A&E Records

Patient & GP Information

UHPI Number	501202522K
CHI Number	0108841154
Episode Number	03041062
Surname/Forename	Storrie, Paul
Date of Birth	01/08/1984
Sex	Male
Patient Address.	59 Avondale Crescent ArmadaleBathgate EH48 3HN
Registered GP	N Rafiqa
GP Address.	Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

501202522K	501202522K
0108841154	0108841154
03075661	03086613
Storrie, Paul	Storrie, Paul
01/08/1984	01/08/1984
Male	Male
59 Avondale Crescent ArmadaleBathgate EH48 3HN	59 Avondale Crescent ArmadaleBathgate EH48 3HN
N Rafiqa	N Rafiqa
Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB	Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Patient & GP Information

501202522K	501202522K
0108841154	0108841154
03086966	04190605
Storrie, Paul	Storrie, Paul
01/08/1984	01/08/1984
Male	Male
59 Avondale Crescent ArmadaleBathgate EH48 3HN	59 Avondale Crescent ArmadaleBathgate EH48 3HN
N Rafiqa	N Rafiqa
Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB	Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Patient & GP Information

501202522K	501202522K
0108841154	0108841154
2917413	E1090300
Storrie, Paul	Storrie, Paul
01/08/1984	01/08/1984
Male	Male
59 Avondale Crescent ArmadaleBathgate EH48 3HN	59 Avondale Crescent ArmadaleBathgate EH48 3HN
N Rafiqa	N Rafiqa
Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB	Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Patient & GP Information

501202522K	501202522K
0108841154	0108841154
E1090301	E1090302
Storrie, Paul	Storrie, Paul
01/08/1984	01/08/1984
Male	Male
59 Avondale Crescent ArmadaleBathgate EH48 3HN	59 Avondale Crescent ArmadaleBathgate EH48 3HN
N Rafiqa	N Rafiqa
Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB	Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Patient & GP Information

501202522K	501202522K
0108841154	0108841154
E1090303	E1090304
Storrie, Paul	Storrie, Paul
01/08/1984	01/08/1984
Male	Male
59 Avondale Crescent ArmadaleBathgate EH48 3HN	59 Avondale Crescent ArmadaleBathgate EH48 3HN
N Rafiqa	N Rafiqa
Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB	Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Patient & GP Information

501202522K	501202522K
0108841154	0108841154
E1090305	E1090306
Storrie, Paul	Storrie, Paul
01/08/1984	01/08/1984
Male	Male
59 Avondale Crescent ArmadaleBathgate EH48 3HN	59 Avondale Crescent ArmadaleBathgate EH48 3HN
N Rafiqa	N Rafiqa
Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB	Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Patient & GP Information

501202522K	501202522K
0108841154	0108841154
E1090307	E1090308
Storrie, Paul	Storrie, Paul
01/08/1984	01/08/1984
Male	Male
59 Avondale Crescent ArmadaleBathgate EH48 3HN	59 Avondale Crescent ArmadaleBathgate EH48 3HN
N Rafiqa	N Rafiqa
Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB	Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Patient & GP Information

501202522K	501202522K
0108841154	0108841154
E1090309	E1090310
Storrie, Paul	Storrie, Paul
01/08/1984	01/08/1984
Male	Male
59 Avondale Crescent ArmadaleBathgate EH48 3HN	59 Avondale Crescent ArmadaleBathgate EH48 3HN
N Rafiqa	N Rafiqa
Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB	Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Patient & GP Information

501202522K
0108841154
E528020
Storrie, Paul
01/08/1984
Male
59 Avondale Crescent ArmadaleBathgate EH48 3HN
N Rafiqa
Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1090300 Dr P Freeland 29/02/2008 17:45	A&E Doctor 1: TRIAGE NURSE,Time Seen: ,Alcohol: ,Provisonal Diagnosis: 6500,Destination: ,Examination: MARKS BOTH ARMS

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1090301 Dr P Freeland 29/02/2008 17:45	A&E Doctor 1: GENERAL SURGICAL REG,Time Seen: 23:10,Alcohol: 0,Provisonal Diagnosis: 12HS,Drug 1: Nil ,Investigation 1: Full Blood Count ,Investigation 2: U & E ,Investigation 3: Other ,Destination: H,Examination: VOMITINGBLOOD,Primary Diagnosis: ALCOHOLIC GASTRITIS

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1090302 Dr P Freeland 29/02/2008 17:45	A&E Doctor 1: DR S SHAH,Time Seen: 01:05,Alcohol: 1,Provisonal Diagnosis: 16BB,Drug 1: Nil ,Investigation 1: Plain X-Ray ,Destination: SAU,Examination: ASSAULT,Primary Diagnosis: ASSAULT + BRUISING ?LOC

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1090303 Dr P Freeland 29/02/2008 17:45	A&E Doctor 1: DR H OMRAN,Time Seen: 05:35,Alcohol: 1,Provisonal Diagnosis: 16CL,Drug 1: Ibruprofen ,Investigation 1: Nil ,Destination: ,Examination: RIB + L ARM INJ,Primary Diagnosis: S.T.I.

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1090304 Dr P Freeland 29/02/2008 17:45	A&E Doctor 1: DR S ROBIMSON,Time Seen: 00:30,Alcohol: 2,Provisonal Diagnosis: 16KA,Drug 1: Ibruprofen ,Investigation 1: Plain X-Ray ,Destination: SAU,Examination: ASSAULT,Primary Diagnosis: MINOR HEAD INJURY

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1090305 Dr P Freeland 29/02/2008 17:45	A&E Doctor 1: TRIAGE NURSE,Time Seen: ,Alcohol: ,Provisonal Diagnosis: 6500,Drug 1: Nil ,Investigation 1: Nil ,Destination: ,Examination: R WRIST INJ,Primary Diagnosis: PT DID NOT WAIT

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1090306 Dr P Freeland 29/02/2008 17:45	A&E Doctor 1: DR Y KOSSKO,Time Seen: 14:15,Alcohol: 0,Provisonal Diagnosis: 16KB,Drug 1: Nil ,Investigation 1: Nil ,Destination: ,Examination: R EYE/R TOE INJ,Primary Diagnosis: MINOR HEAD INJ STI R ZYGOMATRIC AREA

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1090307 Dr P Freeland 29/02/2008 17:45	A&E Doctor 1: DR A MILES,Time Seen: 16:30,Alcohol: 0,Provisonal Diagnosis: 15CK,Drug 1: Nil ,Investigation 1: Plain X-Ray ,Destination: H,Examination: R HAND INJ,Primary Diagnosis: MINOR SPRAIN R INDEX FINGER

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1090308 Dr P Freeland 29/02/2008 17:45	A&E Doctor 1: DR R MACDONALD,Time Seen: 09:15,Alcohol: 0,Provisonal Diagnosis: 15CE,Drug 1: Ibruprofen ,Investigation 1: Nil ,Destination: ,Examination: BACK PAIN,Primary Diagnosis: BACK STRAIN

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1090309 Dr P Freeland 29/02/2008 17:45	A&E Doctor 1: NURSE PRACTITIONER,Time Seen: 13:30,Alcohol: 0,Provisonal Diagnosis: 16CR,Drug 1: Nil ,Investigation 1: Plain X-Ray ,Destination: ,Examination: INJ R HAND,Primary Diagnosis: SOFT TISSUE INJURY R HAND

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1090310 Dr P Freeland 29/02/2008 17:45	A&E Doctor 1: DR R HAMEED,Time Seen: 06:45,Alcohol: 0,Provisonal Diagnosis: 15CQ,Drug 1: Nil ,Investigation 1: Nil ,Destination: H,Examination: BOTH ANKLES,Primary Diagnosis: ANKLE SPRAIN

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
A&E Notes Episode/Ref: 03041062 Dr R Kessler 28/05/2003	SELF DISCHARGED

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
A&E Notes Episode/Ref: 03075661 Dr Colin RW Baird (DO NOT USE) 17/11/2003	HIST - 19 yr old male alleged assault. Hit about head and body with iron bars by multiple assailants. Can remember everything about incident with no LOC. No neck pain. Admits to drinking large amount of alcohol today and smoking some cannabis. ,,OE - Airway patent. Sats 100% RA. RR 15 per min. Chest clear. P 80 reg. BP 110/80. GCS 15/15. ,PERL. Normal eye movements. ,Log rolled - no spinal tenderness or sign of injury to the back. ,C spine assessed - no midline tenderness and no pain on active movement. Collar removed. ,Secondary survey. ,Head - multiple bruises and abrasions to scalp with 2 cm lac on top of head, not actively bleeding. No CSF leak from ears or nose. No boggy swelling. ,Face - Profuse nasal swelling, not deviated. Appears to have septal haematoma on the R. No active epistaxis. ,Limbs - Abrasions, swelling and tenderness to R forearm. NVI. Abrasions to R shoulder. GROM. Abrasion over R fibular head. FROM knee. ,Chest - No sig. injuries .,Abdo - SNT.,Pelvis - NAD,,Patient refused IV cannulation and refusing any treatment which involves needles. ,XR - L arm no #, L shoulder no #. ,CXR - NAD,SXR - No # seen.,R knee - no #. Cystic lesion in distal femur, ?significance. ,,PLAN - Close head wound with glue. Admit for 12 hour neuro obs given mechanism of injury. Will require ENT review tomorrow re septal haematoma and formal radiological reporting of knee XR. ,Referred to Surgery. ,,,GEN SURGERY - ,,As above, no deterioration overnight. Review of XR w radiologist on call - looks benign, likely fibrocystic change/ non ossifying fibroma seen often in youths.,,D/W ENT - as now suitable for discharge, should attend Ward 11 at WGH for review. Could potentially require an operation and thus should fast and be made award of this.,

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
A&E Notes Episode/Ref: 03086613 Dr CM Perry 19/02/2004	HIST - this 19 yr old gentleman has been drinking neat vodka for 5 days ++. Now feeling pain in mouth and throat and down his chest like heartburn. He is concerned he has done something to his throat. Also mentioned feeling a depression. He denies that he is trying to kill himself with this alcohol.,,OE - ? mucus membrame to the throat are reddened.,Abdo tender in epigastric regions, soft everywhere. BS normal.,Obs stable.,,IMP - gastric irritation due to alcohol.,,PLAN - to cut out neat spirits and to keep taking Gaviscon.,To discuss with GP his depression if he feels he need further input. Reassurance re symptom and explained the link between alcohol and depression.,,th

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
A&E Notes Episode/Ref: 03086966 Dr Unknown 16/01/2004	This patient did not wait to be seen.,Signed self discharge form.

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
A&E Notes Episode/Ref: 04190605 18/05/2005	Did not wait to be seen by medical staff.,,LL

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	03041062

Note Details	Clinical Notes
A&E Notes Episode/Ref: E528020 Mr Martin Farrar 29/07/2007	HISTORY: 22 year old man cut left thumb on a stanley knife blade. Unable to stop it bleeding.,,O/E: 0.3 cm skin flap, stopped bleeding now. GROM. No NV deficit.,Other digits normal.,,IMP: Small skin flap wound left thumb.,,Plan: Wound cleaned, dry dressing.,Will check with GP regarding tetanus status.,Discharged.,

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr MacAulay
Ashgrove Group Practice
Ashgrove
Blackburn
West Lothian
EH47 7LL

Date: 03/12/2010

Emergency Discharge Summary

Patient	Paul Storrie 191 Rowan Drive Blackburn Bathgate EH47 7NZ	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**0108841154** 01/08/1984 (26 years) 501202522K E1854640
Attendance Date	03/12/2010		
Attendance Time	16:35		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	03/12/2010		
Discharge To	GP Care - No Appt	**Final Triage** **Attendances in the last 12 months**	7 - See and Treat 1

Dear Dr MacAulay

Presentation:	l pinkie inj
Diagnosis:	lt pinkie
Procedures:	Wound cleansing
Drugs given in A&E:	None

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info

aputated 1mm from tip of right pinkie. occurred whilst using air compressor - stuck finger in air outlet with injury caused by a spinning rotablade.
neurovascularly intact. xray - no bony involvement.
wound dressed.
regular simple analgesia (note allergy to paracetamol)
Any queries please contact A&E Reception on 01506 523011

Yours Sincerely,

Laura J Crossland, Doctor

E-Pacer PATIENT REPORT

Time	23:38	Date	18/03/2012

PATIENT AND INCIDENT DETAILS

Incident number	ED003293329.001
Name	PAUL STORRIER
Age	28
Date of birth	01/08/1984
Gender	Male
Incident location	49 BARBAUCHLAW AVENUE ARMADALE BATHGATE
Incident post code	EH48 2PU
Incident type	EMG
Call received	18/03/2012, 23:05
Call passed	18/03/2012, 23:08
Crew mobile	18/03/2012, 23:08
Crew at scene	18/03/2012, 23:21
Crew left scene	18/03/2012, 23:30
Receiving hospital and department	STJO St. Johns Hospital Livingston

PRIMARY SURVEY

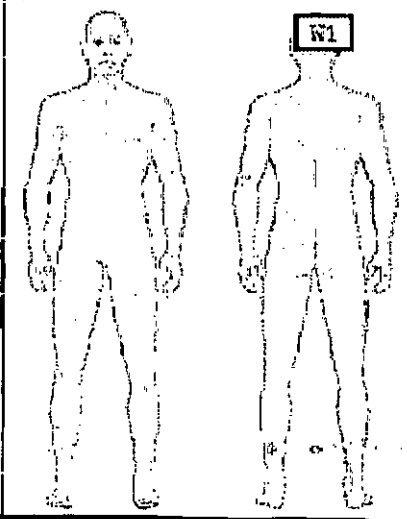
RESPONSE	
AVPU	Alert
AIRWAY	
Airway assessment	Clear
BREATHING	
Breathing rate Respiratory rate	Normal
CIRCULATION	
Pulse rate	Normal
Most peripheral pulse found	Radial
Cap refill rate	
Skin colour	Normal

PATIENT CONSENT

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

INJURIES

WOUND	W1. Pain, Laceration, Dry dressing W2. W3 W4.



AMPDS

Dispatch code	30B01	Traumatic Injury to Poss Dangerous Body Area
Final code	04B01	Assault, Possibly Dangerous Injuries

GCS

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

VITAL SIGNS

Ti hr min	Pt bpm	Re rpm	He mm Bl	Ca re (secs)	Pe flow %	Bl mmol / l	Te °C	Sp %	Gl Total	R'	St	E(	Pa score
23:21	87	18	121 / 69	<2 secs	-	6.5	-	98	15	7.550	-	-	-
23:45	84	18	125 / 72	<2 secs	-	-	-	-	15	7.550	-	-	-

EYES AND PUPIL SIZE AND REACTION

	Left	Right
Pupil size	Normal	Normal
Pupil reaction	Normal	Normal

AMPLE

Allergies	
Other allergies	PARACETAMOL
Medication	AMOXICILIN TRAMADOL
Past history	TWISTED SPINE
Last eaten	
Events prior	

FINAL OBSERVATION AND COMMENTS

THIS 28YOM WAS ASSAULTED EARLIER THIS EVENING SOMETIME AFTER 17.00HRS. PT WAS HIT TO THE BACK OF HIS HEAD, PT WENT HOME AND APPROX 23.00 PT FELL IN HIS HOUSE AND BANGED HIS HEAD ON THE WARDROBE, PT HAS A LACERATION TO BACK OF HIS HEAD, PT WAS DISTRESSED ON EXAMINATION CREW UNABLE TO GAUGE SIZE OF LACERATION, WITNESS AT SCENE CLAIM PT NOT KO, NO OTHER INJURIES....

Report ID	d8cdb10d-9a0c-46db-86b9-

Emergency Medicine
NHS LOTHIAN UNIVERSITY HOSPITALS DIVISION

ST. JOHN'S HOSPITAL
Howden Road West
Livingston
EH54 6PP Tel: 01506 523000

NHS Lothian

A/E no. E2176806
Previous no. E1854640

TD

UHPI no. 501202522K
CHI no. 0108841154

PATIENT INFORMATION

Surname Storrie
Forename Paul M
Date of Birth 01/08/1984
Age 27 Yrs Sex M

Address 49 Barbauchlaw Avenue
Armadale
Bathgate, West Lothian
Postcode EH48 2PU
Telephone 07874251832

Contact Alwood
Address 191 Rowan Drive
Blackburn
Bathgate West Lothian
Telephone 07523278597 W

Complaint head injury
Allergies

Attendances in last 12 months: 0 School:

General Practitioner

Name
BK James
Address
Armadale Group Practice
18 North Street
EH48 3QB
Telephone 01501 730432

Date and Time of Attendance
18/03/2012 23:58
Incident Date & Time: 18/03/2012
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

T	P	RR	BP	BM	SpO	PEFR	Height	Weight	Alco
36.9	88	18	119/65		97%A				

Initial Assessment Pt states left pub at ? 1100hrs and allegedly was assaulted, bruising to back. Admits to drinking Patient states when at home felt dizzy fell backwards & banged back of head on wardrobe

Signature DPEART door. Time 00:37

Print Name DPEART Triage Cat. 3

Urinalysis	Leuc	Nit	Blood	Protein	Glucose	Ketones	SG	PH	

Clinical Notes feels dizzy at triage. ↑vomiting.
GCS 15/PERL

Alcohol	
Investigations	
Procedures	
Drugs given in Dept.	
Diagnosis	

Diagnosis

Name (print) Signature

Clinical Notes Continued

Once Only Prescriptions

	Drug	Dose	Route	Prescribed By	Given By	Time
A						
B						
C						
D						
E						

Additional Nursing Notes

PMH twisted spine.
drug use.

Meds Tramadol
Amitryptiline.

Allergies* Paracetamol*.

Social History

Accompanied by Friend.

St. John's Hospital
Accident & Emergency Department
Nursing Care Plan

Admission Nurse Signature

.....

501202522K/E2176806 M 01/08/1984
Storrie, Paul M
49 Barbauchlaw Avenue,
Armadale,
Bathgate,
West Lothian, EH48 2PU
CHI 0108841154
78241 BK James

ADMISSION CARE GUIDE

Mandatory Admission Tasks	Tick	Optional Admission Tasks	Tick
Undress Patient		12-lead ECG	
Clothing Bagged & Labelled		Venflon inserted and dated/bloods taken	/
Vital Signs Recorded		Analgesia Given	
Relatives Informed		Valuables Listed	

PRESSURE CARE GUIDE

Build / Weight for Height		Appetite		Mobility		SCORE 1 - 10
Average	0	Average	0	Fully	0	LOW RISK LIKELY TO BE SELF-CARING AND INDEPENDENT IN ALL OR MOST ASPECTS OF SCALE
Above Average	1	Poor	1	Restless / Fidgety	1	
Obese	2	NG tube / fluids only	2	Apathetic	2	
Below	3	NBM / anorexic	3	Restricted / Inert	3	
				Traction	4	
				Chairbound	5	
Continence		**Tissue Malnutrition**		**Major Surgery / Trauma**		**SCORE 10 - 15**
Completely / Catheterised	0	Terminal Cachexia	8	Orthopaedic - Below Waist	5	MODERATE RISK NEEDS TWO-HOURLY PRESSURE CARE AND PRESSURE AREAS OBSERVED
Occasional Incontinence	1	Cardiac Failure	5	Spinal - on table over 2 hours	5	
Cath / Continent of Faeces	2	Peripheral Disease	5			
Doubly Incontinent	3	Anaemia	2			
		Smoking	1			
Skin Type: Visual Risk Area		**Neurological Deficit**		**Sex / Age**		**SCORE 16 - 20**
Healthy	0	Diabetes	4 - 6	Male	1	HIGH RISK NEEDS 2-HOURLY PRESSURE CARE AND POSITIONED ONTO A PRESSURE MATTRESS. CHART ANY VULNERABLE AREAS AND OBSERVE
Tissue Paper	1	MS	4 - 6	Female	2	
Dry	1	CVA	4 - 6	14 - 49	1	
Oedematous	1	Motor Sensory	4 - 6	50 - 64	2	
Clammy	1	Paraplegia	4 - 6	65 - 74	3	
Discoloured	2			75 - 80	4	
Broken / Spot	3			81 +	5	
Medication		**TOTAL SCORE**				**SCORE 20 +**
Cytotoxics	4					VERY HIGH RISK NEEDS 2-HOURLY PRESSURE CARE AND POSITIONED ONTO A PRESSURE MATTRESS. INFORM BED MANAGER IF ADMISSION IS REQUIRED AND CONTACT TISSUE VIABILITY SERVICE FOR FURTHER ADVICE CONSIDER AIR MATTRESS
High Doses of Steroids	4					
Anti-inflammatory	4					

CONTINUOUS NURSING CARE RECORD

Please note time and sign for any care delivered

NUTRITION	CONTINENCE	PRESSURE CARE

NURSING NOTES

DATE/TIME		SIGNATURE/PRINT NAME

DISCHARGE PLANNING

Action	Signature	Action	Signature
Relatives Informed		Follow up appointment	
Clothing/Valuables		Transport arranged	
Venflon Removed		TTO's prescription	

Observation Chart

NHS Lothian

Consultant: _____

Date chart commenced: _____

This is chart number _____ this admission

Actual or estimated patient weight _____ kgs

ASU: _____

Att 501202522K/E2176806 M 01/08/1984
Storrie, Paul M;
49 Barbauchlaw Avenue,
Armadale,
Bathgate,
West Lothian, EH48 2PU
CHI 0108841154
Unit No 78241 BK James

Name: _____

DOB: _____

_____

An Early Warning Score (SEWS) must be calculated every time patient observations are recorded. If SEWS score 4 or more then call the appropriate doctor and nurse in charge using the guidelines below. Increased frequency of observations (minimum hourly) should be commenced and a detailed report in the patient's medical notes should be completed.

Early Warning Score 4 or more
or concern with a patients condition.

↓

Call Junior Doctor & Senior Nurse/Nurse Practitioner
If Dr cannot attend within 20 mins, they should arrange a Deputy.

↓

Practitioner/Dr unable to attend within 20 mins **or** SEWS increased by 2 **or** patient deteriorating.

↓

Early Warning Score 6 or more
or rapidly deteriorating patient.

↓

Call appropriate SHO/Registrar & Senior Nurse/Nurse Practitioner

↓

Dr unable to attend within 10 mins **or** SEWS increased by 2 **or** patient deteriorating.

↓

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

Persistent Pain – 6 or above and unresponsive to guidelines

↓

Call Medical Staff/Senior Nurse/Nurse Practitioner

↓

For further advice contact:

ACUTE
Mon- Fri: Bleep Acute Pain Team
Out of hours: On-call anaesthetist

CANCER-RELATED
Mon- Fri: Bleep Palliative Care Team
Out of hours: via switchboard

Reorder Ref: WLT1016-Rev. 05/07

	≥36
	31-35
	21-30
	9-20
	≤8
	≥93
	90-92
	85-89
	<85
	%
	>39°
	38°
	37°
	36°
	35°
	34°
	210
	200
	190
	180
	170
	160
	150
	140
	130
	120
	110
	100
	90
	80
	70
	60
	50
	>140
	130
	120
	110
	100
	90
	80
	70
	60
	50
	40
	30
	Sleep
	Alert
	Verbal
	Pain
	Unresp
	U0<30
	SEWS
	9-10
	6-8
	4-5
	1-3
	0
	Nausea Score
	BM
	Weight
	Bowels
	Drain Type
	Wound
	Circulation
	Sensation
	Movement

SEWS KEY 0 1 2 3		DATE: 00
		TIME: 37
RESP. RATE	≥36	
	31-35	
	21-30	
	9-20	18
	≤8	
SpO_2	≥93	97
	90-92	
	85-89	
	<85	
Inspired O_2%	%	o/a
Humidifier Temp		
TEMP	>39°	
	38°	
	37°	
	36°	
	35°	
	34°	
SEWS SCORE uses Systolic BP	210	
	200	
	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
BLOOD PRESSURE	110	↑
	100	|
	90	|
	80	|
	70	↓
	60	
	50	
	>140	
HEART RATE	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	
	40	
	30	
SEDATION / NEURO SCORE	S Sleep	
	0 Alert	✓
	1 Verbal	
	2 Pain	
	3 Unresp	
UO<30mls/hr (3 hrs+)		
SEWS SCORE (with all obs)		0
PAIN	Severe 9-10	
	6-8	
	Moderate 4-5	
	Mild 1-3	
	None 0	
Nausea Score (0-3)		
BM		
Weight		
Bowels		
Drain Type –		
Wound		
Circulation		
Sensation		
Movement		

How to calculate SEWS Score

- **Do not add pain score to SEWS Score.**
- Record standard observations (RR, SpO_2, Temp, BP, HR, AVPU).
- Note whether observation falls in shaded "At Risk Zone". Score as per SEWS key.
- Add points scored and record total "SEWS Score" in bottom row of chart.
- Action as per guidelines on front of chart.

If RR >24	Review patient / CXR +/- gases / PEF (Peak Expiratory Flow) etc → Definitive Therapy
If SpO_2 sats <93%	Review probe ? accurate Review patient → prescribe oxygen on drug chart if indicated, consider ABGs.
If Temp >38	Blood cultures Other cultures Early antibiotic therapy if sepsis suspected.
If Systolic BP<100	Review monitoring *(cardiac / oximetry / urine output / invasive BP etc).* IV Access Review patient / drug kardex.
Consider:	IV fluid bolus and reassess. TREAT UNDERLYING CAUSE

Consider:	Hypovolaemia	Obstructive	Distributive	Cardiac
	Dehydration	*PE*	*Sepsis*	*Arrhythmia*
	Blood loss	*Tamponade*	*Anaphylaxis*	*Pump failure*

If Pulse >130	Review monitoring *(cardiac monitor indicated)* IV Access Review patient / ECG / electrolytes → Definitive Therapy
If responds to pain only or unresponsive	Assess airway, BM, GCS, neuro observation chart, review patient / kardex.
If BM <4	Give Oral Carbohydrate / IV Dextrose. Consider checking urgent laboratory blood glucose.

Pain Assessment & Management Guidelines

How to score pain:

Cancer-related pain: **Always** score **worst** pain in last 24 hours or since last assessment.
Acute pain: Score **current** pain on movement e.g. deep breathing.

Pain Score:		Action:
0	**NONE**	Continue to assess pain with every set of observations (**must be** at least daily).
1-3	**MILD**	Continue to assess pain with every set of observations (**must be** at least daily).
4-5	**MODERATE**	Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review.
6-10	**SEVERE**	Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review.

PERSISTENT SEVERE PAIN (6 OR ABOVE), WHICH DISTRESSES THE PATIENT: REFER.
SEE FLOW CHART OVER.

