notes
01/03/26	09:00			Nurl GRI66	Nil by mouth / Fasting
01/03/26	17:00			Nurl GRI66	Nil by mouth / Fasting
02/03/26	09:00			Nicole Paterson	Prescription Clarification Required
02/03/26	17:00			Lesley Tough	Prescription Clarification Required
03/03/26	09:00			Lesley Tough	Prescription Clarification Required
03/03/26	17:00	03/03/2026	18:01	Lesley Tough	
04/03/26	09:00	04/03/2026	08:19	Louise Macleod	
04/03/26	17:00			SYSTEM	Not Charted prior to Discharge
05/03/26	09:00			SYSTEM	Not Charted prior to Discharge

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

20/02/26 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) Lorraine Watt NMP

20/02/26	17:00	Suspended			
21/02/26	17:00	21/02/2026	17:23	Stephanie Asgar	
22/02/26	17:00	22/02/2026	17:35	Alix Duncan	
23/02/26	17:00	23/02/2026	17:55	Alison McGhee	
24/02/26	17:00	24/02/2026	17:22	Jodie Govan	
25/02/26	17:00	25/02/2026	16:59	Jodie Govan	
26/02/26	17:00	26/02/2026	22:22	Grace Kouadio	
27/02/26	17:00	27/02/2026	20:39	Lesley Tough	
28/02/26	17:00	28/02/2026	18:30	Nurl GRI66	
01/03/26	17:00	01/03/2026	17:39	Nurl GRI66	
02/03/26	17:00	02/03/2026	17:52	Lesley Tough	
03/03/26	17:00	03/03/2026	18:02	Lesley Tough	
04/03/26	17:00			SYSTEM	Not Charted prior to Discharge

Ensure Oral Liquid

03/03/26 12:00 1 Dose(s) THREE TIMES DAILY 7am:12pm:10pm (Oral) Shi Yun Joan Liew

03/03/26	12:00	03/03/2026	12:48	Lesley Tough	
03/03/26	22:00			Julia Gabriela Szelagowsk	Refused by Patient
04/03/26	07:00	04/03/2026	08:19	Louise Macleod	
04/03/26	12:00			SYSTEM	Not Charted prior to Discharge
04/03/26	22:00			SYSTEM	Not Charted prior to Discharge
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Esomeprazole 40 mg Tablets

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Esomeprazole 40 mg Tablets *(Continued)*

20/02/26 22:00 40 mg TWICE DAILY 7am:10pm (Oral) Lorraine Watt NMP

20/02/26	22:00			Elaine McClure NMP	Self Administers
21/02/26	07:00			Morgan Kerr	Self Administers
21/02/26	22:00			Natalie Knight	Self Administers
22/02/26	07:00			Alix Duncan	Self Administers
22/02/26	22:00			Grace Kouadio	Self Administers
23/02/26	07:00	23/02/2026	08:30	Regina Buoni	
23/02/26	22:00	23/02/2026	21:35	Emma Riddle	
24/02/26	07:00	24/02/2026	08:09	Jodie Govan	
24/02/26	22:00	24/02/2026	21:22	Emma Riddle	
25/02/26	07:00	25/02/2026	07:26	Jodie Govan	
25/02/26	22:00	25/02/2026	21:37	Emma Riddle	
26/02/26	07:00	26/02/2026	08:00	Regina Buoni	
26/02/26	22:00			Grace Kouadio	Nil by mouth / Fasting
27/02/26	07:00			Jessica McFarlane	Nil by mouth / Fasting

Discontinued on: 27/02/2026 12:15:00 by: Thazin Tan-Ya . Reason: Formulation/Route Change

Famotidine 40 mg Tablets

21/02/26 07:00 40 mg ONCE DAILY MORNING 7am (Oral) Lorraine Watt NMP

21/02/26	07:00			Morgan Kerr	Self Administers
22/02/26	07:00			Alix Duncan	Self Administers
23/02/26	07:00	23/02/2026	08:22	Regina Buoni	
24/02/26	07:00	24/02/2026	08:06	Jodie Govan	
25/02/26	07:00	25/02/2026	07:23	Jodie Govan	
26/02/26	07:00	26/02/2026	07:55	Regina Buoni	
27/02/26	07:00			Jessica McFarlane	Nil by mouth / Fasting
28/02/26	07:00	Suspended			
01/03/26	07:00	Suspended			
02/03/26	07:00	Suspended			
03/03/26	07:00	Suspended			
04/03/26	07:00	Suspended			
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Ferrous fumarate 210 mg Tablets

21/02/26 07:00 210 mg ONCE DAILY MORNING 7am (Oral) Lorraine Watt NMP

21/02/26	07:00			Morgan Kerr	Self Administers
22/02/26	07:00			Alix Duncan	Self Administers
23/02/26	07:00	23/02/2026	08:20	Regina Buoni	
24/02/26	07:00	24/02/2026	08:05	Jodie Govan	
25/02/26	07:00			Jodie Govan	Refused by Patient
26/02/26	07:00	26/02/2026	07:55	Regina Buoni	
27/02/26	07:00			Jessica McFarlane	Nil by mouth / Fasting
28/02/26	07:00	Suspended			
01/03/26	07:00	Suspended			
02/03/26	07:00	Suspended			
03/03/26	07:00	Suspended			
04/03/26	07:00	Suspended			
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Gliclazide 40 mg Tablets

added by **Denisa Croitoru PIP** on 03/03/2026 at 12:49

Title: Gliclazide swallowing difficulties

Crush the tablets well (as the drug is practically insoluble) and mix with water or orange juice for administration. Give with/after food.

20/02/26 17:00 40 mg TWICE daily at 7am and 5pm (Oral) Lorraine Watt NMP

20/02/26	17:00	Suspended			
21/02/26	07:00			Morgan Kerr	Self Administers
21/02/26	17:00			Morgan Kerr	Self Administers
22/02/26	07:00			Alix Duncan	Self Administers
22/02/26	17:00			Alix Duncan	Self Administers
23/02/26	07:00	23/02/2026	08:32	Regina Buoni	
23/02/26	17:00	23/02/2026	17:57	Alison McGhee	
24/02/26	07:00	24/02/2026	08:10	Jodie Govan	
24/02/26	17:00	24/02/2026	17:24	Jodie Govan	
25/02/26	07:00	25/02/2026	07:28	Jodie Govan	
25/02/26	17:00	25/02/2026	18:40	Jodie Govan	

Key: Prescription details; Recorded as "Admitted On"; Prescribed as "Self Administer"; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

Gliclazide 40 mg Tablets *(Continued)*

added by **Denisa Croitoru PIP** on 03/03/2026 at 12:49

Title: Gliclazide swallowing difficulties

Crush the tablets well (as the drug is practically insoluble) and mix with water or orange juice for administration. Give with/after food.

26/02/26	07:00	26/02/2026	08:01	Regina Buoni	
26/02/26	17:00			Grace Kouadio	Other - see patient nursing notes
27/02/26	07:00			Jessica McFarlane	Nil by mouth / Fasting
27/02/26	17:00			Lesley Tough	Prescription Clarification Required
28/02/26	07:00	28/02/2026	09:32	Nurl GRI66	
28/02/26	17:00	28/02/2026	18:30	Nurl GRI66	
01/03/26	07:00	01/03/2026	08:25	Nurl GRI66	
01/03/26	17:00			Nurl GRI66	Prescription Clarification Required
02/03/26	07:00	02/03/2026	08:10	Nicole Paterson	
02/03/26	17:00			Lesley Tough	Other - see patient nursing notes
03/03/26	07:00			Lesley Tough	Prescription Clarification Required
03/03/26	17:00	03/03/2026	18:00	Lesley Tough	
04/03/26	07:00	04/03/2026	08:12	Louise Macleod	
04/03/26	17:00			SYSTEM	Not Charted prior to Discharge
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Hyoscine butylbromide 10 mg Tablets

☒ 24/02/26 12:00 20 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Mosa Shibani

24/02/26	12:09	24/02/2026	12:09	Jodie Govan	
24/02/26	17:00	24/02/2026	17:25	Jodie Govan	
24/02/26	22:00			Emma Riddle	Drug unavailable
25/02/26	07:00	25/02/2026	07:28	Jodie Govan	
25/02/26	12:00	25/02/2026	12:23	Jodie Govan	
25/02/26	17:00	25/02/2026	17:00	Jodie Govan	
25/02/26	22:00	25/02/2026	21:37	Emma Riddle	
26/02/26	07:00	26/02/2026	08:01	Regina Buoni	
26/02/26	12:00	26/02/2026	12:29	Regina Buoni	
26/02/26	17:00	26/02/2026	22:24	Grace Kouadio	
26/02/26	22:00			Grace Kouadio	Nil by mouth / Fasting
27/02/26	07:00			Jessica McFarlane	Nil by mouth / Fasting
27/02/26	12:00			Jessica McFarlane	Nil by mouth / Fasting
27/02/26	17:00	Suspended			
27/02/26	22:00	Suspended			
28/02/26	07:00	Suspended			
28/02/26	12:00	Suspended			
28/02/26	17:00	Suspended			
28/02/26	22:00	Suspended			
01/03/26	07:00	Suspended			
01/03/26	12:00	Suspended			
01/03/26	17:00	Suspended			
01/03/26	22:00	Suspended			
02/03/26	07:00	Suspended			
02/03/26	12:00	Suspended			
02/03/26	17:00	Suspended			
02/03/26	22:00	Suspended			
03/03/26	07:00	Suspended			
03/03/26	12:00	Suspended			
03/03/26	17:00	Suspended			
03/03/26	22:00	Suspended			
04/03/26	07:00	Suspended			
04/03/26	12:00			SYSTEM	Not Charted prior to Discharge
04/03/26	17:00			SYSTEM	Not Charted prior to Discharge
04/03/26	22:00			SYSTEM	Not Charted prior to Discharge
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Isosorbide mononitrate 50 mg Modified Release Tablets

☒ 21/02/26 07:00 50 mg ONCE DAILY MORNING 7am (Oral) Lorraine Watt NMP

21/02/26	07:00			Morgan Kerr	Self Administers
22/02/26	07:00			Alix Duncan	Self Administers
23/02/26	07:00	23/02/2026	08:27	Regina Buoni	
24/02/26	07:00	24/02/2026	08:07	Jodie Govan	
25/02/26	07:00	25/02/2026	07:25	Jodie Govan	
26/02/26	07:00	26/02/2026	07:56	Regina Buoni	

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Isosorbide mononitrate 50 mg Modified Release Tablets *(Continued)*

27/02/26	07:00			Jessica McFarlane	Nil by mouth / Fasting
28/02/26	07:00	Suspended			
01/03/26	07:00	Suspended			
02/03/26	07:00	Suspended			
03/03/26	07:00	Suspended			
04/03/26	07:00	Suspended			
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Laxido (Orange) Sachets

☒ 20/02/26 22:00 2 Sachet FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Hannah Marshall

20/02/26	22:00	20/02/2026	21:47	Elaine McClure NMP	
21/02/26	07:00	21/02/2026	08:00	Morgan Kerr	
21/02/26	12:00	21/02/2026	12:00	Morgan Kerr	
21/02/26	17:00	21/02/2026	17:23	Stephanie Asgar	
21/02/26	22:00	21/02/2026	22:01	Natalie Knight	
22/02/26	07:00	22/02/2026	08:31	Alix Duncan	
22/02/26	12:00	22/02/2026	12:32	Alix Duncan	
22/02/26	17:00	22/02/2026	17:35	Alix Duncan	
22/02/26	22:00	22/02/2026	21:40	Grace Kouadio	
23/02/26	07:00	23/02/2026	08:45	Regina Buoni	
23/02/26	12:00	23/02/2026	11:32	Regina Buoni	
23/02/26	17:00			Alison McGhee	Refused by Patient
23/02/26	22:00			Emma Riddle	Refused by Patient
24/02/26	07:00	24/02/2026	08:12	Jodie Govan	
24/02/26	12:00	24/02/2026	12:07	Jodie Govan	
24/02/26	17:00	24/02/2026	17:24	Jodie Govan	
24/02/26	22:00	24/02/2026	21:23	Emma Riddle	
25/02/26	07:00	25/02/2026	07:28	Jodie Govan	
25/02/26	12:00			Jodie Govan	Other - see patient nursing notes
25/02/26	17:00			Jodie Govan	Other - see patient nursing notes
25/02/26	22:00	25/02/2026	21:37	Emma Riddle	
26/02/26	07:00	26/02/2026	08:01	Regina Buoni	
26/02/26	12:00	26/02/2026	12:29	Regina Buoni	
26/02/26	17:00	26/02/2026	22:26	Grace Kouadio	
26/02/26	22:00			Grace Kouadio	Other - see patient nursing notes
27/02/26	07:00			Jessica McFarlane	Nil by mouth / Fasting
27/02/26	12:00			Jessica McFarlane	Nil by mouth / Fasting
27/02/26	17:00			Lesley Tough	Prescription Clarification Required
27/02/26	22:00	27/02/2026	22:08	Octavie Ngassa	
28/02/26	07:00			Sophie Luc	Drug discontinued

Discontinued on: 28/02/2026 11:24:41 by: Sophie Luc . Reason: Discontinued due to conflict

Levetiracetam 500 mg in 5mL Oral Solution

added by **Robbie Cord PIP** on 27/02/2026 at 17:02

Title: Levetiracetam Solution

Dilute qith equal volume of water prior to NJ admisintration

☒ 27/02/26 22:00 750 mg TWICE DAILY 7am:10pm (Nasojejunal) Robbie Cord PIP

27/02/26	22:00	27/02/2026	22:06	Octavie Ngassa	
28/02/26	07:00	28/02/2026	08:50	Nur1 GRI66	
28/02/26	22:00	28/02/2026	21:34	Lydia Offeibea Sakyi	
01/03/26	07:00	01/03/2026	08:27	Nur1 GRI66	
01/03/26	22:00	01/03/2026	22:37	Rhoda Obruchejiru	
02/03/26	07:00	02/03/2026	08:14	Nicole Paterson	
02/03/26	22:00	02/03/2026	22:26	Karen Meddicks	
03/03/26	07:00	03/03/2026	08:17	Lesley Tough	
03/03/26	22:00	03/03/2026	22:17	Julia Gabriela Szelagowsk	
04/03/26	07:00	04/03/2026	08:16	Louise Macleod	

Discontinued on: 04/03/2026 10:03:14 by: Shi Yun Joan Liew . Reason: Discontinued due to conflict

Levetiracetam 750 mg Tablets

☒ 20/02/26 18:00 750 mg TWICE daily at 8am and 6pm (Oral) Lorraine Watt NMP

20/02/26	18:00	20/02/2026	17:17	Kadi Lokule	
21/02/26	08:00			Morgan Kerr	Self Administers
21/02/26	18:00			Stephanie Asgar	Self Administers
22/02/26	08:00			Alix Duncan	Self Administers
22/02/26	18:00			Alix Duncan	Self Administers
23/02/26	08:00	23/02/2026	08:32	Regina Buoni	

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Levetiracetam 750 mg Tablets *(Continued)*

23/02/26	18:00	23/02/2026	17:57	Alison McGhee	
24/02/26	08:00	24/02/2026	08:10	Jodie Govan	
24/02/26	18:00	24/02/2026	17:25	Jodie Govan	
25/02/26	08:00	25/02/2026	07:27	Jodie Govan	
25/02/26	18:00	25/02/2026	17:09	Jodie Govan	
26/02/26	08:00	26/02/2026	08:02	Regina Buoni	
26/02/26	18:00			Daisy Moore	Order suspended
27/02/26	08:00	Suspended			
27/02/26	18:00	Suspended			
28/02/26	08:00	Suspended			
28/02/26	18:00	Suspended			
01/03/26	08:00	Suspended			
01/03/26	18:00	Suspended			
02/03/26	08:00	Suspended			
02/03/26	18:00	Suspended			
03/03/26	08:00	Suspended			
03/03/26	18:00	Suspended			
04/03/26	08:00	Suspended			
04/03/26	18:00			SYSTEM	Not Charted prior to Discharge
05/03/26	08:00			SYSTEM	Not Charted prior to Discharge

Levetiracetam 500 mg in 5mL Injection for Infusion

27/02/26 07:00 750 mg TWICE DAILY 7am:10pm (Intravenous Intermittent Infusion) Daisy Moore

27/02/26	07:00	27/02/2026	07:01	Grace Kouadio/ Linda McDougall	

Discontinued on: 27/02/2026 17:02:00 by: Robbie Cord PIP . Reason: Therapeutic Duplicate

26/02/26 22:36 750 mg (Intravenous Intermittent Infusion) Daisy Moore

26/02/26	22:36	27/02/2026	00:09	Grace Kouadio/ Funke Ogundimu	

Lidocaine 5 % Medicated plaster

20/02/26 19:00 1 Dressing LIDOCAINE PATCH 12 ON 12 OFF 7am/7pm (Topical) Lorraine Watt NMP

20/02/26	19:00			Elaine McClure NMP	Other - see patient nursing notes
21/02/26	07:00			Morgan Kerr	Refused by Patient
21/02/26	19:00	21/02/2026	22:01	Natalie Knight	
22/02/26	07:00			Alix Duncan	Refused by Patient
22/02/26	19:00			Grace Kouadio	Self Administers
23/02/26	07:00	23/02/2026	08:20	Regina Buoni	
23/02/26	19:00			Emma Riddle	Refused by Patient
24/02/26	07:00			Jodie Govan	Refused by Patient
24/02/26	19:00			Emma Riddle	Refused by Patient
25/02/26	07:00			Jodie Govan	Refused by Patient
25/02/26	19:00			Jodie Govan	Refused by Patient
26/02/26	07:00	26/02/2026	07:55	Regina Buoni	
26/02/26	19:00			Grace Kouadio	Other - see patient nursing notes
27/02/26	07:00			Jessica McFarlane	Refused by Patient
27/02/26	19:00	27/02/2026	22:07	Octavie Ngassa	
28/02/26	07:00			Nur1 GRI66	Refused by Patient
28/02/26	19:00			Nur1 GRI66	Refused by Patient
01/03/26	07:00			Nur1 GRI66	Refused by Patient
01/03/26	19:00			Nur1 GRI66	Refused by Patient
02/03/26	07:00	02/03/2026	08:17	Nicole Paterson	
02/03/26	19:00	02/03/2026	22:26	Karen Meddicks	
03/03/26	07:00	03/03/2026	08:15	Lesley Tough	
03/03/26	19:00	03/03/2026	22:22	Julia Gabriela Szelagowsk	
04/03/26	07:00			Louise Macleod	Refused by Patient
04/03/26	19:00			SYSTEM	Not Charted prior to Discharge
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Metformin 500 mg Tablets

20/02/26 17:00 500 mg TWICE daily at 7am and 5pm (Oral) Lorraine Watt NMP

20/02/26	17:00	Suspended			
21/02/26	07:00			Morgan Kerr	Self Administers
21/02/26	17:00			Morgan Kerr	Self Administers
22/02/26	07:00			Alix Duncan	Self Administers
22/02/26	17:00			Alix Duncan	Self Administers
23/02/26	07:00	23/02/2026	08:38	Regina Buoni	
23/02/26	17:00	23/02/2026	17:55	Alison McGhee	
24/02/26	07:00	24/02/2026	08:06	Jodie Govan	

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Metformin 500 mg Tablets *(Continued)*

24/02/26	17:00	24/02/2026	17:23	Jodie Govan	
25/02/26	07:00	25/02/2026	07:23	Jodie Govan	
25/02/26	17:00	25/02/2026	18:40	Jodie Govan	
26/02/26	07:00	26/02/2026	07:55	Regina Buoni	
26/02/26	17:00	26/02/2026	22:22	Grace Kouadio	
27/02/26	07:00	27/02/2026	08:34	Jessica McFarlane	
27/02/26	17:00			Robbie Cord PIP	Drug discontinued

Discontinued on: 27/02/2026 17:20:12 by: Robbie Cord PIP . Reason: Discontinued due to conflict

Metformin 500 mg in 5mL Oral Solution

added by **Denisa Croitoru PIP** on 03/03/2026 at 12:50

Title: Metformin administration

Give with/after food.

28/02/26 07:00 500 mg TWICE daily at 7am and 5pm (Nasojejunal) Robbie Cord PIP

28/02/26	07:00			Nur1 GRI66	Drug unavailable
28/02/26	17:00	28/02/2026	18:31	Nur1 GRI66	
01/03/26	07:00	01/03/2026	08:28	Nur1 GRI66	
01/03/26	17:00	01/03/2026	17:40	Nur1 GRI66	
02/03/26	07:00	02/03/2026	08:12	Nicole Paterson	
02/03/26	17:00			Lesley Tough	Other - see patient nursing notes
03/03/26	07:00			Lesley Tough	Prescription Clarification Required
03/03/26	17:00	03/03/2026	18:00	Lesley Tough	
04/03/26	07:00	04/03/2026	08:16	Louise Macleod	
04/03/26	17:00			SYSTEM	Not Charted prior to Discharge
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Naloxegol 25 mg Tablets

23/02/26 07:00 25 mg ONCE DAILY MORNING 7am (Oral) Sophie Luc

23/02/26	07:00	23/02/2026	08:41	Regina Buoni	
24/02/26	07:00	24/02/2026	08:10	Jodie Govan	
25/02/26	07:00	25/02/2026	07:28	Jodie Govan	
26/02/26	07:00	26/02/2026	08:01	Regina Buoni	
27/02/26	07:00			Jessica McFarlane	Nil by mouth / Fasting
28/02/26	07:00	Suspended			
01/03/26	07:00	Suspended			
02/03/26	07:00	Suspended			
03/03/26	07:00	Suspended			
04/03/26	07:00	Suspended			
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

22/02/26 10:29 25 mg (Oral) Sophie Luc

22/02/26	10:29	22/02/2026	12:31	Alix Duncan	

Omeprazole 20 mg Capsules

04/03/26 22:00 40 mg TWICE DAILY 7am:10pm (Oral) Shi Yun Joan Liew

04/03/26	22:00			SYSTEM	Not Charted prior to Discharge
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Omeprazole 40 mg Intravenous Infusion

27/02/26 22:00 40 mg TWICE DAILY 7am:10pm (Intravenous Intermittent Infusion) Robbie Cord PIP

27/02/26	22:00	27/02/2026	22:53	Stephanie Asgar/ Octavie Ngassa	
28/02/26	07:00	28/02/2026	07:02	Stephanie Asgar/ Octavie Ngassa	
28/02/26	22:00	28/02/2026	22:50	Lydia Offeibea Sakyi/ Stephanie Asgar	
01/03/26	07:00	01/03/2026	06:54	Lydia Offeibea Sakyi/ Stephanie Asgar	
01/03/26	22:00	01/03/2026	23:37	Rhoda Obruchejiru/ Lilia Abor	
02/03/26	07:00	02/03/2026	06:18	Rhoda Obruchejiru/ Megan Scott	
02/03/26	22:00	02/03/2026	22:07	Courtney Burke/ Megan Scott	
03/03/26	07:00	03/03/2026	06:14	Julia Gabriela Szelagowsk/ Megan Scott	
03/03/26	22:00	03/03/2026	23:00	Julia Gabriela Szelagowsk/ Megan Scott	
04/03/26	07:00	04/03/2026	08:24	Julia Gabriela Szelagowsk/ Megan Scott	

Discontinued on: 04/03/2026 10:22:30 by: Shi Yun Joan Liew . Reason: Discontinued due to conflict

Phosphate Standard Tube (133mL) Enema

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Phosphate Standard Tube (133mL) Enema *(Continued)*

☒ 20/02/26 21:34 133 mL (Rectal) Hannah Marshall

20/02/26	21:34			Elaine McClure NMP	Self Administers

Picolax Sachets

☒ 21/02/26 10:19 1 Sachet (Oral) Sophie Luc

21/02/26	10:19	21/02/2026	11:08	Stephanie Asgar	

Pramipexole 180 micrograms Tablets

☒ 20/02/26 22:00 180 microgram ONCE DAILY NIGHT 10pm (Oral) Lorraine Watt NMP

20/02/26	22:00			Elaine McClure NMP	Self Administers
21/02/26	22:00			Natalie Knight	Self Administers
22/02/26	22:00			Grace Kouadio	Self Administers
23/02/26	22:00			Emma Riddle	Drug unavailable
24/02/26	22:00	24/02/2026	21:21	Emma Riddle	
25/02/26	22:00	25/02/2026	21:37	Emma Riddle	
26/02/26	22:00			Grace Kouadio	Nil by mouth / Fasting

Discontinued on: 27/02/2026 17:12:27 by: Robbie Cord PIP . Reason: Discontinued due to conflict

added by **Robbie Cord PIP** on 27/02/2026 at 17:12

Title: Pramipexole

Crush and disperse in water for administration down NJ

☒ 27/02/26 22:00 180 microgram ONCE DAILY NIGHT 10pm (Nasojejunal) Robbie Cord PIP

27/02/26	22:00			Octavie Ngassa	Drug unavailable
28/02/26	22:00			Lydia Offeibea Sakyi	Other - see patient nursing notes
01/03/26	22:00	01/03/2026	22:39	Rhoda Obruchejiru	
02/03/26	22:00	02/03/2026	22:28	Karen Meddicks	
03/03/26	22:00	03/03/2026	22:20	Julia Gabriela Szelagowsk	
04/03/26	22:00			SYSTEM	Not Charted prior to Discharge

☒ 28/02/26 00:56 180 microgram (Oral) Niamh Berry

28/02/26	00:56	28/02/2026	00:58	Octavie Ngassa	

Pramipexole 88 micrograms Tablets

☒ 20/02/26 17:00 88 microgram ONCE daily at 5pm (Oral) Lorraine Watt NMP

20/02/26	17:00	20/02/2026	17:22	Kadi Lokule	
21/02/26	17:00			Morgan Kerr	Self Administers
22/02/26	17:00			Alix Duncan	Self Administers
23/02/26	17:00			Alison McGhee	Self Administers
24/02/26	17:00	24/02/2026	19:51	Emma Riddle	
25/02/26	17:00	25/02/2026	17:00	Jodie Govan	
26/02/26	17:00	26/02/2026	22:22	Grace Kouadio	
27/02/26	17:00			Robbie Cord PIP	Drug discontinued

Discontinued on: 27/02/2026 17:12:27 by: Robbie Cord PIP . Reason: Discontinued due to conflict

added by **Robbie Cord PIP** on 27/02/2026 at 17:13

Title: Pramipexole

Crush and disperse in water for administration down NJ

☒ 28/02/26 17:00 88 microgram ONCE daily at 5pm (Nasojejunal) Robbie Cord PIP

28/02/26	17:00	28/02/2026	18:30	Nurl GRI66	
01/03/26	17:00	01/03/2026	17:40	Nurl GRI66	
02/03/26	17:00	02/03/2026	17:54	Lesley Tough	
03/03/26	17:00	03/03/2026	18:00	Lesley Tough	
04/03/26	17:00			SYSTEM	Not Charted prior to Discharge

Pregabalin 100 mg Capsules

☒ 20/02/26 22:00 100 mg TWICE DAILY 7am:10pm (Oral) Lorraine Watt NMP

20/02/26	22:00			Elaine McClure NMP	Self Administers
21/02/26	07:00			Morgan Kerr	Self Administers
21/02/26	22:00			Natalie Knight	Self Administers
22/02/26	07:00			Alix Duncan	Self Administers
22/02/26	22:00			Grace Kouadio	Self Administers
23/02/26	07:00	23/02/2026	08:28	Regina Buoni	
23/02/26	22:00	23/02/2026	21:35	Emma Riddle	
24/02/26	07:00	24/02/2026	08:08	Jodie Govan	
24/02/26	22:00	24/02/2026	21:21	Emma Riddle	

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Pregabalin 100 mg Capsules *(Continued)*

25/02/26	07:00	25/02/2026	07:26	Jodie Govan	
25/02/26	22:00	25/02/2026	21:37	Emma Riddle	
26/02/26	07:00	26/02/2026	07:58	Regina Buoni	
26/02/26	22:00			Grace Kouadio	Nil by mouth / Fasting
27/02/26	07:00			Jessica McFarlane	Nil by mouth / Fasting
27/02/26	22:00	27/02/2026	22:19	Octavie Ngassa	
28/02/26	07:00			Nur1 GRI66	Other - see patient nursing notes
28/02/26	22:00	28/02/2026	21:31	Lydia Offeibea Sakyi	
01/03/26	07:00			Nur1 GRI66	Prescription Clarification Required
01/03/26	22:00			Rhoda Obruchejiru	Prescription Clarification Required
02/03/26	07:00			Nicole Paterson	Prescription Clarification Required
02/03/26	22:00			Karen Meddicks	Prescription Clarification Required
03/03/26	07:00	03/03/2026	08:15	Lesley Tough	
03/03/26	22:00			Julia Gabriela Szelagowsk	Prescription Clarification Required
04/03/26	07:00			SYSTEM	Not Charted prior to Discharge
04/03/26	22:00			SYSTEM	Not Charted prior to Discharge
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Pregabalin 100 mg in 5mL Oral Solution

added by **Robbie Cord PIP** on 27/02/2026 at 17:23

Title: Pregabalin

Dilute if needed and administer via NJ

27/02/26 22:00 100 mg TWICE DAILY 7am:10pm (Oral) Robbie Cord PIP

27/02/26	22:00			Octavie Ngassa	Drug unavailable
28/02/26	07:00	28/02/2026	08:54	Nur1 GRI66	
28/02/26	22:00	28/02/2026	21:35	Lydia Offeibea Sakyi	
01/03/26	07:00	01/03/2026	08:29	Nur1 GRI66	
01/03/26	22:00	01/03/2026	22:40	Rhoda Obruchejiru	
02/03/26	07:00	02/03/2026	08:11	Nicole Paterson	
02/03/26	22:00	02/03/2026	22:32	Karen Meddicks	
03/03/26	07:00			Lesley Tough	Prescription Clarification Required
03/03/26	22:00	03/03/2026	22:19	Julia Gabriela Szelagowsk	
04/03/26	07:00	04/03/2026	08:17	Louise Macleod	

Discontinued on: 04/03/2026 10:04:00 by: Shi Yun Joan Liew . Reason: Therapeutic Duplicate

Rosuvastatin 20 mg Tablets

20/02/26 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) Lorraine Watt NMP

20/02/26	22:00			Elaine McClure NMP	Self Administers
21/02/26	22:00			Natalie Knight	Self Administers
22/02/26	22:00			Grace Kouadio	Self Administers
23/02/26	22:00	23/02/2026	23:12	Emma Riddle	
24/02/26	22:00	24/02/2026	21:21	Emma Riddle	
25/02/26	22:00	25/02/2026	21:37	Emma Riddle	
26/02/26	22:00			Grace Kouadio	Nil by mouth / Fasting
27/02/26	22:00	Suspended			
28/02/26	22:00	Suspended			
01/03/26	22:00	Suspended			
02/03/26	22:00	Suspended			
03/03/26	22:00	Suspended			
04/03/26	22:00			SYSTEM	Not Charted prior to Discharge

Sennosides (Senna) 7.5 mg Tablets

20/02/26 22:00 15 mg ONCE daily at 10pm (Oral) Lorraine Watt NMP

20/02/26	22:00			Elaine McClure NMP	Self Administers
21/02/26	22:00			Natalie Knight	Self Administers
22/02/26	22:00			Grace Kouadio	Self Administers
23/02/26	22:00	23/02/2026	21:34	Emma Riddle	
24/02/26	22:00	24/02/2026	21:20	Emma Riddle	
25/02/26	22:00	25/02/2026	21:35	Emma Riddle	
26/02/26	22:00			Grace Kouadio	Nil by mouth / Fasting

Discontinued on: 27/02/2026 17:13:46 by: Robbie Cord PIP . Reason: Discontinued due to conflict

Sennosides (Senna) 7.5 mg in 5mL Oral Syrup

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Sennosides (Senna) 7.5 mg in 5mL Oral Syrup *(Continued)*

☒ 27/02/26 22:00 15 mg ONCE daily at 10pm (Nasojejunal) Robbie Cord PIP

27/02/26	22:00	27/02/2026	22:04	Octavie Ngassa	
28/02/26	22:00	28/02/2026	21:35	Lydia Offeibea Sakyi	
01/03/26	22:00	01/03/2026	22:39	Rhoda Obruchejiru	
02/03/26	22:00	02/03/2026	22:29	Karen Meddicks	
03/03/26	22:00			Julia Gabriela Szelagowsk	Refused by Patient
04/03/26	22:00			SYSTEM	Not Charted prior to Discharge

Sodium valproate 200 mg (Epilim Chrono) MR Tablets

☒ 20/02/26 17:00 400 mg TWICE daily at 7am and 5pm (Oral) Lorraine Watt NMP

20/02/26	17:00	20/02/2026	17:17	Kadi Lokule	
21/02/26	07:00			Morgan Kerr	Self Administers
21/02/26	17:00			Morgan Kerr	Self Administers
22/02/26	07:00			Alix Duncan	Self Administers
22/02/26	17:00			Alix Duncan	Self Administers
23/02/26	07:00	23/02/2026	08:28	Regina Buoni	
23/02/26	17:00	23/02/2026	17:55	Alison McGhee	
24/02/26	07:00	24/02/2026	08:08	Jodie Govan	
24/02/26	17:00	24/02/2026	17:23	Jodie Govan	
25/02/26	07:00	25/02/2026	07:26	Jodie Govan	
25/02/26	17:00	25/02/2026	17:00	Jodie Govan	
26/02/26	07:00	26/02/2026	07:57	Regina Buoni	
26/02/26	17:00			Daisy Moore	Order suspended
27/02/26	07:00	Suspended			
27/02/26	17:00	Suspended			
28/02/26	07:00	Suspended			
28/02/26	17:00	Suspended			
01/03/26	07:00	Suspended			
01/03/26	17:00	Suspended			
02/03/26	07:00	Suspended			
02/03/26	17:00	Suspended			
03/03/26	07:00	Suspended			
03/03/26	17:00	Suspended			
04/03/26	07:00	Suspended			
04/03/26	17:00			SYSTEM	Not Charted prior to Discharge
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

Sodium valproate_200 mg in 5mL (Epilim) Oral Sugar Free Liq.

☒ 27/02/26 07:00 400 mg TWICE DAILY 7am:10pm (Oral) Daisy Moore

27/02/26	07:00	27/02/2026	08:36	Jessica McFarlane	
27/02/26	22:00	27/02/2026	22:09	Octavie Ngassa	
28/02/26	07:00	28/02/2026	08:50	Nur1 GRI66	
28/02/26	22:00	28/02/2026	21:31	Lydia Offeibea Sakyi	
01/03/26	07:00	01/03/2026	08:26	Nur1 GRI66	
01/03/26	22:00	01/03/2026	22:36	Rhoda Obruchejiru	
02/03/26	07:00	02/03/2026	08:10	Nicole Paterson	
02/03/26	22:00	02/03/2026	22:26	Karen Meddicks	
03/03/26	07:00	03/03/2026	08:15	Lesley Tough	
03/03/26	22:00	03/03/2026	22:15	Julia Gabriela Szelagowsk	
04/03/26	07:00	04/03/2026	08:12	Louise Macleod	

Discontinued on: 04/03/2026 10:06:01 by: Shi Yun Joan Liew . Reason: Discontinued due to conflict

☒ 26/02/26 22:35 400 mg (Oral) Daisy Moore

26/02/26	22:35	26/02/2026	22:39	Grace Kouadio	

Sucralfate (Unlicensed) 1g Tablets

☒ 20/02/26 22:00 1 g TWICE DAILY 7am:10pm (Oral) Lorraine Watt NMP

20/02/26	22:00			Elaine McClure NMP	Self Administers
21/02/26	07:00			Morgan Kerr	Self Administers
21/02/26	22:00			Natalie Knight	Self Administers
22/02/26	07:00			Alix Duncan	Self Administers
22/02/26	22:00			Grace Kouadio	Self Administers
23/02/26	07:00			Regina Buoni	Drug unavailable
23/02/26	22:00	23/02/2026	21:25	Emma Riddle	
24/02/26	07:00	24/02/2026	08:12	Jodie Govan	
24/02/26	22:00	24/02/2026	21:20	Emma Riddle	
25/02/26	07:00	25/02/2026	07:23	Jodie Govan	
25/02/26	22:00	25/02/2026	21:36	Emma Riddle	
26/02/26	07:00	26/02/2026	07:55	Regina Buoni	

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Sucralfate (Unlicensed) 1g Tablets *(Continued)*

26/02/26	22:00			Grace Kouadio	Nil by mouth / Fasting
27/02/26	07:00			Jessica McFarlane	Nil by mouth / Fasting
27/02/26	22:00	Suspended			
28/02/26	07:00	Suspended			
28/02/26	22:00	Suspended			
01/03/26	07:00	Suspended			
01/03/26	22:00	Suspended			
02/03/26	07:00	Suspended			
02/03/26	22:00	Suspended			
03/03/26	07:00	Suspended			
03/03/26	22:00	Suspended			
04/03/26	07:00	Suspended			
04/03/26	22:00			SYSTEM	Not Charted prior to Discharge
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

TED Stockings

20/02/26 11:11 1 Dose every 24 HOURS (Topical) Lorraine Watt NMP

20/02/26	11:11			Kadi Lokule	Other - see patient nursing notes
21/02/26	11:11			Morgan Kerr	Refused by Patient
22/02/26	11:11			Alix Duncan	Self Administers
23/02/26	11:11	23/02/2026	11:32	Regina Buoni	
24/02/26	11:11	24/02/2026	11:44	Jodie Govan	
25/02/26	11:11	25/02/2026	12:22	Jodie Govan	
26/02/26	11:11	26/02/2026	12:28	Regina Buoni	
27/02/26	11:11	27/02/2026	10:35	Jessica McFarlane	
28/02/26	11:11	28/02/2026	14:27	Nur1 GRI66	
01/03/26	11:11	01/03/2026	12:32	Nur1 GRI66	
02/03/26	11:11	02/03/2026	12:43	Lesley Tough	
03/03/26	11:11	03/03/2026	12:48	Lesley Tough	
04/03/26	11:11			SYSTEM	Not Charted prior to Discharge

Venlafaxine 75 mg Modified Release Capsules

21/02/26 12:00 75 mg ONCE daily at midday (Oral) Lorraine Watt NMP

21/02/26	12:00	21/02/2026	12:00	Morgan Kerr	
22/02/26	12:00			Alix Duncan	Self Administers
23/02/26	12:00	23/02/2026	11:32	Regina Buoni	
24/02/26	12:00	24/02/2026	12:09	Jodie Govan	
25/02/26	12:00	25/02/2026	12:22	Jodie Govan	
26/02/26	12:00	26/02/2026	12:28	Regina Buoni	
27/02/26	12:00			Jessica McFarlane	Nil by mouth / Fasting

Discontinued on: 27/02/2026 17:10:00 by: Robbie Cord PIP . Reason: Therapeutic Duplicate

Venlafaxine 150 mg Modified Release Capsules

21/02/26 12:00 150 mg ONCE daily at midday (Oral) Lorraine Watt NMP

21/02/26	12:00	21/02/2026	12:00	Morgan Kerr	
22/02/26	12:00			Alix Duncan	Self Administers
23/02/26	12:00	23/02/2026	11:29	Regina Buoni	
24/02/26	12:00	24/02/2026	12:09	Jodie Govan	
25/02/26	12:00	25/02/2026	12:22	Jodie Govan	
26/02/26	12:00	26/02/2026	12:28	Regina Buoni	
27/02/26	12:00			Jessica McFarlane	Nil by mouth / Fasting

Discontinued on: 27/02/2026 17:10:00 by: Robbie Cord PIP . Reason: Therapeutic Duplicate

Venlafaxine 75 mg Tablets

added by **Robbie Cord PIP** on 27/02/2026 at 17:09

Title: Venlafaxine

Crush tablets and disperse in water then flush down NJ

28/02/26 07:00 75 mg ONCE DAILY MORNING 7am (Nasojejunal) Robbie Cord PIP

28/02/26	07:00	28/02/2026	08:52	Nur1 GRI66	
01/03/26	07:00	01/03/2026	08:28	Nur1 GRI66	
02/03/26	07:00	02/03/2026	08:13	Nicole Paterson	
03/03/26	07:00	03/03/2026	09:17	Lesley Tough	
04/03/26	07:00	04/03/2026	08:16	Louise Macleod	
05/03/26	07:00			SYSTEM	Not Charted prior to Discharge

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Venlafaxine 75 mg Tablets *(Continued)*

added by **Robbie Cord PIP** on 27/02/2026 at 17:10

Title: Venlafaxine

Crush tablets and disperse in water then flush down NJ

☒ 27/02/26 22:00 150 mg ONCE DAILY NIGHT 10pm (Nasojejunal) Robbie Cord PIP

27/02/26	22:00	27/02/2026	22:09	Octavie Ngassa
28/02/26	22:00	28/02/2026	21:38	Lydia Offeibea Sakyi
01/03/26	22:00	01/03/2026	22:39	Rhoda Obruchejiru
02/03/26	22:00	02/03/2026	22:27	Karen Meddicks
03/03/26	22:00	03/03/2026	22:19	Julia Gabriela Szelagowsk
04/03/26	22:00			SYSTEM Not Charted prior to Discharge

Zopiclone 7.5 mg Tablets

☒ 20/02/26 22:00 7.5 mg ONCE daily at 10pm (Oral) Lorraine Watt NMP

20/02/26	22:00	20/02/2026	23:56	Elaine McClure NMP
21/02/26	22:00	21/02/2026	22:01	Natalie Knight
22/02/26	22:00	22/02/2026	21:40	Grace Kouadio
23/02/26	22:00	23/02/2026	21:34	Emma Riddle
24/02/26	22:00	24/02/2026	21:19	Emma Riddle
25/02/26	22:00	25/02/2026	21:35	Emma Riddle
26/02/26	22:00			Grace Kouadio Nil by mouth / Fasting
27/02/26	22:00	Suspended		
28/02/26	22:00	Suspended		
01/03/26	22:00	Suspended		
02/03/26	22:00	Suspended		
03/03/26	22:00	Suspended		
04/03/26	22:00			SYSTEM Not Charted prior to Discharge

Arachis oil (Standard Tube) 130 mL Enema as required

☒ 22/02/26 10:27 130 mL (Rectal) TO SOFTEN IMPACTED FAECES Sophie Luc

130.00	23/02/2026	11:58	Regina Buoni

Co-codamol 30/500 Tablets as required

☒ 20/02/26 17:26 2 Tablet FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN Hannah Marshall

2.00	20/02/2026	22:00	Courtney Campbell
2.00	21/02/2026	06:01	Morgan Kerr

Discontinued on: 21/02/2026 10:20:00 by: Sophie Luc . Reason: Contra-Indicated

Cyclizine 50 mg in 1 mL Injection as required

☒ 20/02/26 11:11 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Iv Prn 8H* Lorraine Watt NMP

			Kadi Lokule Alternative administered
			Elaine McClure NMP Alternative administered
50.00	23/02/2026	19:14	Alison McGhee/ Chloe Moore
50.00	24/02/2026	15:05	Jodie Govan/ Chloe Moore
			Linda McDougall Alternative administered
			Emma Riddle Alternative administered
			Regina Buoni Alternative administered
50.00	26/02/2026	22:39	Grace Kouadio/ Funke Ogundimu
50.00	27/02/2026	09:22	Jessica McFarlane/ Linda McDougall
50.00	01/03/2026	16:46	Nur1 GRI66/ Tasbiha Nadeem

Cyclizine 50 mg Tablets as required

☒ 20/02/26 11:11 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Iv Prn 8H* Lorraine Watt NMP

50.00	20/02/2026	12:15	Kadi Lokule
50.00	21/02/2026	05:20	Elaine McClure NMP
			Alison McGhee Alternative administered
			Jodie Govan Alternative administered
50.00	25/02/2026	08:10	Linda McDougall
50.00	25/02/2026	21:39	Emma Riddle
50.00	26/02/2026	08:11	Regina Buoni
			Grace Kouadio Alternative administered
			Jessica McFarlane Alternative administered
			Nur1 GRI66 Alternative administered

Dihydrocodeine 30 mg Tablets as required

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Dihydrocodeine 30 mg Tablets as required *(Continued)*

☒ 21/02/26 16:52 30 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) FOR PAIN Sophie Luc

30.00	21/02/2026	20:11	Natalie Knight
30.00	22/02/2026	05:54	Natalie Knight
30.00	23/02/2026	08:44	Regina Buoni
30.00	23/02/2026	13:27	Regina Buoni
30.00	23/02/2026	18:03	Alison McGhee
30.00	24/02/2026	07:00	Emma Riddle
30.00	24/02/2026	13:30	Jodie Govan
30.00	24/02/2026	19:49	Emma Riddle
30.00	25/02/2026	07:21	Jodie Govan
30.00	25/02/2026	12:23	Jodie Govan
30.00	25/02/2026	17:01	Jodie Govan
30.00	25/02/2026	21:39	Emma Riddle
30.00	26/02/2026	08:03	Regina Buoni
30.00	26/02/2026	12:30	Regina Buoni

Glyceryl trinitrate 400 micrograms per Sublingual Spray as required

☒ 23/02/26 15:43 800 microgram (Sublingual) FOR CHEST PAIN Nur Raziqin Sabri

Hyoscine butylbromide 20 mg in 1 mL Injection as required

☒ 27/02/26 16:59 20 mg (Subcutaneous Bolus Injection) Max 120mg/24hrs then rv Robbie Cord PIP

⓪ Discontinued on: 04/03/2026 09:47:22 by: Shi Yun Joan Liew . Reason: Discontinued due to conflict

Lorazepam 1 mg Tablets as required

☒ 27/02/26 17:07 0.5 mg ONCE DAILY NIGHT 10pm (Sublingual) For insomnia Robbie Cord PIP

0.50	03/03/2026	22:23	Julia Gabriela Szelagowsk

Morphine sulfate 10 mg in 5mL Oral Solution as required

☒ 20/02/26 11:12 10 mg (Oral) FOR PAIN Max 6 dose/24h thn Dr r/v Lorraine Watt NMP

10.00	20/02/2026	12:13	Kadi Lokule
10.00	20/02/2026	15:24	Chelsea McCabe
10.00	20/02/2026	20:54	Elaine McClure NMP
10.00	20/02/2026	23:41	Alison Clare
10.00	21/02/2026	02:50	Elaine McClure NMP
10.00	21/02/2026	05:20	Elaine McClure NMP
10.00	21/02/2026	10:58	Stephanie Asgar
10.00	21/02/2026	16:25	Morgan Kerr

☒ 21/02/26 16:26 10 mg every TWO HOURS during DAYTIME (Oral) FOR PAIN Max 6 dose/24h thn Dr r/v Colette Ryan NMP

10.00	21/02/2026	23:03	Natalie Knight
10.00	22/02/2026	05:57	Natalie Knight
10.00	22/02/2026	08:35	Alix Duncan
10.00	22/02/2026	11:15	Ailie Hamilton Murray
10.00	22/02/2026	18:57	Alix Duncan
10.00	22/02/2026	22:15	Grace Kouadio
10.00	23/02/2026	07:51	Regina Buoni
10.00	23/02/2026	11:41	Regina Buoni
10.00	23/02/2026	14:56	Regina Buoni
10.00	23/02/2026	19:23	Alison McGhee
10.00	24/02/2026	08:15	Jodie Govan
10.00	24/02/2026	10:35	Chloe Moore
10.00	24/02/2026	13:32	Jodie Govan
10.00	24/02/2026	17:26	Jodie Govan
10.00	24/02/2026	20:25	Emma Riddle
10.00	25/02/2026	07:22	Jodie Govan
10.00	25/02/2026	09:27	Linda McDougall
10.00	25/02/2026	11:28	Jodie Govan
10.00	25/02/2026	13:35	Jodie Govan
10.00	25/02/2026	18:42	Jodie Govan
10.00	25/02/2026	21:40	Emma Riddle
10.00	26/02/2026	06:33	Emma Riddle
10.00	26/02/2026	08:44	Regina Buoni
10.00	26/02/2026	11:11	Regina Buoni
10.00	26/02/2026	14:30	Regina Buoni
10.00	26/02/2026	20:04	Funke Ogundimu
10.00	27/02/2026	07:04	Grace Kouadio
10.00	27/02/2026	10:36	Jessica McFarlane

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Morphine sulfate 10 mg in 5mL Oral Solution as required *(Continued)*

10.00	27/02/2026	14:04	Jessica McFarlane
10.00	02/03/2026	12:50	Lesley Tough
10.00	02/03/2026	22:48	Karen Meddicks
10.00	04/03/2026	02:06	Julia Gabriela Szelagowsk

Morphine sulfate 10 mg in 1mL Injection as required

added by **Daisy Moore** on 26/02/2026 at 21:16

Title: NBM

S/C for NBM

☒ 26/02/26 21:14 5 mg every TWO HOURS (Subcutaneous Bolus Injection) FOR PAIN — Daisy Moore

5.00	26/02/2026	21:33	Grace Kouadio/ Funke Ogundimu
5.00	27/02/2026	01:42	Grace Kouadio/ Pamela Munzararikwa
5.00	28/02/2026	00:11	Octavie Ngassa/ Stephanie Asgar
5.00	28/02/2026	09:37	Nur1 GRI66/ Michele Galbraith
5.00	28/02/2026	13:57	Nur1 GRI66/ Christine Cranstoun
5.00	28/02/2026	18:03	Katie Jamieson/ Nur1 GRI66
5.00	28/02/2026	23:52	Daniel Nibela/ Stephanie Asgar
5.00	01/03/2026	05:01	Lilia Abor/ Stephanie Asgar
5.00	01/03/2026	09:19	Nur1 GRI66/ Tasbiha Nadeem
5.00	01/03/2026	12:02	Tasbiha Nadeem/ Nur1 GRI66
5.00	01/03/2026	16:50	Nur1 GRI66/ Tasbiha Nadeem
5.00	01/03/2026	23:25	Rhoda Obruchejiru/ Lilia Abor
5.00	02/03/2026	06:14	Rhoda Obruchejiru/ Megan Scott

Paracetamol 500 mg Tablets as required

☒ 21/02/26 16:52 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Sophie Luc

1,000.00	21/02/2026	20:11	Natalie Knight
1,000.00	22/02/2026	05:54	Natalie Knight
1,000.00	22/02/2026	17:35	Alix Duncan
1,000.00	23/02/2026	08:44	Regina Buoni
1,000.00	23/02/2026	13:27	Regina Buoni
1,000.00	23/02/2026	18:03	Alison McGhee
1,000.00	24/02/2026	07:00	Emma Riddle
1,000.00	24/02/2026	13:30	Jodie Govan
1,000.00	24/02/2026	19:49	Emma Riddle
1,000.00	25/02/2026	07:21	Jodie Govan
1,000.00	25/02/2026	12:23	Jodie Govan
1,000.00	25/02/2026	17:01	Jodie Govan
1,000.00	25/02/2026	21:39	Emma Riddle
1,000.00	26/02/2026	08:03	Regina Buoni
1,000.00	26/02/2026	12:30	Regina Buoni
1,000.00	27/02/2026	08:37	Jessica McFarlane

Discontinued on: 27/02/2026 17:04:12 by: Robbie Cord PIP . Reason: Discontinued due to conflict

Paracetamol 500 mg Soluble Tablets as required

☒ 27/02/26 17:03 500 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Nasojejunal) FOR PAIN — Robbie Cord PIP

Discontinued on: 27/02/2026 17:04:00 by: Robbie Cord PIP . Reason: Therapeutic Duplicate

Paracetamol 250 mg in 5mL Oral Sugar Free Suspension as required

☒ 27/02/26 17:05 500 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Nasojejunal) For Pain/Fever Max 4 doses in 24 hours — Robbie Cord PIP

500.00	27/02/2026	23:52	Octavie Ngassa
500.00	02/03/2026	12:50	Lesley Tough
500.00	03/03/2026	04:08	Julia Gabriela Szelagowsk
500.00	04/03/2026	01:28	Julia Gabriela Szelagowsk

Peptac Oral Sugar Free Suspension as required

☒ 22/02/26 10:28 10 mL THREE TIMES DAILY 7am:12pm:10pm (Oral) FOR INDIGESTION — Sophie Luc

10.00	23/02/2026	11:59	Regina Buoni
10.00	24/02/2026	08:16	Jodie Govan
10.00	24/02/2026	10:35	Chloe Moore
10.00	26/02/2026	09:37	Linda McDougall

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Phosphate Standard Tube (133mL) Enema as required

☒ 28/02/26 11:24 133 mL TWICE DAILY 7am:10pm (Rectal) FOR CONSTIPATION Sophie Luc

Picolax Sachets as required

☒ 21/02/26 10:19 1 Sachet (Oral) If no result after prev for 1 dose(s) Sophie Luc

1.00 23/02/2026 14:56 Regina Buoni

Patient level notes

added by **Grace Kouadio** on 27/02/2026 at 07:09

Title: Oral morph

Given through NJ tube 27/02

added by **Lorraine Watt NMP** on 20/02/2026 at 11:13

Title: enoxaparin

enoxaparin suspended until blood results available

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Inpatient prescription & administration record for Donna Sullivan (2507706163) Admission: 26/01/2026 => 27/01/2026

01:22 30/01/26

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow, G34 9HH

Admitted: 26/01/2026 12:45
Discharged: 27/01/2026 18:34

Transfer history

Admission	2026-01-25 22:43:00	RAE GRI ED
Transfer	2026-01-26 12:45:00	R50 GRI WARD 50

Responsible Consultant history

Assigned No Consultant 26/01/26 12:45

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): No Known Drug Allergies

Sensitivity (reaction): liraglutide(GI Upset); codeine(Other (see medical notes))

Amitriptyline 10 mg Tablets

☒ 26/01/26 22:00 10 mg ONCE daily at 10pm (Oral) — Eleanor Parkhill

26/01/26	22:00			Toni Daley	Self Administers

Amlodipine 5 mg Tablets

☒ 27/01/26 07:00 5 mg ONCE daily at 7am (Oral) — Eleanor Parkhill

27/01/26	07:00	Suspended			

Bendroflumethiazide 2.5 mg Tablets

☒ 27/01/26 07:00 2.5 mg ONCE daily at 7am (Oral) — Eleanor Parkhill

27/01/26	07:00	Suspended			

Bisoprolol 5 mg Tablets

☒ 27/01/26 07:00 5 mg ONCE daily at 7am (Oral) — Eleanor Parkhill

27/01/26	07:00	Suspended			

Cetirizine 10 mg Tablets

☒ 27/01/26 07:00 10 mg ONCE DAILY MORNING 7am (Oral) — Eleanor Parkhill

27/01/26	07:00	27/01/2026	08:15	Holly Weir	

Colecalciferol 1,000 units Tablets

☒ 27/01/26 07:00 1,000 unit ONCE daily at 7am (Oral) — Eleanor Parkhill

27/01/26	07:00	27/01/2026	08:12	Holly Weir	

Dapagliflozin 10 mg Tablets

☒ 27/01/26 07:00 10 mg ONCE DAILY MORNING 7am (Oral) — Eleanor Parkhill

27/01/26	07:00	Suspended			

Duloxetine 60 mg Capsules

☒ 26/01/26 18:00 60 mg TWICE daily at 8am and 6pm (Oral) — Eleanor Parkhill

26/01/26	18:00			Toni Daley	Self Administers
27/01/26	08:00	27/01/2026	08:15	Holly Weir	
27/01/26	18:00	27/01/2026	17:01	Holly Weir	

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 26/01/26 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Eleanor Parkhill

26/01/26	17:00	Suspended			
27/01/26	17:00	Suspended			

Esomeprazole 40 mg Tablets

Key: Prescription details; Recorded as "Admitted On"; Prescribed as "Self Administer"; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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Esomeprazole 40 mg Tablets *(Continued)*

☒ 27/01/26 07:00 40 mg ONCE DAILY MORNING 7am (Oral) Eleanor Parkhill

27/01/26 07:00 27/01/2026 08:17 Holly Weir

Famotidine 40 mg Tablets

☒ 27/01/26 07:00 40 mg ONCE DAILY MORNING 7am (Oral) Eleanor Parkhill

27/01/26 07:00 27/01/2026 08:13 Holly Weir

Isosorbide mononitrate 50 mg Modified Release Tablets

☒ 27/01/26 07:00 50 mg ONCE DAILY MORNING 7am (Oral) Eleanor Parkhill

27/01/26 07:00 27/01/2026 08:13 Holly Weir

Laxido (Orange) Sachets

☒ 26/01/26 22:00 3 Sachet TWICE DAILY 7am:10pm (Oral) Eleanor Parkhill

26/01/26 22:00 Suspended

27/01/26 07:00 Suspended

Levetiracetam 500 mg Tablets

☒ 26/01/26 15:42 500 mg (Oral) Eleanor Parkhill

26/01/26 15:42 26/01/2026 16:18 Holly Weir

Levetiracetam 750 mg Tablets

☒ 26/01/26 22:00 750 mg TWICE daily at 7am and 10pm (Oral) Eleanor Parkhill

26/01/26 22:00 Toni Daley Self Administers

27/01/26 07:00 27/01/2026 08:16 Holly Weir

Metformin 500 mg Tablets

☒ 26/01/26 22:00 500 mg TWICE daily at 7am and 10pm (Oral) Eleanor Parkhill

26/01/26 22:00 Toni Daley Self Administers

27/01/26 07:00 27/01/2026 08:16 Holly Weir

Mirtazapine 15 mg Tablets

☒ 26/01/26 22:00 15 mg ONCE DAILY NIGHT 10pm (Oral) Eleanor Parkhill

26/01/26 22:00 Toni Daley Self Administers

Pramipexole 180 micrograms Tablets

☒ 26/01/26 22:00 180 microgram ONCE DAILY NIGHT 10pm (Oral) Eleanor Parkhill

26/01/26 22:00 Toni Daley Self Administers

Pramipexole 88 micrograms Tablets

☒ 26/01/26 22:00 88 microgram ONCE DAILY NIGHT 10pm (Oral) Eleanor Parkhill

26/01/26 22:00 Toni Daley Self Administers

Pregabalin 100 mg Capsules

☒ 26/01/26 22:00 100 mg TWICE daily at 7am and 10pm (Oral) Eleanor Parkhill

26/01/26 22:00 Toni Daley Self Administers

27/01/26 07:00 27/01/2026 08:13 Holly Weir

Ramipril 10 mg Capsules

☒ 27/01/26 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Eleanor Parkhill

27/01/26 07:00 Suspended

Rosuvastatin 20 mg Tablets

☒ 26/01/26 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) Eleanor Parkhill

26/01/26 22:00 Toni Daley Self Administers

Sennosides (Senna) 7.5 mg Tablets

☒ 26/01/26 22:00 15 mg ONCE daily at 10pm (Oral) Eleanor Parkhill

26/01/26 22:00 Suspended

Sodium valproate 200 mg (Epilim Chrono) MR Tablets

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Sodium valproate 200 mg (Epilim Chrono) MR Tablets *(Continued)*

☒ 26/01/26 22:00 400 mg TWICE DAILY 7am:10pm (Oral) Eleanor Parkhill

26/01/26	22:00			Toni Daley	Self Administers
27/01/26	07:00	27/01/2026	08:15	Holly Weir	

☒ 26/01/26 15:43 400 mg (Oral) Eleanor Parkhill

26/01/26	15:43	26/01/2026	16:18	Holly Weir

Sucralfate (Unlicensed) 1g Tablets

☒ 26/01/26 22:00 2 g TWICE daily at 7am and 10pm (Oral) Eleanor Parkhill

26/01/26	22:00		Toni Daley	Self Administers
27/01/26	07:00		Holly Weir	Self Administers

Venlafaxine 75 mg Modified Release Capsules

☒ 27/01/26 12:00 225 mg ONCE daily at midday (Oral) Eleanor Parkhill

27/01/26	12:00	27/01/2026	11:57	Holly Weir

Zopiclone 7.5 mg Tablets

☒ 26/01/26 22:32 7.5 mg (Oral) Jenny Blackwood

26/01/26	22:32	26/01/2026	23:05	Toni Daley

Codeine phosphate 30 mg Tablets as required

☒ 26/01/26 16:24 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) for pain Rachael Stoddart

30.00	27/01/2026	15:39	Holly Weir	

Cyclizine 50 mg in 1 mL Injection as required

☒ 26/01/26 15:29 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Eleanor Parkhill

☒ 26/01/26 15:29 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Eleanor Parkhill

Cyclizine 50 mg Tablets as required

☒ 26/01/26 15:29 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Eleanor Parkhill

Paracetamol 500 mg Tablets as required

☒ 26/01/26 15:53 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN Sara McKitterick

1,000.00	26/01/2026	16:18	Holly Weir	
1,000.00	27/01/2026	15:39	Holly Weir	

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Inpatient prescription & administration record for Donna Sullivan (2507706163) Admission: 23/08/2025 => 28/08/2025

01:22
31/08/25

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow, G34 9HH

Admitted: 23/08/2025 11:50
Discharged: 28/08/2025 14:42

Transfer history

Admission	2025-08-23 07:51:00	RAE GRI ED
Transfer	2025-08-23 11:50:00	R64 GRI WARD 64
Transfer	2025-08-25 00:31:00	R48 GRI WARD 48
Transfer	2025-08-25 01:09:00	R64 GRI WARD 64
Transfer	2025-08-25 01:09:01	R48 GRI WARD 48
Transfer	2025-08-26 19:54:00	R47 GRI WARD 47

Responsible Consultant history

Assigned No Consultant	23/08/25 07:51
David Chong	23/08/25 11:50

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

Amitriptyline 10 mg Tablets

☒ 25/08/25 22:00 10 mg ONCE daily at 10pm (Oral) — Amy Harkins PIP

25/08/25	22:00	Suspended			
26/08/25	22:00			Gillian Sheldon Neason	Drug unavailable
27/08/25	22:00	27/08/2025	22:39	Elaine Mclaughlin	

Amlodipine 5 mg Tablets

☒ 24/08/25 07:00 5 mg ONCE daily at 7am (Oral) — Jenny Lai

24/08/25	07:00			Charlie Andrew Law	Self Administers
25/08/25	07:00	25/08/2025	07:49	Samantha Bradley	
26/08/25	07:00	26/08/2025	07:55	Rebecca Mackintosh	
27/08/25	07:00	27/08/2025	07:54	Sarah Louise Brindley	
28/08/25	07:00	28/08/2025	07:40	Owen Herity	

Anusol Cream

☒ 25/08/25 22:00 1 Application TWICE daily at 7am and 10pm (Rectal) — Haleemah Anwar

25/08/25	22:00			Lisa Stirling	Refused by Patient
26/08/25	07:00			Rebecca Mackintosh	Self Administers
26/08/25	22:00			Gillian Sheldon Neason	Self Administers
27/08/25	07:00			Sarah Louise Brindley	Self Administers
27/08/25	22:00			Elaine Mclaughlin	Self Administers
28/08/25	07:00			Owen Herity	Self Administers

☒ 25/08/25 09:42 1 Application (Rectal) — Haleemah Anwar

25/08/25	09:42	25/08/2025	12:36	Samantha Bradley	

Bendroflumethiazide 2.5 mg Tablets

☒ 24/08/25 07:00 2.5 mg ONCE daily at 7am (Oral) — Jenny Lai

24/08/25	07:00			Charlie Andrew Law	Self Administers
25/08/25	07:00	25/08/2025	07:49	Samantha Bradley	
26/08/25	07:00	26/08/2025	07:54	Rebecca Mackintosh	
27/08/25	07:00	27/08/2025	07:51	Sarah Louise Brindley	
28/08/25	07:00	28/08/2025	07:39	Owen Herity	

Bisoprolol 2.5 mg Tablets

☒ 26/08/25 09:36 2.5 mg (Oral) — Amy Harkins PIP

26/08/25	09:36	26/08/2025	10:05	Samantha Bradley	

Bisoprolol 5 mg Tablets

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Bisoprolol 5 mg Tablets *(Continued)*

☒ 27/08/25 07:00 5 mg ONCE daily at 7am (Oral) Pia Persson

27/08/25	07:00	27/08/2025	07:59	Sarah Louise Brindley	
28/08/25	07:00	28/08/2025	07:48	Owen Herity	

Colecalciferol 1,000 units Tablets

☒ 26/08/25 07:00 1,000 unit ONCE daily at 7am (Oral) Amy Harkins PIP

26/08/25	07:00	26/08/2025	08:27	Rebecca Mackintosh	
27/08/25	07:00	27/08/2025	07:56	Sarah Louise Brindley	
28/08/25	07:00	28/08/2025	07:40	Owen Herity	

Dapagliflozin 10 mg Tablets

added by **Amy Harkins PIP** on 25/08/2025 at 16:18

Title: loose stools

held as loose stools

☒ 24/08/25 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Jenny Lai

24/08/25	07:00			Charlie Andrew Law	Self Administers
25/08/25	07:00	25/08/2025	07:50	Samantha Bradley	
26/08/25	07:00	Suspended			
27/08/25	07:00	Suspended			
28/08/25	07:00	Suspended			