Lothian Guidelines

Cancer-related pain: Initiate Edinburgh Pain Assessment Tool (EPAT©) for pain score of 4 or above.
Use Palliative Care Guidelines.
Acute pain: Use Acute Pain Guidelines.

Nausea Score (0-3)

0 = No Nausea
1 = Nausea (consider anti-emetic)
2 = Nausea/Vomiting (administer anti-emetic)
3 = Persistent Nausea &/or Vomiting (contact Dr).

PERSISTENT NAUSEA &/OR VOMITING: USING GUIDELINES PRESCRIBE/GIVE ANTI-EMETICS. REVIEW.

501202522K/E2176806 M 01/08/1984

Storrie, Paul M
49 Barbauchlaw Avenue,
Armadale,
Bathgate,
West Lothian, EH48 2PU
CHI 0108841154
78241 BK James

Pulse/Blood Pressure/Temperature/Respn./C.V.P.

TIME 06 37

Pupil scale (m.m.): 2 3 4 5 6 7 8

Blood pressure and Pulse rate: 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

Respiration

Temperature °C: 40 39 38 37 36 35 34 33 32 31 30

PUPILS	right	Size	4
		Reaction	+
	left	Size	4
		Reaction	+

+ reacts
— no reaction
c. eye closed

COMA SCALE	Eyes Open	Spontaneously	4 ✓
		To speech	3
		To pain	2
		None	1
	Best Verbal Response	Orientated	5 ✓
		Confused	4
		Inappropriate words	3
		Incomprehens. sound	2
		None	1
	Best Motor Response	Obeys commands	6 ✓
		Purposeful movement	5
		Withdrawal	4
		Flexion to pain	3
		Extension to pain	2
		None	1
G.C.S. Total Score (3 — 15)			15
Total Score (3 – 14)			

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

LIMB MOVEMENTS	ARMS	Normal power ✓
		Mild weakness
		Severe weakness
	LEGS	Normal power ✓
		Mild weakness
		Severe weakness

Record right (R) and left (L) separately if there is a difference between the two sides.

C.V.P.

(R) Atrium = 0cms H_2o

Other measurements

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr James
Armadale Group Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date: 19/03/2012

Emergency Discharge Summary

Patient	Paul Storrie 49 Barbauchlaw Avenue Armadale Bathgate EH48 2PU	**CHI**	**0108841154**
		Date of Birth / Age	01/08/1984 (27 years)
		UHPI	501202522K
		A&E Attendance Number	E2176806
Attendance Date	18/03/2012		
Attendance Time	23:58		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	19/03/2012		
Discharge To	Patient did not wait to be seen	**Final Triage**	3 - Urgent
		Attendances in the last 12 months	1

Dear Dr James

Presentation:	head injury
Diagnosis:	Patient took own discharge.
Procedures:	None
Drugs given in A&E:	None

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info

Patient did not wait to be seen and self discharged.

Any queries please contact A&E Reception on 01506 523011

Yours Sincerely,

Dr Bjarni Eyvindson, Doctor

Emergency Medicine
NHS LOTHIAN UNIVERSITY HOSPITALS DIVISION

ST. JOHN'S HOSPITAL
Howden Road West
Livingston
EH54 6PP Tel: 01506 523000

NHS Lothian

A/E no. E2177631
Previous no. E2176806
UHPI no. 501202522K
CHI no. 0108841154

PATIENT INFORMATION

Surname Storrie
Forename Paul M
Date of Birth 01/08/1984
Age 27 Yrs Sex M

Address 49 Barbauchlaw Avenue
Armadale
Bathgate, West Lothian
Postcode EH48 2PU
Telephone 07874251832

Contact Alwood
Address 191 Rowan Drive
Blackburn
Bathgate West Lothian
Telephone H07523278597
W

Complaint head injury
Allergies Paracetamol

Attendances in last 12 months: 1
School:

General Practitioner

Name
BK James
Address
Armadale Group Practice
18 North Street
EH48 3QB
Telephone 01501 730432

Date and Time of Attendance
19/03/2012 21:22
Incident Date & Time: 18/03/2012
Mode of Arrival
Emergency Ambulance
Source of Referral
Reattend

T	P	RR	BP	BM	SpO2	PEFR	Height	Weight	Alco
36.2	81	18	124/75		98% A				

Initial Assessment Pt re-attends. Took own discharge this am 02°. States assaulted yesterday - ?with bottle/knife. c/o dizzyness, nausea and headache all day. BIBA. GCS15 PEARL size 4. Lac to back of head & bump. Not bleeding.

Signature
Time 2135
Print Name Maura Macfadyen
Triage Cat 3

Urinalyis	Leuc	Nit	Blood	Protein	Glucose	Ketones	SG	PH

Clinical Notes

SHO. [illegible]

Attacked at 6p.m yesterday at Armadale
No LOC. No seizure activity
→ Persistent headache all day
→ today. Has not used analgesia.
— No limb weakness..
No vomiting.

Allergic to Paracetamol. Can take ibuprofen

Time seen	1:16 KA
Alcohol	
Investigations	
Procedures	
Drugs given in Dept.	
Diagnosis	16KA

Diagnosis
Head Injury GCS 15.

Name (print) [illegible]
Signature

Clinical Notes Continued

Once Only Prescriptions

	Drug	Dose	Route	Prescribed By	Given By	Time
A	IBUPROFEN	400MG	X24	TTO A. Klos	A. Klos.	2200.
B						
C						
D						
E						

Additional Nursing Notes

PMH Spine prob? what

Meds tramadol ; amitryptiline

Allergies Paracetamol

Social History Lives with friend

Accompanied by Friend.

LEAVING AGAINST ADVICE

A. This is to certify that I am taking my own discharge from this hospital against the advice of medical staff.

Signature ...P.Stannie..... Date ...19/B/12

B. This is to signify that I am taking (patient's name) .....
away from this hospital on my own responsibility and against the advice of medical staff.

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

Relationship .....

E-Pacer PATIENT REPORT

Time	20:59	Date	19/03/2012

PATIENT AND INCIDENT DETAILS

Incident number	ED003294086.001
Name	PAUL STORRIE
Age	27
Date of birth	01/08/1984
Gender	Male
Incident location	49 BARBAUCHLAW AVENUE ARMADALE BATHGATE
Incident post code	EH48 2PU
Incident type	EMG
Call received	19/03/2012, 20:32
Call passed	19/03/2012, 20:31
Crew mobile	19/03/2012, 20:32
Crew at scene	19/03/2012, 20:46

PRIMARY SURVEY

RESPONSE

AVPU	Alert

AIRWAY

Airway assessment	Clear

BREATHING

Breathing rate	Normal
Respiratory rate	16

CIRCULATION

Pulse rate	Normal
Most peripheral pulse found	Radial
Cap refill rate	<2 secs

AMPDS

Dispatch code	30D02	Traumatic Injury Not Alert
Final code	30A02	traumatic Injuries, Non-Recent > 6hrs

GCS

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

VITAL SIGNS

Time hr : min	Pulse bpm	Resp. rpm	BP mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mmol / l	Temp °C	SpO2 %	GCS Total	RTS	SEWS	ECG	Pain score
20:50	80	16	143 / 74	<2 secs	-	-	-	97	15	7.550	-	-	-

AMPLE

Allergies	Shellfish
Other allergies	
Medication	
Past history	
Last eaten	
Events prior	

FINAL OBSERVATION AND COMMENTS

THIS 27 YR OLD WAS IN HOSPITAL LAST NIGHT WITH A HEAD INJURY, BUT SIGNED HIMSELF OUT AS HE DIDNT WANT TO WAIT AS IT WAS BUSY. TONIGHT HE SAYS HE HAS FELT DIZZY ALL DAY DUE TO HIS HEAD. HE HAS A LACERATION TO BACK OF HEAD WAS HIT WITH AN OBJECT . CANT REMEMBER IF HE WAS KOD LAST NIGHT

Report ID	2c93a853-0de6-4108-b53b-d7f287417796

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr James
Armadale Group Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date: 20/03/2012

Emergency Discharge Summary

Patient	Paul Storrie 49 Barbauchlaw Avenue Armadale Bathgate EH48 2PU	**CHI**	**0108841154**
		Date of Birth / Age	01/08/1984 (27 years)
		UHPI	501202522K
		A&E Attendance Number	E2177631
Attendance Date	19/03/2012		
Attendance Time	21:22		
Mode of Arrival	Emergency Ambulance		
Source of Referral	Reattend		
Discharge Date	19/03/2012		
Discharge To		**Final Triage**	3 - Urgent
		Attendances in the last 12 months	2

Dear Dr James

Presentation:	head injury
Diagnosis:	head injury
Procedures:	None
Drugs given in A&E:	None

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info

27 year old alleges assault at 1800hrs on 19/03/12.
Attended A+E on 20/03/12 at 0200hrs but left department before being seen.
Returned 28 hrs after alleged assault c/o Persistent headache. No LOC following assault. No vomiting. No seizures or altered mental state.
Has not used any pain killers.
o/e Obs stable. SEWS 0
CNS- Alert, gcs 15/15, normal power/tone/reflexes all limbs. PERLA,FROEM. No cranial nerve deficits. Plantars downgoing
MSS- 2X3 cm Haematoma at occiput.
ENT- No csf rhinorrhoea or otorrhoea. No post-auricular or circumorbital bruising. No haemotympanum
Chest- No focal tenderness. Clear
Abdo- SNT. NAD

Imp- Head injury GCS 15/15

Plan- Ibuprofen 400mg x 24 given as TTO from A&E.
Head injury verbal advice for red flags and leaflet given.
To return if any red flags or concerns.

Dr Deji Mosadomi
GPST A+E
Any queries please contact A&E Reception on 01506 523011

Yours Sincerely,

Dr Adedeji A Mosadomi, Doctor

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr James
Armadale Group Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date: 30/08/2012

Emergency Discharge Summary

Patient	Paul Storrie 49 Barbauchlaw Avenue Armadale Bathgate EH48 2PU	**CHI**	**0108841154**
		Date of Birth / Age	01/08/1984 (28 years)
		UHPI	501202522K
		A&E Attendance Number	E2294426
Attendance Date	30/08/2012		
Attendance Time	00:18		
Mode of Arrival	Emergency Ambulance		
Source of Referral	WGH - MIU		
Discharge Date	30/08/2012		
Discharge To	Patient did not wait to be seen	**Final Triage**	4 - Standard
		Attendances in the last 12 months	3

Dear Dr James

Presentation:	assault head lt arm
Diagnosis:	None
Procedures:	None
Drugs given in A&E:	None

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info

Patient took own discharge.

Any queries please contact A&E Reception on 01506 523011

Yours Sincerely,

A+E Nurse SJH, Nurse

E-Pacer PATIENT REPORT

Time	00:00	Date	30/08/2012

PATIENT AND INCIDENT DETAILS

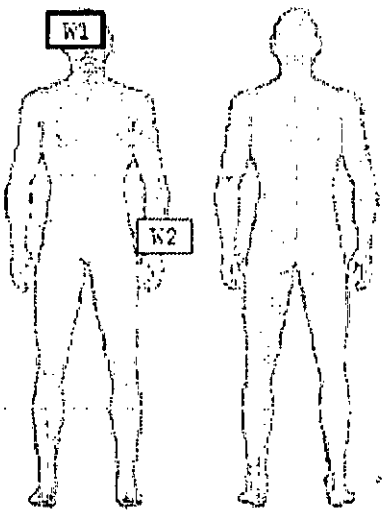
Incident number	ED003427747.001
Name	PAUL STORRIE
Address	AS LOC
Age	28
Date of birth	01/08/1984
Gender	Male
Incident location	49 BARBAUCHLAW AVENUE ARMADALE BATHGATE
Incident post code	EH48 2PU
Incident type	EMG
Call received	29/08/2012, 23:26
Call passed	29/08/2012, 23:26
Crew mobile	29/08/2012, 23:27
Crew at scene	29/08/2012, 23:42
Crew left scene	29/08/2012, 23:54
Receiving hospital and department	STJO St. Johns Hospital Livingston

PRIMARY SURVEY

RESPONSE	
AVPU	Alert
AIRWAY	
Airway assessment	Clear
BREATHING	
Breathing rate	Normal
Respiratory rate	18
CIRCULATION	
Pulse rate	Normal
Most peripheral pulse found	Radial
Cap refill rate	<2 secs
Skin colour	Normal
Skin texture	Dry
C-SPINE INJURY	
Suspicion of CSI	No evidence of C-spine injury
PATIENT CONSENT	
Patient consent	Treatment benefits explained, Risks of condition explained, Risk of refusal explained, Capacity to understand risks and treatment

INJURIES

WOUND	W1. Pain, Abrasion, Tenderness, Swelling, None W2. Pain, Abrasion, Tenderness, Swelling, None W3. W4.



AMPDS

Dispatch code	04B01A	Assault with Possibly Dangerous Area Injuries
Final code	04A01	Assault, No Dangerous Injuries

GCS

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

VITAL SIGNS

Time hr : min	Pulse bpm	Resp. rpm	BP mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mmol / l	Temp °C	SpO2 %	GCS Total	RTS	SEWS	ECG	Pain score
23:46	85	18	106 / 79	<2 secs	-	-	-	100	15	7.550	-	NSR	-
00:00	83	18	106 / 79	<2 secs	-	-	-	99	15	7.550	-	NSR	-
-	-	18	- / -	<2 secs	-	-	-	-	-	-	-	-	-

EYES AND PUPIL SIZE AND REACTION

	Left	Right
Pupil size	Normal	Normal
Pupil reaction	Normal	Normal

AMPLE

Allergies	
Other allergies	PARACETAMOL
Medication	TRAMADOL
Past history	CURVATURE OF THE SPINE
Last eaten	4 hrs
Events prior	MALE ASSAULTED

DYNAMIC RISK ASSESSMENT

Approach with care	
Risk assessment	Possible risk to patient's life
Special hazards	Fighting involved

EMERGENCY SERVICES ON SCENE

Technician	Police

PATIENT HANDOVER

On arrival at scene	Seated
Scene removal	Walking
Transportation	Seated
Care delivery at hospital	Chair

FINAL OBSERVATION AND COMMENTS

999 TO 28 YO MALE WHO HAS BEEN ASSAULTED WITH A METAL POLE. PT HAS LARGE HAEMATOMA AND ABRAISION ABOVE (R) EYE ON FOREHEAD, HAEMATOMA AND ABRAISION TO (L) FOREARM. PT DENIES ANY LOC, HOWEVER FEELS DIZZY. NO NAUSEA/VOMITING. PT CLAIMS TO BE UNABLE TO USE HIS PINKY FINGER ON (R) HAND. OBS STABLE. BILATERAL AIR ENYRY. NO OTHER OBVIOUS TRAUMA/INJURIES FOUND.

Report ID	1e065b7a-e7f6-4fb0-826f-770c44d8e725

LEAVING AGAINST ADVICE

A. This is to certify that I am taking my own discharge from this hospital against the advice of medical staff.

Signature ..... Date 29/8/12

B. This is to signify that I am taking (patient's name) .....
away from this hospital on my own responsibility and against the advice of medical staff.

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

Relationship .....

501202522K/E2294426 M 01/08/1984
Storrie, Paul M
49 Barbauchlaw Avenue,
Armadale,
Bathgate,
West Lothian, EH48 2PU
CHI 0108841154
78241 BK James

Emergency Medicine
NHS LOTHIAN UNIVERSITY HOSPITALS DIVISION

ST. JOHN'S HOSPITAL
Howden Road West
Livingston
EH54 6PP Tel: 01506 523000

NHS Lothian

A/E no. E2294426 TOP
E2177631
Previous no.

UHPI no. 501202522K
CHI no. 0108841154

PATIENT INFORMATION

Surname Storrie
Forename Paul M
Date of Birth 01/08/1984
Age Yrs Sex M

Address 49 Barbauchlaw Avenue
Armadale
Bathgate, West Lothian
Postcode EH48 2PU
Telephone 07874251832

Contact Alwood
Address 191 Rowan Drive
Blackburn
Bathgate West Lothian
Telephone 07523278597 W

Complaint assault head lt arm
Allergies PARACETAMOL — vomiting

Attendances in last 12 months: 2 School:

General Practitioner

Name
BK James
Address
Armadale Group Practice
18 North Street
EH48 3QB
Telephone 01501 730432

Date and Time of Attendance
30/08/2012 00:18
Incident Date & Time: 30/08/2012
Mode of Arrival
Emergency Ambulance
Source of Referral
~~NHS 24~~ Self

T	P	RR	BP	BM	SpO2	PEFR	Height	Weight	Alco
	82	18	113/81		97% RA				

Initial Assessment: Alleged assault tonight struck to head both arms. Denies LOC. O/E GCS 15/15, A+O, PERLA Abrasion (R) temple with haematoma. Tender both wrists Able to move ok. ONVI

Signature [signature] Time 00035

Print Name MacGregor Triage Cat. (4)

Urinalysis	Leuc	Nit	Blood	Protein	Glucose	Ketones	SG	PH

Clinical Notes

	Time seen	
	Alcohol	
	Investigations	
	Procedures	
	Drugs given in Dept.	
	Diagnosis	6500

Diagnosis

Name (print) Signature

Clinical Notes Continued

Once Only Prescriptions

	Drug	Dose	Route	Prescribed By	Given By	Time
A						
B						
C						
D						
E						

Additional Nursing Notes

PMH "Twist in spine"

Meds Tramadol, Hash smoker

Allergies Paracetamol - Vomiting

Social History

Accompanied by

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr CL Ewles
Dr Steve Allan & Partners
Bangholm Medical Centre
Bangholm Loan
Edinburgh
EH5 3AH

Date: 08/05/2016

Emergency Discharge Summary

Patient	Paul Storrie 3/4 Nisbet Court Restalrig Park Edinburgh EH7 6UP	**CHI**	**0108841154**
		Date of Birth / Age	01/08/1984 (31 years)
		UHPI	501202522K
		A&E Attendance Number	E3266048
Attendance Date	08/05/2016	**Contact**	Alwood 191 Rowan Drive Blackburn Bathgate West Lothian EH47 7NZ 07523278597
Attendance Time	20:03		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date			
Discharge To			

Dear Dr CL Ewles

Presentation: dog bite to finger

Clinical note: sustained dog bite to finger this am, RHD
PMH:back pain
DH: see ECS
NKDA

OE L little finger: puncture wounds x2 to pulp, some bruising, distal C+S intact, no other apparent injury

PLAN: clean, manuka honey dressing, wound care advice, analgesia, clarithromycin 250mg 1 twice daily for 7 days issued, review if any concerns.

Yours Sincerely,

Aileen Murdoch, Nurse Practitioner

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr CL Ewles
Dr Steve Allan & Partners
Bangholm Medical Centre
Bangholm Loan
Edinburgh
EH5 3AH

Date: 17/04/2017

Emergency Discharge Summary

Patient	Paul Storrie 31 /4 newlands court edinburgh Unknown NK010AA	**CHI**	**0108841154**
		Date of Birth / Age	01/08/1984 (32 years)
		UHPI	501202522K
		A&E Attendance Number	E3535215
Attendance Date	16/04/2017	**Contact**	Alwood 191 Rowan Drive Blackburn Bathgate West Lothian EH47 7NZ 07523278597
Attendance Time	01:53		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	16/04/2017		
Discharge To			

Dear Dr CL Ewles

Presentation: assault - head inj

CLINICAL NOTES:
Clinical note: CHI: 0108841154

Presented to the ED this evening, with head injury. Not really able to say what has happened. Partner states his friends say he was with them for some drinks and some assaulted him and punched. Mr Storrie is unable to recall this. State she has had alcohol but denies any illicit drug use. In ED observed for 2.5 hours and still no improvement on memory. Partner states this is not his usual behaviour.

PMhx: nil of note
DHx: nil of note
Allergies - aspirin, penicillin, paracetamol
Shx; lives with partner, smoker, alcohol occasionally, cannabis use sometimes

Obs - Temp 36.7, HR 89, BP 137/68, RR 16, Sats 96% OA, BM 5.3

GCS E3, V4, M5
Curled in ball
Encouraged to sit forward
Resp - chest clear
CVS - HS 1+2+0 no added sounds/murmurs
Neuro
able to move arms and legs
co-ordination and sensation unable to assess at present due to patient compliance
Left and right TM intact - no blood

Face
- left eyelid bruised and swollen
- PEARL

- no subconjunctival haemorrhage

Head
- occiput abrasion and swelling

IMP: head injury

Plan
CT head - Suboptimal scan. No gross intracranial pathology or skull fracture identified.
ECG - NSR, tall T waves, QTc 461

Reviewed at 07:15
- with prompting woke up
- E3, V5, M6
- tone normal throughout
- power 5/5 throughout - walking in the ED
- co-ordination normal
- sensation normal throughout
- reflexes upper and lower present
- Plantars downgoing bilaterally

CN 2-12 no power loss no sensory loss
Right pupil equal and reactive

Left eye
- swollen and bruised over the upper eyelid
- with holding eyelid up FROM of the eye, no subconjunctival haemorrhage, no hypema
- unable to assess visual acuity due to patient compliance
- fluorescein and blue light - no corneal abrasion seen

Patient up and walking in the ED

Noted CT scan suboptimal but written and verbal report nil acute seen

Home with partner
- given written and verbal head injury advice
- to return if any concerns at all
- no drinking alcohol or driving in the next 24 hours

- with the eye I have explained that the bruising may spread
- to return if any concerns with vision

Partner is happy with plan

Yours Sincerely,

Dr Gillian Moffat Pickering, Doctor

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr L McFarlane
Restalrig Park Medical Centre
40 Alemoor Crescent
Edinburgh
EH7 6UJ

Date: 09/08/2018

Emergency Discharge Summary

Patient	Paul Storrie 3/4 Nisbet Court Restalrig Park Edinburgh EH7 6UP	**CHI**	**0108841154**
		Date of Birth / Age	01/08/1984 (34 years)
		UHPI	501202522K
		A&E Attendance Number	E3924020
Attendance Date	09/08/2018	**Contact**	Alwood 191 Rowan Drive Blackburn Bathgate West Lothian EH47 7NZ 07523278597
Attendance Time	12:52		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date			
Discharge To			

Dear Dr L McFarlane

Presentation: shoulder

CLINICAL NOTES:
Clinical note: 34-Year old male
PC L sided shoulder pain
HPC Patient states after heavy lifting yesterday has had pain to L scapula, denies any direct trauma, denies any other injuries
PMH Back pain
MED Gabapentin
IMM Up to date
ALLERGIES - NKDA
SX Works for removal company
OE walked into cubicle, unassisted, unescorted

LOOK
NAD

FEEL
No bony tenderness to neck, scapula, clavicle or humerus
Tender to rhomboid region
no other tenderness
Normal sensation at SGT patch
NVI
CRT<2

MOVE
Reduced ROM to shoulder due to pain at rhomboid region

IMP Soft tissue injury rhomboid

PLAN
Reassure patient

Collar and cuff
RICE advice
Analgesia advice
If no improvement contact GP for analgesia review
Worsening statement
Patient happy with plan
Home

Yours Sincerely,

Paul Taylor, Nurse

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Dr. Dave McKean EO Clinical Director
Ray Middlemiss EO Clinical Nurse Manager
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344

NHS Lothian

A/E no. E5367868
Previous no. E3924020
UHPI no. 501202522K
CHI no. 0108841154

Patient Information

Surname Storrie
Forenames Paul M
Address 3/4 Nisbet Court
Restalrig Park
Postcode EH7 6UP
Contact Alwood
Address 191 Rowan Drive
Blackburn
Bathgate EH47 7NZ
Complaint ? R shoulder dislocation

Date of Birth
Age 38 Yrs Sex M 01/08/1984

Telephone 07795286[illegible]
~~07523278597~~
Telephone H
W
Kelly. 07423[illegible]

Allergies

Attendances in last 12 months: 0 School :

General Practitioner

L McFarlane
Restalrig Park Medical Centre
40 Alemoor Crescent
Edinburgh
EH7 6UJ
Address
Telephone 0131 454 2110

Date and Time of Attendance
28/05/2023 11:44
Incident Date Time:
Mode of Arrival Private Transport
Source of Referral Self Referral to A&E

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN. FREQ	(please tick)	Blood Sugar	mmols	Pain Score	/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given	YES ☐	NO ☐
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment	POS ☐	NEG ☐
SP02%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:		
RR		NEWS >7	10mins Min		Alcometer		Weight	Height	
AVPU		Special Clinical Instructions							
O2 Therapy in Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP							
NEWS SCORE									

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHO Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐
Urinalysis - Please tick
Required ☐ Done ☐

On Going Care Plan

Speciality Informed (enter time)		Bed Required		Triaged To - Please tick			
Surg:	G.I:	Yes ☐	No ☐	Waiting Room		GP Out of Hours	
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage	
Medics:	Gynae:	WGH		HD		SMMP	
Ortho:	Neuro:	SJH		IC		MIU	
Other (state Speciality)		Other (please state)		Exam		Other (Please state)	

MSU Sent	Yes ☐	No ☐
HCG Consent	Yes ☐	No ☐
HCG Result	Yes ☐	No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐
CT Scan	Yes ☐	No ☐
Other (Please state)		

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

Care Providers Name: _____ _____ Signature: _____

NHS LOTHIAN
Emergency Department
NHS Lothian

Adult Minors
Prescription, Administration & Observation Record

501202522K/E5367868 M 01/08/1984
Storrie, Paul M
3/4 Nisbet Court,
Restalrig Park,
Edinburgh,
EH7 6UP
CHI 0108841154
70569 L McFarlane

Previous Adverse Reactions		Weight kgs Actual / Estimate	Date
	Penicillin		28.5.2023

Once Only Prescription

Date	Time	Drug (Approved Name)	Dose	Route	Prescribers Signature	Time Given	Given by (Initials)	Checked by (Initials)
		Paracetamol		Oral				
		Ibuprofen	400mg	Oral				
		Co-Codamol 30/500		Oral				
		Oxybuprocaine	0.4%	Top				
		Revaxis	0.5mls	IM				

Discharge Medication to Take Away

Date	Time	Drug (Approved Name)	Dose	Frequency	Route	Duration	Prescribers Signature	Given by (Initials)	Checked by (Initials)
28/5/23	15:16	Paracetamol	1g	QDS	Oral	5/7	[signature]	[signature]	✓ ES
		Ibuprofen	400mg	TID	Oral				
		Co-Codamol 30/500	1 - 2	QDS	Oral				
28/5/23	15:16	Cephalexin	2-0.5g	QDS	ml	5/7	[signature]	[signature]	✓ ES
		Chloramphenicol	1 application	QDS	Top				
		Co-Amoxiclav	500/125	TID	Oral				
		Flucloxacillin	500mg	QDS	Oral				

NEWS Key 0 1 2 3	Date:							
	Time:							
A+B Respirations Breaths/min	≥25							
	21-24							
	18-20							
	15-17							
	12-14							
	9-11							
	≤8							
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96							
	94-95							
	92-93							
	≤91							
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg in hypercapnic respiratory failure	≥97 on O_2							
	95-96 on O_2							
	93-94 on O_2							
	≥93 on air							
* ONLY use Scale 2 under the direction of a qualified clinician	88-92							
	86-87							
Tick box if using SpO_2 Scale 2 ☐	84-85							
Sign:	≤83							
Air or Oxygen?	A = Air							
	O^2 L/min or %							
Oxygen is a drug and prescribed by target range	Device							
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220							
	201-219							
	181-200							
	161-180							
	141-160							
	121-140							
	111-120							
	101-110							
	91-100							
	81-90							
	71-80							
	61-70							
	51-60							
	≤50							
C Pulse Beats/min Manual pulse	≥131							
	121-130							
	111-120							
	101-110							
	91-100							
	81-90							
	71-80							
	61-70							
	51-60							
	41-50							
	31-40							
	≤30							
D Consciousness Score for new onset of confusion (no score if chronic)	Alert							
	New Confusion							
	V							
	P							
	U							
E Temperature °C	≥39.1°							
	38.1-39.0°							
	37.1-38.0°							
	36.1-37.0°							
	35.1-36.0°							
	≤35.0°							
NEWS TOTAL								
Monitoring frequency								
Escalation of care Y/N								
Blood Glucose reading or N/A								
Pain score (0-10)								
Initials								

Addressograph

Name:

DOB:

CHI:

NEWS of 5 or more? Think Sepsis!