Duloxetine 60 mg Capsules

☒ 24/08/25 17:00 60 mg ONCE daily at 5pm (Oral) Jenny Lai

24/08/25	17:00			Michelle Swan	Self Administers
25/08/25	17:00	25/08/2025	17:38	Sarah Kennedy	
26/08/25	17:00	26/08/2025	17:24	Taylor Wylie	
27/08/25	17:00	27/08/2025	17:48	Sarah Louise Brindley	

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 23/08/25 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) Benjamin Williams

23/08/25	17:00			Charlie Andrew Law	Other - see patient nursing notes
24/08/25	17:00	24/08/2025	17:59	Michelle Swan	
25/08/25	17:00	25/08/2025	17:38	Sarah Kennedy	
26/08/25	17:00	26/08/2025	17:23	Taylor Wylie	
27/08/25	17:00	27/08/2025	17:46	Sarah Louise Brindley	

Esomeprazole 40 mg Tablets

☒ 23/08/25 22:00 40 mg TWICE DAILY 7am:10pm (Oral) Jenny Lai

23/08/25	22:00	23/08/2025	22:04	Stephanie Asgar	
24/08/25	07:00			Charlie Andrew Law	Self Administers
24/08/25	22:00			Nicola Sharp	Self Administers
25/08/25	07:00	25/08/2025	07:49	Samantha Bradley	
25/08/25	22:00			Lisa Stirling	Self Administers
26/08/25	07:00	26/08/2025	07:52	Rebecca Mackintosh	
26/08/25	22:00	26/08/2025	21:51	Gillian Sheldon Neason	
27/08/25	07:00	27/08/2025	07:54	Sarah Louise Brindley	
27/08/25	22:00	27/08/2025	22:31	Elaine Mclaughlin	
28/08/25	07:00	28/08/2025	07:52	Owen Herity	

Famotidine 40 mg Tablets

☒ 24/08/25 07:00 40 mg ONCE DAILY MORNING 7am (Oral) Jenny Lai

24/08/25	07:00			Charlie Andrew Law	Self Administers
25/08/25	07:00	25/08/2025	07:49	Samantha Bradley	
26/08/25	07:00	26/08/2025	07:49	Rebecca Mackintosh	
27/08/25	07:00	27/08/2025	07:46	Sarah Louise Brindley	
28/08/25	07:00	28/08/2025	07:36	Owen Herity	

Gliclazide 40 mg Tablets

☒ 26/08/25 07:00 40 mg ONCE DAILY MORNING 7am (Oral) Amy Harkins PIP

26/08/25	07:00	Suspended			
27/08/25	07:00			Sarah Louise Brindley	Other - see patient nursing notes
28/08/25	07:00	28/08/2025	07:51	Owen Herity	

Isosorbide mononitrate 50 mg Modified Release Tablets

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Isosorbide mononitrate 50 mg Modified Release Tablets *(Continued)*

☒ 24/08/25 07:00 50 mg ONCE DAILY MORNING 7am (Oral) Jenny Lai

24/08/25	07:00			Charlie Andrew Law	Self Administers
25/08/25	07:00	25/08/2025	07:50	Samantha Bradley	
26/08/25	07:00	26/08/2025	08:00	Rebecca Mackintosh	
27/08/25	07:00	27/08/2025	07:55	Sarah Louise Brindley	
28/08/25	07:00	28/08/2025	07:44	Owen Herity	

Lactulose Oral Solution

☒ 26/08/25 22:00 10 mL TWICE DAILY 7am:10pm (Oral) Pia Persson

26/08/25	22:00			Gillian Sheldon Neason	Refused by Patient
27/08/25	07:00	27/08/2025	08:03	Sarah Louise Brindley	
27/08/25	22:00	27/08/2025	22:37	Elaine Mclaughlin	
28/08/25	07:00	28/08/2025	07:44	Owen Herity	

Laxido (Orange) Sachets

☒ 26/08/25 22:00 3 Sachet TWICE DAILY 7am:10pm (Oral) Pia Persson

26/08/25	22:00	26/08/2025	21:56	Gillian Sheldon Neason	
27/08/25	07:00	27/08/2025	08:03	Sarah Louise Brindley	
27/08/25	22:00	27/08/2025	22:36	Elaine Mclaughlin	
28/08/25	07:00	28/08/2025	07:46	Owen Herity	

Levetiracetam 750 mg Tablets

☒ 24/08/25 07:00 750 mg TWICE daily at 7am and 5pm (Oral) Jenny Lai

24/08/25	07:00			Charlie Andrew Law	Self Administers
24/08/25	17:00			Michelle Swan	Self Administers
25/08/25	07:00	25/08/2025	07:49	Samantha Bradley	
25/08/25	17:00	25/08/2025	17:40	Sarah Kennedy	
26/08/25	07:00	26/08/2025	07:53	Rebecca Mackintosh	
26/08/25	17:00	26/08/2025	17:24	Taylor Wylie	
27/08/25	07:00	27/08/2025	07:51	Sarah Louise Brindley	
27/08/25	17:00	27/08/2025	17:50	Sarah Louise Brindley	
28/08/25	07:00	28/08/2025	07:38	Owen Herity	

Lidocaine 5 % Medicated plaster

☒ 25/08/25 19:00 700 mg LIDOCAINE PATCH 12 ON 12 OFF 7am/7pm (Topical) Amy Harkins PIP

25/08/25	19:00			Lisa Stirling	Drug unavailable
26/08/25	07:00	26/08/2025	07:57	Rebecca Mackintosh	
26/08/25	19:00			Gillian Sheldon Neason	Other - see patient nursing notes
27/08/25	07:00	27/08/2025	07:57	Sarah Louise Brindley	
27/08/25	19:00	27/08/2025	22:29	Elaine Mclaughlin	
28/08/25	07:00	28/08/2025	07:41	Owen Herity	

Metformin 500 mg Tablets

☒ 24/08/25 07:00 500 mg TWICE daily at 7am and 5pm (Oral) Jenny Lai

24/08/25	07:00			Charlie Andrew Law	Self Administers
24/08/25	17:00			Michelle Swan	Self Administers
25/08/25	07:00	25/08/2025	07:49	Samantha Bradley	
25/08/25	17:00	25/08/2025	17:39	Sarah Kennedy	
26/08/25	07:00	26/08/2025	07:52	Rebecca Mackintosh	
26/08/25	17:00	Suspended			
27/08/25	07:00	27/08/2025	07:47	Sarah Louise Brindley	
27/08/25	17:00	Suspended			
28/08/25	07:00	Suspended			

Moviprep Sachets

☒ 28/08/25 10:58 1 Sachet (Oral) Pak Hang Kwok

28/08/25	10:58			Owen Herity	Other - see patient nursing notes

Phosphate Standard Tube (133mL) Enema

☒ 25/08/25 07:00 133 mL ONCE DAILY MORNING 7am (Rectal) Jenny Lai

25/08/25	07:00	25/08/2025	07:48	Samantha Bradley	
26/08/25	07:00	26/08/2025	08:42	Rebecca Mackintosh	
27/08/25	07:00			Sarah Louise Brindley	Other - see patient nursing notes
28/08/25	07:00			Catherine Herbert	Self Administers

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Phosphate Standard Tube (133mL) Enema *(Continued)*

☒ 24/08/25 09:07 133 mL (Rectal) Jenny Lai

24/08/25	09:07			Charlie Andrew Law	Prescription Clarification Required

Picolax Sachets

☒ 23/08/25 15:39 1 Sachet (Oral) Philip Boesch

23/08/25	15:39	24/08/2025	01:10	Stephanie Asgar	

☒ 24/08/25 15:34 1 Sachet (Oral) Jenny Lai

24/08/25	15:34	24/08/2025	18:07	Michelle Swan	

☒ 24/08/25 23:01 1 Sachet (Oral) Maja Swirska

24/08/25	23:01	24/08/2025	23:09	Nicola Sharp	

☒ 27/08/25 14:35 1 Sachet (Oral) Pak Hang Kwok

27/08/25	14:35	27/08/2025	15:19	Sarah Louise Brindley	

Pramipexole 180 micrograms Tablets

☒ 25/08/25 20:00 180 microgram ONCE daily at 8pm (Oral) Amy Harkins PIP

25/08/25	20:00			Lisa Stirling	Self Administers
26/08/25	20:00			Gillian Sheldon Neason	Other - see patient nursing notes
27/08/25	20:00	27/08/2025	22:29	Elaine Mclaughlin	

Pramipexole 88 micrograms Tablets

☒ 25/08/25 22:00 88 microgram ONCE DAILY NIGHT 10pm (Oral) Amy Harkins PIP

25/08/25	22:00			Lisa Stirling	Self Administers
26/08/25	22:00	26/08/2025	21:52	Gillian Sheldon Neason	
27/08/25	22:00	27/08/2025	22:00	Elaine Mclaughlin	

Pregabalin 25 mg Capsules

☒ 25/08/25 22:00 25 mg TWICE DAILY 7am:10pm (Oral) Amy Harkins PIP

25/08/25	22:00	Suspended			
26/08/25	07:00	Suspended			
26/08/25	22:00	26/08/2025	21:51	Gillian Sheldon Neason	
27/08/25	07:00	27/08/2025	07:58	Sarah Louise Brindley	
27/08/25	22:00	27/08/2025	22:36	Elaine Mclaughlin	
28/08/25	07:00	28/08/2025	07:55	Owen Herity	

Pregabalin 50 mg Capsules

☒ 25/08/25 22:00 50 mg TWICE DAILY 7am:10pm (Oral) Amy Harkins PIP

25/08/25	22:00			Lisa Stirling	Self Administers
26/08/25	07:00	26/08/2025	08:42	Rebecca Mackintosh	
26/08/25	22:00	26/08/2025	21:51	Gillian Sheldon Neason	
27/08/25	07:00	27/08/2025	07:58	Sarah Louise Brindley	
27/08/25	22:00	27/08/2025	22:32	Elaine Mclaughlin	
28/08/25	07:00	28/08/2025	07:55	Owen Herity	

Ramipril 10 mg Capsules

☒ 24/08/25 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Jenny Lai

24/08/25	07:00			Charlie Andrew Law	Self Administers
25/08/25	07:00	25/08/2025	07:49	Samantha Bradley	
26/08/25	07:00	26/08/2025	07:53	Rebecca Mackintosh	
27/08/25	07:00	27/08/2025	07:50	Sarah Louise Brindley	
28/08/25	07:00	28/08/2025	07:37	Owen Herity	

Rosuvastatin 20 mg Tablets

☒ 23/08/25 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) Jenny Lai

23/08/25	22:00	23/08/2025	22:04	Stephanie Asgar	
24/08/25	22:00			Nicola Sharp	Self Administers
25/08/25	22:00			Lisa Stirling	Self Administers
26/08/25	22:00	26/08/2025	21:44	Gillian Sheldon Neason	
27/08/25	22:00	27/08/2025	22:29	Elaine Mclaughlin	

Sennosides (Senna) 7.5 mg Tablets

☒ 26/08/25 22:00 15 mg ONCE daily at 10pm (Oral) Pia Persson

26/08/25	22:00	26/08/2025	21:56	Gillian Sheldon Neason	
27/08/25	22:00	27/08/2025	22:36	Elaine Mclaughlin	

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Sodium valproate 200 mg (Epilim Chrono) MR Tablets

☒ 24/08/25 07:00 400 mg TWICE daily at 7am and 5pm (Oral) — Jenny Lai

24/08/25	07:00			Charlie Andrew Law	Self Administers
24/08/25	17:00			Michelle Swan	Self Administers
25/08/25	07:00	25/08/2025	07:49	Samantha Bradley	
25/08/25	17:00	25/08/2025	17:40	Sarah Kennedy	
26/08/25	07:00	26/08/2025	08:35	Rebecca Mackintosh	
26/08/25	17:00	26/08/2025	17:25	Taylor Wylie	
27/08/25	07:00	27/08/2025	07:52	Sarah Louise Brindley	
27/08/25	17:00	27/08/2025	17:50	Sarah Louise Brindley	
28/08/25	07:00	28/08/2025	07:58	Owen Herity	

Sucralfate (Unlicensed) 1g Tablets

☒ 23/08/25 22:00 2 g TWICE DAILY 7am:10pm (Oral) — Jenny Lai

23/08/25	22:00	23/08/2025	22:04	Stephanie Asgar	
24/08/25	07:00	24/08/2025	08:34	Charlie Andrew Law	
24/08/25	22:00			Nicola Sharp	Self Administers
25/08/25	07:00			Samantha Bradley	Other - see patient nursing notes
25/08/25	22:00			Lisa Stirling	Self Administers
26/08/25	07:00			Rebecca Mackintosh	Drug unavailable
26/08/25	22:00	26/08/2025	21:48	Gillian Sheldon Neason	
27/08/25	07:00	27/08/2025	07:47	Sarah Louise Brindley	
27/08/25	22:00	27/08/2025	22:29	Elaine Mclaughlin	
28/08/25	07:00	28/08/2025	07:42	Owen Herity	

TED STOCKINGS Stocking

☒ 24/08/25 07:00 1 Dose ONCE DAILY MORNING 7am (Topical) — Benjamin Williams

24/08/25	07:00	24/08/2025	08:38	Charlie Andrew Law	
25/08/25	07:00	25/08/2025	07:49	Samantha Bradley	
26/08/25	07:00	26/08/2025	08:35	Rebecca Mackintosh	
27/08/25	07:00	27/08/2025	07:45	Sarah Louise Brindley	
28/08/25	07:00	28/08/2025	07:34	Owen Herity	

Venlafaxine 75 mg Modified Release Capsules

☒ 24/08/25 12:00 225 mg ONCE daily at midday (Oral) — Jenny Lai

24/08/25	12:00			Grace White	Self Administers
25/08/25	12:00	25/08/2025	12:18	Samantha Bradley	
26/08/25	12:00	26/08/2025	12:22	Samantha Bradley	
27/08/25	12:00	27/08/2025	13:07	Sarah Louise Brindley	
28/08/25	12:00			Owen Herity	Other - see patient nursing notes

Cyclizine 50 mg in 1 mL Injection as required

☒ 23/08/25 14:17 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Benjamin Williams

Elaine McClure	Alternative administered	
Stephanie Asgar	Alternative administered	
Grace White	Alternative administered	
Lorna Wilson	Alternative administered	
Lisa Stirling	Alternative administered	
Rebecca Mackintosh	Alternative administered	
Fiona Canavan	Alternative administered	

☒ 23/08/25 14:17 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Benjamin Williams

Elaine McClure	Alternative administered	
Stephanie Asgar	Alternative administered	
Grace White	Alternative administered	
Lorna Wilson	Alternative administered	
Lisa Stirling	Alternative administered	
Rebecca Mackintosh	Alternative administered	
Fiona Canavan	Alternative administered	

Cyclizine 50 mg Tablets as required

☒ 23/08/25 14:17 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Benjamin Williams

50.00	23/08/2025	14:18	Elaine McClure
50.00	23/08/2025	22:49	Stephanie Asgar
50.00	24/08/2025	12:58	Grace White
50.00	25/08/2025	14:05	Lorna Wilson
50.00	25/08/2025	22:56	Lisa Stirling

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Cyclizine 50 mg Tablets as required *(Continued)*

	50.00	26/08/2025	08:02	Rebecca Mackintosh
	50.00	27/08/2025	05:23	Fiona Canavan

Diazepam 2 mg Tablets as required

☒ 25/08/25 16:03 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) anxiety — Amy Harkins PIP

Dihydrocodeine 30 mg Tablets as required

☒ 23/08/25 14:14 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN — Benjamin Williams

	30.00	23/08/2025	18:49	Charlie Andrew Law
	30.00	25/08/2025	11:10	Samantha Bradley
	30.00	25/08/2025	14:06	Lorna Wilson
	30.00	26/08/2025	08:01	Rebecca Mackintosh
	30.00	26/08/2025	16:42	Samantha Bradley
	30.00	26/08/2025	21:59	Gillian Sheldon Neason
	30.00	27/08/2025	08:06	Sarah Louise Brindley
	30.00	27/08/2025	13:05	Sarah Louise Brindley
	30.00	27/08/2025	17:51	Sarah Louise Brindley

Glyceryl trinitrate 400 micrograms per Sublingual Spray as required

☒ 25/08/25 10:51 800 microgram (Sublingual) FOR CHEST PAIN. — Georgina Liu

	800.00	25/08/2025	11:10	Samantha Bradley

Laxido (Orange) Sachets as required

☒ 24/08/25 15:36 1 Sachet TWICE DAILY 7am:10pm (Oral) FOR CONSTIPATION — Jenny Lai

	2.00	25/08/2025	22:56	Lisa Stirling

Discontinued on: 26/08/2025 18:10:00 by: Pia Persson

Morphine sulfate 10 mg in 5mL Oral Solution as required

☒ 23/08/25 14:15 5 mg EVERY FOUR HOURS (Oral) FOR PAIN Max 6 dose/24h thn Dr r/v — Benjamin Williams

	5.00	23/08/2025	14:15	Elaine McClure
	5.00	23/08/2025	20:13	Stephanie Asgar
	5.00	24/08/2025	01:04	Stephanie Asgar
	5.00	24/08/2025	06:19	Stephen Steenson
	5.00	24/08/2025	11:50	Charlie Andrew Law
	5.00	24/08/2025	15:59	Charlie Andrew Law
	5.00	24/08/2025	21:39	Nicola Sharp
	5.00	25/08/2025	06:50	Holly Watson
	5.00	25/08/2025	11:13	Samantha Bradley
	5.00	25/08/2025	17:43	Sarah Kennedy
	5.00	25/08/2025	22:57	Lisa Stirling
	5.00	26/08/2025	12:23	Samantha Bradley
	5.00	26/08/2025	17:47	Samantha Bradley
	5.00	26/08/2025	19:40	Taylor Wylie
	5.00	27/08/2025	05:23	Fiona Canavan
	5.00	27/08/2025	15:07	Lauren Bruce
	5.00	27/08/2025	20:22	Elaine Mclaughlin
	5.00	28/08/2025	07:46	Owen Herity
	5.00	28/08/2025	10:14	Owen Herity

Paracetamol 500 mg Tablets as required

☒ 23/08/25 14:14 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Benjamin Williams

	1,000.00	23/08/2025	18:49	Charlie Andrew Law
	1,000.00	25/08/2025	06:46	Holly Watson
	1,000.00	25/08/2025	14:06	Lorna Wilson
	1,000.00	26/08/2025	08:01	Rebecca Mackintosh
	1,000.00	26/08/2025	16:42	Samantha Bradley
	1,000.00	26/08/2025	21:59	Gillian Sheldon Neason
	1,000.00	27/08/2025	08:06	Sarah Louise Brindley
	1,000.00	27/08/2025	13:05	Sarah Louise Brindley
	1,000.00	27/08/2025	17:51	Sarah Louise Brindley

Zopiclone 7.5 mg Tablets as required

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Zopiclone 7.5 mg Tablets as required *(Continued)*

25/08/25 16:04 7.5 mg ONCE daily at 10pm (Oral) FOR INSOMNIA Amy Harkins PIP

Patient level notes

added by **Sarah Louise Brindley** on 27/08/2025 at 13:16

Title: phosphate enema

phosphate enema prescribed for am, however patient declined as had a dentist appointment. wishing to have it now, therefore phosphate enema given to patient whom wishes to administer independently.

added by **Taylor Wylie** on 26/08/2025 at 19:49

Title: PRN analgesia

Oramorph 2.5ml given as the prescription - given before 4hour window as per discussion with doctor as he is scrubbed in theatre and will review and alter times asap

added by **Samantha Bradley** on 25/08/2025 at 11:12

Title: Not given dihydrocodeine

Dihydrocodeine charted as given but was not given.

added by **Maja Swirska** on 25/08/2025 at 00:32

Title: Picolax

Patient refusing to take Laxido,
As only received one sashet on picolax another dose was prescribed in the evening (as per senior and clinical guidelines allowing for two doses for bowel prep)
Not for further picolax - encourage patient to take laxido or other laxatives

Retained notes (not specific to admission)

added by **Holly Watson** on 25/08/2025 at 07:41:55

Title: Paracetamol not taken but has been chara

Complaining of pain, given paracetamol at first but it was charted to early. Patient refused to take paracetamol as she feels it doesnt help her pain. Day team made aware. Alternative pain killer oramorph given.

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Inpatient prescription & administration record for Donna Sullivan (2507706163) Admission: 21/02/2025 => 22/02/2025

02:00
25/02/25

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow, G34 9HH

Admitted: 21/02/2025 08:36
Discharged: 22/02/2025 17:22

Transfer history

Admission	2025-02-20 20:39:00	RAE GRI ED
Transfer	2025-02-21 08:36:00	R53 GRI WARD 53

Responsible Consultant history

Assigned No Consultant	20/02/25	20:39
Laura Duffy	21/02/25	08:36

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

AMLODIPINE 5 mg Tablets

☒ 22/02/25 07:00 5 mg ONCE daily at 7am (Oral) — Alan Muldoon

22/02/25 07:00 22/02/2025 08:20 Jodie Middlemass

Bendroflumethiazide 2.5 mg Tablets

☒ 22/02/25 07:00 2.5 mg ONCE daily at 7am (Oral) — Alan Muldoon

22/02/25 07:00 22/02/2025 08:18 Jodie Middlemass

Bisoprolol 5 mg Tablets

☒ 22/02/25 07:00 5 mg ONCE daily at 7am (Oral) — Alan Muldoon

22/02/25 07:00 22/02/2025 08:20 Jodie Middlemass

COLECALCIFEROL 1000 units Tablets

☒ 22/02/25 07:00 1,000 unit ONCE daily at 7am (Oral) — Alan Muldoon

22/02/25 07:00 22/02/2025 08:19 Jodie Middlemass

Dapagliflozin 10 mg Tablets

☒ 22/02/25 07:00 10 mg ONCE DAILY MORNING 7am (Oral) — Alan Muldoon

22/02/25 07:00 22/02/2025 08:20 Jodie Middlemass

Duloxetine 60 mg Capsules

☒ 22/02/25 17:00 60 mg ONCE daily at 5pm (Oral) — Alan Muldoon

22/02/25 17:00 SYSTEM Not Charted prior to Discharge

Esomeprazole 40 mg Tablets

☒ 21/02/25 22:00 40 mg TWICE DAILY 7am:10pm (Oral) — Alan Muldoon

21/02/25 22:00 Maxine Croly Self Administers
22/02/25 07:00 22/02/2025 08:19 Jodie Middlemass

FAMOTIDINE 40 mg Tablets

☒ 22/02/25 07:00 40 mg ONCE DAILY MORNING 7am (Oral) — Alan Muldoon

22/02/25 07:00 22/02/2025 08:19 Jodie Middlemass

Isosorbide mononitrate MR 25 mg Capsules

☒ 22/02/25 07:00 25 mg ONCE DAILY MORNING 7am (Oral) — Alan Muldoon

22/02/25 07:00 22/02/2025 08:21 Jodie Middlemass

Laxido (Orange) Sachets

☒ 22/02/25 07:00 1 Sachet ONCE DAILY MORNING 7am (Oral) — Alan Muldoon

22/02/25 07:00 22/02/2025 08:19 Jodie Middlemass

LEVETIRACETAM TABLETS 750mg

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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LEVETIRACETAM TABLETS 750mg *(Continued)*

☒ 21/02/25 22:00 750 mg TWICE daily at 7am and 10pm (Oral) Alan Muldoon

21/02/25	22:00			Maxine Croly	Self Administers
22/02/25	07:00	22/02/2025	08:18	Jodie Middlemass	

Metformin 500 mg Tablets

☒ 21/02/25 22:00 500 mg TWICE DAILY 7am:10pm (Oral) Alan Muldoon

21/02/25	22:00			Maxine Croly	Self Administers
22/02/25	07:00	22/02/2025	08:19	Jodie Middlemass	

Pramipexole 180 micrograms Tablets

☒ 21/02/25 20:00 180 microgram ONCE daily at 8pm (Oral) Alan Muldoon

21/02/25	20:00			Maxine Croly	Self Administers

Pramipexole 88 micrograms Tablets

☒ 21/02/25 22:00 88 microgram ONCE DAILY NIGHT 10pm (Oral) Alan Muldoon

21/02/25	22:00			Maxine Croly	Self Administers

PREGABALIN 25 mg Capsules

☒ 21/02/25 22:00 25 mg TWICE DAILY 7am:10pm (Oral) Alan Muldoon

21/02/25	22:00			Maxine Croly	Self Administers
22/02/25	07:00	22/02/2025	08:20	Jodie Middlemass	

PREGABALIN 50 mg Capsules

☒ 21/02/25 22:00 50 mg TWICE DAILY 7am:10pm (Oral) Alan Muldoon

21/02/25	22:00			Maxine Croly	Self Administers
22/02/25	07:00	22/02/2025	08:20	Jodie Middlemass	

RAMIPRIL 10 mg Capsules

☒ 22/02/25 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Alan Muldoon

22/02/25	07:00	22/02/2025	08:18	Jodie Middlemass	

ROSUVASTATIN 20 mg Tablets

☒ 22/02/25 07:00 20 mg ONCE DAILY MORNING 7am (Oral) Alan Muldoon

22/02/25	07:00	22/02/2025	08:19	Jodie Middlemass	

Sennosides (Senna) 7.5 mg Tablets

☒ 21/02/25 22:00 15 mg ONCE daily at 10pm (Oral) Alan Muldoon

21/02/25	22:00	21/02/2025	21:45	Maxine Croly	

Sodium valproate 200 mg MR (Epilim Chrono) Tablets

☒ 22/02/25 07:00 400 mg TWICE daily at 7am and 5pm (Oral) Alan Muldoon

22/02/25	07:00	22/02/2025	08:18	Jodie Middlemass	
22/02/25	17:00			SYSTEM	Not Charted prior to Discharge

SUCRALFATE (Unlicensed) 1g Tablets

☒ 21/02/25 22:00 2 g TWICE DAILY 7am:10pm (Oral) Alan Muldoon

21/02/25	22:00			Maxine Croly	Self Administers
22/02/25	07:00			Jodie Middlemass	Other - see patient nursing notes

VENLAFAXINE 75 mg Modified Release Capsules

☒ 22/02/25 12:00 75 mg ONCE daily at midday (Oral) Alan Muldoon

22/02/25	12:00	22/02/2025	12:40	Jodie Middlemass	

VENLAFAXINE 150 mg Modified Release Capsules

☒ 22/02/25 12:00 150 mg ONCE daily at midday (Oral) Alan Muldoon

22/02/25	12:00	22/02/2025	12:40	Jodie Middlemass	

Cyclizine 50 mg in 1 mL Injection as required

☒ 21/02/25 13:51 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Jorge Menendez Lorenzo

				Holly Weir	Alternative administered
				Jodie Middlemass	Alternative administered

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Cyclizine 50 mg in 1 mL Injection as required *(Continued)*

☒ 21/02/25 13:51 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Jorge Menendez Lorenzo

Holly Weir Alternative administered
Jodie Middlemass Alternative administered

Cyclizine 50 mg Tablets as required

☒ 21/02/25 13:51 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Jorge Menendez Lorenzo

50.00	22/02/2025	00:46	Holly Weir
50.00	22/02/2025	11:12	Jodie Middlemass

Dihydrocodeine 30 mg Tablets as required

☒ 21/02/25 19:12 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN — Alan Muldoon

30.00	21/02/2025	21:04	Maxine Croly
30.00	22/02/2025	05:56	Maxine Croly
30.00	22/02/2025	11:11	Jodie Middlemass

Lidocaine 5 % Medicated plaster as required

☒ 22/02/25 10:16 700 mg LIDOCAINE PATCH 12 ON 12 OFF 7am/7pm (Topical) For pain — Jorge Menendez Lorenzo

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 21/02/25 22:58 2 mg (Oral) FOR PAIN Max 6 dose/24h thn Dr r/v — Mide Duff

2.00	22/02/2025	10:46	Casey Watt
2.00	22/02/2025	15:27	Jodie Middlemass

Morphine sulfate 10 mg in 1 mL Injection as required

☒ 21/02/25 13:54 1 mg every HOUR (Subcutaneous Bolus Injection) FOR PAIN — Jorge Menendez Lorenzo

1.00	21/02/2025	14:17	Ibrahim Mohammed/ Jodie Middlemass
1.00	21/02/2025	16:05	Jodie Middlemass/ Nicole Cunningham
1.00	21/02/2025	17:28	Jodie Middlemass/ Ibrahim Mohammed

Discontinued on: 21/02/2025 19:12:00 by: Alan Muldoon. Reason: Inadequate Response

Paracetamol 500 mg Tablets as required

☒ 21/02/25 18:34 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Alan Muldoon

1,000.00	22/02/2025	00:47	Holly Weir

Zopiclone 7.5 mg Tablets as required

☒ 22/02/25 11:34 7.5 mg ONCE daily at 10pm (Oral) FOR INSOMNIA — Rebecca Jenkins

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HEPMA MAP v1.0.

Inpatient prescription & administration record for Donna Sullivan (2507706163)
Admission: 06/02/2025 => 07/02/2025

02:00
10/02/25

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow, G34 9HH

Admitted: 06/02/2025 23:47
Discharged: 07/02/2025 17:27

Transfer history

Admission	2025-02-06 10:43:00	RAE GRI ED
Transfer	2025-02-06 23:47:00	R50 GRI WARD 50

Responsible Consultant history

Assigned No Consultant	06/02/25	10:43
George Chalmers	06/02/25	23:47
Hannah Bayes	07/02/25	09:44

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

AMLODIPINE 5 mg Tablets

☒ 07/02/25 07:00 5 mg ONCE daily at 7am (Oral) — Daniel Petrie

07/02/25	07:00	07/02/2025	08:00	Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Bendroflumethiazide 2.5 mg Tablets

☒ 07/02/25 07:00 2.5 mg ONCE daily at 7am (Oral) — Daniel Petrie

07/02/25	07:00	07/02/2025	08:00	Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Bisoprolol 5 mg Tablets

☒ 07/02/25 07:00 5 mg ONCE daily at 7am (Oral) — Daniel Petrie

07/02/25	07:00	07/02/2025	08:02	Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

CO-CODAMOL 30/500 Tablets

☒ 07/02/25 07:00 2 Tablet FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) — Daniel Petrie

07/02/25	07:00	07/02/2025	06:50	Holly Weir	
07/02/25	12:00	07/02/2025	12:02	Alfred Gamanke	
07/02/25	17:00			Alfred Gamanke	Not Charted prior to Discharge

Discontinued on: 07/02/2025 17:27:40 by: Alfred Gamanke

☒ 07/02/25 01:24 2 Tablet (Oral) — Daniel Petrie

07/02/25	01:24	07/02/2025	01:40	David Rose

Discontinued on: 07/02/2025 17:27:40 by: Alfred Gamanke

COLECALCIFEROL 1000 units Tablets

☒ 07/02/25 07:00 1,000 unit ONCE daily at 7am (Oral) — Daniel Petrie

07/02/25	07:00	07/02/2025	08:01	Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Dapagliflozin 10 mg Tablets

☒ 07/02/25 07:00 10 mg ONCE DAILY MORNING 7am (Oral) — Daniel Petrie

07/02/25	07:00	07/02/2025	08:01	Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Duloxetine 60 mg Capsules

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Duloxetine 60 mg Capsules *(Continued)*

☒ 07/02/25 17:00 60 mg ONCE daily at 5pm (Oral) Daniel Petrie

07/02/25 17:00 Alfred Gamanke Not Charted prior to Discharge

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 07/02/25 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) Daniel Petrie

07/02/25 17:00 Alfred Gamanke Not Charted prior to Discharge

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Esomeprazole 40 mg Tablets

☒ 07/02/25 07:00 40 mg TWICE DAILY 7am:10pm (Oral) Daniel Petrie

07/02/25 07:00 07/02/2025 07:59 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

FAMOTIDINE 40 mg Tablets

☒ 07/02/25 07:00 40 mg ONCE DAILY MORNING 7am (Oral) Daniel Petrie

07/02/25 07:00 07/02/2025 08:04 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

GLYCEROL 4 g Suppositories (Glycerin Adult)

☒ 07/02/25 12:08 4 g (Rectal) Mandy Khumanthem

07/02/25 12:08 07/02/2025 12:15 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:40 by: Alfred Gamanke

Isosorbide mononitrate MR 25 mg Capsules

☒ 07/02/25 07:00 25 mg ONCE DAILY MORNING 7am (Oral) Daniel Petrie

07/02/25 07:00 07/02/2025 08:01 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Laxido (Orange) Sachets

☒ 07/02/25 07:00 1 Sachet TWICE DAILY 7am:10pm (Oral) Daniel Petrie

07/02/25 07:00 07/02/2025 08:05 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

☒ 07/02/25 01:23 1 Sachet (Oral) Daniel Petrie

07/02/25 01:23 07/02/2025 01:40 David Rose

Discontinued on: 07/02/2025 17:27:40 by: Alfred Gamanke

LEVETIRACETAM TABLETS 750mg

☒ 07/02/25 07:00 750 mg TWICE daily at 7am and 10pm (Oral) Daniel Petrie

07/02/25 07:00 07/02/2025 07:59 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

☒ 07/02/25 00:01 750 mg (Oral) Daniel Petrie

07/02/25 00:01 07/02/2025 01:40 David Rose

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Metformin 500 mg Tablets

☒ 07/02/25 07:00 500 mg TWICE DAILY 7am:10pm (Oral) Daniel Petrie

07/02/25 07:00 07/02/2025 08:03 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Pramipexole 180 micrograms Tablets

☒ 07/02/25 17:00 180 microgram ONCE daily at 5pm (Oral) Daniel Petrie

07/02/25 17:00 Alfred Gamanke Not Charted prior to Discharge

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Pramipexole 88 micrograms Tablets

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Pramipexole 88 micrograms Tablets *(Continued)*

☒ 07/02/25 17:00 88 microgram ONCE daily at 5pm (Oral) Daniel Petrie

07/02/25 17:00 Alfred Gamanke Not Charted prior to Discharge

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

PREGABALIN 25 mg Capsules

☒ 07/02/25 07:00 25 mg TWICE DAILY 7am:10pm (Oral) Daniel Petrie

07/02/25 07:00 07/02/2025 08:06 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

PREGABALIN 50 mg Capsules

☒ 07/02/25 07:00 50 mg TWICE DAILY 7am:10pm (Oral) Daniel Petrie

07/02/25 07:00 07/02/2025 08:06 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

RAMIPRIL 10 mg Capsules

☒ 07/02/25 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Daniel Petrie

07/02/25 07:00 07/02/2025 08:03 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Sodium valproate 200 mg MR (Epilim Chrono) Tablets

☒ 07/02/25 07:00 400 mg TWICE daily at 7am and 5pm (Oral) Daniel Petrie

07/02/25 07:00 07/02/2025 08:02 Alfred Gamanke

07/02/25 17:00 Alfred Gamanke Not Charted prior to Discharge

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

SUCRALFATE (Unlicensed) 1g Tablets

☒ 07/02/25 07:00 2 g TWICE DAILY 7am:10pm (Oral) Daniel Petrie

07/02/25 07:00 07/02/2025 09:30 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

VENLAFAXINE 150 mg Modified Release Capsules

☒ 07/02/25 13:00 150 mg ONCE DAILY at 1pm (Oral) Daniel Petrie

07/02/25 13:00 07/02/2025 12:02 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

VENLAFAXINE 37.5 mg Modified Release Capsules

☒ 07/02/25 13:00 75 mg ONCE DAILY at 1pm (Oral) Daniel Petrie

07/02/25 13:00 07/02/2025 12:05 Alfred Gamanke

Discontinued on: 07/02/2025 17:27:41 by: Alfred Gamanke

Zopiclone 3.75 mg Tablets

☒ 07/02/25 01:24 3.75 mg (Oral) Daniel Petrie

07/02/25 01:24 07/02/2025 01:40 David Rose

Discontinued on: 07/02/2025 17:27:40 by: Alfred Gamanke

Paracetamol 500 mg Tablets as required

☒ 07/02/25 00:27 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN Daniel Petrie

Discontinued on: 07/02/2025 01:24:38 by: Daniel Petrie . Reason: Discontinued due to conflict

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Inpatient prescription & administration record for Donna Sullivan (2507706163) Admission: 03/10/2024 => 07/10/2024

02:00
10/10/24

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow,
G34 9HH

Admitted: 03/10/2024 18:20
Discharged: 07/10/2024 19:06

Transfer history

Admission	2024-10-03 10:45:00	RAE GRI ED
Transfer	2024-10-03 18:20:00	R43A GRI WD 43A

Responsible Consultant history

Assigned No Consultant	03/10/24	18:20
Mark Petrie	07/10/24	13:46

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

AMLODIPINE 5 mg Tablets

☒ 08/10/24 07:00 5 mg ONCE daily at 7am (Oral) — Yung Jiun Liew

ASPIRIN 75 mg Dispersible Tablets

☒ 04/10/24 07:00 75 mg ONCE daily at 7am (Oral) — Deborah Adepoju

04/10/24	07:00	04/10/2024	08:44	Ceena Vallomtharayil Mathe
05/10/24	07:00	05/10/2024	09:13	Ceena Vallomtharayil Mathe
06/10/24	07:00	06/10/2024	09:08	Ceena Vallomtharayil Mathe
07/10/24	07:00	07/10/2024	08:09	Victoria McGrotty

Bendroflumethiazide 2.5 mg Tablets

☒ 04/10/24 07:00 2.5 mg ONCE daily at 7am (Oral) — Deborah Adepoju

04/10/24	07:00	Suspended
05/10/24	07:00	Suspended
06/10/24	07:00	Suspended
07/10/24	07:00	Suspended

Bisoprolol 2.5 mg Tablets

☒ 05/10/24 07:00 2.5 mg ONCE daily at 7am (Oral) — Adam Burns

05/10/24	07:00	05/10/2024	09:13	Ceena Vallomtharayil Mathe
06/10/24	07:00	06/10/2024	09:08	Ceena Vallomtharayil Mathe
07/10/24	07:00	07/10/2024	08:08	Victoria McGrotty

Discontinued on: 07/10/2024 11:10:22 by: Yung Jiun Liew . Reason: Discontinued due to conflict

Bisoprolol 5 mg Tablets

☒ 08/10/24 07:00 5 mg ONCE daily at 7am (Oral) — Yung Jiun Liew

COLECALCIFEROL 1000 units Tablets

☒ 04/10/24 07:00 1,000 unit ONCE daily at 7am (Oral) — Deborah Adepoju

04/10/24	07:00	04/10/2024	08:43	Ceena Vallomtharayil Mathe
05/10/24	07:00	05/10/2024	09:12	Ceena Vallomtharayil Mathe
06/10/24	07:00	06/10/2024	09:06	Ceena Vallomtharayil Mathe
07/10/24	07:00	07/10/2024	08:10	Victoria McGrotty

Dapagliflozin 10 mg Tablets

☒ 08/10/24 07:00 10 mg ONCE DAILY MORNING 7am (Oral) — Yung Jiun Liew

DULOXETINE 60 mg Capsules

☒ 04/10/24 07:00 60 mg ONCE DAILY MORNING 7am (Oral) — Deborah Adepoju

04/10/24	07:00	Ceena Vallomtharayil Mathe	Prescription Clarification Required

Discontinued on: 04/10/2024 13:05:21 by: Lesley Balmer PIP . Reason: Discontinued due to conflict

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

DULOXETINE 60 mg Capsules *(Continued)*

☒ 04/10/24 17:00 60 mg ONCE daily at 5pm (Oral) Lesley Balmer PIP

04/10/24	17:00	04/10/2024	17:40	Ceena Vallomtharayil Mathe	
05/10/24	17:00	05/10/2024	17:29	Ceena Vallomtharayil Mathe	
06/10/24	17:00	06/10/2024	17:31	Ceena Vallomtharayil Mathe	
07/10/24	17:00			SYSTEM	Not Charted prior to Discharge

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 04/10/24 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) Lesley Balmer PIP

04/10/24	17:00	04/10/2024	17:32	Ceena Vallomtharayil Mathe	
05/10/24	17:00	05/10/2024	17:29	Ceena Vallomtharayil Mathe	
06/10/24	17:00	06/10/2024	17:31	Ceena Vallomtharayil Mathe	
07/10/24	17:00			SYSTEM	Not Charted prior to Discharge

Esomeprazole 40 mg Tablets

☒ 03/10/24 22:00 40 mg TWICE DAILY 7am:10pm (Oral) Deborah Adepoju

03/10/24	22:00	03/10/2024	21:36	Victoria McGrotty	
04/10/24	07:00	04/10/2024	08:43	Ceena Vallomtharayil Mathe	
04/10/24	22:00	04/10/2024	21:29	Victoria McGrotty	
05/10/24	07:00	05/10/2024	09:12	Ceena Vallomtharayil Mathe	
05/10/24	22:00	05/10/2024	21:42	Mary Baah	
06/10/24	07:00	06/10/2024	09:06	Ceena Vallomtharayil Mathe	
06/10/24	22:00	06/10/2024	21:53	Eli Ahmadi	
07/10/24	07:00	07/10/2024	08:07	Victoria McGrotty	

FAMOTIDINE 40 mg Tablets

☒ 05/10/24 07:00 40 mg ONCE DAILY MORNING 7am (Oral) Lesley Balmer PIP

05/10/24	07:00	05/10/2024	09:14	Ceena Vallomtharayil Mathe	
06/10/24	07:00	06/10/2024	09:09	Ceena Vallomtharayil Mathe	
07/10/24	07:00	07/10/2024	08:08	Victoria McGrotty	

Ferrous sulfate 200 mg Tablets

☒ 03/10/24 22:00 200 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) Deborah Adepoju

03/10/24	22:00	03/10/2024	21:35	Victoria McGrotty	
04/10/24	07:00	04/10/2024	08:44	Ceena Vallomtharayil Mathe	
04/10/24	12:00	04/10/2024	12:55	Ceena Vallomtharayil Mathe	
04/10/24	22:00	04/10/2024	21:30	Victoria McGrotty	
05/10/24	07:00	05/10/2024	09:13	Ceena Vallomtharayil Mathe	
05/10/24	12:00	05/10/2024	13:15	Ceena Vallomtharayil Mathe	
05/10/24	22:00	05/10/2024	21:47	Mary Baah	
06/10/24	07:00	06/10/2024	09:08	Ceena Vallomtharayil Mathe	
06/10/24	12:00	06/10/2024	13:27	Ceena Vallomtharayil Mathe	
06/10/24	22:00	06/10/2024	21:55	Eli Ahmadi	
07/10/24	07:00	07/10/2024	08:09	Victoria McGrotty	
07/10/24	12:00	07/10/2024	12:16	Victoria McGrotty	

Laxido (Orange) Sachets

☒ 03/10/24 22:00 1 Sachet TWICE DAILY 7am:10pm (Oral) Deborah Adepoju

03/10/24	22:00	03/10/2024	21:25	Victoria McGrotty	
04/10/24	07:00	04/10/2024	08:44	Ceena Vallomtharayil Mathe	
04/10/24	22:00	04/10/2024	21:29	Victoria McGrotty	
05/10/24	07:00			Ceena Vallomtharayil Mathe	Refused by Patient
05/10/24	22:00	05/10/2024	21:45	Mary Baah	
06/10/24	07:00			Ceena Vallomtharayil Mathe	Refused by Patient
06/10/24	22:00	06/10/2024	21:53	Eli Ahmadi	
07/10/24	07:00			Victoria McGrotty	Refused by Patient

LEVETIRACETAM TABLETS 750mg

☒ 03/10/24 22:00 750 mg TWICE daily at 7am and 10pm (Oral) Deborah Adepoju

03/10/24	22:00	03/10/2024	21:35	Victoria McGrotty	
04/10/24	07:00	04/10/2024	08:42	Ceena Vallomtharayil Mathe	

☒ 04/10/24 17:00 750 mg TWICE daily at 7am and 5pm (Oral) Lesley Balmer PIP

04/10/24	17:00	04/10/2024	17:31	Ceena Vallomtharayil Mathe	
05/10/24	07:00	05/10/2024	09:10	Ceena Vallomtharayil Mathe	
05/10/24	17:00	05/10/2024	17:41	Ceena Vallomtharayil Mathe	
06/10/24	07:00	06/10/2024	09:05	Ceena Vallomtharayil Mathe	
06/10/24	17:00	06/10/2024	17:30	Ceena Vallomtharayil Mathe	
07/10/24	07:00	07/10/2024	08:07	Victoria McGrotty	

Key: Prescription details; Recorded as "Admitted On"; Prescribed as "Self Administer"; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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LEVETIRACETAM TABLETS 750mg *(Continued)*

07/10/24	17:00			SYSTEM	Not Charted prior to Discharge

Metformin 500 mg Tablets

☒ 03/10/24 22:00 500 mg TWICE DAILY 7am:10pm (Oral) Deborah Adepoju

03/10/24	22:00	03/10/2024	21:35	Victoria McGrotty	
04/10/24	07:00	04/10/2024	08:43	Ceena Vallomtharayil Mathe	

☒ 04/10/24 17:00 500 mg TWICE daily at 7am and 5pm (Oral) Lesley Balmer PIP

04/10/24	17:00	04/10/2024	17:32	Ceena Vallomtharayil Mathe	
05/10/24	07:00	05/10/2024	09:10	Ceena Vallomtharayil Mathe	
05/10/24	17:00	05/10/2024	17:27	Ceena Vallomtharayil Mathe	
06/10/24	07:00	06/10/2024	09:05	Ceena Vallomtharayil Mathe	
06/10/24	17:00	06/10/2024	17:30	Ceena Vallomtharayil Mathe	
07/10/24	07:00	07/10/2024	08:05	Victoria McGrotty	
07/10/24	17:00			SYSTEM	Not Charted prior to Discharge

Pramipexole 180 micrograms Tablets

☒ 04/10/24 18:00 180 microgram ONCE daily at 6pm (Oral) Ruby Clafferty

04/10/24	18:00			Victoria McGrotty	Other - see patient nursing notes
05/10/24	18:00	05/10/2024	17:41	Ceena Vallomtharayil Mathe	
06/10/24	18:00	06/10/2024	17:34	Ceena Vallomtharayil Mathe	
07/10/24	18:00			SYSTEM	Not Charted prior to Discharge

Pramipexole 88 micrograms Tablets

☒ 03/10/24 22:00 88 microgram ONCE DAILY NIGHT 10pm (Oral) Deborah Adepoju

03/10/24	22:00			Victoria McGrotty	Self Administers
04/10/24	22:00			Victoria McGrotty	Self Administers
05/10/24	22:00	05/10/2024	22:00	Mary Baah	
06/10/24	22:00	06/10/2024	21:54	Eli Ahmadi	

PREGABALIN 50 mg Capsules

☒ 03/10/24 22:00 50 mg TWICE DAILY 7am:10pm (Oral) Deborah Adepoju

03/10/24	22:00	03/10/2024	21:35	Victoria McGrotty	
04/10/24	07:00	04/10/2024	08:45	Ceena Vallomtharayil Mathe	
04/10/24	22:00	04/10/2024	21:29	Victoria McGrotty	
05/10/24	07:00	05/10/2024	09:13	Ceena Vallomtharayil Mathe	
05/10/24	22:00	05/10/2024	21:46	Mary Baah	
06/10/24	07:00	06/10/2024	09:07	Ceena Vallomtharayil Mathe	
06/10/24	22:00	06/10/2024	21:55	Eli Ahmadi	
07/10/24	07:00	07/10/2024	08:09	Victoria McGrotty	

RAMIPRIL 10 mg Capsules

☒ 04/10/24 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Deborah Adepoju

04/10/24	07:00	04/10/2024	08:43	Ceena Vallomtharayil Mathe	
05/10/24	07:00	05/10/2024	09:11	Ceena Vallomtharayil Mathe	
06/10/24	07:00	06/10/2024	09:05	Ceena Vallomtharayil Mathe	
07/10/24	07:00	07/10/2024	08:07	Victoria McGrotty	

ROSUVASTATIN 20 mg Tablets

☒ 03/10/24 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) Deborah Adepoju

03/10/24	22:00	03/10/2024	21:26	Victoria McGrotty	
04/10/24	22:00	04/10/2024	21:29	Victoria McGrotty	
05/10/24	22:00	05/10/2024	21:46	Mary Baah	
06/10/24	22:00	06/10/2024	21:54	Eli Ahmadi	

Sennosides (Senna) 7.5 mg Tablets

☒ 03/10/24 22:00 15 mg ONCE daily at 10pm (Oral) Deborah Adepoju

03/10/24	22:00	03/10/2024	21:25	Victoria McGrotty	
04/10/24	22:00	04/10/2024	21:28	Victoria McGrotty	
05/10/24	22:00	05/10/2024	21:42	Mary Baah	
06/10/24	22:00	06/10/2024	21:53	Eli Ahmadi	

Sodium valproate 200 mg MR (Epilim Chrono) Tablets

☒ 03/10/24 22:00 400 mg TWICE DAILY 7am:10pm (Oral) Deborah Adepoju

03/10/24	22:00			Victoria McGrotty	Self Administers
04/10/24	07:00	04/10/2024	09:44	Ceena Vallomtharayil Mathe	

☒ 04/10/24 17:00 400 mg TWICE daily at 7am and 5pm (Oral) Lesley Balmer PIP

Key: Prescription details | Recorded as 'Admitted On' | Prescribed as 'Self Administer' | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Sodium valproate 200 mg MR (Epilim Chrono) Tablets *(Continued)*

04/10/24	17:00	04/10/2024	17:32	Ceena Vallomtharayil Mathe	
05/10/24	07:00	05/10/2024	09:11	Ceena Vallomtharayil Mathe	
05/10/24	17:00	05/10/2024	17:29	Ceena Vallomtharayil Mathe	
06/10/24	07:00	06/10/2024	09:06	Ceena Vallomtharayil Mathe	
06/10/24	17:00	06/10/2024	17:30	Ceena Vallomtharayil Mathe	
07/10/24	07:00	07/10/2024	08:11	Victoria McGrotty	
07/10/24	17:00			SYSTEM	Not Charted prior to Discharge

SUCRALFATE (Unlicensed) 1g Tablets

☒ 03/10/24 22:00 2 g TWICE DAILY 7am:10pm (Oral) — Deborah Adepoju

03/10/24	22:00			Victoria McGrotty	Self Administers
04/10/24	07:00			Ceena Vallomtharayil Mathe	Self Administers
04/10/24	22:00			Victoria McGrotty	Self Administers
05/10/24	07:00			Ceena Vallomtharayil Mathe	Self Administers
05/10/24	22:00			Mary Baah	Drug unavailable
06/10/24	07:00	06/10/2024	09:02	Ceena Vallomtharayil Mathe	
06/10/24	22:00			Eli Ahmadi	Self Administers
07/10/24	07:00			Victoria McGrotty	Self Administers

VENLAFAXINE 75 mg Modified Release Capsules

☒ 04/10/24 12:00 75 mg ONCE daily at midday (Oral) — Deborah Adepoju

04/10/24	12:00	04/10/2024	12:55	Ceena Vallomtharayil Mathe
05/10/24	12:00	05/10/2024	13:15	Ceena Vallomtharayil Mathe
06/10/24	12:00	06/10/2024	13:27	Ceena Vallomtharayil Mathe
07/10/24	12:00	07/10/2024	12:16	Victoria McGrotty

VENLAFAXINE 150 mg Modified Release Capsules

☒ 04/10/24 12:00 150 mg ONCE daily at midday (Oral) — Deborah Adepoju

04/10/24	12:00	04/10/2024	12:55	Ceena Vallomtharayil Mathe
05/10/24	12:00	05/10/2024	13:15	Ceena Vallomtharayil Mathe
06/10/24	12:00	06/10/2024	13:27	Ceena Vallomtharayil Mathe
07/10/24	12:00	07/10/2024	12:16	Victoria McGrotty

Zopiclone 7.5 mg Tablets

☒ 03/10/24 22:00 7.5 mg ONCE daily at 10pm (Oral) — Deborah Adepoju

03/10/24	22:00	03/10/2024	21:26	Victoria McGrotty
04/10/24	22:00	04/10/2024	21:30	Victoria McGrotty
05/10/24	22:00	05/10/2024	21:47	Mary Baah
06/10/24	22:00	06/10/2024	21:55	Eli Ahmadi

Cyclizine 50 mg in 1 mL Injection as required

☒ 04/10/24 03:21 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Andrew Lee

Victoria McGrotty Alternative administered

☒ 04/10/24 03:21 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Andrew Lee

Victoria McGrotty Alternative administered

Cyclizine 50 mg Tablets as required

☒ 03/10/24 22:04 50 mg THREE times daily - 7am;12pm;10pm (Oral) FOR NAUSEA — Andrew Lee

50.00 03/10/2024 22:04 Victoria McGrotty

Discontinued on: 04/10/2024 03:21:00 by: Andrew Lee . Reason: Formulation/Route Change

☒ 04/10/24 03:21 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Andrew Lee

50.00 04/10/2024 05:45 Victoria McGrotty

GLYCERYL TRINITRATE 400 micrograms per Sublingual Spray as required

☒ 04/10/24 00:34 800 microgram (Sublingual) FOR CHEST PAIN — Andrew Lee

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 04/10/24 00:35 2 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN — Andrew Lee

2.00	04/10/2024	17:43	Ceena Vallomtharayil Mathe	
2.00	04/10/2024	21:31	Victoria McGrotty	
2.00	05/10/2024	10:42	Ceena Vallomtharayil Mathe	
2.00	06/10/2024	10:46	Ceena Vallomtharayil Mathe	

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Paracetamol 500 mg Tablets as required

☒ 03/10/24 19:59 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN Deborah Adepoju

1,000.00	03/10/2024	23:45	Lawrence Wedlock	
1,000.00	04/10/2024	21:31	Victoria McGrotty	
1,000.00	07/10/2024	13:30	Victoria McGrotty	

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Inpatient prescription & administration record for Donna Sullivan (2507706163) Admission: 16/08/2024 => 30/08/2024

02:00
02/09/24

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow, G34 9HH

Admitted: 16/08/2024 09:10
Discharged: 30/08/2024 08:16

Transfer history

Admission	2024-08-16 09:10:00	RSAU GRI SAU IP
Transfer	2024-08-17 03:22:00	R64 GRI WARD 64
Transfer	2024-08-19 00:50:00	R63 GRI WARD 63
Transfer	2024-08-28 00:04:00	R56 GRI WARD 56

Responsible Consultant history

Assigned No Consultant	16/08/24	09:10
Graham Mackay	16/08/24	11:08
Phil Stevens	17/08/24	03:22
Mark Duxbury	19/08/24	09:12

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

Bendroflumethiazide 2.5 mg Tablets

☒ 17/08/24 07:00 2.5 mg ONCE daily at 7am (Oral) — Colette Ryan NMP

17/08/24	07:00			Lesley-Ann Clydesdale	Self Administers
18/08/24	07:00			Alana Smith	Self Administers
19/08/24	07:00			Catriona Shaw	Self Administers
20/08/24	07:00	20/08/2024	08:45	Nicole Orrock	
21/08/24	07:00	21/08/2024	08:21	Emma Lauren Rooney/ Nicole Orrock	
22/08/24	07:00	22/08/2024	09:15	Siobhan Sloan	
23/08/24	07:00	23/08/2024	08:07	Nicole Morrison	
24/08/24	07:00	24/08/2024	08:45	Emma Lauren Rooney	
25/08/24	07:00	25/08/2024	08:40	Finn MacKee/ Emma Lauren Rooney	
26/08/24	07:00			Catriona Shaw	Self Administers
27/08/24	07:00	27/08/2024	08:31	Robyn Lee	
28/08/24	07:00			Zoya Bhatti	Other - see patient nursing notes
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge
30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

COLECALCIFEROL 1000 units Tablets

☒ 17/08/24 07:00 1,000 unit ONCE daily at 7am (Oral) — Colette Ryan NMP

17/08/24	07:00			Lesley-Ann Clydesdale	Self Administers
18/08/24	07:00			Alana Smith	Self Administers
19/08/24	07:00			Catriona Shaw	Self Administers
20/08/24	07:00	20/08/2024	08:43	Nicole Orrock	
21/08/24	07:00	21/08/2024	08:21	Emma Lauren Rooney/ Nicole Orrock	
22/08/24	07:00	22/08/2024	09:15	Siobhan Sloan	
23/08/24	07:00	23/08/2024	08:05	Nicole Morrison	
24/08/24	07:00	24/08/2024	08:45	Emma Lauren Rooney	
25/08/24	07:00	25/08/2024	08:40	Finn MacKee/ Emma Lauren Rooney	
26/08/24	07:00			Catriona Shaw	Other - see patient nursing notes
27/08/24	07:00	27/08/2024	08:31	Robyn Lee	
28/08/24	07:00	28/08/2024	08:18	Zoya Bhatti	
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge
30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

DULOXETINE 60 mg Capsules

☒ 16/08/24 17:00 60 mg ONCE daily at 5pm (Oral) — Colette Ryan NMP

16/08/24	17:00	16/08/2024	16:34	Marie Therese Taylor
17/08/24	17:00	17/08/2024	17:36	Lesley-Ann Clydesdale
18/08/24	17:00	18/08/2024	16:44	Alana Smith
19/08/24	17:00	19/08/2024	18:01	Siobhan Sloan
20/08/24	17:00	20/08/2024	17:39	Nicole Orrock
21/08/24	17:00	21/08/2024	17:29	Nicole Orrock
22/08/24	17:00	22/08/2024	18:19	Siobhan Sloan
23/08/24	17:00	23/08/2024	17:59	Chizoba Pamela Balonwu
24/08/24	17:00	24/08/2024	17:53	Emma Lauren Rooney

Key: Prescription details; Recorded as "Admitted On"; Prescribed as "Self Administer"; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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DULOXETINE 60 mg Capsules *(Continued)*

25/08/24	17:00	25/08/2024	17:45	Emma Lauren Rooney	
26/08/24	17:00	26/08/2024	18:12	Nicole Orrock	
27/08/24	17:00	27/08/2024	17:56	Lynne Gilmour	
28/08/24	17:00			SYSTEM	Not Charted prior to Discharge
29/08/24	17:00			SYSTEM	Not Charted prior to Discharge

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 16/08/24 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) Colette Ryan NMP

16/08/24	17:00	16/08/2024	16:39	Marie Therese Taylor	
17/08/24	17:00	17/08/2024	17:37	Lesley-Ann Clydesdale	
18/08/24	17:00	18/08/2024	16:44	Alana Smith	
19/08/24	17:00	19/08/2024	18:04	Siobhan Sloan	
20/08/24	17:00	20/08/2024	17:39	Nicole Orrock	
21/08/24	17:00	21/08/2024	17:30	Nicole Orrock	
22/08/24	17:00	22/08/2024	18:20	Siobhan Sloan	
23/08/24	17:00	23/08/2024	17:56	Chizoba Pamela Balonwu	
24/08/24	17:00	24/08/2024	17:53	Emma Lauren Rooney	
25/08/24	17:00	25/08/2024	17:47	Emma Lauren Rooney	
26/08/24	17:00	26/08/2024	18:12	Nicole Orrock	
27/08/24	17:00	27/08/2024	18:07	Lynne Gilmour	
28/08/24	17:00			SYSTEM	Not Charted prior to Discharge
29/08/24	17:00			SYSTEM	Not Charted prior to Discharge

Esomeprazole 40 mg Tablets

☒ 16/08/24 22:00 40 mg TWICE DAILY 7am:10pm (Oral) Colette Ryan NMP

16/08/24	22:00			Chloe Penman	Self Administers
17/08/24	07:00			Lesley-Ann Clydesdale	Self Administers
17/08/24	22:00			Grace White	Self Administers
18/08/24	07:00			Alana Smith	Self Administers
18/08/24	22:00			Sarah Gelle	Self Administers
19/08/24	07:00			Catriona Shaw	Self Administers
19/08/24	22:00	19/08/2024	22:19	Karen McInally	
20/08/24	07:00	20/08/2024	08:44	Nicole Orrock	
20/08/24	22:00	20/08/2024	22:03	Robyn Lee/ Hazel Carway	
21/08/24	07:00	21/08/2024	08:21	Emma Lauren Rooney/ Nicole Orrock	
21/08/24	22:00	21/08/2024	22:51	Robyn Lee/ Emma Ballantyne	
22/08/24	07:00	22/08/2024	09:15	Siobhan Sloan	
22/08/24	22:00	22/08/2024	22:29	James Ferry	
23/08/24	07:00	23/08/2024	08:07	Nicole Morrison	
23/08/24	22:00	23/08/2024	21:55	Stephanie Asgar	
24/08/24	07:00	24/08/2024	08:45	Emma Lauren Rooney	
24/08/24	22:00	24/08/2024	22:38	Robyn Lee/ Kirsty Fraser	
25/08/24	07:00	25/08/2024	08:40	Finn MacKee/ Emma Lauren Rooney	
25/08/24	22:00	25/08/2024	21:13	Becky-Jo Smith/ Pauline Bain	
26/08/24	07:00			Catriona Shaw	Self Administers
26/08/24	22:00	26/08/2024	22:36	Jennifer Mitchell	
27/08/24	07:00	27/08/2024	08:31	Robyn Lee	
27/08/24	22:00	27/08/2024	23:09	Siobhan Sutherland	
28/08/24	07:00	28/08/2024	08:19	Zoya Bhatti	
28/08/24	22:00			SYSTEM	Not Charted prior to Discharge
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge
29/08/24	22:00			SYSTEM	Not Charted prior to Discharge
30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

FAMOTIDINE 40 mg Tablets

☒ 17/08/24 07:00 40 mg ONCE DAILY MORNING 7am (Oral) Colette Ryan NMP

17/08/24	07:00			Lesley-Ann Clydesdale	Self Administers
18/08/24	07:00			Alana Smith	Self Administers
19/08/24	07:00			Catriona Shaw	Self Administers
20/08/24	07:00	20/08/2024	08:44	Nicole Orrock	
21/08/24	07:00	21/08/2024	08:21	Emma Lauren Rooney/ Nicole Orrock	
22/08/24	07:00	22/08/2024	09:15	Siobhan Sloan	
23/08/24	07:00	23/08/2024	08:08	Nicole Morrison	
24/08/24	07:00	24/08/2024	08:45	Emma Lauren Rooney	
25/08/24	07:00	25/08/2024	08:40	Finn MacKee/ Emma Lauren Rooney	
26/08/24	07:00			Catriona Shaw	Self Administers
27/08/24	07:00	27/08/2024	08:31	Robyn Lee	
28/08/24	07:00	28/08/2024	08:19	Zoya Bhatti	
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge

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FAMOTIDINE 40 mg Tablets *(Continued)*

30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

Laxido (Orange) Sachets

17/08/24 22:00 2 Sachet TWICE DAILY 7am:10pm (Oral) Peter-James Mackle

17/08/24	22:00	17/08/2024	21:58	Grace White	
18/08/24	07:00	18/08/2024	08:26	Alana Smith	
18/08/24	22:00	18/08/2024	22:07	Sarah Gelle	
19/08/24	07:00	19/08/2024	08:43	Catriona Shaw	
19/08/24	22:00	19/08/2024	22:19	Karen McInally	
20/08/24	07:00	20/08/2024	08:50	Nicole Orrock	
20/08/24	22:00	20/08/2024	22:05	Robyn Lee/ Hazel Carway	
21/08/24	07:00			Emma Lauren Rooney	Refused by Patient
21/08/24	22:00	21/08/2024	22:00	Robyn Lee	
22/08/24	07:00	22/08/2024	09:15	Siobhan Sloan	
22/08/24	22:00			James Ferry	Refused by Patient
23/08/24	07:00	23/08/2024	08:09	Nicole Morrison	
23/08/24	22:00	23/08/2024	21:59	Stephanie Asgar	
24/08/24	07:00	24/08/2024	08:48	Emma Lauren Rooney	
24/08/24	22:00	24/08/2024	22:54	Robyn Lee	
25/08/24	07:00	25/08/2024	08:42	Finn MacKee/ Emma Lauren Rooney	
25/08/24	22:00	25/08/2024	21:13	Becky-Jo Smith/ Pauline Bain	
26/08/24	07:00			Catriona Shaw	Self Administers
26/08/24	22:00	26/08/2024	22:37	Jennifer Mitchell	
27/08/24	07:00	27/08/2024	08:33	Robyn Lee	
27/08/24	22:00	27/08/2024	23:09	Siobhan Sutherland	
28/08/24	07:00	28/08/2024	08:22	Zoya Bhatti	
28/08/24	22:00			SYSTEM	Not Charted prior to Discharge
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge
29/08/24	22:00			SYSTEM	Not Charted prior to Discharge
30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

LEVETIRACETAM 250 mg Tablets

16/08/24 17:00 250 mg TWICE daily at 7am and 5pm (Oral) Colette Ryan NMP

16/08/24	17:00	16/08/2024	16:35	Marie Therese Taylor	
17/08/24	07:00			Lesley-Ann Clydesdale	Self Administers
17/08/24	17:00	17/08/2024	17:36	Lesley-Ann Clydesdale	
18/08/24	07:00			Alana Smith	Self Administers
18/08/24	17:00	18/08/2024	16:44	Alana Smith	
19/08/24	07:00			Catriona Shaw	Self Administers
19/08/24	17:00	19/08/2024	18:01	Siobhan Sloan	
20/08/24	07:00	20/08/2024	08:44	Nicole Orrock	
20/08/24	17:00	20/08/2024	17:39	Nicole Orrock	
21/08/24	07:00	21/08/2024	08:22	Emma Lauren Rooney/ Nicole Orrock	
21/08/24	17:00	21/08/2024	17:29	Nicole Orrock	
22/08/24	07:00	22/08/2024	09:15	Siobhan Sloan	
22/08/24	17:00	22/08/2024	18:19	Siobhan Sloan	
23/08/24	07:00	23/08/2024	08:08	Nicole Morrison	
23/08/24	17:00	23/08/2024	17:54	Chizoba Pamela Balonwu	
24/08/24	07:00	24/08/2024	08:45	Emma Lauren Rooney	
24/08/24	17:00	24/08/2024	17:53	Emma Lauren Rooney	
25/08/24	07:00	25/08/2024	08:41	Finn MacKee/ Emma Lauren Rooney	
25/08/24	17:00	25/08/2024	17:45	Emma Lauren Rooney	
26/08/24	07:00			Catriona Shaw	Self Administers
26/08/24	17:00	26/08/2024	18:12	Nicole Orrock	
27/08/24	07:00	27/08/2024	08:31	Robyn Lee	
27/08/24	17:00	27/08/2024	18:07	Lynne Gilmour	
28/08/24	07:00	28/08/2024	08:19	Zoya Bhatti	
28/08/24	17:00			SYSTEM	Not Charted prior to Discharge
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge
29/08/24	17:00			SYSTEM	Not Charted prior to Discharge
30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

LEVETIRACETAM 500 mg Tablets

16/08/24 17:00 500 mg TWICE daily at 7am and 5pm (Oral) Colette Ryan NMP

16/08/24	17:00	16/08/2024	16:35	Marie Therese Taylor	
17/08/24	07:00			Lesley-Ann Clydesdale	Self Administers
17/08/24	17:00	17/08/2024	17:36	Lesley-Ann Clydesdale	
18/08/24	07:00			Alana Smith	Self Administers
18/08/24	17:00	18/08/2024	16:44	Alana Smith	

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HEPMA MAP v1.0

LEVETIRACETAM 500 mg Tablets *(Continued)*

19/08/24	07:00			Catriona Shaw	Self Administers
19/08/24	17:00	19/08/2024	18:01	Siobhan Sloan	
20/08/24	07:00	20/08/2024	08:44	Nicole Orrock	
20/08/24	17:00	20/08/2024	17:39	Nicole Orrock	
21/08/24	07:00	21/08/2024	08:22	Emma Lauren Rooney/ Nicole Orrock	
21/08/24	17:00	21/08/2024	17:29	Nicole Orrock	
22/08/24	07:00	22/08/2024	09:15	Siobhan Sloan	
22/08/24	17:00	22/08/2024	18:19	Siobhan Sloan	
23/08/24	07:00	23/08/2024	08:08	Nicole Morrison	
23/08/24	17:00	23/08/2024	17:54	Chizoba Pamela Balonwu	
24/08/24	07:00	24/08/2024	08:45	Emma Lauren Rooney	
24/08/24	17:00	24/08/2024	17:53	Emma Lauren Rooney	
25/08/24	07:00	25/08/2024	08:41	Finn MacKee/ Emma Lauren Rooney	
25/08/24	17:00	25/08/2024	17:45	Emma Lauren Rooney	
26/08/24	07:00			Catriona Shaw	Self Administers
26/08/24	17:00	26/08/2024	18:12	Nicole Orrock	
27/08/24	07:00	27/08/2024	08:31	Robyn Lee	
27/08/24	17:00	27/08/2024	18:07	Lynne Gilmour	
28/08/24	07:00	28/08/2024	08:19	Zoya Bhatti	
28/08/24	17:00			SYSTEM	Not Charted prior to Discharge
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge
29/08/24	17:00			SYSTEM	Not Charted prior to Discharge
30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

Metformin 500 mg Tablets

☒ 16/08/24 17:00 500 mg TWICE daily at 7am and 5pm (Oral) Colette Ryan NMP

16/08/24	17:00	16/08/2024	16:35	Marie Therese Taylor	
17/08/24	07:00			Lesley-Ann Clydesdale	Self Administers
17/08/24	17:00	17/08/2024	17:36	Lesley-Ann Clydesdale	
18/08/24	07:00			Alana Smith	Self Administers
18/08/24	17:00	18/08/2024	16:44	Alana Smith	
19/08/24	07:00			Catriona Shaw	Self Administers
19/08/24	17:00	19/08/2024	18:01	Siobhan Sloan	
20/08/24	07:00	20/08/2024	08:44	Nicole Orrock	
20/08/24	17:00	20/08/2024	17:39	Nicole Orrock	
21/08/24	07:00	21/08/2024	08:22	Emma Lauren Rooney/ Nicole Orrock	
21/08/24	17:00	21/08/2024	17:29	Nicole Orrock	
22/08/24	07:00	22/08/2024	09:15	Siobhan Sloan	
22/08/24	17:00	22/08/2024	18:19	Siobhan Sloan	
23/08/24	07:00	23/08/2024	08:08	Nicole Morrison	
23/08/24	17:00	23/08/2024	17:54	Chizoba Pamela Balonwu	
24/08/24	07:00	24/08/2024	08:45	Emma Lauren Rooney	
24/08/24	17:00	24/08/2024	17:53	Emma Lauren Rooney	
25/08/24	07:00	25/08/2024	08:41	Finn MacKee/ Emma Lauren Rooney	
25/08/24	17:00	25/08/2024	17:45	Emma Lauren Rooney	
26/08/24	07:00			Catriona Shaw	Self Administers
26/08/24	17:00	26/08/2024	18:12	Nicole Orrock	
27/08/24	07:00	27/08/2024	08:32	Robyn Lee	
27/08/24	17:00	27/08/2024	18:07	Lynne Gilmour	
28/08/24	07:00	28/08/2024	08:19	Zoya Bhatti	
28/08/24	17:00			SYSTEM	Not Charted prior to Discharge
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge
29/08/24	17:00			SYSTEM	Not Charted prior to Discharge
30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

MOVICOL HALF Sachets

☒ 17/08/24 12:00 1 Sachet THREE TIMES DAILY 7am:12pm:10pm (Oral) Ann-Elin Myhre

17/08/24	12:00	17/08/2024	13:19	Nur3 GRI63	

☒ 17/08/24 17:00 1 Sachet FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Peter-James Mackle

17/08/24	17:00			Lesley-Ann Clydesdale	Prescription Clarification Required

Discontinued on: 17/08/2024 17:43:45 by: Peter-James Mackle . Reason: Discontinued due to conflict

Ondansetron 4 mg Tablets

☒ 24/08/24 22:00 4 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) Ann-Elin Myhre

24/08/24	22:00	24/08/2024	22:39	Robyn Lee/ Kirsty Fraser	
25/08/24	07:00	25/08/2024	08:42	Finn MacKee/ Emma Lauren Rooney	
25/08/24	12:00	25/08/2024	12:45	Emma Lauren Rooney	
25/08/24	22:00	25/08/2024	21:13	Becky-Jo Smith/ Pauline Bain	

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Ondansetron 4 mg Tablets *(Continued)*

26/08/24	07:00	26/08/2024	08:52	Catriona Shaw	
26/08/24	12:00	26/08/2024	13:02	Nicole Orrock	
26/08/24	22:00	26/08/2024	22:37	Jennifer Mitchell	
27/08/24	07:00	27/08/2024	08:34	Robyn Lee	
27/08/24	12:00	27/08/2024	12:38	Nicole Orrock	
27/08/24	22:00	27/08/2024	23:10	Siobhan Sutherland	
28/08/24	07:00	28/08/2024	08:28	Zoya Bhatti	
28/08/24	12:00			SYSTEM	Not Charted prior to Discharge
28/08/24	22:00			SYSTEM	Not Charted prior to Discharge
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge
29/08/24	12:00			SYSTEM	Not Charted prior to Discharge
29/08/24	22:00			SYSTEM	Not Charted prior to Discharge
30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

OXYCODONE (OXYPRO) 20 mg Modified Release Tablets

☒ 20/08/24 20:00 20 mg TWICE daily at 8am and 8pm (Oral) Eunice Paul Jane Tan

20/08/24	20:00	20/08/2024	22:09	Robyn Lee/ Hazel Carway
21/08/24	08:00	21/08/2024	08:22	Emma Lauren Rooney/ Nicole Orrock
21/08/24	20:00	21/08/2024	22:53	Robyn Lee/ Emma Ballantyne
22/08/24	08:00	22/08/2024	09:40	Siobhan Sloan/ Nicole Orrock
22/08/24	20:00	22/08/2024	22:32	James Ferry/ Pauline Bain
23/08/24	08:00	23/08/2024	09:14	Nicole Morrison/ Louise Pender
23/08/24	20:00	23/08/2024	20:03	Chizoba Pamela Balonwu/ Stephanie Asgar
24/08/24	08:00	24/08/2024	08:58	Nicole Morrison/ Emma Lauren Rooney
24/08/24	20:00	24/08/2024	22:42	Robyn Lee/ Kirsty Fraser
25/08/24	08:00	25/08/2024	08:53	Finn MacKee/ Emma Lauren Rooney
25/08/24	20:00	25/08/2024	21:16	Becky-Jo Smith/ Pauline Bain
26/08/24	08:00	26/08/2024	08:57	Catriona Shaw/ Nicole Orrock
26/08/24	20:00	26/08/2024	20:28	Siobhan Sutherland/ Jennifer Mitchell
27/08/24	08:00	27/08/2024	09:20	Robyn Lee/ Karen McInally
27/08/24	20:00	27/08/2024	19:57	Siobhan Sutherland/ Manpreet Kaur Singh
28/08/24	08:00	28/08/2024	08:52	Zoya Bhatti/ ANNA COWPER
28/08/24	20:00			SYSTEM Not Charted prior to Discharge
29/08/24	08:00			SYSTEM Not Charted prior to Discharge
29/08/24	20:00			SYSTEM Not Charted prior to Discharge
30/08/24	08:00			SYSTEM Not Charted prior to Discharge

Pramipexole 180 micrograms Tablets

☒ 16/08/24 17:00 180 microgram ONCE daily at 5pm (Oral) Colette Ryan NMP

16/08/24	17:00	16/08/2024	16:35	Marie Therese Taylor
17/08/24	17:00	17/08/2024	17:36	Lesley-Ann Clydesdale
18/08/24	17:00	18/08/2024	16:44	Alana Smith
19/08/24	17:00	19/08/2024	18:01	Siobhan Sloan
20/08/24	17:00	20/08/2024	17:39	Nicole Orrock
21/08/24	17:00	21/08/2024	17:29	Nicole Orrock
22/08/24	17:00	22/08/2024	18:19	Siobhan Sloan
23/08/24	17:00	23/08/2024	17:55	Chizoba Pamela Balonwu
24/08/24	17:00	24/08/2024	17:53	Emma Lauren Rooney
25/08/24	17:00	25/08/2024	17:46	Emma Lauren Rooney
26/08/24	17:00	26/08/2024	18:12	Nicole Orrock
27/08/24	17:00	27/08/2024	17:59	Lynne Gilmour
28/08/24	17:00			SYSTEM Not Charted prior to Discharge
29/08/24	17:00			SYSTEM Not Charted prior to Discharge

Pramipexole 88 micrograms Tablets

☒ 16/08/24 22:00 88 microgram ONCE DAILY NIGHT 10pm (Oral) Colette Ryan NMP

16/08/24	22:00			Chloe Penman	Self Administers
17/08/24	22:00			Grace White	Drug unavailable
18/08/24	22:00			Sarah Gelle	Self Administers
19/08/24	22:00	19/08/2024	22:19	Karen McInally	
20/08/24	22:00	20/08/2024	22:04	Robyn Lee/ Hazel Carway	
21/08/24	22:00	21/08/2024	22:51	Robyn Lee/ Emma Ballantyne	
22/08/24	22:00	22/08/2024	22:28	James Ferry	
23/08/24	22:00	23/08/2024	21:56	Stephanie Asgar	
24/08/24	22:00	24/08/2024	22:39	Robyn Lee/ Kirsty Fraser	
25/08/24	22:00	25/08/2024	21:13	Becky-Jo Smith/ Pauline Bain	
26/08/24	22:00	26/08/2024	22:36	Jennifer Mitchell	
27/08/24	22:00	27/08/2024	23:09	Siobhan Sutherland	
28/08/24	22:00			SYSTEM	Not Charted prior to Discharge

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Pramipexole 88 micrograms Tablets *(Continued)*

29/08/24	22:00			SYSTEM	Not Charted prior to Discharge

RAMIPRIL 10 mg Capsules

☒ 17/08/24 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Colette Ryan NMP

17/08/24	07:00			Lesley-Ann Clydesdale	Self Administers
18/08/24	07:00			Alana Smith	Self Administers
19/08/24	07:00			Catriona Shaw	Self Administers
20/08/24	07:00	20/08/2024	08:44	Nicole Orrock	
21/08/24	07:00	21/08/2024	08:22	Emma Lauren Rooney/ Nicole Orrock	
22/08/24	07:00	22/08/2024	09:15	Siobhan Sloan	
23/08/24	07:00	23/08/2024	08:08	Nicole Morrison	
24/08/24	07:00	24/08/2024	08:46	Emma Lauren Rooney	
25/08/24	07:00	25/08/2024	08:41	Finn MacKee/ Emma Lauren Rooney	
26/08/24	07:00			Catriona Shaw	Self Administers
27/08/24	07:00	27/08/2024	06:32	Robyn Lee	
28/08/24	07:00			Zoya Bhatti	Other - see patient nursing notes
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge
30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

ROSUVASTATIN 20 mg Tablets

☒ 16/08/24 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) Colette Ryan NMP

16/08/24	22:00			Chloe Penman	Self Administers
17/08/24	22:00			Grace White	Self Administers
18/08/24	22:00			Sarah Gelle	Self Administers
19/08/24	22:00	19/08/2024	22:19	Karen McInally	
20/08/24	22:00	20/08/2024	22:04	Robyn Lee/ Hazel Carway	
21/08/24	22:00	21/08/2024	22:51	Robyn Lee/ Emma Ballantyne	
22/08/24	22:00	22/08/2024	22:29	James Ferry	
23/08/24	22:00	23/08/2024	21:56	Stephanie Asgar	
24/08/24	22:00	24/08/2024	22:38	Robyn Lee/ Kirsty Fraser	
25/08/24	22:00	25/08/2024	21:13	Becky-Jo Smith/ Pauline Bain	
26/08/24	22:00	26/08/2024	22:36	Jennifer Mitchell	
27/08/24	22:00	27/08/2024	23:09	Siobhan Sutherland	
28/08/24	22:00			SYSTEM	Not Charted prior to Discharge
29/08/24	22:00			SYSTEM	Not Charted prior to Discharge

Sennosides (Senna) 7.5 mg Tablets

☒ 16/08/24 22:00 15 mg ONCE daily at 10pm (Oral) Colette Ryan NMP

16/08/24	22:00			Chloe Penman	Self Administers
17/08/24	22:00			Grace White	Self Administers
18/08/24	22:00			Sarah Gelle	Self Administers
19/08/24	22:00	19/08/2024	22:19	Karen McInally	
20/08/24	22:00	20/08/2024	22:04	Robyn Lee/ Hazel Carway	
21/08/24	22:00	21/08/2024	22:51	Robyn Lee/ Emma Ballantyne	
22/08/24	22:00	22/08/2024	22:29	James Ferry	
23/08/24	22:00	23/08/2024	21:56	Stephanie Asgar	
24/08/24	22:00	24/08/2024	22:38	Robyn Lee/ Kirsty Fraser	
25/08/24	22:00	25/08/2024	21:13	Becky-Jo Smith/ Pauline Bain	
26/08/24	22:00	26/08/2024	22:36	Jennifer Mitchell	
27/08/24	22:00	27/08/2024	23:09	Siobhan Sutherland	
28/08/24	22:00			SYSTEM	Not Charted prior to Discharge
29/08/24	22:00			SYSTEM	Not Charted prior to Discharge

Sodium valproate 200 mg MR (Epilim Chrono) Tablets

☒ 16/08/24 17:00 400 mg TWICE daily at 7am and 5pm (Oral) Colette Ryan NMP

16/08/24	17:00	16/08/2024	16:35	Marie Therese Taylor	
17/08/24	07:00			Lesley-Ann Clydesdale	Self Administers
17/08/24	17:00	17/08/2024	17:36	Lesley-Ann Clydesdale	
18/08/24	07:00			Alana Smith	Self Administers
18/08/24	17:00			Alana Smith	Self Administers
19/08/24	07:00			Catriona Shaw	Self Administers
19/08/24	17:00			Siobhan Sloan	Self Administers
20/08/24	07:00	20/08/2024	08:44	Nicole Orrock	
20/08/24	17:00	20/08/2024	17:39	Nicole Orrock	
21/08/24	07:00	21/08/2024	08:22	Emma Lauren Rooney/ Nicole Orrock	
21/08/24	17:00	21/08/2024	17:29	Nicole Orrock	
22/08/24	07:00	22/08/2024	09:17	Siobhan Sloan	
22/08/24	17:00			Siobhan Sloan	Self Administers
23/08/24	07:00			Nicole Morrison	Self Administers

Key: Prescription details; Recorded as 'Admitted On'; Prescribed as 'Self Administer'; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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Sodium valproate 200 mg MR (Epilim Chrono) Tablets *(Continued)*

23/08/24	17:00			Chizoba Pamela Balonwu	Self Administers
24/08/24	07:00			Emma Lauren Rooney	Self Administers
24/08/24	17:00			Emma Lauren Rooney	Self Administers
25/08/24	07:00			Finn MacKee	Self Administers
25/08/24	17:00			Emma Lauren Rooney	Self Administers
26/08/24	07:00			Catriona Shaw	Self Administers
26/08/24	17:00	26/08/2024	18:12	Nicole Orrock	
27/08/24	07:00	27/08/2024	08:32	Robyn Lee	
27/08/24	17:00	27/08/2024	18:03	Lynne Gilmour	
28/08/24	07:00	28/08/2024	08:21	Zoya Bhatti	
28/08/24	17:00			SYSTEM	Not Charted prior to Discharge
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge
29/08/24	17:00			SYSTEM	Not Charted prior to Discharge
30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

SUCRALFATE (Unlicensed) 1g Tablets

☒ 16/08/24 22:00 2 g TWICE DAILY 7am:10pm (Oral) Colette Ryan NMP

16/08/24	22:00			Chloe Penman	Self Administers
17/08/24	07:00			Lesley-Ann Clydesdale	Self Administers
17/08/24	22:00			Grace White	Drug unavailable
18/08/24	07:00			Alana Smith	Self Administers
18/08/24	22:00			Sarah Gelle	Self Administers
19/08/24	07:00			Catriona Shaw	Self Administers
19/08/24	22:00			Karen McInally	Other - see patient nursing notes
20/08/24	07:00			Nicole Orrock	Self Administers
20/08/24	22:00	20/08/2024	22:04	Robyn Lee	
21/08/24	07:00			Emma Lauren Rooney	Self Administers
21/08/24	22:00	21/08/2024	22:51	Robyn Lee	
22/08/24	07:00			Siobhan Sloan	Self Administers
22/08/24	22:00			James Ferry	Self Administers
23/08/24	07:00			Nicole Morrison	Self Administers
23/08/24	22:00			Stephanie Asgar	Self Administers
24/08/24	07:00			Emma Lauren Rooney	Self Administers
24/08/24	22:00	24/08/2024	22:39	Robyn Lee	
25/08/24	07:00			Finn MacKee	Self Administers
25/08/24	22:00			Becky-Jo Smith	Self Administers
26/08/24	07:00			Catriona Shaw	Self Administers
26/08/24	22:00			Jennifer Mitchell	Self Administers
27/08/24	07:00	27/08/2024	08:32	Robyn Lee	
27/08/24	22:00			Siobhan Sutherland	Self Administers
28/08/24	07:00	28/08/2024	08:20	Zoya Bhatti	
28/08/24	22:00			SYSTEM	Not Charted prior to Discharge
29/08/24	07:00			SYSTEM	Not Charted prior to Discharge
29/08/24	22:00			SYSTEM	Not Charted prior to Discharge
30/08/24	07:00			SYSTEM	Not Charted prior to Discharge

VENLAFAXINE 75 mg Modified Release Capsules

☒ 16/08/24 12:00 75 mg ONCE daily at midday (Oral) Colette Ryan NMP

16/08/24	12:00	16/08/2024	12:13	Marie Therese Taylor	
17/08/24	12:00	17/08/2024	13:19	Nur3 GRI63	
18/08/24	12:00	18/08/2024	12:59	Alana Smith	
19/08/24	12:00	19/08/2024	13:14	Siobhan Sloan	
20/08/24	12:00	20/08/2024	13:23	Nicole Orrock	
21/08/24	12:00	21/08/2024	12:58	Nicole Orrock	
22/08/24	12:00	22/08/2024	12:57	Siobhan Sloan	
23/08/24	12:00	23/08/2024	13:22	Louise Pender	
24/08/24	12:00	24/08/2024	12:47	Emma Lauren Rooney	
25/08/24	12:00	25/08/2024	12:45	Emma Lauren Rooney	
26/08/24	12:00	26/08/2024	13:02	Nicole Orrock	
27/08/24	12:00	27/08/2024	12:38	Nicole Orrock	
28/08/24	12:00			SYSTEM	Not Charted prior to Discharge
29/08/24	12:00			SYSTEM	Not Charted prior to Discharge

VENLAFAXINE 150 mg Modified Release Capsules

☒ 16/08/24 12:00 150 mg ONCE daily at midday (Oral) Colette Ryan NMP

16/08/24	12:00	16/08/2024	12:13	Marie Therese Taylor	
17/08/24	12:00	17/08/2024	13:19	Nur3 GRI63	
18/08/24	12:00	18/08/2024	12:59	Alana Smith	
19/08/24	12:00	19/08/2024	13:14	Siobhan Sloan	

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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VENLAFAXINE 150 mg Modified Release Capsules *(Continued)*

20/08/24	12:00	20/08/2024	13:23	Nicole Orrock
21/08/24	12:00	21/08/2024	12:58	Nicole Orrock
22/08/24	12:00	22/08/2024	12:57	Siobhan Sloan
23/08/24	12:00	23/08/2024	13:22	Louise Pender
24/08/24	12:00	24/08/2024	12:47	Emma Lauren Rooney
25/08/24	12:00	25/08/2024	12:45	Emma Lauren Rooney
26/08/24	12:00	26/08/2024	13:02	Nicole Orrock
27/08/24	12:00	27/08/2024	12:38	Nicole Orrock
28/08/24	12:00			SYSTEM Not Charted prior to Discharge
29/08/24	12:00			SYSTEM Not Charted prior to Discharge

Cyclizine 50 mg in 1 mL Injection as required

☒ 21/08/24 06:46 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Joshua Templeman

Nicole Orrock	Alternative administered
Robyn Lee	Alternative administered
James Ferry	Alternative administered
Stephanie Asgar	Alternative administered
Emma Lauren Rooney	Alternative administered
Robyn Lee	Alternative administered
Louise Pender	Alternative administered
Catriona Shaw	Alternative administered
Lynne Gilmour	Alternative administered

☒ 21/08/24 06:46 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Joshua Templeman

Nicole Orrock	Alternative administered
Robyn Lee	Alternative administered
James Ferry	Alternative administered
Stephanie Asgar	Alternative administered
Emma Lauren Rooney	Alternative administered
Robyn Lee	Alternative administered
Louise Pender	Alternative administered
Catriona Shaw	Alternative administered
Lynne Gilmour	Alternative administered

Cyclizine 50 mg Tablets as required

☒ 21/08/24 06:46 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Joshua Templeman

50.00	21/08/2024	08:22	Nicole Orrock
50.00	21/08/2024	22:53	Robyn Lee
50.00	23/08/2024	05:57	James Ferry
50.00	23/08/2024	20:17	Stephanie Asgar
50.00	24/08/2024	13:42	Emma Lauren Rooney
50.00	25/08/2024	06:32	Robyn Lee
50.00	26/08/2024	01:37	Louise Pender
50.00	26/08/2024	15:42	Catriona Shaw
50.00	27/08/2024	18:08	Lynne Gilmour

Diazepam 2 mg Tablets as required

☒ 16/08/24 11:43 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) as required — Colette Ryan NMP

2.00	17/08/2024	17:47	Nur3 GRI63
2.00	19/08/2024	11:00	Kadi Lokule
2.00	22/08/2024	12:57	Siobhan Sloan
2.00	23/08/2024	13:22	Louise Pender
2.00	26/08/2024	08:53	Catriona Shaw
2.00	27/08/2024	12:38	Nicole Orrock
2.00	27/08/2024	23:12	Siobhan Sutherland
2.00	28/08/2024	08:28	Zoya Bhatti

METOCLOPRAMIDE 10 mg Tablets as required

☒ 16/08/24 11:49 10 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) FOR NAUSEA AND VOMITING — Colette Ryan NMP

10.00	16/08/2024	13:21	Abbie Goldie
10.00	16/08/2024	23:44	Chloe Penman
10.00	17/08/2024	05:51	Joanne Cairney
10.00	17/08/2024	20:30	Grace White
10.00	18/08/2024	08:27	Alana Smith
10.00	18/08/2024	19:19	Alana Smith
10.00	19/08/2024	20:03	Karen Meddicks
10.00	26/08/2024	06:11	Louise Pender/ Becky-Jo Smith

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 16/08/24 11:57 10 mg every TWO HOURS (Oral) FOR PAIN — Colette Ryan NMP

10.00	16/08/2024	12:13	Marie Therese Taylor
10.00	16/08/2024	15:17	Abbie Goldie
10.00	16/08/2024	19:10	Marie Therese Taylor
10.00	16/08/2024	21:12	Chloe Penman
10.00	16/08/2024	23:43	Chloe Penman
10.00	17/08/2024	03:24	Joanne Calmey
10.00	17/08/2024	05:50	Joanne Calmey
10.00	17/08/2024	09:43	Lesley-Ann Clydesdale
10.00	17/08/2024	13:53	Lesley-Ann Clydesdale
10.00	17/08/2024	16:13	Nur3 GRI63
10.00	17/08/2024	22:01	Grace White
10.00	18/08/2024	03:26	Nicola Sharp
10.00	18/08/2024	08:27	Alana Smith
10.00	18/08/2024	13:00	Alana Smith
10.00	18/08/2024	16:53	Alana Smith
10.00	18/08/2024	19:20	Alana Smith
10.00	18/08/2024	21:35	Jennifer Mitchell
10.00	19/08/2024	01:28	Nicole Orrock
10.00	19/08/2024	07:02	Nicole Orrock
10.00	19/08/2024	10:58	Kadi Lokule
10.00	19/08/2024	13:47	Siobhan Sloan
10.00	19/08/2024	16:29	Siobhan Sloan
10.00	19/08/2024	19:59	Karen Meddicks
10.00	19/08/2024	22:20	Karen McInally
10.00	20/08/2024	03:15	Karen McInally
10.00	20/08/2024	08:50	Nicole Orrock
10.00	20/08/2024	10:50	Emma Lauren Rooney

Discontinued on: 20/08/2024 11:25:32 by: Eunice Paul Jane Tan . Reason: Discontinued due to conflict

OXYCODONE. 5 mg in 5mL Oral Solution as required

☒ 20/08/24 11:26 5 mg EVERY FOUR HOURS (Oral) FOR PAIN — Eunice Paul Jane Tan

5.00	20/08/2024	15:19	Emma Lauren Rooney/ Gosia Czyzanowska
5.00	20/08/2024	20:50	Robyn Lee/ Pauline Bain
5.00	21/08/2024	08:22	Emma Lauren Rooney/ Nicole Orrock
5.00	21/08/2024	15:01	Nicole Orrock/ Emma Lauren Rooney
5.00	21/08/2024	20:09	Robyn Lee/ Emma Ballantyne
5.00	22/08/2024	09:40	Siobhan Sloan/ Nicole Orrock
5.00	23/08/2024	06:06	James Ferry/ Emma Ballantyne
5.00	23/08/2024	15:46	Nicole Morrison/ Hope Forrest
5.00	23/08/2024	20:03	Chizoba Pamela Balonwu/ Stephanie Asgar
5.00	24/08/2024	09:45	Emma Lauren Rooney/ Hope Forrest
5.00	24/08/2024	16:34	Emma Lauren Rooney/ Eilidh Lindsay
5.00	24/08/2024	22:51	Robyn Lee/ Kirsty Fraser
5.00	25/08/2024	06:28	Robyn Lee/ Louise Pender
5.00	25/08/2024	16:20	Finn MacKee/ Emma Lauren Rooney
5.00	26/08/2024	06:12	Louise Pender/ Becky-Jo Smith
5.00	26/08/2024	15:39	Catriona Shaw/ Nicole Orrock
5.00	27/08/2024	13:32	Robyn Lee/ Nicole Orrock
5.00	27/08/2024	19:57	Siobhan Sutherland/ Manpreet Kaur Singh

Paracetamol . 500 mg Tablets as required

☒ 16/08/24 11:49 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Colette Ryan NMP

1,000.00	16/08/2024	13:21	Abbie Goldie
1,000.00	16/08/2024	21:09	Chloe Penman
1,000.00	17/08/2024	20:29	Grace White
1,000.00	18/08/2024	18:46	Alana Smith
1,000.00	19/08/2024	08:43	Catriona Shaw
1,000.00	19/08/2024	13:13	Siobhan Sloan
1,000.00	22/08/2024	09:19	Siobhan Sloan
1,000.00	23/08/2024	05:57	James Ferry
1,000.00	23/08/2024	13:22	Louise Pender

PHOSPHATE Standard Tube (133 mL) Enema as required

☒ 26/08/24 20:18 128 mL (Rectal) FOR CONSTIPATION — Melchizedek Olatunji

SALBUTAMOL 100 micrograms (EASYHALER) Dry Powder Inhaler as required

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SALBUTAMOL 100 micrograms (EASYHALER) Dry Powder Inhaler as required *(Continued)*

16/08/24 11:52 200 microgram FOUR TIMES DAILY 7am:12pm:5pm:10pm (Inhalation) FOR BREATHLESSNESS — Colette Ryan NMP

SODIUM CITRATE 450 mg in 5mL (MICOLETTE) Micro-enema as required

17/08/24 15:40 1 Enema(s) (Rectal) FOR CONSTIPATION IF Movicol not sufficient — Peter-James Mackle

Zopiclone 7.5 mg Tablets as required

16/08/24 11:56 7.5 mg ONCE daily at 10pm (Oral) FOR INSOMNIA — Colette Ryan NMP

7.50	16/08/2024	21:08	Chloe Penman
7.50	17/08/2024	22:18	Grace White
7.50	18/08/2024	22:15	Sarah Gelle
7.50	19/08/2024	22:20	Karen McInally
7.50	23/08/2024	22:24	Stephanie Asgar
7.50	24/08/2024	22:54	Robyn Lee
7.50	25/08/2024	21:06	Becky-Jo Smith
7.50	26/08/2024	22:37	Jennifer Mitchell
7.50	27/08/2024	23:10	Siobhan Sutherland

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Inpatient prescription & administration record for Donna Sullivan (2507706163)

Admission: 10/08/2024 => 12/08/2024

02:00
15/08/24

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow, G34 9HH

Admitted: 10/08/2024 23:28
Discharged: 12/08/2024 16:13

Transfer history

Admission	2024-08-10 20:32:00	RAE GRI ED
Transfer	2024-08-10 23:28:00	R63 GRI WARD 63

Responsible Consultant history

Assigned No Consultant	10/08/24 20:32
Mark Duxbury	10/08/24 23:28

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

Bendroflumethiazide 2.5 mg Tablets

☒ 11/08/24 07:00 2.5 mg ONCE daily at 7am (Oral) — Gabriel Preece

11/08/24	07:00		Emma Lauren Rooney	Self Administers
12/08/24	07:00		Catriona Shaw	Self Administers

DULOXETINE 60 mg Capsules

☒ 11/08/24 07:00 60 mg ONCE DAILY MORNING 7am (Oral) — Gabriel Preece

11/08/24	07:00		Emma Lauren Rooney	Self Administers
12/08/24	07:00		Catriona Shaw	Self Administers

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 11/08/24 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Gabriel Preece

11/08/24	17:00	11/08/2024 17:25	Barbara Wong	

Esomeprazole 40 mg Tablets

☒ 11/08/24 07:00 40 mg ONCE DAILY MORNING 7am (Oral) — Gabriel Preece

11/08/24	07:00		Emma Lauren Rooney	Self Administers
12/08/24	07:00		Catriona Shaw	Self Administers

FAMOTIDINE 40 mg Tablets

☒ 11/08/24 07:00 40 mg ONCE DAILY MORNING 7am (Oral) — Gabriel Preece

11/08/24	07:00		Emma Lauren Rooney	Self Administers
12/08/24	07:00		Catriona Shaw	Self Administers

LEVETIRACETAM 250 mg Tablets

☒ 11/08/24 07:00 250 mg TWICE DAILY 7am:10pm (Oral) — Gabriel Preece

11/08/24	07:00		Emma Lauren Rooney	Self Administers
11/08/24	22:00		Kirsty Fraser	Self Administers
12/08/24	07:00		Catriona Shaw	Self Administers

LEVETIRACETAM 500 mg Tablets

☒ 11/08/24 07:00 500 mg TWICE DAILY 7am:10pm (Oral) — Gabriel Preece

11/08/24	07:00		Emma Lauren Rooney	Self Administers
11/08/24	22:00		Kirsty Fraser	Self Administers
12/08/24	07:00		Catriona Shaw	Self Administers

Metformin 500 mg Tablets

☒ 11/08/24 07:00 500 mg TWICE DAILY 7am:10pm (Oral) — Gabriel Preece

11/08/24	07:00		Emma Lauren Rooney	Self Administers
11/08/24	22:00		Kirsty Fraser	Self Administers
12/08/24	07:00		Catriona Shaw	Self Administers

Pramipexole 180 micrograms Tablets

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Pramipexole 180 micrograms Tablets *(Continued)*

☒ 11/08/24 22:00 180 microgram ONCE DAILY NIGHT 10pm (Oral) Gabriel Preece

11/08/24 22:00 Kirsty Fraser Self Administers

Pramipexole 88 micrograms Tablets

☒ 11/08/24 22:00 88 microgram ONCE DAILY NIGHT 10pm (Oral) Gabriel Preece

11/08/24 22:00 Kirsty Fraser Self Administers

RAMIPRIL 10 mg Capsules

☒ 11/08/24 22:00 10 mg ONCE DAILY NIGHT 10pm (Oral) Gabriel Preece

11/08/24 22:00 Kirsty Fraser Self Administers

ROSUVASTATIN 20 mg Tablets

☒ 11/08/24 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) Gabriel Preece

11/08/24 22:00 Kirsty Fraser Self Administers

Sennosides (Senna) 7.5 mg Tablets

☒ 11/08/24 22:00 15 mg ONCE daily at 10pm (Oral) Gabriel Preece

11/08/24 22:00 Kirsty Fraser Self Administers

Sodium valproate 200 mg MR (Epilim Chrono) Tablets

☒ 11/08/24 07:00 400 mg TWICE DAILY 7am:10pm (Oral) Gabriel Preece

11/08/24 07:00 Emma Lauren Rooney Self Administers
11/08/24 22:00 Kirsty Fraser Self Administers
12/08/24 07:00 Catriona Shaw Self Administers

SUCRALFATE (Unlicensed) 1g Tablets

☒ 11/08/24 07:00 1 g TWICE DAILY 7am:10pm (Oral) Gabriel Preece

11/08/24 07:00 11/08/2024 08:07 Emma Lauren Rooney
11/08/24 22:00 Kirsty Fraser Self Administers
12/08/24 07:00 Catriona Shaw Self Administers

TED STOCKINGS Stocking

☒ 11/08/24 17:00 1 Dose ONCE daily at 5pm (Topical) Gabriel Preece

11/08/24 17:00 11/08/2024 17:54 Barbara Wong

VENLAFAXINE 75 mg Modified Release Capsules

☒ 11/08/24 12:00 75 mg ONCE daily at midday (Oral) Gabriel Preece

11/08/24 12:00 11/08/2024 12:37 Eilidh Lindsay
12/08/24 12:00 Gosia Czyzanowska Self Administers

VENLAFAXINE 150 mg Modified Release Capsules

☒ 11/08/24 12:00 150 mg ONCE daily at midday (Oral) Gabriel Preece

11/08/24 12:00 11/08/2024 12:37 Eilidh Lindsay
12/08/24 12:00 Gosia Czyzanowska Self Administers

Cyclizine 50 mg in 1 mL Injection as required

☒ 11/08/24 03:16 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Ross Young

Emma Bruce Alternative administered
Barbara Wong Alternative administered
Kirsty Fraser Alternative administered

☒ 11/08/24 03:16 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Ross Young

50.00 11/08/2024 03:29 Emma Bruce/ Karen McInally
Barbara Wong Alternative administered
Kirsty Fraser Alternative administered

Cyclizine 50 mg Tablets as required

☒ 10/08/24 23:32 50 mg THREE times daily - 7am;12pm;10pm (Oral) FOR NAUSEA Gabriel Preece

Discontinued on: 11/08/2024 03:17:00 by: Ross Young . Reason: Therapeutic Duplicate

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HEPMA MAP v1.0

Cyclizine 50 mg Tablets as required *(Continued)*

☒ 11/08/24 03:16 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Ross Young

			Emma Bruce,	Alternative administered
50.00	11/08/2024	16:26	Barbara Wong	
50.00	12/08/2024	06:36	Kirsty Fraser	

Diazepam 2 mg Tablets as required

☒ 10/08/24 23:31 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) anxiety — Gabriel Preece

2.00	12/08/2024	09:21	Catriona Shaw

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 10/08/24 23:28 10 mg every HOUR (Oral) FOR PAIN — Gabriel Preece

10.00	11/08/2024	00:01	Emma Bruce
10.00	11/08/2024	03:29	Emma Bruce
10.00	11/08/2024	05:46	Emma Bruce
10.00	11/08/2024	07:11	Emma Bruce
10.00	11/08/2024	10:40	Emma Lauren Rooney
10.00	11/08/2024	12:41	Eilidh Lindsay
10.00	11/08/2024	16:19	Barbara Wong
10.00	11/08/2024	20:09	Kirsty Fraser
10.00	12/08/2024	06:35	Kirsty Fraser
10.00	12/08/2024	12:36	Gosia Czyzanowska

Ondansetron 4 mg Tablets as required

☒ 10/08/24 23:33 4 mg every 8 HOURS (Oral) For Nausea *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* — Gabriel Preece

			Emma Bruce	Alternative administered
4.00	11/08/2024	20:09	Kirsty Fraser	

Ondansetron 4 mg in 2mL Injection as required

☒ 10/08/24 23:33 4 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* — Gabriel Preece

4.00	11/08/2024	07:01	Emma Bruce/ Karen McInally	
			Kirsty Fraser	Alternative administered

☒ 10/08/24 23:33 4 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* — Gabriel Preece

			Emma Bruce	Alternative administered
			Kirsty Fraser	Alternative administered

Paracetamol 500 mg Tablets as required

☒ 10/08/24 23:32 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Gabriel Preece

1,000.00	11/08/2024	00:01	Emma Bruce
1,000.00	11/08/2024	12:41	Eilidh Lindsay
1,000.00	12/08/2024	06:35	Kirsty Fraser
1,000.00	12/08/2024	12:33	Gosia Czyzanowska

Zopiclone 7.5 mg Tablets as required

☒ 10/08/24 23:28 7.5 mg ONCE daily at 10pm (Oral) FOR INSOMNIA — Gabriel Preece

7.50	11/08/2024	00:02	Emma Bruce
7.50	11/08/2024	22:22	Kirsty Fraser

Key: Prescription details; Recorded as "Admitted On"; Prescribed as "Self Administer"; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Inpatient prescription & administration record for Donna Sullivan (2507706163) Admission: 22/04/2024 => 30/04/2024

02:00
02/05/24

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow, G34 9HH

Admitted: 22/04/2024 16:36
Discharged: 30/04/2024 11:42

Transfer history

Admission	2024-04-22 10:16:00	RAE GRI ED
Transfer	2024-04-22 16:36:00	R63 GRI WARD 63
Transfer	2024-04-25 22:23:00	R64 GRI WARD 64
Transfer	2024-04-29 00:51:00	R70 GRI WARD 70

Responsible Consultant history

Assigned No Consultant	22/04/24	10:16
David Chong	22/04/24	16:36

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

Bendroflumethiazide 2.5 mg Tablets

☒ 23/04/24 07:00 2.5 mg ONCE daily at 7am (Oral) — Amy McLaughlin

23/04/24	07:00			Ashleigh Scott	Self Administers
24/04/24	07:00			Ashleigh Scott	Self Administers
25/04/24	07:00	25/04/2024	08:40	Gosia Czyzanowska	
26/04/24	07:00			Seetha Radhamani	Self Administers
27/04/24	07:00			Nicola Sharp	Self Administers
28/04/24	07:00	28/04/2024	09:15	Maria Ugorji	
29/04/24	07:00			Derek Hodgson	Self Administers
30/04/24	07:00	30/04/2024	08:01	Pamela Mitchell	

COLECALCIFEROL 1000 units Tablets

☒ 23/04/24 07:00 1,000 unit ONCE DAILY MORNING 7am (Oral) — Amy McLaughlin

23/04/24	07:00			Ashleigh Scott	Self Administers
24/04/24	07:00			Ashleigh Scott	Self Administers
25/04/24	07:00	25/04/2024	08:49	Gosia Czyzanowska	
26/04/24	07:00			Seetha Radhamani	Self Administers
27/04/24	07:00			Nicola Sharp	Self Administers
28/04/24	07:00	28/04/2024	09:16	Maria Ugorji	
29/04/24	07:00			Derek Hodgson	Self Administers
30/04/24	07:00	30/04/2024	08:02	Pamela Mitchell	

DULOXETINE 60 mg Capsules

☒ 23/04/24 17:00 60 mg ONCE daily at 5pm (Oral) — Amy McLaughlin

23/04/24	17:00			Sarah Mooney	Self Administers
24/04/24	17:00	24/04/2024	17:33	Louise Pender	
25/04/24	17:00	25/04/2024	17:40	Nur3 GRI63	
26/04/24	17:00	26/04/2024	17:05	Natalie Maguire	
27/04/24	17:00	27/04/2024	18:11	Sean Murphy	
28/04/24	17:00	28/04/2024	17:31	Maria Ugorji	
29/04/24	17:00	29/04/2024	16:27	Bernadette McIntyre	

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 23/04/24 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Amy McLaughlin

23/04/24	17:00	23/04/2024	16:54	Sarah Mooney	
24/04/24	17:00	24/04/2024	17:33	Louise Pender	
25/04/24	17:00	25/04/2024	17:41	Nur3 GRI63	
26/04/24	17:00	26/04/2024	17:05	Natalie Maguire	
27/04/24	17:00	27/04/2024	18:08	Sean Murphy	
28/04/24	17:00	28/04/2024	17:31	Maria Ugorji	
29/04/24	17:00	29/04/2024	16:27	Bernadette McIntyre	

ESOMEPRAZOLE 40 mg Tablets

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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ESOMEPRAZOLE 40 mg Tablets *(Continued)*

22/04/24 22:00 40 mg TWICE DAILY 7am:10pm (Oral) Amy McLaughlin

22/04/24	22:00			Caitlin Ryan	Self Administers
23/04/24	07:00			Ashleigh Scott	Self Administers
23/04/24	22:00	23/04/2024	22:07	Karen O'Neill	
24/04/24	07:00			Ashleigh Scott	Self Administers
24/04/24	22:00	24/04/2024	21:48	Becky-Jo Smith	
25/04/24	07:00	25/04/2024	08:41	Gosia Czyzanowska	
25/04/24	22:00			Caitlin Ryan	Self Administers
26/04/24	07:00			Seetha Radhamani	Self Administers
26/04/24	22:00			Grace White	Self Administers
27/04/24	07:00			Nicola Sharp	Self Administers
27/04/24	22:00	27/04/2024	21:48	Grace White	
28/04/24	07:00	28/04/2024	09:16	Maria Ugorji	
28/04/24	22:00	28/04/2024	21:16	Grace White	
29/04/24	07:00			Derek Hodgson	Self Administers
29/04/24	22:00	29/04/2024	21:37	Kerry Donnelly	
30/04/24	07:00	30/04/2024	08:01	Pamela Mitchell	

FAMOTIDINE 40 mg Tablets

23/04/24 07:00 40 mg ONCE DAILY MORNING 7am (Oral) Amy McLaughlin

23/04/24	07:00			Ashleigh Scott	Self Administers
24/04/24	07:00			Ashleigh Scott	Self Administers
25/04/24	07:00	25/04/2024	08:43	Gosia Czyzanowska	
26/04/24	07:00	26/04/2024	08:51	Seetha Radhamani	
27/04/24	07:00			Nicola Sharp	Self Administers
28/04/24	07:00	28/04/2024	09:16	Maria Ugorji	
29/04/24	07:00			Derek Hodgson	Self Administers
30/04/24	07:00	30/04/2024	08:04	Pamela Mitchell	

LEVETIRACETAM 250 mg (Keppra) Tablets

22/04/24 22:00 250 mg TWICE DAILY 7am:10pm (Oral) Amy McLaughlin

22/04/24	22:00			Caitlin Ryan	Self Administers
23/04/24	07:00			Ashleigh Scott	Self Administers
23/04/24	22:00			Karen O'Neill	Self Administers
24/04/24	07:00			Ashleigh Scott	Self Administers
24/04/24	22:00			Becky-Jo Smith	Prescription Clarification Required
25/04/24	07:00	25/04/2024	08:42	Gosia Czyzanowska	
25/04/24	22:00			Caitlin Ryan	Self Administers
26/04/24	07:00			Seetha Radhamani	Self Administers
26/04/24	22:00			Grace White	Self Administers
27/04/24	07:00			Nicola Sharp	Self Administers
27/04/24	22:00	27/04/2024	21:48	Grace White	
28/04/24	07:00	28/04/2024	09:16	Maria Ugorji	
28/04/24	22:00	28/04/2024	21:16	Grace White	
29/04/24	07:00			Derek Hodgson	Self Administers
29/04/24	22:00	29/04/2024	21:41	Kerry Donnelly	
30/04/24	07:00	30/04/2024	08:02	Pamela Mitchell	

LEVETIRACETAM 500 mg (Keppra) Tablets

22/04/24 22:00 500 mg TWICE DAILY 7am:10pm (Oral) Amy McLaughlin

22/04/24	22:00			Caitlin Ryan	Self Administers
23/04/24	07:00			Ashleigh Scott	Self Administers
23/04/24	22:00			Karen O'Neill	Self Administers
24/04/24	07:00			Ashleigh Scott	Self Administers
24/04/24	22:00			Becky-Jo Smith	Prescription Clarification Required
25/04/24	07:00	25/04/2024	08:42	Gosia Czyzanowska	
25/04/24	22:00			Caitlin Ryan	Self Administers
26/04/24	07:00			Seetha Radhamani	Self Administers
26/04/24	22:00			Grace White	Self Administers
27/04/24	07:00			Nicola Sharp	Self Administers
27/04/24	22:00	27/04/2024	21:48	Grace White	
28/04/24	07:00	28/04/2024	09:16	Maria Ugorji	
28/04/24	22:00	28/04/2024	21:16	Grace White	
29/04/24	07:00			Derek Hodgson	Self Administers
29/04/24	22:00	29/04/2024	21:41	Kerry Donnelly	
30/04/24	07:00	30/04/2024	08:02	Pamela Mitchell	

Metformin 500 mg Tablets

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Metformin 500 mg Tablets *(Continued)*

☒ 23/04/24 07:00 500 mg TWICE daily at 7am and 5pm (Oral) Amy McLaughlin

23/04/24	07:00			Ashleigh Scott	Self Administers
23/04/24	17:00			Sarah Mooney	Self Administers
24/04/24	07:00			Ashleigh Scott	Self Administers
24/04/24	17:00	24/04/2024	17:33	Louise Pender	
25/04/24	07:00	25/04/2024	08:43	Gosia Czyzanowska	
25/04/24	17:00	25/04/2024	17:40	Nur3 GRI63	
26/04/24	07:00			Seetha Radhamani	Self Administers
26/04/24	17:00	26/04/2024	17:06	Natalie Maguire	
27/04/24	07:00			Nicola Sharp	Self Administers
27/04/24	17:00	27/04/2024	18:11	Sean Murphy	
28/04/24	07:00	28/04/2024	09:16	Maria Ugorji	
28/04/24	17:00	28/04/2024	17:31	Maria Ugorji	
29/04/24	07:00			Derek Hodgson	Self Administers
29/04/24	17:00	29/04/2024	16:27	Bernadette McIntyre	
30/04/24	07:00	30/04/2024	08:02	Pamela Mitchell	

Paracetamol 500 mg Tablets

☒ 22/04/24 22:00 1,000 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Amy McLaughlin

22/04/24	22:00	22/04/2024	22:22	Caitlin Ryan	
23/04/24	07:00			Ashleigh Scott	Other - see patient nursing notes
23/04/24	12:00	23/04/2024	13:15	Ashleigh Scott	
23/04/24	17:00	23/04/2024	16:54	Sarah Mooney	
23/04/24	22:00			Karen O'Neill	Refused by Patient
24/04/24	07:00			Ashleigh Scott	Refused by Patient
24/04/24	12:00			Louise Pender	Refused by Patient
24/04/24	17:00	24/04/2024	17:33	Louise Pender	
24/04/24	22:00			Becky-Jo Smith	Refused by Patient
25/04/24	07:00	25/04/2024	08:32	Gosia Czyzanowska	
25/04/24	12:00	25/04/2024	12:35	Louise Pender	
25/04/24	17:00	25/04/2024	17:37	Nur3 GRI63	
25/04/24	22:00	25/04/2024	21:42	Caitlin Ryan	
26/04/24	07:00			Seetha Radhamani	Refused by Patient
26/04/24	12:00	26/04/2024	12:31	Seetha Radhamani/ Natalie Maguire	
26/04/24	17:00	26/04/2024	17:05	Natalie Maguire	
26/04/24	22:00	26/04/2024	21:22	Grace White	
27/04/24	07:00			Nicola Sharp	Refused by Patient
27/04/24	12:00	27/04/2024	12:41	Nicola Sharp	
27/04/24	17:00	27/04/2024	18:08	Sean Murphy	
27/04/24	22:00	27/04/2024	21:48	Grace White	
28/04/24	07:00	28/04/2024	09:15	Maria Ugorji	
28/04/24	12:00	28/04/2024	12:48	Maria Ugorji	
28/04/24	17:00	28/04/2024	17:31	Maria Ugorji	
28/04/24	22:00	28/04/2024	21:16	Grace White	
29/04/24	07:00	29/04/2024	08:02	Derek Hodgson	
29/04/24	12:00	29/04/2024	12:17	Derek Hodgson	
29/04/24	17:00	29/04/2024	16:29	Bernadette McIntyre	
29/04/24	22:00	29/04/2024	21:37	Kerry Donnelly	
30/04/24	07:00	30/04/2024	08:01	Pamela Mitchell	

Pramipexole 180 micrograms Tablets

☒ 22/04/24 22:00 180 microgram ONCE DAILY NIGHT 10pm (Oral) Amy McLaughlin

22/04/24	22:00			Caitlin Ryan	Self Administers
23/04/24	22:00			Karen O'Neill	Self Administers
24/04/24	22:00			Becky-Jo Smith	Prescription Clarification Required
25/04/24	22:00			Caitlin Ryan	Self Administers
26/04/24	22:00			Grace White	Self Administers
27/04/24	22:00	27/04/2024	21:48	Grace White	
28/04/24	22:00	28/04/2024	21:16	Grace White	
29/04/24	22:00	29/04/2024	21:43	Kerry Donnelly	

RAMIPRIL 10 mg Capsules

☒ 23/04/24 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Amy McLaughlin

23/04/24	07:00			Ashleigh Scott	Self Administers
24/04/24	07:00			Ashleigh Scott	Self Administers
25/04/24	07:00	25/04/2024	08:43	Gosia Czyzanowska	
26/04/24	07:00			Seetha Radhamani	Self Administers
27/04/24	07:00			Nicola Sharp	Self Administers
28/04/24	07:00	28/04/2024	09:16	Maria Ugorji	

Key: Prescription details | Recorded as 'Admitted On' | Prescribed as 'Self Administer' | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

RAMIPRIL 10 mg Capsules *(Continued)*

29/04/24	07:00			Derek Hodgson	Self Administers
30/04/24	07:00	30/04/2024	08:02	Pamela Mitchell	

ROSUVASTATIN 20 mg Tablets

22/04/24 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) — Amy McLaughlin

22/04/24	22:00			Caitlin Ryan	Self Administers
23/04/24	22:00			Karen O'Neill	Self Administers
24/04/24	22:00	24/04/2024	21:48	Becky-Jo Smith	
25/04/24	22:00			Caitlin Ryan	Self Administers
26/04/24	22:00			Grace White	Self Administers
27/04/24	22:00	27/04/2024	21:48	Grace White	
28/04/24	22:00	28/04/2024	21:16	Grace White	
29/04/24	22:00	29/04/2024	21:42	Kerry Donnelly	

SANDO-K 12 mmol Effervescent Tablets

29/04/24 22:00 2 Tablet THREE TIMES DAILY 7am:12pm:10pm (Oral) for 3 day(s) — Vincent Murphy

29/04/24	22:00	29/04/2024	22:09	Kerry Donnelly	
30/04/24	07:00	30/04/2024	08:06	Pamela Mitchell	

Sennosides (Senna) 7.5 mg Tablets

22/04/24 22:00 15 mg ONCE daily at 10pm (Oral) — Amy McLaughlin

22/04/24	22:00			Caitlin Ryan	Self Administers
23/04/24	22:00			Karen O'Neill	Self Administers
24/04/24	22:00	24/04/2024	21:48	Becky-Jo Smith	
25/04/24	22:00			Caitlin Ryan	Self Administers
26/04/24	22:00			Grace White	Self Administers
27/04/24	22:00	27/04/2024	21:48	Grace White	
28/04/24	22:00	28/04/2024	21:16	Grace White	
29/04/24	22:00	29/04/2024	21:37	Kerry Donnelly	

Sodium valproate 200 mg MR (Epilim Chrono) Tablets

22/04/24 22:00 400 mg TWICE DAILY 7am:10pm (Oral) — Amy McLaughlin

22/04/24	22:00			Caitlin Ryan	Self Administers
23/04/24	07:00			Ashleigh Scott	Self Administers
23/04/24	22:00			Karen O'Neill	Self Administers
24/04/24	07:00			Ashleigh Scott	Self Administers
24/04/24	22:00			Becky-Jo Smith	Self Administers
25/04/24	07:00			Gosia Czyzanowska	Self Administers
25/04/24	22:00			Caitlin Ryan	Self Administers
26/04/24	07:00			Seetha Radhamani	Self Administers
26/04/24	22:00			Grace White	Self Administers
27/04/24	07:00			Nicola Sharp	Self Administers
27/04/24	22:00	27/04/2024	21:47	Grace White	
28/04/24	07:00	28/04/2024	09:16	Maria Ugorji	
28/04/24	22:00	28/04/2024	21:16	Grace White	
29/04/24	07:00			Derek Hodgson	Self Administers
29/04/24	22:00	29/04/2024	21:39	Kerry Donnelly	
30/04/24	07:00	30/04/2024	08:03	Pamela Mitchell	

SUCRALFATE (Unlicensed) 1g Tablets

22/04/24 22:00 2 g TWICE DAILY 7am:10pm (Oral) — Amy McLaughlin

22/04/24	22:00			Caitlin Ryan	Self Administers
23/04/24	07:00			Ashleigh Scott	Self Administers
23/04/24	22:00	23/04/2024	22:05	Karen O'Neill	
24/04/24	07:00			Ashleigh Scott	Self Administers
24/04/24	22:00	24/04/2024	21:49	Becky-Jo Smith	
25/04/24	07:00	25/04/2024	08:44	Gosia Czyzanowska	
25/04/24	22:00			Caitlin Ryan	Self Administers
26/04/24	07:00			Seetha Radhamani	Self Administers
26/04/24	22:00			Grace White	Self Administers
27/04/24	07:00			Nicola Sharp	Self Administers
27/04/24	22:00	27/04/2024	21:49	Grace White	
28/04/24	07:00	28/04/2024	09:41	Maria Ugorji	
28/04/24	22:00	28/04/2024	21:14	Grace White	
29/04/24	07:00			Derek Hodgson	Self Administers
29/04/24	22:00	29/04/2024	21:38	Kerry Donnelly	
30/04/24	07:00			Pamela Mitchell	Self Administers

TED STOCKINGS Stocking

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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TED STOCKINGS Stocking *(Continued)*

☒ 22/04/24 18:30 1 Dose every 24 HOURS (Topical) for 1 day(s) Amy McLaughlin

22/04/24	18:30	22/04/2024	22:22	Caitlin Ryan

☒ 23/04/24 07:00 1 Dose ONCE DAILY MORNING 7am (Topical) Amy McLaughlin

23/04/24	07:00	23/04/2024	13:13	Ashleigh Scott
24/04/24	07:00	24/04/2024	08:11	Ashleigh Scott
25/04/24	07:00	25/04/2024	08:46	Gosia Czyzanowska
26/04/24	07:00	26/04/2024	08:55	Seetha Radhamani
27/04/24	07:00	27/04/2024	08:48	Nicola Sharp
28/04/24	07:00	28/04/2024	09:15	Maria Ugorji
29/04/24	07:00	29/04/2024	08:01	Derek Hodgson
30/04/24	07:00	30/04/2024	08:01	Pamela Mitchell

VENLAFAXINE 75 mg Modified Release Capsules

☒ 23/04/24 12:00 75 mg ONCE daily at midday (Oral) Amy McLaughlin

23/04/24	12:00			Ashleigh Scott	Self Administers
24/04/24	12:00	24/04/2024	13:21	Louise Pender	
25/04/24	12:00	25/04/2024	12:35	Louise Pender	
26/04/24	12:00			Seetha Radhamani	Self Administers
27/04/24	12:00	27/04/2024	12:41	Nicola Sharp	
28/04/24	12:00	28/04/2024	12:48	Maria Ugorji	
29/04/24	12:00	29/04/2024	12:19	Derek Hodgson	

VENLAFAXINE 150 mg Modified Release Capsules

☒ 23/04/24 12:00 150 mg ONCE daily at midday (Oral) Amy McLaughlin

23/04/24	12:00			Ashleigh Scott	Self Administers
24/04/24	12:00	24/04/2024	13:21	Louise Pender	
25/04/24	12:00	25/04/2024	12:35	Louise Pender	
26/04/24	12:00			Seetha Radhamani	Self Administers
27/04/24	12:00	27/04/2024	12:41	Nicola Sharp	
28/04/24	12:00	28/04/2024	12:48	Maria Ugorji	
29/04/24	12:00	29/04/2024	12:17	Derek Hodgson	

Cyclizine 50 mg in 1 mL Injection as required

☒ 22/04/24 18:30 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Amy McLaughlin

				Jim Innes	Alternative administered
				Jim Innes	Alternative administered
				Caitlin Ryan	Alternative administered
				Becky-Jo Smith	Alternative administered
				Karen O'Neill	Alternative administered
				Becky-Jo Smith	Alternative administered
				Allanah Clark	Alternative administered
				Seetha Radhamani	Alternative administered
				Nicola Sharp	Alternative administered
				Grace White	Alternative administered
	50.00	28/04/2024	09:39	Maria Ugorji	
				Grace White	Alternative administered
				Derek Hodgson	Alternative administered

☒ 22/04/24 18:30 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Amy McLaughlin

				Jim Innes	Alternative administered
				Jim Innes	Alternative administered
				Caitlin Ryan	Alternative administered
				Becky-Jo Smith	Alternative administered
				Karen O'Neill	Alternative administered
				Becky-Jo Smith	Alternative administered
				Allanah Clark	Alternative administered
				Seetha Radhamani	Alternative administered
				Nicola Sharp	Alternative administered
				Grace White	Alternative administered
				Maria Ugorji	Alternative administered
				Grace White	Alternative administered
				Derek Hodgson	Alternative administered

Cyclizine 50 mg Tablets as required

Key: Prescription details; Recorded as "Admitted On"; Prescribed as "Self Administer"; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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Cyclizine 50 mg Tablets as required *(Continued)*

22/04/24 18:30 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Amy McLaughlin

50.00	22/04/2024	20:55	Jim Innes
50.00	22/04/2024	20:56	Jim Innes
50.00	23/04/2024	06:39	Caitlin Ryan
50.00	23/04/2024	20:26	Becky-Jo Smith
50.00	24/04/2024	06:46	Karen O'Neill
50.00	24/04/2024	23:56	Becky-Jo Smith
50.00	26/04/2024	06:22	Allanah Clark
50.00	26/04/2024	14:31	Seetha Radhamani
50.00	27/04/2024	09:33	Nicola Sharp
50.00	27/04/2024	21:52	Grace White
			Maria Ugorji Alternative administered
50.00	28/04/2024	21:16	Grace White
50.00	29/04/2024	08:06	Derek Hodgson

Dihydrocodeine 30 mg Tablets as required

22/04/24 18:30 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) For pain Amy McLaughlin

Laxido (Orange) Sachets as required

26/04/24 22:32 2 Sachet TWICE DAILY 7am:10pm (Oral) FOR CONSTIPATION Cerys Cavanagh

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

22/04/24 18:30 5 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Surgical Admission Protocol* Amy McLaughlin

			Jim Innes Alternative administered
			Caitlin Ryan Alternative administered
			Caitlin Ryan Alternative administered
			Caitlin Ryan Alternative administered
			Ashleigh Scott Alternative administered
			Ashleigh Scott Alternative administered
			Becky-Jo Smith Alternative administered
			Karen O'Neill Alternative administered
			Karen O'Neill Alternative administered
			Ashleigh Scott Alternative administered
			Ashleigh Scott Alternative administered
			Louise Pender Alternative administered
5.00	24/04/2024	17:03	Nur3 GRI63
			Becky-Jo Smith Alternative administered
			Becky-Jo Smith Alternative administered
			Becky-Jo Smith Alternative administered
			Gosia Czyzanowska Alternative administered
			Louise Pender Alternative administered
			Louise Pender Alternative administered

Discontinued on: 25/04/2024 12:43:41 by: Amy McLaughlin . Reason: Discontinued due to conflict

22/04/24 18:30 10 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Surgical Admission Protocol* Amy McLaughlin

10.00	22/04/2024	20:55	Jim Innes
10.00	22/04/2024	22:23	Caitlin Ryan
10.00	23/04/2024	04:29	Caitlin Ryan
10.00	23/04/2024	06:39	Caitlin Ryan
10.00	23/04/2024	13:17	Ashleigh Scott
10.00	23/04/2024	16:15	Ashleigh Scott
10.00	23/04/2024	20:24	Becky-Jo Smith
10.00	24/04/2024	03:47	Karen O'Neill
10.00	24/04/2024	06:45	Karen O'Neill
10.00	24/04/2024	08:17	Ashleigh Scott
10.00	24/04/2024	12:16	Ashleigh Scott
10.00	24/04/2024	13:22	Louise Pender
			Nur3 GRI63 Alternative administered
10.00	24/04/2024	21:50	Becky-Jo Smith
10.00	24/04/2024	23:56	Becky-Jo Smith
10.00	25/04/2024	05:28	Becky-Jo Smith
10.00	25/04/2024	08:47	Gosia Czyzanowska
10.00	25/04/2024	10:27	Louise Pender
10.00	25/04/2024	12:36	Louise Pender

Discontinued on: 25/04/2024 12:43:41 by: Amy McLaughlin . Reason: Discontinued due to conflict

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Ondansetron 4 mg Tablets as required

22/04/24 18:30 4 mg every 12 hours (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Amy McLaughlin

Discontinued on: 22/04/2024 18:33:02 by: Amy McLaughlin . Reason: Discontinued due to conflict

Ondansetron 4 mg in 2mL Injection as required

22/04/24 18:30 4 mg every 12 hours (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Amy McLaughlin

Discontinued on: 22/04/2024 18:33:02 by: Amy McLaughlin . Reason: Discontinued due to conflict

22/04/24 18:30 4 mg every 12 hours (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Amy McLaughlin

Discontinued on: 22/04/2024 18:33:02 by: Amy McLaughlin . Reason: Discontinued due to conflict

OXYCODONE (Shortec) 5 mg Capsules as required

25/04/24 12:43 5 mg every TWO HOURS (Oral) FOR PAIN Max 6 doses/24 hours — Amy McLaughlin

1.00	25/04/2024	14:56	Louise Pender/ Gosia Czyzanowska
5.00	25/04/2024	22:02	Emma Lauren Rooney/ Caitlin Ryan
5.00	26/04/2024	06:41	Allanah Clark/ Meghan Stevenson
5.00	26/04/2024	12:34	Seetha Radhamani/ Natalie Maguire
5.00	26/04/2024	22:27	Grace White/ Ailie Hamilton Murray
5.00	27/04/2024	09:35	Nicola Sharp/ Sean Murphy
5.00	27/04/2024	13:57	Nicola Sharp/ Sean Murphy
5.00	27/04/2024	18:25	Sean Murphy/ Nicola Sharp
5.00	28/04/2024	03:03	Grace White/ Nuru Mbaraka
5.00	28/04/2024	10:00	Seetha Radhamani/ Maria Ugorji
5.00	28/04/2024	12:46	Seetha Radhamani/ Maria Ugorji
5.00	28/04/2024	16:53	Seetha Radhamani/ Maria Ugorji
5.00	28/04/2024	22:20	Grace White/ Sarah Gelle
5.00	29/04/2024	08:04	Derek Hodgson/ Bernadette McIntyre

PHOSPHATE Standard Tube (133 mL) Enema as required

25/04/24 18:55 133 mL TWICE DAILY 7am;10pm (Rectal) FOR CONSTIPATION — Amy McLaughlin

133.00	25/04/2024	20:49	Emma Lauren Rooney

PROCHLORPERAZINE 3 mg Buccal Tablets as required

23/04/24 11:09 3 mg every 12 hours (Buccal) Nausea/vomiting — Amy McLaughlin

3.00	23/04/2024	11:47	Nicole Morrison
3.00	24/04/2024	03:51	Karen O'Neill
3.00	25/04/2024	05:28	Becky-Jo Smith

Zopiclone 7.5 mg Tablets as required

22/04/24 19:19 7.5 mg ONCE daily at 10pm (Oral) FOR INSOMNIA — Amy McLaughlin

7.50	22/04/2024	22:23	Caitlin Ryan
7.50	23/04/2024	22:03	Karen O'Neill
7.50	24/04/2024	21:49	Becky-Jo Smith
7.50	25/04/2024	22:03	Emma Lauren Rooney
7.50	26/04/2024	21:25	Grace White
7.50	29/04/2024	21:45	Kerry Donnelly

Patient level notes

added by **Ashleigh Scott** on 23/04/2024 at 13:19

Title: Paracetamol

Paracetamol charted but patient refused

added by **Jim Innes** on 22/04/2024 at 20:59

Title: Cyclizine

oral cyclizine given once at 20.55 on 22/4/24. error allowed it to be charted twice in succession but only one dose given.