In a patient with a NEWS of 5 or more and a known infection, signs and symptoms of infection, or at risk of infection, think 'Could this be sepsis?' and escalate care immediately.

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 bpm
- Respiratory rate > 20bpm
- New confusion
- WCC <4 or >12
- Blood sugar > 7.7 in non-diabetic

Neurological Observations

	Date								
	Time								
GLASGOW COMA SCALE – Eyes Open	Spontaneously	4							Eyes closed by swelling = C
	To speech	3							
	To pain	2							
	None	1							
GLASGOW COMA SCALE – Best Verbal Response	Orientated	5							Endotracheal tube or tracheostomy = T
	Confused	4							
	Inappropriate words	3							
	Incomprehensible sounds	2							
	None	1							
GLASGOW COMA SCALE – Best Motor Response	Obey commands	6							ways record the best arm response
	Localise to pain	5							
	Flexion to pain	4							
	Abnormal flexion	3							
	Extension to pain	2							
	None	1							
	Total GCS Score								
Right Pupil	Size								+ reacts - no reaction c. eye closed
	Reaction								
Left Pupil	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								
	Extension								
	No response								
LIMB MOVEMENT – LEGS	Normal power								
	Mild weakness								
	Severe weakness								
	Extension								
	No response								
	Initials								

Pupil Scale mm

1 • 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr L McFarlane
Restalrig Park Medical Centre
40 Alemoor Crescent
Edinburgh
EH7 6UJ

Date: 28/05/2023

Emergency Discharge Summary

Patient	Paul Storrie 3/4 Nisbet Court Restalrig Park Edinburgh EH7 6UP	**CHI**	**0108841154**
		Date of Birth / Age	01/08/1984 (38 years)
		UHPI	501202522K
		A&E Attendance Number	E5367868
Attendance Date	28/05/2023	**Contact**	Alwood 191 Rowan Drive Blackburn Bathgate West Lothian EH47 7NZ 07523278597
Attendance Time	11:44		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	28/05/2023		
Discharge To			

Dear Dr L McFarlane

Presentation: Injury of shoulder / arm / elbow / wrist/ hand, ? R shoulder dislocation

IMPRESSION/DIFFERENTIAL DIAGNOSIS:

Shoulder: Acromioclavicular Joint Dislocation

Referred to: Orthopaedic Trauma Triage Clinic

CLINICAL NOTES:
Clinical note: CHI: 0108841154

38Yo male attends with partner, Injury to R shoulder

HPC: Fell on to R shoulder, Pain and unable to sleep, unable to use arm this am

PMH: Anxiety, depression, back complaint
DH: See ECS
Allergies: PENICILLIN
SH: Unemployed, ind with ADls, ambidexterous

O/E: A+O TPP, W&WP, Systemically well, Injury to r shoulder
no other injuries or concerns voiced or identified by PT
R clavicle: NAD
R ACJ: mild sprung deformity very tender on light palpation

R shoulder: Tender over the anterior rotator cuff area and proximal humerus, unable to assess ROM due to pain Median, ulnar, and radial nerves intact in both motor and sensory functions. AIN motor function intact. The hand is WWP with a CRT <2s. Radial pulse palpable.

X-ray:

IMP: as above

Plan:

Z. Baird ENP
Clinical notes: TTC referral summary
- Confirm diagnosis been entered in the Diagnosis Information section above: YES
- Side:RIGHT
- Neurological deficit:NO
- Open or closed injury: CLOSED
- Mechanism of injury:
LOW energy (fall from standing height or less, non -sporting)/
- Code of TTC patient information leaflet provided to patient: 10B

CHI: 0108841154

38Yo male attends with partner, Injury to R shoulder

HPC: Fell on to R shoulder, Pain and unable to sleep, unable to use arm this am

PMH: Anxiety, depression, back complaint
DH: See ECS
Allergies: PENICILLIN
SH: Unemployed, ind with ADls, ambidexterous

O/E: A+O TPP, W&WP, Systemically well, Injury to r shoulder
no other injuries or concerns voiced or identified by PT
R clavicle: NAD
R ACJ: mild sprung deformity very tender on light palpation
R shoulder: Tender over the anterior rotator cuff area and proximal humerus, unable to assess ROM due to pain Median, ulnar, and radial nerves intact in both motor and sensory functions. AIN motor function intact. The hand is WWP with a CRT <2s. Radial pulse palpable.

X-ray: ACJ dislocation

IMP: as above

Plan: Shoulder immobiliser with advice on use
analgesia issued Ibuprofen and codeine phosphate 30-60mg PRN max QDS with advice
Follow up as per TTC 10B
Verbal and written adivce given
D/c with worsneing statement

Z. Baird ENP

ADDITIONAL DETAILS:

Patient consents to be contacted by orthopaedics service by telephone: Yes
CONTACT NUMBERS:
Mobile - 07799528670
The relevant advice leaflet has been provided: Yes

Yours Sincerely,

Zoe Baird, Nurse

Clinic Letters & Notes

Edinburgh Royal Infirmary
Orthopaedic Notes

ECPS

Date: 31/05/23	Patient Name & Unit No: Paul Storrie 0108841154 Patient DOB: 01/08/1984 Patient Address: 3/4 Nisbet Court Restalrig Park EH7 6UP

TRAUMA TRIAGE CLINIC LETTER

This Patient's Emergency Departments records and x-rays were reviewed at the Trauma Triage Clinic by Mr Samuel G Molyneux on 29/05/2023 and the following was determined:

Diagnosis:

Right Shoulder: Acromioclavicular Joint Dislocation

Date of injury:
Mechanism of injury: Other
Clinical note:
Grade 2 AC joint dislocation. Should be followed with physiotherapy.

Letter to Physiotherapy:
I would be very grateful if you could follow up this gentleman with an acromioclavicular joint injury. If there are any concerns, he should be referred back to the Shoulder trauma team.

The management plan is for Physiotherapy referral by the Consultant.

Kind regards,

Mr S G Molyneux, FRCS, MSc, BMedSci.
Consultant Orthopaedic Surgeon
Royal Infirmary of Edinburgh

Secretary: 0131 242 6881

NHS Lothian

Endoscopy Unit, St Johns Hospital at Howden

SIGMOIDOSCOPY REPORT

Name: **Paul STORRIE, 01/08/1984 (M)**
CHI No: **0108841154**
Case note no.: **501202522K**

Address: 49 Barbauchlaw Avenue
Armadale
Bathgate
West Lothian
EH48 2PU

GP: Dr J Robison
Armadale Group Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Procedure date
9th May 2013

Priority: Elective
Status: Outpatient/NHS
Hospital: St John's Hospital, Livingston

Referring Cons: GP (Direct Referral)

Indications
Overt rectal bleeding and abdominal pain.

Report
Bowel preparation with Picolax was good.
The sigmoidoscope was inserted via the anus to the distal descending.
The examination to the limit of insertion was normal.

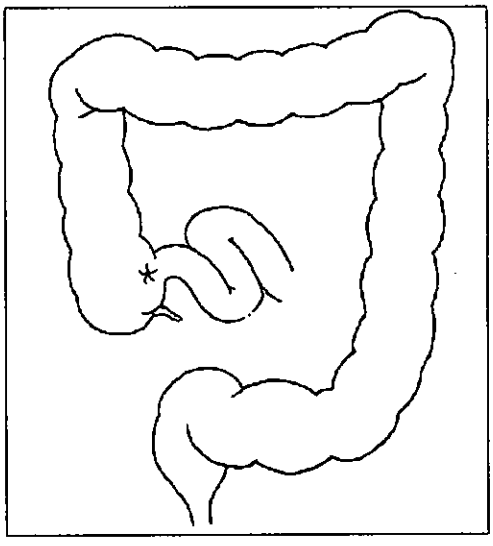
Follow up
Return to the referring GP.

Mr Donald MacDonald
Nurse Practitioner

Consultant/Endoscopist
Mr Donald MacDonald
Nurses: Allan Flockhart
Sarah Smith

Instrument
SJH 213 2610213 PCFQ260AL

Premedication
No sedation



NHS Lothian

St Johns Hospital at Howden

SIGMOIDOSCOPY REPORT

Name:	**Paul STORRIE (M)**	Address:	**3/4 Nisbet Court**
Date of birth:	**01/08/1984**		**Restalrig Park**
CHI No:	**0108841184**		**Edinburgh**
Case note no.:	**501202522K**		**EH7 6UP**

GP: **M Gill**
Restalrig Park Medical Centre,
40 Alemoor Crescent,
Edinburgh,
EH7 6UJ

Procedure date: **9th November 2019 (11:29)**
Priority: **Urgent**
Status: **Outpatient/NHS**
Hospital: **St John's Hospital, Livingston**
Referring Cons: **Mr Graeme Smith**

Indications
Rectal bleeding.

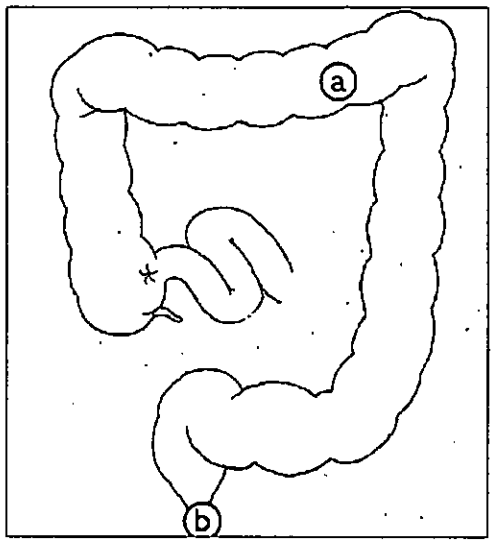
Consultant/Endoscopist
James Duncan
Nurses: Staff Nurse Heather Barratt
Karen MacMillan

Instrument
SJH 919 2710919 CFQ260DL

Premedication
Entonox (Inhaled)

Report
Bowel preparation with Picolax was good
The colon was insufflated with CO2.
A digital rectal examination was performed.
The sigmoidoscope was inserted via the anus to the distal transverse. The scope was retroflexed in the rectum.
There were no peri-operative complications.

Site b: Anal margin
Perianal lesions: haemorrhoids.



a: *Distal transverse (photographed)*
b: *Anal margin (photographed)*

Diagnosis
Haemorrhoids.

Advice/comments
Painful digital rectal exam and insertion of endoscope suggestive of anal fissure. However no acute fissure identified. Haemorrhoids could also explain rectal bleeding. Otherwise normal sigmoidoscopy. Advice given on dietary management of haemorrhoids.

Follow up
Return to the Colorectal Surgeon.

James Duncan
Nurse Practitioner
c.c. Mr Graeme Smith (Colorectal)
Storrie, Paul

Patient Details
501202522K M 01/08/1984
Storrie, Paul M
49 Barbauchlaw Avenue,
Armadale,
Bathgate,
West Lothian, EH48 2PU
CHI 0108841154
78241 J Robison

NHS Lothian

Consent Form - COPY

Patient agreement to endoscopic investigation or treatment

Name of procedure/s *(include a brief explanation if the medical term is not clear)*

Flexible Sigmoidoscopy

Investigation of the lower part of the bowel with a flexible sigmoidoscope (with or without biopsy, photography, removal of polyps, injection treatment)

Biopsy samples will be retained

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 the attached booklet including the benefits and any risks.

I agree to the procedure described in the booklet and on this 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. If a trainee performs this examination it will be performed under supervision by a fully qualified practitioner.

I would like to have sedation: **Yes** ☐ **No** ☑ *Please tick box*

Signed (patient) X P Storrie *Date* X 9/5/13

Name (print in capitals) P Paul Storrie

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have spoken to the healthcare professional.

Confirmation of consent
(to be completed by a healthcare professional when patient is admitted for procedure)

I have confirmed that the patient/guardian understands what the procedure involves, including the benefits and any risks

I have confirmed that the patient/guardian has no further questions and wishes for the procedure to go ahead

Signed M Macfarlane *Date* 9/5/13

Name (print in capitals) M MACFARLANE *Designation* SHN

(If your patient requires further information please complete page 3 of this consent form)

501202522K M 01/08/1984
Storrie, Paul M
49 Barbauchlaw Avenue,
Armadale,
Bathgate,
West Lothian, EH48 2PU
CHI 0108841154
78241 J Robison

NHS
Lothian

Consent Form

Patient agreement to endoscopic investigation or treatment

Statement of healthcare professional *(to be completed by a healthcare professional with appropriate knowledge of proposed procedure, as specified in the consent policy)*

In response to a request for further information I have explained the procedure to the patient. In particular I have explained:

The intended benefits

1. To diagnose and treat a possible cause of symptoms;
2. To review findings of any previous investigation.

Potential Risks

1. Flexible Sigmoidoscopy risks: Perforation, bleeding;
2. Sedation risks: Adverse reaction to medications.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative investigations/treatments (including no treatment), any extra procedures which may become necessary and any particular concerns of those involved.

Signed _____ **Date** _____

Name *(print in capitals)* _____ **Designation** _____

Statement of interpreter *where appropriate*

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

Signed _____ **Date** _____

Name *(print in capitals)* _____

NHS
Lothian

501202522K M
STORRIE Paul
01-Aug-84 CHI: 010 884 1154
70569 M Gill
3/4 Nisbet Court
EH7 6UP

Consent Form

Patient agreement to endoscopic investigation or treatment

Name of procedure/s *(include a brief explanation if the medical term is not clear)*
Flexible sigmoidoscopy

Examination of the lower colon (large intestine) with a flexible endoscope (with or without biopsy, photography, removal of polyps, injection treatment)

Biopsy samples will be retained and anonymised images may be used for teaching purposes

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 the attached booklet including the benefits and any risks.

I agree to the procedure described in the booklet and on this 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. If a trainee performs this examination it will be performed under supervision by a fully qualified practitioner.

ENTONOX

I would like to have sedation: Yes ☐ No ☑ *Please tick box*

Signed (patient) P Storrie ***Date*** 9/11/19

Name (print in capitals) Paul Storrie

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have spoken to the healthcare professional.

Confirmation of consent
(to *be completed by a healthcare professional when patient is admitted for procedure)*

I have confirmed that the patient/guardian understands what the procedure involves, including the benefits and any risks

I have confirmed that the patient/guardian has no further questions and wishes for the procedure to go ahead

Signed ***Date*** 9/11/19
Name (print in capitals) J. Gray ***Designation*** SN

(If your patient requires further information please complete page 2 of this consent form)

Patient Details

501202522K M
STORRIE Paul
01-Aug-84 CHI: 010 884 1154
70569 M Gill
3/4 Nisbet Court
EH7 6UP

NHS
Lothian

Consent Form

Patient agreement to endoscopic investigation or treatment

Statement of healthcare professional *(to be completed by a healthcare professional with appropriate knowledge of proposed procedure, as specified in the consent policy)*

In response to a request for further information I have explained the procedure to the patient. In particular I have explained:

The intended benefits

1. Investigation of symptoms
2. Endoscopic therapy

Potential Risks

1. Procedure risks:
2. Sedation risks:

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative investigations/treatments (including no treatment), any extra procedures which may become necessary and any particular concerns of those involved.

Signed _____ **Date** _____

Name *(print in capitals)* _____ **Designation** _____

Statement of interpreter *where appropriate*

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

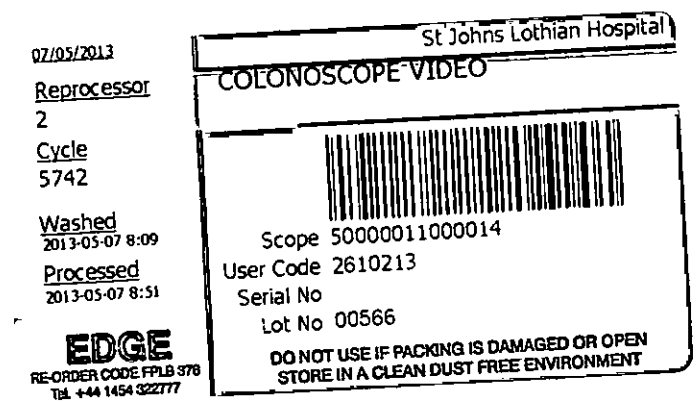
Signed _____ **Date** _____

Name *(print in capitals)* _____

Labcaire *CYCLE PASS*

ISIS - Ser No	ISIS057
Scope ID:	86
Olympus PCI 026DAL S/N:2610213	
Cycle No	2263
Time	08:48 CMT
	07/05/2013

Dis.(Act) Batch	/
Scope ID:	86
Use By Time	11:48
Comment	



(Needle Phobic)

NHS Lothian

501202522K Male 01/08/1984	Arrived in Endo unit for procedure
Forename Storrie, Paul M	Date: & time: 1550
Surname 49 Barbauchlaw Avenue,	GP Name
Unit number Armadale,	Address Armadale Surgery
Address Bathgate, West Lothian, EH48 2PU	
(including Postcode) CHI 0108841154	
78241 J Robison	
Preferred Name 'Paul'	Religion Protestant Ethnic Origin Scottish
Tel. number	Consultant:
Next of Kin: Name/address Nikki-Syang Cairns 1 Broompark Road East Calder (in reception)	Proposed Procedure: with Sedation Yes ☒ No ☐
Tel. number(s):home	☐ Colonoscopy .....
mobile 07858971599	☒ Endoscopy .....
ALLERGIES: Paracetomol	☑ Flexible Sigmoidoscopy .....
document if pt has no known allergies/sensitivities	☐ Pouch Endoscopy .....
	☐ Other .....
	Other ☐ .....
	Proposed date: & time:
	Date confirmed by patient as suitable ☐

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

	Print name	Designation	Initials	Signature	date
1	M MACFARLANE	SIN	MM	M MacFde	9/5/13
2	J. McDowall	SIN	JMD	JMcD	9/5/13
3	A CLOCKHART	RGN	AC	AClockhart	9/5/13
4					
5					
6					
7					
8					

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION**: eg Interpreter

N ☑, Y ☐ *specify* ..... Friend 07546314979

b) **OVERNIGHT CARE** N/A ☐, or Escort (Y) / N (who) Williams ..... Transport ...Car...

24hr Care (Y) / N (who)..... YES ..... I/P bed required Yes ☐ (No ☐)

PHONE NUMBER 07872425183 2

c) **MOBILITY**: Wheelchair Y / (N) Walking Aid Y / (N) ☐. requires: Hoist ☐

FALLS RISK ASSESSMENT REQUIRED (Y) / N

d) **HOSPITAL TRANSPORT**: Required N ☑, Y ☐. If Yes, reason why .....

If Ordered date: Type Ref No.....

An Integrated Care Pathway is intended as a guide to treatment & an aid to documenting patient's progress.

Clinicians are free to exercise their own professional judgements as appropriate.

Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

severity, frequency, duration, recent changes : what where how etc .

Patient to complete this Pre-Procedural Assessment

for information for the staff to know before the procedure

Clinical Assessment

Have you ever had any of the following:	No	Yes
1. Heart attack or Stroke	☑	☐
2. Angina / Chest Pains on exercise or at night.	☑	☐
3. Heart murmur	☑	☐
4. Heart Valve replacement	☑	☐
5. Do you have a Pacemaker	☑	☐
6. High Blood Pressure	☑	☐
7. Asthma or Bronchitis	☑	☐
8. Shortness of Breath	☑	☐
9. Diabetes	☑	☐
10. Epilepsy	☑	☐
11. Glaucoma	☑	☐
12. Could you be pregnant?	☑	☐
13. Do you use recreational drugs None today	☐	☑
14. Any noticeable weight loss over last 3-6 months?	☐	☑
15. Have you ever been contacted as 'at-risk of CJD' (CreutzfeldJacob disease)for public health purposes?	☑	☐

Are you taking any of the following medication:	No	Yes
i. Aspirin	☑	☐
ii. Clopidogrel	☑	☐
iii. Warfarin	☑	☐
If Yes, did you receive instructions about stopping?	☐	☐
What were they?		

Nurse comments in shaded areas

.....

.....

.....

.....

If YES: Insulin ☐, Diet ☐, or Tablets ☐ — Nurse record of BM [redacted]

.....

Smoke Green

.....

.....

.....

If YES: INR result .....

.....

.....

CURRENT MEDICATIONS – including complementary medicines / vitamins etc *Tick if none* ☐

Drugs	dose	frequency	Drugs	dose	frequency
1 Tramadol	8	day	7		
2			8		
3			9		
4			10		
5			11		
6			12		

* * **Staff –be aware that 'Allergies & Sensitivities' are to be noted on front cover** * *

Have you had previous operations (including what, where, dates etc) & were there any complications

abdominal op as child
? What for ·

Please list any other health problems

Twist in Spine

- abdominal pain
- PR bleeding
- weight loss

Would you like any information to be discussed in private YES ☐ NO ☐

Admitting Nurse initials MM..... date 9/5/13..... time 1600.....

PRE-PROCEDURE CHECKS	Name DOB Unit no

PRE-PROCEDURE ONCE-ONLY MEDICATIONS on 'Prescription Administration chart – p.7

CHECKLIST	WARD		Endoscopy		notes
Orientation to the ward/dept./unit	(Y)	N			
Patient identification checked & name band(s) applied	(Y)	N	(Y)	N	
ALLERGIES RE-CHECKED (same as on front cover)	(Y)	N	(Y)	N	
Correct procedure	(Y)	N	(Y)	N	
Pre, Peri and Post procedure care explained	(Y)	N			
Explanation of withdrawing consent during procedure	(Y)	N	(Y)	N	
Ensure baseline obs & weight recorded (Obs chart pg 4)	(Y)	N			
Last food: date 8/5/13 time 18[00] Bacon sausages Roll	(Y)	N			
Last drink: date 9/5/13 time Water 13[00]	(Y)	N			
Bowel prep taken / phosphate enema given or N/A ☐	(Y)	N	Y	N	Picolax
Taken routine drug therapy	Y	(N)			
Any limitations to movement identified: *If YES, Specify*	Y	(N)	Y	(N)	
Any other relevant issues identified:					
Jewellery REMOVED/TAPED or N/A ☐	Y	(N)	Y	(N)	None
Belongings secured	Y	(N)	-		with patient
Hearing Aids in situ: L R or N/A ☐	Y	(N)	Y	(N)	
Dentures in situ: Top / Bottom / Full or N/A ☐	Y	(N)	Y	(N)	
Glasses sent with patient or N/A ☐	Y	(N)	Y	(N)	
Spare Stoma bag sent or N/A ☐	Y	(N)	Y	(N)	
Ask patients permission for presence of medical student / work experience student					
Consent signed	(Y)	N	(Y)	N	
Pre procedure Nurse check: initials* mm				date 9/5/13	time 16[00]
Endoscopy Nurse initials*				date 9/5/13	time

intials can be used **IF** the staff member has signed in on the 'Initial table' on page one otherwise, full name / print / designation is required.

Pre-, Peri-, Post-procedural observations

date 9/5/13

Addressograph or
Name
Dob
Unit no CHI

Time REC

Ht (m) Wt(kg) BMI	Hr : min	O/A 1600	1710	1720	1720	1730							
Oral Airway	or N/A ☐	SV	S	S	S	S							
Oxygen Therapy (L / Min)	or N/A ☐	AIR	AIR	AIR	AIR	AIR							
Oxygen Saturation	or N/A ☐	98/	98/	98	99/	99/							
Respiration	or N/A ☐	0		/	/	/							
Sedation Score	or N/A ☐	0	0	0	0	0							
Pain Score abdominal pain	or N/A ☐	10	0	0	0	0							
Nausea Score	or N/A ☐	0	0	0	0	0							
Procedure site checked	or N/A ☐	\	-	-	-	-							
Blood Loss	or N/A ☐	0	✓	-	-	-							
Blood sugar	or N/A ☐	\	✓	✓	-	'							
Temp	or N/A ☐	\											

SCORING SYSTEM
see table below

Pain: *- use 0 – 10 scoring system*

0 NONE
Continue to assess pain with every set of observations
1-3 MILD
Continue to assess pain with Every set of observations
4-5
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient.
REVIEW
6-10
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient.
REVIEW

Chart scale: 200, 150, 100, 50

Handwritten chart entries: A119; 66, 66, 68, 63, 66, 70; 114/59; 110/60.

Blood Loss or N/A ☐
0 None
1 Slight
2 Heavy

[Record 'Drugs given' on table across]

Sedation		N...	
0	None, patient alert	0	No...
1	Mild, occasionally drowsy, easy to rouse	1	Mild ... tre... ...red
2	Moderate, frequently drowsy, easy to rouse	2	Nause... help...
3	Severe, somnolent, difficult to rouse	3	Persiste... vomiting
S	Normal, sleep, stirs to light touch	S	Score S i... normally

Endoscope label

01/08/1984
501202522K
Storrie, Paul M
Barbauchlaw Avenue,

PRESCRIPTION & ADMINISTRATION RECORD

Clinical area .....L.....