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Inpatient prescription & administration record for Donna Sullivan (2507706163) Admission: 25/03/2024 => 30/03/2024

02:00
01/04/24

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow, G34 9HH

Admitted: 25/03/2024 13:43
Discharged: 30/03/2024 12:04

Transfer history

Admission	2024-03-25 09:38:00	RAE GRI ED
Transfer	2024-03-25 13:43:00	R63 GRI WARD 63
Transfer	2024-03-25 20:23:00	R64 GRI WARD 64
Transfer	2024-03-26 21:18:00	R65 GRI WARD 65

Responsible Consultant history

Assigned No Consultant	25/03/24	09:38
Phil Stevens	25/03/24	13:43

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

Bendroflumethiazide 2.5 mg Tablets

☒ 26/03/24 07:00 2.5 mg ONCE daily at 7am (Oral) — Mikaela Low

26/03/24	07:00	26/03/2024	08:21	Charlie Andrew Law	
27/03/24	07:00	27/03/2024	08:06	Lucy Bedborough	
28/03/24	07:00	28/03/2024	08:02	Lucy Bedborough	
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

COLECALCIFEROL 1000 units Tablets

☒ 26/03/24 07:00 1,000 unit ONCE daily at 7am (Oral) — Mikaela Low

26/03/24	07:00	26/03/2024	08:21	Charlie Andrew Law	
27/03/24	07:00	27/03/2024	08:06	Lucy Bedborough	
28/03/24	07:00	28/03/2024	08:02	Lucy Bedborough	
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

DULOXETINE 60 mg Capsules

☒ 27/03/24 17:00 60 mg ONCE daily at 5pm (Oral) — Mikaela Low

27/03/24	17:00	27/03/2024	16:37	Lucy Bedborough	
28/03/24	17:00			SYSTEM	Not Charted prior to Discharge
29/03/24	17:00			SYSTEM	Not Charted prior to Discharge

☒ 26/03/24 18:12 60 mg (Oral) — Mikaela Low

26/03/24	18:12	26/03/2024	18:20	Lesley-Ann Clydesdale	

ESOMEPRAZOLE 40 mg Tablets

☒ 25/03/24 22:00 40 mg TWICE DAILY 7am:10pm (Oral) — Mikaela Low

25/03/24	22:00			Ailie Hamilton Murray	Prescription Clarification Required
26/03/24	07:00	26/03/2024	08:20	Charlie Andrew Law	
26/03/24	22:00			Laura Pollock	Prescription Clarification Required
27/03/24	07:00	27/03/2024	08:06	Lucy Bedborough	
27/03/24	22:00	27/03/2024	22:45	Chizoba Pamela Balonwu	
28/03/24	07:00	28/03/2024	08:02	Lucy Bedborough	
28/03/24	22:00			SYSTEM	Not Charted prior to Discharge
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
29/03/24	22:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

FAMOTIDINE 40 mg Tablets

☒ 26/03/24 07:00 40 mg ONCE DAILY MORNING 7am (Oral) — Mikaela Low

26/03/24	07:00	26/03/2024	08:24	Charlie Andrew Law	
27/03/24	07:00	27/03/2024	08:06	Lucy Bedborough	
28/03/24	07:00	28/03/2024	08:02	Lucy Bedborough	
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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FAMOTIDINE 40 mg Tablets *(Continued)*

☒ 25/03/24 15:08 40 mg (Oral) Mikaela Low

25/03/24	15:08	25/03/2024	16:53	Hope Forrest	

Ferrous fumarate 210 mg Tablets

☒ 27/03/24 07:00 210 mg ONCE DAILY MORNING 7am (Oral) Mikaela Low

27/03/24	07:00	27/03/2024	08:06	Lucy Bedborough	
28/03/24	07:00	28/03/2024	08:02	Lucy Bedborough	
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

FOLIC ACID 5 mg Tablets

☒ 27/03/24 07:00 5 mg ONCE DAILY MORNING 7am (Oral) Mikaela Low

27/03/24	07:00	27/03/2024	08:06	Lucy Bedborough	
28/03/24	07:00	28/03/2024	08:02	Lucy Bedborough	
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

Laxido (Orange) Sachets

☒ 26/03/24 07:00 1 Sachet ONCE DAILY MORNING 7am (Oral) Mikaela Low

26/03/24	07:00	26/03/2024	08:31	Charlie Andrew Law	
27/03/24	07:00	27/03/2024	08:06	Lucy Bedborough	
28/03/24	07:00	28/03/2024	08:02	Lucy Bedborough	
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

LEVETIRACETAM TABLETS 750mg

☒ 25/03/24 22:00 750 mg TWICE daily at 7am and 10pm (Oral) Mikaela Low

25/03/24	22:00			Ailie Hamilton Murray	Prescription Clarification Required
26/03/24	07:00	26/03/2024	08:20	Charlie Andrew Law	

☒ 26/03/24 18:30 750 mg 2X 07/22-2X07/17 Transition Frequency (Oral) Mikaela Low

26/03/24	18:30	26/03/2024	18:20	Lesley-Ann Clydesdale	

☒ 27/03/24 07:00 750 mg TWICE daily at 7am and 5pm (Oral) Mikaela Low

27/03/24	07:00	27/03/2024	08:06	Lucy Bedborough	
27/03/24	17:00	27/03/2024	16:36	Lucy Bedborough	
28/03/24	07:00	28/03/2024	08:02	Lucy Bedborough	
28/03/24	17:00			SYSTEM	Not Charted prior to Discharge
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
29/03/24	17:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

MESALAZINE 1 g Suppositories

☒ 26/03/24 22:00 1 g ONCE DAILY NIGHT 10pm (Rectal) Mikaela Low

26/03/24	22:00			Laura Pollock	Other - see patient nursing notes
27/03/24	22:00			Chizoba Pamela Balonwu	Drug unavailable
28/03/24	22:00			SYSTEM	Not Charted prior to Discharge
29/03/24	22:00			SYSTEM	Not Charted prior to Discharge

Metformin 500 mg Tablets

☒ 25/03/24 22:00 500 mg TWICE DAILY 7am;10pm (Oral) Mikaela Low

25/03/24	22:00			Ailie Hamilton Murray	Prescription Clarification Required
26/03/24	07:00	26/03/2024	08:21	Charlie Andrew Law	

☒ 26/03/24 18:30 500 mg .BD-2X07/17 Transition Frequency (Oral) Mikaela Low

26/03/24	18:30	26/03/2024	18:20	Lesley-Ann Clydesdale	

☒ 27/03/24 07:00 500 mg TWICE daily at 7am and 5pm (Oral) Mikaela Low

27/03/24	07:00	27/03/2024	08:06	Lucy Bedborough	
27/03/24	17:00	27/03/2024	16:37	Lucy Bedborough	
28/03/24	07:00	28/03/2024	08:02	Lucy Bedborough	
28/03/24	17:00			SYSTEM	Not Charted prior to Discharge
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
29/03/24	17:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

Pramipexole 180 micrograms Tablets

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Pramipexole 180 micrograms Tablets *(Continued)*

☒ 25/03/24 22:00 180 microgram ONCE DAILY NIGHT 10pm (Oral) Mikaela Low

25/03/24	22:00			Ailie Hamilton Murray	Prescription Clarification Required

☒ 26/03/24 18:30 180 microgram .ON-1X17 Transition Frequency (Oral) Mikaela Low

26/03/24	18:30	26/03/2024	18:23	Lesley-Ann Clydesdale	

☒ 27/03/24 17:00 180 microgram ONCE daily at 5pm (Oral) Mikaela Low

27/03/24	17:00	27/03/2024	16:36	Lucy Bedborough	
28/03/24	17:00			SYSTEM	Not Charted prior to Discharge
29/03/24	17:00			SYSTEM	Not Charted prior to Discharge

RAMIPRIL 10 mg Capsules

☒ 26/03/24 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Mikaela Low

26/03/24	07:00	26/03/2024	08:21	Charlie Andrew Law	
27/03/24	07:00	27/03/2024	08:06	Lucy Bedborough	
28/03/24	07:00	28/03/2024	08:02	Lucy Bedborough	
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

ROSUVASTATIN 20 mg Tablets

☒ 25/03/24 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) Mikaela Low

25/03/24	22:00			Ailie Hamilton Murray	Self Administers
26/03/24	22:00	26/03/2024	21:43	Laura Pollock	
27/03/24	22:00	27/03/2024	22:45	Chizoba Pamela Balonwu	
28/03/24	22:00			SYSTEM	Not Charted prior to Discharge
29/03/24	22:00			SYSTEM	Not Charted prior to Discharge

SENNOSIDES (SENNA) 7.5 mg Tablets

☒ 25/03/24 22:00 15 mg ONCE daily at 10pm (Oral) Mikaela Low

25/03/24	22:00			Ailie Hamilton Murray	Self Administers
26/03/24	22:00	26/03/2024	21:42	Laura Pollock	
27/03/24	22:00	27/03/2024	22:45	Chizoba Pamela Balonwu	
28/03/24	22:00			SYSTEM	Not Charted prior to Discharge
29/03/24	22:00			SYSTEM	Not Charted prior to Discharge

Sodium valproate 200 mg MR (Epilim Chrono) Tablets

☒ 25/03/24 22:00 400 mg TWICE DAILY 7am:10pm (Oral) Mikaela Low

25/03/24	22:00			Ailie Hamilton Murray	Prescription Clarification Required
26/03/24	07:00	26/03/2024	08:31	Charlie Andrew Law	
26/03/24	22:00			Laura Pollock	Prescription Clarification Required
27/03/24	07:00	27/03/2024	08:53	Lucy Bedborough	
27/03/24	22:00	27/03/2024	22:45	Chizoba Pamela Balonwu	
28/03/24	07:00	28/03/2024	08:02	Lucy Bedborough	
28/03/24	22:00			SYSTEM	Not Charted prior to Discharge
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
29/03/24	22:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

SUCRALFATE (Unlicensed) 1g Tablets

☒ 26/03/24 22:00 2 g TWICE DAILY 7am:10pm (Oral) Katie Beets

26/03/24	22:00			Laura Pollock	Prescription Clarification Required
27/03/24	07:00			Lucy Bedborough	Drug unavailable
27/03/24	22:00	27/03/2024	22:00	Lucy Bedborough	
28/03/24	07:00	28/03/2024	07:58	Lucy Bedborough	
28/03/24	22:00			SYSTEM	Not Charted prior to Discharge
29/03/24	07:00			SYSTEM	Not Charted prior to Discharge
29/03/24	22:00			SYSTEM	Not Charted prior to Discharge
30/03/24	07:00			SYSTEM	Not Charted prior to Discharge

VENLAFAXINE 75 mg Modified Release Capsules

☒ 26/03/24 12:00 75 mg ONCE daily at midday (Oral) Mikaela Low

26/03/24	12:00	26/03/2024	12:18	Charlie Andrew Law	
27/03/24	12:00	27/03/2024	12:20	Lucy Bedborough	
28/03/24	12:00	28/03/2024	12:09	Lucy Bedborough	
29/03/24	12:00			SYSTEM	Not Charted prior to Discharge
30/03/24	12:00			SYSTEM	Not Charted prior to Discharge

VENLAFAXINE 150 mg Modified Release Capsules

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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VENLAFAXINE 150 mg Modified Release Capsules *(Continued)*

☒ 26/03/24 12:00 150 mg ONCE daily at midday (Oral) Mikaela Low

26/03/24	12:00	26/03/2024	12:18	Charlie Andrew Law	
27/03/24	12:00	27/03/2024	12:20	Lucy Bedborough	
28/03/24	12:00	28/03/2024	12:09	Lucy Bedborough	
29/03/24	12:00			SYSTEM	Not Charted prior to Discharge
30/03/24	12:00			SYSTEM	Not Charted prior to Discharge

Zopiclone 3.75 mg Tablets

☒ 25/03/24 22:15 3.75 mg (Oral) Emily Robertson

25/03/24	22:15	25/03/2024	22:20	Ailie Hamilton Murray	

Cyclizine 50 mg in 1 mL Injection as required

☒ 25/03/24 16:35 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Mikaela Low

Hope Forrest	Alternative administered	
Ailie Hamilton Murray	Alternative administered	
Charlie Andrew Law	Alternative administered	
Katie Jamieson	Alternative administered	
Lucy Bedborough	Alternative administered	
Lucy Bedborough	Alternative administered	

☒ 25/03/24 16:35 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Mikaela Low

Hope Forrest	Alternative administered	
Ailie Hamilton Murray	Alternative administered	
Charlie Andrew Law	Alternative administered	
Katie Jamieson	Alternative administered	
Lucy Bedborough	Alternative administered	
Lucy Bedborough	Alternative administered	

Cyclizine 50 mg Tablets as required

☒ 25/03/24 16:35 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Mikaela Low

50.00	25/03/2024	16:54	Hope Forrest	
50.00	26/03/2024	02:18	Ailie Hamilton Murray	
50.00	26/03/2024	10:24	Charlie Andrew Law	
50.00	27/03/2024	03:50	Katie Jamieson	
50.00	27/03/2024	13:59	Lucy Bedborough	
50.00	28/03/2024	10:26	Lucy Bedborough	

Dihydrocodeine 30 mg Tablets as required

☒ 25/03/24 16:37 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN Mikaela Low

30.00	25/03/2024	16:52	Hope Forrest	
30.00	25/03/2024	22:07	Ailie Hamilton Murray	
30.00	26/03/2024	02:19	Ailie Hamilton Murray	
30.00	26/03/2024	06:34	Ailie Hamilton Murray	
30.00	26/03/2024	10:24	Charlie Andrew Law	
30.00	27/03/2024	08:07	Lucy Bedborough	
30.00	27/03/2024	13:59	Lucy Bedborough	
30.00	27/03/2024	20:03	Chizoba Pamela Balonwu	
30.00	28/03/2024	08:02	Lucy Bedborough	

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 26/03/24 06:40 2 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Morphine Oral Solution 2Mg-5Mg Dose Range* Catriona Young

Ailie Hamilton Murray	Alternative administered	
Charlie Andrew Law	Alternative administered	
Laura Pollock	Alternative administered	
Katie Jamieson	Alternative administered	
Megan Scott	Alternative administered	
Lucy Bedborough	Alternative administered	
Chizoba Pamela Balonwu	Alternative administered	
Lucy Bedborough	Alternative administered	

☒ 26/03/24 06:40 5 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Morphine Oral Solution 2Mg-5Mg Dose Range* Catriona Young

5.00	26/03/2024	06:44	Ailie Hamilton Murray
5.00	26/03/2024	14:49	Charlie Andrew Law
5.00	26/03/2024	21:47	Laura Pollock
5.00	27/03/2024	03:50	Katie Jamieson

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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MORPHINE SULFATE 10 mg in 5mL Oral Solution as required *(Continued)*

5.00	27/03/2024	10:44	Megan Scott	
5.00	27/03/2024	16:38	Lucy Bedborough	
5.00	27/03/2024	21:55	Chizoba Pamela Balonwu	
5.00	28/03/2024	10:26	Lucy Bedborough	

Ondansetron 4 mg Tablets as required

☒ 26/03/24 15:54 4 mg every 8 HOURS (Oral) For Nausea *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* — Rebecca Galloway

			Lesley-Ann Clydesdale	Alternative administered
4.00	27/03/2024	08:06	Lucy Bedborough	
4.00	27/03/2024	16:40	Lucy Bedborough	
4.00	28/03/2024	08:01	Lucy Bedborough	

Ondansetron 4 mg in 2mL Injection as required

☒ 26/03/24 15:54 4 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* — Rebecca Galloway

4.00	26/03/2024	15:59	Lesley-Ann Clydesdale/ Charlie Andrew Law	
			Lucy Bedborough	Alternative administered
			Lucy Bedborough	Alternative administered
			Lucy Bedborough	Alternative administered

☒ 26/03/24 15:54 4 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* — Rebecca Galloway

			Lesley-Ann Clydesdale	Alternative administered
			Lucy Bedborough	Alternative administered
			Lucy Bedborough	Alternative administered
			Lucy Bedborough	Alternative administered

Paracetamol 500 mg Tablets as required

☒ 25/03/24 15:04 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Mikaela Low

1,000.00	25/03/2024	16:51	Hope Forrest
1,000.00	25/03/2024	22:07	Ailie Hamilton Murray
1,000.00	26/03/2024	02:19	Ailie Hamilton Murray
1,000.00	26/03/2024	06:34	Ailie Hamilton Murray
1,000.00	26/03/2024	10:24	Charlie Andrew Law
1,000.00	27/03/2024	20:03	Chizoba Pamela Balonwu

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Inpatient prescription & administration record for Donna Sullivan (2507706163)
Admission: 15/01/2024 => 18/01/2024

02:00
20/01/24

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow, G34 9HH

Admitted: 15/01/2024 23:17
Discharged: 18/01/2024 21:14

Transfer history

Admission	2024-01-15 10:11:00	RAE GRI ED
Transfer	2024-01-15 23:17:00	R63 GRI WARD 63

Responsible Consultant history

Assigned No Consultant	15/01/24	10:11
Mark Duxbury	15/01/24	23:17
Phil Stevens	18/01/24	09:13

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

Bendroflumethiazide 2.5 mg Tablets

☒ 16/01/24 07:00 2.5 mg ONCE daily at 7am (Oral) — David Noble

16/01/24	07:00			Siobhan Sutherland	Self Administers
17/01/24	07:00			Nicole Morrison	Self Administers
18/01/24	07:00	18/01/2024	09:19	Siobhan Sutherland	

COLECALCIFEROL 1000 units Tablets

☒ 16/01/24 07:00 1,000 unit ONCE daily at 7am (Oral) — David Noble

16/01/24	07:00			Siobhan Sutherland	Self Administers
17/01/24	07:00			Nicole Morrison	Self Administers
18/01/24	07:00	18/01/2024	09:19	Siobhan Sutherland	

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 16/01/24 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Robbie Cord PIP

16/01/24	17:00	16/01/2024	17:34	Bryony Charleson	
17/01/24	17:00	17/01/2024	18:17	Becky-Jo Smith	
18/01/24	17:00			SYSTEM	Not Charted prior to Discharge

ESOMEPRAZOLE 40 mg Tablets

☒ 16/01/24 07:00 40 mg ONCE DAILY MORNING 7am (Oral) — David Noble

16/01/24	07:00			Siobhan Sutherland	Refused by Patient
17/01/24	07:00			Nicole Morrison	Self Administers
18/01/24	07:00	18/01/2024	09:19	Siobhan Sutherland	

GABAPENTIN 300 mg Capsules

☒ 16/01/24 07:00 1,200 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) — David Noble

16/01/24	07:00			Siobhan Sutherland	Self Administers
16/01/24	12:00			Nur1 GRI63NUR1	Self Administers
16/01/24	22:00			Sophie Dalziel	Self Administers
17/01/24	07:00			Nicole Morrison	Self Administers
17/01/24	12:00			Nicole Morrison	Self Administers
17/01/24	22:00			Sophie Dalziel	Self Administers
18/01/24	07:00	18/01/2024	09:04	Siobhan Sutherland	
18/01/24	12:00	18/01/2024	14:07	Becky-Jo Smith	

LAXIDO Sachets

☒ 16/01/24 07:00 1 Sachet ONCE DAILY MORNING 7am (Oral) — David Noble

16/01/24	07:00	16/01/2024	08:31	Siobhan Sutherland	
17/01/24	07:00			Nicole Morrison	Self Administers
18/01/24	07:00	18/01/2024	09:19	Siobhan Sutherland	

LEVETIRACETAM TABLETS 750mg

Key: Prescription details; Recorded as "Admitted On"; Prescribed as "Self Administer"; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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LEVETIRACETAM TABLETS 750mg *(Continued)*

☒ 16/01/24 07:00 750 mg TWICE daily at 7am and 10pm (Oral) David Noble

16/01/24	07:00			Siobhan Sutherland	Refused by Patient

☒ 16/01/24 17:00 750 mg TWICE daily at 7am and 5pm (Oral) Robbie Cord PIP

16/01/24	17:00	16/01/2024	17:37	Bryony Charleson	
17/01/24	07:00			Nicole Morrison	Self Administers
17/01/24	17:00			Becky-Jo Smith	Self Administers
18/01/24	07:00	18/01/2024	09:19	Siobhan Sutherland	
18/01/24	17:00			SYSTEM	Not Charted prior to Discharge

MESALAZINE 1 g Suppositories

☒ 16/01/24 22:00 1 g ONCE DAILY NIGHT 10pm (Rectal) David Noble

16/01/24	22:00			Sophie Dalziel	Prescription Clarification Required
17/01/24	22:00			Sophie Dalziel	Prescription Clarification Required

Metformin 500 mg Tablets

☒ 16/01/24 07:00 500 mg TWICE DAILY 7am:10pm (Oral) David Noble

16/01/24	07:00			Siobhan Sutherland	Refused by Patient

☒ 16/01/24 17:00 500 mg TWICE daily at 7am and 5pm (Oral) Robbie Cord PIP

16/01/24	17:00	16/01/2024	17:37	Bryony Charleson	
17/01/24	07:00			Nicole Morrison	Self Administers
17/01/24	17:00			Becky-Jo Smith	Self Administers
18/01/24	07:00	18/01/2024	09:19	Siobhan Sutherland	
18/01/24	17:00			SYSTEM	Not Charted prior to Discharge

Paracetamol 500 mg Tablets

☒ 16/01/24 07:00 1,000 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) David Noble

16/01/24	07:00	16/01/2024	08:27	Emma Bruce	
16/01/24	12:00			Nur1 GRI63NUR1	Refused by Patient
16/01/24	17:00	16/01/2024	17:33	Bryony Charleson	
16/01/24	22:00			Sophie Dalziel	Refused by Patient
17/01/24	07:00	17/01/2024	08:17	Nicole Morrison	
17/01/24	12:00	17/01/2024	12:32	Nicole Morrison	
17/01/24	17:00	17/01/2024	18:17	Becky-Jo Smith	
17/01/24	22:00			Sophie Dalziel	Self Administers
18/01/24	07:00	18/01/2024	09:02	Siobhan Sutherland	
18/01/24	12:00	18/01/2024	14:07	Becky-Jo Smith	
18/01/24	17:00			SYSTEM	Not Charted prior to Discharge

PHOSPHATE Standard Tube (133 mL) Enema

☒ 17/01/24 22:00 133 mL TWICE DAILY 7am:10pm (Rectal) for 1 day(s) Katie Beets

17/01/24	22:00	17/01/2024	22:39	Sophie Dalziel	
18/01/24	07:00	18/01/2024	09:00	Becky-Jo Smith	

Pramipexole 180 micrograms Tablets

added by **David Noble** on 16/01/2024 at 00:09

Title: administration

TAKE ONE TABLET AT NIGHT 2-3HOURS BEFORE BEDTIME

☒ 16/01/24 22:00 180 microgram ONCE DAILY NIGHT 10pm (Oral) David Noble

16/01/24	22:00			Sophie Dalziel	Self Administers
17/01/24	22:00			Sophie Dalziel	Self Administers

RAMIPRIL 10 mg Capsules

☒ 16/01/24 07:00 10 mg ONCE DAILY MORNING 7am (Oral) David Noble

16/01/24	07:00			Siobhan Sutherland	Self Administers
17/01/24	07:00			Nicole Morrison	Self Administers
18/01/24	07:00	18/01/2024	09:04	Siobhan Sutherland	

ROSUVASTATIN 20 mg Tablets

☒ 16/01/24 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) David Noble

16/01/24	22:00	Suspended			
17/01/24	22:00	Suspended			

SENNOSIDES (SENNA) 7.5 mg Tablets

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SENNOSIDES (SENNA) 7.5 mg Tablets *(Continued)*

☒ 16/01/24 22:00 15 mg ONCE daily at 10pm (Oral) David Noble

16/01/24	22:00			Sophie Dalziel	Self Administers
17/01/24	22:00			Sophie Dalziel	Self Administers

Sodium valproate 200 mg MR (Epilim Chrono) Tablets

☒ 16/01/24 07:00 400 mg TWICE DAILY 7am:10pm (Oral) David Noble

16/01/24	07:00			Siobhan Sutherland	Self Administers
16/01/24	22:00			Sophie Dalziel	Self Administers
17/01/24	07:00			Nicole Morrison	Self Administers
17/01/24	22:00			Sophie Dalziel	Self Administers
18/01/24	07:00	18/01/2024	09:08	Siobhan Sutherland	

TED STOCKINGS Stocking

☒ 16/01/24 00:02 1 Dose every 24 HOURS (Topical) for 1 day(s) David Noble

16/01/24	00:02			Emma Bruce	Patient Asleep

☒ 17/01/24 07:00 1 Dose ONCE DAILY MORNING 7am (Topical) David Noble

17/01/24	07:00	17/01/2024	08:18	Nicole Morrison	
18/01/24	07:00	18/01/2024	09:02	Siobhan Sutherland	

VENLAFAXINE 75 mg Modified Release Capsules

☒ 16/01/24 07:00 225 mg ONCE DAILY MORNING 7am (Oral) David Noble

16/01/24	07:00			Siobhan Sutherland	Self Administers
17/01/24	07:00			Nicole Morrison	Self Administers
18/01/24	07:00	18/01/2024	09:08	Siobhan Sutherland	

Zopiclone 3.75 mg Tablets

☒ 16/01/24 22:36 3.75 mg (Oral) Jacob Loveridge

16/01/24	22:36	16/01/2024	22:44	Sophie Dalziel	

Cyclizine 50 mg in 1 mL Injection as required

☒ 16/01/24 00:02 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* David Noble

				Stephen Steenson	Alternative administered
				Sophie Dalziel	Alternative administered
				Sophie Dalziel	Alternative administered

☒ 16/01/24 00:02 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* David Noble

				Stephen Steenson	Alternative administered
				Sophie Dalziel	Alternative administered
				Sophie Dalziel	Alternative administered

Cyclizine 50 mg Tablets as required

☒ 16/01/24 00:02 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* David Noble

50.00	16/01/2024	02:56	Stephen Steenson	
50.00	16/01/2024	22:08	Sophie Dalziel	
50.00	17/01/2024	22:01	Sophie Dalziel	

Diazepam 2 mg Tablets as required

☒ 16/01/24 00:12 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) David Noble
anxiety/agitation

2.00	17/01/2024	20:16	Katie MacLaren

Dihydrocodeine 30 mg Tablets as required

☒ 16/01/24 00:02 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) for pain David Noble

30.00	16/01/2024	02:56	Stephen Steenson
30.00	16/01/2024	08:33	Siobhan Sutherland
30.00	17/01/2024	06:40	Sophie Dalziel

METOCLOPRAMIDE 10 mg Tablets as required

☒ 16/01/24 00:12 10 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) FOR NAUSEA AND VOMITING David Noble

10.00	16/01/2024	17:45	Bryony Charleson

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

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MORPHINE SULFATE 10 mg in 5mL Oral Solution as required *(Continued)*

☒ 16/01/24 00:02 5 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Surgical Admission Protocol* — David Noble

Nicole Morrison	Alternative administered
Bryony Charleson	Alternative administered
Sophie Dalziel	Alternative administered
Sophie Dalziel	Alternative administered
Nicole Morrison	Alternative administered
Becky-Jo Smith	Alternative administered
Becky-Jo Smith	Alternative administered
Katie MacLaren	Alternative administered
Sophie Dalziel	Alternative administered
Sophie Dalziel	Alternative administered
Siobhan Sutherland	Alternative administered

☒ 16/01/24 00:02 10 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Surgical Admission Protocol* — David Noble

10.00	16/01/2024	11:35	Nicole Morrison
10.00	16/01/2024	19:04	Bryony Charleson
10.00	16/01/2024	22:05	Sophie Dalziel
10.00	17/01/2024	03:47	Sophie Dalziel
10.00	17/01/2024	08:18	Nicole Morrison
10.00	17/01/2024	10:16	Becky-Jo Smith
10.00	17/01/2024	14:41	Becky-Jo Smith
10.00	17/01/2024	16:45	Katie MacLaren
10.00	17/01/2024	22:00	Sophie Dalziel
10.00	18/01/2024	01:22	Sophie Dalziel
10.00	18/01/2024	09:18	Siobhan Sutherland

Ondansetron 4 mg Tablets as required

☒ 16/01/24 00:02 4 mg every 12 hours (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — David Noble

4.00	16/01/2024	06:29	Emma Bruce
4.00	17/01/2024	06:41	Sophie Dalziel

Ondansetron 4 mg in 2mL Injection as required

☒ 16/01/24 00:02 4 mg every 12 hours (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — David Noble

Emma Bruce	Alternative administered
Sophie Dalziel	Alternative administered

☒ 16/01/24 00:02 4 mg every 12 hours (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — David Noble

Emma Bruce	Alternative administered
Sophie Dalziel	Alternative administered

PHOSPHATE Standard Tube (133 mL) Enema as required

☒ 17/01/24 16:49 133 mL (Rectal) pre colonoscopy — Katie Beets

Key: Prescription details; Recorded as "Admitted On"; Prescribed as "Self Administer"; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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Inpatient prescription & administration record for Donna Sullivan (2507706163)
Admission: 08/10/2023 => 10/10/2023

02:00
12/10/23

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
8 Millennium Gardens, Glasgow, G34 9HH

Admitted: 08/10/2023 16:15
Discharged: 10/10/2023 15:52

Transfer history

Admission	2023-10-08 09:08:00	RAE GRI ED
Transfer	2023-10-08 16:15:00	R66 GRI WARD 66
Transfer	2023-10-08 18:31:00	R65 GRI WARD 65
Transfer	2023-10-08 21:47:00	RSAU GRI SAU IP

Responsible Consultant history

Assigned No Consultant	08/10/23	09:08
David Holroyd	08/10/23	16:15

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

Dihydrocodeine 30 mg Tablets

☒ 08/10/23 22:00 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) — Rebecca Dalli

08/10/23	22:00	08/10/2023	22:20	Becky-Jo Smith	
09/10/23	07:00	09/10/2023	07:33	Mairi Stenhouse	
09/10/23	12:00	09/10/2023	12:20	Hannah Graham	
09/10/23	17:00	09/10/2023	17:30	Lisa Ann Sinclair	
09/10/23	22:00	09/10/2023	22:15	Lisa Ann Sinclair	
10/10/23	07:00	10/10/2023	08:14	Deborah Hood	
10/10/23	12:00			SYSTEM	Not Charted prior to Discharge

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 09/10/23 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Rebecca Dalli

09/10/23	17:00	09/10/2023	17:30	Lisa Ann Sinclair	

LAXIDO Sachets

☒ 09/10/23 22:00 1 Sachet TWICE DAILY 7am:10pm (Oral) — Jacqueline Hill NMP

09/10/23	22:00	09/10/2023	22:20	Lisa Ann Sinclair	

☒ 10/10/23 07:00 1 Sachet THREE TIMES DAILY 7am:12pm:10pm (Oral) — Peter Ishak

10/10/23	07:00	10/10/2023	08:14	Deborah Hood	
10/10/23	12:00			SYSTEM	Not Charted prior to Discharge

☒ 09/10/23 08:19 1 Sachet (Oral) — Jacqueline Hill NMP

09/10/23	08:19	09/10/2023	09:13	Hannah Graham	

PARACETAMOL 500 mg Tablets

☒ 08/10/23 22:00 1,000 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) — Rebecca Dalli

08/10/23	22:00	08/10/2023	22:20	Becky-Jo Smith	
09/10/23	07:00	09/10/2023	06:50	GRI62 NUR4	
09/10/23	12:00	09/10/2023	12:20	Hannah Graham	
09/10/23	17:00	09/10/2023	17:30	Lisa Ann Sinclair	
09/10/23	22:00	09/10/2023	22:27	Lisa Ann Sinclair	
10/10/23	07:00	10/10/2023	08:14	Deborah Hood	
10/10/23	12:00			SYSTEM	Not Charted prior to Discharge

TED STOCKINGS Stocking

☒ 08/10/23 18:25 1 Dose every 24 HOURS (Topical) for 1 day(s) — Rebecca Dalli

08/10/23	18:25	08/10/2023	18:58	Lynne Clark	

☒ 09/10/23 07:00 1 Dose ONCE DAILY MORNING 7am (Topical) — Rebecca Dalli

09/10/23	07:00	09/10/2023	07:34	Mairi Stenhouse	
10/10/23	07:00	10/10/2023	08:14	Deborah Hood	

Cyclizine 50 mg in 1 mL Injection as required

Key: Prescription details; Recorded as "Admitted On"; Prescribed as "Self Administer"; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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Cyclizine 50 mg in 1 mL Injection as required *(Continued)*

☒ 08/10/23 18:25 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Rebecca Dalli

mg	Fiona Ronald	Alternative administered	
mg	Hazel Carway	Alternative administered	
mg	Lisa Ann Sinclair	Alternative administered	

☒ 08/10/23 18:25 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Rebecca Dalli

mg	Fiona Ronald	Alternative administered
mg	Hazel Carway	Alternative administered
mg	Lisa Ann Sinclair	Alternative administered

Cyclizine 50 mg Tablets as required

☒ 08/10/23 18:25 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Rebecca Dalli

50.00 mg	09/10/2023	03:04	Fiona Ronald
50.00 mg	09/10/2023	13:15	Hazel Carway
50.00 mg	09/10/2023	22:20	Lisa Ann Sinclair

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 08/10/23 18:25 5 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Surgical Admission Protocol* — Rebecca Dalli

mg	Lynne Clark	Alternative administered
mg	Fiona Ronald	Alternative administered
mg	Hannah Graham	Alternative administered
mg	Hazel Carway	Alternative administered
mg	Lisa Ann Sinclair	Alternative administered
mg	Nur3 GRI66	Alternative administered

☒ 08/10/23 18:25 10 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Surgical Admission Protocol* — Rebecca Dalli

10.00 mg	08/10/2023	18:59	Lynne Clark
10.00 mg	09/10/2023	03:08	Fiona Ronald
10.00 mg	09/10/2023	09:53	Hannah Graham
10.00 mg	09/10/2023	15:52	Hazel Carway
10.00 mg	09/10/2023	22:21	Lisa Ann Sinclair
10.00 mg	10/10/2023	09:46	Nur3 GRI66

ONDANSETRON 4 mg Tablets as required

☒ 08/10/23 18:25 4 mg every 12 hours (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Rebecca Dalli

4.00 mg	08/10/2023	18:59	Lynne Clark
4.00 mg	09/10/2023	07:44	Mairi Stenhouse

ONDANSETRON 4 mg in 2mL Injection as required

☒ 08/10/23 18:25 4 mg every 12 hours (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Rebecca Dalli

mg	Lynne Clark	Alternative administered
mg	Mairi Stenhouse	Alternative administered

☒ 08/10/23 18:25 4 mg every 12 hours (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Rebecca Dalli

mg	Lynne Clark	Alternative administered
mg	Mairi Stenhouse	Alternative administered

ZOPICLONE 7.5 mg Tablets as required

☒ 09/10/23 20:52 7.5 mg ONCE Daily at 9pm (Oral) FOR INSOMNIA — Peter Ishak

7.50 mg	09/10/2023	22:22	Lisa Ann Sinclair

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Inpatient prescription & administration record for Donna Sullivan (2507706163) Admission: 19/02/2023 => 20/02/2023

02:00 22/02/23

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
Main Door, 8 Millennium Gardens,
Glasgow,
Lanarksh,
G34 9HH

Admitted: 19/02/2023 18:47
Discharged: 20/02/2023 19:08

Transfer history

Admission	2023-02-19 14:21:00	RAE GRI ED
Transfer	2023-02-19 18:47:00	R50 GRI WD 50/1

Responsible Consultant history

Assigned No Consultant	19/02/23	14:21
James Boyle	19/02/23	18:47
David Mccarey	20/02/23	08:59

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

ASPIRIN 300 mg Dispersible Tablets

☒ 20/02/23 07:00 300 mg ONCE daily at 7am (Oral) Andrew Thom

20/02/23	07:00	20/02/2023	08:52	Joanna Hay

Discontinued on: 20/02/2023 17:52 by: Molly Smith . Reason: Course Complete

BENDROFLUMETHIAZIDE (BENDROFLUAZIDE) 2.5 mg Tablets

☒ 20/02/23 07:00 2.5 mg ONCE daily at 7am (Oral) Andrew Thom

20/02/23	07:00	20/02/2023	08:50	Joanna Hay

CHLORPHENAMINE 4 mg Tablets (CHLORPHENIRAMINE)

☒ 20/02/23 07:00 4 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) Andrew Thom

20/02/23	07:00	20/02/2023	08:51	Joanna Hay
20/02/23	12:00	20/02/2023	12:41	Joanna Hay

☒ 19/02/23 22:29 4 mg (Oral) Andrew Thom

19/02/23	22:29	19/02/2023	22:47	Rodrigo Dela pena

COLECALCIFEROL 1000 units Tablets

☒ 20/02/23 07:00 1,000 unit ONCE daily at 7am (Oral) Andrew Thom

20/02/23	07:00	20/02/2023	08:50	Joanna Hay

ESOMEPRAZOLE 40 mg Tablets

☒ 20/02/23 07:00 40 mg ONCE DAILY MORNING 7am (Oral) Andrew Thom

20/02/23	07:00	20/02/2023	08:48	Joanna Hay

GABAPENTIN 300 mg Capsules

☒ 20/02/23 07:00 1,200 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) Andrew Thom

20/02/23	07:00	20/02/2023	08:49	Joanna Hay
20/02/23	12:00	20/02/2023	12:41	Joanna Hay

LEVETIRACETAM TABLETS 750mg

☒ 20/02/23 07:00 750 mg TWICE daily at 7am and 10pm (Oral) Andrew Thom

20/02/23	07:00	20/02/2023	08:50	Joanna Hay

METFORMIN 500 mg Tablets

☒ 20/02/23 07:00 500 mg TWICE DAILY 7am:10pm (Oral) Andrew Thom

20/02/23	07:00	20/02/2023	08:51	Joanna Hay

PARACETAMOL 500 mg Tablets

☒ 19/02/23 21:58 1,000 mg (Oral) Andrew Thom

19/02/23	21:58		Rodrigo Dela pena	Other - see patient nursing notes

PRAMIPEXOLE 180 micrograms Tablets

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PRAMIPEXOLE 180 micrograms Tablets *(Continued)*

☒ 20/02/23 22:00 180 microgram ONCE DAILY NIGHT 10pm (Oral) Andrew Thom

RAMIPRIL 10 mg Capsules

☒ 20/02/23 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Andrew Thom

20/02/23 07:00 20/02/2023 08:49 Joanna Hay

ROSUVASTATIN 20 mg Tablets

☒ 20/02/23 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) Andrew Thom

SANDO-K 12 mmol Effervescent Tablets

☒ 20/02/23 12:00 2 Tablet THREE TIMES DAILY 7am:12pm:10pm (Oral) for 3 day(s) Molly Smith

20/02/23 12:00 20/02/2023 12:41 Joanna Hay

SENNOSIDES (SENNA) 7.5 mg Tablets

☒ 20/02/23 22:00 15 mg ONCE daily at 10pm (Oral) Andrew Thom

SODIUM VALPROATE 200 mg Enteric Coated Tablets

☒ 20/02/23 07:00 400 mg TWICE DAILY 7am:10pm (Oral) Andrew Thom

20/02/23 07:00 20/02/2023 08:51 Joanna Hay

VENLAFAXINE 37.5 mg Modified Release Tablets

☒ 20/02/23 22:00 37.5 mg ONCE DAILY NIGHT 10pm (Oral) Andrew Thom

VENLAFAXINE 150 mg Modified Release Capsules

☒ 20/02/23 22:00 150 mg ONCE DAILY NIGHT 10pm (Oral) Andrew Thom

ZOPICLONE 7.5 mg Tablets

☒ 19/02/23 22:00 7.5 mg ONCE daily at 10pm (Oral) Andrew Thom

19/02/23 22:00 19/02/2023 22:28 Rodrigo Dela pena

DIAZEPAM 2 mg Tablets as required

☒ 19/02/23 21:57 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) anxiety Andrew Thom

2.00 mg 19/02/2023 22:28 Rodrigo Dela pena

2.00 mg 20/02/2023 12:42 Joanna Hay

Diclofenac 3 % Gel as required

☒ 19/02/23 22:15 1 Application THREE TIMES DAILY 7am:12pm:10pm (Topical) as required for msk pain Andrew Thom

ONDANSETRON 4 mg Tablets as required

☒ 19/02/23 21:56 4 mg every 8 HOURS (Oral) For Nausea *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* Andrew Thom

4.00 mg 19/02/2023 22:24 Rodrigo Dela pena

ONDANSETRON 4 mg in 2mL Injection as required

☒ 19/02/23 21:56 4 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* Andrew Thom

mg Rodrigo Dela pena Alternative administered

☒ 19/02/23 21:56 4 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* Andrew Thom

mg Rodrigo Dela pena Alternative administered

PARACETAMOL 500 mg Tablets as required

☒ 19/02/23 21:58 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN Andrew Thom

1,000.00 mg 20/02/2023 12:47 Joanna Hay

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HEPMA MAP v1.0

Inpatient prescription & administration record for Donna Sullivan (2507706163)
Admission: 02/09/2022 => 05/09/2022

02:00
07/09/22

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
Main Door, 8 Millennium Gardens,
Glasgow,
Lanarksh,
G34 9HH

Admitted: 02/09/2022 12:50
Discharged: 05/09/2022 20:05

Transfer history

Admission	2022-09-02 12:50:00	RSAT GRI SATA
Transfer	2022-09-02 19:13:00	R46 GRI WARD 46
Transfer	2022-09-04 19:14:00	R62 GRI WARD 62

Responsible Consultant history

Daniel Rodgers	02/09/22	12:52
Assigned No Consultant	02/09/22	13:04
Russell Drummond	02/09/22	19:13
Muhammad Tholudin	03/09/22	13:16
Daniel Rodgers	03/09/22	13:17
Assigned No Consultant	05/09/22	12:40

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

BENDROFLUMETHIAZIDE (BENDROFLUAZIDE) 2.5 mg Tablets

☒ 03/09/22 07:00 2.5 mg ONCE daily at 7am (Oral) — Kieran Macleod

03/09/22	07:00	03/09/2022	08:59	Eirinn Blair	
04/09/22	07:00	04/09/2022	08:20	Donna Marie McGowan	
05/09/22	07:00	05/09/2022	07:45	Sandra Marshall	

ENOXAPARIN 40 mg in 0.4mL Pre-Filled Syringe

☒ 03/09/22 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Yen Wing NG

03/09/22	17:00	03/09/2022	17:14	Eirinn Blair	
04/09/22	17:00	04/09/2022	17:34	Donna Marie McGowan	
05/09/22	17:00	05/09/2022	16:45	Sandra Marshall	

ESOMEPRAZOLE 40 mg Tablets

☒ 03/09/22 07:00 40 mg ONCE DAILY MORNING 7am (Oral) — Kieran Macleod

03/09/22	07:00	03/09/2022	08:59	Eirinn Blair	
04/09/22	07:00	04/09/2022	08:20	Donna Marie McGowan	
05/09/22	07:00	05/09/2022	07:44	Sandra Marshall	

GABAPENTIN 300 mg Capsules

☒ 02/09/22 22:00 900 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) — Kieran Macleod

02/09/22	22:00	02/09/2022	23:25	Maureen Mcewan	
03/09/22	07:00	03/09/2022	08:59	Eirinn Blair	
03/09/22	12:00	03/09/2022	12:19	Eirinn Blair	
03/09/22	22:00			Annemarie Smith	Self Administers
04/09/22	07:00	04/09/2022	08:20	Donna Marie McGowan	
04/09/22	12:00	04/09/2022	12:28	Donna Marie McGowan	
04/09/22	22:00	04/09/2022	22:12	Catherine Mathew	
05/09/22	07:00	05/09/2022	07:45	Sandra Marshall	
05/09/22	12:00	05/09/2022	12:44	Sandra Marshall	

LACTULOSE Oral Solution

☒ 02/09/22 22:00 10 mL TWICE DAILY 7am:10pm (Oral) — Kieran Macleod

02/09/22	22:00			Maureen Mcewan	Refused by Patient
03/09/22	07:00	03/09/2022	09:00	Eirinn Blair	
03/09/22	22:00	03/09/2022	23:35	Annemarie Smith	
04/09/22	07:00	04/09/2022	08:20	Donna Marie McGowan	
04/09/22	22:00	04/09/2022	22:11	Catherine Mathew	
05/09/22	07:00	05/09/2022	08:02	Sandra Marshall	

LAXIDO Sachets

Key: Prescription details; Recorded as 'Admitted On'; Prescribed as 'Self Administer'; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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LAXIDO Sachets *(Continued)*

☒ 02/09/22 22:00 1 Sachet TWICE DAILY 7am:10pm (Oral) Kieran Macleod

02/09/22	22:00	02/09/2022	23:25	Maureen Mcewan	
03/09/22	07:00	03/09/2022	09:00	Eirinn Blair	
03/09/22	22:00	03/09/2022	21:25	Annemarie Smith	
04/09/22	07:00	04/09/2022	06:23	Annemarie Smith	
04/09/22	22:00	04/09/2022	22:12	Catherine Mathew	
05/09/22	07:00	05/09/2022	07:46	Sandra Marshall	

LEVETIRACETAM 250 mg Tablets

☒ 05/09/22 07:00 750 mg TWICE daily at 7am and 5pm (Oral) Scott Chalmers

05/09/22	07:00	05/09/2022	08:55	Sandra Marshall	
05/09/22	17:00	05/09/2022	16:46	Sandra Marshall	

☒ 04/09/22 17:59 750 mg (Oral) Scott Chalmers

04/09/22	17:59			Sandra Marshall	Other - see patient nursing notes

LEVETIRACETAM 250 mg (Keppra) Tablets

☒ 02/09/22 22:00 750 mg TWICE DAILY 7am:10pm (Oral) Kieran Macleod

02/09/22	22:00			Maureen Mcewan	Prescription Clarification Required
03/09/22	07:00	03/09/2022	08:59	Eirinn Blair	
03/09/22	22:00			Annemarie Smith	Self Administers
04/09/22	07:00	04/09/2022	08:19	Donna Marie McGowan	

Discontinued on: 04/09/2022 17:58 by: Scott Chalmers . Reason: Prescribed in error

METFORMIN 500 mg Tablets

☒ 02/09/22 17:00 500 mg TWICE daily at 7am and 5pm (Oral) Kieran Macleod

02/09/22	17:00	02/09/2022	16:38	Rachael Watson
03/09/22	07:00	03/09/2022	08:59	Eirinn Blair
03/09/22	17:00	03/09/2022	17:14	Eirinn Blair
04/09/22	07:00	04/09/2022	08:20	Donna Marie McGowan
04/09/22	17:00	04/09/2022	17:34	Donna Marie McGowan
05/09/22	07:00	05/09/2022	07:45	Sandra Marshall
05/09/22	17:00	05/09/2022	16:45	Sandra Marshall

PARACETAMOL 500 mg Tablets

☒ 03/09/22 17:00 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) Yen Wing NG

03/09/22	17:00	03/09/2022	17:14	Eirinn Blair
03/09/22	22:00	03/09/2022	21:25	Annemarie Smith
04/09/22	07:00	04/09/2022	08:20	Donna Marie McGowan
04/09/22	12:00	04/09/2022	12:29	Donna Marie McGowan
04/09/22	17:00	04/09/2022	17:34	Donna Marie McGowan
04/09/22	22:00	04/09/2022	22:12	Catherine Mathew
05/09/22	07:00	05/09/2022	07:46	Sandra Marshall
05/09/22	12:00	05/09/2022	12:44	Sandra Marshall
05/09/22	17:00	05/09/2022	16:46	Sandra Marshall

PRAMIPEXOLE 180 micrograms Tablets

☒ 02/09/22 22:00 180 microgram ONCE DAILY NIGHT 10pm (Oral) Kieran Macleod

02/09/22	22:00			Maureen Mcewan Prescription Clarification Required
03/09/22	22:00			Annemarie Smith Self Administers

Discontinued on: 04/09/2022 18:00 by: Scott Chalmers . Reason: Prescribed in error

☒ 05/09/22 18:00 180 microgram ONCE daily at 6pm (Oral) Scott Chalmers

05/09/22	18:00			SYSTEM Not Charted prior to Discharge

☒ 04/09/22 18:01 180 microgram (Oral) Scott Chalmers

04/09/22	18:01			Sandra Marshall Other - see patient nursing notes

RAMIPRIL 10 mg Capsules

☒ 03/09/22 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Kieran Macleod

03/09/22	07:00	03/09/2022	08:59	Eirinn Blair
04/09/22	07:00	04/09/2022	08:20	Donna Marie McGowan
05/09/22	07:00	05/09/2022	07:44	Sandra Marshall

ROSUVASTATIN 20 mg Tablets

☒ 03/09/22 07:00 20 mg ONCE DAILY MORNING 7am (Oral) Kieran Macleod

03/09/22	07:00	03/09/2022	08:59	Eirinn Blair
04/09/22	07:00	04/09/2022	08:19	Donna Marie McGowan

☒ 05/09/22 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) Scott Chalmers

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

SENNOSIDES (SENNA) 7.5 mg Tablets

☒ 02/09/22 22:00 15 mg ONCE daily at 10pm (Oral) — Kieran Macleod

02/09/22	22:00	02/09/2022	23:24	Maureen Mcewan	
03/09/22	22:00			Annemarie Smith	Self Administers
04/09/22	22:00	04/09/2022	22:11	Catherine Mathew	

SODIUM VALPROATE 200 mg Enteric Coated Tablets

☒ 04/09/22 17:54 400 mg (Oral) — Scott Chalmers

04/09/22	17:54			Sandra Marshall	Other - see patient nursing notes

SODIUM VALPROATE 200 mg (Epilim Chrono) MR Tablets

☒ 02/09/22 22:00 400 mg TWICE DAILY 7am:10pm (Oral) — Kieran Macleod

02/09/22	22:00			Maureen Mcewan	Prescription Clarification Required
03/09/22	07:00	03/09/2022	08:59	Eirinn Blair	
03/09/22	22:00			Annemarie Smith	Self Administers
04/09/22	07:00	04/09/2022	08:20	Donna Marie McGowan	

Discontinued on: 04/09/2022 17:53 by: Scott Chalmers . Reason: Prescribed in error

☒ 05/09/22 07:00 400 mg TWICE daily at 7am and 5pm (Oral) — Scott Chalmers

05/09/22	07:00	05/09/2022	07:47	Sandra Marshall	
05/09/22	17:00	05/09/2022	16:46	Sandra Marshall	

VENLAFAXINE 37.5 mg Modified Release Tablets

☒ 04/09/22 07:00 37.5 mg ONCE DAILY MORNING 7am (Oral) — Scott Chalmers

04/09/22	07:00	04/09/2022	08:20	Donna Marie McGowan	
05/09/22	07:00			SYSTEM	Not Charted prior to Discharge

☒ 03/09/22 13:48 37.5 mg (Oral) — Scott Chalmers

03/09/22	13:48			Annemarie Smith	Drug unavailable

VENLAFAXINE 150 mg Modified Release Capsules

☒ 04/09/22 07:00 150 mg ONCE DAILY MORNING 7am (Oral) — Scott Chalmers

04/09/22	07:00	04/09/2022	08:20	Donna Marie McGowan	
05/09/22	07:00			SYSTEM	Not Charted prior to Discharge

☒ 03/09/22 13:48 150 mg (Oral) — Scott Chalmers

03/09/22	13:48	03/09/2022	14:18	Eirinn Blair	

DIAZEPAM 2 mg Tablets as required

☒ 02/09/22 12:53 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) back pain — Kieran Macleod

2.00 mg	03/09/2022	12:30	Eirinn Blair	
2.00 mg	03/09/2022	21:20	Annemarie Smith	
2.00 mg	04/09/2022	06:19	Annemarie Smith	
2.00 mg	04/09/2022	17:34	Donna Marie McGowan	
2.00 mg	04/09/2022	22:19	Catherine Mathew	
2.00 mg	05/09/2022	11:03	Sandra Marshall	

DIHYDROCODEINE 30 mg Tablets as required

☒ 02/09/22 12:59 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN — Kieran Macleod

30.00 mg	02/09/2022	14:36	Hayley Sharp	
30.00 mg	02/09/2022	21:11	Maureen Mcewan	
30.00 mg	03/09/2022	04:05	Maureen Mcewan	
30.00 mg	03/09/2022	09:02	Eirinn Blair	
30.00 mg	03/09/2022	15:25	Eirinn Blair	
30.00 mg	03/09/2022	21:21	Annemarie Smith	
30.00 mg	04/09/2022	08:20	Donna Marie McGowan	
30.00 mg	05/09/2022	16:47	Sandra Marshall	

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 02/09/22 12:59 5 mg every HOUR (Oral) FOR PAIN — Kieran Macleod

5.00 mg	02/09/2022	16:39	Rachael Watson	
5.00 mg	04/09/2022	01:52	Annemarie Smith	
5.00 mg	04/09/2022	06:19	Annemarie Smith	
5.00 mg	05/09/2022	01:32	Catherine Mathew	

PARACETAMOL 500 mg Tablets as required

☒ 02/09/22 12:57 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Kieran Macleod

1,000.00 mg	02/09/2022	21:11	Maureen Mcewan	
1,000.00 mg	03/09/2022	04:05	Maureen Mcewan	

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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PARACETAMOL 500 mg Tablets as required *(Continued)*

1,000.00 mg 03/09/2022 12:20 Eirinn Blair

Discontinued on: 03/09/2022 16:34 by: Yen Wing NG

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Inpatient prescription & administration record for Donna Sullivan (2507706163) Admission: 27/07/2022 => 28/07/2022

02:00 30/07/22

Patient Demographics

SULLIVAN Donna (2507706163)
DOB: 25/07/1970
Main Door, 8 Millennium Gardens,
Glasgow,
Lanarksh,
G34 9HH

Admitted: 27/07/2022 00:00
Discharged: 28/07/2022 13:22

Transfer history

Admission	2022-07-26 13:51:00	RAE GRI ED
Transfer	2022-07-27 00:00:00	R66 GRI WARD 66

Responsible Consultant history

Assigned No Consultant	26/07/22	13:51
Euan Dickson	27/07/22	00:00

Allergy

Admission Allergy Check performed by: Christina Mamareli
Current recorded allergy (reaction): liraglutide (Other (see medical notes)); codeine (Other (see medical notes))

BENDROFLUMETHIAZIDE (BENDROFLUAZIDE) 2.5 mg Tablets

☒ 27/07/22 07:00 2.5 mg ONCE daily at 7am (Oral) — Stefanos Agiotakis

27/07/22	07:00	27/07/2022	10:02	Ann Currie	
28/07/22	07:00	28/07/2022	07:46	Ann Currie	

DIHYDROCODEINE 30 mg Tablets

☒ 27/07/22 07:00 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) — Stefanos Agiotakis

27/07/22	07:00	27/07/2022	09:13	Ann Currie	
27/07/22	12:00			Chelsea Stewart	Refused by Patient
27/07/22	17:00	27/07/2022	17:02	Ann Currie	
27/07/22	22:00			Erin Connolly	Refused by Patient
28/07/22	07:00	28/07/2022	07:46	Ann Currie	
28/07/22	12:00	28/07/2022	12:42	Ann Currie	

ENOXAPARIN 40 mg in 0.4mL Pre-Filled Syringe

☒ 27/07/22 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Stefanos Agiotakis

27/07/22	17:00	27/07/2022	17:03	Ann Currie	

ESOMEPRAZOLE 40 mg Tablets

☒ 27/07/22 07:00 40 mg ONCE DAILY MORNING 7am (Oral) — Stefanos Agiotakis

27/07/22	07:00	27/07/2022	09:17	Ann Currie	
28/07/22	07:00	28/07/2022	07:46	Ann Currie	

GABAPENTIN 300 mg Capsules

☒ 27/07/22 07:00 900 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) — Stefanos Agiotakis

27/07/22	07:00	27/07/2022	09:40	Ann Currie	
27/07/22	12:00	27/07/2022	12:14	Chelsea Stewart	
27/07/22	22:00			Erin Connolly	Self Administers
28/07/22	07:00	28/07/2022	07:46	Ann Currie	
28/07/22	12:00	28/07/2022	12:43	Ann Currie	

LACTULOSE Oral Solution

☒ 27/07/22 07:00 10 mL TWICE DAILY 7am:10pm (Oral) — Stefanos Agiotakis

27/07/22	07:00	27/07/2022	09:42	Ann Currie	
27/07/22	22:00	27/07/2022	22:49	Erin Connolly	
28/07/22	07:00	28/07/2022	07:47	Ann Currie	

LEVETIRACETAM 250 mg (Keppra) Tablets

☒ 27/07/22 07:00 750 mg TWICE DAILY 7am:10pm (Oral) — Stefanos Agiotakis

27/07/22	07:00	27/07/2022	09:15	Ann Currie	
27/07/22	22:00			Erin Connolly	Self Administers
28/07/22	07:00	28/07/2022	07:46	Ann Currie	

METFORMIN 500 mg Tablets

Key: Prescription details; Recorded as "Admitted On"; Prescribed as "Self Administer"; Discontinuation details; HEPMA Prescription additional notes; HEPMA Patient admission notes (admission specific); HEPMA Patient retained notes (not specific to admission)

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METFORMIN 500 mg Tablets *(Continued)*

☒ 27/07/22 07:00 500 mg TWICE daily at 7am and 5pm (Oral) Stefanos Agiotakis

27/07/22	07:00	27/07/2022	10:02	Ann Currie	
27/07/22	17:00	27/07/2022	17:03	Ann Currie	
28/07/22	07:00	28/07/2022	07:47	Ann Currie	

PARACETAMOL 500 mg Tablets

☒ 27/07/22 07:00 1,000 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Stefanos Agiotakis

27/07/22	07:00	27/07/2022	09:13	Ann Currie	
27/07/22	12:00	27/07/2022	12:14	Chelsea Stewart	
27/07/22	17:00	27/07/2022	17:02	Ann Currie	
27/07/22	22:00			Erin Connolly	Refused by Patient
28/07/22	07:00	28/07/2022	06:53	Erin Connolly	
28/07/22	12:00	28/07/2022	12:42	Ann Currie	

PRAMIPEXOLE 180 micrograms Tablets

☒ 27/07/22 20:00 270 microgram ONCE daily at 8pm (Oral) Stefanos Agiotakis

27/07/22	20:00			Erin Connolly	Self Administers

RAMIPRIL 10 mg Capsules

☒ 27/07/22 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Stefanos Agiotakis

27/07/22	07:00	27/07/2022	10:02	Ann Currie	
28/07/22	07:00	28/07/2022	07:47	Ann Currie	

ROSUVASTATIN 20 mg Tablets

☒ 27/07/22 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) Stefanos Agiotakis

27/07/22	22:00			Erin Connolly	Self Administers

SANDO-K 12 mmol Effervescent Tablets

☒ 27/07/22 22:00 2 Tablet THREE TIMES DAILY 7am:12pm:10pm (Oral) for 2 day(s) Rachel Wilson

27/07/22	22:00			Erin Connolly	Self Administers
28/07/22	07:00	28/07/2022	07:49	Ann Currie	
28/07/22	12:00	28/07/2022	12:43	Ann Currie	

SENNOSIDES (SENNA) 7.5 mg Tablets

☒ 27/07/22 22:00 15 mg ONCE daily at 10pm (Oral) Stefanos Agiotakis

27/07/22	22:00			Erin Connolly	Self Administers

SODIUM VALPROATE 200 mg (Epilim Chrono) MR Tablets

☒ 27/07/22 07:00 400 mg TWICE DAILY 7am:10pm (Oral) Stefanos Agiotakis

27/07/22	07:00	27/07/2022	10:02	Ann Currie	
27/07/22	22:00			Erin Connolly	Self Administers
28/07/22	07:00	28/07/2022	07:46	Ann Currie	

TED STOCKINGS Stocking

☒ 27/07/22 07:00 1 Dose ONCE DAILY MORNING 7am (Topical) Stefanos Agiotakis

27/07/22	07:00	27/07/2022	09:14	Ann Currie	
28/07/22	07:00			Ann Currie	Refused by Patient

ZOPICLONE 7.5 mg Tablets

☒ 27/07/22 23:31 7.5 mg (Oral) Stefanos Agiotakis

27/07/22	23:31	27/07/2022	23:51	Erin Connolly	

CYCLIZINE 50 mg Tablets as required

☒ 27/07/22 03:44 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Stefanos Agiotakis

CYCLIZINE 50 mg in 1 mL Injection as required

☒ 27/07/22 03:44 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Stefanos Agiotakis

☒ 27/07/22 03:44 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Stefanos Agiotakis

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

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MORPHINE SULFATE 10 mg in 5mL Oral Solution as required *(Continued)*

☒ 27/07/22 01:30 10 mg every 4 HOURS (Oral) FOR PAIN Christina Mamareli

Discontinued on: 27/07/2022 03:45 by: Stefanos Agiotakis . Reason: Discontinued due to conflict

☒ 27/07/22 03:44 5 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Surgical Admission Protocol* Stefanos Agiotakis

mg		Ann Currie	Alternative administered
mg		Ann Currie	Alternative administered
mg		Ann Currie	Alternative administered

☒ 27/07/22 03:44 10 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Surgical Admission Protocol* Stefanos Agiotakis

10.00 mg	27/07/2022	10:03	Ann Currie
10.00 mg	27/07/2022	12:57	Ann Currie
10.00 mg	27/07/2022	18:24	Ann Currie

ONDANSETRON 4 mg Tablets as required

☒ 27/07/22 03:44 4 mg every 12 hours (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Stefanos Agiotakis

ONDANSETRON 4 mg in 2mL Injection as required

☒ 27/07/22 03:44 4 mg every 12 hours (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Stefanos Agiotakis

☒ 27/07/22 03:44 4 mg every 12 hours (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Stefanos Agiotakis

PARACETAMOL 500 mg Tablets as required

☒ 27/07/22 01:28 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN Christina Mamareli

Discontinued on: 27/07/2022 03:45 by: Stefanos Agiotakis . Reason: Discontinued due to conflict

ZOPICLONE 7.5 mg Tablets as required

☒ 27/07/22 23:31 7.5 mg ONCE daily at 10pm (Oral) FOR INSOMNIA Stefanos Agiotakis

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HEPMA MAP v1.0

eMedicines Reconciliation Form - v1.2

NHS Greater Glasgow and Clyde

CHI Number: 2507706163 Patient Name: Donna Sullivan

Hospital Name:	Glasgow Royal Infirmary
Consultant's Name:	grose
Ward:	aau
Specialty:	General Medicine

Patient Details	
Name:	Sullivan, Donna
Address:	1 Corsehill Path,Glasgow,
Postcode:	G34 0PJ
CHI Number:	2507706163
GRN:	20508978K, 2507706163
D.O.B:	25/07/1970
Gender:	Female

Sources Checked					
ECS	X	**Patient**	X	**Carer**	
Relative		**GP Surgery**		**GP Printout**	
Patients own drugs	X	**Other**			
Other Details					

Last signed off by: Pauline Grose 03/10/2016 19:10

eMedicines Reconciliation Form - v1.2

NHS Greater Glasgow and Clyde

CHI Number: 2507706163 Patient Name: Donna Sullivan

Active

Continued

Source	Date Started	Last Issued	Drug	Formulation	Dose	Frequency
ECS	04/08/2016	28/09/2016	Amitriptyline Hydrochloride	10 mg Tablets	N/A	TWO TO BE TAKEN IN THE EVENING DISPENSE WEEKLY
ECS	28/09/2016	28/09/2016	Amlodipine	10 mg Tablets	N/A	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY
ECS	06/09/2016	28/09/2016	Cyclizine	50 mg Tablets	N/A	ONE TO BE TAKEN THREE TIMES A DAY DISPENSE WEEKLY
ECS	28/09/2016	28/09/2016	Diazepam	2 mg Tablets	N/A	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED
ECS	07/09/2016	03/10/2016	Dihydrocodeine	30 mg Tablets	N/A	2 Tabs 3 times daily
ECS	21/08/2012	28/09/2016	Esomeprazole	40 mg Gastro-resistant Capsules	N/A	ONE DAILY DISPENSE WEEKLY
ECS	28/09/2016	28/09/2016	Flucloxacillin	500 mg Capsules	N/A	ONE TO BE TAKEN FOUR TIMES A DAY
ECS	28/09/2016	28/09/2016	Gabapentin	300 mg Capsules	N/A	3 TABS THREE TIMES DAILY DISPENSE WEEKLY
ECS	04/08/2016	03/10/2016	Lactulose	3.1-3.7 g/5 ml Solution	N/A	10ML TWICE DAILY IF REQUIRED
ECS	28/09/2016	28/09/2016	Levetiracetam	500 mg Tablets	N/A	ONE TO BE TAKEN TWICE DAILY DISPENSE WEEKLY
ECS	14/07/2016	28/09/2016	Mirtazapine	45 mg Tablets	N/A	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY
ECS	19/10/2010	30/09/2016	Paracetamol	500 mg Tablets	N/A	2 TABS UP TO FOUR TIMES DAILY DISP 112 TABS MONTHLY
ECS	15/05/2015	28/09/2016	Pramipexole dihydrochloride	250 micrograms (180 micrograms base) Tablets	N/A	1 2-3 HOURS BEFORE BEDTIME DISPENSE WEEKLY
CS	14/07/2016	28/09/2016	Ramipril	10 mg Capsules	N/A	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY
ECS	21/03/2013	28/09/2016	Ranitidine	150 mg Tablets	N/A	ONE TO BE TAKEN TWICE A DAY
ECS	30/09/2016	30/09/2016	Senna	7.5 mg Tablets	N/A	2 AT NIGHT DISPENSE WEEKLY
ECS	28/09/2016	28/09/2016	Sudocrem	Cream	N/A	APPLY TWICE A DAY

Stopped or withheld medicines

Not Current

Source	Prescribed Date	Drug	Formulation	Dose	Frequency
ECS	08/09/2016	Amlodipine	10 mg Tablets	N/A	ONE TO BE TAKEN EACH DAY

Last signed off by: Pauline Grose 03/10/2016 19:10

eMedicines Reconciliation Form - v1.2

NHS Greater Glasgow and Clyde

CHI Number: 2507706163 Patient Name: Donna Sullivan

Allergies - ECS Table

Allergy Date	Allergy Name	Allergy Comments
09/08/2016	Adverse reaction to Codeine, problems with diverticulitis	

Additional Allergy Notes

No Allergies Added

Prescriber Sign Off

Signed off by	Grade	Sign off date
Pauline Grose	Consultant	03/10/2016 19:10

eMedicines Reconciliation Form - v1.2

NHS Greater Glasgow and Clyde

CHI Number: 2507706163 Patient Name: Donna Sullivan

Hospital Name:	Glasgow Royal Infirmary
Consultant's Name:	Stark
Ward:	61
Specialty:	Trauma and Orthopaedic Surgery

Patient Details	
Name:	Sullivan, Donna
Address:	5 Duntarvie Place,Flat 0/2,Glasgow,
Postcode:	G34 9JB
CHI Number:	2507706163
CRN:	20508978K
D.O.B:	25/07/1970
Gender:	Female

Sources Checked					
ECS	X	**Patient**	X	**Carer**	
Relative		**GP Surgery**		**GP Printout**	
Patients own drugs		**Other**			
Other Details					

Active

Continued

Source	Date Started	Last Issued	Drug	Formulation	Dose	Frequency
ECS	17/07/2014	17/07/2014	Amitriptyline Hydrochloride	50 mg Tablets	N/A	ONE ONCE AT NIGHT
ECS	05/06/2014	17/07/2014	Cetirizine Hydrochloride	10 mg Tablets	N/A	ONE TO BE TAKEN EACH DAY
ECS	21/08/2012	07/05/2014	Esomeprazole	40 mg Gastro-resistant Capsules	N/A	TWO CAPSULES DAILY
ECS	17/07/2014	17/07/2014	Fusidic Acid And Hydrocortisone Acetate	2 % + 1 % Cream	N/A	APPLY TWICE A DAY
ECS	19/10/2010	17/07/2014	Paracetamol	500 mg Tablets	N/A	2 TABS UP TO FOUR TIMES DAILY DISP 112 TABS MONTHLY
ECS	17/07/2014	17/07/2014	Prochlorperazine Maleate	5 mg Tablets	N/A	ONE TO BE TAKEN THREE TIMES A DAY
ECS	21/03/2013	17/07/2014	Ranitidine	150 mg Tablets	N/A	ONE TO BE TAKEN TWICE A DAY
ECS	17/07/2014	17/07/2014	Senna	7.5 mg Tablets	N/A	TAKE TWO TO FOUR TABLETS AT NIGHT

Allergies - ECS Summary

No ECS Allergies Found

Additional Allergy Notes

No Allergies Added

Prescriber Sign Off

Signed off by	Grade	Sign off date
Fraser Mcnab	ST	24/07/2014 03:07

Last signed off by: Fraser Mcnab 24/07/2014 03:07

Hospital Name: GRI

DAY CARE PRESCRIPTION FORM

PATIENT DETAILS

Name:

CHI No:

Hospital Numbe

DOB:

2507706163
SULLIVAN F
Donna 25/07/1970
8 Millennium Gardens
Glasgow
G34 9HH

Date of Attendance: ___/___/___

DRUG SENSITIVITIES/ALLERGIES

None known ☑
Yes ☐ (provide details below)

Ward: GDU | Height:

Weight: | Surface area:

Prescription sheet number:

Date and time this form prepared:

___/___/___ Time:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF PRESCRIBER	GIVEN BY	TIME GIVEN
28/9/23	PARACETAMOL	1G	ORAL	1220	[signature]	RH	1228

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No_____L/min

DATE:_____/_____/_____ PRESCRIBER (PRINT & SIGN):_____

Regular Prescriptions

ADMINISTRATION

DATE →

MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

A

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

B

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

C

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

D

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

E

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

F

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	2507706163 SULLIVAN F Donna 25/07/1970 8 Millennium Gardens Glasgow G34 9HH
Patient's surname / family name	
Patient's first name	
Date of birth	Gender: Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

OGD + NJ insertion

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Perforation, Bleeding, discomfort, sedation risks
Aspiration.

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	Mosa Shibani
Date	26/2/26

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

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

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature D Sullivan	Date 26/2/26
Name (print) Donna Sullivan	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	
Patient's surname / far	2507706163 SULLIVAN F Donna 25/07/1970 8 Millennium Gardens Glasgow G34 9HH
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Upper GI endoscopy +/- biopsy
+/- insertion of NJ feeding tube

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

bleeding
perforation.

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	Oluchy ST8
Date	25/2/26

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

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- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature D Sullivan	Date 25/2/26
Name (print) Donna Sullivan	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	
Patient's surname / family name	2507706163 F SULLIVAN 70 Donna 8 Millennium Gardens Glasgow 4H F 25/07/1970 G34 9HH
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

OGD + moderate sedation
± Biopsies

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

- aspiration pneumonia
- Broken teeth
- Bleeding
- perforation
- Repeat test
- Sedation side effects

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	Peter Isbak
Name / Designation (print)	Peter Isbak ST4
Date	25/4/24

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

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

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☑	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☑	☐

Patient / parent agreement to treatment

Signature ✗ DSullivan	Date 25/4/24
Name (print) ✗ DONNA SULLIVAN	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	
Patient's surnan	2507705163 SULLIVAN F
Patient's first na	Donna 25/07/1970 8 Millennium Gardens Glasgow
Date of birth	G34 9HH Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Flexible Sigmoidoscopy

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

bleeding
perforation

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) EL-HADDAD

Date 17/1/24

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

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- Who will be performing my procedure on the day
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- That examination for the purpose of teaching will not be undertaken without my consent.

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I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature X	Date
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	2507706163 SULLIVAN F Donna 25/07/1970 MAIN DOOR 8 MILLENNIUM GARDENS Glasgow, Lanarkshire G34 9HH
Patient's surname / family name	
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Left L4/5 microdiscectomy

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

PAIN, INFECTION, NERVE INJURY (INC PARALYSIS + CAUDA EQUINA SYNDROME), HAEMORRHAGE (INC. HAEMATOMA), DURAL TEAR/CSF LEAK, INJECTION, ALLERGIC REACTIONS

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	
Date	9/10/12

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

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- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☑	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☑	☐

Patient / parent agreement to treatment

Signature D Sellers	Date 9/10/22
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	2507706163 SULLIVAN F Donna 25/07/1970 1 Corsehill Path Glasgow G34 0F
Patient's surname / family name	
Patient's first name	
Date of birth	Gender Male ☐ Female ☑
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

EXAMINATION UNDER ANAESTHESIA + BANDING OF HAEMORRHOIDS + PROCEED

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

bleeding
infection
further procedures
delayed bleeding.
risks of general anaesthesia.
DVT/PE
heart/lung/kidney problems

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	JB
Name / Designation (print)	S. Barker ST6
Date	17.5.19

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

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- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☑	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☑	☐

Patient / parent agreement to treatment

Signature * D Sullivan	Date 17.5.19
Name (print) * Donna SULLIVAN.	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

SULLIVAN, Donna (Mrs)
BORN 25-Jul-1970 (55y) GENDER Female
CHI 2507706163

eSTA

Last updated by Ashley HAGGARTY (Ashley Haggarty1) 7 years ago (v. 1) Show History

Hospital	Glasgow Royal Infirmary
Ward	Seen as Outpatient
Consultant	MR CHONG

Form Initiation

STA Type	Surplus Tissue Authorisation

To Record patients wishes regarding the use of their Surplus Tissues

Is this a Pre-Op Assessment Clinic Visit?	Yes
Patient Type	Outpatient

Questions For Patient

Did you receive the patient leaflet "The use of Surplus Tissue for Medical Research and Education"?
Yes

Do you agree that surplus tissue, not essential for your diagnosis or future treatment, may be used for medical, education and ethically approved medical research?
Yes

Comments
—

Sullivan, Donna ID:2507706163 23-FEB-2026 15:49:22 GREATER GLASGOW SITE-GRWD49 ROUTINE RECORD

25-JUL-1970 (55 yr)
Female Unknown

Room:
Loc:209

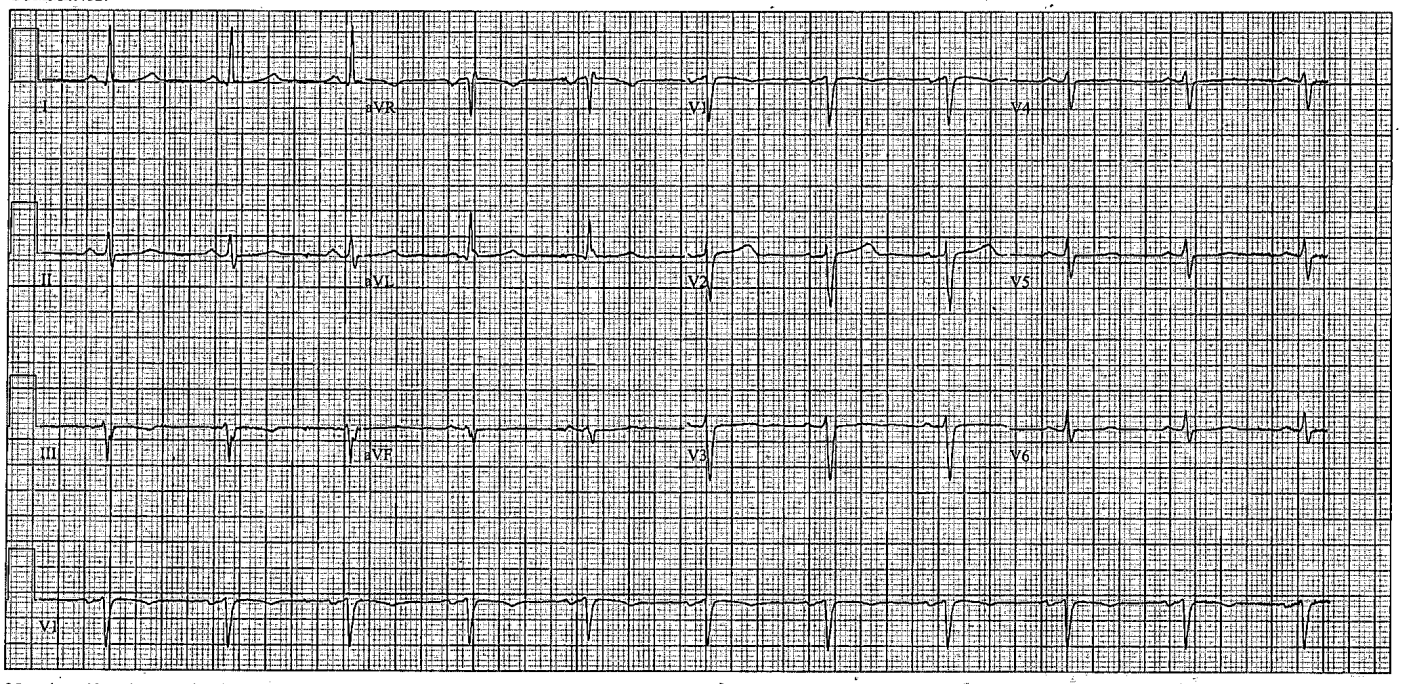
Vent. rate	65	BPM	Normal sinus rhythm
PR interval	152	ms	Cannot rule out Anterior infarct , age undetermined
QRS duration	98	ms	Abnormal ECG
QT/QTc	464/482	ms	
P-R-T axes	33 -13	9	

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 506

SID: 3310098 EID: EDT: ORDER:

Sullivan, Donna ID:2507706163 23-FEB-2026 15:48:31 GREATER GLASGOW SITE-GRWD49 ROUTINE RECORD

25-JUL-1970 (55 yr)
Female Unknown

Room:
Loc:209

Vent. rate	61	BPM
PR interval	154	ms
QRS duration	96	ms
QT/QTc	454/457	ms
P-R-T axes	34 -13	12

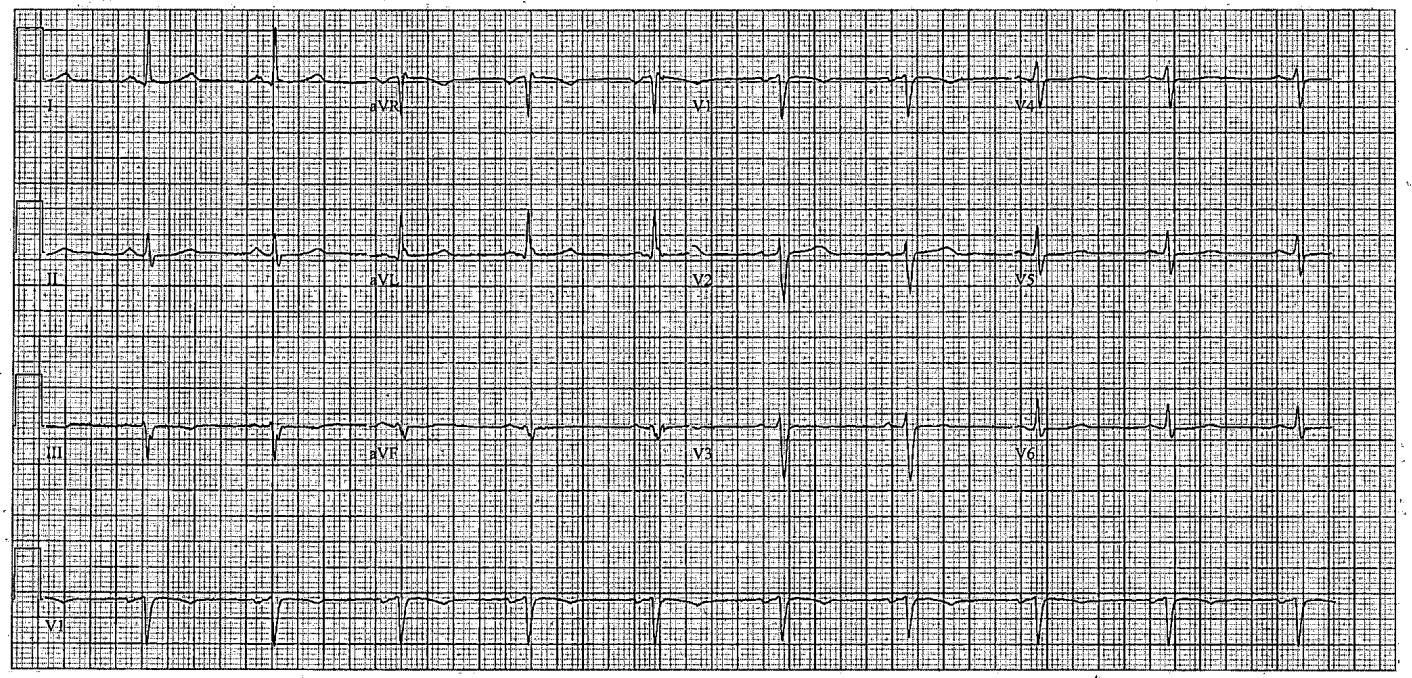
Normal sinus rhythm
Possible Anterior infarct , age undetermined
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 506

SID: 3310098 EID: EDT: ORDER:

Sullivan, Donna ID:2507706163 23-FEB-2026 15:34:16 GREATER GLASGOW SITE-GRWD49 ROUTINE RECORD

25-JUL-1970 (55 yr)
Female Caucasian

Room:
Loc:209

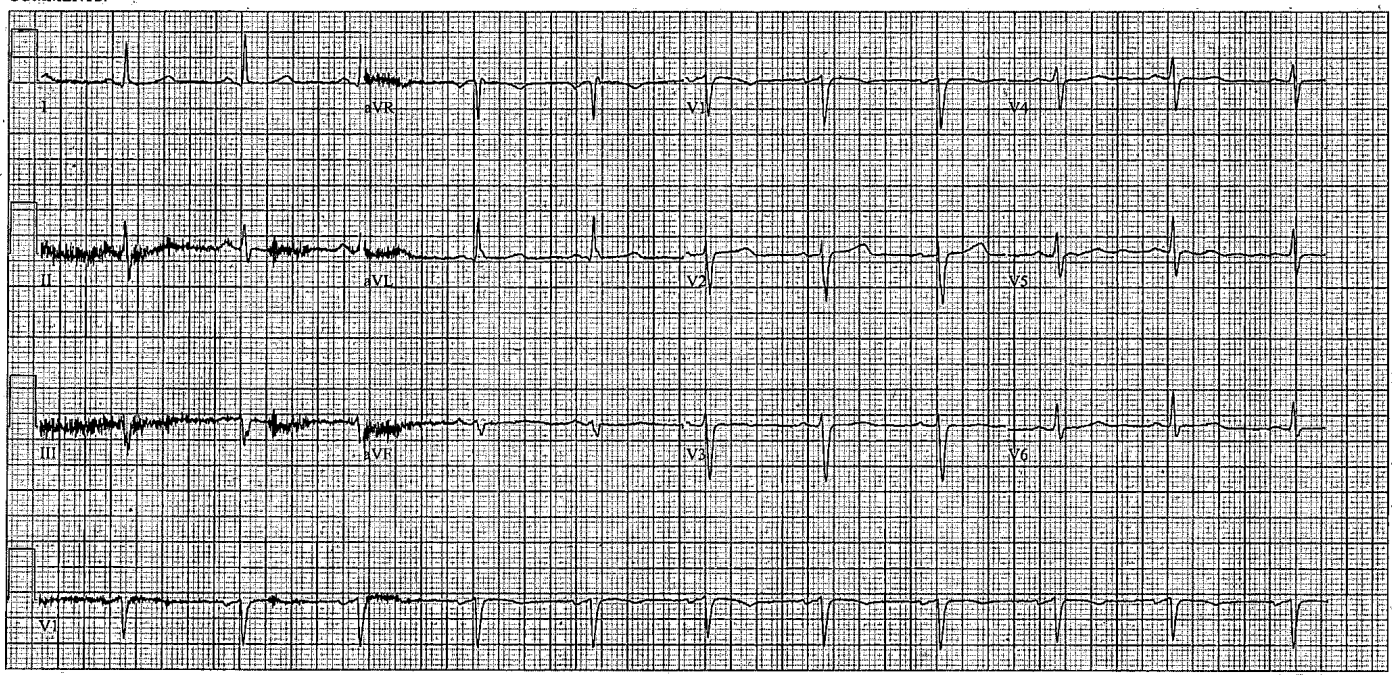
Vent. rate	66	BPM	Normal sinus rhythm
PR interval	152	ms	Normal ECG
QRS duration	94	ms	
QT/QTc	430/450	ms	
P-R-T axes	32 -10	5	

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 506

SID: 3310098 EID: EDT: ORDER:

Sullivan, Donna ID:2507706163 23-FEB-2026 15:33:49 GREATER GLASGOW SITE-GRWD49 ROUTINE RECORD

25-JUL-1970 (55 yr)
Female Caucasian

Room:
Loc:209

Vent. rate	65	BPM
PR interval	152	ms
QRS duration	98	ms
QT/QTc	452/470	ms
P-R-T axes	30 -14	13

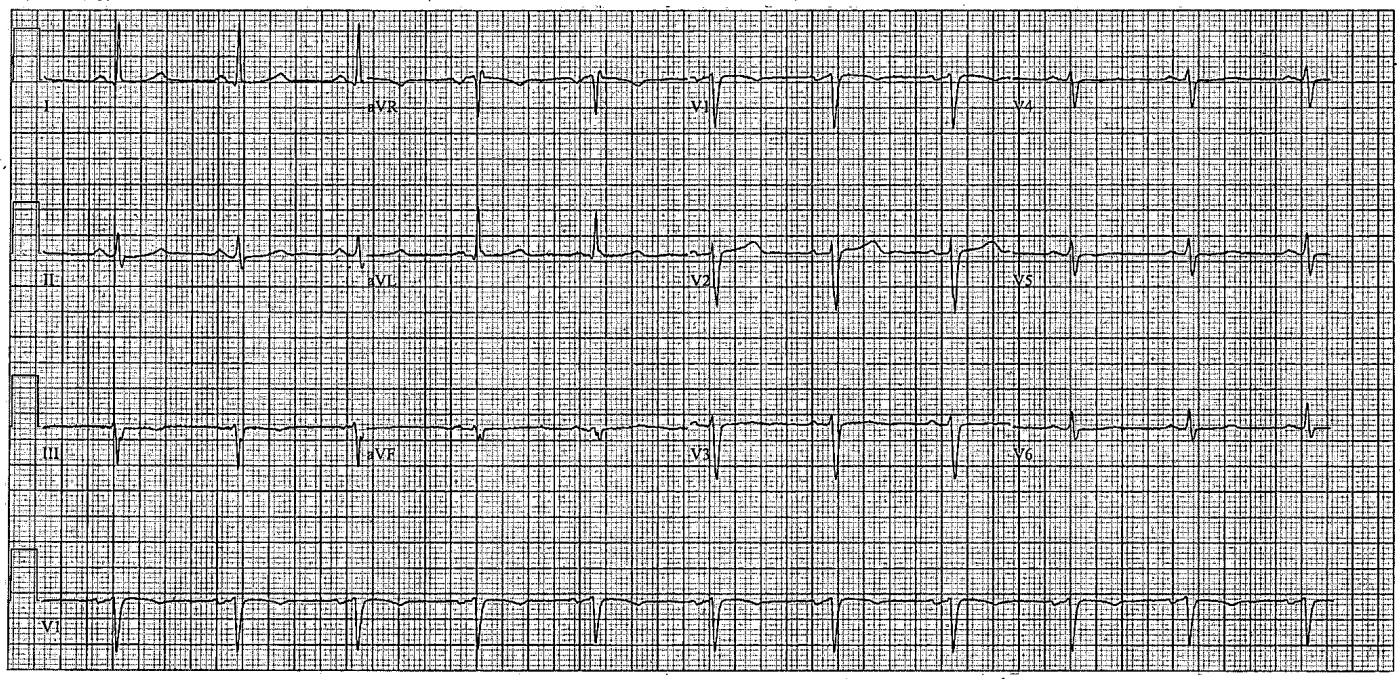
Normal sinus rhythm
Cannot rule out Anterior infarct , age undetermined
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 506

SID: 3310098 EID: EDT: ORDER:

Sullivan, Donna ID:2507706163 25-JAN-2026 23:19:12 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

25-JUL-1970 (55 yr)
Female Caucasian

Room:
Loc:201

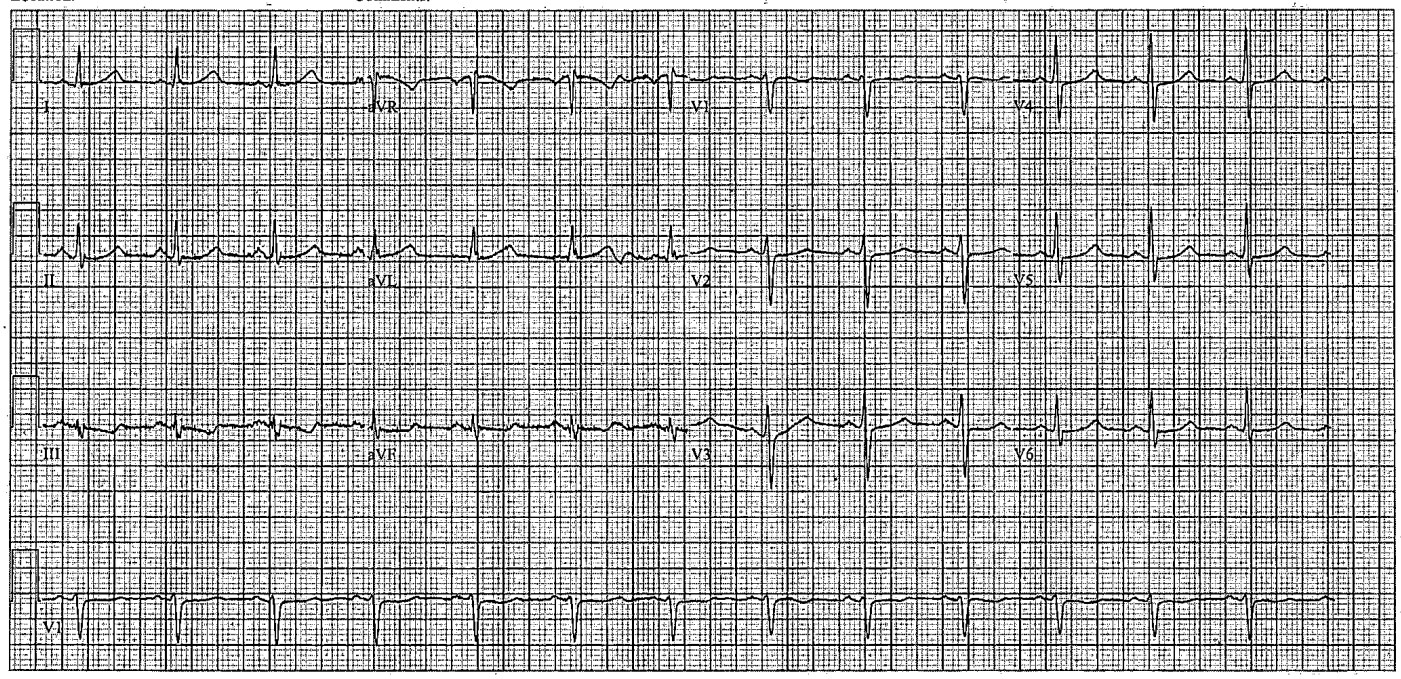
Vent. rate	80	BPM
PR interval	142	ms
QRS duration	90	ms
QT/QTc	426/491	ms
P-R-T axes	57 4	3

Normal sinus rhythm
Prolonged QT
Abnormal ECG

Technician: lh
Test ind:

Unconfirmed

Location: Comments:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1508

SID: 3310098 EID:13 EDT: ORDER:

Sullivan, Donna ID:2507706163 24-SEP-2025 10:24:19 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

25-JUL-1970 (55 yr)
Female Caucasian

Room:
Loc:201

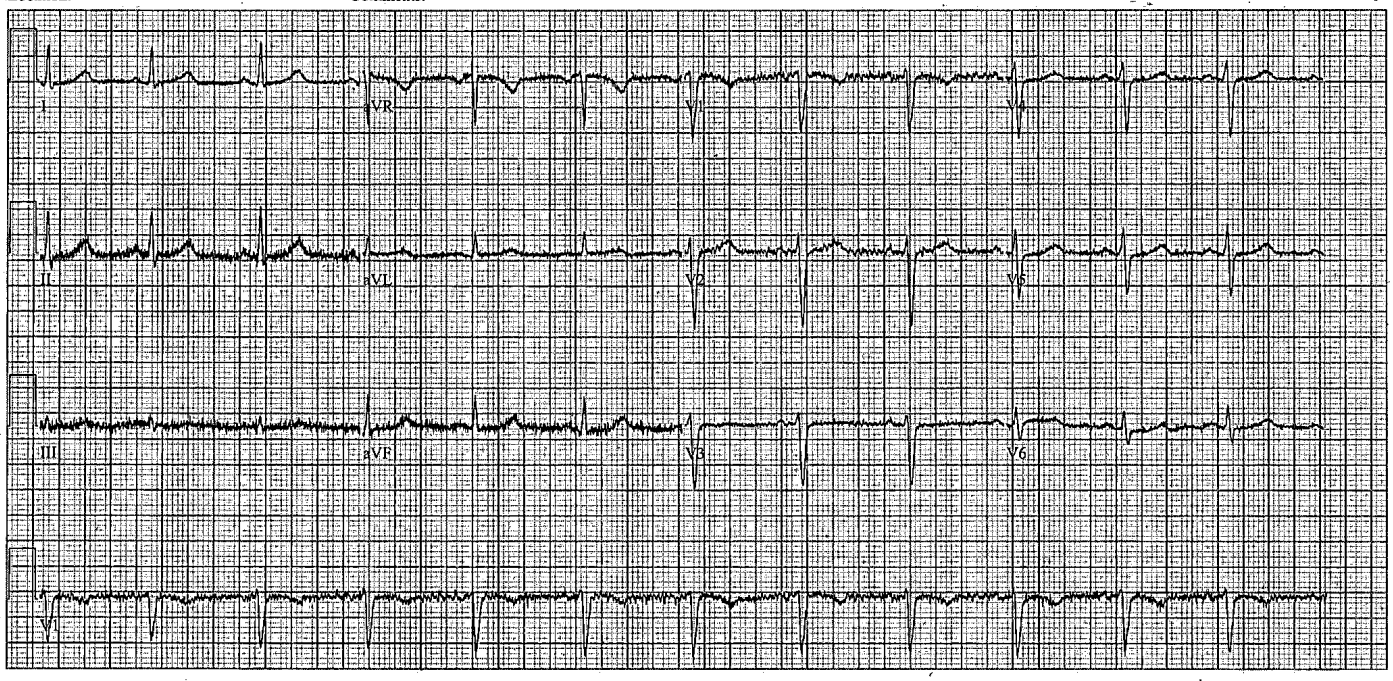
Vent. rate	72	BPM
PR interval	150	ms
QRS duration	90	ms
QT/QTc	418/457	ms
P-R-T axes	37 35	40

Normal sinus rhythm
Possible Anterior infarct , age undetermined
Abnormal ECG

Technician: rd
Test ind:

Unconfirmed

Location: Comments:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1509 SID: 3310098 EID:13 EDT: ORDER:

Sullivan, Donna ID:2507706163 25-AUG-2025 11:18:22 GREATER GLASGOW SITE-GRWD48 ROUTINE RECORD

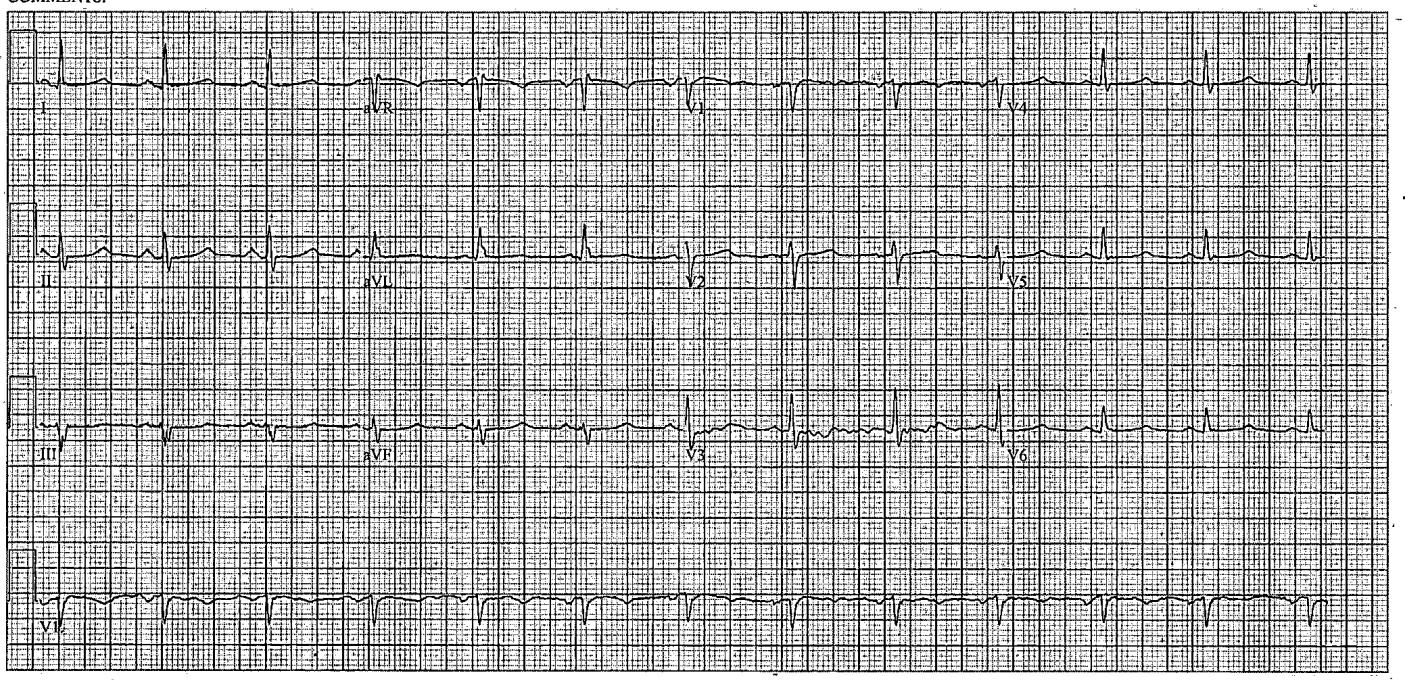
25-JUL-1970 (55 yr)	Vent. rate	74	BPM	Normal sinus rhythm
Female Unknown	PR interval	162	ms	Normal ECG
	QRS duration	82	ms	
Room:	QT/QTc	432/479	ms	
Loc:208	P-R-T axes	43 -9	16	

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 107 SID: 3310098 EID: EDT: ORDER:

Sullivan, Donna ID:2507706163 25-AUG-2025 11:17:39 GREATER GLASGOW SITE-GRWD48 ROUTINE RECORD

25-JUL-1970 (55 yr)
Female Unknown

Room:
Loc:208

Vent. rate	75	BPM
PR interval	166	ms
QRS duration	80	ms
QT/QTc	442/493	ms
P-R-T axes	39 -10 17	

Normal sinus rhythm
Prolonged QT
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:

25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 107

SID: 3310098 EID: EDT: ORDER:

Sullivan, Donna ID:2507706163 21-FEB-2025 04:18:28 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

25-JUL-1970 (54 yr)
Female Caucasian

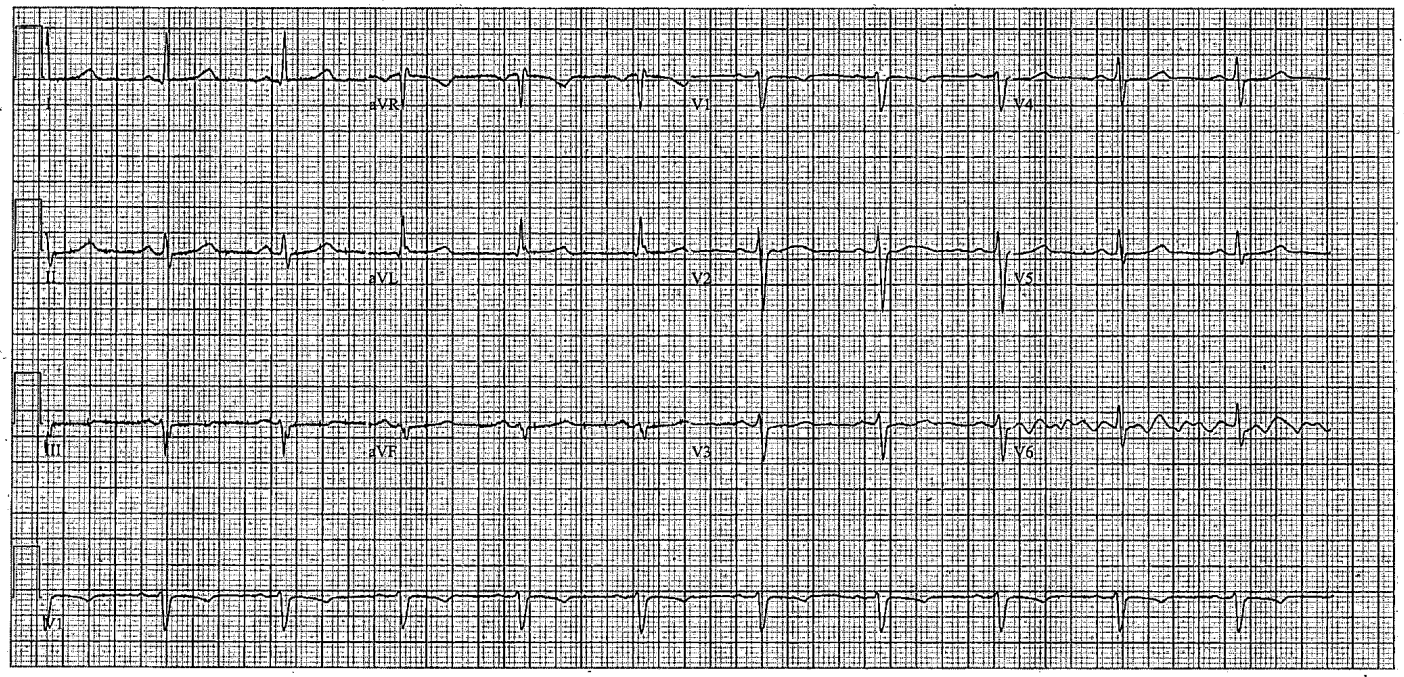
Room:
Loc:201

Vent. rate	65	BPM
PR interval	160	ms
QRS duration	100	ms
QT/QTc	462/480	ms
P-R-T axes	62 -16	26

Normal sinus rhythm
Prolonged QT
Abnormal ECG

Technician: CB
Test ind:

Location: Comments: Unconfirmed



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1506

SID: 3310098 EID:13 EDT: ORDER:

Sullivan, Donna ID:2507706163 06-FEB-2025 14:37:58 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

25-JUL-1970 (54 yr)
Female Caucasian

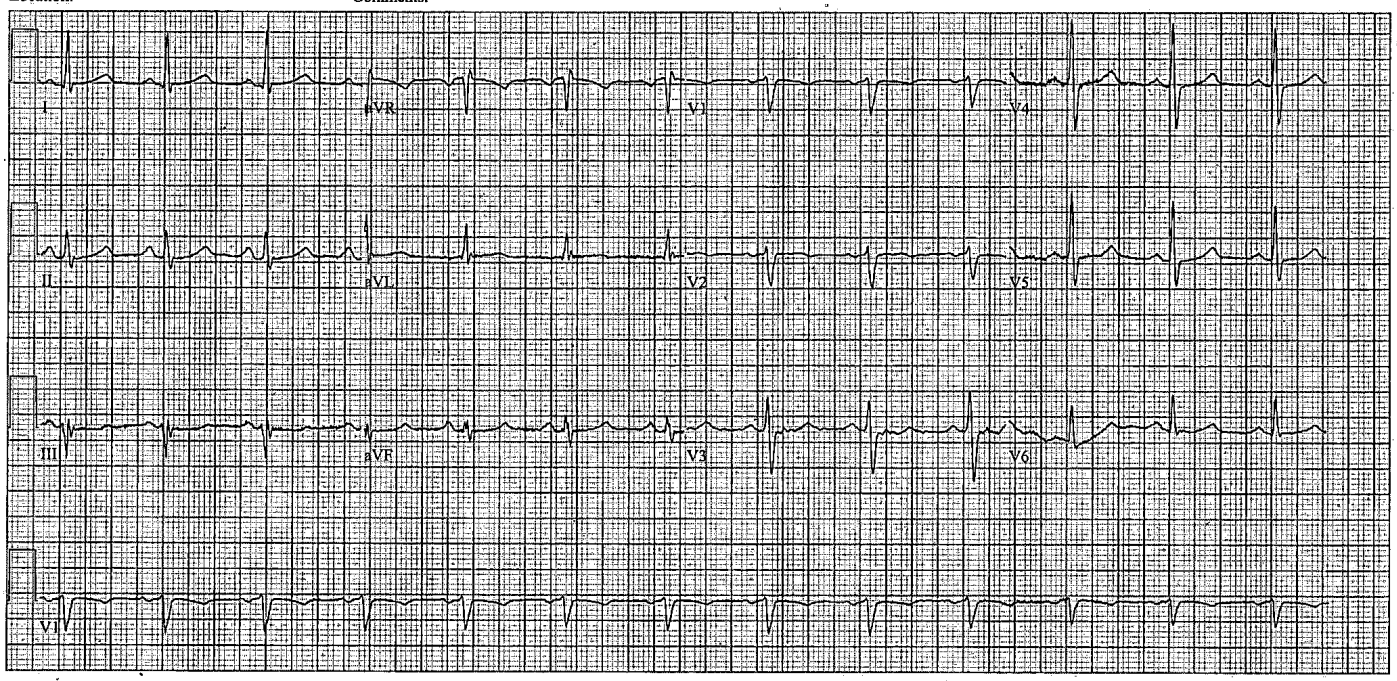
Room:
Loc:201

Vent. rate	77	BPM
PR interval	160	ms
QRS duration	100	ms
QT/QTc	434/491	ms
P-R-T axes	68 6	39

Normal sinus rhythm
Prolonged QT
Abnormal ECG

Technician: x
Test ind:x

Location: Comments: Referred by: X Unconfirmed



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1506

SID: 3310098 EID:13 EDT: ORDER:

Sullivan, Donna ID:2507706163 06-FEB-2025 11:44:17 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

25-JUL-1970 (54 yr)
Female Caucasian

Room:
Loc:201

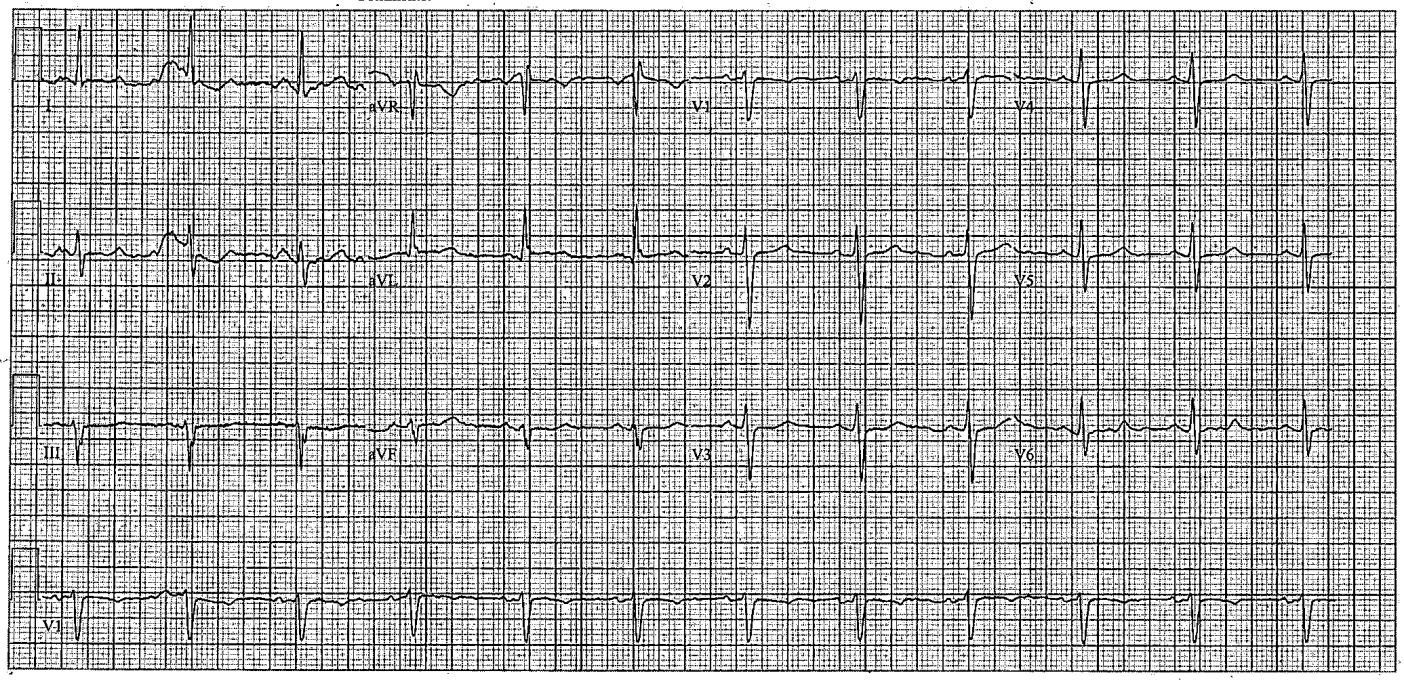
Vent. rate	69	BPM
PR interval	158	ms
QRS duration	108	ms
QT/QTc	436/467	ms
P-R-T axes	34 -22	25

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant (Cornell product)
Borderline ECG

Technician: ck
Test ind:

Unconfirmed

Location: Comments:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1508

SID: 3310098 EID:13 EDT: ORDER:

Sullivan, Donna ID:2507706163 12-DEC-2024 15:31:26 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

25-JUL-1970 (54 yr)
Female Caucasian

Room:
Loc:202

Vent. rate	81	BPM
PR interval	150	ms
QRS duration	100	ms
QT/QTc	406/471	ms
P-R-T axes	45 -16	40

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Unconfirmed

COMMENTS:

25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 HD CID: 134

SID: 3310098 EID: EDT: ORDER:

Glasgow Royal Infirmary
84 Castle Street
Glasgow

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Sullivan, Donna
Patient ID: 2507706163
Height: in
Weight: lb

DOB: 25-Jul-1970
Age: 54 yr
Gender: Female
Race: Caucasian

Study Date: 04-Oct-2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: Dr Burns
Attending Physician: --
Technician: JL

Medications:
--

Medical History:

Reason for Exercise Test:

Chest Discomfort

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:15	0.5	0.0	105	136/78	
Exercise	STAGE 1	03:00	1.7	10.0	134	131/66	01:20 breathless 02:33 slight chest discomfort
	STAGE 2	00:31	2.5	12.0	137		03:18 Discomfrot worsened
Recovery		06:26	0.0	0.0	95	154/90	01:03 discomfort resolved

The patient exercised according to the BRUCE for 03:30 min:s, achieving a work level of Max. METS: 5.2. The resting heart rate of 101 bpm rose to a maximal heart rate of 139 bpm. This value represents 83 % of the maximal, age-predicted heart rate. The resting blood pressure of 136/78 mmHg , rose to a maximum blood pressure of 170/93 mmHg. The exercise test was stopped due to Fatigue, Dyspnea.

Interpretation

Summary: Resting ECG: Normal.
Functional Capacity: moderately decreased (20% to 30%).
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: limiting.
Arrhythmias: none.
ST Changes: none.

Conclusions

Test stopped at 3:30 due to breathlessness / fatigue
THR not achieved
Breathlessness and slight chest discomfort reported early in exercise which worsened at peak. Discomfort resolved very quickly in recovery.
No significant ST changes noted
Normal BP response
JL

Physician_____ Technician_____

Sullivan, Donna ID:250770616 04-OCT-2024 15:29:03 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

GRADED EXERCISE SUMMARY

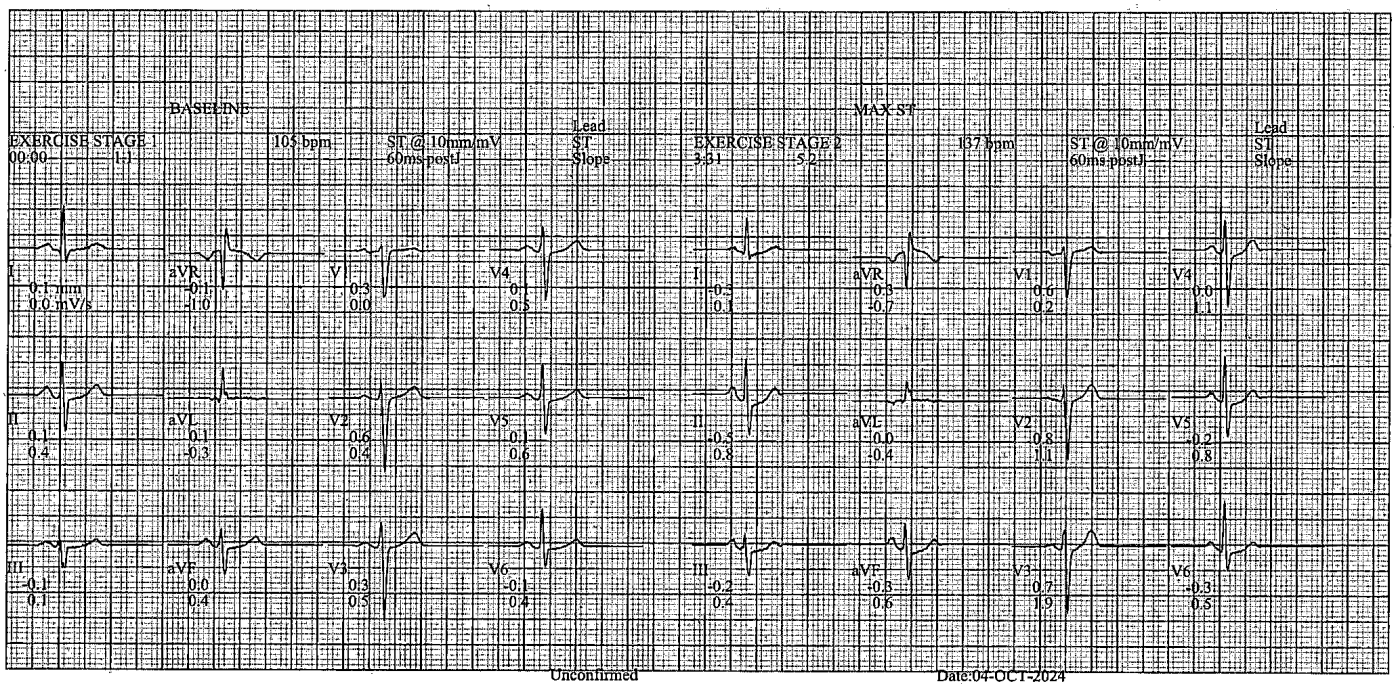
25-JUL-1970 (54 yr) Caucasian Female
Wt: Ht:
Med:

BRUCE Total Exercise Time:3:30
Max HR: 139 bpm 83% of Max Predicted 166 bpm
Max BP: 170/93 Maximum Workload: 5.2

25mm/s
10mm/mV
150Hz

Referred by: Dr Burns
Technician:JL
Test ind: Chest Discomfort
Test type: Treadmill Stress Test

Test stopped at 3:30 due to breathlessness / fatigue
THR not achieved
Breathlessness and slight chest discomfort reported early in exercise which worsened at peak. Discomfort resolved very quickly in recovery.
No significant ST changes noted
Normal BP response
JL



9.0.10 CASE V7.0-53.12

SID: 3310098 EID: EDT:15:29 04-OCT-2024 ORDER:

TABULAR SUMMARY REPORT

25-JUL-1970 (54 yr) Caucasian Female BRUCE Total Exercise Time:3:30
Wt: Ht: Max HR: 139 bpm 83% of Max Predicted 166 bpm
Med: Max BP: 170/93 Maximum Workload: 5.2

Referred by: Dr Burns
Technician:JL
Test ind: Chest Discomfort
Test type: Treadmill Stress Test

Test stopped at 3:30 due to breathlessness / fatigue
THR not achieved
Breathlessness and slight chest discomfort reported early in exercise which worsened at peak. Discomfort resolved very quickly in recovery.
No significant ST changes noted
Normal BP response
JL

Phase	Stage	Time in Stage	Speed mph	Grade %	METS	HR bpm	BP mmHg	RPE	PVC /min
PRETEST	SUPINE	1:15	0.5	0.0	1.1	108	136/78	142	0
EXERCISE	STAGE 1	3:00	1.7	0.0	4.6	134	131/66	175	0
	STAGE 2	0:31	2.5	2.0	5.2	137			0
RECOVERY		6:26	0.0	0.0	1.0	95	154/90	146	0

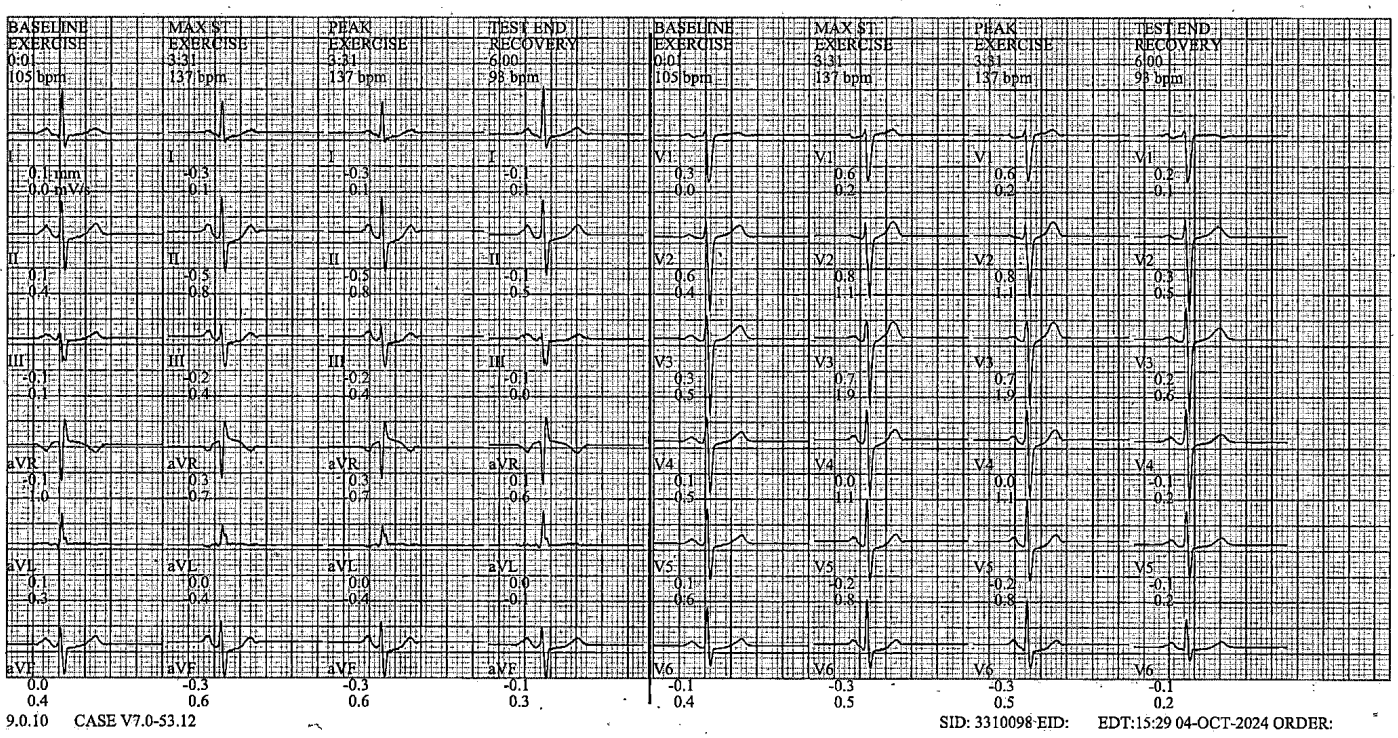
Unconfirmed Date:04-OCT-2024

Sullivan, Donna ID:2507706163 04-OCT-2024 15:29:03 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

SELECTED MEDIANS REPORT

25-JUL-1970 (54 yr) Caucasian Female BRUCE Total Exercise Time:3:30
Wt: Ht: Max HR: 139 bpm 83% of Max Predicted 166 bpm
Med: Max BP: 170/93 Maximum Workload: 5.2

Referred by: Dr Burns
Technician:JL
Test ind: Chest Discomfort
Test type: Treadmill Stress Test

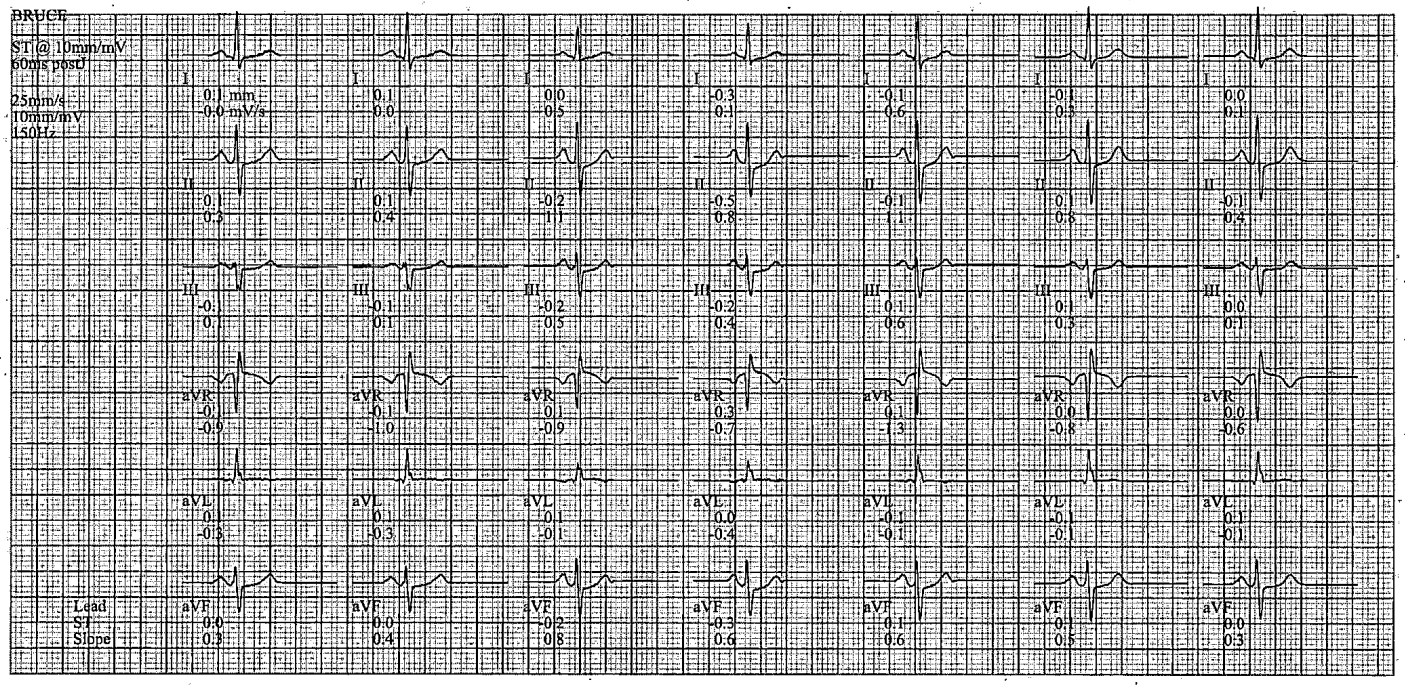


9.0.10 CASE V7.0-53.12 SID: 3310098 EID: EDT:15:29 04-OCT-2024 ORDER:

Sullivan, Donna ID:2507706163 04-OCT-2024 15:29:03 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

SAMPLE CARDIAC CYCLES

PRETEST SUPINE	EXERCISE STAGE 1	EXERCISE STAGE 1	EXERCISE STAGE 2	RECOVERY	RECOVERY	RECOVERY
1:15	0:01	2:50	3:31	0:50	1:50	2:50
105 bpm	105 bpm	136 bpm	137 bpm	130 bpm	100 bpm	83 bpm
136/78		131/66		134/71	134/71	
1.1	1.1	4.6	5.2	3.5	1.4	1.0
		Breathless 01:20	Discomfrot worsened 03:18		Discomfort resolved 01:03	
		Slight chest discomfort 02:33				

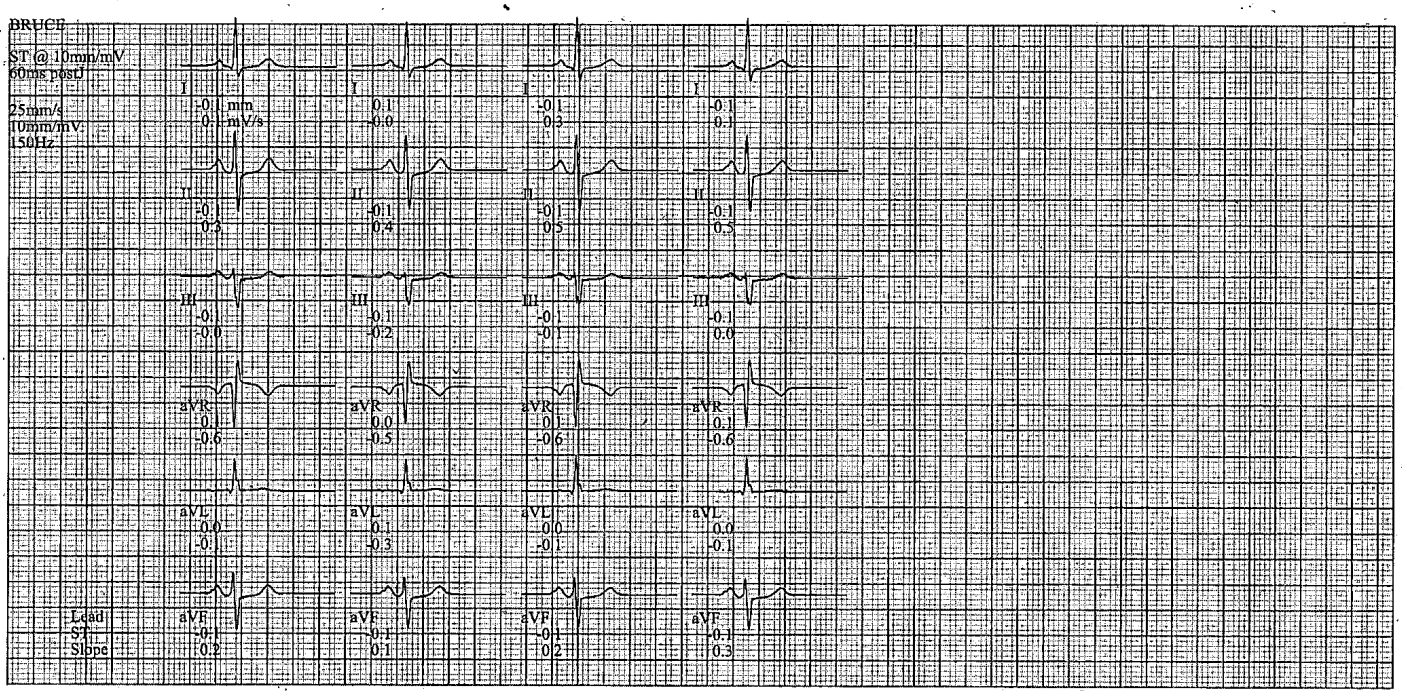


9.0.10 CASE V7.0-53.12 SID: 3310098 EID: EDT:15:29 04-OCT-2024 ORDER:

Sullivan, Donna ID:250770616 04-OCT-2024 15:29:03 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