ONCE ONLY

Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	Time given	Given by
		OXYGEN	L	NASAL/ORAL			

PERI-PROCEDURE CARE

	time, initials
Cannula site Size Skin Prep ☐ Handwash ☐ Gloves ☐ Aseptic Insertion ☐ Dressing labelled ☐ ☐difficulties/complication/deviation from standard technique Y N	N/A
BIOPSIES TAKEN OESOPHAGEAL ☐ GASTRIC ☐ DUODENAL ☐ CLO TEST ☐ COLON ☐ POLYP/S ☐ OTHER ☐	
Oral Suction required Y ☐ or N/A ☐	
Diathermy: none required ☐ Monopolar ☐, Bipolar ☐ site	
Patient Nurse: initials* DMD date 9/5/13	
Endoscopy Nurse initials* AR date	

* initials if signed in on page 1 'Initials table'

POST-PROCEDURE:

Procedure performed Upper GI Endoscopy ☐ Colonoscopy ☐ Flexible Sigmoidoscopy ☑
ERCP ☐ Other (please specify)

PROCEDURE SUMMARY: procedure comfort mild ☑, moderate ☐, severe ☐

Follow-up required: N/A ☐, Yes ☐ If YES, *specify*

Please refer to discharge summary Y☑ N/A ☐

SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE

Patient can DRINK Y☑ NO ☐ after 30 mins ☐
Patient can EAT Y ☑ NO ☐ after 30 mins ☐
Suitable for NURSE-LED DISCHARGE YES / NO

Endoscopist print J. MCDONALD signature
designation NP date 8/5/13 time 1730

POST PROCEDURE and DISCHARGE CRITERIA

POST PROCEDURE			initials	Comment overleaf
1	Trolley lowered, bed rails in situ, buzzer given	Y , N/A	initials	
2	**Observations** recorded: on return *time* 1720	(Y) N/A	jmc	
	at 30mins	Y , N/A		
	after 1 hour	Y , N/A		
NOTE: Obs regime to follow is O_2 sats, TPR, BP Sedation, Pain & Nausea scores [recorded on pg 4]				

DISCHARGE CRITERIA			initials	Comment overleaf
1.	Discharged by Endoscopist	(Y), N/A	initials	
2.	Transport home arranged collection time:	(Y), N/A	initials	
3.	Vital signs stable & satisfactory	(Y), N/A	initials	
4.	Alert & orientated (as on admission)	(Y), N/A	initials	
5.	Pain controlled	(Y), N/A	initials	
6.	Nausea controlled, no vomiting	(Y), N/A	initials	
7.	Tolerating fluids/diet [If Throat Spray, drink at 30mins after receiving spray]	(Y), N/A	initials	
8.	Mobilising as on admission	(Y) N/A	jmc	
9.	Patient told if further pathological specimens will be available, from whom and when	Y, (N/A)	initials	
10.	Discharge information given	(Y), N/A	initials	
11.	Out Patient appointment given	Y, (N/A)	initials	
12.	IV cannula removed	Y, (N/A)	initials	
13.	Has passed urine	Y, (N/A)	initials	
14.	Identity bracelet removed	(Y), N/A	initials	
15.	Collected by a responsible adult	Y, N/A	initials	
16.	Responsible adult at home for first 24h	Y, N/A	initials	
	Discharge Criteria met ? Yes ☐ No ☐* (record as variance)		initials	
	Patient discharged, or, back to Relative/Carer/Support person ☐ or N/A ☐		initials	
	Time patient left department 18:15		initials	

If Overnight in hospital, record a Variance & start a new post-procedure care record.

VARIANCES: all staff to identify & record variances *further Variance Sheet are available*

note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					

Multidisciplinary Progress notes / problems

Addressograph or
Name
Dob
Unit no CHI

Time	include action taken, investigations required, etc + signature, print name & designation .
17.19	Patient tolerated procedure well throughout. S/N JM
17-20	Patient arrived in recovery. nil complaints encouraged to pass wind. s/N JM.
18-15	Patient met all discharge criteria all relevant information given to and understood by patient. s/N JM

VARIANCES: **all staff to identify & record variances** *further Variance Sheet are available*

Types of Variance: please note the Variance code letter where possible

A – patient, **B** – clinician, **C** – Hospital system, **D** – external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					
/	:					
/	:					
/	:					

Multidisciplinary Progress notes / problems

Time	include action taken, investigations required, etc + signature, print name & designation

Surg 501202522K M 01/08/1984 (adapted for Endoscopy Unit, WGH NHS Lothian)

Storrie, Paul M
49 Barbauchlaw Avenue,
Armadale,
Bathgate,
West Lothian, EH48 2PU
CHI 0108841154
78241 J Robison

OATE	9/5/13
ROOM	1
SITE	ST JOHN'S
OPERATOR	D MacDonald
PROCEOURE	flexible Sigmoidoscopy

Please complete ALL boxes

SIGN IN (To be read out loud) Pre-procedure		
Member verbally confirms with the team:	YES	NO
Check any information form Pre-Procedural Assement has been passed over to endoscopist.	☑	☐
All staff followed hand hygiene protocol?	☑	☐
Patient confirmed his/her identity, procedure and consent	☑	☐
Discussion with patient raising R. arm to withdraw consent during procedure	☑	☐
Correct case notes available?	☑	☐
Confirmed scope number and label match	☑	☐
Initial or Signature:	AY	

SIGN OUT (To be read out loud) Post-procedure		
Member verbally confirms with the team:	YES	NO
All staff followed hand hygiene protocol?	☑	☐
	YES	N/A
Have the specimens been labelled correctly	☐	☑
	YES	N/A
Is a follow up appointment required?	☑	☐
Initial or Signature:		

Please record any Issues Identified

Return to GP

11[20] P 66 (8) 114/59. 99/.

Created: 18/12/09

Surgical Safety Checklist

(adapted for Endoscopy Unit, SJH NHS Lothian)

NHS Lothian

501202522K M 01/08/1984
Storrie, Paul M
3/4 Nisbet Court,
Restalrig Park,
Edinburgh,
EH7 6UP
CHI 0108841154
70569 M Gill

DATE 9/11/19
ROOM 1
SITE ST JOHN'S
OPERATOR J Duncan
PROCEDURE ~~Colon~~ Flex Sig.

Please complete ALL boxes

SIGN IN (To be read out loud)

Pre-procedure

Member verbally confirms with the team:	YES	NO
Patient confirmed his/her identity, procedure and consent	☑	☐
ICP,paparwork,patiant labels checked & any relavant Pre-Procedural infromation passed to Endoscopist	☑	☐
Entonox checklist complated and Endoscopist infromed of eny contraindications	☑	☐
Discussion with patiant raising R. erm to withdraw consent during procedure	☑	☐
All staff followed hand hygiene protocal?	☑	☐
Confirmed scopa number and labal match	☑	☐

Initial or Signature: KM

SIGN OUT (To be read out loud)

Post-procedure

Member varbally confirms with tha team:	YES	NO
All staff followed hand hygiena protocol?	☐	☐
	YES	N/A
Have tha specimens been leballed corractly and checkad bv endoscopist and nursa?	☐	☐
	YES	N/A
Is a follow up eppointment required?	☐	☐

Initial or Signature:

Plaaaa racord any isauaa idantifiad

Equanox Administration Sheet

The protocol must be available and adhered to at all times during the "self administration" of Equanox.

A Prescription chart must be completed unless administered under a PGD.

501202522K M
STORRIE Paul
01-Aug-84 CHI:010 884 1154
70569 M Gill
3/4 Nisbet Court
EH7 6UP

Date 9.11.19

Time 1130

Procedure Flexible Sigmoidoscopy

Prescription chart completed by SCO ICP

Duration of self administration	Pulse	Respiratory rate	O_2 Saturations
Start 11:40	76		100
Finish			

Checklist for contra-indications:
(If yes to any question seek advice from medical staff)

Head injury or altered GCS	YES / NO
Maxillofacial injury	YES / NO
Alcohol intoxication	YES / NO
Pnuemothorax or Chest trauma	YES / NO
Respiratory Problems	YES / NO
Recent decompression illness or a recent dive (within 24hrs)	YES / NO
First sixteen weeks of pregnancy	YES / NO N/A
Middle Ear Occlusion	YES / NO
Infection (see decontamination guidance)	YES / NO
Vitamin B12 deficiency	YES / NO

501202522K M 01/08/1984
Storrie, Paul M
3/4 Nisbet Court,
Restalrig Park,
Edinburgh,
EH7 6UP
CHI 0108841154
70569 M Gill

Interim Patient Handover

Circle: OGD COLON FLEXI

Xylocaine - Time Given: ----------

Sedation Y/N Entonox Y/N

Circle: CLO Y/N

Bx Y/N

Any Special Instructions?

OBS – On arrival into Recovery *(for transfer to ICP)*

Time: 1145.

Circle: RA 2L Other?

O2: 98 %

HR: 66

BP: 105
71.

Endoscope Wash Log

ISIS - Ser No.	ISIS058
Scope ID:	84
Olympus CLV260BL/1	
S/N:2710919	
Cycle No	24369
Time	15:46 GMT
Date	08/11/2019
Last Self Disinfect	
Time	05:59
Date	08/11/2019
Loading Op ID:	87
Name: lindsay joyce	
Unload Op ID:	35
Name: Margaret Denhola	
Applied Cycle:	
Chan Irrigation	04 Chan(s)
Contact Time	005 Mins
Raiser Bridge	No
Leak Test	Yes
R/W Conductivity	1 uS
Dis.Conductivity	998 uS
Dis Temperature	15 deg
Detergent Batch	131265//131265/
Dis Rinse1 Batch	a124805/a124805s
Dis Rinse2 Batch	a109195/a109195s
Scope ID:	84
Use By Time	18:46
Comment:	

[redacted]

Reprocessor
3

Cycle
14926

Washed
2019-11-08 14:03

Processed
2019 11 08 15:36

RE-ORDER CODE FPLB 378
Tel. +44 01454 322777

St Johns Lothian Hospital

COLONOSCOPE FLEXIBLE VIDEO

Scope 50000011000022
User Code 2710919
Serial No
Lot No 02308

DO NOT USE IF PACKING IS DAMAGED OR OPEN
STORE IN A CLEAN DUST FREE ENVIRONMENT

Needle phobia. See comm

NHS Lothian

501202522K M 01/08/1984 Forenam Storrie, Paul M Surname 3/4 Nisbet Court, Unit num Restalrig Park, Address Edinburgh, (including EH7 6UP CHI 0108841154 70569 M Gill **Preferred Name** Tel. number	Arrived in .....unit for procedure Date: 9/11/19 & time: GP Name RESTALRIG PARK MEDICAL CENTRE Address Acmoor. Religion Ethnic Origin **Consultant:** ENT **Proposed Procedure: with Sedation** Yes ☐ No ☑ ☐ Colonoscopy ..... ☐ Endoscopy ..... ☑ Flexible Sigmoidoscopy ..... ☐ Pouch Endoscopy ..... ☐ *Other* ..... **Other** ☐ ..... Proposed date: & time: Date confirmed by patient as suitable ☐
Next of Kin: Name/address MRS KAREN STORRIE 3/4 NISBET COURT EDIN Tel. number(s):home mobile. 07476236285	
ALLERGIES: PENECILLIN/AMOXOCILLYN document if pt has no known allergies/sensitivities	

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

	Print name	Designation	Initials	Signature	date
1	J. Grey	S/N			9/11/19
2	H Barratt	S/N			9/11/19
3	K. MACMILLAN	S/N	ICM		9/11/19
4	C. GARDNER	S/N	CG		9/11/19
5					
6					
7					
8					

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION**: eg Interpreter

N ☐, Y ☐ *specify* .....

b) **OVERNIGHT CARE** N/A ☐, or Escort (Y) / N (who)....WIFE.....Transport ...CAR...

24hr Care (Y) / N (who)....WIFE..... I/P bed required Yes ☐, No ☐

PHONE NUMBER 07476236285

c) **MOBILITY**: Wheelchair Y (N) Walking Aid Y / N ☐ requires: Hoist ☐

FALLS RISK ASSESSMENT REQUIRED Y (N)

d) **HOSPITAL TRANSPORT**: Required N ☐, Y ☐. If Yes, reason why .....

If Ordered date: Type Ref No.....

An Integrated Care Pathway is intended as a guide to treatment & an aid to documenting patient's progress.

Clinicians are free to exercise their own professional judgements as appropriate.

Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

severity, frequency, duration, recent changes : what where how etc .

Patient to complete this Pre-Procedural Assessment

for information for the staff to know before the procedure

Clinical Assessment

Have you ever had any of the following:	No	Yes	Nurse comments in shaded areas
1. Heart attack or Stroke	☐	☑	at age 26.
2. Angina / Chest Pains on exercise or at night.	☑	☐	
3. Heart murmur	☑	☐	
4. Heart Valve replacement	☑	☐	
5. Do you have a Pacemaker	☑	☐	
6. High Blood Pressure	☑	☐	
7. Asthma or Bronchitis	☑	☐	
8. Shortness of Breath	☑	☐	
9. Diabetes	☑	☐	If YES: Insulin ☐, Diet ☐, or Tablets ☐ — Nurse record of BM [redacted]
10. Epilepsy	☑	☐	
11. Glaucoma	☑	☐	
12. Could you be pregnant?	☑	☐	
13. Do you use recreational drugs	☐	☑	Cannabis
14. Any noticeable weight loss over last 3-6 months?	☑	☐	
15. Have you ever been contacted as 'at risk of CJD' (CreutzfeldJacob disease)for public health purposes?	☑	☐	

Are you taking any of the following medication:	No	Yes	
i. Aspirin	☑	☐	
ii. Clopidogrel	☑	☐	
iii. Warfarin	☑	☐	If YES: INR result .....
If Yes, did you receive instructions about stopping?	☐	☐	
What were they?			

CURRENT MEDICATIONS – including complementary medicines / vitamins etc *Tick if none* ☐

Drugs	dose	frequency	Drugs	dose	frequency
1 PREGABLIN	150mg	2 DAILY	7		
2 TRAMADOL	75mg	1 DAILY	8		
3 BUSCAPAN	10mg	3 DAILY	9		
4			10		
5			11		
6			12		

*** * Staff –be aware that 'Allergies & Sensitivities' are to be noted on front cover * ***

Have you had previous operations (including what, where, dates etc) & were there any complications

Back injury

Haematuria

Please list any other health problems

PR bleeding. ? haemorrhoids

Abdo pain.

Diarrhoea.

Would you like any information to be discussed in private YES ☐ NO ☑

Admitting Nurse initials ... GM ... date ... 9/11/19 ... time ... 1055

501202522K M 01/08/1984
Storrie, Paul M
3/4 Nisbet Court,
Restalrig Park,
Edinburgh,
Na EH7 6UP
D CHI 0108841154
70569 M Gill

PRE-PROCEDURE CHECKS

PRE-PROCEDURE ONCE-ONLY MEDICATIONS on 'Prescription Administration chart – p.7

CHECKLIST	WARD		Endoscopy		notes
Orientation to the ward/dept./unit	(Y)	N			
Patient identification checked & name band(s) applied	(Y)	N	(Y)	N	
ALLERGIES RE-CHECKED (same as on front cover)	(Y)	N	(Y)	N	
Correct procedure	(Y)	N	(Y)	N	
Pre, Peri and Post procedure care explained	(Y)	N			
Explanation of withdrawing consent during procedure	(Y)	N	(Y)	N	
Ensure baseline obs & weight recorded (Obs chart pg 4)	(Y)	N			
Last food: date 8/11/19 time Morning	(Y)	N			
Last drink: date 9/11/19 time 06:00	(Y)	N			Picolax
Bowel prep taken / phosphate enema given or N/A ☐	(Y)	N	(Y)	N	
Taken routine drug therapy	Y	(N)			
Any limitations to movement identified: *If YES, Specify*	Y	(N)	Y	(N)	
Any other relevant issues identified:					
Jewellery REMOVED/TAPED or N/A ☑	Y	N	Y	N	
Belongings secured	(Y)	N			
Hearing Aids in situ: L R or N/A ☑	Y	N	Y	N	
Dentures in situ: Top / Bottom / Full or N/A ☑	Y	N	Y	N	
Glasses sent with patient or N/A ☑	Y	N	Y	N	
Spare Stoma bag sent or N/A ☑	Y	N	Y	N	
Ask patients permission for presence of medical student / work experience student					
Consent signed	(Y)	N	(Y)	N	

Pre procedure Nurse check: initials* [signature] date 9/11/19 time 1101

Endoscopy Nurse initials* [signature] [signature] date 9/11/19 time 1129

intials can be used **IF** the staff member has signed in on the 'Initial table' on page one otherwise, full name / print / designation is required.

501202522K M 01/08/1984
Storrie, Paul M
3/4 Nisbet Court,
Restalrig Park,
Edinburgh,
EH7 6UP
CHI 0108841154
70569 M Gill

Pre-, Peri-, Post-procedural observations

date

Time

Ht (m) Wt(kg) BMI 61·70	Hr : min	O/A 11:20	11:40	11:45	11:55
Oral Airway	or N/A ▯	SV	SV	SV	SV
Oxygen Therapy (L / Min)	or N/A ▯	A	2l 50	RA	RA
Oxygen Saturation	or N/A ▯	99%	100	98	97
Respiration	or N/A ▯	18	—	/	/
Sedation Score	or N/A ▯	0	0	0	0
Pain Score	or N/A ▯	0	0	0	0
Nausea Score	or N/A ▯	0	0	0	0
Procedure site checked	or N/A ▯	/	/	/	/
Blood Loss	or N/A ▯	0	0	0	0
Blood sugar	or N/A ▯	/	—	/	/
Temp	or N/A ▯	/	—	/	/

SCORING SYSTEM
see table below

Pain: *- use 0 – 10 scoring system*

0 NONE
Continue to assess pain with every set of observations
1-3 MILD
Continue to assess pain with Every set of observations
4-5
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient.
REVIEW
6-10
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient.
REVIEW

Blood Loss or N/A ▯
0 None
1 Slight
2 Heavy

Chart scale: 200, 150, 100, 50. Handwritten entries: 76; 105/71; 90/34; 80.

[Record 'Drugs given' on table across]

Sedation	**Nausea**
0 None, patient alert	**0** None
1 Mild, occasionally, drowsy, easy to rouse	**1** Mild nausea, no treatment required
2 Moderate, frequently drowsy, easy to rouse	**2** Nausea/vomiting helped by Rx
3 Severe, somnolent, difficult to rouse	**3** Persistent nausea / vomiting despite Rx
S Normal, sleep, stirs to light touch	**S** Score S if sleeping normally

Endoscope label

501202522K M
STORRIE Paul
01-Aug-84 CHI: 010 884 1154
70569 M Gill
3/4 Nisbet Court
EH7 6UP

501202522K M 01/08/1984
Storrie, Paul M
3/4 Nisbet Court,
Restalrig Park,
Nam Edinburgh,
Dot EH7 6UP
Uni CHI 0108841154
70569 M Gill

PRESCRIPTION & ADMINISTRATION RECORD

Clinical area .....

ONCE ONLY

Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	Time given	Given by
		OXYGEN	L	NASAL/ORAL			
9/11/19		Entonox	50/50	Inh	[signature] JOHNSON	11:30	self

PERI-PROCEDURE CARE

time, initials

Cannula site Size Skin Prep ☐
Handwash ☐ Apron/Gloves ☐ Aseptic Insertion ☐ Dressing labelled ☐
Difficulties/complication/deviation from standard technique Y N — NA

BIOPSIES TAKEN OESOPHAGEAL ☐ GASTRIC ☐ DUODENAL ☐
CLO TEST ☐ COLON ☐ POLYP/S ☐ OTHER ☐ — NIL

Oral Suction required Y ☐ or N/A ☑ —

Diathermy: none required ☐
Monopolar ☐, Bipolar ☐ site .....

Patient Nurse: initials* HB date 9/11/19

Endoscopy Nurse initials* KM date

* initials if signed in on page 1 'Initials table'

POST-PROCEDURE:

Procedure performed Upper GI Endoscopy ☐ Colonoscopy ☐ Flexible Sigmoidoscopy ☐
ERCP ☐ Other (please specify)

PROCEDURE SUMMARY: procedure comfort mild ☐, moderate ☑, severe ☐

See report

Follow-up required: N/A ☑, Yes ☐ If YES, *specify*
Please refer to discharge summary Y☐ N/A ☑

SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE

As protocol

Patient can DRINK (Y) NO after 30 mins
Patient can EAT (Y) NO after 30 mins
Suitable for NURSE-LED DISCHARGE (YES) / NO

Endoscopist print JOHNSON signature [signature]
designation ME date 9/11/19 time

501202522K M 01/08/1984
Storrie, Paul M
3/4 Nisbet Court,
Restalrig Park,
Edinburgh,
EH7 6UP
CHI 0108841154

POST PROCEDURE and DISCHARGE CRITERIA

POST PROCEDURE

70569 M Gill

1	Trolley lowered, bed rails in situ, buzzer given	(Y) N/A	initials	
2	**Observations** recorded: on return *time* 1145	(Y), N/A		
	at 30mins	Y , N/A		
	after 1 hour	Y , N/A		

NOTE: Obs regime to follow is O_2 sats, TPR, BP Sedation, Pain & Nausea scores [recorded on pg 4]

DISCHARGE CRITERIA

			initials	Comment overleaf
1.	Discharged by Endoscopist	(Y), N/A	initials	
2.	Transport home arranged collection time:	(Y), N/A	initials	
3.	Vital signs stable & satisfactory	(Y), N/A	initials	
4.	Alert & orientated (as on admission)	(Y), N/A	initials	
5.	Pain controlled	(Y), N/A	initials	
6.	Nausea controlled, no vomiting	(Y) N/A	initials	
7.	Tolerating fluids/diet [If Throat Spray, drink at 30mins after receiving spray]	(Y) N/A	initials	
8.	Mobilising as on admission	(Y), N/A	initials	
9.	Patient told if further pathological specimens will be available, from whom and when	Y , (N/A)	initials	
10.	Discharge information given	(Y), N/A	initials	
11.	Out Patient appointment given	Y , (N/A)	initials	
12.	IV cannula removed	Y , (N/A)	initials	
13.	Has passed urine	Y , (N/A)	initials	
14.	Identity bracelet removed	(Y), N/A	initials	
15.	Collected by a responsible adult	Y , (N/A)	initials	
16.	Responsible adult at home for first 24h	Y , (N/A)	initials	
	Discharge Criteria met ? Yes ☑ No ☐* (record as variance)		initials	
	Patient discharged, or, back to Relative/Carer/Support person ☐ or N/A ☑		initials	
	Time patient left department 1213		initials	

If Overnight in hospital, record a Variance & start a new post-procedure care record.

VARIANCES: all staff to identify & record variances

further Variance Sheet are available

note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					

501202522K M 01/08/1984
Storrie, Paul M
3/4 Nisbet Court,
Restalrig Park,
Edinburgh,
EH7 6UP
CHI 0108841154

Multidisciplinary Progress notes / problems

Time	include action taken, investigations required, etc + si 70569 M Gill ... name & designation
1105	Pt suffered childhood physical and sexual abuse before foster care and during. He thinks this stress has led to a mini stroke at age 26. He has had x2 very recent intentional overdoses due to his childhood also. Extreme needle phobia. Mfy
11:45	pt used entonox pcv test. SLW.
1155	Recovery – pt feels dizzy – fluids given will reassess after he has eaten –
	no c/o pain or nausea – hypotensive.
1210	pt tollerated diet & fluids ok.
1210	Pt Discharged with all info given

VARIANCES: all staff to identify & record variances *further Variance Sheet are available*

Types of Variance: please note the Variance code letter where possible

A – patient, **B** – clinician, **C** – Hospital system, **D** – external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					
/	:					
/	:					
/	:					

501202522K M 01/08/1984
Storrie, Paul M
3/4 Nisbet Court,
Restalrig Park,
Edinburgh,
EH7 6UP
CHI 0108841154

Multidisciplinary Progress notes / problems

Name
Dob
Unit

Time	include action taken, investigations required, etc + signa 70569 M Gill

NHS Lothian

Preoperative Assessment - Anaesthetic Summary Report

UHPI:	CHI:	Surname:	Forename:	DoB:
501202522K	0108841154	Storrie	Paul	01/08/1984 (41y 0m)

Planned Procedure: Arthroscopic ACJ Reconstruction Hamstring Allograft R shoulder

Assessment type:	Patient present		
Assessment Date:	19/08/2025	**Hospital:**	St John's Hospital at Howden
Procedure Date:	27/08/2025	**Surgeon:**	Mr Samuel P Mackenzie
TCI Date:	27/08/2025	**Interpreter:**	
TCI Time:	07:30	**Pref Language:**	

Allergies / Adverse Reactions

Allergy	Nature of Reaction	Comments
Penicillin, Paracetamol	GI upset	

Smoking / Alcohol / Lifestyle

Lifestyle Choice	Lifestyle Details
Substance misuse status	Current drug misuser
Alcohol status	Currently within recommended daily and weekly limits
Smoking status	Current smoker

Functional Activity

Two flights of stairs (MET 7).

TRAK Alerts

No data

Red Flags

No data

Frailty Flags

Past Medical History

Other gastrointestinal disease
- PR Bleed and Change in Bowel Habit-haemorrhoid- Discharged colorectal-2019

Other musculoskeletal or connective tissue disorder
- Previous spinal twist? prev medications- no issues currently ^Chronic superior dislocation clavicle at ACJ^Right acromioclavicular joint instability and pain^Tissue calcification in region of rotator cuff

Depression

Anxiety
- PTSD

Previous Surgery

NHS Lothian
Preoperative Assessment - Anaesthetic Summary Report

UHPI:	CHI:	Surname:	Forename:	DoB:
501202522K	0108841154	Storrie	Paul	01/08/1984 (41y 0m)

Testicular op- age 12

Medications/Pharmaceutical Care Issues (or see ECS Report)

No medications/pharmaceutical care issues recorded

Observations Information

Date & Time	19/08/2025 12:00
Weight(kg)	80
Height/Length(cm)	174
BMI	26.42
SpO2	
Heart Rate	
Blood Pressure Systolic	
Blood Pressure Diastolic	
Comments	

Date & Time	19/08/25^12:00
Most recent BMI	26.42
Most recent Weight	80

Airway Assessment

Neck flexion/extension:	Full Movement
Mouth opening:	3 finger breadths (~5cm)
Thyromental distance:	6.5cm or more
Mallampati:	III
Jaw subluxation:	Class A
Previous airway pathology, surgery, or radiotherapy:	No
Details:	

VTE Risks

Risk Evaluation	Score
Caprini	4

Risk Type	Category	Sub Category	Comments
Venous Thromboembolism (VTE)	Orthopaedics	Medium	Provide details of risk factors identified, VTE prophylaxis provided and reasons for any variation from protocol

Peri Operative Risk (30 days)

No peri operative risk prediction recorded

Waterlow Score

	Score
Waterlow	9

NHS Lothian
Preoperative Assessment - Anaesthetic Summary Report

UHPI:	CHI:	Surname:	Forename:	DoB:
501202522K	0108841154	Storrie	Paul	01/08/1984 (41y 0m)

Information Provided to Patient

Fasting:	Verbal and written fasting instructions given
Medication:	Verbal and written medication instructions given
Medication instructions:	Patient advised to take all of their regular medication including on the morning of surgery i.e. no medication to be withheld before surgery
The following written information was provided:	Preparing for surgery (including fasting and medication instruction) You and your anaesthetic booklet (RCOA)

Pre Operative Assessment Note

Date/Time	Created User	Note
19/08/2025 12:26	Alisha Nabi	Pre-Op Assessment today in preparation for Arthroscopic ACJ Reconstruction Hamstring Allograft on 27/08/2025 07:30 SJH DSU Medication advice - Advised to continue all regular medications and bring in on DOS.No red flags/concerns.Proceed with admission, as per POA guidelines. Cannabis smoker 6-7 joints 3-4x weekly for the last 32 years approx , email to DOS anaesthetist + surgeon.