SAMPLE CARDIAC CYCLES

RECOVERY	RECOVERY	RECOVERY	RECOVERY
3:50	4:50	5:50	6:00
89 bpm	92 bpm	93 bpm	93 bpm
170/93	170/93	154/90	154/90
1.0	1.0	1.0	1.0

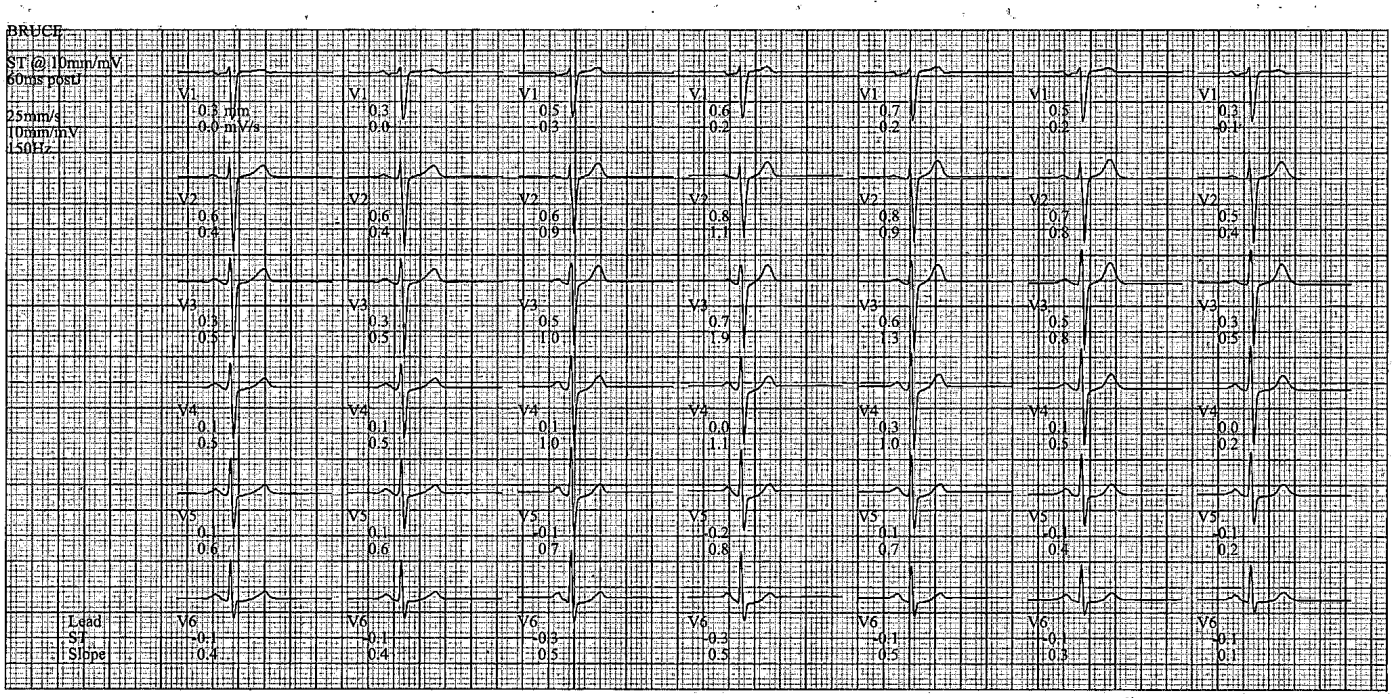


9.0.10 CASE V7.0-53.12 SID: 3310098 EID: EDT:15:29 04-OCT-2024 ORDER:

Sullivan, Donna ID:2507706163 04-OCT-2024 15:29:03 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

SAMPLE CARDIAC CYCLES

PRETEST SUPINE	EXERCISE STAGE 1	EXERCISE STAGE 1	EXERCISE STAGE 2	RECOVERY	RECOVERY	RECOVERY
1:15	0:01	2:50	3:31	0:50	1:50	2:50
105 bpm	105 bpm	136 bpm	137 bpm	130 bpm	100 bpm	83 bpm
136/78		131/66		134/71	134/71	
1.1	1.1	4.6	5.2	3.5	1.4	1.0
		Breathless 01:20	Discomfrot worsened 03:18		Discomfort resolved 01:03	
		Slight chest discomfort 02:33				



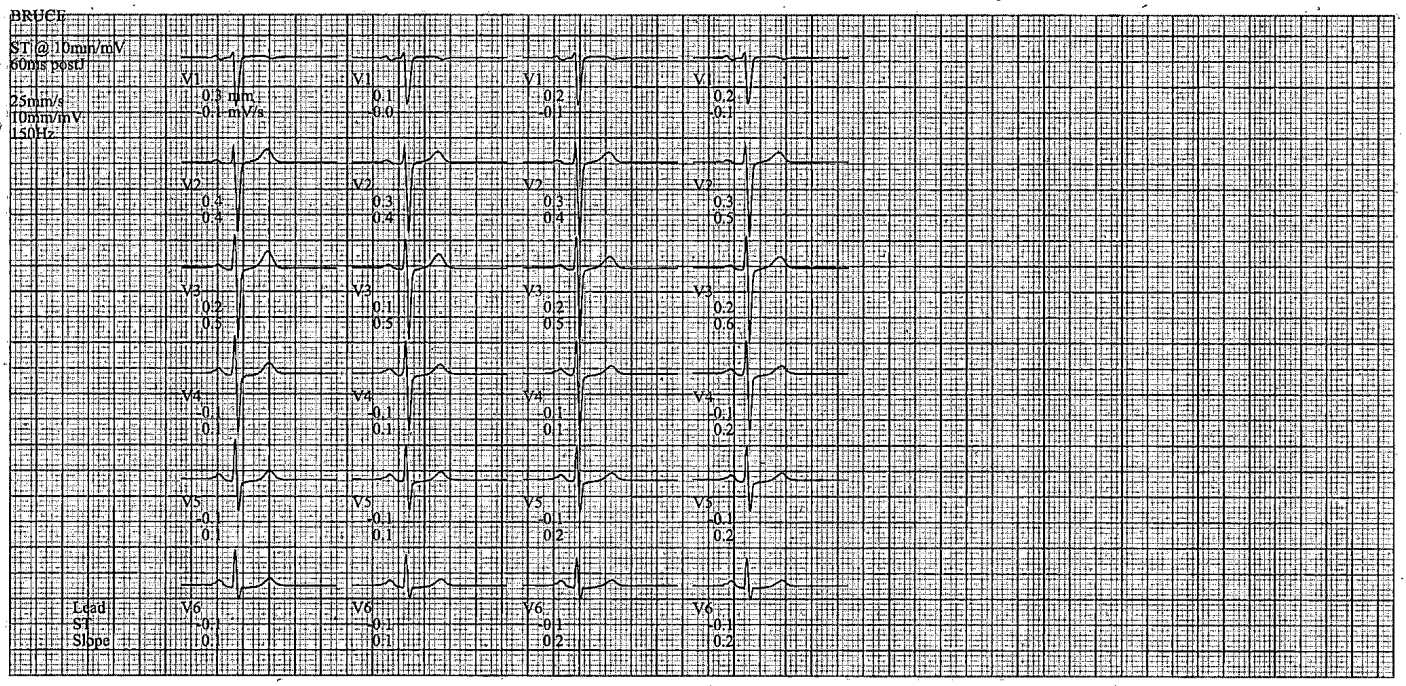
BASELINE MAX ST

9.0.10 CASE V7.0-53.12 SID: 3310098 EID: EDT:15:29 04-OCT-2024 ORDER:

Sullivan, Donna ID:2507706163 04-OCT-2024 15:29:03 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

SAMPLE CARDIAC CYCLES

RECOVERY	RECOVERY	RECOVERY	RECOVERY
3:50	4:50	5:50	6:00
89 bpm	92 bpm	93 bpm	93 bpm
170/93	170/93	154/90	154/90
1.0	1.0	1.0	1.0



9.0.10 CASE V7.0-53.12 SID: 3310098 EID: EDT:15:29 04-OCT-2024 ORDER:

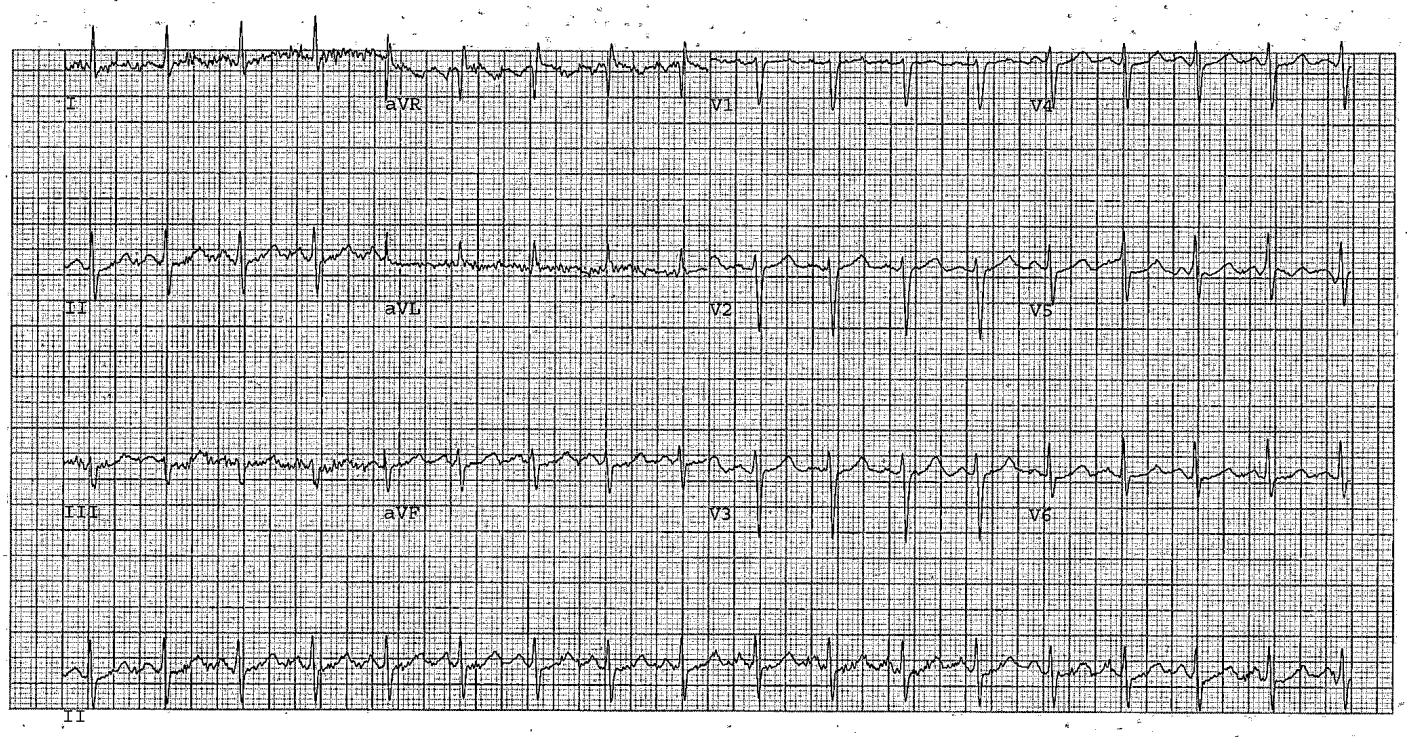
Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:30:18

12-Lead Report

105 bpm
136/78 mmHg

PRETEST
SUPINE
01:15

BRUCE
0.5 mph
0.0 %



GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04-40 Hz HEART V5.41.1 HR(V3,V2)

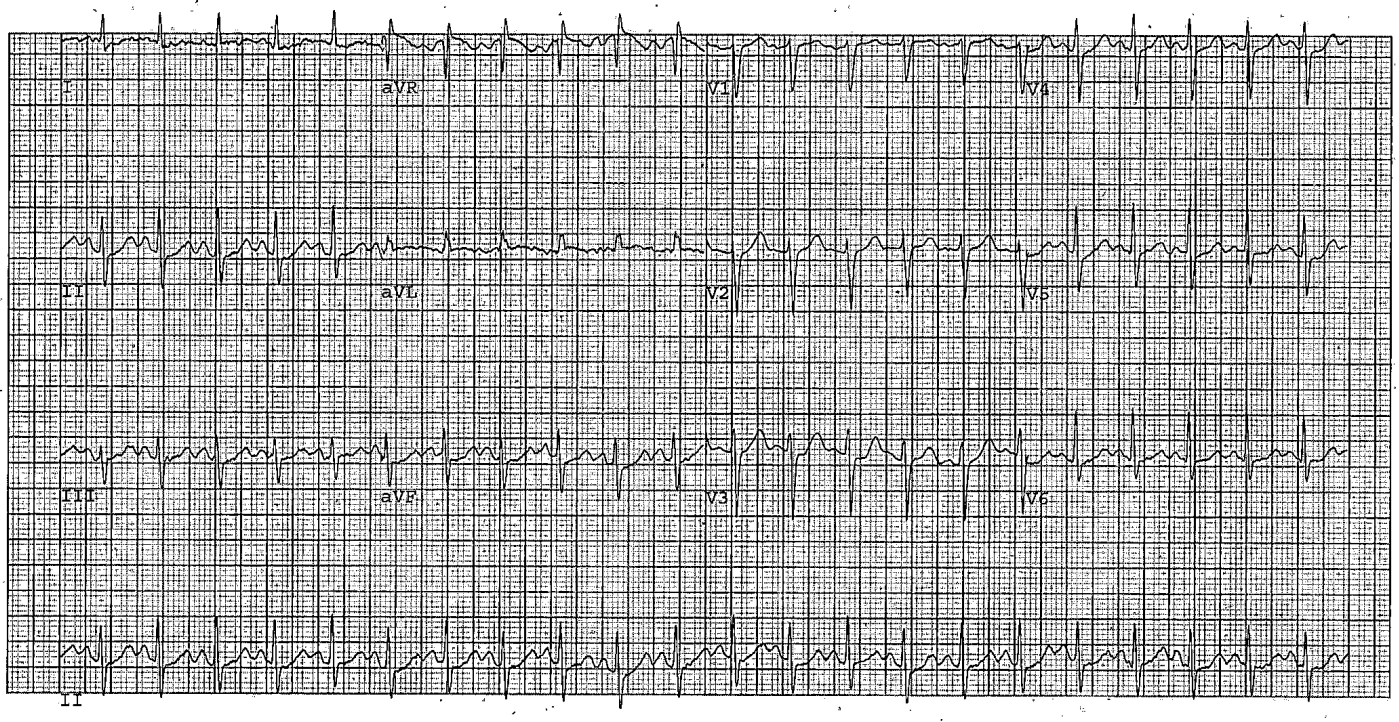
Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:33:07

12-Lead Report

136 bpm
131/66 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %



GE
CASE V7.0

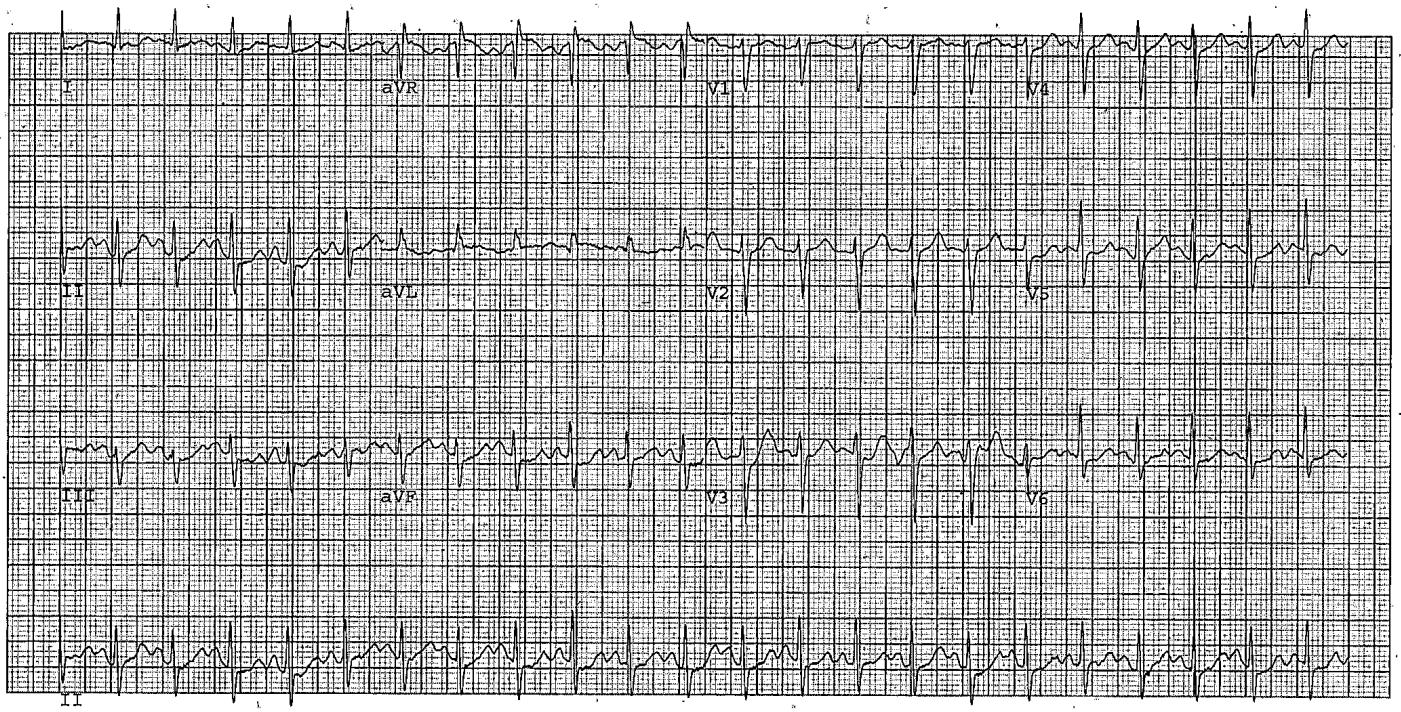
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:33:38

136 bpm

12-Lead Report
EXERCISE
STAGE 2
03:21

BRUCE
2.5 mph
12.0 %



GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:33:48

12-Lead Report (PEAK EXERCISE)

137 bpm

EXERCISE
STAGE 2
03:31

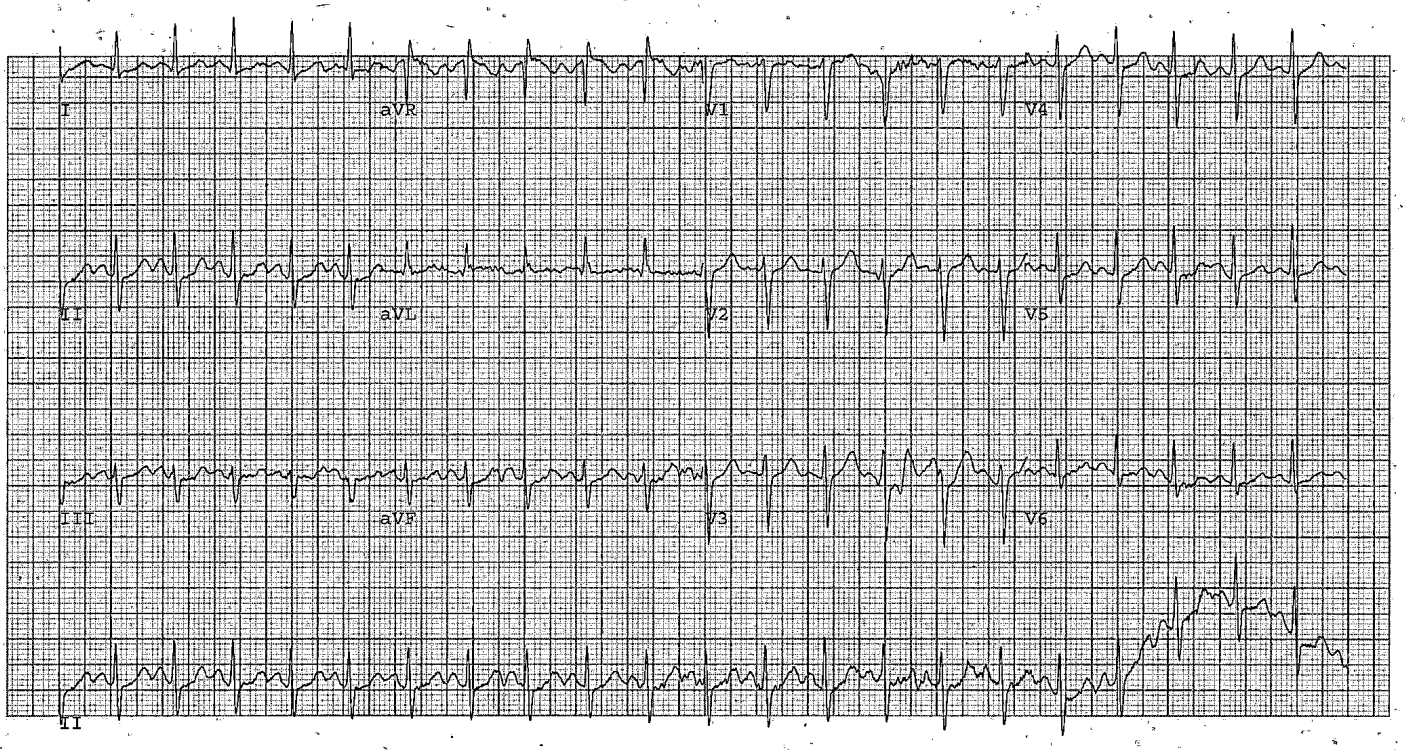
BRUCE
2.5 mph
12.0 %

GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:34:23

12-Lead Report
133 bpm
134/71 mmHg
RECOVERY
00:35
BRUCE
0.0 mph
0.0 %



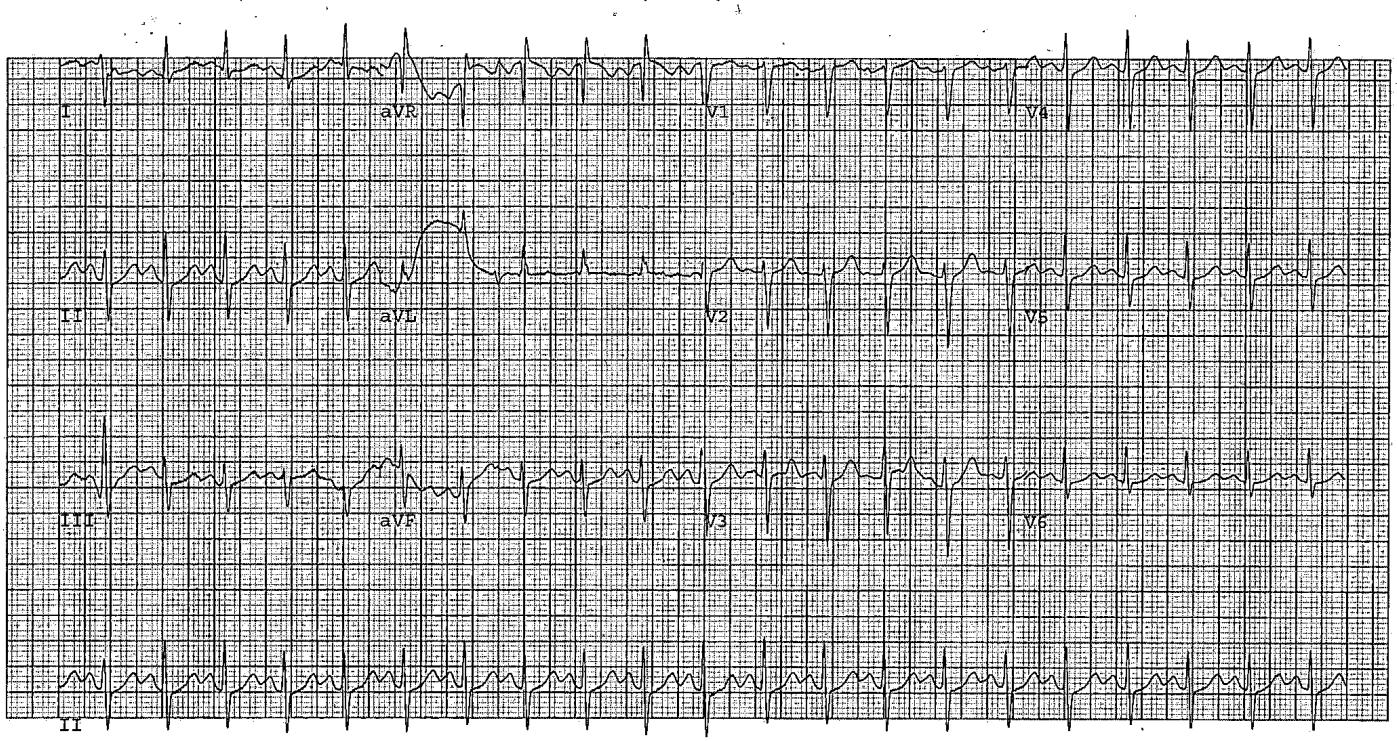
GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:34:37

12-Lead Report
130 bpm
134/71 mmHg
RECOVERY
00:50

BRUCE
0.0 mph
0.0 %



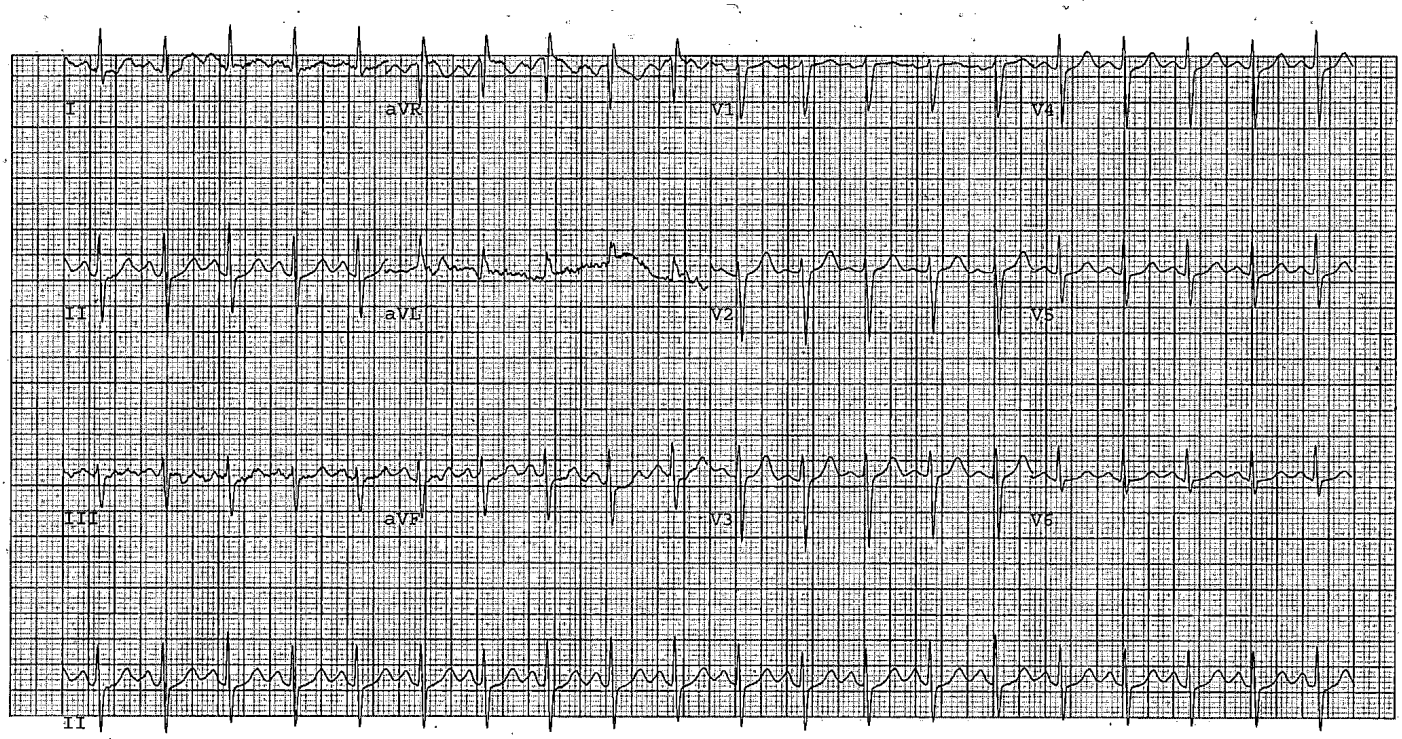
GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:34:56

12-Lead Report
122 bpm
134/71 mmHg
RECOVERY
01:08

BRUCE
0.0 mph
0.0 %



GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:35:37

12-Lead Report
100 bpm
134/71 mmHg
RECOVERY
01:50

BRUCE
0.0 mph
0.0 %

GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

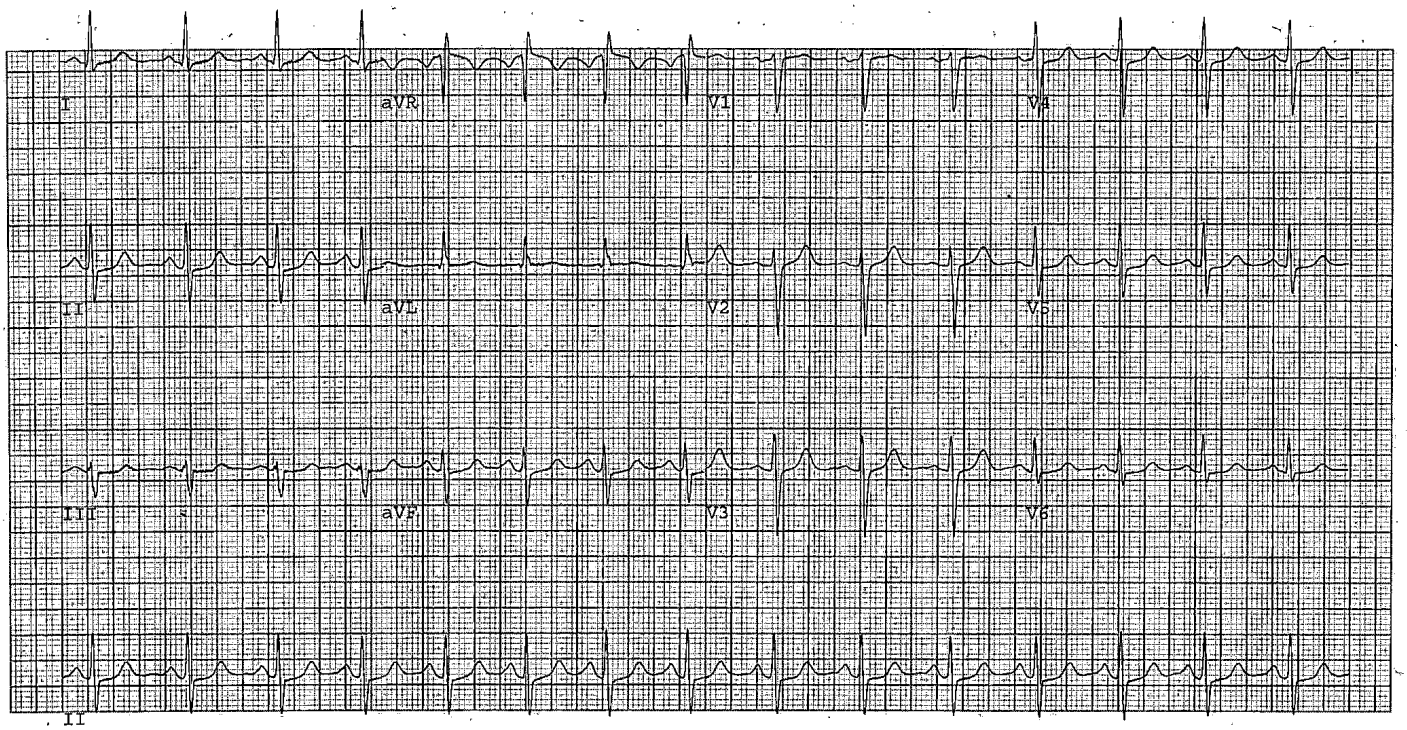
Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:36:37

12-Lead Report

83 bpm

RECOVERY
02:50

BRUCE
0.0 mph
0.0 %



GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

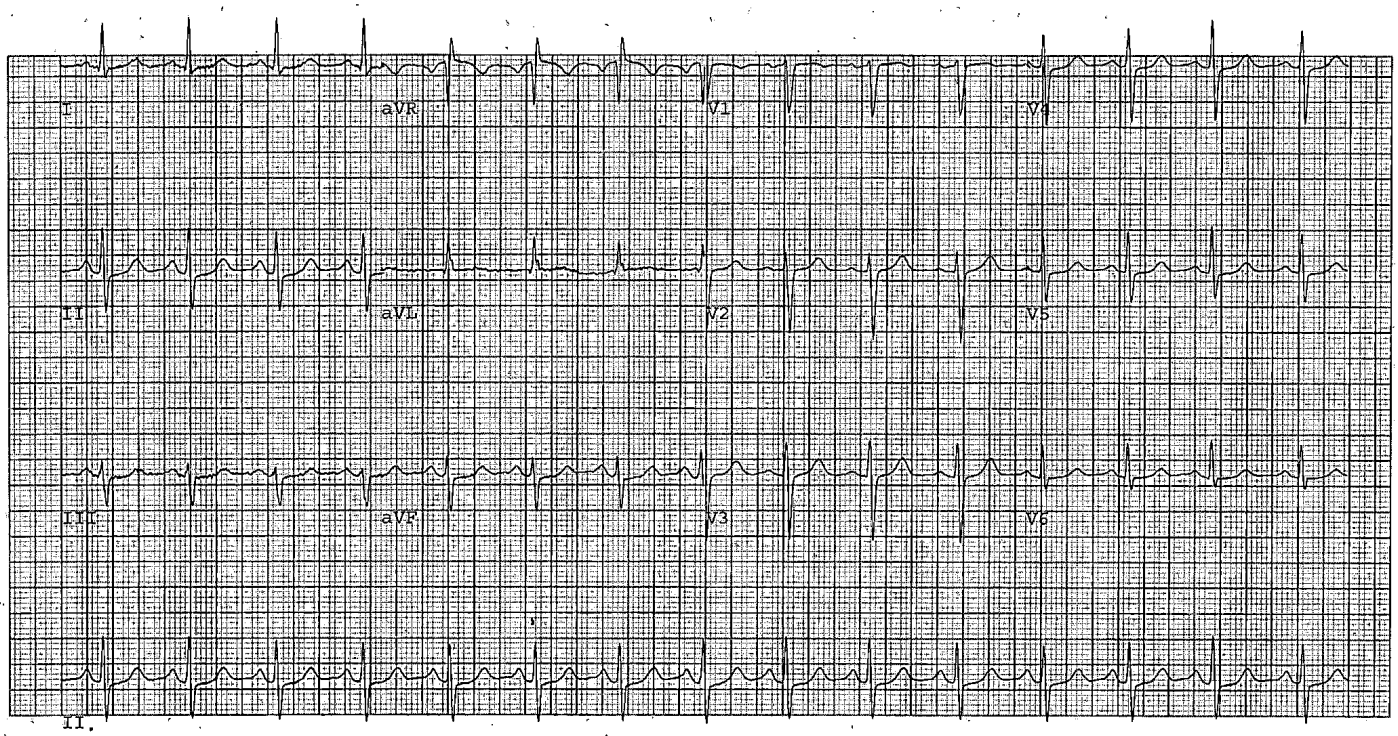
Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:37:37

12-Lead Report

89 bpm
170/93 mmHg

RECOVERY
03:50

BRUCE
0.0 mph
0.0 %



GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

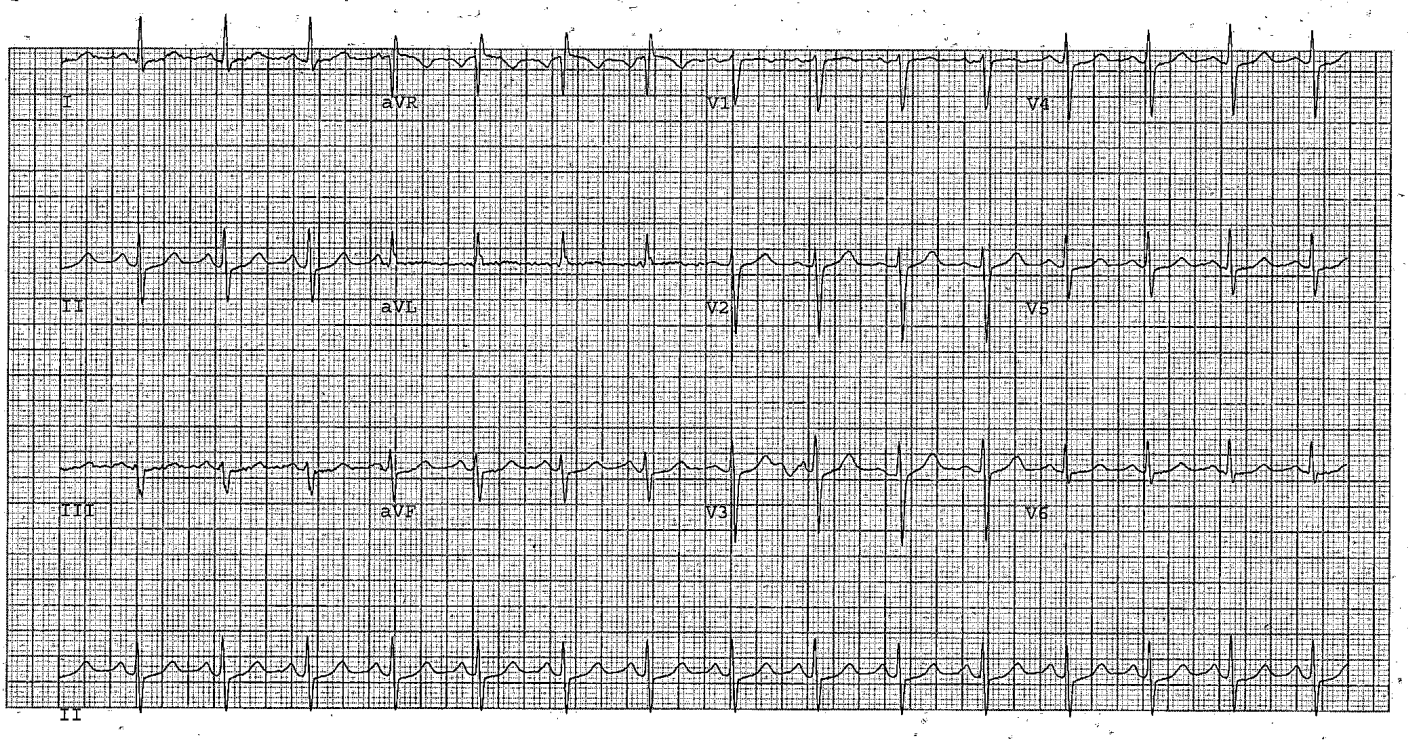
Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:38:37

12-Lead Report

92 bpm
170/93 mmHg

RECOVERY
04:50

BRUCE
0.0 mph
0.0 %



GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

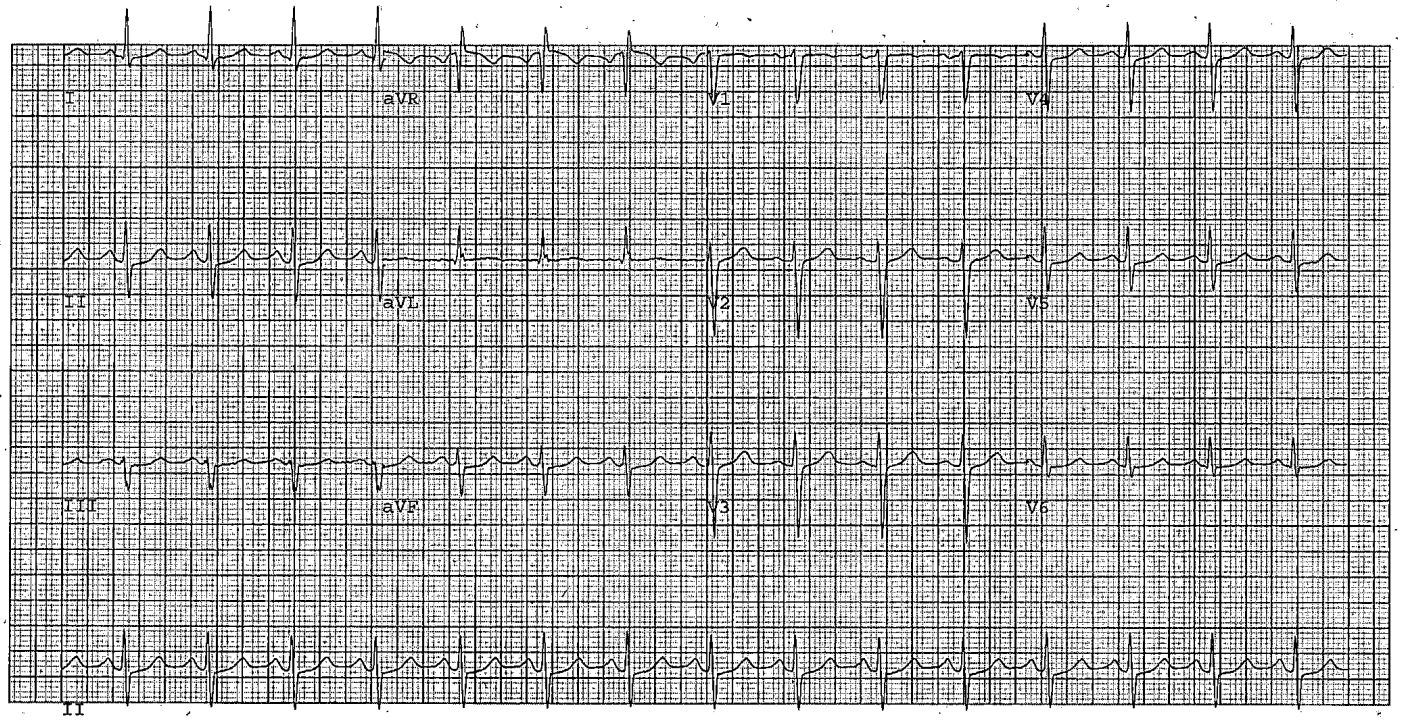
Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:39:36

12-Lead Report

93 bpm
154/90 mmHg

RECOVERY
05:48

BRUCE
0.0 mph
0.0 %



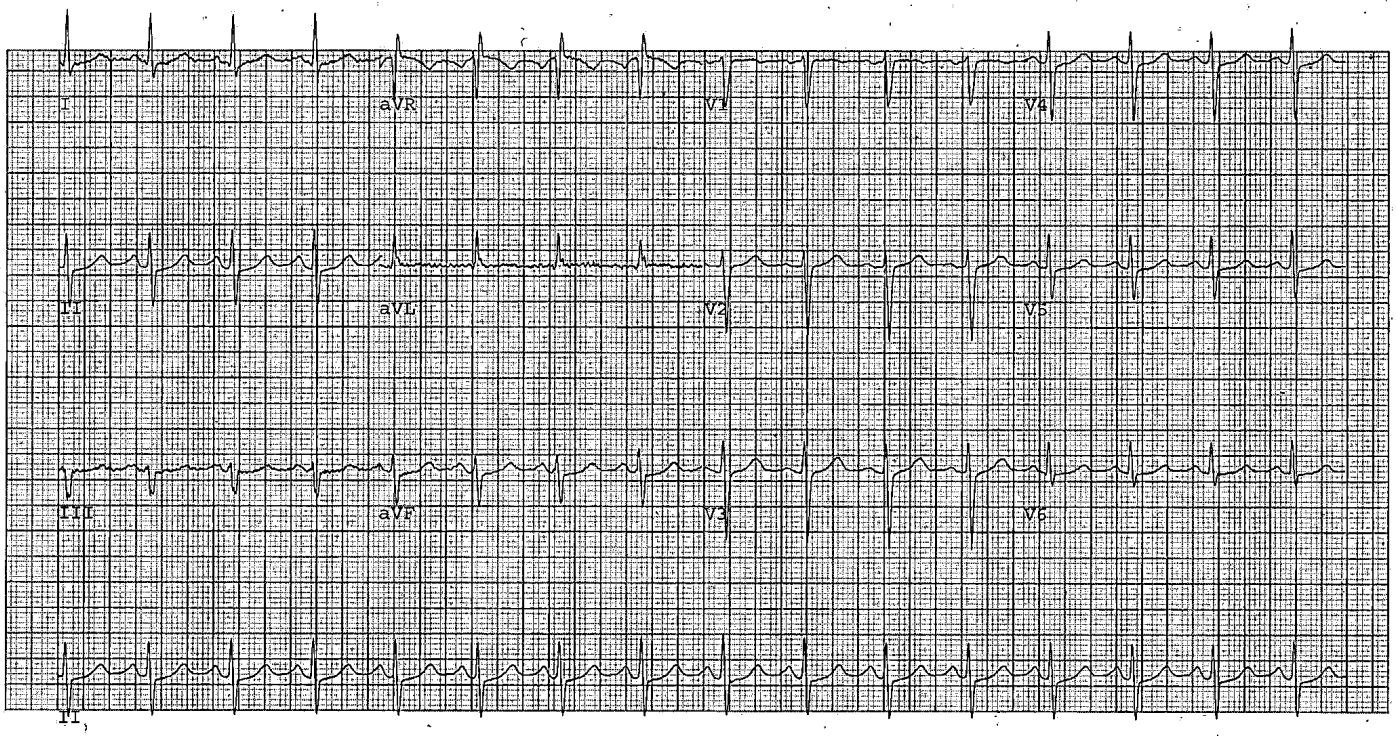
GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

Sullivan, Donna
Patient ID: 2507706163
04.10.2024
15:39:50

12-Lead Report
93 bpm
154/90 mmHg
RECOVERY
06:03

BRUCE
0.0 mph
0.0 %



GE
CASE V7.0

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,V4)

Sullivan, Donna ID:2507706163 03-OCT-2024 23:35:28 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

25-JUL-1970 (54 yr)	Vent. rate	97	BPM	Normal sinus rhythm
Female Unknown	PR interval	150	ms	Prolonged QT
	QRS duration	88	ms	Abnormal ECG
Room:	QT/QTc	400/508	ms	
Loc:203	P-R-T axes	59 -8	39	

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:

25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 3310098 EID: EDT: ORDER:

Sullivan, Donna ID:2507706163 03-OCT-2024 18:24:21 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

25-JUL-1970 (54 yr)
Female Unknown

Room:
Loc:203

Vent. rate	103	BPM
PR interval	140	ms
QRS duration	86	ms
QT/QTc	366/479	ms
P-R-T axes	53 -20	29

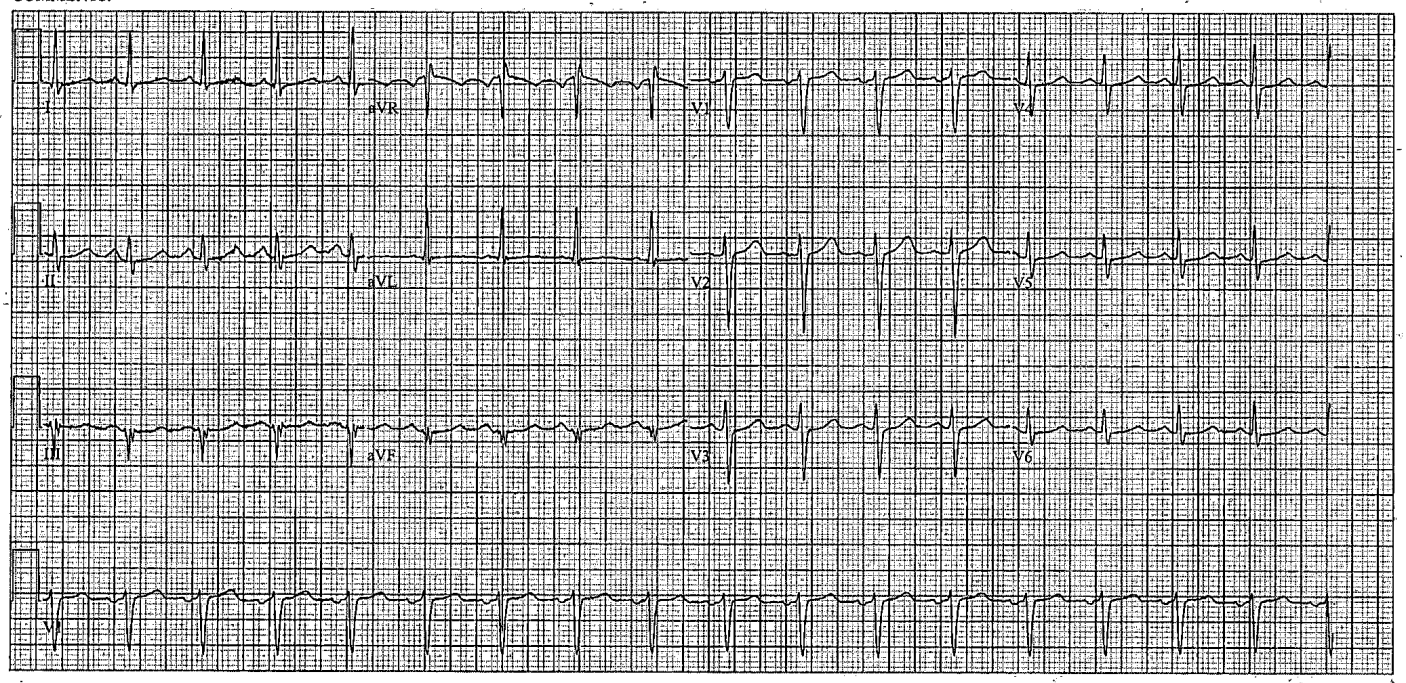
Sinus tachycardia
Inferior infarct , age undetermined
Abnormal ECG

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 3310098 EID: EDT: ORDER:

Sullivan, Donna ID:2507706163 03-OCT-2024 16:14:18 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

25-JUL-1970 (54 yr)
Female Caucasian

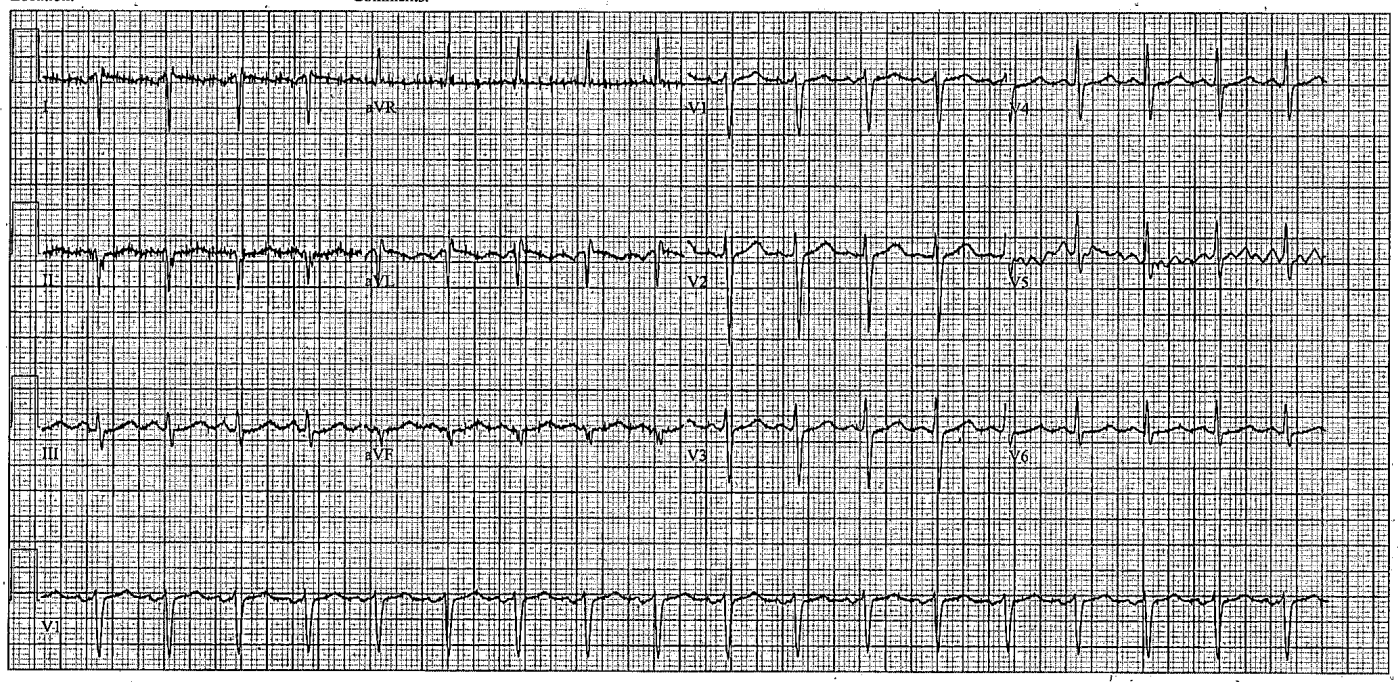
Room:
Loc:201

Vent. rate	111	BPM
PR interval	130	ms
QRS duration	92	ms
QT/QTc	366/497	ms
P-R-T axes	* 200	123

Sinus tachycardia
Right superior axis deviation
Abnormal ECG

Technician: ct
Test ind:

Location: Comments: Unconfirmed



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1509

SID: 3310098 EID:13 EDT: ORDER:

Sullivan, Donna ID:250770616 03-OCT-2024 11:55:11 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

25-JUL-1970 (54 yr)
Female Caucasian

Room:
Loc:201

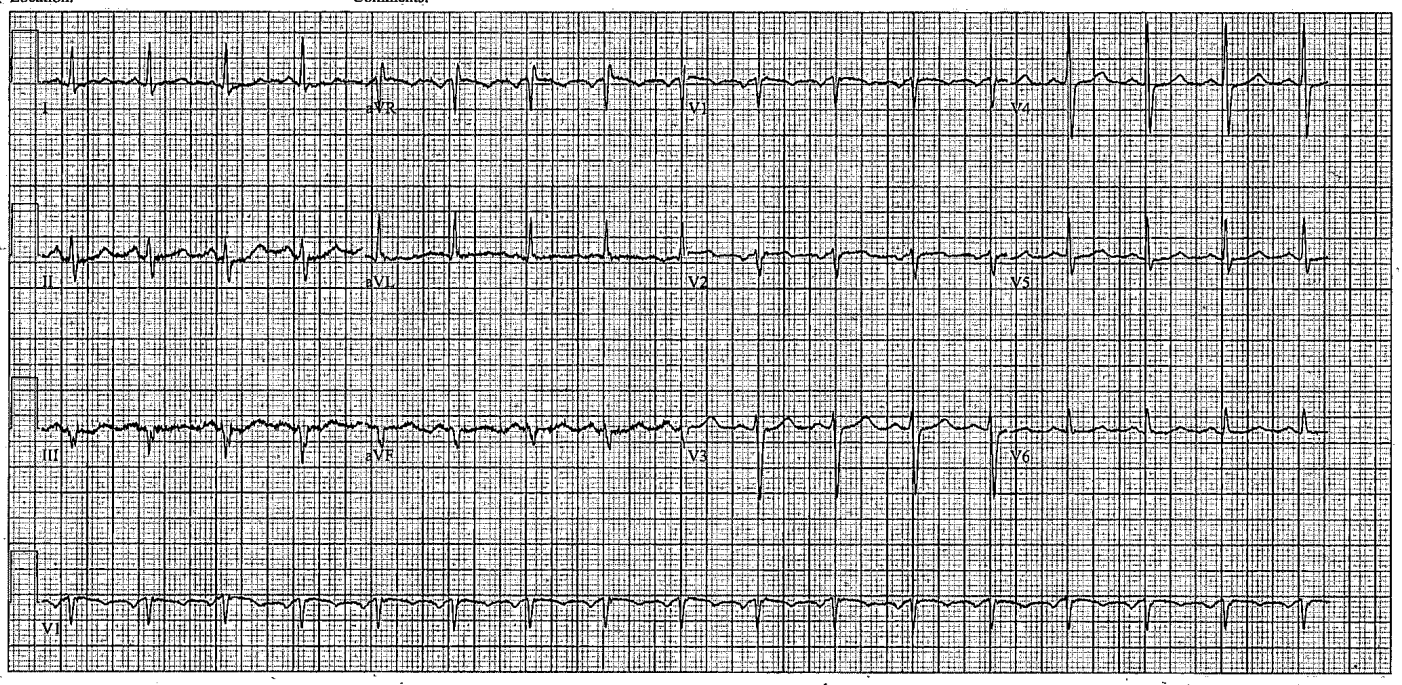
Vent. rate	100	BPM
PR interval	156	ms
QRS duration	86	ms
QT/QTc	372/479	ms
P-R-T axes	63 -27	34

Normal sinus rhythm
Possible Left atrial enlargement
Borderline ECG

Technician: ed
Test ind:

Unconfirmed

Location: Comments:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1509

SID: 3310098 EID:13 EDT: ORDER:

Sullivan, Donna ID:2507706165 02-SEP-2024 17:38:32 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

25-JUL-1970 (54 yr)
Female Caucasian

Room:
Loc:202

Vent. rate	94	BPM
PR interval	148	ms
QRS duration	94	ms
QT/QTc	388/485	ms
P-R-T axes	55 -24	31

Normal sinus rhythm
Nonspecific ST abnormality
Prolonged QT
Abnormal ECG

Technician:
Test ind:

Unconfirmed

COMMENTS:

25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 HD CID: 134

SID: 3310098 EID: EDT: ORDER:

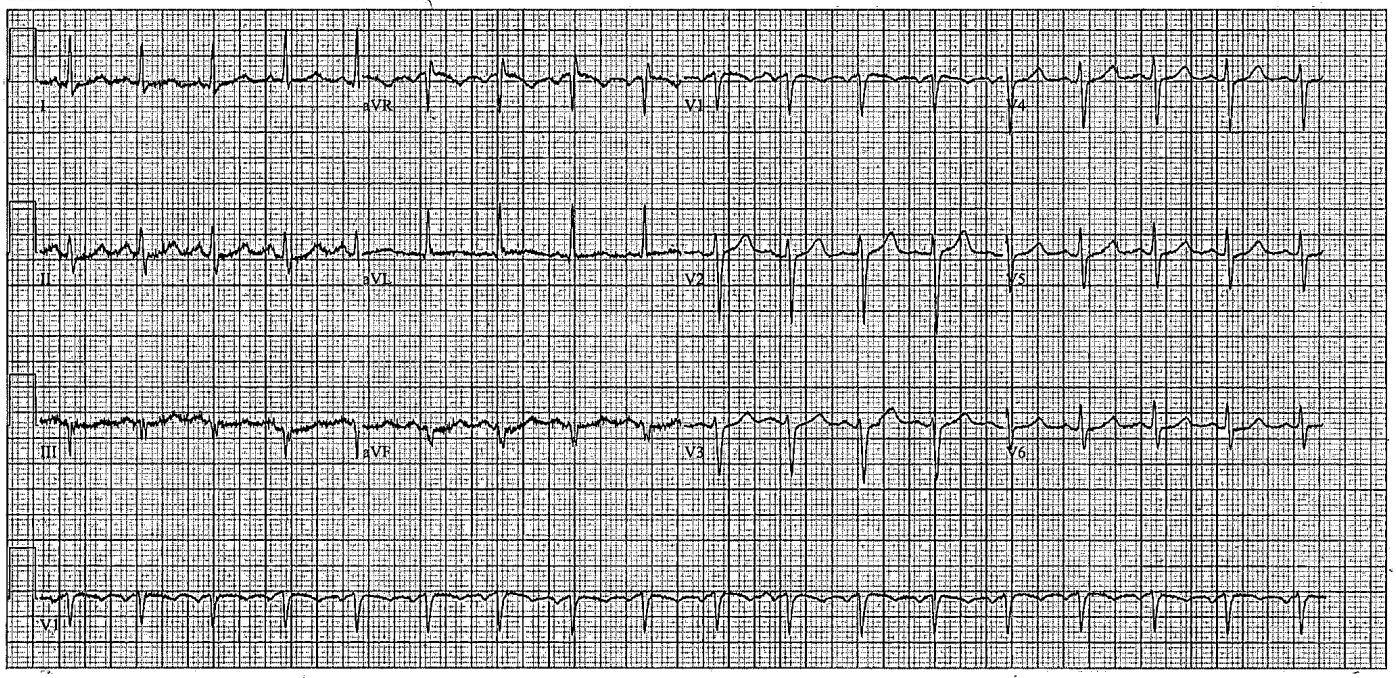
Sullivan, Donna ID:250770616 10-AUG-2024 20:51:01 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

25-JUL-1970 (54 yr)	Vent. rate	106	BPM	Sinus tachycardia
Female Caucasian	PR interval	134	ms	Possible Anterior infarct , age undetermined
	QRS duration	90	ms	Abnormal ECG
Room:	QT/QTc	362/480	ms	
Loc:201	P-R-T axes	53 -24	23	

Technician: anita
Test ind:

Unconfirmed

Location: Comments:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1509 SID: 3310098 EID:13 EDT: ORDER:

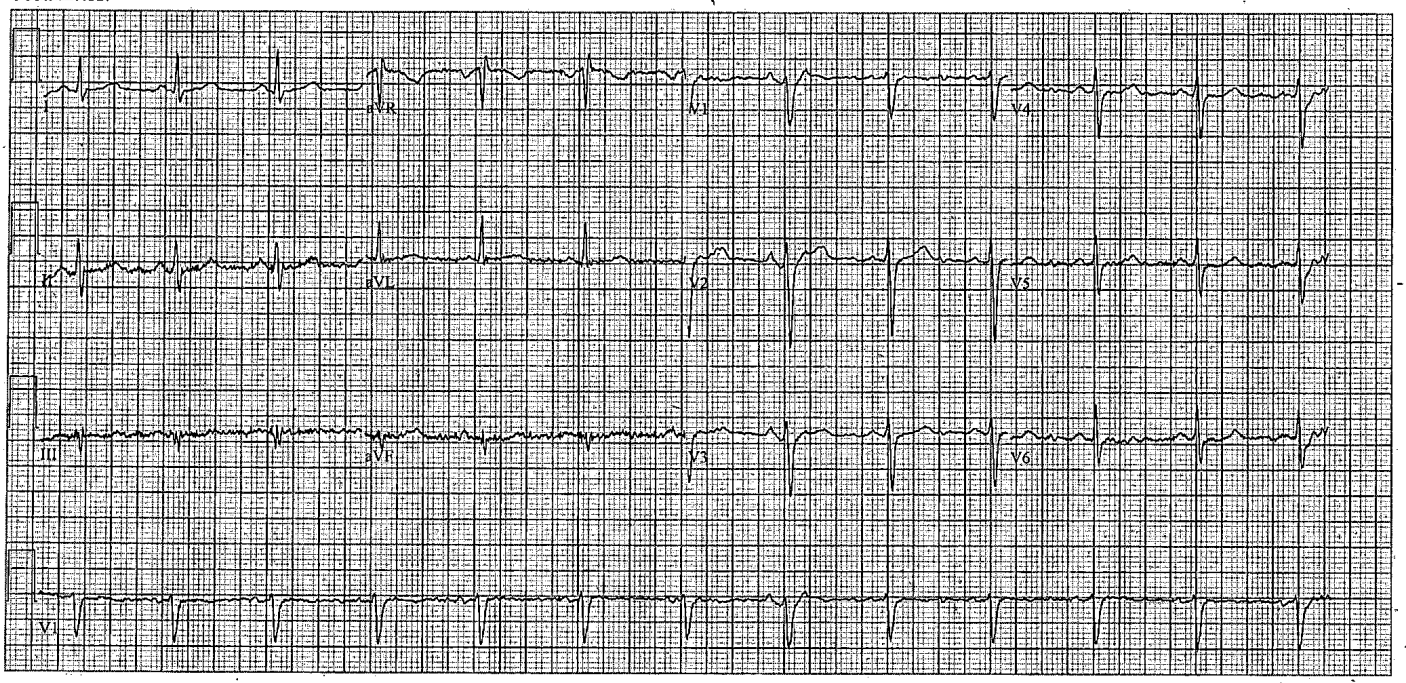
Sullivan, Donna ID:2507706163 27-JAN-2022 16:02:21 GREATER GLASGOW -SITE-GRAE ROUTINE RECORD