Clinical Notes

No clinical notes recorded

Nursing Information

Next of Kin

Type	Relationship	Surname	Forename	Telephone	Mobile	Work Phone
Next of Kin	Partner	McIntyre	Marlie			

12/ 23 hr Patients

UHPI:	CHI:	Surname:	Forename:	DoB:
501202522K	0108841154	Storrie	Paul	01/08/1984 (41y 0m)

Journey home <90mins:	No
Patient agreed to be accompanied by responsible adult will be at home with patient, at least overnight:	Yes
Responsible adult will be at home with patient, at least overnight:	Yes
Patient advised not to drive or operate machinery within 24 hours of operation:	Yes
Patient advised not to drink alcohol within 24 hous of operation:	Yes

Transport / Interpreter bookings

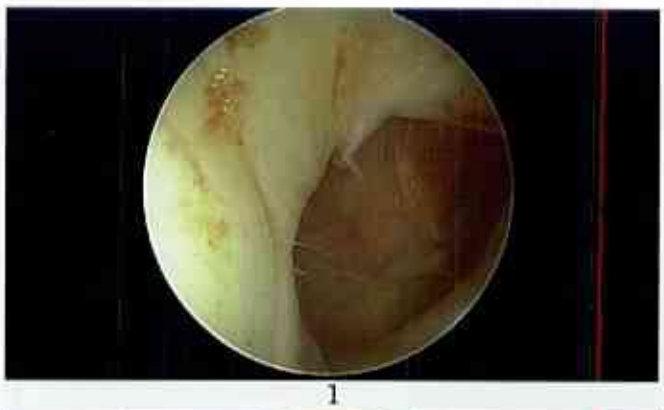
Ambulance required:	No
Date booked:	
Ambulance booking reference:	
Interpreter required:	
Preferred language:	
Has the interpreter been booked:	
Interpreter booking ref:	
Religion:	

Urinalysis

Date & Time	19/08/2025 12:00
Glucose mg/dl	
Bilirubin	
Ketones mg/dL	
Specific Gravity	
Blood Ery/uL	
pH	
Protein mg/dL	
Urobilinogen	
Nitrite	
Leucocytes (leu/ul)	
Urinary pregnancy test	
Notes (inc appearance of urine)	
Comments	

Surgeon: # Surgeon
Case Notes:

27/08/2025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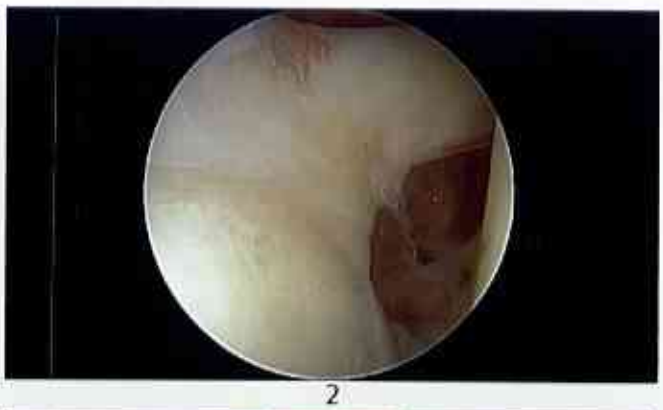
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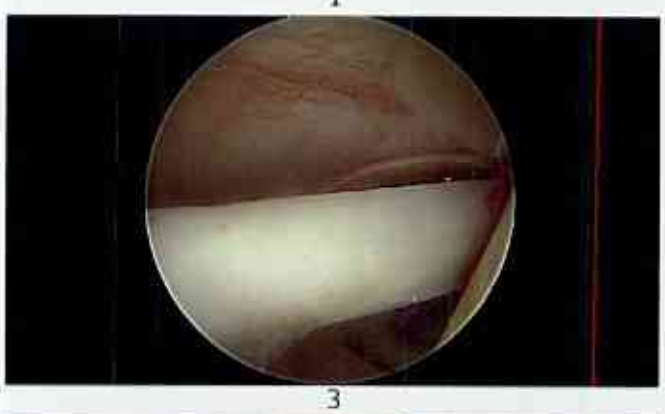
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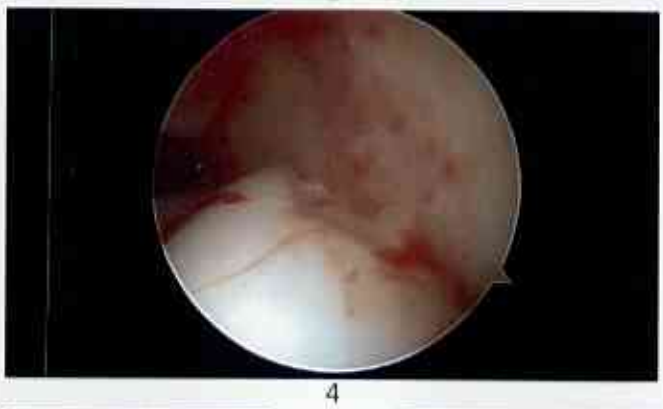
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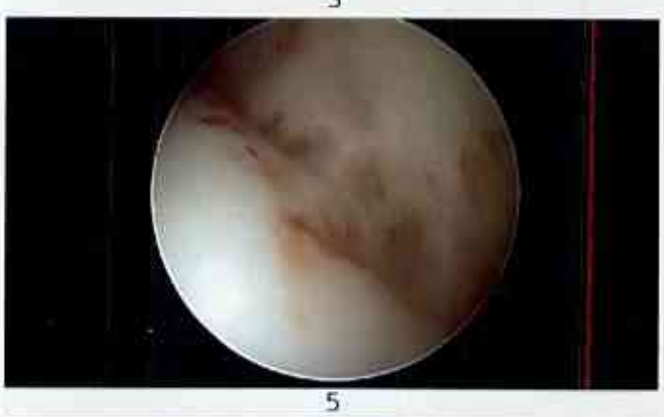
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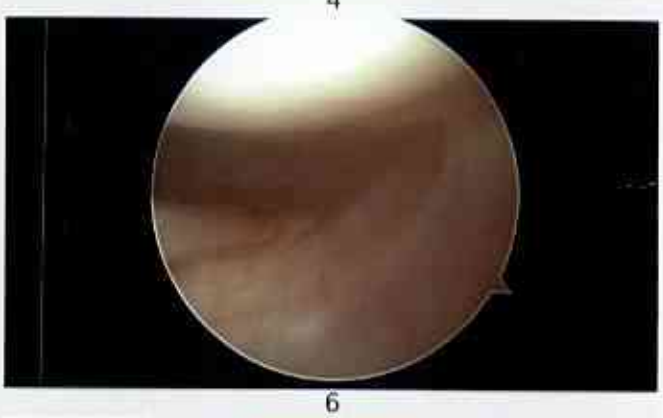
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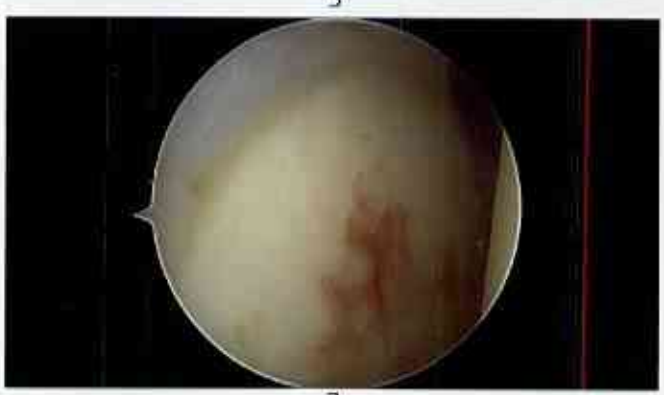
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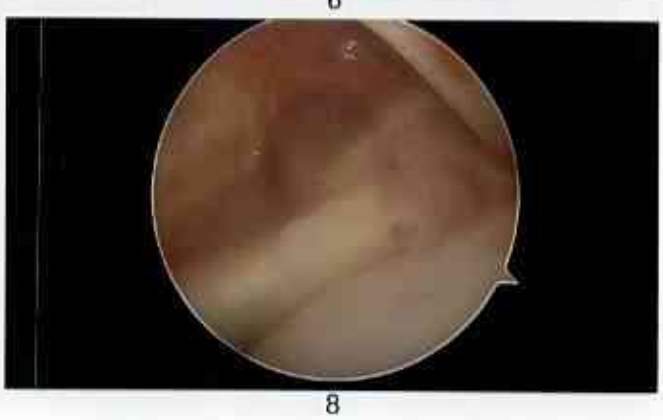
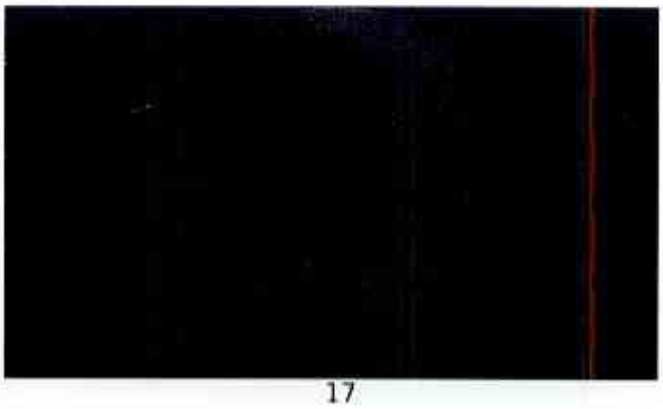

8

Patient: Storrie, Paul (0108841154)

DOB:

Surgeon: # Surgeon 27/08/2025
Case Notes:



17

Surgeon: # Surgeon
Case Notes:

27/08/2025


9


10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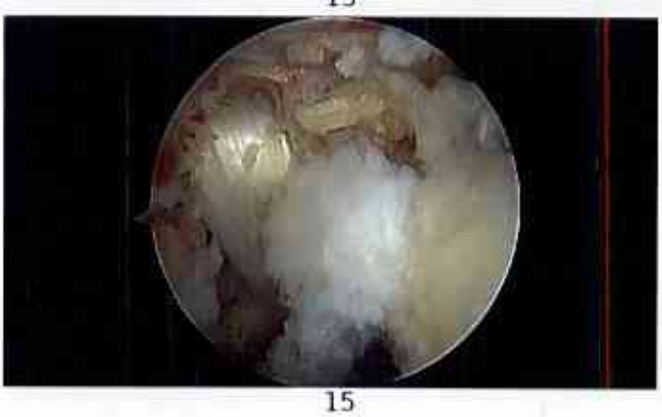
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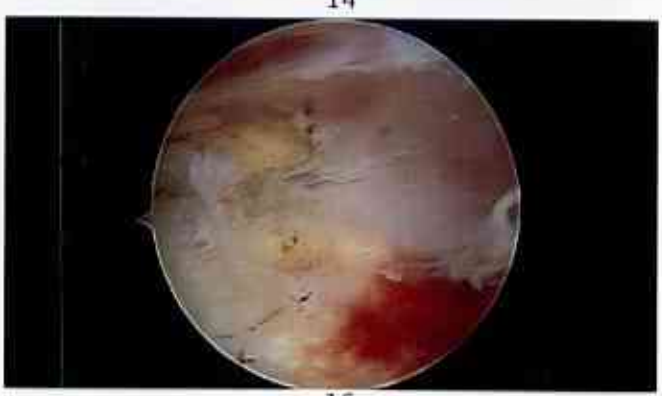

16

Patient: Storrie, Paul (0108841154)

DOB:

Ear Nose and Throat

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 26/11/2003
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Patient:	Mr Paul Storrie 59 Avondale Crescent Armadale West Lothian Bathgate EH48 3HN	**UHPI:**	501202522K
		Date of Birth:	01/08/1984
Specialty:	Ear Nose and Throat	**Consultant:**	Dr Alastair IG Kerr

I saw this young man in the ENT Clinic today. It is now 12 days down the line since his injury. He has had no epistaxis, he feels his nose is not blocked and he has been otherwise well since the injury. He does feel his nose is slightly deformed. However this was the second injury to his nose and he tells me that his nose was out of place before this injury.

On examination his septum was deviated and I am unable to tell whether this is due to the new or the old fracture. He has no septal haematoma. There was no blockage to breathing and both nostrils were patent. There is no deformation of his nasal bones which are in good position at present.

I have discharged Paul from the clinic at present. However I have asked him to see yourself should he suffer any problems with breathing or other problems with his nose in the future. I have told him that we usually give the cartilage about six weeks to heal and that if he has major problems after this time they may warrant surgical intervention, but at present none is necessary.

Yours sincerely

Emma Stapleton
Senior House Officer

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Colorectal General Surgery

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 31/10/2019
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Patient:	Mr Paul Storrie 59 Avondale Crescent Armadale West Lothian Bathgate EH48 3HN	**UHPI:**	501202522K
		Date of Birth:	01/08/1984
Specialty:	Colorectal General Surgery	**Consultant:**	Mr Graeme HM Smith

Mr Storrie was referred as suspected cancer on the 2nd of this month with altered bowel habit and an episode of PR bleeding. The history was outlined in the referral letter. Since he was seen in the practice, his diarrhoea has settled. However, he is still seeing fresh blood PR during defaecation. The frequency of his abdominal pain has also decreased, but it is still bothering him and is mainly central abdominal. He has had no vomiting, loss of appetite or weight loss. He does not know his family history very well, but is not aware of there being any colorectal disease.

On examination, he was no obviously anaemic or jaundiced. His abdomen was flat and soft with no obvious tenderness or masses. He was very anxious, but tolerated a digital rectal examination very well. There was no evidence of a fissure, induration or rectal mass.

I discussed things with him and his wife. He is aware his bleeding could turn out to be haemorrhoidal and the other symptoms may have been due to an infective gastroenteritis +/- IBS, especially with his underlying history of anxiety. However, I have recommended a flexible sigmoidoscopy to make sure there is no pathology. If his diarrhoea recurs or the blood is obviously mixed into the stool, he is aware a full colonoscopy can be carried out provided the bowel preparation is good and he can tolerate further advancement of the scope.

We discussed diet and lifestyle measures for haemorrhoids before he left. He is aware he should watch his caffeine intake as this may exacerbate some of his GI symptoms. He will probably need an antispasmodic to manage his cramps. I will look out for the scope result and arrange follow up after this, if necessary. He is aware we do not need to intervene for haemorrhoid symptoms unless they are impacting on quality of life, especially as the interventions all carry risks and no guarantee of "cure".

Yours sincerely

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Colorectal General Surgery

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created:	31/10/2019
Date/Time Printed:	12/06/2026 10:49
Our Ref:	501202522K
CHI:	0108841154

Mr Graeme Smith
Associate Specialist

GHMS/KA
Dictated: 29.10.19
Typed: 31.10.19

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Colorectal General Surgery

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 04/12/2019
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Patient:	Mr Paul Storrie 59 Avondale Crescent Armadale West Lothian Bathgate EH48 3HN	**UHPI:**	501202522K
		Date of Birth:	01/08/1984
Specialty:	Colorectal General Surgery	**Consultant:**	Mr Graeme HM Smith

results letter - 02.12.19
I hope this finds you well. I have just seen the result of your flexible sigmoidoscopy carried out on 09.11.19. I hope the result has given you reassurance on the source of your bleeding. I also hope your haemorrhoid symptoms and other bowel symptoms can be controlled with the measures we discussed in the clinic.
I have not arranged any routine colorectal clinic follow up, but I will see you again, if necessary.
Best wishes.
Yours sincerely

Mr GRAEME H M SMITH
Associate Specialist
cc: Dr M Gill , Restalrig Park Medical Centre , 40 Alemoor Crescent , Edinburgh , , EH7 6UJ

Orthopaedic Trauma Triage Clinic

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 29/05/2023
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Patient:	Mr Paul Storrie 59 Avondale Crescent Armadale West Lothian Bathgate EH48 3HN	**UHPI:**	501202522K
		Date of Birth:	01/08/1984
Specialty:	Orthopaedic Trauma Triage Clinic	**Consultant:**	

This Patient's Emergency Departments records and x-rays were reviewed at the Trauma Triage Clinic by Mr Samuel G Molyneux on 29/05/2023 and the following was determined:

Diagnosis:

Right Shoulder: Acromioclavicular Joint Dislocation

Date of injury:
Mechanism of injury: Other
Clinical note:
Grade 2 AC joint dislocation. Should be followed with physiotherapy.

Letter to Physiotherapy:
I would be very grateful if you could follow up this gentleman with an acromioclavicular joint injury. If there are any concerns, he should be referred back to the Shoulder trauma team.

The management plan is for Physiotherapy referral by the Consultant.

Kind regards,

Mr S G Molyneux, FRCS, MSc, BMedSci.
Consultant Orthopaedic Surgeon
Royal Infirmary of Edinburgh

Secretary: 0131 242 6881

University Hospitals Division
Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

NHS Lothian

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 18/06/2025
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Patient:	Mr Paul Storrie 59 Avondale Crescent Armadale West Lothian Bathgate EH48 3HN	**UHPI:**	501202522K
		Date of Birth:	01/08/1984
Specialty:	Orthopaedics	**Consultant:**	Phillip Ackerman

Problem:
1. Right acromioclavicular joint instability and pain
1a. Tiny flecks of tissue calcification in region of rotator cuff.
2. Anxiety.
3. Depression.
4. PTSD

I would be most grateful if you would be able to arrange to meet with Mr Storrie, he is a 40-year-old gentleman. He describes injuring his right shoulder during an alleged assault around 2-years ago. He tells me he was lifted from his feet and thrown landing on to the tip of his right shoulder. I note he attended A&E at the time and was diagnosed with acromioclavicular joint dislocation, thereafter trauma triage clinic and referred to physiotherapy. Mr Storrie tells me he attended physiotherapy on one occasion and thereafter chose not to attend any further. Gradually his right shoulder seemed to settle down over a few months and did not seem to cause him any significant pains. He works part-time in a bar doing 21-hours a week. He also has two large dogs for which he takes regular walks. More recently his right shoulder has become troublesome once more particularly in the last 3-months without any further history of injury. His pain is reasonably widespread but is superior but also over the scapula. More recently he has had difficulty lifting barrels at work and has had to avoid walking his dogs, due to them pulling on the leads and his shoulder. He has been taking Codeine. As yet there is no significant improvements in his right shoulder. Mr Storrie is concerned by both the appearance of his right shoulder and also the loss of function and strength.

Examination:

University Hospitals Division
Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 18/06/2025
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

With consent I examined Mr Storrie today. His prominence over the right acromioclavicular joint with step deformity. There is localised pain around the right acromioclavicular joint on palpation. There is instability with positive ballotment sign/ Paxinos test. There is wider sensitivity on palpation around the scapula and also in the region of the anterior cuff. Mr Storrie is able to forward flex and elevate through full range with pain through range and similar abduction. Lateral rotation is out to 80° with hand behind back to the upper lumbar region. There is strong and painless rotator cuff contractions in neutral today and negative lag signs. Pain produced on scarf test. Biceps intact clinically.

Investigations:
I note an x-ray of the right shoulder April 2025 reported chronic superior dislocation of the clavicle acromioclavicular joint with widening of joint compared with previous radiographs of 20/05/23. There is also note of a fleck of soft tissue calcification at the insertion of rotator cuff suggesting mild enthesopathy with mild cuff tendinitis normal glenohumeral joint and normal alignment.

Impression:
Mr Storrie has right acromioclavicular joint instability and associated pain. There perhaps is a degree of pain associated with rotator cuff tendinopathy/calcification. I discussed with Mr Storrie options moving forwards. He is extremely keen to seek surgical opinion with regards to stabilisation of his right acromioclavicular joint and I would be most grateful if you would be able to meet with him and provide opinion. In the meantime I have suggested that it would be important for him to begin rehabilitation to overcome this more acute episode of associated pain in his shoulder, Mr Storrie is in agreement and I have made referral. I did consider about right subacromial steroid injection to see whether indeed there is significant degree of current discomfort associated with rotator cuff tendinopathy but given this gentleman's is keen to seek surgical opinion with regards to discussion of the acromioclavicular joint I have not proceeded with this at this stage. As ever many thanks for your kind assistance.

Yours sincerely,

(checked & signed)

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created:	18/06/2025
Date/Time Printed:	12/06/2026 10:49
Our Ref:	501202522K
CHI:	0108841154

Phil Ackerman
Consultant MSK Physiotherapist
Tel: 01506 522101

Letter addressed to Mr Sam MacKenzie, copy to GP.

PA/JR

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 13/08/2025
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Patient:	Mr Paul Storrie 59 Avondale Crescent Armadale West Lothian Bathgate EH48 3HN	**UHPI:**	501202522K
		Date of Birth:	01/08/1984
Specialty:	Orthopaedics	**Consultant:**	Mr Samuel P Mackenzie

Diagnosis:
Right ongoing AC joint instability.

Plan:
Urgent for AC stabilisation.

I have suggested shoulder have AC joint stabilisation with a hamstring allograft. This may be performed open or arthroscopically. I will go into more details when you return to the pre-admission clinic a couple of weeks before your intervention. It is important to note there are some risks with surgery including infection, pain, bleeding, stiffness, re-injury and dissatisfaction. You will require a month in a sling with no heavy lifting for 3-4 months. You could return to work as a bartender at around 6-8 weeks but could not perform heavy lifting beyond pouring a pint of beer.

Yours sincerely,

(checked & signed)

Mr Samuel P Mackenzie
MBChB, BMedSci (Hons), MD, FRCS (Tr & Orth)
Consultant Trauma and Orthopaedic Surgeon

Secretary Jackie Robertson - 01506 522101

SM/JR

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 01/09/2025
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Patient:	Mr Paul Storrie 59 Avondale Crescent Armadale West Lothian Bathgate EH48 3HN	**UHPI:**	501202522K
		Date of Birth:	01/08/1984
Specialty:	Orthopaedics	**Consultant:**	Mr Samuel P Mackenzie

SEEN IN PRE-ADMISSION CLINIC BY MR SAMUEL MACKENZIE, CONSULTANT ORTHOPAEDIC SURGEON

Diagnoses:
1. RIght shoulder chronic instability.
2. Smoker.

Proposed Procedure: Right AC joint reconstruction with tightropes and hamstring allograft (arthroscopic).

Plan: Proceed to surgery.

GP Action: Nil.

Dear Mr Storrie

It was lovely to see you soon after my recent clinic review. We have already had a chance to go over all the options of treatment and you wish to pursue intervention. You have had long-standing pain and dysfunction on the right shoulder after an injury and wish to have the AC joint reconstructed.

This will require a period in a sling for one month with limited movement for another month followed by free range of movement from 8 weeks. You will not be able to load or lift anything heavy for at least 3 months. The operation includes risks including infection, pain, bleeding, stiffness, failure and the need for further surgery. You are happy to proceed and signed the consent form

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 01/09/2025
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Yours sincerely

Mr Samuel Mackenzie/EH
Consultant Orthopaedic Surgeon
Secretary Evonne Henderson -; 0131 242 3427

For surgical waiting list enquiries, please call 0131 242 3437 or 0131 242 3434

Letter to Patient and Copy Sent to GP

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 08/09/2025
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Patient:	Mr Paul Storrie 59 Avondale Crescent Armadale West Lothian Bathgate EH48 3HN	**UHPI:**	501202522K
		Date of Birth:	01/08/1984
Specialty:	Orthopaedics	**Consultant:**	Mr Samuel P Mackenzie

Diagnosis:
Right chronic AC joint instability performed with arthroscopic ACL reconstruction with tightrope and hamstring allograft performed 27/08/25.

Plan:
1. Post op regime as previously described with 2 further weeks and x-ray and then graded return to movement.
2. Review in Mr Mackenzie's clinic in 10-weeks time.
3. Letter to patient, copy to GP.
4. No action for GP.

It was lovely to see you 2-weeks after surgery. X-rays are perfect showing a well aligned AC joint. I am very happy with the overall recovery thus far and thank you for adhering to my restrictions. I am optimistic about your shoulder in the long-term.

Your wounds are satisfactory and you had intact glenoid sensation. I look forward to seeing you in a couple of months.

Yours sincerely,

(checked & signed)

Mr Samuel P Mackenzie
MBChB, BMedSci (Hons), MD, FRCS (Tr & Orth)
Consultant Trauma and Orthopaedic Surgeon

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

01506 522101

SM/JR

Date First Created: 08/09/2025
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 18/11/2025
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Patient:	Mr Paul Storrie 59 Avondale Crescent Armadale West Lothian Bathgate EH48 3HN	**UHPI:**	501202522K
		Date of Birth:	01/08/1984
Specialty:	Orthopaedics	**Consultant:**	Mr Samuel P Mackenzie

Diagnosis:
Right shoulder arthroscopic AC joint reconstruction with hamstring allograft 27/08/25.

Plan:
1. Continue physiotherapy.
2. Review in clinic in 3-months time.
3. Letter addressed to patient, copy GP.
4. No action for GP.

It was lovely to meet you today in the orthopaedic clinic. You are now 12-weeks since the above operation. You are making good progress and all your surgical wounds have healed very well with no evidence of any infection. You have some discomfort and slight tenderness on palpation of your supraspinatus fossa. You have an active range of abduction to 90° then limited by pain. You have active range of forward flexion whilst standing at 140°. Rotation is good and causes you no pain.