25-JUL-1970 (51 yr)	Vent. rate	76	BPM	Normal sinus rhythm
Female Caucasian	PR interval	132	ms	Normal ECG
	QRS duration	94	ms	
Room:	QT/QTc	404/454	ms	
Loc:201	P-R-T axes	45 -6	38	

Technician:
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 HD CID: 121

SID: 3310098 EID: EDT: ORDER:

Sullivan, Donna ID:250770610o 28-FEB-2019 13:37:04 GREATER GLASGOW SITE-GRCLPO ROUTINE RECORD

25-JUL-1970 (48 yr)
Female Caucasian

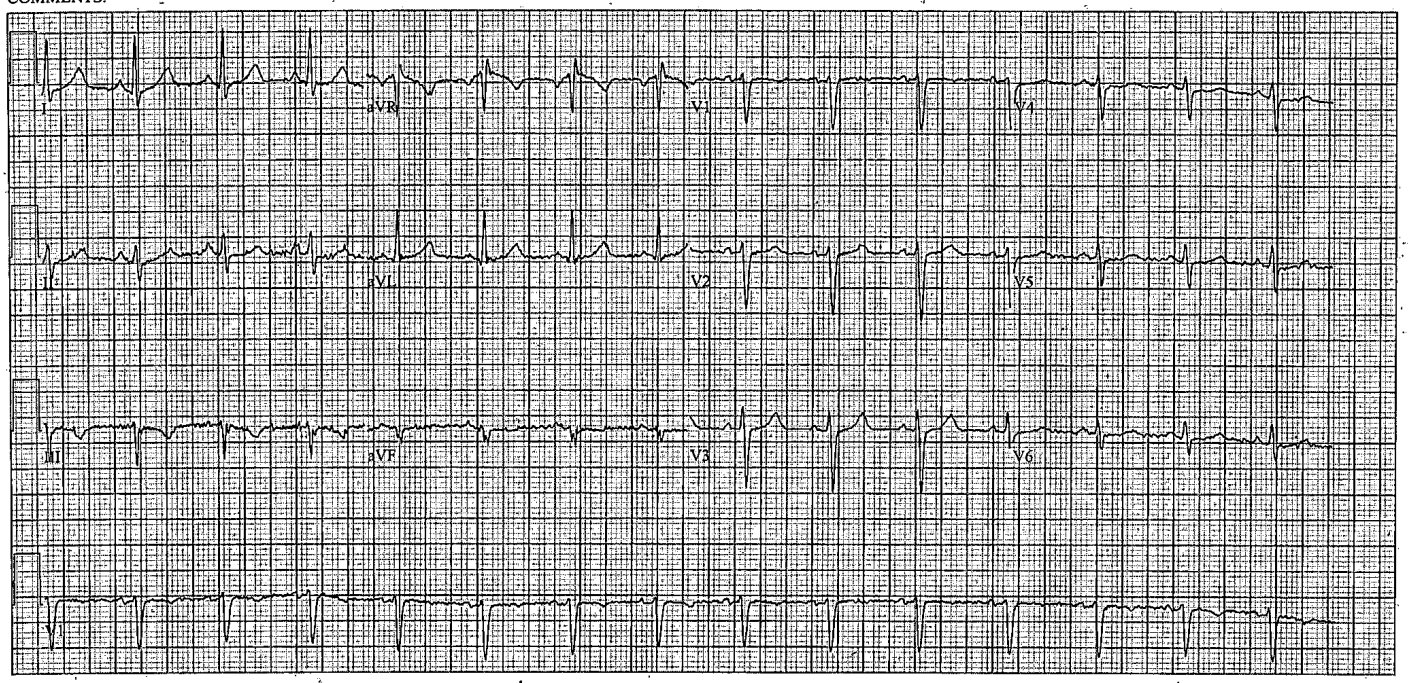
Room:
Loc:281

Vent. rate	89	BPM	Normal sinus rhythm
PR interval	118	ms	Nonspecific ST abnormality
QRS duration	84	ms	Abnormal ECG
QT/QTc	372/452	ms	
P-R-T axes	33 -29	-7	

Technician: 422
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 40Hz 9.0.4 12SL 241 CID: 114

SID: 3310098 EID: EDT: ORDER:

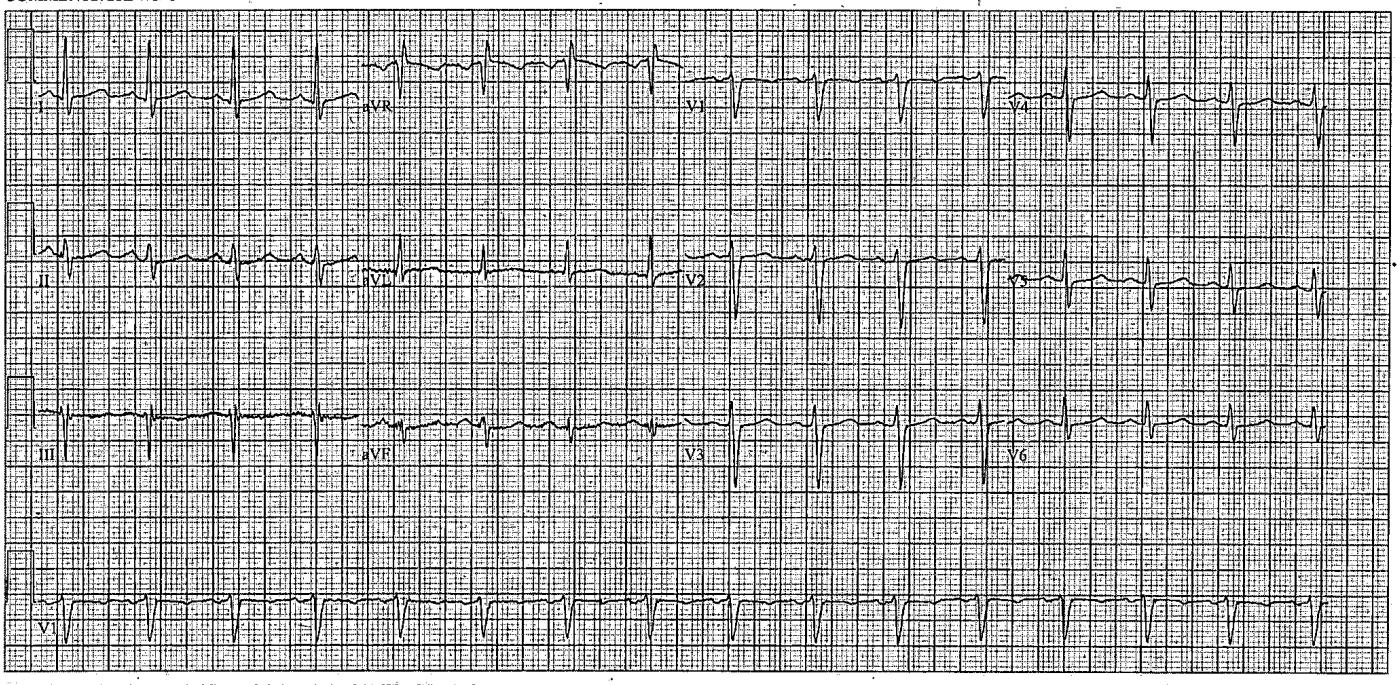
Sullivan, Donna ID:2507706165 23-NOV-2018 11:00:26 GREATER GLASGOW SITE-GRWD8 ROUTINE RECORD

25-JUL-1970 (48 yr)	Vent. rate	93	BPM	Normal sinus rhythm
Female Caucasian	PR interval	152	ms	Prolonged QT
	QRS duration	100	ms	Abnormal ECG
Room:	QT/QTc	398/494	ms	
Loc:508	P-R-T axes	48 -28	17	

Technician: 239
Test ind:

Referred by: DR LACHLAN Unconfirmed

COMMENTS:GRI WD 8



25mm/s 10mm/mV 150Hz 9.0.4 12SL 241 HD CID: 136 SID: 3310098 EID: EDT: ORDER:

Sullivan, Donna ID:2507706165 22-NOV-2018 14:08:17 GREATER GLASGOW SITE-GRWD8 ROUTINE RECORD

25-JUL-1970 (48 yr)
Female Caucasian

Room:
Loc:508

Vent. rate	101	BPM	Sinus tachycardia
PR interval	150	ms	Otherwise normal ECG
QRS duration	104	ms	
QT/QTc	394/510	ms	
P-R-T axes	54 -26	38	

Technician: 224
Test ind:

Unconfirmed

COMMENTS:WARD 8

25mm/s 10mm/mV 40Hz 9.0.4 12SL 241 HD CID: 134

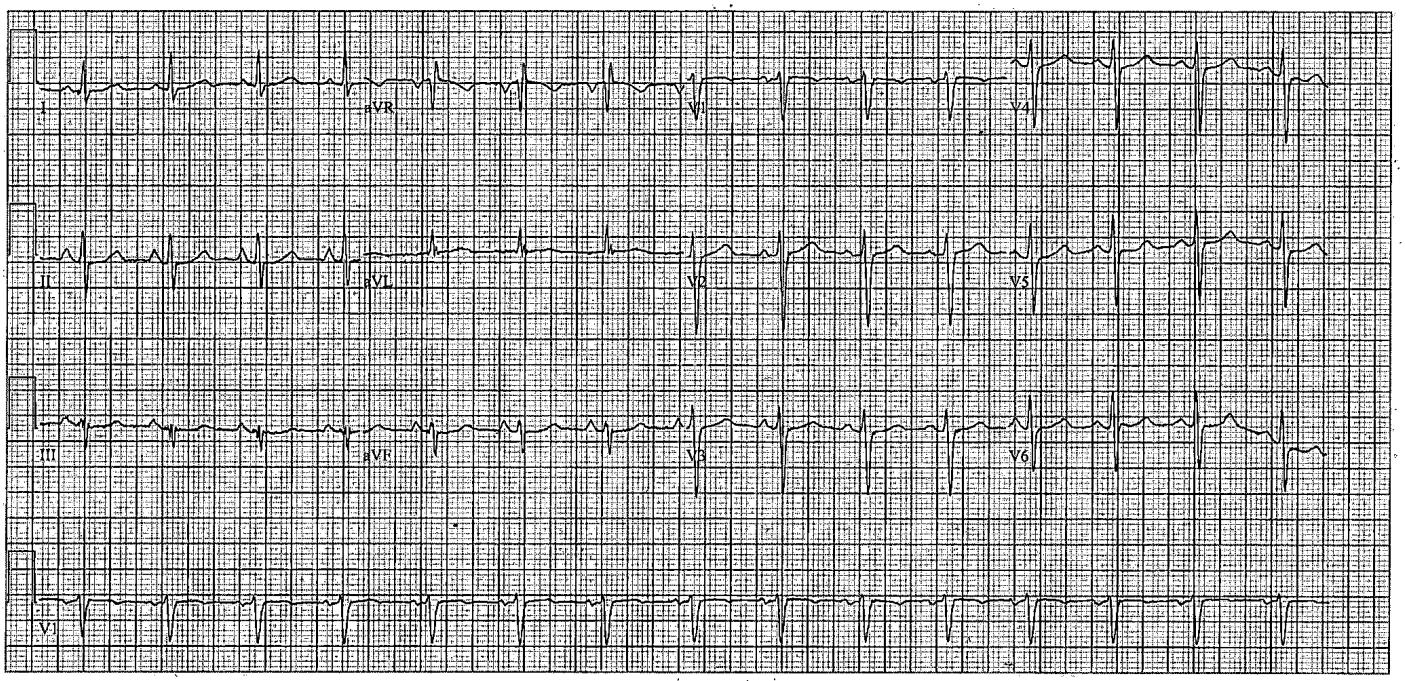
SID: 3310098 EID: EDT: ORDER:

Sullivan, Donna ID:2507706165 11-JUL-2017 16:30:05 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

46 yr		Vent. rate	90	BPM	Normal sinus rhythm
Female	Caucasian	PR interval	140	ms	Left axis deviation
		QRS duration	96	ms	Pulmonary disease pattern
Room:		QT/QTc	382/467	ms	Abnormal ECG
Loc:202		P-R-T axes	64 -30	31	

Technician:GRI AAU STAFF
Test ind:

Referred by: UNCONFIRMED ECG REPORT Sys Admin 2



25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 1

SID: 3310098 EID:21002 EDT: 11:17 12-JUL-2017 ORDER:

Sullivan, Donna ID:2507706163 03-APR-2017 14:43:35 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

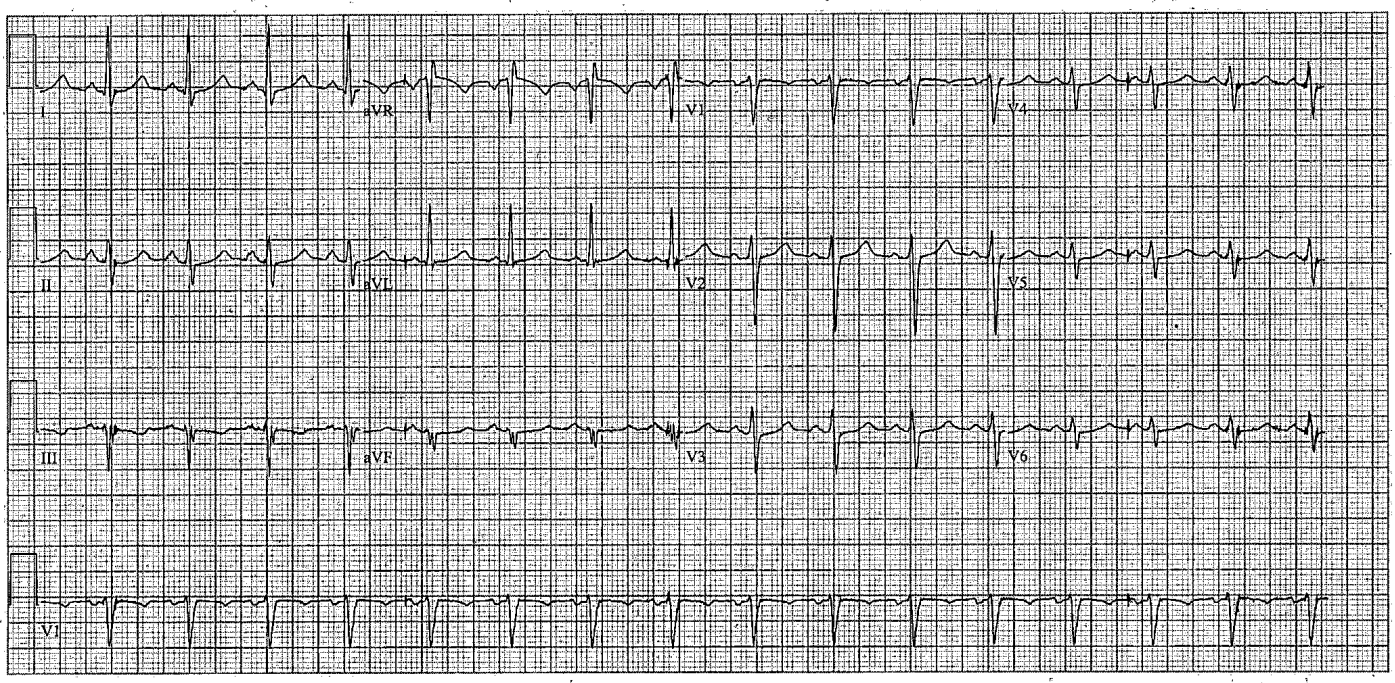
46 yr
Female Caucasian

Room:
Loc:202

Vent. rate	96	BPM	Normal sinus rhythm
PR interval	144	ms	Prolonged QT
QRS duration	98	ms	Abnormal ECG
QT/QTc	384/485	ms	
P-R-T axes	43 -27	9	

Technician:
Test ind:

Referred by: UNCONFIRMED ECG REPORT Sys Admin 8



25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 1

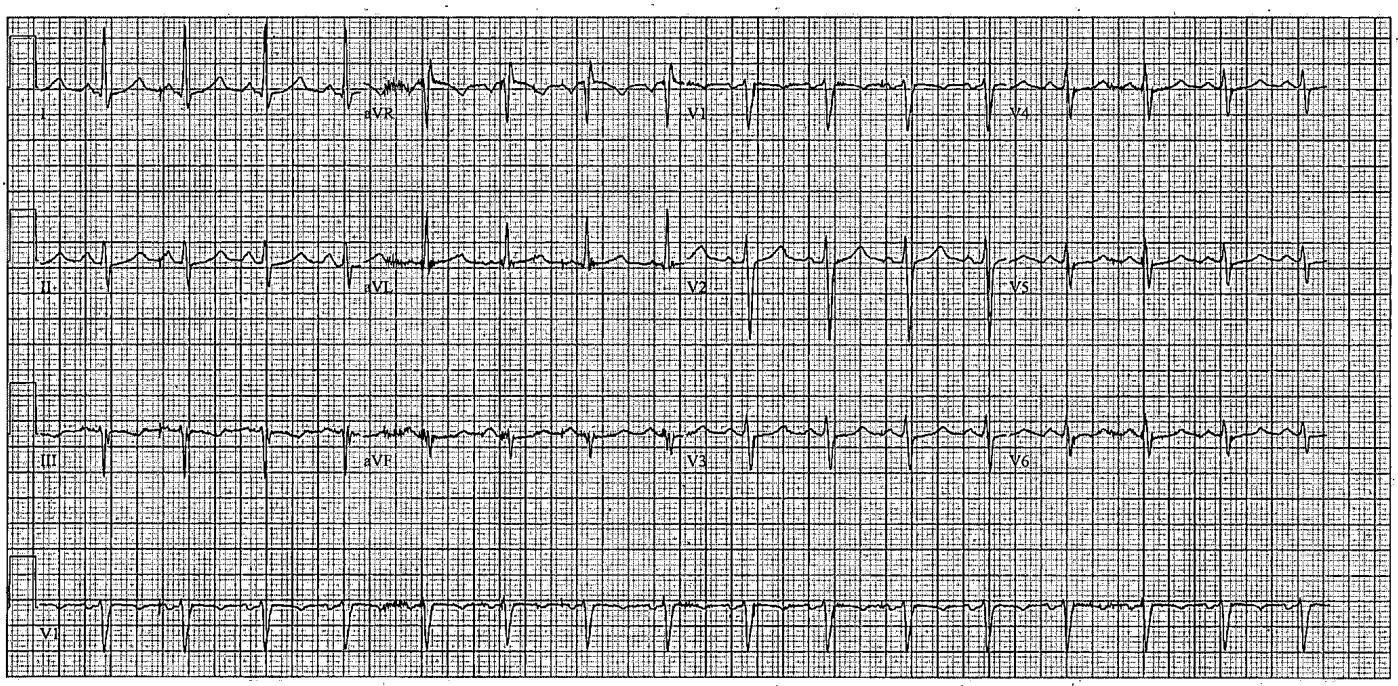
SID: 3310098 EID:21008 EDT: 16:29 07-APR-2017 ORDER:

Sullivan, Donna ID:2507706163 03-APR-2017 14:43:09 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

46 yr		Vent. rate	97	BPM	Normal sinus rhythm
Female	Caucasian	PR interval	138	ms	Prolonged QT
		QRS duration	96	ms	Abnormal ECG
Room:		QT/QTc	384/487	ms	
Loc:202		P-R-T axes	43 -28	10	

Technician:
Test ind:

Referred by: UNCONFIRMED ECG REPORT Sys Admin 8



25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 1

SID: 3310098 EID:21008 EDT: 16:29 07-APR-2017 ORDER:

Sullivan, Donna ID:2507706165 28-NOV-2016 14:26:19 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

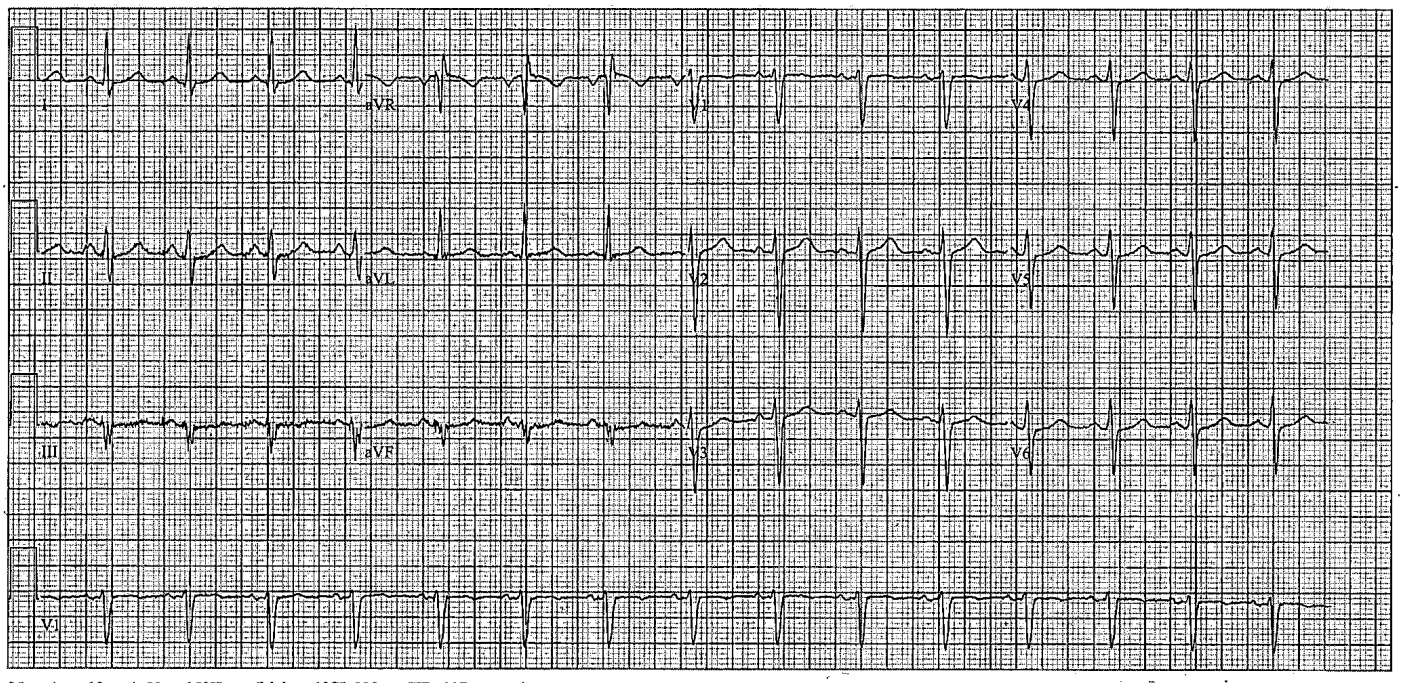
25-JUL-1970 (46 yr)
Female Caucasian

Room:
Loc:202

Vent. rate	93	BPM	Normal sinus rhythm
PR interval	136	ms	Normal ECG
QRS duration	98	ms	
QT/QTc	378/469	ms	
P-R-T axes	52	-29 27	

Technician:GRI AAU STAFF
Test ind:

Referred by: UNCONFIRMED ECG REPORT Sys Admin 21



25mm/s 10mm/mV 150Hz 7.1.1 12SL 239 CID: 117

SID: 3310098 EID:21021 EDT: 12:44 02-DEC-2016 ORDER:

Sullivan, Donna ID:2507706163 03-OCT-2016 17:25:22 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

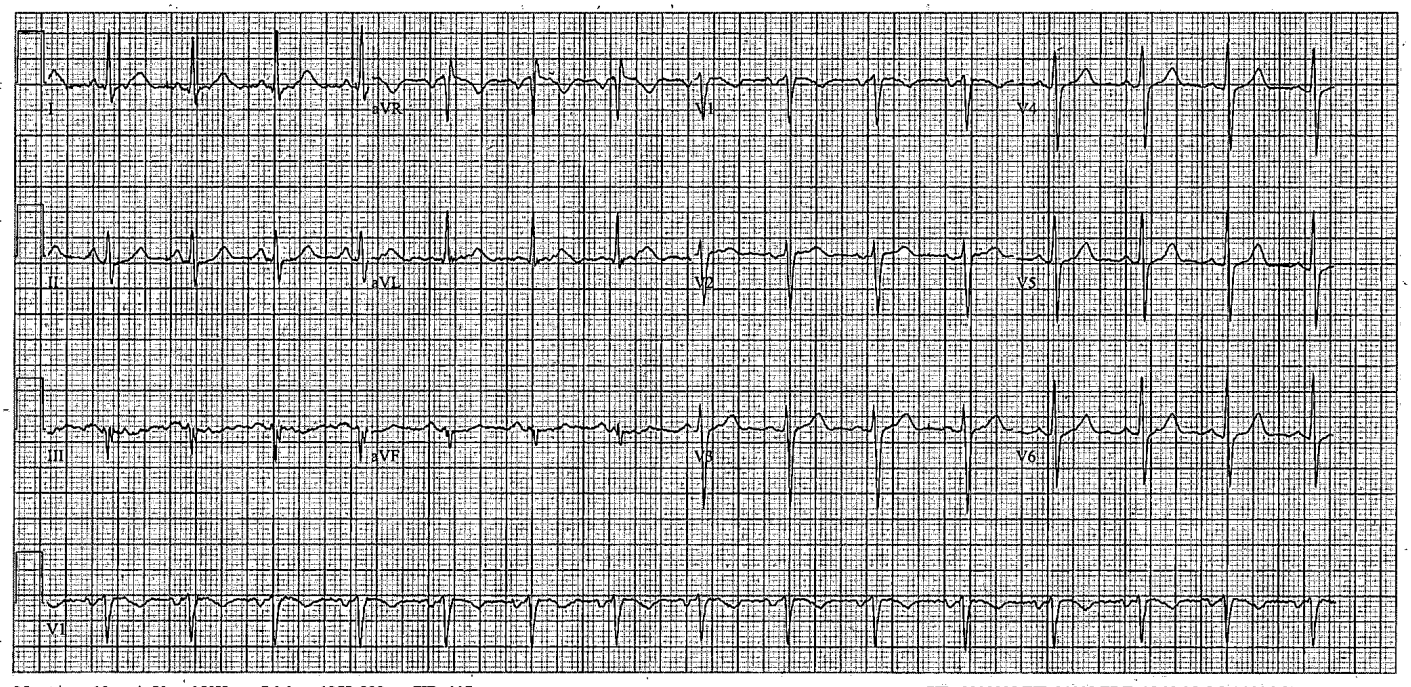
25-JUL-1970 (46 yr)
Female Caucasian

Room:
Loc:202

Vent. rate	90	BPM	Normal sinus rhythm
PR interval	138	ms	Normal ECG
QRS duration	96	ms	
QT/QTc	378/462	ms	
P-R-T axes	59 -16	22	

Technician:GRI AAU STAFF
Test ind:

Referred by: UNCONFIRMED ECG REPORT Sys Admin 2



25mm/s 10mm/mV 150Hz 7.1.1 12SL 239 CID: 117

SID: 3310098 EID:21002 EDT: 15:03 05-OCT-2016 ORDER:

SULLIVAN, Donna (Mrs)
BORN 25-Jul-1970 (55y) GENDER Female
CHI 2507706163

Gynaecology Ultrasound Scan

Last updated by Victoria MCALPINE-SCOTT (Victoria McAlpine-Scott) 4 years ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	
Report Date	06-May-2022		
Operator	Dr V McAlpine-Scott		
Operator grade	cons		
Chaperone	staff nurse Donna		
Supervised by	n/a		
Supervisor grade	n/a		
Referring clinician	GP		

Patient consent to ultrasound given: Yes

Location	Glasgow Royal Infirmary
Machine used	Voluson swift
Image quality	Fair
Type of scan	TVS

Clinical details

Summary of clinical details: PMB

Information: Ensure that the size, shape, outline, texture and measurements of any findings are appropriately considered.

Uterus

Uterus	Anteverted
Measurements (3 planes/mm)	79x40x51
Morphology	thickened endometrium with mixed echoes ? clot ? polyps
Endometrial Thickness (mm)	9.9

SULLIVAN, Donna (Mrs)
BORN 25-Jul-1970 (55y) GENDER Female
CHI 2507706163

Left ovary

Measurements (3 planes/mm)	not seen
Morphology	—
Mobile	—
Tender	—

Right ovary

Measurements (3 planes/mm)	not seen
Morphology	—
Mobile	—
Tender	—

Adnexal pathology	No
2D measurement and location	—
Significant free fluid	No
AP pool (mm)	—
CSN scar thickness (if relevant, mm)	—
Comments	Endometrial biopsy obtained. Refer to one stop for repeat USS +/- hysteroscopy

RESPIRATORY PHYSIOLOGY LABORATORY
RESPIRATORY MEDICINE DEPARTMENT
GLASGOW Royal Infirmary
GREATER GLASGOW AND CLYDE NHS

Last Name: Sullivan
First Name: Donna
ID-Nr: 2507706163
Physician Name:
Ordering Physician:
Diagnosis:

170.0 cm, 66.9 96.8 kg, 213.0 25/07/1970 Female 45
Visit Date: 10/12/2015 09:01 AM
Physiologist: GAVIN SNEDDON CLINICAL
Smoke Time: 25
Smoke Per Day: 1.00
Pack years: 25.00

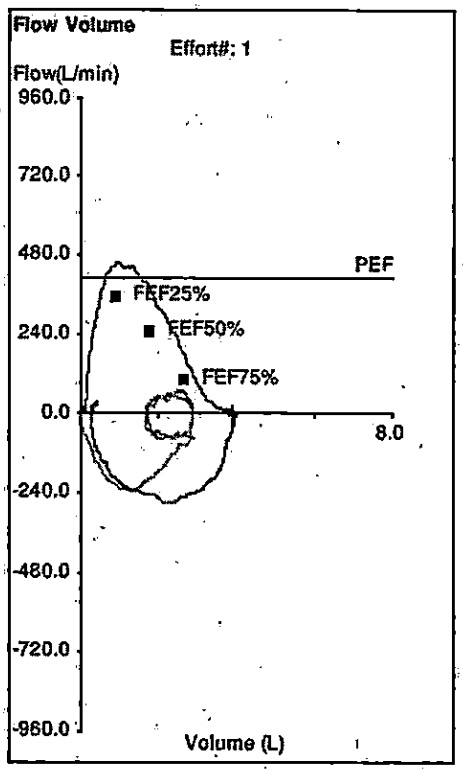
Spirometry

Volumes:

	Units	Pred	Pre	% Pred	SR	Post	% Pred	SR	%Change
	L,btps	3.47							
ERV	L,btps	1.06							
TV	L,btps								
IC	L,btps	2.42							

Flow Volume:

	Units	Pred	Pre	% Pred	SR	Post	% Pred	SR	%Change
FVC	L,btps	3.47	4.07	117	1.40				
FEV1	L,btps	2.99	3.39	113	1.05				
FEV1/FVC	%	81	83	103	0.42				
PEF	L/min	413.40	392.30	95	-0.39				
FEF25-75%	L/min	210.90	254.16	121 >	0.85				



Body - Plethysmography

Resistance:

	Units	Pred	Meas	% Pred	SR
RAW	kPa/L/s	0.30	0.25	83	
SGaw	L/s/kPa/l	1.17	1.73	148 >	

Volumes:

	Units	Pred	Meas	% Pred	SR
VTG	L,btps		2.34		
TLC	L,btps	5.43	5.36	99	-0.12
VC	L,btps	3.47	3.80	110	0.79
RV	L,btps	1.80	1.55	86	-0.70
RV/TLC	%	34	29	85	-0.91
FRC	L,btps	2.85	2.05	72 <	-1.60

CO Diffusion

	Units	Pred	Avg	% Pred	SR
Hgb	g/dl		13.40		
TLco	mmol/min/kPa,stpd	8.96	7.28	81	-1.44
TLcoHb	mmol/min/kPa,stpd	8.96	7.28	81	-1.44
VA	L,btps	5.43	5.19	96	
KCO	mmol/min/kPa/L,stpd	1.65	1.40	85	
KCOHb	mmol/min/kPa/L,stpd	1.65	1.40	85	

Physiologist Notes

DEPARTMENT OF RESPIRATORY MEDICINE
GLASGOW ROYAL INFIRMARY/STOBHILL ACH
GREATER GLASGOW AND CLYDE NHS

SULLIVAN Donna CRIC Dr Brewis U.No. 130284/08
0/2 5 Duntarvie Place CHI. 2507706163 D.o.b. 25.07.1970
Glasgow G34 9JB Female Date 10.12.2015

PREVIOUS RESULTS - None

	Pre BD	%Pred	Post BD	Normal Range
SPIROMETRY				
FVC	4.07			
FEV1	3.39	113		(2.36 - 3.60)
FEV1/FVC%	83	103		(70 - 91)
TRANSFER FACTOR				
TLco	8.3	92		(7.0 - 10.9)
TLco (corr)	8.3	94		(6.9 - 10.8)
LETHYSMOGRAPHY				
VC	4.07	117		(2.60 - 4.32)
RV	1.55	85		(1.10 - 2.50)
TLC	5.63	103		(4.44 - 6.42)
RAW	0.25			<0.2
SGAW	1.73			>1.1

Lung volumes are normal with no airways obstruction.
The transfer factor and corrected TLco are normal
SpO2=97%
G Sneddon/C Masson

XR Chest

Performed	02-Mar-2026 15:27	Received	02-Mar-2026 16:23
Reported	02-Mar-2026 16:21	Order Number	G107H43272211
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

confirmation of NJ tube placement.

Patient overweekend reported part of NJ in mouth.

Length marked as shortened. If not placed correctly will need re-sited.

XR Chest :
3 separate radiographs acquired due to difficult visualisation of the NJ tube.

Incorrectly positioned NJ tube with the tip projected within the stomach 6cm from the gastro-oesophageal junction.

Lungs are clear, no focal consolidation or pleural effusion.
Normal cardiomediastinal contours.
No acute bony abnormality.

Reported by: Dr Paulina Kosk (SpR)
Verified by: Dr Paulina Kosk (SpR)

XR Abdomen

Performed	01-Mar-2026 21:32	Received	19-Mar-2026 18:06
Reported	19-Mar-2026 18:04	Order Number	G107H43269054
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History : nical History :
55F a/w gastric outlet obstruction. Has NJ tube inserted. Noticed coiling of tube in mouth this evening. Will need repeat X-ray after adjusting tube to confirm placement.

XR Abdomen :
Nonspecific bowel gas pattern with no definite features of obstruction.
Nasojejunal tube with tip felt to lie in the proximal jejunum.

Reported by: Dr Stuart McEwan (SpR)
Verified by: Dr Stuart McEwan (SpR)

XR Abdomen

Performed	26-Feb-2026 20:31	Received	27-Feb-2026 03:09
Reported	27-Feb-2026 03:07	Order Number	G107H43262084
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History :

55F has gastric outlet obstruction with
NG tube inserted
AXR to confirm
?positioning passed pylorus needed for feed
DISCUSSED WITH REFERRER
PREVIOUS NJ FELL OUT AND NEW TUBE INSITU
? POSITION
on 26-Feb-2026 at 20:31)

XR Abdomen :

The NJ tube tip is projected over the proximal jejunum and is safe for use.
Unremarkable bowel gas pattern. Intrauterine device present within the pelvis.

Reported by: Dr Lucy Grace Williams (SpR)
Verified by: Dr Lucy Grace Williams (SpR)

XR Abdomen

Performed	25-Feb-2026 15:27	Received	19-Mar-2026 17:43
Reported	19-Mar-2026 17:41	Order Number	G107H43256475
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History :
nj insertion in endo- had to be withdrawn to flush well so check upper abdo/ lower chest xray to check post pyloric. psot sedation

XR Abdomen :
Nonspecific bowel gas pattern with no definite features of obstruction.

Whilst the nasojejunal tube does not cross the midline, this is thought secondary to rotation. Given the route the tube follows, it is felt to lie within the proximal jejunum.

Reported by: Dr Stuart McEwan (SpR)
Verified by: Dr Stuart McEwan (SpR)

CT Abdomen and pelvis with contrast

Performed	24-Feb-2026 16:02	Received	24-Feb-2026 17:25
Reported	24-Feb-2026 17:23	Order Number	G107H43241921
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final
Donna Sullivan
Clinical History :
55F, Severe abdominal pain for the past 2 days, vomiting for 2 days and fresh rectal bleeding. Known diverticulosis on CT

CT Abdomen and pelvis with contrast :
Portal venous phase scan performed. Comparison made with previous CT dated 18/11/2025.

The stomach appears prominently distended with collapsed duodenum suggestive of gastric outflow obstruction. No obstructing lesion identified.

No gross abnormality demonstrated in the unprepared small and large bowel. No intra abdominal free fluid, free gas or localised collection.
Upper abdominal solid organs appear unremarkable. No abdominal or pelvic lymphadenopathy.

Visualised lung bases are clear.
No significant bony pathology demonstrated.

Summary:
Distended stomach suggesting gastric outflow obstruction.
No cause for rectal bleeding identified.

Reported by: Dr Abdullah Al-Adhami
Verified by: Dr Abdullah Al-Adhami

XR Abdomen

Performed	21-Feb-2026 02:36	Received	10-Mar-2026 13:53
Reported	10-Mar-2026 13:51	Order Number	G107H43240313
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History :
55F constipation, known diverticular disease abdominal pain distension ?Constipation vs obstruction

XR Abdomen :
Unremarkable bowel gas pattern with no evidence of high-grade obstruction. IUCD projected over the pelvis.

Reported by: Dr Fraser Hendry
Verified by: Dr Fraser Hendry

XR Chest

Performed	26-Jan-2026 03:45	Received	02-Feb-2026 17:44
Reported	02-Feb-2026 17:42	Order Number	G107H43138036
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

epigstric pain ? perf

abdo distention ++ ?obstruction

XR Chest :
Comparison is made with the previous film of 24/09/2025. No evidence of pneumoperitoneum.No pneumothorax or pleural effusion. Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

Reported by: Dr Colin Noble and None
Verified by: Dr Colin Noble

XR Abdomen

Performed	26-Jan-2026 03:45	Received	19-Feb-2026 17:27
Reported	19-Feb-2026 17:25	Order Number	G107H43138037
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History :
epigstric pain ? perf
abdo distention ++ ?obstruction

XR Abdomen :
Nonspecific bowel gas pattern with no definite features of obstruction.
IUCD projected over the pelvis.

Reported by: Dr Stuart McEwan (SpR)
Verified by: Dr Stuart McEwan (SpR)

Bone mineral densitometry lumbar spine

Performed	15-Jan-2026 15:09	Received	15-Jan-2026 15:38
Reported	15-Jan-2026 15:36	Order Number	G107H43102680
Status	Final	Source System	MiSys

Bone Densitometry DXA Final
Donna Sullivan
Auto reported

The DXA scan can be viewed on the national PACS system.

The images will be assessed and interpreted by an osteoporosis specialist.

All DXA scan reports are now filed on the clinical portal under Service /Endocrinology-Bone metabolism clinical letter.

The DXA scan can be viewed on the national PACS system.

The images will be assessed and interpreted by an osteoporosis specialist.

All DXA scan reports are now filed on the clinical portal under Service /Endocrinology-Bone metabolism clinical letter.

Reported by: Auto Reporting
Verified by: Auto Reporting

Bone Densitometry DXA

Performed	15-Jan-2026 15:09	Received	15-Jan-2026 15:38
Reported	15-Jan-2026 15:36	Order Number	G107H42240112
Status	Final	Source System	MiSys

Bone Densitometry DXA Final
Donna Sullivan
Auto reported

The DXA scan can be viewed on the national PACS system.

The images will be assessed and interpreted by an osteoporosis specialist.

All DXA scan reports are now filed on the clinical portal under Service /Endocrinology-Bone metabolism clinical letter.

The DXA scan can be viewed on the national PACS system.

The images will be assessed and interpreted by an osteoporosis specialist.

All DXA scan reports are now filed on the clinical portal under Service /Endocrinology-Bone metabolism clinical letter.

Reported by: Auto Reporting
Verified by: Auto Reporting

CT Abdomen and pelvis with contrast

Performed	18-Nov-2025 12:31	Received	18-Nov-2025 13:40
Reported	18-Nov-2025 13:38	Order Number	G107H42901104
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final
Donna Sullivan
Clinical History :

55F, known diverticular disease, presents with few days of abdo distension/ BNO and latterly vomiting despite moviprep - ? evidence of developing obstruction/ transition point

CT Abdomen and pelvis with contrast :
Portal venous acquisition.
Reference made to CT abdomen/pelvis dated 16/01/24.

Normal liver, gallbladder, biliary tree, pancreas, adrenals and spleen. Small focus of calcification just superior to the right renal hilum may be vascular in nature rather than a definite calculus. Otherwise the kidneys are unremarkable.
IUCD in appropriate position.
Mild sigmoid diverticulosis, unprepared bowel is otherwise normal. No significant faecal loading.
No size significant lymph nodes.
Lung bases clear.
No aggressive bony lesion. Incidental posterior disc-osteophyte bar at L5-S1.

Conclusion:
No evidence of acute abdominal obstruction or pathology.

Reported by: Dr Guan You Ho (SpR) and Dr Kenneth Lupton
Verified by: Dr Kenneth Lupton

XR Abdomen

Performed	17-Nov-2025 12:38	Received	21-Nov-2025 15:14
Reported	19-Nov-2025 20:11	Order Number	G107H42900020
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History :

BNO 9/7 - not pssing flatus- abdomen distended ?SBO

XR Abdomen :
Non-specific bowel gas pattern with no radiographic features of bowel obstruction. Intrauterine device noted. See subsequent CT 18/11/2025.

Reported by: Dr Krishanth Ganesan (SpR)
Verified by: Dr Krishanth Ganesan (SpR)

XR Chest

Performed	24-Sep-2025 11:23	Received	02-Oct-2025 09:52
Reported	02-Oct-2025 09:50	Order Number	G107H42708552
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

Chest pain and vomiting overnight. Recent chest infection ?Evidence persistent infection ?GI cause

XR Chest :
Comparison is made with the previous film of 23/08/2025.No pneumothorax or pleural effusion. Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

Reported by: Dr Colin Noble and None
Verified by: Dr Colin Noble

XR Chest

Performed	23-Aug-2025 19:46	Received	02-Oct-2025 09:51
Reported	02-Oct-2025 09:49	Order Number	G107H42593235
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

55F, swallowed denture plate, please scan to locate.

XR Chest :
No evidence of pneumoperitoneum. No radiopaque foreign bodies.No pneumothorax or pleural effusion. Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

XR Abdomen :
There are a couple of small irregular metallic foreign bodies projected over the right side of the lumbar spine which are nonspecific. Unremarkable bowel gas pattern with no evidence of obstruction. IUCD in situ. No other specific diagnostic findings

Reported by: Dr Colin Noble and None
Verified by: Dr Colin Noble

XR Abdomen

Performed	23-Aug-2025 19:46	Received	02-Oct-2025 09:51
Reported	02-Oct-2025 09:49	Order Number	G107H42593236
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

55F, swallowed denture plate, please scan to locate.

XR Chest :
No evidence of pneumoperitoneum. No radiopaque foreign bodies.No pneumothorax or pleural effusion. Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

XR Abdomen :
There are a couple of small irregular metallic foreign bodies projected over the right side of the lumbar spine which are nonspecific. Unremarkable bowel gas pattern with no evidence of obstruction. IUCD in situ. No other specific diagnostic findings

Reported by: Dr Colin Noble and None
Verified by: Dr Colin Noble

XR Abdomen

Performed	23-Aug-2025 10:53	Received	13-Sep-2025 18:02
Reported	13-Sep-2025 18:00	Order Number	G107H42592597
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History :

absolute constipation, vomiting abdo pain++ abdo distended ?obstruction

XR Abdomen :
Non-specific bowel gas pattern. No radiographic features of obstruction. Intrauterine device noted.

Reported by: Dr Krishanth Ganesan (SpR)
Verified by: Dr Krishanth Ganesan (SpR)

XR Scaphoid Lt

Performed	14-May-2025 09:20	Received	15-May-2025 14:03
Reported	15-May-2025 14:01	Order Number	G107H42232580
Status	Final	Source System	MiSys

XR Scaphoid Lt Final
Donna Sullivan
Clinical History :

foosh ASB tenderness # to scaphoid seen on hand images

XR Scaphoid Lt :
Avulsion fracture at the scaphoid tubercle.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by Laura Groves, Reporting Radiographer. RA80428

Reported by: Laura Groves (Rep Radiographer)
Verified by: Laura Groves (Rep Radiographer)

XR Wrist Lt

Performed	14-May-2025 08:11	Received	15-May-2025 14:02
Reported	15-May-2025 14:00	Order Number	G107H42232066
Status	Final	Source System	MiSys

XR Wrist Lt Final
Donna Sullivan
Clinical History :

foosh and ankle inversion 3/7 worsening pain since. tender over anatomical snuff box and radial styloid with pain in1st metacarpal. also swelling over left ankle. tender over base of 4th metatarsal, tarsal bones and lat mal

XR Wrist Lt :
Avulsion fracture at the scaphoid tubercle.

XR Hand Lt :
Avulsion fracture at the scaphoid tubercle.

XR Foot Lt :
No fracture.

XR Ankle Lt :
A transverse lucency at the medial malleolus may be projectional however please correlate clinically to fully exclude fracture at this site.
The ankle mortise appears intact.
Rounded opacities at the medial lateral malleoli appear corticated and non-acute.

Incidental plantar and posterior calcaneal spurs. Opacities projected over the distal Achilles tendon insertion may reflect tendinosis.

Code D: Discrepancy: There is a significant discrepancy between the radiology report and the referrer's 'sticky note' interpretation. Senior review advised.

Reported by Laura Groves, Reporting Radiographer. RA80428

Reported by: Laura Groves (Rep Radiographer)
Verified by: Laura Groves (Rep Radiographer)

XR Hand Lt

Performed	14-May-2025 08:11	Received	15-May-2025 14:02
Reported	15-May-2025 14:00	Order Number	G107H42232067
Status	Final	Source System	MiSys

XR Wrist Lt Final
Donna Sullivan
Clinical History :

foosh and ankle inversion 3/7 worsening pain since. tender over anatomical snuff box and radial styloid with pain in1st metacarpal. also swelling over left ankle. tender over base of 4th metatarsal, tarsal bones and lat mal

XR Wrist Lt :
Avulsion fracture at the scaphoid tubercle.

XR Hand Lt :
Avulsion fracture at the scaphoid tubercle.

XR Foot Lt :
No fracture.

XR Ankle Lt :
A transverse lucency at the medial malleolus may be projectional however please correlate clinically to fully exclude fracture at this site.
The ankle mortise appears intact.
Rounded opacities at the medial lateral malleoli appear corticated and non-acute.

Incidental plantar and posterior calcaneal spurs. Opacities projected over the distal Achilles tendon insertion may reflect tendinosis.

Code D: Discrepancy: There is a significant discrepancy between the radiology report and the referrer's 'sticky note' interpretation. Senior review advised.

Reported by Laura Groves, Reporting Radiographer. RA80428

Reported by: Laura Groves (Rep Radiographer)
Verified by: Laura Groves (Rep Radiographer)

XR Foot Lt

Performed	14-May-2025 08:11	Received	15-May-2025 14:02
Reported	15-May-2025 14:00	Order Number	G107H42232068
Status	Final	Source System	MiSys

XR Wrist Lt Final
Donna Sullivan
Clinical History :

foosh and ankle inversion 3/7 worsening pain since. tender over anatomical snuff box and radial styloid with pain in1st metacarpal. also swelling over left ankle. tender over base of 4th metatarsal, tarsal bones and lat mal

XR Wrist Lt :
Avulsion fracture at the scaphoid tubercle.

XR Hand Lt :
Avulsion fracture at the scaphoid tubercle.

XR Foot Lt :
No fracture.

XR Ankle Lt :
A transverse lucency at the medial malleolus may be projectional however please correlate clinically to fully exclude fracture at this site.
The ankle mortise appears intact.
Rounded opacities at the medial lateral malleoli appear corticated and non-acute.

Incidental plantar and posterior calcaneal spurs. Opacities projected over the distal Achilles tendon insertion may reflect tendinosis.

Code D: Discrepancy: There is a significant discrepancy between the radiology report and the referrer's 'sticky note' interpretation. Senior review advised.

Reported by Laura Groves, Reporting Radiographer. RA80428

Reported by: Laura Groves (Rep Radiographer)
Verified by: Laura Groves (Rep Radiographer)

XR Ankle Lt

Performed	14-May-2025 08:11	Received	15-May-2025 14:02
Reported	15-May-2025 14:00	Order Number	G107H42232069
Status	Final	Source System	MiSys

XR Wrist Lt Final
Donna Sullivan
Clinical History :

foosh and ankle inversion 3/7 worsening pain since. tender over anatomical snuff box and radial styloid with pain in1st metacarpal. also swelling over left ankle. tender over base of 4th metatarsal, tarsal bones and lat mal

XR Wrist Lt :
Avulsion fracture at the scaphoid tubercle.

XR Hand Lt :
Avulsion fracture at the scaphoid tubercle.

XR Foot Lt :
No fracture.

XR Ankle Lt :
A transverse lucency at the medial malleolus may be projectional however please correlate clinically to fully exclude fracture at this site.
The ankle mortise appears intact.
Rounded opacities at the medial lateral malleoli appear corticated and non-acute.

Incidental plantar and posterior calcaneal spurs. Opacities projected over the distal Achilles tendon insertion may reflect tendinosis.

Code D: Discrepancy: There is a significant discrepancy between the radiology report and the referrer's 'sticky note' interpretation. Senior review advised.

Reported by Laura Groves, Reporting Radiographer. RA80428

Reported by: Laura Groves (Rep Radiographer)
Verified by: Laura Groves (Rep Radiographer)

MRI Spine lumbar and sacral

Performed	21-Feb-2025 10:11	Received	21-Feb-2025 16:29
Reported	21-Feb-2025 16:27	Order Number	G107H41937774
Status	Final	Source System	MiSys

MRI Spine lumbar and sacral Final
Donna Sullivan
Clinical History :
CES EMERGENCY SLOT 54f a/w sudden-onset frontal headache + slurred speech. CT Head NAD. 1/52 hx bilat paresthesia/pain both LLs with x2 episodes frank urinary incontinence. O/E: 3/5 L LL. 5/5 R LL. Absent ankle reflexes. PR - reduced sensation, N tone. Pre-void = 287mls. Prev L4/5 microdiscectomy for incomplete CES 10/22. MR LS with contrast to exclude ?CES please

MRI Spine lumbar and sacral :
Standard T1, T2 and STIR sequences with accompanying axial slices from L3 to S1. No contrast-enhanced sequences performed. Comparison made with preceding MRI whole spine dated 16/05/2023.

The last fully formed intervertebral disc space is presumed to be L5/S1 (key image).
The conus medullaris terminates at the normal physiological level of L1 and the imaged spinal cord returns normal signal.
Vertebral body height and alignment is maintained. Mild endplate degenerative change at L4-L5 and L5-S1.
Incidental note of a Tarlov cyst demonstrated within the spinal canal at the level of S2.

L3/L4: The central canal is capacious. Mild diffuse posterior disc bulge but no evidence of contact/impingement of the exiting or transiting nerve roots bilaterally. Facet joint arthrosis and ligamentum flavum hypertrophy largely unchanged from the previous MRI.

L4/L5: There is a suspected small recurrent right subarticular disc protrusion with some minimally progressive right lateral recess narrowing and contact of the transiting right L5 nerve root. This may predispose to neural irritation. There is also some heterogeneous signal intensity in the region of the left lateral recess at this level which I note on the previous scan corresponds to enhancing epidural fibrosis - this appears unchanged allowing for lack of IV contrast on this examination. Mild bilateral L4 foraminal narrowing but no overt neural impingement.

L5/S1: As before, there is narrowing of the intervertebral disc. Small right posterolateral disc bulge indenting the right transiting S1 nerve root again noted. Mild right and left L5 foraminal narrowing with potential for neural irritation but no overt impingement. Facet joint arthrosis and ligamentum flavum hypertrophy unchanged from the previous MRI.

No evidence of epidural haematoma.

No other findings of note.

Impression:
Suspected very subtle small recurrent right subarticular disc protrusion at L4-L5 with contact of the transiting right L5 nerve root predisposing to neural irritation. Essentially static appearances within the left L4-L5 lateral recess and elsewhere as compared to previous. If if would change management going forward then patient can be recalled for contrast MRI to further delineate above. No major central spinal canal stenosis is demonstrated.

Reported by: Dr Etienne Chew (SpR) and Dr Kenneth Lupton
Verified by: Dr Kenneth Lupton

XR Chest

Performed	06-Feb-2025 14:07	Received	17-Feb-2025 12:06
Reported	17-Feb-2025 12:04	Order Number	G107H41884619
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

pleuritic insp chest pain ? CAP causing pleurisy ? r/o PTx

XR Chest :
The cardiac and mediastinal contours are normal and the lungs are clear. No major bone abnormality. No pneumothorax identified. No change when compared with the previous available imaging from 2024.

Reported by: Dr Leighton Walker
Verified by: Dr Leighton Walker

XR Chest

Performed	03-Oct-2024 13:25	Received	05-Nov-2024 15:35
Reported	05-Nov-2024 15:33	Order Number	G107H41448440
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

chest pain, sob, ?cap

XR Chest :
Heart size and mediastinal contours are within normal limits. Lungs appear clear. No change since 02/09/2024.

Reported by: Dr Fraser Hendry
Verified by: Dr Fraser Hendry

CT Angiogram pulmonary

Performed	03-Sep-2024 10:05	Received	03-Sep-2024 12:03
Reported	03-Sep-2024 12:01	Order Number	G107H41339017
Status	Final	Source System	MiSys

CT Angiogram pulmonary Final
Donna Sullivan
Clinical History :

recent admission under surgery with COVID infection - Breathlessness, chest pain., raised d-dimer,.Low risk PESI/R.Geneva. For Ambulatory slot / time on Tuesday 3/9/24.
Did have CTPA last week under surgeons but symptoms of pain and SOB have increased
Significant increase in dyspnoea
) on 03-Sep-2024 at 09:18)

CT Angiogram pulmonary :

Technique:

CT pulmonary angiogram. Good opacification of the pulmonary arteries.
Comparison made to previous CT angiogram performed 27/08/2024.

Findings:

No pulmonary embolism.
No acute pulmonary pathology. The previously described ground-glass change within the right upper lobe has resolved.

Moderate coronary artery calcification. No sign of right heart strain.
No size significant hilar or mediastinal lymphadenopathy.

The partially imaged upper abdominal viscera are unremarkable.

T5-T9 right-sided prominent anterior disc bar osteophytes. Degenerative changes throughout the imaged spine. No suspicious bony lesion.

Opinion:

No pulmonary embolism.
No radiologically evident acute pulmonary pathology.

Reported by: Dr Lucas O'Donnell (SpR) and Dr Fraser Hendry
Verified by: Dr Fraser Hendry

XR Chest

Performed	02-Sep-2024 19:46	Received	03-Sep-2024 15:52
Reported	03-Sep-2024 15:50	Order Number	G107H41338337
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :
Chest pain radiating down left arm - rule out any pneumonia

XR Chest :
Heart size and mediastinal contours are within normal limits. The lungs appear clear. No change since the previous of 10/08/2024.

Reported by: Dr Fraser Hendry
Verified by: Dr Fraser Hendry

CT Angiogram pulmonary

Performed	27-Aug-2024 10:45	Received	27-Aug-2024 11:44
Reported	27-Aug-2024 11:42	Order Number	G107H41289385
Status	Final	Source System	MiSys

CT Angiogram pulmonary Final
Donna Sullivan
Clinical History :

54F. BG prolonged hospital admission due to abdominal pain. COVID+ve. Immobile due to pain, significant R sided chest pain, worse on inspiration, CXR normal, troponin normal. CHest clear on examination, please CTPA ?PE
54F. Longstanding history of epigastric/RUQ/LIF pain, AUSS/MRCP negative. Admitted with ongoing pain, vomiting and mildly raised amylase. Otherwise bloods normal, persistently tachycardic throughout admission. O/E generally tender, particularly in LIF with voluntary guarding. ?malignancy
(Information via Order Comms) - abdomen/ pelvis scan
on 27-Aug-2024 at 10:52)

CT Angiogram pulmonary :

Technique:

CT Pulmonary Angiogram.
Good opacification of the pulmonary arteries.
Comparison made to previous CT abdomen pelvis performed 16/01/2024 and previous CT thorax abdomen performed 27/05/2016.

Findings:

No pulmonary embolism.
Small foci of ground-glass change within the right upper lobe abutting the oblique fissure, likely inflammatory in nature. Otherwise no acute pulmonary pathology.

No cardiomegaly or right heart strain. Moderate coronary artery calcifications.
No mediastinal or axillary lymphadenopathy. Prominent lymph nodes within the axillae bilaterally, these are likely reactive in nature.

The partially imaged upper viscera are unremarkable, however I note that a portal venous phase CT abdomen pelvis with contrast has also been performed - please see below.

Prominent anterior T5-9 disc bar osteophytes. no acute fracture or suspicious bony lesion throughout the imaged thoracic skeleton.

Opinion:

No pulmonary embolism. No acute pulmonary pathology.
Moderate coronary artery calcifications. If the patient is asymptomatic consider reviewing modifiable cardiovascular risk factors and managing as per guidelines for primary prevention

CT Abdomen and pelvis with contrast :

Technique:

Portal venous phase CT abdomen and pelvis.
Comparison made to previous CT abdomen pelvis performed 16/01/2024.

Findings:

Unchanged prominence of the common bile duct again measuring up to 10 mm in diameter. This tapers down to normal diameter distally.

Unremarkable upper abdominal viscera (splenunculus noted).
Unremarkable kidneys, ureters and urinary bladder.
Unchanged intrauterine device. Unremarkable pelvic organs.

Unchanged colonic diverticulosis. Otherwise normal unprepared bowel.
No abdomino-pelvic lymphadenopathy.

Mild degenerative changes throughout the imaged spine. No acute fracture or suspicious bony lesion.

Opinion:

No acute intra-abdominal pathology.
No sign of malignancy.

Reported by: Dr Lucas O'Donnell (SpR) and Dr Gregory O'Neill
Verified by: Dr Gregory O'Neill

CT Abdomen and pelvis with contrast

Performed	27-Aug-2024 10:45	Received	27-Aug-2024 11:44
Reported	27-Aug-2024 11:42	Order Number	G107H41314557
Status	Final	Source System	MiSys

CT Angiogram pulmonary Final
Donna Sullivan
Clinical History :

54F. BG prolonged hospital admission due to abdominal pain. COVID+ve. Immobile due to pain, significant R sided chest pain, worse on inspiration, CXR normal, troponin normal. CHest clear on examination, please CTPA ?PE
54F. Longstanding history of epigastric/RUQ/LIF pain, AUSS/MRCP negative. Admitted with ongoing pain, vomiting and mildly raised amylase. Otherwise bloods normal, persistently tachycardic throughout admission. O/E generally tender, particularly in LIF with voluntary guarding. ?malignancy
(Information via Order Comms) - abdomen/ pelvis scan
on 27-Aug-2024 at 10:52)

CT Angiogram pulmonary :

Technique:

CT Pulmonary Angiogram.
Good opacification of the pulmonary arteries.
Comparison made to previous CT abdomen pelvis performed 16/01/2024 and previous CT thorax abdomen performed 27/05/2016.

Findings:

No pulmonary embolism.
Small foci of ground-glass change within the right upper lobe abutting the oblique fissure, likely inflammatory in nature. Otherwise no acute pulmonary pathology.

No cardiomegaly or right heart strain. Moderate coronary artery calcifications.
No mediastinal or axillary lymphadenopathy. Prominent lymph nodes within the axillae bilaterally, these are likely reactive in nature.

The partially imaged upper viscera are unremarkable, however I note that a portal venous phase CT abdomen pelvis with contrast has also been performed - please see below.

Prominent anterior T5-9 disc bar osteophytes. no acute fracture or suspicious bony lesion throughout the imaged thoracic skeleton.

Opinion:

No pulmonary embolism. No acute pulmonary pathology.
Moderate coronary artery calcifications. If the patient is asymptomatic consider reviewing modifiable cardiovascular risk factors and managing as per guidelines for primary prevention

CT Abdomen and pelvis with contrast :

Technique:

Portal venous phase CT abdomen and pelvis.
Comparison made to previous CT abdomen pelvis performed 16/01/2024.

Findings:

Unchanged prominence of the common bile duct again measuring up to 10 mm in diameter. This tapers down to normal diameter distally.

Unremarkable upper abdominal viscera (splenunculus noted).
Unremarkable kidneys, ureters and urinary bladder.
Unchanged intrauterine device. Unremarkable pelvic organs.

Unchanged colonic diverticulosis. Otherwise normal unprepared bowel.
No abdomino-pelvic lymphadenopathy.

Mild degenerative changes throughout the imaged spine. No acute fracture or suspicious bony lesion.

Opinion:

No acute intra-abdominal pathology.
No sign of malignancy.

Reported by: Dr Lucas O'Donnell (SpR) and Dr Gregory O'Neill
Verified by: Dr Gregory O'Neill

CT Abdomen and pelvis with contrast

Performed	27-Aug-2024 10:45	Received	28-Aug-2024 11:08
Reported	28-Aug-2024 11:06	Order Number	G107H41289323
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final
Donna Sullivan
Clinical History :

54F: Longstanding history of epigastric/RUQ/LIF pain, AUSS/MRCP negative. Admitted with ongoing pain, vomiting and mildly raised amylase. Otherwise bloods normal, persistently tachycardic throughout admission. O/E generally tender, particularly in LIF with voluntary guarding. ?malignancy

CT Abdomen and pelvis with contrast :
See subsequent CT abdomen and CTPA

Reported by: Dr Subra Viswanathan
Verified by: Dr Subra Viswanathan

XR Chest

Performed	10-Aug-2024 21:50	Received	30-Aug-2024 12:52
Reported	30-Aug-2024 12:50	Order Number	G107H41256238
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :
sob 2/7 chest pain

tro.chest infection

XR Chest :
The heart is not enlarged, mediastinal contours within normal limits. No focal active pulmonary pathology demonstrated.

Reported by: Dr Abdullah Al-Adhami
Verified by: Dr Abdullah Al-Adhami

NM Solid gastric emptying study

Performed	17-May-2024 09:08	Received	17-May-2024 17:36
Reported	17-May-2024 17:34	Order Number	G107H40892597
Status	Final	Source System	MiSys

NM Solid gastric emptying study Final
Donna Sullivan
Clinical History :

53F

Requires NM gastric emptying study as per cons CK Mackay for ?delayed gastric emptying secondary to Diabetes Mellitus/Medication induced

NM Solid gastric emptying study :
Findings:
There is normal forward transit of tracer from the oesophagus into the stomach. Proximal small bowel activity is first visualised at 5 minutes. The gastric emptying half-time is normal at 52minutes (normal range 30 - 90 minutes). At the end of the 102-minute study approximately 15% gastric activity remained.

Impression: Normal study.

Reported by: Dr Fatima Bibi Qadir
Verified by: Dr Fatima Bibi Qadir

MRCP

Performed	25-Apr-2024 15:20	Received	25-Apr-2024 17:09
Reported	25-Apr-2024 17:07	Order Number	G107H40864327
Status	Final	Source System	MiSys

MRCP Final
Donna Sullivan
Clinical History :

53F, 53F, a/w worsening epigastric pain and vomiting. Recent dc under gen surg in March- ongoing ix for abdo pain/vomiting incl gastroscopy 17/4 (biopsies taken) and gastric emptying studies (awaited). Now 24 hour worsening epigastric pain, radiating to right shoulder + back. Amylase 326. Tender epigastrium, RUQ, umbilical areas, abdo soft. CT Jan 24': CBD 10mm. ? gallstone pancreatitis

MRCP :
Routine sequences.

No evidence of gallstones. No biliary dilation, CBD in lower head of pancreas 5 mm. Unremarkable pancreatic duct. No peripancreatic inflammation on MR and no focal pancreatic lesion or collection.
Fatty infiltration of liver.
The stomach remains distended containing debris, kinking at the pylorus with duodenal cap in a atypical medial position.

Summary: No evidence of gallstones.