You have had an x-ray today which shows satisfactory positioning of your collarbone and AC joint with the buttons seen on x-ray holding the graft.

You are making a good progress albeit I appreciate that you are slightly frustrated at times with your ongoing discomfort. I have encouraged you to continue working hard with physiotherapy and we will see you in another 3-months time to ensure things are improving. You were happy with this plan.

Yours sincerely,

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created:	18/11/2025
Date/Time Printed:	12/06/2026 10:49
Our Ref:	501202522K
CHI:	0108841154

(checked & signed)

Mr Calum Blacklock ST5 Orthopaedic
To Mr Samuel P Mackenzie
MBChB, BMedSci (Hons), MD, FRCS (Tr & Orth)
Consultant Trauma and Orthopaedic Surgeon

Tel - 01506 522101

SM/JR

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 24/02/2026
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Patient:	Mr Paul Storrie 59 Avondale Crescent Armadale West Lothian Bathgate EH48 3HN	**UHPI:**	501202522K
		Date of Birth:	01/08/1984
Specialty:	Orthopaedics	**Consultant:**	Mr Samuel P Mackenzie

Letter dictated 24/02/26.

I am sorry that you were unable to attend your clinic appointment on 24th February to review your progress following your right shoulder surgery in August of last year. We would very much like to see you to assess your progress. We will send another appointment in the post.

Please do not hesitate to contact us if you are unable to make this next appointment.

Yours sincerely,

(checked & signed)

Ms Lauren Ross ST5 Orthopaedic
To Mr Samuel P Mackenzie
MBChB, BMedSci (Hons), MD, FRCS (Tr & Orth)
Consultant Trauma and Orthopaedic Surgeon

Tel - 01506 522101

SM/JR

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Orthopaedics

Dr Rafiqa
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date First Created: 16/04/2026
Date/Time Printed: 12/06/2026 10:49
Our Ref: 501202522K
CHI: 0108841154

Patient:	Mr Paul Storrie 59 Avondale Crescent Armadale West Lothian Bathgate EH48 3HN	**UHPI:**	501202522K
		Date of Birth:	01/08/1984
Specialty:	Orthopaedics	**Consultant:**	Mr Samuel P Mackenzie

I am sorry you were unable to attend your appointment on 14th April. This was to review your progress following your right shoulder surgery in August of last year. We will arrange a further appointment for you to be reviewed in clinic. If your symptoms are exemplary and you do not wish this review please do not hesitate to contact us to cancel this appointment.

Yours sincerely,

(checked & signed)

Ms Lauren Ross ST5 Orthopaedic
To Mr Samuel P Mackenzie
MBChB, BMedSci (Hons), MD, FRCS (Tr & Orth)
Consultant Trauma and Orthopaedic Surgeon

Tel - 01506 522101

SM/JR

In Patient Records

Please fill out in black ink and bring t

Preoperative assessment document 1: ELECTIVE

501202522K M 01/08/1984
Storrie, Paul M
59 Avondale Crescent,
Armadale,
Bathgate,
West Lothian, EH48 3HN
CHI 0108841154
78241 AT Mathew

NHS Lothian

PRE-OPERATIVE ASSESSMENT

Date ..... Adm. type: ELECTIVE

Assessing hospital: ..... site.....

Check registration details : correct ☐ changed ☐

N
D
Unit no.
CHI

PATIENT DETAILS

TITLE: (Mr) / Mrs / Miss / Ms / Other..... Marital Status: Single

Age: 31 Occupation: Bar Tender Full Time Deb

Prefers to be known as Paul

Tel. Nos. Home .....

Work .....

Mobile 07306887696

GP Barbachlaw

GP Address 18 North Street Armadale

GP tel no. 01501 730432

Ethnic Origin: Scottish First Language: English ☑ Other ☐ .....

Interpreter Required : Yes ☐ No ☑ (0131 226 5036)

Religion: ..... *(If Jehovah's Witness attach appropriate form)*

Request for visit from hospital chaplain / minister of religion: Yes ☐ No ☐

NEXT OF KIN

Name: Marlies McIntyre

Relationship: Partner

Address: 59 Avondale Cresent Armadale

Contact nos: Home .....

Work .....

Mobile .....

Aware of admission Yes ☐ No ☐

SECOND CONTACT (If required)

Name: .....

Relationship: .....

Address: .....

.....

.....

Contact nos: Home .....

Work .....

Mob .....

Aware of admission Yes ☐ No ☐

Who to Contact in Emergency

....

HOUSING

House ☐ Bungalow ☐ Ground Floor Flat ☐ Flat ☐ on .....floor

Residential / Part IV ☐ Nursing Home ☐ Hostel ☐ No Fixed Abode ☐

Bedroom: upstairs ☐ downstairs☐ Bathroom: upstairs ☐ downstairs☐

STAIRS: None ☐

Outside: ..... (number) Inside: ..... (number) Lift ☐

Does patient have any difficulty with the stairs? Yes ☐ *(specify)* .....No ☐

EQUIPMENT None: ☐

Toilet aids ☐ Shower cubicle ☐ Shower over bath ☐ Bath aids ☐ Bath only ☐

Bed Rail ☐ Trolley ☐ Dressing Aids ☐ Commode ☐ High Chair ☐

If Yes to any please specify level of independence.....

ARE YOU A CARER FOR ANYONE? (specify) Yes ☐ ..... No ☐

Do you live with Husband / Wife / Partner / Other (specify) ☐ ..... Alone ☐

For Office Use this side

NHS Lothian

Preoperative assessment document 1: ELECTIVE

Pre-operative assessment for elective surgery	addressograph label, or,
Date	Name DoB Unit no. CHI

ADVERSE REACTIONS / ALLERGIES (Describe reaction)

.....

.....

.....

Reason for admission / Planned surgery or procedure .....

Planned date of surgery ...../ ...../ ..... Advised time of admission .....

Day of surgery admission ☐ other admission date ...../ ...../ .....

Predicted length of stay Day case ☐ 23h stay ☐ ..... days ☐

Who will bring you in .....

Who will take you home .....

Consultant.....

Key to Initials of ALL STAFF completing this ICP

Print name	Designation	Initials	Signature	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

COMMON ABBREVIATIONS USED IN THIS DOCUMENT

BM	Measure of glucose level	**Ht**	height	**R/O**	Removal of
BMI	Body Mass Index	**IV**	Intravenous	**RA**	Rheumatoid arthritis
BP	Blood pressure	**ICP**	Integrated Care Pathway	**RF**	Renal failure
C&S	Culture and Sensitivity	**kg**	Kilograms	**RR**	Respiratory Rate
cm	Centimetre	**LMP**	Last menstrual period	**SEWS**	Standardised Early Warning Score
COPD	Chronic Obstructive Pulmonary Disease	**MI**	Myocardial infarction		
		MUST	Malnutrition Screening Tool	**TB**	Tuberculosis
DoS	Day of surgery	**N/A**	Not applicable	**Temp**	Temperature
DVT	Deep vein thrombosis	**NOK**	Next of kin	**U&E**	Urea and electrolytes
ECG	Electrocardiograph	**OA**	Osteo arthritis	**VTE**	Venous thromboembolism
EDD	Estimated Date of Discharge	**OPD**	Out patient department	**Wt**	Weight
ERAS	Enhanced Recovery After Surgery	**P**	Pulse		
FBC	Full blood count	**PE**	Pulmonary embolus		
HRT	Hormone replacement therapy	**PMHx**	Past medical history		

NHS Lothian

Intra-Operative Care Plan

501202522K M
STORRIE Paul
01-Aug-84 CHI: 010 884 1154
78241 AJ Mathew
59 Avondale Crescent West Lothian
EH48 3HN

Consultant: Mr McKenzie

Theatre no: 6

Local Anaesthetic Patients

Observations	Sp02	HR
	O2 required	

Pre-list Briefing Yes ☑ No ☐

Surgical Pause Yes ☑ No ☐

Date: 24/8/25 Time: ..... Signature: L Fati

Patient Position (tick all that apply)

Supine ☐	Prone ☐	Lloyd Davies ☐
Neck Extension ☐	Lateral Right Down ☐	Lateral Left Down ☐
Traction ☐	Other: Beach chair	

Table fitting and attachments (tick all that apply)

Mattress Type: Getinge					
Anaesthetic Screen	☐	Arm Board	☐	Arm Rest	☐
Arm Retainer	☐	Arm Table	☐	Head Ring	☐
Heel Pad	☐	Lateral Supports	☐	Oxford Help	☐
Pillow	☐	Sandbag	☐	Warming Blanket	☐
Other: Beach chair Attachments					

Ted Stockings		Pneumatic Boots	
On ☑	Off ☐	On ☑	Off ☐

Catheter			
Type:	Indwelling: ☐ Temporary: ☐	Cath. Bag: ☐ Urometer: ☐	Prep:
Size:	Time inserted:	Lubricant:	Balloon Capacity:
Signature:			

Tourniquet (tick all that apply)

Site		Side		Time	
Ankle	☐	Right	☐		
Arm	☐	Right	☑	Time on:	
Thigh	☐	Left	☐	Time off:	
Digit	☐		☐	Total time	
Surgeon informed at:		1hr ☐	2hr ☐		

Diathermy Plate Position (tick all that apply)

Site		Side		Type	
Abdomen	☐		☐		
Back	☐		☐		
Buttock	☐	Left	☑	Monopolar	☑
Thigh	☑	Right	☐	Bi-Polar	☐
Other:					
Skin condition on plate removal:		Intact ☑		Broken ☐	

Skin Prep (tick all that apply)

Betadine	☐	Betadine Alcoholic	☑	Betadine Scrub	☐
Chloraprep	☑	Chlorhexidine 0.5% in spirit	☐	IPA	☐
Tisept	☐	Other	☐	None	☐

Peri-Operative Infiltration		Wound Lavage	
Type: See anaesthetic block	Amount:	Type: NaCl for Irrigation	Amount: 1L

Prosthesis / Implants (put traceability labels on last page or back of consent form)

Yes	NHSBT Tissue Services Expiry Date: 25 Oct 2026 DECONTAMINATED FROZEN SEMITENDINOSUS TENDON PCK1 SEC: G0011010G170224000807S A00T0303001202610 25
No	

Procedure Performed

Right shoulder Arthroscopy
+
ACJ Reconstruction with Hamstring Allograft

Intraoperative Counts

Initial Count		Intraoperative	Intraoperative/ Handover	Final
Correct:	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☒ No ☐
Signature:	K. Fabi			
Discrepancy:	none			✓
Action taken:	n/a			✓

Drains

Type:		
Site:		
Sutured in	Yes	No

Skin Closure

Sutures:	3/0 Monocryl + 3/0 Ethilon
Staples:	
Non Closure:	

Packs

Dressings

Steri strips, Blue swabs Tegaderm

Splints

Type	Site
POP Backslab	
POP CAST	
Zimmer	
Nasal Splints	
Other	Shoulder Immobiliser

Blood Loss

Swabs:	L mls
Suction:	
Total:	L 40 mls

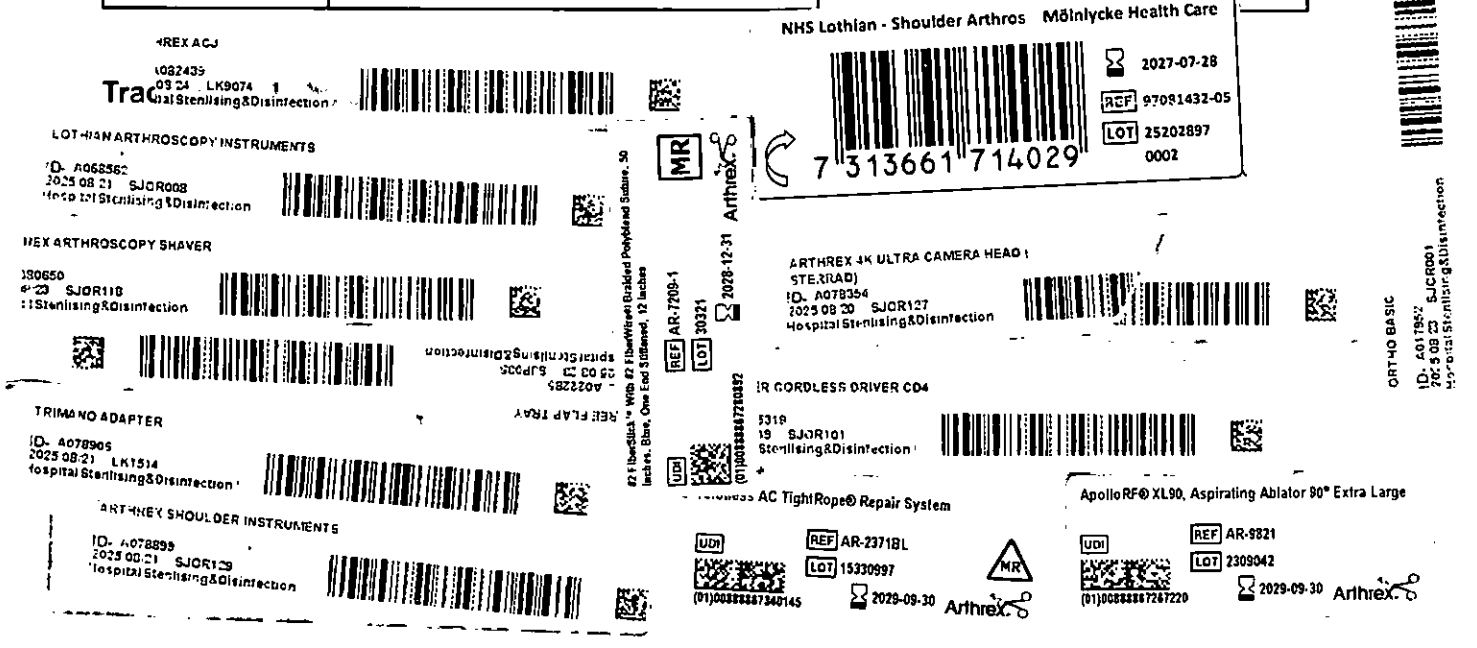
Specimens

Pathology:
Microbiology:
Other:

Tissue uplift by Porter (as per protocol)

Handover to Recovery		
Yes ☑	No ☐	N/A ☐

	Print	Sign
Scrub Nurse	SSN Emma MacGregor	EMacgregor



St John's Hospital Day Surgery Booklet

NHS Lothian

ORTHO

501202522K M
STORRIE Paul
01-Aug-84 **CHI:** 010 884 1154
78241 AJ Mathew
59 Avondale Crescent West Lothian
EH48 3HN

Date: 27/8/25 Time patient arrived: 0730

Consultant: S. Mackenzie

Theatre no: 8

Next of kin details

Name: Marlies MacIntire Relationship: Partner

Address:

Phone no: 07305802032

Escort details

Name: Sophie Phone no:

	Ward	Theatre Reception	Anaesthetic Room
• Patient ID: bracelets x2 / Allergy band (x Legs)	☑	☑	☑
• Consent form signed	☐	☑	☑
• Operation site marked or obvious	☐ / n/a	☑ / n/a	☑ / n/a
• Patient Hospital notes / ward charts (inc. results / kardex / anaesthetic chart)	☑	☑	☑
• Bladder emptied	☐	☑	
• Underwear: disposable / removed	☐ / n/a	☐ / n/a	☐ / n/a
• Contact lens removed	☐ / n/a	☐ / n/a	☐ / n/a
• Prosthesis removed	☐ / n/a	☐ / n/a	☐ / n/a
• Hearing aid / glasses with patient	☐ / n/a	☐ / n/a	☐ / n/a
• Jewellery / piercings removed / taped	☐ / n/a	☐ / n/a	☐ / n/a
• TEDS	☑ / n/a	☑ / n/a	☐ / n/a
• Pre-med / pre-op analgesia given	☐ / n/a	☐ / n/a	☐ / n/a

- Fasted from: diet yesterday, water today. LMP
- Patient pregnant Yes ☐ No ☐
- Blood glucose level if required Value Time
- Patient temperature in anaesthetic room Value Time

Other issues including TRAK alerts: fragile teeth NO CPE RISK.

No PGD as allergy!

Signatures: AB Cwood

Names: ABRANWAN Cwood.

Nurse led discharge

• Post op surgical visit	☑ not needed	• IV access device removed	☑
• Post op anaesthetic visit	☐ not needed	• Post op instructions understood	☑
• Observations stable and satisfactory	☑	• GP letter provided	☑
• Alert, orientated & ambulant	☑	• Follow up appointment made	☑ n/a
• Drinking and eating	☑	• Take home medicines	☑ n/a
• Analgesia satisfactory	☑	• Dressings provided	☑ n/a
• No nausea / vomiting	☑	• Physiotherapy organised	☐ n/a
• Passed urine	☑	• Community care organised	☐ n/a
• Operation site satisfactory	☑	• Sick absence note provided	☐ n/a

36.5
80
97-1.
155/84

Discharge time: 2000 Date: 27/8/25

Signature of Nurse: dmoore Patient Signature: P Storrie

Received discharge: yes

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Consent for Operation

501202522K M
STORRIE Paul
01-Aug-84 **CHI:** 010 884 1154
78241 AJ Mathew
59 Avondale Crescent West Lothian
EH48 3HN

..... M / F

Consultant: .....

Planned procedure: .....

.....

.....

Common risks: .....

.....

.....

.....

Less common risks: .....

.....

.....

.....

I confirm that I have explained to the patient in terms in which my judgement are suited to his / her understanding (and / or to one of his / her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

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

Name and status of practitioner: .....

Re-confirmation of consent on the day of admission

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

Name and status of practitioner: .....

Medical Students

- I agree to allow students to be present in theatre (tick box): Yes ☐ No ☐
- I agree to be examined by a medical student whilst under general anaesthesia in theatre: Yes ☐ No ☐

Medical Photography (I agree to being photographed)

- For my medical records for the purpose of diagnosis and treatment: Yes ☐ No ☐
- For the purpose of teaching and education: Yes ☐ No ☐
- For the purpose of publication: Yes ☐ No ☐
- To be shown to other patients (as an example): Yes ☐ No ☐

Tissue for medical research and teaching

When you have tissue removed as part of a medical investigation, operation or procedure, such as a blood test, some tissue may be left over after the laboratory tests have been completed. This tissue could be kept without your name or the details, so that it is impossible to know whom the tissue came from, and used for research or teaching, to improve laboratory tests, or to see how many people in an area might have a disease or an infection.

Do you agree? Yes ☐ No ☐

To the patient (or parent or guardian if appropriate)

1. Please read this form and the notes overleaf very carefully.
2. If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
3. Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / parent / guardian (delete as necessary)

I agree ☐ To what is proposed which has been explained to me by the practitioner named above.

I understand
- ☐ That anaesthesia (general / regional / local) or sedation will be needed.
- ☐ That the procedure may not be done by the practitioner who has been treating me so far.
- ☐ That any procedure in addition to the investigation or treatment described on this form will only be carried out of it is necessary and in my best interests and can be justified for medical reasons.

I have told ☐ The practitioner about the procedures I have noted below which I would wish not to be carried out without my having the opportunity to consider them first.

.....

.....

Signature: ..... Name: .....

Notes to all Health Practitioners (Doctors, Dentists, Nurses, Professionals Allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in NHS Lothian's Policy Statement).

Notes to Patients

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed.

The type of information you should receive should include:

1. Nature of your condition and proposed procedures, including degree of urgency.
2. Benefits to be reasonably accepted of the procedure.
3. Nature and probability of material (= significant) risks involved, including consideration of ratio of risks and benefits.
4. Inability of the practitioner to predict results.
5. Irreversibility of the procedure, if that is the case.
6. The likely result of not having the proposed treatment or procedure.
7. Alternatives available, including their risks and benefits.

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without you being given the chance to consider them first.

Medical History (refer to pre-admission documents if available)

Please list any allergies and describe nature of allergy

Paracetmol- vomit Penicillin - vomit.

Please list current medications and tick those taken today

Codeine	
mirtazapine	

Please complete the following if you were NOT assessed by the pre-admission service

Have you had any problems with anaesthesia in the past? Yes ☐ No ☒

Please provide details of any problems:

Has anyone in your family had problems with anaesthesia? Yes ☐ No ☒

Please provide details of any problems:

Please provide any other information about your family medical history that you think we should know about:

Please list any operations you have had with their approximate dates:

NA.

Have you currently or ever had any of the following? If so please provide approximate dates and any other details you feel might be useful

	Yes	No
• High blood pressure		✓
• Heart attack		✓
• Angina / chest pains		✓
• Stroke or transient ischaemic attack		✓
• Heart murmur		✓
• Pacemaker (please indicate when last checked)		✓
• Tendency to faint easily		✓
• Shortness of breath		✓
• Asthma or bronchitis		✓
• Current cold or cough		✓
• Diabetes		✓
• Epilepsy		✓
• Anaemia or bleeding tendency		✓
• Indigestion, heartburn or hiatus hernia		✓
• Muscle disease or weakness		✓
• Arthritis		✓
• If female, are you pregnant?		

Do you smoke? Yes ☑ No ☐ If so, how much per day? 10-15 roll ups cannabis.

Do you drink alcohol? Yes ☑ No ☐

How much do you drink on average each week? (one bottle of wine = 9 units) 2 14 units.

When did you last have an alcoholic drink?

Anaesthetic Record

Pre-op information

ASA ____ BP 119/75 PULSE 86 SpO_2 97 Temp 36·1 Wt ____ Ht ____ BMI ____

Information given to patient:

Anaesthesia details

Anaesthetist(s) name & grade: ____ Date: 27.8.25

Supervising Consultant: ____

Machine check ☑ Trained assistant ☑ Prelist brief / Surgical pause ☑

Vascular access (site / device / size)

20G ✓ DLH

Induction

Propofol 180 mg

Maintenance

Airway / Circuit / Machine

Easy to hand ventilate? Yes ☑

Laryngoscopy grade 2 i video

Monitors:

Minimal monitoring ☑

Others

Eye care — Tape ☑ Lubricant ☐ Padded ☐

Pressure care ☑

Fluid warmer ☐

Warming blanket ☑

DVT prophylaxis ☑ n/a ☐

Post Op DVT prophylaxis ☐ n/a ☐

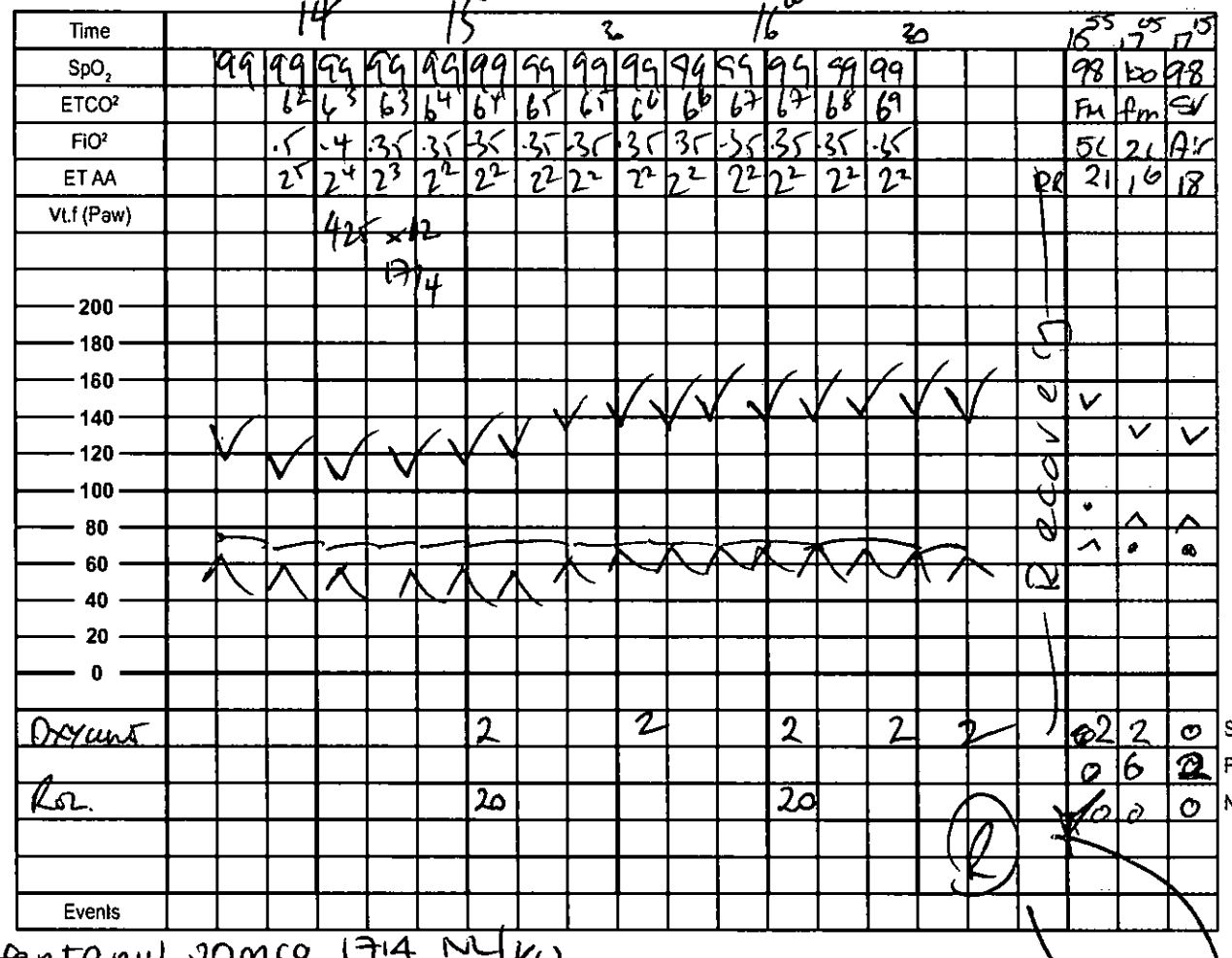
Antibiotics ☑ n/a ☐

Patient / Limb position

Supine 45°.

Significant issues or events

Recovery Obs



IV fentanyl 50mcg 1714 NL/KW
IV fentanyl 50mcg 1716 NL/KO
IV fentanyl 20mcg 1720 KO/NL.