Reported by: Dr Michael Digby
Verified by: Dr Michael Digby

MRCP

Performed	25-Apr-2024 15:20	Received	25-Apr-2024 17:09
Reported	25-Apr-2024 17:07	Order Number	G107H40864327
Status	Final	Source System	MiSys

MRCP Final
Donna Sullivan
Clinical History :

53F, 53F, a/w worsening epigastric pain and vomiting. Recent dc under gen surg in March- ongoing ix for abdo pain/vomiting incl gastroscopy 17/4 (biopsies taken) and gastric emptying studies (awaited). Now 24 hour worsening epigastric pain, radiating to right shoulder + back. Amylase 326. Tender epigastrium, RUQ, umbilical areas, abdo soft. CT Jan 24': CBD 10mm. ? gallstone pancreatitis

MRCP :
Routine sequences.

No evidence of gallstones. No biliary dilation, CBD in lower head of pancreas 5 mm.
Unremarkable pancreatic duct. No peripancreatic inflammation on MR and no focal pancreatic lesion or collection.
Fatty infiltration of liver.
The stomach remains distended containing debris, kinking at the pylorus with duodenal cap in a atypical medial position.

Summary: No evidence of gallstones.

Reported by: Dr Michael Digby
Verified by: Dr Michael Digby

US Abdomen

Performed	23-Apr-2024 15:21	Received	23-Apr-2024 16:04
Reported	23-Apr-2024 16:02	Order Number	G107H40863440
Status	Final	Source System	MiSys

US Abdomen Final
Donna Sullivan
Clinical History :

53F, a/w worsening epigastric pain and vomiting. Recent dc under gen surg in March- ongoing ix for abdo pain/vomiting incl gastroscopy 17/4 (biopsies taken) and gastric emptying studies (awaited). Now 24 hour worsening epigastric pain, radiating to right shoulder + back. Amylase 326. Tender epigastrium, RUQ, umbilical areas, abdo soft. CT Jan 24': CBD 10mm. ?gallstone pancreatitis

US Abdomen :

The liver demonstrates an increased echogenicity in keeping with diffuse fatty infiltration. A small irregular hypoechoic area is noted adjacent to the bladder, most likely in keeping with focal fatty sparing. No focal liver lesions seen.
Patent portal vein with correct directional flow.
The gallbladder was partially contracted and difficult to assess. As best seen in decubitus position there appear to be at least two echogenic foci adherent to the GB wall (no mobility demonstrated). Possible posterior comet tail artefact seen which suggests adenomyomatosis. No obvious gallstones seen, however, limited visualisation with ultrasound. The CBD appears dilated measuring up to 9mm. No obvious obstructive cause seen and no intrahepatic duct dilatation seen.
Normal appearances of the kidneys, pancreas, aorta and spleen.
No free fluid.

Impression:
Possible gallbladder adenomyomatosis. No definite gallstones seen.
The CBD appears dilated but no obvious obstructive cause for this identified with ultrasound. Note is made of MRCP request submitted.

Reported by: Sarah Pollard (Locum Sonographer)
Verified by: Sarah Pollard (Locum Sonographer)

XR Chest

Performed	22-Apr-2024 15:44	Received	26-Apr-2024 19:08
Reported	26-Apr-2024 19:06	Order Number	G107H40862731
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

abdo pain erect cxr ?perf

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. There is no subdiaphragmatic free gas.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

CT Abdomen and pelvis with contrast

Performed	16-Jan-2024 13:00	Received	16-Jan-2024 14:12
Reported	16-Jan-2024 14:10	Order Number	G107H40510171
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final
Donna Sullivan
Clinical History :

53F, admitted with left sided abdo pain for 2 weeks. O/E tender LIF with palpable fullness
? perforated diverticulitis
? constipation and faecal loading

CT Abdomen and pelvis with contrast :
Reference is made to the CT KUB dated 26/07/2022 and the abdominal portion of the CT chest and abdomen dated 27/05/2016.

No free fluid or gas. There is some minor diverticulosis of the sigmoid colon but no convincing inflammatory change. There is an area of focal narrowing in the distal sigmoid colon (see key image) that may be due to spasm and there is no adjacent inflammatory change or nodes, however direct inspection is advised. The colon is otherwise unremarkable and within normal calibre. There is some faecal loading. Normal appendix. The small bowel is within normal limits. There is some prominence of the proximal CBD (measuring up to 10 mm) and this tapers down to normal diameter more distally. No cause identified. This was within normal limits on previous imaging. There is no pancreatic duct dilatation and no intrahepatic bile duct dilatation. Unremarkable gallbladder. Correlation with LFTs/clinical picture is advised.

IUCD noted in uterus. Minor - moderate aortic calcification.

Tiny fleck of calcification within the upper pole right kidney. The kidneys, adrenals, pancreas, liver and spleen (splenunculus noted) are otherwise unremarkable. No size significant abdominal, pelvic or inguinal lymphadenopathy.
Lung bases are clear. There is moderate coronary artery calcification.

There is some degenerative change at the lumbosacral junction. No other significant bony finding.

Comment: No definite cause identified for the patient's symptoms. Probable area of spasm in the sigmoid colon however direct visualisation is advised to ensure no underlying abnormality. Prominence of the CBD as described with no evidence of intrahepatic or pancreatic duct dilatation. Clinical correlation advised.

Reported by: Dr Christopher Nicholas
Verified by: Dr Christopher Nicholas

XR Chest

Performed	15-Jan-2024 12:42	Received	17-Jan-2024 10:32
Reported	17-Jan-2024 10:30	Order Number	G107H40506524
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

abdominal pain, constipation few days, background colitis, r/o bowel obstruction r/o perforation

abdominal pain, constipation few days, background colitis, r/o bowel obstruction r/o perforation

XR Chest :
Comparison is made with the previous film of 20/02/2023. No evidence of pneumoperitoneum.Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

XR Abdomen :
Unremarkable bowel gas pattern with no evidence of obstruction. IUCD in situ. No other specific diagnostic findings.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

XR Abdomen

Performed	15-Jan-2024 12:42	Received	17-Jan-2024 10:32
Reported	17-Jan-2024 10:30	Order Number	G107H40506525
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

abdominal pain, constipation few days, background colitis, r/o bowel obstruction r/o perforation

abdominal pain, constipation few days, background colitis, r/o bowel obstruction r/o perforation

XR Chest :
Comparison is made with the previous film of 20/02/2023. No evidence of pneumoperitoneum.Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

XR Abdomen :
Unremarkable bowel gas pattern with no evidence of obstruction. IUCD in situ. No other specific diagnostic findings.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

XR Abdomen

Performed	07-Jan-2024 21:33	Received	12-Jan-2024 07:59
Reported	12-Jan-2024 07:57	Order Number	G107H40478505
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History :

53F abdo pain, nausea and pr bleeding. recent dx of IBD

r/o megacolon / obstuction

XR Abdomen :
Comparison previous study dated 28/09/2023.

IUCD noted in the pelvis.
Nonspecific bowel gas pattern with no features of obstruction or megacolon.
No features of perforation.

Reported by: Dr Finn Begbie (SpR)
Verified by: Dr Finn Begbie (SpR)

US Abdomen

Performed	09-Oct-2023 11:14	Received	09-Oct-2023 12:30
Reported	09-Oct-2023 12:28	Order Number	G107H40173256
Status	Final	Source System	MiSys

US Abdomen Final
Donna Sullivan
Clinical History :

RUQ pain radiating to the back asosicated with nausea ?gallsteones

US Abdomen :
Comparison to previous ultrasound of the abdomen of 15/07/2021, with reference to more recent CT urinary tract of 26/07/2020

Limited evaluation of the abdomen due to overlying bowel gas and the patient's body habitus.

Within the limitations above, the liver has a bright echotexture in keeping with the fatty infiltration or other diffuse parenchymal disease. No focal hepatic lesions were identified. Normal directional flow of the portal vein was demonstrated.

The gallbladder was thin-walled throughout with no evidence of cholelithiasis. The common duct was of normal calibre measuring 0.4 cm.

Limited views of the kidney revealed no gross renal abnormality. No hydronephrosis. Both kidneys are of normal size measuring 12.4 cm on the right and 13.3 cm on the left.

Unremarkable spleen.

Opinion: No evidence of cholelithiasis.

Reported by: Dr Jesus Perdomo Lampignano (SpR)
Verified by: Dr Jesus Perdomo Lampignano (SpR)

XR Abdomen

Performed	28-Sep-2023 12:44	Received	22-Nov-2023 14:09
Reported	22-Nov-2023 14:07	Order Number	G107H40138452
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History :

IBD patient in GRI gastro day unit. Recent diagnosis of proctitis March 23. New increase in stool frequency with blood. 8-10 motions per day. Tachycardic HR 101. CRP normal, lactate 2.7. Tender ++ LLQ o/e. AXR please ? signs of megacolon, ? constipation

XR Abdomen :
There is faecal loading of the proximal and mid colon.
There is no sign of obstruction or pneumoperitoneum.
Radiopaque IUCD noted.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

US Soft tissue

Performed	14-Jun-2023 10:48	Received	14-Jun-2023 15:11
Reported	14-Jun-2023 15:09	Order Number	G107H39309029
Status	Final	Source System	MiSys

US Soft tissue Final
Donna Sullivan
Is the Lump Tender and/or Non-mobile? : Yes
Is the size of Lump greater than 5cm? : Yes
Any significant growth over past 3 months? : Yes
Please describe increase in size: : lipoma infrascapular area increasing in size
Location of Lump: : R infra-scapular area now tender > 5 cm
R scapular swelling increasing in size and tender previous ultrasound scan 2019 consistent with subcutaneous lipoma, now increasing in size
(Information via Order Comms)

US Soft tissue:

Examination performed by Iain McHardy, Trainee Sonographer and Stephen Moore, Sonographer.

The previously reported lipoma within the right scapula region is identified and measures 4.8 x 3.7 x 1 cm. This is a marked increase from previous Ultrasound examination dated June 2019 measuring 3.5 x 1 x 3.5 cm.

Due to the increase in size of this lesion, In line with local protocols a surgical OPD referral may be of value.

Reported by: Iain McHardy (Trainee Sonographer) and Stephen Moore (Sonog)
Verified by: Stephen Moore (Sonog)

XR Chest

Performed	20-Feb-2023 00:35	Received	20-Mar-2023 08:05
Reported	20-Mar-2023 08:03	Order Number	G107H39374784
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :
fever 38.2. Normal predcordial exam. ?LRTI

Chest x-ray
Comparison 27 January 2022
no lung lesion or consolidation
Mediastinum unremarkable
No suspicious interval feature

Dr R Davies Medica Reporting
GMC 3588040

If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical@medicagroup.co.uk

Reported by: Dr Russell Davies
Verified by: Dr Russell Davies

CT Head

Performed	19-Feb-2023 14:55	Received	19-Feb-2023 16:09
Reported	19-Feb-2023 16:07	Order Number	G107H39374270
Status	Final	Source System	MiSys

CT Head Final
Donna Sullivan
Clinical History :

52 female with known parafalcine meningioma. Presents with headache, left sided upper limp weakness and facial droop

CT Head :
Unenhanced acquisition. Comparison to previous CT head dated 02/09/2022.

No evidence of acute infarct, space-occupying lesion, intra or extra-axial haemorrhage.
Multiple calcified predominantly parafalcine meningiomas which are unchanged from previous.
Minor patchy deep white matter low attenuation, also unchanged.
The skull vault is intact.

Summary: No acute intracranial findings.

Reported by: Dr Yon Huang See (SpR) and Dr Christopher Nicholas
Verified by: Dr Christopher Nicholas

MRI Spine lumbar and sacral

Performed	05-Sep-2022 14:32	Received	05-Sep-2022 16:11
Reported	05-Sep-2022 16:09	Order Number	G107H38809277
Status	Final	Source System	MiSys

MRI Spine lumbar and sacral Final
Donna Sullivan
Clinical History :

urinary incontinence, saddle paraesthesia ?cord compression

MRI Spine lumbar and sacral :

Comparison to MRI of 28/05/2021 and 07/02/2020.
The lowest fully formed intervertebral disc segment is taken as L5-S1 (see key image for levels).

At L3-L4 there is a broad-based disc bulge which causes mild thecal effacement but no neural compromise.

At L4-L5 there is a prominent disc extrusion with caudal migration which causes severe narrowing of the left lateral recess impinging the transiting left L5 nerve root. The exiting left L4 nerve root is spared with no evidence of major foraminal stenosis There is very mild narrowing of the central canal but no overt compromise of the cauda equina roots.

At L5-S1 there is the impression of very small disc protrusion with mild perineural fibrosis around the transiting right S1 nerve root proximally. No major change to the previous examination or overt neural compromise.

No sinister marrow signal abnormality.

The conus terminates at L1 and is of normal signal.

Conclusion:
There is a prominent and progressive disc extrusion at L4-L5 causing impingement of the transiting left L5 nerve root in the lateral recess.

Reported by: Dr Kenneth Lupton
Verified by: Dr Kenneth Lupton

CT Head

Performed	02-Sep-2022 14:32	Received	02-Sep-2022 15:03
Reported	02-Sep-2022 15:01	Order Number	G107H38804824
Status	Final	Source System	MiSys

CT Head Final
Donna Sullivan
Clinical History:

SATA bay 15

52F with known multiple calcified meningiomas, secondary epilepsy. 10/10 severe sudden onset left sided headache 10pm 1/9/22 upon standing, similar episodes through night and this morning, associated left sided facial numbness and left sided lower limb sensory reduction. Feels similar prodromal epilepsy symptoms to previous, nil LOC or vomiting. last CTB 2020. ? mass effect from meningioma ?SAH

CT Head:
Unenhanced CT head. Comparison is made to the most recent CT dated 01/12/2020.
There is no evidence of acute intracranial haemorrhage or extra-axial collection.
Multiple calcified parafalcine meningiomas as demonstrated previously there is been no significant change in size or appearance of these. There are as a few areas of patchy deep white matter low attenuation, appearances are nonspecific and most likely secondary to small vessel disease.
Unchanged configuration of ventricles and basal cisterns.
Unremarkable appearances of bony skull vault.

Summary: No acute intracranial pathology is demonstrated.

Reported by: Dr Olivia Knight
Verified by: Dr Olivia Knight

CT Urinary tract

Performed	26-Jul-2022 16:16	Received	26-Jul-2022 16:36
Reported	26-Jul-2022 16:34	Order Number	G107H38672874
Status	Final	Source System	MiSys

CT Urinary tract Final
Donna Sullivan
Clinical History :

52y female severe left sided loin to groin pain with assoc urinary retention, urine dip NAD. CTKUB ?renal calculi. Cubicle 13, trolley, porter thanks

CT Urinary tract :
Noncontrast CT KUB. The renal tract appears unremarkable with no calculi demonstrated at any point. No evidence of any left renal inflammation either. No suggestion of any ovarian pathology.

A small cyst or haemangioma in the spleen was demonstrated on the previous MRCP from 08/03/2019. No other incidental findings of note.

Summary: No cause for the current presentation demonstrated.

Reported by: Dr Alasdair McCafferty
Verified by: Dr Alasdair McCafferty

XR Chest

Performed	27-Jan-2022 16:44	Received	28-Jan-2022 09:09
Reported	28-Jan-2022 09:07	Order Number	G107H38083557
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

T3, trolley, Maj B. chest pain, crreps rightbase. ?consolidation

XR Chest :
Comparison is made with the previous film of 14/10/2021.Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact. No pneumothorax or pleural effusion. No evidence of cardiac decompensation.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

US Abdomen

Performed	15-Jul-2021 14:18	Received	15-Jul-2021 15:55
Reported	15-Jul-2021 15:53	Order Number	G107H37452950
Status	Final	Source System	MiSys

US Abdomen Final
Donna Sullivan
Clinical History :

50F 4/7 Hx RUQ pain radiating to back and right shoulder tip with associated vomiting. Abdo soft, tender RUQ. Normal bloods. ?biliary colic

US Abdomen :
The liver is enlarged measuring 17 cm and demonstrates a diffusely echogenic echotexture suggestive of fatty infiltration/parenchymal change. No focal lesions seen. Focal fatty sparing noted adjacent to the gallbladder. The portal vein is patent with hepatopetal flow.
No evidence of calculi seen within the thin walled gallbladder. The bile ducts do not appear dilated.
Tail of the pancreas is obscured by overlying bowel gas. The aorta is of normal calibre.
Both kidneys are at upper limits of normal, the right measuring 12.6 cm and the left measuring 12.1 cm.
The spleen is unremarkable measuring 9.4 cm.
No significant change from prior scan dated 20-05-2021.

Examination performed and reported by Tina Wilson, locum sonographer.

Reported by: Tina Wilson (Locum Sonographer)
Verified by: Tina Wilson (Locum Sonographer)

XR Chest

Performed	14-Jul-2021 14:24	Received	10-Aug-2021 10:51
Reported	10-Aug-2021 10:49	Order Number	G107H37452269
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

upper abdo pain, vomiting, cxr to exclude perf

XR Chest :
The heart is not enlarged. The lungs are clear. No free air under the diaphragm.

Reported by: Dr Gregory O'Neill
Verified by: Dr Gregory O'Neill

US Abdomen

Performed	20-May-2021 11:46	Received	20-May-2021 13:31
Reported	20-May-2021 13:29	Order Number	G107H37024392
Status	Final	Source System	MiSys

US Abdomen Final
Donna Sullivan
Clinical History :

Complains of frequent severe epigastric pain radiating to back. normal endoscopy. Type 2 DM and known fatty liver. Exclude structural pathology e.g gallstone disease.Diabetes on metformin and empoglifizin

US Abdomen :
Hepatomegaly with increased echogenicity in keeping with fatty infiltration or parenchymal change. No focal abnormality visualised. Portal vein is patent with hepatopetal flow.
No gross abnormality identified the gallbladder, biliary tree, kidneys, pancreas, spleen or aorta.
No free fluid present.

Mairi Weir
Sonographer
RA 26264

Reported by: Mairi Weir (Sonographer)
Verified by: Mairi Weir (Sonographer)

CT Head

Performed	01-Dec-2020 13:20	Received	01-Dec-2020 14:13
Reported	01-Dec-2020 14:11	Order Number	G107H36757633
Status	Final	Source System	MiSys

CT Head Final
Donna Sullivan
Clinical History :
known calcified meningioma no f/u in 2020 due to cov 3 weeks worsening occipital and right sided headache severe today feels weak rhs ? tumour progression ? other

CT Head :
Unenhanced CT head. Comparison to 03/09/2019.

Multiple, calcified parafalcine meningiomas are again seen. These have not changed significantly when compared with the previous study.
Otherwise, unremarkable appearance of the brain parenchyma.
No evidence of acute haemorrhage or major territorial infarct.
The ventricles and basal cisterns are patent.
Incidental empty sella, as before. Otherwise, normal appearance of the midline structures and cranio-cervical junction.
Normal aeration of the mastoid air cells and visualised paranasal sinuses.

The skull vault and base of skull appear intact.

Opinion:
No acute intracranial pathology. Static appearances when compared to 03/09/2019.

Reported by: Dr Sophie McDermott (SpR) and Dr Richard McDonald
Verified by: Dr Richard McDonald

XR Pelvis

Performed	13-Nov-2019 13:42	Received	15-Nov-2019 15:07
Reported	15-Nov-2019 15:05	Order Number	G107H35709670
Status	Final	Source System	MiSys

XR Pelvis Final
Donna Sullivan
Clinical History :

L groin pain o/e reduced ROM L hip paraethesia L leg

XR Pelvis :
Hip joint spaces are preserved bilaterally. No radiological evidence of degenerative change of the hips.
IUCD noted within the pelvis.
Static appearances since prior imaging dated 18/03/2019.

Examination reported by Lianne Boyce - Reporting Radiographer.

Reported by: Lianne Boyce
Verified by: Lianne Boyce

XR Chest

Performed	07-Nov-2019 09:10	Received	11-Nov-2019 15:22
Reported	11-Nov-2019 15:20	Order Number	G107H35686918
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

PERSISTENT COUGH 6 WEEKS O/E r BASAL CRACKLES ? LOWER RTI

XR Chest :
Comparison is made with the previous film of 19/11/2018.Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

CT Head

Performed	03-Sep-2019 18:15	Received	03-Sep-2019 18:46
Reported	03-Sep-2019 18:33	Order Number	G107H35464326
Status	Final	Source System	MiSys

CT Head Final
Donna Sullivan
Clinical History :
49 Y/O. presented with sudden onset occipital headache 10/10. shap in nature with blurred vision and flashing lights affecting right eye for 5 minutes after this. aslo complains of light sensitivity. known meningiomas and migraines however this pattern of headache is not normal for her. ?SAH

CT Head :
Noncontrast volume acquisition of the head. Comparison made with the CT of 02/01/2019.

No evidence of an acute infarct or intra or extra-axial haemorrhage.

As before, there are numerous partly calcified meningiomas which have not changed significantly since the previous CT. Otherwise, the brain parenchyma is grossly unremarkable in appearance. Normal midline structures and cranio-cervical junction. Incidental note made of an empty sella.
The skull vault is intact and the visualised paranasal sinuses and mastoid air cells are clear.

Conclusion: No acute intracranial findings. CT does not entirely exclude subarachnoid haemorrhage.

Reported by: Dr Siobhan Mathieson (SpR) and Dr Desmond Alcorn
Verified by: Dr Siobhan Mathieson (SpR)

US Soft tissue

Performed	26-Jun-2019 08:37	Received	26-Jun-2019 10:04
Reported	26-Jun-2019 10:02	Order Number	G107H35060715
Status	Final	Source System	MiSys

US Soft tissue Final
Donna Sullivan
Clinical History :

Is the Lump Tender and/or Non-mobile? : No
Is the size of Lump greater than 5cm? : No
Any significant growth over past 3 months? : Yes
Please describe increase in size: : 4 by 5 cm soft tissue swelling R suprascapular area
Location of Lump: : R scapula
soft tissue swelling R scapular area

Findings
Lump felt at the right side upper back corresponds to a 36 x 10 x 35 mm subcutaneous lipomatous lesion. It has a smooth pattern, linear striations, contains no calcifications and is avascular on Doppler techniques.

Interpretation
Subcutaneous lipoma, right side upper back.
Allowing for ultrasound limitations, no lipoma sinister characteristics of note.

Reported by: Godfrey Tumwesigye (Locum Sonographer)
Verified by: Godfrey Tumwesigye (Locum Sonographer)

XR Pelvis

Performed	18-Mar-2019 14:17	Received	29-Mar-2019 12:41
Reported	29-Mar-2019 12:39	Order Number	G107H34889516
Status	Final	Source System	MiSys

XR Pelvis Final
Donna Sullivan
Clinical History :

joint pain

XR Pelvis :
No significant bone or joint abnormalities are identified.
An IUCD is seen in situ.

XR Knee Both :
Minimal medial compartment joint space narrowing is demonstrated bilaterally with tiny proximal pole retropatellar osteophyte also evident.
Features are indicative of early osteoarthritis.

XR Hand Both :
No obvious bone or joint abnormalities are seen.
A subcortical cyst is noted on the radial aspect of the right scaphoid.

Report by Jonathan McConnell consultant reporting radiographer.

Reported by: Jonathan McConnell
Verified by: Jonathan McConnell

XR Knee Both

Performed	18-Mar-2019 14:17	Received	29-Mar-2019 12:41
Reported	29-Mar-2019 12:39	Order Number	G107H34889517
Status	Final	Source System	MiSys

XR Pelvis Final
Donna Sullivan
Clinical History :

joint pain

XR Pelvis :
No significant bone or joint abnormalities are identified.
An IUCD is seen in situ.

XR Knee Both :
Minimal medial compartment joint space narrowing is demonstrated bilaterally with tiny proximal pole retropatellar osteophyte also evident.
Features are indicative of early osteoarthritis.

XR Hand Both :
No obvious bone or joint abnormalities are seen.
A subcortical cyst is noted on the radial aspect of the right scaphoid.

Report by Jonathan McConnell consultant reporting radiographer.

Reported by: Jonathan McConnell
Verified by: Jonathan McConnell

XR Hand Both

Performed	18-Mar-2019 14:17	Received	29-Mar-2019 12:41
Reported	29-Mar-2019 12:39	Order Number	G107H34889518
Status	Final	Source System	MiSys

XR Pelvis Final
Donna Sullivan
Clinical History :

joint pain

XR Pelvis :
No significant bone or joint abnormalities are identified.
An IUCD is seen in situ.

XR Knee Both :
Minimal medial compartment joint space narrowing is demonstrated bilaterally with tiny proximal pole retropatellar osteophyte also evident.
Features are indicative of early osteoarthritis.

XR Hand Both :
No obvious bone or joint abnormalities are seen.
A subcortical cyst is noted on the radial aspect of the right scaphoid.

Report by Jonathan McConnell consultant reporting radiographer.

Reported by: Jonathan McConnell
Verified by: Jonathan McConnell

MRCP

Performed	08-Mar-2019 08:41	Received	11-Mar-2019 16:04
Reported	11-Mar-2019 16:02	Order Number	G107H34842295
Status	Final	Source System	MiSys

MRCP Final
Donna Sullivan
Clinical History :
RUQ pain 1/52. Increasing frequency of gripping pain associated with nausea and bilious vomiting. LFTs deranged but AUSS normal. Liver screen show no gross abnormality. ?stones unseen on US

MRCP :
Standard MRCP protocol.

Comparison made to previous ultrasound dated 03/03/2019.
The CBD is within normal limits (measuring approximately 5 mm), and tapers smoothly to ampulla. No evidence of pancreatic duct dilatation or intrahepatic biliary duct dilatation. The thinned-wall gallbladder is unremarkable. No focal lesions seen within the liver.

Remainder of solid upper abdominal organs are unremarkable.

Summary: CBD is within normal limits. No gallbladder of ductal stones.

Reported by: Dr Sanad Hadidi (SpR) and Dr Abdullah Al-Adhami
Verified by: Dr Abdullah Al-Adhami

US Abdomen

Performed	03-Mar-2019 11:20	Received	03-Mar-2019 14:06
Reported	03-Mar-2019 14:04	Order Number	G107H34833857
Status	Final	Source System	MiSys

US Abdomen Final
Donna Sullivan
Clinical History :

RUQ pain; Murphy's positive; AST 88 ALT 174 ?Gallstones

US Abdomen :

There is severe diffuse fatty infiltration of the liver hindering the visualisation of the posterior liver segments. Allowing for the above, no focal liver abnormality identified.
Unremarkable appearance of the gallbladder with no gallstones seen. Normal calibre CBD.
Normal hepatopetal flow within the portal vein.
Unremarkable appearance of both kidneys.
Normal size spleen.

Reported by: Dr Hesham Dyab (SpR)
Verified by: Dr Hesham Dyab (SpR)

CT Head

Performed	02-Jan-2019 12:24	Received	02-Jan-2019 13:03
Reported	02-Jan-2019 13:01	Order Number	G107H34624336
Status	Final	Source System	MiSys

CT Head Final
Donna Sullivan
Clinical History :

History of meningiomas, migraine headaches and seizures. Left sided headache and double vision for 2 days. Worst headache ever 10/10 GCS 15 Nil focal ?related to Meningiomas ? migraine ??IC bleed

(Information via Order Comms)

CT Head :
Noncontrast volume acquisition performed through the brain, comparison made to the previous study of 3 May 2018.

There are multiple calcified lesions within the left parafalcine region consistent with the patient's known meningiomas. There has been no visible change when compared to 3 May 2018 with no structural change to account for the patient's symptoms.
No evidence of acute intracranial haemorrhage demonstrated.

Reported by: Dr John Shand
Verified by: Dr John Shand

MRI Head

Performed	20-Nov-2018 13:54	Received	20-Nov-2018 17:01
Reported	20-Nov-2018 16:59	Order Number	G107H34485939
Status	Final	Source System	MiSys

MRI Head Final
Donna Sullivan
Clinical History :
known multiple meningiomas, last scan may, gets scan every six months. presenting today, following query seizure episode with tongue biting (no recollection of events), also confusion for one week, daughter states more confused than normal, seems confabulous and disorientated, no new focal neurology. has weak right upper limb and weak left lower limb normally. persistent headache. no cn deficit. numbness down left leg. looking for progression of tumours to explain symptoms in absence of obvious other cause

MRI Head :
Technique: Fast-track brain protocol with diffusion and 3-D T2 Flair sequences. Compared to previous MRI the head most recently dated 19/03/2018.

There are 2 parafalcine meningiomas in the left occipital lobe which are unchanged compared to previous MRIs with no evidence of mass effect.

Unremarkable cranio-cervical junction and midline structures. The expected major intracranial vascular flow voids are normal.

There is no convincing signal abnormality on diffusion sequences to suggest recent ischaemic event. A few small scattered foci of T2/T2 FLAIR white matter hyperintensity that are unchanged compared to previous MRIs and may reflect small microangiopathic foci.

Impression: No significant change.

Reported by: Dr Gillian Campbell (ST1) and Dr Richard McDonald
Verified by: Dr Richard McDonald

XR Chest

Performed	19-Nov-2018 14:42	Received	07-Jan-2019 12:01
Reported	07-Jan-2019 11:59	Order Number	G107H34487341
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

48 year old lady generally unwell ?chest infection

XR Chest :
The heart is not enlarged. Rotated film accounts for the differing densities of the hemithoraces. Difficult to exclude some minor atelectasis at left base but no gross lung pathology seen.

Reported by: Dr Alasdair McCafferty
Verified by: Dr Alasdair McCafferty

MRI Spine whole with contrast

Performed	05-Sep-2018 10:46	Received	05-Sep-2018 12:31
Reported	05-Sep-2018 12:29	Order Number	G107H34233450
Status	Final	Source System	MiSys

MRI Spine whole with contrast Final
Donna Sullivan
Clinical History :

48F. A/w worsening back pain + urinary incontinence over past 3 weeks. Complex neuro hx; known calcified meningiomas. Previous L5/S1 laminectomy. O/E - Globally reduced sensation in RUL; No sensation L1 LLL, reduced sensation L2-L3 and L5-S1 LLL. 4/5 power on RUL. 2/5 power L2-L5 LLL. Nornal anal tone. For MRI whole spine following d/w neurosurgery and Mr Elias Jones. ? underlying cause of symptoms. Thank you.

(Information via Order Comms)

MRI Spine whole with contrast :
T1-weighted, T2-weighted and STIR sagittal images with limited T2-weighted oblique axial images and post contrast T1-weighted axial and sagittal images. Comparison made to previous studies of 14 January 2017 and 5 October 2016.

There has been a previous right-sided laminectomy at L5/S1. There is loss of disc height at this level but the spinal canal and intervertebral foramina are patent. There is a small area of enhancing soft tissue arising posteriorly at the disc which it is in contact with the L5 root, this would be consistent with fibrosis.
At this L4/L5 there is also evidence of disc degeneration and a central to left sided disc prolapse which is potentially sequestrated with a small extension inferiorly on the left side of the canal. The intervertebral foramina are patent.
As before in the mid thoracic spine, T6/T7, T7/C8 and T8/T9 there are small posterior disc/osteophyte protrusions.
The remainder of the spinal canal and intervertebral was widely patent
Haemangioma noted in T7. Tarlov cysts in sacral canal.
No evidence of spinal meningioma identified.

In conclusion post-operative change with some fibrosis at the lumbosacral junction. New L4-5 disc prolapse.

Reported by: Dr John Shand
Verified by: Dr John Shand

US Abdomen

Performed	30-Aug-2018 09:08	Received	30-Aug-2018 12:41
Reported	30-Aug-2018 12:39	Order Number	G107H34099491
Status	Final	Source System	MiSys

US Abdomen Final
Donna Sullivan
Clinical History :

Right upper quadrant pain

US Abdomen :

The liver is enlarged and displays increased echogenicity in keeping with fatty infiltration. No obvious focal lesions identified. No intrahepatic duct dilatation demonstrated.
Hepato-petal flow was demonstrated in the portal vein.
The common duct is normal in calibre measuring 6 mm.
Normal appearances of the gallbladder, no gallstones.
Normal ultrasound appearances of both kidneys, spleen, pancreas and aorta.
No free fluid.

Reported by: Claire Lindsay (Radiog)
Verified by: Claire Lindsay (Radiog)

XR Abdomen

Performed	19-Jul-2018 16:00	Received	22-Jul-2018 11:19
Reported	22-Jul-2018 11:17	Order Number	G107H34082086
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History :
worsening left sided abdominal pain and vomiting. Background of chronic constipation and diverticular disease. Very tender left abdo and epigastrium with sluggish bowel sounds. Rule out obstruction.

XR Abdomen :
No obstruction or perforation. Unremarkable bowel gas pattern.

IUD in situ. Rectangular opacity projected over the upper sacrum is presumed artifactual.

Reported by: Dr Louise Hartley (ST4)
Verified by: Dr Louise Hartley (ST4)

US Forearm Rt

Performed	19-Jun-2018 10:02	Received	19-Jun-2018 10:10
Reported	19-Jun-2018 10:08	Order Number	G107H33831607
Status	Final	Source System	MiSys

US Forearm Rt Final
Donna Sullivan
Patient presents with a mass over the right forearm for ultrasound investigation

No discrete lesion was identified.

Normal adipose tissue was shown overlying the forearm muscles.

No pathology could be identified today.

Conclusion: Unremarkable study.

Examination and report completed by Jessica Yerbury

Reported by: Jessica Yerbury (Locum Sonographer)
Verified by: Jessica Yerbury (Locum Sonographer)

CT Head with contrast

Performed	03-May-2018 15:39	Received	03-May-2018 16:48
Reported	03-May-2018 16:46	Order Number	G107H33826726
Status	Final	Source System	MiSys

CT Head Final
Donna Sullivan
Clinical History :

right sided weakness since 5am, headache./ Hx multiple meningiomas ? intracranial bleed ? further SOL

CT Head :
Pre and post- contrast volume acquisitions through the brain.
Comparison has been made with CT dated 31/07/2017 and MRI dated 04/08/2017.

There are multiple calcified enhancing rounded meningiomas seen along the superior sagittal sinus and left parietal regions. These are unchanged from previous imaging.
No evidence of a further space-occupying lesion. No focal haemorrhage or large territory infarct.
The basal cisterns and foramen magnum are patent.
Well-aerated para nasal sinuses and mastoid air cells.
No bony abnormalities.

Conclusion: No interval change in meningiomas from previous imaging. No new space-occupying lesion.

CT Head with contrast :
See Ct head

Reported by: Dr Ramla Aziz (SpR) and Dr Leighton Walker
Verified by: Dr Leighton Walker

CT Head

Performed	03-May-2018 15:39	Received	03-May-2018 16:48
Reported	03-May-2018 16:46	Order Number	G107H33825641
Status	Final	Source System	MiSys

CT Head Final
Donna Sullivan
Clinical History :

right sided weakness since 5am, headache./ Hx multiple meningiomas ? intracranial bleed ? further SOL

CT Head :
Pre and post- contrast volume acquisitions through the brain.
Comparison has been made with CT dated 31/07/2017 and MRI dated 04/08/2017.

There are multiple calcified enhancing rounded meningiomas seen along the superior sagittal sinus and left parietal regions. These are unchanged from previous imaging.
No evidence of a further space-occupying lesion. No focal haemorrhage or large territory infarct.
The basal cisterns and foramen magnum are patent.
Well-aerated para nasal sinuses and mastoid air cells.
No bony abnormalities.

Conclusion: No interval change in meningiomas from previous imaging. No new space-occupying lesion.

CT Head with contrast :
See Ct head

Reported by: Dr Ramla Aziz (SpR) and Dr Leighton Walker
Verified by: Dr Leighton Walker

XR Chest

Performed	07-Dec-2017 14:49	Received	13-Dec-2017 11:35
Reported	13-Dec-2017 11:33	Order Number	G107H33336136
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :
Non-smoker with haemoptysis

XR Chest :
Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact. No change when compared with the previous film of 23/02/2017.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

MRI Head

Performed	04-Aug-2017 10:20	Received	04-Aug-2017 16:07
Reported	04-Aug-2017 16:05	Order Number	G107H32902871
Status	Final	Source System	MiSys

MRI Head Final
Donna Sullivan
Clinical History :

Admitted on 31/07/17 with new right sided weakness. Has history of multiple meningiomas. Also has longstanding numbness in the left leg and ongoing ear pain, dizziness and headache. CT head did not identify any changes. MRI requested to investigate potential stroke as cause of symptoms.

MRI Head : Comparison made with the previous study dated 27/04/2017

Technique : Transverse T2w TSE, T2w FLAIR & 3D T1w gradient echo, DWI & SWI.

Findings : The intracranial appearances are unchanged from the previous study, specifically the multiple parafalcine meningiomas are unchanged. No new region of restricted diffusion or T2w high signal demonstrated to indicate an acute ischaemic insult to explain the patient's symptoms. As before there is established small vessel disease.

Reported by: Dr Lindsey Norton (ST2) and Dr Giles Roditi
Verified by: Dr Giles Roditi

CT Head with contrast

Performed	31-Jul-2017 18:45	Received	31-Jul-2017 19:30
Reported	31-Jul-2017 19:28	Order Number	G107H32899419
Status	Final	Source System	MiSys

CT Head with contrast Final
Donna Sullivan
Clinical History :
? stroke ? progression or bleed from meningioma. complex BG of multiple meningiomas has new onset right upper arm weakness, husband notices slurring of speech and has had worsening left occipital headache and had a fall last week. d/w med reg for ctb please.

CT Head with contrast :
Plain and post contrast scans performed. Comparison made with most recent CT dated 07/04/2017.

No evidence of haemorrhage or acute ischaemia. Normal CSF spaces.
Multiple partially calcified, avidly enhancing lesions are again seen along the superior sagittal sinus and in the left vertex. These lesions are in keeping with meningiomas and are unchanged in size and distribution from the previous scan.
Skull vault intact, no fracture identified. Patent sinuses and mastoid air cells.

Conclusion:
No acute abnormality.
Multiple meningiomas.
Has a cause for multiple meningiomas ever been sought? (NF 2??).

CT Head :
Please see above report.

Reported by: Dr Orla Doyle (ST2) and Dr Douglas McCarter
Verified by: Dr Douglas McCarter

CT Head

Performed	31-Jul-2017 18:45	Received	31-Jul-2017 19:30
Reported	31-Jul-2017 19:28	Order Number	G107H32899454
Status	Final	Source System	MiSys

CT Head with contrast Final
Donna Sullivan
Clinical History :
? stroke ? progression or bleed from meningioma. complex BG of multiple meningiomas has new onset right upper arm weakness, husband notices slurring of speech and has had worsening left occipital headache and had a fall last week. d/w med reg for ctb please.

CT Head with contrast :
Plain and post contrast scans performed. Comparison made with most recent CT dated 07/04/2017.

No evidence of haemorrhage or acute ischaemia. Normal CSF spaces.
Multiple partially calcified, avidly enhancing lesions are again seen along the superior sagittal sinus and in the left vertex. These lesions are in keeping with meningiomas and are unchanged in size and distribution from the previous scan.
Skull vault intact, no fracture identified. Patent sinuses and mastoid air cells.

Conclusion:
No acute abnormality.
Multiple meningiomas.
Has a cause for multiple meningiomas ever been sought? (NF 2??).

CT Head :
Please see above report.

Reported by: Dr Orla Doyle (ST2) and Dr Douglas McCarter
Verified by: Dr Douglas McCarter

US Abdomen

Performed	05-Apr-2017 10:43	Received	05-Apr-2017 14:52
Reported	05-Apr-2017 14:50	Order Number	G107H32511385
Status	Final	Source System	MiSys

US Abdomen Final
Donna Sullivan
Clinical History :
transaminitis for several weeks, hypercholesterolaemia, ?evidence of fatty infiltration of liver. ? other focal hepatic cause for LFT derangement
Deranged LFTs. Hx diet controlled DM. ?hepatic pathology
(Information via Order Comms)

US Abdomen :
Marked increased liver echogenicity in keeping with diffuse fatty infiltration or parenchymal liver disease. No focal liver lesion identified, though the entire liver could not be adequately visualised due to marked increased echogenicity. Normal portal vein flow direction. Unable to visualise the CBD, but no dilated structures in the porta hepatis and no intrahepatic biliary dilatation. Unremarkable appearances of the gallbladder, visualised pancreas, spleen, aorta and both kidneys. No free fluid.

Summary:
Echogenic liver, likely diffuse fatty infiltration.

Reported by: Dr Abdullah Al-Adhami
Verified by: Dr Abdullah Al-Adhami

XR Chest

Performed	23-Feb-2017 22:16	Received	24-Feb-2017 12:12
Reported	24-Feb-2017 12:10	Order Number	G107H32379085
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

known to have recurrent Bronchiectasis, presented with chest pain and SOB ? LRTI

XR Chest :

PA study. Normal cardiomediastinal contours. No focal active pulmonary disease. The bony thorax is intact. No interval change compared to previous examination of 06/10/2016.

Reported by: Dr Javraj Dhaliwal(ST1) and Dr Abdullah Al-Adhami
Verified by: Dr Abdullah Al-Adhami

CT Head with contrast

Performed	02-Dec-2016 12:38	Received	02-Dec-2016 13:07
Reported	02-Dec-2016 13:05	Order Number	G107H32100680
Status	Final	Source System	MiSys

CT Head with contrast Final
Donna Sullivan
Clinical History :

meningiomas with retinal vein occlusion. PC - worsening headache and arm weakness. Is there any interval change in appearance of meningiomas?

(Information via Order Comms)

CT Head with contrast :
Volume acquisition performed through the brain with IV contrast stop comparison made to previous study of 26 July 2016.
As before there are multiple partially calcified enhancing meningioma. No new lesions identified and no significant change in appearance.

Reported by: Dr John Shand
Verified by: Dr John Shand

XR Chest

Performed	06-Oct-2016 10:27	Received	06-Oct-2016 11:31
Reported	06-Oct-2016 11:29	Order Number	G107H31916224
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History : 46 year old lady. Increase in white cells. ?chest infection.

XR Chest : Normal heart size and mediastinal contours. No focal active lung pathology. Intact bony thorax. No significant interval change since the previous radiograph of 19/07/2016

Reported by: Dr Srikanth Puttagunta (SpR)
Verified by: Dr Srikanth Puttagunta (SpR)

MRI Spine whole with contrast

Performed	05-Oct-2016 11:24	Received	05-Oct-2016 17:38
Reported	05-Oct-2016 17:36	Order Number	G107H31907069
Status	Final	Source System	MiSys

MRI Spine whole with contrast Final
Donna Sullivan
Clinical History :
Known meningioma Progressive symptoms with new left arm and leg weakness and altered sensation, left facial numbness. Urinary incontinence and constipation ? spinal lesions ? bleed/progression meningioma

MRI Spine whole with contrast :
Comparison is made with previous scan dated 25/07/2014.

No evidence of spinal meningioma.

Small disc complexes at T6/T7, T7/8 and T8/9.

Small generalised disc bulges at L3/L4, L4/L5 and L5/S1, appear similar to previous MRI dated 25/7/15. No convincing evidence of exiting nerve root compression, however no axials were performed.

Small Tarlov cyst.

MRI Head with contrast :
Comparison is made to the previous scan dated 01/08/2016.

The multiple parafalcine meningiomas which have not changed significantly since the previous scan. As on previous CT venogram, the posterior aspect of the superior sagittal sinus is displaced contralaterally, without definite invasion. The sinuses are patent and the configuration is unchanged from previous CT venogram dated 19/9/16.

No acute ischaemia. No intracranial haemorrhage.
Again there are scattered deep white matter high T2 signal changes in keeping with small vessel disease.
Normal ventricular system and vascular flow voids.

Impression: No significant disease progression to explain new neurological symptoms.

Reported by: Dr Paul Armstrong and Dr Paul Armstrong
Verified by: Dr Paul Armstrong

MRI Head with contrast

Performed	05-Oct-2016 11:24	Received	05-Oct-2016 17:38
Reported	05-Oct-2016 17:36	Order Number	G107H31907070
Status	Final	Source System	MiSys

MRI Spine whole with contrast Final
Donna Sullivan
Clinical History :
Known meningioma Progressive symptoms with new left arm and leg weakness and altered sensation, left facial numbness. Urinary incontinence and constipation ? spinal lesions ? bleed/progression meningioma

MRI Spine whole with contrast :
Comparison is made with previous scan dated 25/07/2014.

No evidence of spinal meningioma.

Small disc complexes at T6/T7, T7/8 and T8/9.

Small generalised disc bulges at L3/L4, L4/L5 and L5/S1, appear similar to previous MRI dated 25/7/15. No convincing evidence of exiting nerve root compression, however no axials were performed.

Small Tarlov cyst.

MRI Head with contrast :
Comparison is made to the previous scan dated 01/08/2016.

The multiple parafalcine meningiomas which have not changed significantly since the previous scan. As on previous CT venogram, the posterior aspect of the superior sagittal sinus is displaced contralaterally, without definite invasion. The sinuses are patent and the configuration is unchanged from previous CT venogram dated 19/9/16.

No acute ischaemia. No intracranial haemorrhage.
Again there are scattered deep white matter high T2 signal changes in keeping with small vessel disease.
Normal ventricular system and vascular flow voids.

Impression: No significant disease progression to explain new neurological symptoms.

Reported by: Dr Paul Armstrong and Dr Paul Armstrong
Verified by: Dr Paul Armstrong

MRI Head

Performed	01-Aug-2016 09:26	Received	01-Aug-2016 12:13
Reported	01-Aug-2016 10:44	Order Number	G107H31680575
Status	Final	Source System	MiSys

MRI Head Final
Donna Sullivan
Clinical History :
Dx with multiple meningioma's last week. Admitted with new neurological symptoms - right sided visual blurring, burning sensation of right side of face and arm. Potential collapse/seziure yesterday. CT unchanged, but any vascular problems?

MRI Head :
Standard MRI head sequences with diffusion weighted imaging and post-contrast T1. Note is made of the recent CT dated 26/07/2016.

Scattered deep white matter high T2 signal changes are non-specific but most likely to represent small ve2ssel disease. No restricted diffusion to suggest recent ischaemia. Normal ventricular system and vascular flow voids.

Multiple extra-axial lesions, predominantly in a superior parafalcine location. The lesions are isointense on T1, iso and hypointense on T2 and demonstrate avid contrast enhancement in keeping with multiple meningiomas. Some of the larger meningiomas show signal loss on the susceptibility sequences which correlates with the calcification seen on CT. No evidence of cranial nerve Schwannoma.

Conclusion: Multiple meningiomas as described on the CT. Patient will require follow up MRI at least yearly.

Reported by: Dr Siobhan Mathieson (ST2) and Dr Leighton Walker
Verified by: Dr Siobhan Mathieson (ST2)

CT Head

Performed	26-Jul-2016 21:24	Received	27-Jul-2016 08:29
Reported	27-Jul-2016 08:27	Order Number	G107H31677711
Status	Final	Source System	MiSys

CT Head Final
Donna Sullivan
Clinical History :

Attended 1 week ago with headache, CTB contrast showed multiple meningiomas, awaiting outpatient neurosurgical appointment. Re-attended today with ongoing dull central headache, concerns of slurred speech and confusion from family. On examination, GCS 15, c/o sensory disturbance to right face and right upper limb, new in onset. Nil other focal neurology. Repeat CTB please ?haemorrahge ?change from previous CT

CT Head :
Unenhanced CT acquisition of the head.
Comparison with previous CT head dated 19/07/2016.

Multiple meningiomas as before. No new findings - specifically, no evidence of acute haemorrhage, extra-axial collection or infarct. No hydrocephalus. Normal cranio-cervical junction. The skull vault and skull base are intact.

Provisional report discussed with referring clinician at 21:45.

Reported by: Dr Robert Fleming(spr) and Dr Richard McDonald
Verified by: Dr Richard McDonald

CT Head with contrast

Performed	19-Jul-2016 13:12	Received	19-Jul-2016 14:24
Reported	19-Jul-2016 14:22	Order Number	G107H31653961
Status	Final	Source System	MiSys

CT Head Final
Donna Sullivan
Clinical History :

Severe sudden onset headache around 5pm last night. Behind eyes and occipital region. Constant since 3 am when awoke with it. Similar less severe headache 2 weeks ago. Episode visual blurring around 10am this morning with collapse and LOC (unknown if head injury). Raised BP. Ankle swellig and mild sob. ?pulmonary oedema

CT Head :
Pre and postcontrast scans have been performed. There are no prior CTs for comparison. The post contrast scan was severely affected by patient movement and had to be repeated.

There are multiple calcified dural based lesions within the superior left hemisphere mainly centred around the parietal region. In addition there are multiple further lesions arising from the inter hemispheric fissure. The appearance is felt most likely to represent multiple meningiomas. There are some areas of mild enhancement. Is the patient known to have any genetic predisposition to multiple meningiomas or neurofibromatosis (NF2).

There is no evidence of sulcal effacement or gross recent mass effect. There is likely longstanding indentation of the adjacent parietal lobe in places No evidence of acute haemorrhage, established infarction or hydrocephalus. On bony review there are areas of hyperostosis related to these presumed meningiomas.

Given the close proximity to the superior sagittal sinus, sinus invasion cannot be excluded with associated effect on the venous flow, however there is no gross evidence of venous thrombosis.

A neurosurgical/neuro radiology opinion is advised for advice on any further imaging or treatment.

CT Head with contrast :
See above.

Reported by: Dr Christopher Nicholas
Verified by: Dr Christopher Nicholas

CT Head

Performed	19-Jul-2016 13:12	Received	19-Jul-2016 14:24
Reported	19-Jul-2016 14:22	Order Number	G107H31653629
Status	Final	Source System	MiSys

CT Head Final
Donna Sullivan
Clinical History :

Severe sudden onset headache around 5pm last night. Behind eyes and occipital region. Constant since 3 am when awoke with it. Similar less severe headache 2 weeks ago. Episode visual blurring around 10am this morning with collapse and LOC (unknown if head injury). Raised BP. Ankle swellig and mild sob. ?pulmonary oedema

CT Head :
Pre and postcontrast scans have been performed. There are no prior CTs for comparison. The post contrast scan was severely affected by patient movement and had to be repeated.

There are multiple calcified dural based lesions within the superior left hemisphere mainly centred around the parietal region. In addition there are multiple further lesions arising from the inter hemispheric fissure. The appearance is felt most likely to represent multiple meningiomas. There are some areas of mild enhancement. Is the patient known to have any genetic predisposition to multiple meningiomas or neurofibromatosis (NF2).

There is no evidence of sulcal effacement or gross recent mass effect. There is likely longstanding indentation of the adjacent parietal lobe in places No evidence of acute haemorrhage, established infarction or hydrocephalus. On bony review there are areas of hyperostosis related to these presumed meningiomas.

Given the close proximity to the superior sagittal sinus, sinus invasion cannot be excluded with associated effect on the venous flow, however there is no gross evidence of venous thrombosis.

A neurosurgical/neuro radiology opinion is advised for advice on any further imaging or treatment.

CT Head with contrast :
See above.

Reported by: Dr Christopher Nicholas
Verified by: Dr Christopher Nicholas

XR Chest

Performed	19-Jul-2016 12:46	Received	20-Jul-2016 10:24
Reported	20-Jul-2016 10:22	Order Number	G107H31653713
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

Severe sudden onset headache around 5pm last night. Behind eyes and occipital region. Constant since 3 am when awoke with it. Similar less severe headache 2 weeks ago. Episode visual blurring around 10am this morning with collapse and LOC (unknown if head injury). Raised BP. Ankle swellig and mild sob. ?pulmonary oedema

XR Chest:

The heart is not enlarged and mediastinal contours are normal. Lungs clear, no change compared to recent film of 02/07/2016.

Reported by: Dr Giles Roditi
Verified by: Dr Giles Roditi

XR Chest

Performed	02-Jul-2016 10:02	Received	02-Jul-2016 13:52
Reported	02-Jul-2016 13:50	Order Number	G107H31603634
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

Presented with central chest pain? Cause

XR Chest :
Comparison with previous chest x-ray dated 01/02/2016. The heart and mediastinum are within normal limits. The lungs are clear. No significant interval change compared to the previous examination.

Reported by: Dr Robert Fleming(spr)
Verified by: Dr Robert Fleming(spr)

XR Chest

Performed	01-Feb-2016 07:46	Received	01-Feb-2016 12:41
Reported	01-Feb-2016 12:39	Order Number	G107H31087428
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History :

scope colonoscy 1/7 LUQ pain ? ? perf

scope colonoscy 1/7 LUQ pain ? ? perf

XR Abdomen :
Nonspecific bowel gas pattern. No diagnostic features of obstruction. IUCD noted in the pelvis.

XR Chest :
The heart is not enlarged, mediastinal contours within normal limits. No focal active pulmonary pathology demonstrated. No subdiaphragmatic free air.

Reported by: Dr Abdullah Al-Adhami
Verified by: Dr Abdullah Al-Adhami

XR Abdomen

Performed	01-Feb-2016 07:46	Received	01-Feb-2016 12:41
Reported	01-Feb-2016 12:39	Order Number	G107H31087427
Status	Final	Source System	MiSys

XR Abdomen Final
Donna Sullivan
Clinical History :

scope colonoscy 1/7 LUQ pain ? ? perf

scope colonoscy 1/7 LUQ pain ? ? perf

XR Abdomen :
Nonspecific bowel gas pattern. No diagnostic features of obstruction. IUCD noted in the pelvis.

XR Chest :
The heart is not enlarged, mediastinal contours within normal limits. No focal active pulmonary pathology demonstrated. No subdiaphragmatic free air.

Reported by: Dr Abdullah Al-Adhami
Verified by: Dr Abdullah Al-Adhami

XR Wrist Rt

Performed	30-Nov-2015 09:34	Received	30-Nov-2015 10:14
Reported	30-Nov-2015 10:12	Order Number	G107H30891410
Status	Final	Source System	MiSys

XR Shoulder Rt Final
Donna Sullivan
Clinical History :

Assaulted with twist to arm and fall to ground. Tender to R distal radius and proximal humerus ? #

Assaulted with twist to arm and fall to ground. Tender to R distal radius and proximal humerus ? #

XR Shoulder Rt :
No acute bone or joint abnormality identified.
Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

XR Wrist Rt :
No acute bone or joint abnormality identified.
Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

Reported by: Dr Leighton Walker
Verified by: Dr Leighton Walker

XR Shoulder Rt

Performed	30-Nov-2015 09:34	Received	30-Nov-2015 10:14
Reported	30-Nov-2015 10:12	Order Number	G107H30891409
Status	Final	Source System	MiSys

XR Shoulder Rt Final
Donna Sullivan
Clinical History :

Assaulted with twist to arm and fall to ground. Tender to R distal radius and proximal humerus ? #

Assaulted with twist to arm and fall to ground. Tender to R distal radius and proximal humerus ? #

XR Shoulder Rt :
No acute bone or joint abnormality identified.
Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

XR Wrist Rt :
No acute bone or joint abnormality identified.
Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

Reported by: Dr Leighton Walker
Verified by: Dr Leighton Walker

XR Chest

Performed	16-Nov-2015 18:41	Received	17-Nov-2015 11:51
Reported	17-Nov-2015 11:49	Order Number	G107H30848004
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :
sharp rt sided chest pain, decr a.e ? infection

XR Chest :
Normal cardiomediastinal contours. The lungs are clear. No bony abnormality demonstrated.
No change compared with 10/09/2009.

Reported by: Dr Laura Preston (SpR) and Dr Colin Noble
Verified by: Dr Colin Noble

XR Chest

Performed	23-Sep-2015 11:37	Received	30-Sep-2015 13:06
Reported	30-Sep-2015 13:04	Order Number	G107H30674098
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :
Recurrent chest infections. Smoker.

XR Chest :
No change when compared with the previous film of 12/08/2015. Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

XR Chest

Performed	12-Aug-2015 11:20	Received	13-Aug-2015 09:20
Reported	13-Aug-2015 09:18	Order Number	G107H30533787
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

acute onset SOB, chest pain ? LRTI ?pneumothorax

XR Chest :
Comparison with previous chest x-ray dated 23/09/2014. The heart and mediastinum are within normal limits. The lungs are clear. No evidence of pneumothorax. No significant change compared to the previous examination.

XR Chest :
See above.

Reported by: Dr Robert Fleming(spr)
Verified by: Dr Robert Fleming(spr)

XR Chest

Performed	12-Aug-2015 11:20	Received	13-Aug-2015 09:20
Reported	13-Aug-2015 09:18	Order Number	G107H30533792
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

acute onset SOB, chest pain ? LRTI ?pneumothorax

XR Chest :
Comparison with previous chest x-ray dated 23/09/2014. The heart and mediastinum are within normal limits. The lungs are clear. No evidence of pneumothorax. No significant change compared to the previous examination.

XR Chest :
See above.

Reported by: Dr Robert Fleming(spr)
Verified by: Dr Robert Fleming(spr)

XR Facial bones

Performed	15-Jun-2015 21:53	Received	16-Jun-2015 11:17
Reported	16-Jun-2015 11:15	Order Number	G107H30356489
Status	Final	Source System	MiSys

XR Facial bones Final
Donna Sullivan
Clinical History :

Direct blow to right periorbital tissue with metal fire door. Tender on palpation. pls r/o # right zygoma

XR Facial bones :
The facial bones are intact.
Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

US Pelvis

Performed	24-Sep-2014 10:40	Received	24-Sep-2014 12:39
Reported	24-Sep-2014 12:37	Order Number	G107H29502518
Status	Final	Source System	MiSys

US Pelvis Final
Donna Sullivan
Clinical History :

44 year old female with lower abdominal pain -prev colonoscopy 6 days previously - normal aside from diverticulosis - has now had ongoing abdominal pain, not settled overnight - ? ovarian/pelvic cause

US Pelvis :
Normal anteverted uterus. Mirena coil in situ lying within the endometrial cavity.

Normal right ovary with several small simple follicles - the largest measures 2.5 cm maximally.

Bowel gas obscures the left adnexal region and consequently the left ovary is not visualised.

No free fluid.

Summary: No significant abnormality is demonstrated.

Reported by: Dr Robert Foster (SpR)
Verified by: Dr Robert Foster (SpR)

XR Chest

Performed	23-Sep-2014 17:20	Received	24-Sep-2014 12:17
Reported	24-Sep-2014 12:15	Order Number	G107H29501821
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :

post colonscopy- perforation, free air in chest

XR Chest :

The heart is not enlarged and mediastinal contours are normal. Lungs clear with no free subdiaphragmatic gas.

Reported by: Dr Giles Roditi
Verified by: Dr Giles Roditi

MRI Spine lumbar and sacral

Performed	25-Jul-2014 15:28	Received	25-Jul-2014 16:38
Reported	25-Jul-2014 16:36	Order Number	G107H29302033
Status	Final	Source System	MiSys

MRI Spine lumbar and sacral Final
Donna Sullivan
Clinical History : Fall 20/7 injuring lower back (landed on sacrum). Since then acute back back, several episodes of urinary incontinence and one episode of faecal incontinence. slightly reduced anal tone but otherwise no new examination findings.MRI scan to rule out cauda equina syndrome please. pmhx previous discectomy 2002

MRI Spine lumbar and sacral :

Technique : Sagittal T1w, T2w & STIR type. Transverse disc oriented T2w at L3/4, L4/5 & L5/S1 levels.

Findings : Vertebral alignment is satisfactory and the vertebrae are intact. There is degenerative change at the L4/L5 and L5/S1 discs which are reduced in signal and height. Other discs reasonably preserved. Although the discs are degenerate there is no significant neural compromise at either of these levels or anywhere else in the lumbar spine. The nerves exit freely bilaterally. There is no intrinsic lesion of conus medullaris or roots of the cauda equina.

Comment: Degenerate L4/L5 & L5/S1 discs but otherwise negative MRI study.

Reported by: Dr Giles Roditi
Verified by: Dr Giles Roditi

CT Abdomen

Performed	17-May-2013 13:52	Received	21-May-2013 17:34
Reported	21-May-2013 17:12	Order Number	G107H27903985
Status	Final	Source System	MiSys

CT Abdomen Final
Donna Sullivan
Clinical History :
Persistent severe epigastric discomfort radiating to back. All other investigation is normal. Exclude chronic pancreatitis.

CT Abdomen :
The pancreas appears normal with no evidence of chronic pancreatitis.
No focal liver abnormality demonstrated. No significant pancreatic, splenic, renal or adrenal abnormality identified. There is a tiny cyst noted within the spleen unlikely to be of significance.
The SMA and coeliac axis appear patent.
Lumbosacral degenerative changes noted but no significant bone lesions identified.

Conclusion: No evidence of chronic pancreatitis.

Reported by: Dr Ian McCrea
Verified by: Dr Ian McCrea

NM Solid gastric emptying study

Performed	23-Aug-2012 08:41	Received	24-Aug-2012 14:38
Reported	24-Aug-2012 14:16	Order Number	G107H27075741
Status	Final	Source System	MiSys

NM Solid gastric emptying study Final
Donna Sullivan
Clinical History :
GORD. Unresponsive to large dose acid suppression. Probable IBS. Query element of gastroparesis. Very symptomatic.

NM Solid gastric emptying study :
There was some forward progression of gastric content during the study but emptying was delayed. Half life of solid phase gastric emptying was calculated at 96 minutes (normal range 30-90). At the end of the study at 90 minutes, 57% of initial tracer meal remained in the stomach.

Conclusion:
The appearances suggests a degree of gastroparesis.

Reported by: Dr Sai Han
Verified by: Dr Sai Han

US Abdomen

Performed	27-Jan-2012 13:46	Received	27-Jan-2012 14:50
Reported	27-Jan-2012 14:28	Order Number	G107H26580778
Status	Final	Source System	MiSys

US Abdomen Final
Donna Sullivan
Clinical History :
RUQ pain. Right shoulder tip pain. Nausea and vomiting. ? gall stones.

US Abdomen :
Rather poor ultrasound candidate due to body habitus.

The liver is diffusely echobright and attenuating in keeping with fatty infiltration/parenchymal disease. No focal liver lesions identified. Normal gallbladder, spleen, pancreas, biliary tree and kidneys. Normal calibre abdominal aorta. No free fluid.

Reported by: Dr Oliver Cram (SpR)
Verified by: Dr Oliver Cram (SpR)

XR Chest

Performed	26-Jan-2012 22:26	Received	27-Jan-2012 13:33
Reported	27-Jan-2012 13:11	Order Number	G107H26580148
Status	Final	Source System	MiSys

XR Chest Final
Donna Sullivan
Clinical History :
To rule out abdominal viscus perforation. Severe epigastric pain and tender abdomen.

XR Chest :
Heart is not enlarged. Lungs are clear. No free subdiaphragmatic air.

Reported by: Dr Christopher Nicholas
Verified by: Dr Christopher Nicholas

US Abdomen

Performed	04-Nov-2011 13:06	Received	04-Nov-2011 15:24
Reported	04-Nov-2011 15:02	Order Number	G107H26347253
Status	Final	Source System	MiSys

US Abdomen Final
Donna Sullivan
ULTRASOUND ABDOMEN
Clinical History : RUQ pain previous diverticulitis. o/e tender and guarding. ? cholecystitis.

US Abdomen :

The liver appears diffusely echobright in keeping with diffuse fatty infiltration. No focal intrahepatic lesion identified. No intrahepatic duct dilatation.

The thin walled gallbladder appears normal with no evidence of gallstones. The common duct appears to have a normal calibre of 4.3mms.

The pancreas was not visualised due to overlying bowel gas.

The spleen and both kidneys appear normal. The aorta appears to have a normal calibre.

The urinary bladder was underfilled at the time of the examination and so the pelvic organs could not be assessed.

Scanned by K Brown (Sonographer).

Reported by: Kirstine Brown (Sonographer)
Verified by: Kirstine Brown (Sonographer)

XR Wrist Lt

Performed	30-Sep-2010 18:11	Received	01-Oct-2010 17:28
Reported	01-Oct-2010 17:01	Order Number	G107H25276761
Status	Final	Source System	MiSys

XR Wrist Lt Final
Donna Sullivan
Clinical History : Fall 5 days ago. Pain in wrist reduced ROM.

XR Wrist Lt :

No acute bony injury demonstrated.

Reported by: Dr Ross MacDuff
Verified by: Dr Ross MacDuff

US Abdomen

Performed	02-Mar-2010 13:59	Received	02-Mar-2010 15:18
Reported	02-Mar-2010 14:58	Order Number	G107H13577213
Status	Final	Source System	MiSys

US Abdomen Final
Donna Sullivan
Clinical History : Right upper quadrant pain - ? gallstones.

US Abdomen :

Despite adequate fasting the gallbladder was relatively collapsed but the wall is not thickened under 3 mm thickness and there are no calculi. There is no biliary duct dilation. The liver is generally rather echobright suggestive of fatty change but there is no focal hepatic pathology evident. Normal appearances of head/body of pancreas (tail obscured), spleen and kidneys. Normal calibre aorta, no free fluid.

Reported by: DR GH RODITI and BLANK CLINICIAN
Verified by: DR GH RODITI