Temp 36.4

Celebrity Order 4
THALg Order 75
Dec 6-6

$200

Sore throat IV

Recovery

Anaesthetist instructions: Routine obs ☑ O_2 as needed to maintain SpO_2>93% ☑

Tick if you want to see patient before discharge ☐

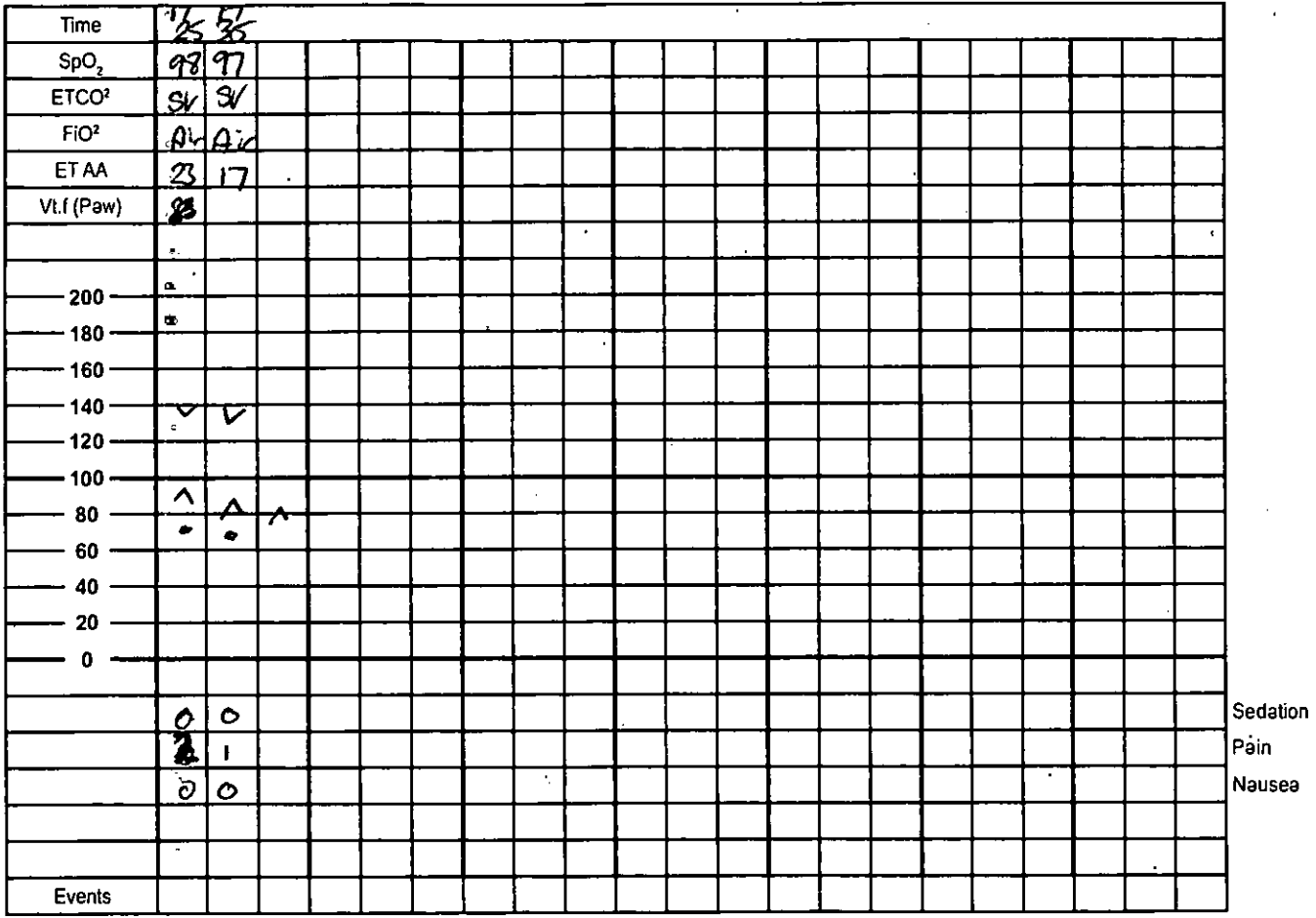
Recovery comments:

Arrived in recovery following procedure under GA. Self ventilating with assistance 5L O2 via fm.
IV access via 20g Venflon in DHH - capped in theatre.
Dressing to (R) shoulder intact, some small strike through.
Analgesia administered by anaesthetist in recovery.
Further analgesia given and charted.
Tolerating oral fluids.

Arrival time in recovery: 16.55 Time discharged to ward: 17.39

Recovery nurse: K.Uize Signature: Kathryn

Recovery Obs



Prescription and administration record

If an additional prescription chart is in use tick this box ☐

Codes for non-administration of prescribed medicine

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as follows:

Patient refuses	1	Vomiting / nausea	8
Patient not present on ward	2	Time varied on Dr's instructions	9
Medicines not available (check ordered)	3	Once only / prn medication given	10
Instructions not clear or legal	4	Dose withheld on Dr's instructions	X
Nil by mouth	5	Possible drug reaction / side effect	12
Asleep / drowsy	6	Self administered by patient	13
Administration route not available (check for an alternative)	7	Other reasons	14

Pre-operative and once only medication

Date	Time	Drug / PGD No.	Dose	Route	Prescriber Signature / Name	Time given	Given by	Checked by
27/8	1340	PARACETAMOL	1g	PO	PGD#9	✓	Not given	
27/8								
27/8/	Theatre Recovery	FENTANYL	100 microg max total	IV		17.14	KW	

Regular Therapy

Drug: PARACETAMOL		Date					
		Time					
Dose: 1g	Route: Oral	6					
		8					
Signature / Name	Start Date	12					
		14					
Notes	Pharmacy	18					
		22					

Drug:		Date					
		Time					
Dose	Route	6					
		8					
Signature / Name	Start Date	12					
		14					
Notes	Pharmacy	18					
		22					

Drug: IBUPROFEN		Date					
		Time					
Dose: 400mg	Route: Oral	6					
		8					
Signature / Name	Start Date	12					
		14					
Notes	Pharmacy	18					
		22					

Drug:		Date					
		Time					
Dose	Route	6					
		8					
Signature / Name	Start Date	12					
		14					
Notes	Pharmacy	18					
		22					

Drug:		Date					
		Time					
Dose	Route	8					
		8					
Signature / Name	Start Date	12					
		14					
Notes	Pharmacy	18					
		22					

Drug:		Date					
		Time					
Dose	Route	6					
		8					
Signature / Name	Start Date	12					
		14					
Notes	Pharmacy	18					
		22					

As Required Therapy

Drug	Route	Date				
MORPHINE		Time				
Dose & Frequency	Route	Dose / Route				
10mg hourly	Oral	Initials				
Signature / Name	Start Date	Date				
	27/8/25	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

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

Drug	Route	Date				
TRAMADOL		Time				
Dose & Frequency	Route	Dose / Route				
50-100mg 4⁰	Oral / IV	Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug	Route	Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug	Route	Date	27/8/25			
DIHYDROCODEINE		Time	17:20			
Dose & Frequency	Route	Dose / Route	30 mg PO			
30mg 4⁰	Oral	Initials	KW			
Signature / Name	Start Date	Date				
	27/8/25	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug	Route	Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug	Route	Date				
CYCLIZINE		Time				
Dose & Frequency	Route	Dose / Route				
50mg 8⁰	Oral/IV/IM	Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug	Route	Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug	Route	Date				
ONDANSETRON		Time				
Dose & Frequency	Route	Dose / Route				
4mg 6⁰	Oral/IV/IM	Initials				
Signature / Name	Start Date	Date				
	27/8/25	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

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

Surgeon's Operation Notes

501202522K M
STORRIE Paul
01-Aug-84 CHI: 010 884 1154
78241 AJ Mathew
59 Avondale Crescent West Lothian
EH48 3HN

M / F

Consultant: Mr S Mackenzie

Surgeon	Assistants	Scrub Nurse	Operation
S Mackenzie	A Agarwal		

Surgeon's operation notes

Right arthroscopic ACJ reconstruction with hamstring allograft & dog bone anchor.

Plan

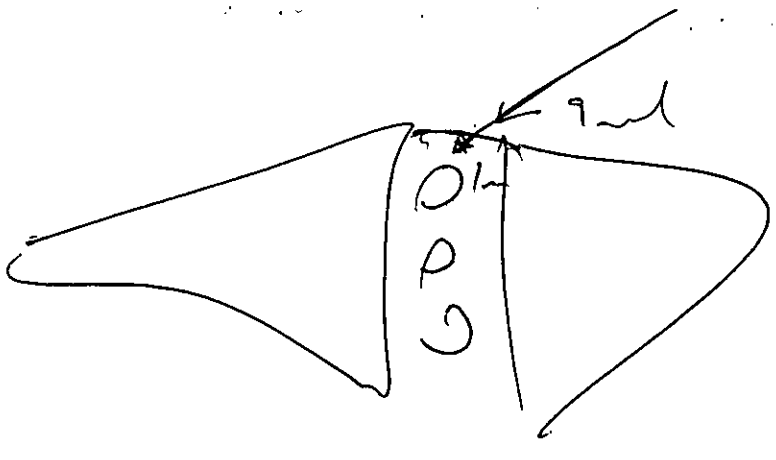
(1) Home when safe

(2) Mr Mackenzie clinic 8/9/25 for wound review + XRoA

(3) PT at 4 weeks

(4) Month 1 : keep sling on for 4 weeks
Month 2 : Movements below shoulder height
Month 3 : Full ROM no loading
Month 4 : Start loading shoulder

Surgeon's operation notes - continued



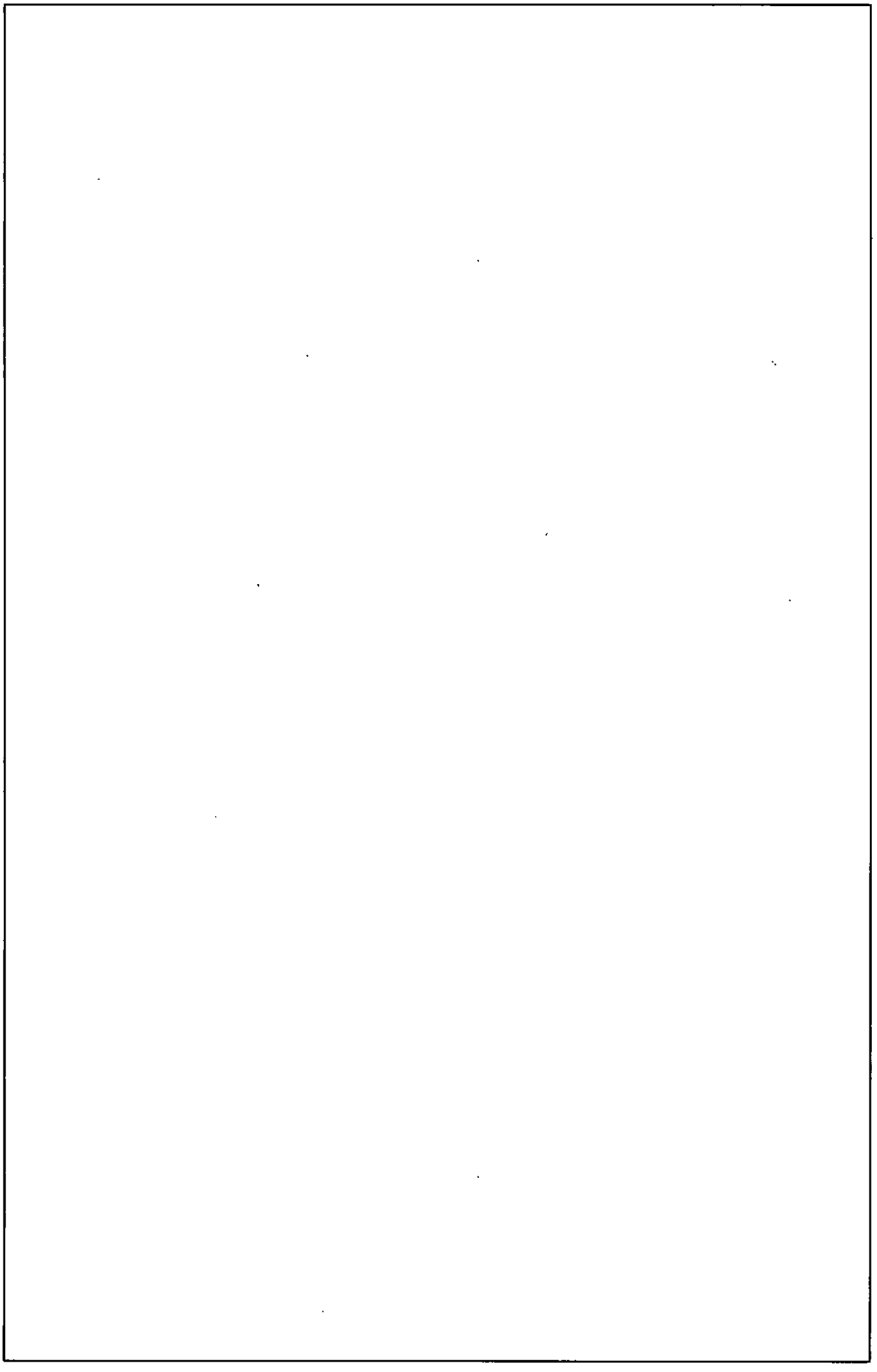
Ward instructions

Complete sickness absence note as necessary
Tick if you want to see patient before discharge ☐

Signature: .....

Name: ..... Date: .....

Theatre Equipment Stickers



Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

501202522K M 4/1 41 4/2
STORRIE Paul
01-Aug-84 **CHI:** 010 884 1154
78241 AJ Mathew
59 Avondale Crescent West Lothian
EH48 3HN

Discharge Letter

M / F

Consultant:
Operator:
GP:

Dear Doctor,

Your patient underwent the following operation or investigation and will be discharged today.

Operation / Investigation:

Findings / Results:

Further treatment is planned as follows

Removal of sutures:

Follow up arrangements:

Sickness absence form has been issued for: days / weeks

DISCHARGE Prescription	Dose / Timing / Route	No. of days	Prescriber: Sign / Name	Dispenser: Sign / Name	Checked by
Paracetamol 500mg	Two tablets every 6 hours PRN				
Ibuprofen 400mg	One tablet every 6 hours PRN				
Dihydrocodeine 30mg	One tablet every 6 hours PRN				

CONTROLLED Drug Prescription (delete those not required)	Dose	Frequency	Total Quantity Supplied in figures & words	Prescribers Signature & Name	Pharmacy Disp/check
Tramadol 50mg capsules	ONE or TWO capsules	4 hourly PRN Max 400mg daily	..... capsules ..... capsules		
Morphine sulphate 10mg MR tablets	..... mg ..... tabs	Twice daily	..... tablets ..... tablets		
Morphine sulphate 10mg/5ml oral solution	..... mg	..... Hourly PRN Max ..... times daily	..... millilitres ..... millilitres		

Signature: Date:

Name: Phone. no:

Top copy (White) Patient's copy Second copy (Yellow) GP's copy Third copy (Blue) Pharmacy copy

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
STORRIE PAUL	0108841154	01/08/1984	41	Heavens, Daniel	Barbauchlaw Medical Practice	78241

Allergies

Description	Date Recorded	Comments
Drugs and other substances-adverse effects in theraputic use	10/03/2025	Phenoxymethylpenicillin 250mg tablets
Drugs and other substances-adverse effects in theraputic use	10/03/2025	Paracetamol 500mg capsules

Sources: [1] ECS [ ] Patient [ ] Patient's Drugs [ ] Relative / Carer [ ] Referrer Kardex [ ] Referrer Letter [ ] GP Practice [ ] Comm Pharmacy [ ] TRAK [ ] Other - Specify .....

Actions: C: Continue W: Withhold S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Mirtazapine 30mg tablets	28 tablet	1 TABLET ONCE A DAY AT NIGHT		03/06/2025	03/06/2025	1						
Meloxicam 15mg tablets	30 tablet	1 TABLET ONCE A DAY		29/05/2025	29/05/2025	1						
Codeine 30mg tablets	50 tablet	1 OR 2 TABLETS EVERY 4 HOURS WHEN REQUIRED. WARNING THIS DRUG IS ADDICTIVE. TOLERANCE AND HYPERSENSITIVITY MAY OCCUR. NOT FOR LONG TERM USE		27/05/2025	27/05/2025	1						
Codeine 30mg tablets	50 tablet	1 OR 2 TABLETS EVERY 4 HOURS WHEN REQUIRED. WARNING THIS DRUG IS ADDICTIVE. TOLERANCE AND HYPERSENSITIVITY MAY OCCUR.		07/05/2025	07/05/2025	1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
STORRIE PAUL	0108841154	01/08/1984	41	Heavens, Daniel	Barbauchlaw Medical Practice	78241

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
		NOT FOR LONG TERM USE										
Co-codamol 30mg/500mg tablets	60 tablet	TWO TABLETS AS REQUIRED UP TO FOUR TIMES A DAY WARNING THIS DRUG IS ADDICTIVE. TOLERANCE OCCURS AND HYPERSENSITIVITY. NOT FOR LONG TERM USE Notes for patient: Co-Codamol 30/500 is a strong opiate medicine which is potentially addictive. Use cautiously. Please try Paracetamol or Co-Codamol 8/500 instead. Dr Emma Tweedy		06/05/2025	06/05/2025	1						
Mirtazapine 30mg tablets	28 tablet	1 TABLET ONCE A DAY AT NIGHT		29/04/2025	29/04/2025	1						
Mirtazapine 15mg orodispersible tablets	30 tablet	1 TABLET ONCE A DAY AT NIGHT		25/03/2025	25/03/2025	1						
Naproxen 500mg tablets	56 tablet	1 TABLET TWICE DAILY. STOP TEMPORARILY WHEN UNWELL WITH VOMITING, DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN		25/03/2025	25/03/2025	1						
Omeprazole 20mg gastro-resistant capsules	28 capsule	1 CAPSULE ONCE A DAY		25/03/2025	25/03/2025	1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
STORRIE PAUL	0108841154	01/08/1984	41	Heavens, Daniel	Barbauchlaw Medical Practice	78241

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
GP practice	Mirtazapine 30mg orodispersible tablets	30 tablet	1 TABLET ONCE A DAY AT NIGHT		04/06/2025	04/06/2025		1						
GP practice	Codeine 30mg tablets	100 tablet	1 OR 2 TABLETS EVERY 4 HOURS WHEN REQUIRED. WARNING THIS DRUG IS ADDICTIVE. TOLERANCE AND HYPERSENSITIVITY MAY OCCUR. NOT FOR LONG TERM USE		29/05/2025	29/05/2025		1						

Compliance Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number
Reviewed by	**Designation**	**Grade**	**Date**	**Time**	**Contact Number**

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
STORRIE PAUL	0108841154	01/08/1984	41	Heavens, Daniel	Barbauchlaw Medical Practice	78241

Key Information Summary

No KIS data recorded

NHS Lothian Consent Form

NHS Lothian

Patient

501202522K M
STORRIE Paul
01-Aug-84 CHI: 010 884 1154
78241 AJ Mathew
59 Avondale Crescent West Lothian
EH48 3HN

Attach

DOB

CHI

Consultant or health professional responsible for your care

Name and job title: Mr Mackenzie

orthopaedic consultant.

Any special needs of the patient? (e.g. help with communication?)

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)
Please circle: Patient's **LEFT** / **(RIGHT)** side or **N/A**

right arthroscopic +/- open ACJ reconstruction with hamstring allograft

B Statement of health professional (details of treatment, risks and benefits)

1 With **appropriate knowledge of the proposed procedure**, I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure. (please state)

↓ pain & ↑ mobility.

b) the possible risks involved. I have discussed and listed below significant, unavoidable or frequently occuring risks including any risks that may be of specific concern to the patient:

Scarring, bleeding, infection, neurovascular damage, instability, fracture, further surgery, failure
Anaesthetic risks. MI DVT/PE. Stroke.

c) what the benefits and risks of alternative treatments that might be offered for this patient (including option of no treatment):

d) any extra procedures that might become necessary during the procedure such as:
Blood transfusion ☑ or Other procedure (please state):

2 The following patient information leaflet has been provided:

_____ Version No.: _____

or I have offered the patient information about the procedure but this has been declined ☐
or no further written information ☐

3 This procedure will involve:
General and/or regional anaesthesia ☑ Local anaesthesia ☐ Sedation ☐ None ☐

Signed (Health professional): N Date: 27/8/25

Name (PRINT): N Agarwal Time (24hr): 08:41

Designation: ST2 Contact/bleep no: 2187

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

a) **I agree** to the use of any of the above type of recordings for the purpose of diagnosis and treatment **YES / NO**

b) **I agree** to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. **YES / NO**

Medical Training
I agree to the involvement of medical and other students as part of their formal training.
YES / NO

Use of Tissue

a) **I agree** that tissue (including blood) removed as part of my routine care but not needed for my own diagnosis or treatment can be used and stored for BioResource which may include genetic analysis **YES / NO**
I have received the patient information sheet about the BioResource **YES / NO**

b) Where additional clinical information is needed for the purpose of ethically approved research, I agree that relevant sections of my medical record may be looked at and anonymised prior to release to researchers **YES / NO**

I have listed below any procedures that **I do not wish to be carried out without further discussion.**

_____

_____

_____

_____

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I have read and understood information given to me about the planned procedure.

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): Pstorrie Date: 27/8/25

Name of patient (PRINT): Paul Storrie

If signing for a child or young person; delete if not applicable.

I confirm I am a person with **parental responsibility** for the patient named on this form.

Signed: _____ Date: _____

Relationship to patient: _____

If signing for a patient who does not have capacity, I confirm I am the person with legal welfare power of attorney or the welfare guardian acting in the best interest for the patient named in this form.

Signed:_____ Date:_____

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness):_____ Date:_____

Name of witness (PRINT):_____

Address:_____

D Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional):_____ Date:_____

Name (PRINT):_____ Job title:_____

Please initial to confirm all sections have been completed:_____

E Interpreter's statement (if appropriate)

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

Signed (Interpreter):_____ Date:_____

Name(PRINT):_____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

The patient has withdrawn consent and does not wish to proceed with the treatment.
(ask patient to sign and date here)

Signed (Patient):_____ Date:_____

Signed (Health professional):_____ Date:_____

Name (PRINT): _____

Job title:_____

Version 3.0 Approved: Mar 2023 Review: Mar 2026

St John's Day Surgery Physiotherapy Out-Patient referral

28 AUG 2025

Pa 501202522K M STORRIE Paul Na 01-Aug-84 **CHI:** 010 884 1154 Ad 78241 AJ Mathew 59 Avondale Crescent West Lothian EH48 3HN CH	**Telephone number -** **H:** **M:** 07306887696 Referring ward - DOSA SJH Consultant - Mr S Mackenzie.

Presenting complaint including side affected	(R) arthroscopic ACJ reconstruction (hamstring allograft) 27/08/25
Clinical presentation/ duration of problem	☐ Acute ☐ Chronic ☒ Acute on Chronic
Intervention - include dates	☐ N/A ☐ Conservative management ☒ Surgical management - specify:
Post-op plan/cautions/ relevant PMH	Sling 4/52. PT follow up 4/52 No heavy lifting 8-4/12
Reason for referral To aid triage please provide further detail e.g ROM, factors which may affect rehab, higher risk of deterioration, unable to self manage	post op rehab. Follow the ACJ stabilisation guidelines.
Weight-bearing status	☒ N/A ☐ FWB ☐ PWB ☐ TTWB ☐ NWB Special instructions:
Other information	☐ Needs interpreter: Specify Language _____ ☐ Needs transport ☐ Currently receiving physiotherapy- State site: _____ ☐ Requires to attend with carer, support worker, other ☐ Hearing difficulties
Review appointment in clinic arranged No/Yes	Time scale ____ weeks/____ months
Fracture clinic Physio assessment (include leaflet reference codes if issued)	
Referral urgency	☐ **Routine** ☐ **Urgent (Typically within 2/52)** ☒ **Other (specify instructions)** 4/52. Additional info - select as appropriate: ☐ Off work/ study due to current MSK episode ☐ Armed forces & veterans ☐ Main carer where current MSK episode impacting significantly on ability to provide care ☐ Living alone & current MSK episode severely limits ADLs & additional support required from others ☐ New episode of severe radicular pain ☐ Severe post-operative pain ☒ Post operative/ post fracture/ significant soft tissue injury ☐ Significant anxiety, negative health thoughts & beliefs - related to new health condition ☐ Other (please comment) _____
Triage Hub (site)	☐ East Lothian HSCP ☒ West Lothian HSCP ☐ Midlothian HSCP ☐ Edinburgh HSCP ☐ RIE ☐ Western General Hospital

Signature.....Chadwick..... **Print**.....Claudia Chadwick..... **Designation**....physio..... **Date**....27/08/25

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Orthopaedics

Dr Mathew
Barbauchlaw Medical Practice
18 North Street
Armadale
West Lothian
EH48 3QB

Date: 02/09/2025

Inpatient Discharge Summary

Patient	Paul Storrie 59 Avondale Crescent Armadale Bathgate EH48 3HN	**CHI** **Date of Birth / Age** **UHPI**	**0108841154** 01/08/1984 (41 years) 501202522K
Ward	SJH Day Surgery Centre	**Admission Date**	27/08/2025
Consultant	Mr Samuel P Mackenzie	**Discharge Date**	27/08/2025

Dear Dr Mathew

Dear Mr Storrie,

Operation:
Right shoulder arthroscopic AC joint reconstruction with hamstring allograft 27/08/2025

Plan:
- Sling for 4 weeks.
- Physiotherapy in 4 weeks.
- Elbow, hand, and wrist movements from now.
- Clinic review in 2 weeks for wound and check X-ray of the shoulder on arrival.

I am writing to you following your admission to hospital on 27/08/2025. You underwent a keyhole procedure on your right shoulder to reconstruct the acromioclavicular joint using a tendon graft.

You will need to keep your arm in a sling for 4 weeks to allow healing. However, you are encouraged to begin movements of your elbow, hand, and wrist straight away. We will see you in clinic in 2 weeks for a review of your wound and to take an X-ray of your shoulder upon your arrival.

If you have any questions or concerns, please do not hesitate to contact us.

Yours sincerely,

(checked & signed)

Mr Samuel P Mackenzie
MBChB, BMedSci (Hons), MD, FRCS (Tr & Orth)
Consultant Trauma and Orthopaedic Surgeon

Secretary Tel - 01506 522101

SM/JR

Progress Notes

Patient & GP Information

UHPI Number	501202522K
CHI Number	0108841154
Episode Number	I0000111889
Surname/Forename	Storrie, Paul
Date of Birth	01/08/1984
Sex	Male
Patient Address.	59 Avondale Crescent ArmadaleBathgate EH48 3HN
Registered GP	N Rafiqa
GP Address.	Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

501202522K	501202522K
0108841154	0108841154
I0001948485	I0001948486
Storrie, Paul	Storrie, Paul
01/08/1984	01/08/1984
Male	Male
59 Avondale Crescent ArmadaleBathgate EH48 3HN	59 Avondale Crescent ArmadaleBathgate EH48 3HN
N Rafiqa	N Rafiqa
Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB	Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Patient & GP Information

501202522K
0108841154
I0006285495
Storrie, Paul
01/08/1984
Male
59 Avondale Crescent ArmadaleBathgate EH48 3HN
N Rafiqa
Barbauchlaw Medical Practice,18 North Street,Armadale,West Lothian EH48 3QB

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	I0000111889

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0006285495 Mr Samuel P Mackenzie 01/09/2025 11:01 Evonne Henderson	SEEN IN PRE-ADMISSION CLINIC BY MR SAMUEL MACKENZIE, CONSULTANT ORTHOPAEDIC SURGEON Diagnoses: 1. RIght shoulder chronic instability. 2. Smoker. Proposed Procedure: Right AC joint reconstruction with tightropes and hamstring allograft (arthroscopic). Plan: Proceed to surgery. GP Action: Nil. Dear Mr Storrie It was lovely to see you soon after my recent clinic review. We have already had a chance to go over all the options of treatment and you wish to pursue intervention. You have had long-standing pain and dysfunction on the right shoulder after an injury and wish to have the AC joint reconstructed. This will require a period in a sling for one month with limited movement for another month followed by free range of movement from 8 weeks. You will not be able to load or lift anything heavy for at least 3 months. The operation includes risks including infection, pain, bleeding, stiffness, failure and the need for further surgery. You are happy to proceed and signed the consent form Yours sincerely Mr Samuel Mackenzie/EH Consultant Orthopaedic Surgeon Secretary Evonne Henderson – 0131 242 3427 For surgical waiting list enquiries, please call 0131 242 3437 or 0131 242 3434 Letter to Patient and Copy Sent to GP

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	I0000111889

Note Details	Clinical Notes
Pre Operative Assessment Episode/Ref: I0006285495 19/08/2025 12:26 Alisha Nabi	Pre-Op Assessment today in preparation for Arthroscopic ACJ Reconstruction Hamstring Allograft on 27/08/2025 07:30 SJH DSU Medication advice - Advised to continue all regular medications and bring in on DOS. No red flags/concerns. Proceed with admission, as per POA guidelines. Cannabis smoker 6-7 joints 3-4x weekly for the last 32 years approx , email to DOS anaesthetist + surgeon.

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	I0000111889

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006285495 Physiotherapist 27/08/2025 09:30 Camilla Baldrick	Physiotherapy at 0900 seen with John Fleming (physiotherapist) S: Patient consented to assessment and treatment. Planned surgery – right arthroscopic ACJ reconstruction (hamstring allograft) 27.08.25. Sling for 4/52. Physiotherapy follow up 4/52. No heavy lifting for 3-4/12. RTW 6-8/52, lifting nothing heavier than a pint. O: Therapy handling RAx considered - Patient sitting up in chair on arrival. - Measured and provided patient with appropriately sized sling. Provided with Edinburgh Orthopaedic leaflet for sling use. - Advice given to leave sling on at all times unless in the shower when it is supported, or when doing exercises. - Provided patient exercises for hand, wrist, elbow, and neck. Provided with Edinburgh Orthopaedics leaflet for early shoulder exercises. - Provided with Edinburgh Orthopaedics leaflet for acromioclavicular joint stabilisation. - Patient happy with the above. A: Patient provided sling and exercises for post-op management. Will refer to MSK outpatients for follow-up. P: Discharged from inpatient caseload. Refer to MSK outpatients. Camilla Baldrick Physiotherapist

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	I0000111889

Note Details	Clinical Notes
Operation Note Episode/Ref: I0006285495 Mr Samuel P Mackenzie 28/08/2025 08:10 Jackie Robertson	Operation: Right shoulder arthroscopic AC joint reconstruction with hamstring allograft 27/08/2025. Surgeon: Mr. Samuel P. McKenzie Assistant: Dr. Agarwal Anaesthetics: Dr. Thomas Anaesthetic: General with interscalene block Pre-op: 1. Skin preparation with alcoholic betadine and chlorhexidine 2. Antibiotics and tranexamic acid provided 3. Ioban applied to skin Procedure: Posterior portal. Cuff intact, normal glenohumeral joint and intact biceps. The rotator interval entered and open from an anterior and anterolateral portal. Coracoid skeletalised. 3 cm incision sabre over the lateral clavicle with release of anterior and posterior deltoid fascia. Using the bespoke guide and viewing from the lateral portal, a drill was passed through the clavicle and coracoid followed by guidewire then passage of the Arthrex tightrope with an inferior dog bone button. Through the superior incision and using a switching stick a passage was made to the posterior aspect of the clavicle and the medial aspect of the coracoid. This was done with the visualisation both superior and inferior to the coracoid. The wire from the fibre stick was passed through a cannulated hand piece and taken out the anterolateral portal. The same was then performed on the lateral side passing anterior to the clavicle and lateral to the coracoid. Using these sutures, a hamstring allograft was then passed around the coracoid and over the clavicle. The coracoid button was then tensioned and then the tendon was sutured over the top of the biological reconstruction. The lavage and closing layers were then applied. Post-op: 1. Month 1: sling 2. Month 2: movements below shoulder height 3. Month 3: free movement 4. Month 4: begin loading shoulder. 5. Follow-up in 2 weeks time, check X-ray of the left shoulder on arrival and suture removal. Mr Samuel P. McKenzie Orthopaedic Surgeon SM/JR

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	I0000111889

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006285495 Mr Samuel P Mackenzie 28/08/2025 08:14 Jackie Robertson	Dear Mr Storrie, Operation: Right shoulder arthroscopic AC joint reconstruction with hamstring allograft 27/08/2025 Plan: - Sling for 4 weeks. - Physiotherapy in 4 weeks. - Elbow, hand, and wrist movements from now. - Clinic review in 2 weeks for wound and check X-ray of the shoulder on arrival. I am writing to you following your admission to hospital on 27/08/2025. You underwent a keyhole procedure on your right shoulder to reconstruct the acromioclavicular joint using a tendon graft. You will need to keep your arm in a sling for 4 weeks to allow healing. However, you are encouraged to begin movements of your elbow, hand, and wrist straight away. We will see you in clinic in 2 weeks for a review of your wound and to take an X-ray of your shoulder upon your arrival. If you have any questions or concerns, please do not hesitate to contact us. Yours sincerely, (checked & signed) Mr Samuel P Mackenzie MBChB, BMedSci (Hons), MD, FRCS (Tr & Orth) Consultant Trauma and Orthopaedic Surgeon Secretary Tel - 01506 522101 SM/JR

Surname/Forename	Storrie, Paul
UHPI Number	501202522K

Episode Number	I0000111889

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000111889 Prof A Hill 29/12/2001	DIAGNOSIS: OVERDOSE ,,This patient was admitted following self harm.,,Patient was detained under the Mental Health Act: NO,,Mr Storrie was admitted to Ward 1A of the Royal Infirmary having taken an overdose of 12 x Anadin Extra, 2 x Paracetamol and 2 x Ciproxin. After a period of monitoring Mr Storrie expressed his wish to self-discharge. His observations were satisfactory and his Paracetamol level was below the treatment line. He refused to wait for psychiatric review and took his own discharge against medical advice.,,Yours sincerely,,,,,,Senior House Officer,Wards 1/1A/ 3,,,

Referrals

NHS Lothian - Referral Letter

Referral To	Western General Hospital Neurosurgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	23/10/2017
Date submitted	26/10/2017
UCPN	101014741586F

PATIENT DETAILS

CHI number:	0108841154
Name:	MR PAUL STORRIE
Date of birth:	01/08/1984
Sex:	Male

Contact Details

3-4 NISBET COURT
EDINBURGH
EH7 6UP

Voice (Home) : 07376 314 981

REFERRING PRACTITIONER DETAILS

Name:	Dr Janet Swann (GMC: 7042275)
Practice:	Restalrig Park Medical Centre (70569)
Phone:	Voice : 0131 454 2110

Practice address

40 Alemoor Crescent
Edinburgh
EH7 6UJ

CLINICAL INFORMATION

Reason for Referral: Long term back pain

Main Referral Text:

Dear Doctor

I would appreciate this 32-year old man being seen in the back pain clinic. Perhaps you would consider some intense physiotherapy and/or imaging as felt appropriate. Mr Storrie is a new patient to us and I apologise that I do not have any of his previous notes as yet. He tells us he has had longstanding back problems which have recently flared due to changing jobs to a factory job where there is a lot of standing around. He openly admits an addiction to tramadol in the past between around 2008 and 2015. He was originally commenced on tramadol for his back pain in 2008. He has usually managed with over-the-counter ibuprofen. He tells me in the past he has been told he has a ? twisted back. I cannot see that he has ever seen anyone about his back before from Lothian.

My colleague examined him in detail a month ago and found that he had flexion restricted to 75 degrees from zero and was markedly tender to the right-sided L3-4 facet joints. There are no symptoms of sciatica and no red flags. Mr Storrie was trialled on ibuprofen and subsequently naproxen but struggles to swallow these as he has a strong gag reflex. He does however appreciate that we are not willing or keen to give him opiate based medications. A month on he continues to have quite bad pain in the same area. I have given him ibuprofen liquid today at his request along with a PPI. Given his young age and apparently long term problems, I would appreciate him being seen for an assessment.

Yours sincerely

Dr Janet Swann
GP Locum

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lansoprazole 30mg orodispersible tablets	tablet	1 TABLET DAILY		23/10/2017		23/10/2017
Ibuprofen 100mg/5ml oral suspension sugar free	ml	10-20ML UP TO THREE TIMES A D[more]		23/10/2017		23/10/2017
Naproxen 500mg tablets	tablet	1 TABLET TWICE DAILY		04/10/2017		04/10/2017
Ibuprofen 400mg tablets	tablet	TAKE ONE OR TWO TABLETS AFTER[more]		29/09/2017		29/09/2017

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to paracetamol	Drug code for allergy: Paracetamol 500mg capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Mild. NOTES: Burning sensation, gastric reflux.		09/10/2017	09/10/2017
Adverse reaction to antibiotics	Drug code for allergy: Amoxicillin 250mg capsules, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Mild. NOTES: Upset stomach.		09/10/2017	09/10/2017

Additional information

Smoking history (Encounters):Current smoker Date recorded:09-Oct-2017

Alcohol history (Encounters):Stopped drinking alcohol Date recorded:09-Oct-2017

Patient Weight in Kilograms:74

Patient Height in Metres:1.79

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) L Physiotherapy
Urgency of referral	Routine
Date of referral	01/05/2018
Date submitted	01/05/2018
UCPN	101016013835N

PATIENT DETAILS

CHI number:	0108841154
Name:	MR PAUL STORRIE
Date of birth:	01/08/1984
Sex:	Male

Contact Details

3-4 NISBET COURT
EDINBURGH
EH7 6UP

Voice (Home) : 07376 314 981

REFERRING PRACTITIONER DETAILS

Name:	Dr. Janet Swann (GMC: 7042275)
Practice:	Restalrig Park Medical Centre (70569)
Phone:	Voice : 0131 454 2110

Practice address

40 Alemoor Crescent
Edinburgh
EH7 6UJ

CLINICAL INFORMATION

Reason for Referral:	rereferral
Main Referral Text:	Please see attached documents. Pt states he DNA'd due to work commitments and says he did call to cancel / reschedule. Says he has been told GP needs to reref. Ongoing low back pain, reg daily analgesia. MRI nad. Please see again with thanks. Currently on ibuprofen, PPI and capsaicin.

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	Yes	
If so, was the outcome successful? :	No	
Has the patient Severe unremitting pain? :	true	
Is the patients sleep disturbed by the condition? :	true	
Time since onset? (Weeks) :	12 or more weeks	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Low back pain			24/03/2010	24/03/2010
Nondependent cannabis abuse			12/01/2010	12/01/2010
Fracture of nasal bones			15/11/2003	15/11/2003
[X]Intentional self poisoning/exposure to noxious substances		- mixed OD	29/12/2001	29/12/2001
Child with special educational needs			14/06/2000	14/06/2000
Adolescent - emotional problem		- childhood neglect	22/09/1997	22/09/1997
Behavioural problem			29/05/1997	29/05/1997
[D]Heart murmur, innocent			07/05/1991	07/05/1991
Child removed from protection register			01/01/1990	01/01/1990
Chickenpox - varicella			28/07/1986	28/07/1986
Acute bronchiolitis			02/10/1985	02/10/1985
On child protection register		- NAI registration	18/07/1985	18/07/1985
[D]Convulsions, febrile			07/04/1985	07/04/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Bilateral orchidopexy			21/02/1996	21/02/1996

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lansoprazole 30mg orodispersible tablets	tablet	1 TABLET DAILY		01/05/2018		01/05/2018
Ibuprofen 400mg tablets	tablet	TAKE ONE TABLET UP TO THREE T[more]		01/05/2018		01/05/2018
Capsaicin 0.025% cream	gram	APPLY FOUR TIMES A DAY		01/05/2018		01/05/2018
Capsaicin 0.025% cream	gram	APPLY FOUR TIMES A DAY		07/02/2018		07/02/2018
Nefopam 30mg tablets	tablet	1 TABLET THREE TIMES A DAY		07/02/2018		07/02/2018

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to paracetamol	Drug code for allergy: Paracetamol 500mg capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Mild. NOTES: Burning sensation, gastric reflux.			09/10/2017
Adverse reaction to antibiotics	Drug code for allergy: Amoxicillin 250mg capsules, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Mild. NOTES: Upset stomach.			09/10/2017

Additional information

Smoking history (Encounters):Current smoker Date recorded:09-Oct-2017

Alcohol history (Encounters):Stopped drinking alcohol Date recorded:09-Oct-2017

Patient Weight in Kilograms:74

Patient Height in Metres:1.79

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) L Physiotherapy
Urgency of referral	Routine
Date of referral	05/11/2018
Date submitted	09/11/2018
UCPN	101017341643L

PATIENT DETAILS

CHI number:	0108841154
Name:	MR PAUL STORRIE
Date of birth:	01/08/1984
Sex:	Male

Contact Details

3-4 NISBET COURT
EDINBURGH
EH7 6UP

Voice (Home) : 07376 314 981

REFERRING PRACTITIONER DETAILS

Name:	Dr Sandie Miller locum GP (GMC: 3276705)
Practice:	Restalrig Park Medical Centre (70569)
Phone:	Voice : 0131 454 2110

Practice address

40 Alemoor Crescent
Edinburgh
EH7 6UJ

CLINICAL INFORMATION

Reason for Referral: longstanding low back pain

Main Referral Text: I would be very grateful for a further appointment for this young man - who has longstanding low back pain dating back to 2008. He was referred to yourselves earlier in the year and, due to nocturnal symptoms, you kindly arranged an MRI scan, which, I believe, was unremarkable. Unfortunately, he failed to attend for physiotherapy follow up after this scan but continues to complain of persistent lumbar back pain. When I saw him today, he had denied any symptoms suggestive of radiculopathy or any red flag symptoms. He is, however, using non steroidal anti-inflammatories and Gabapentin, which he feels go a little way to helping his back pain. As a result of this, he is a regular cannabis smoker.

On examination today, he had excellent range of movement around his lumbar spine - with some generalised tenderness. I had a long and honest discussion with Paul about the reasons why strengthening and conditioning his back is really the key to his recovery and being fit for work. He has not worked now for many months and therefore has agreed to a further referral, and states that his non attendance previously was due to his work commitments.

Yours sincerely

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
Time since onset? (Weeks) :	0-3	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Low back pain			24/03/2010	24/03/2010
Nondependent cannabis abuse			12/01/2010	12/01/2010
Fracture of nasal bones			15/11/2003	15/11/2003
[X]Intentional self poisoning/exposure to noxious substances		- mixed OD	29/12/2001	29/12/2001
Child with special educational needs			14/06/2000	14/06/2000
Adolescent - emotional problem		- childhood neglect	22/09/1997	22/09/1997
Behavioural problem			29/05/1997	29/05/1997
[D]Heart murmur, innocent			07/05/1991	07/05/1991
Child removed from protection register			01/01/1990	01/01/1990
Chickenpox - varicella			28/07/1986	28/07/1986
Acute bronchiolitis			02/10/1985	02/10/1985

On child protection register	- NAI registration	18/07/1985	18/07/1985
[D]Convulsions, febrile		07/04/1985	07/04/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Bilateral orchidopexy			21/02/1996	21/02/1996

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Capsaicin 0.025% cream	gram	APPLY FOUR TIMES A DAY		13/07/2018		13/07/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ibuprofen 5% gel	gram	APPLY THREE TIMES DAILY TO TH[more]		25/09/2018		25/09/2018
Naproxen 500mg tablets	tablet	1 TABLET TWICE DAILY		25/09/2018		25/09/2018
Lansoprazole 30mg orodispersible tablets	tablet	1 TABLET DAILY		25/09/2018		25/09/2018
Gabapentin 300mg capsules	capsule	TAKE 1 TABLET THRRE TIMES DAI[more]		25/09/2018		25/09/2018
Naproxen 500mg tablets	tablet	1 TABLET TWICE DAILY		15/08/2018		15/08/2018
Gabapentin 300mg capsules	capsule	TAKE ONE A DAY ON DAY 1, TAKE[more]		15/08/2018		15/08/2018

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to paracetamol	Drug code for allergy: Paracetamol 500mg capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Mild. NOTES: Burning sensation, gastric reflux.			09/10/2017
Adverse reaction to antibiotics	Drug code for allergy: Amoxicillin 250mg capsules, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Mild. NOTES: Upset stomach.			09/10/2017

Additional information

Smoking history (Encounters):Current smoker Date recorded:09-Oct-2017

Alcohol history (Encounters):Stopped drinking alcohol Date recorded:09-Oct-2017

Patient Weight in Kilograms:74

Patient Height in Metres:1.79

NHS Lothian - Referral Letter

Referral To	Western General Hospital General Surgery - Colorectal L GI - Colorectal
Urgency of referral	Urgent - Suspected Cancer
Date of referral	27/09/2019
Date submitted	02/10/2019
UCPN	101019697982Q

PATIENT DETAILS

CHI number:	0108841154
Name:	MR PAUL STORRIE
Date of birth:	01/08/1984
Sex:	Male

Contact Details

3-4 NISBET COURT
EDINBURGH
EH7 6UP

Voice (Mobile) : 07732558933

REFERRING PRACTITIONER DETAILS

Name:	Dr M Gill (GMC: 7015322)
Practice:	Restalrig Park Medical Centre
Phone:	Voice : 01314542110

Practice address

40 ALEMOOR CRESCENT
EDINBURGH
EH7 6UJ

CLINICAL INFORMATION

Reason for Referral: PR Bleed and Change in Bowel Habit

Main Referral Text: Received 27/9/19 - Typed 30/9/19 KR

I would be grateful for your assessment of this 35 year old gentleman, who presents rather atypically with abdominal pain, PR bleed and haematuria.

I note he has a history of chronic low back pain and mental health concerns including, non-dependent cannabis use, previous intentional overdoses.

Two to three weeks ago, he complained of ongoing diarrhoea for a few days, associated with significant abdominal pain and cramps. Two to three days into this course of illness, he noticed fresh PR bleed - he tells me he noticed fresh blood in the pan, despite not passing any stool. After this, he had a few more episodes of diarrhoea and then for around a week into the course of his illness, he noticed frank haematuria. It was at this point, his partner compelled him to attend for a review. The patient himself, put his symptoms down to stress.

Although he is a rather slim built gentleman, there is no history of clear weight loss. He denied having fevers. He denied other urinary symptoms - there is no history of dysuria/frequency/urgency. There have also been no further episodes of frank haematuria since that solitary episode. He denies any bubbly or frothy urine.

I note for the best part of the last year, he has been taking NSAIDs on and off, with PPI cover, for his back pain.

From a GI perspective, although the frequency of opening his bowels has reduced significantly over the second and third week of his illness, he continues to pass diarrhoea with multiple slithers of fresh blood within the stool. The abdominal pain is ongoing, particularly over the left side and suprapubically.

On initial assessment on 18th September 2019, examination revealed a soft abdomen with mild suprapubic and minimal central and left iliac fossa tenderness. Bowel sounds were normal. He declined a digital rectal examination, but agreed to an external inspection, which revealed no obvious fissures or haemorrhoids or traces of blood externally. Urinalysis at that point revealed traces of blood only.

We elected to get a set of screening bloods including, FBC, U&Es, LFTs, TFTs and ferritin, which were all reassuring. For reasons best known to Mr Storrie, he tells me he could not get an adequate sample, when he has not submitted samples for stool culture and calprotectin.

On review one week after his initial assessment on 27th September 2019, he continues to complain of abdominal pain and passing diarrhoea every time he opens his bowels, which he apparently does every three days or so. He continues to notice evidence of fresh blood in his stool. Although he denies any further frank haematuria, urinalysis today reveals blood ++ and nil else. As mentioned above, we are awaiting MSU.

I am rather perplexed as to explain this gentleman's PR bleed and haematuria. I am unsure whether there is a unified

diagnosis here e.g. fistulating process. I am unsure if the PR bleed could be infective or, possibly inflammatory or, NSAID related or, if what we are seeing here is neoplastic process.

In view of the persistence of his symptoms and signs, I would be grateful for your specialist input here. In view of the rather atypical presentation, I have elected not to triage him as, direct to test.

Yours sincerely.

Investigations

Description	Result	Date
Age :	Less than 40 years	
Duration of symptoms :	Less than 1 month	
Suspicion of Bowel Cancer :	Yes	
Altered Bowel Habit - Diarrhoea :	true	
Bleeding PR :	Altered blood in stool	
Obstructive Symptoms :	None	
Abdominal Pain :	true	
Hb result :	Result normal	
Is the patient fit/co-operative to go 'direct to test' :	No	
eGFR >30 :	Yes	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Low back pain			24/03/2010	24/03/2010
Nondependent cannabis abuse			12/01/2010	12/01/2010
Fracture of nasal bones			15/11/2003	15/11/2003
[X]Intentional self poisoning/exposure to noxious substances		- mixed OD	29/12/2001	29/12/2001
Child with special educational needs			14/06/2000	14/06/2000
Adolescent - emotional problem		- childhood neglect	22/09/1997	22/09/1997
Behavioural problem			29/05/1997	29/05/1997
[D]Heart murmur, innocent			07/05/1991	07/05/1991
Child removed from protection register			01/01/1990	01/01/1990
Chickenpox - varicella			28/07/1986	28/07/1986
Acute bronchiolitis			02/10/1985	02/10/1985
On child protection register		- NAI registration	18/07/1985	18/07/1985
[D]Convulsions, febrile			07/04/1985	07/04/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Bilateral orchidopexy			21/02/1996	21/02/1996

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Naproxen 500mg tablets	tablet	TAKE ONE TABLET TWICE DAILY		20/11/2018		24/04/2019
Lansoprazole 30mg gastro-resistant capsules	capsule	TAKE ONE CAPSULE ONCE DAILY		20/11/2018		24/04/2019
Capsaicin 0.025% cream	gram	APPLY FOUR TIMES A DAY		13/07/2018		24/04/2019

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Trazodone 50mg capsules	capsule	1 CAPSULE TWICE DAILY		27/09/2019		27/09/2019
Pregabalin 150mg capsules	capsule	TAKE ONE TABLET TWICE DAILY		27/09/2019		27/09/2019
Trazodone 50mg capsules	capsule	1 CAPSULE TWICE DAILY		19/08/2019		19/08/2019
Pregabalin 150mg capsules	capsule	TAKE ONE TABLET TWICE DAILY		19/08/2019		19/08/2019

Diclofenac sodium 50mg gastro-resistant tablets	tablet	TAKE TWO TO THREE TABLETS DAI[more]	19/08/2019	19/08/2019
Trazodone 50mg capsules	capsule	1 CAPSULE TWICE DAILY	09/07/2019	09/07/2019
Pregabalin 150mg capsules	capsule	TAKE ONE TABLET TWICE DAILY	09/07/2019	09/07/2019

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to paracetamol	Drug code for allergy: Paracetamol 500mg capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Mild. NOTES: Burning sensation, gastric reflux.		09/10/2017	09/10/2017
Adverse reaction to antibiotics	Drug code for allergy: Amoxicillin 250mg capsules, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Mild. NOTES: Upset stomach.		09/10/2017	09/10/2017

Additional information

Smoking history (Encounters):Current smoker Date recorded:09-Oct-2017
Alcohol history (Encounters):Stopped drinking alcohol Date recorded:09-Oct-2017
Patient Weight in Kilograms:74
Patient Height in Metres:1.79
Patient BMI:23
Patient Blood Pressure (Systolic):118
Patient Blood Pressure (Diastolic):60

NHS Lothian - Imaging Request

Please note that this request will become invalid if the patient does not attend within 30 days of this request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk in
Urgency of referral	Routine
Date of referral	18/05/2022
Date submitted	18/05/2022
UCPN	101026368004P

PATIENT DETAILS

CHI number:	0108841154
Name:	MR PAUL STORRIE
Date of birth:	01/08/1984
Sex:	Male

Contact Details

3-4 NISBET COURT
EDINBURGH
EH7 6UP

Voice (Mobile) : 07732558933

REFERRING PRACTITIONER DETAILS

Name:	Dr. Helen Riches (GMC: 3689721)
Practice:	Restalrig Park Medical Centre (70569)
Phone:	Voice : 0131 454 2110

Practice address

40 Alemoor Crescent
Edinburgh
EH7 6UJ

INVESTIGATION REQUESTED

Test Requested:	**Chest**
Reason for Request:	also right shoulder thanks Smoker since age of 9 Right shoulder pain radiating down right side back of chest. Poor air entry and no added sounds. Limited right shoulder movement esp on internal rotation. To eliminate underlying lung lesion - ? poor air entry due to copd changes? ? underlying OA shoulder

CLINICAL INFORMATION

Investigations

Description	Result	Date
Chest/Shoulder pain :	true	
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

Radiology Walk In is available Monday to Friday as follows:

Lauriston Building	8:30am - 4:00pm
Leith Community Treatment Centre	8:30am - 4:00pm
Midlothian Community Hospital	9:15am - 12:30pm
East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm
Royal Hospital for Sick Children - **Children Only**	9:00am - 4:30pm (Except public holidays)
Royal Infirmary of Edinburgh	9:00am - 4:30pm
St John's Hospital	8:30am - 5:00pm
Western General Hospital	8:00am - 5:00pm (Main xray Department)

NHS Lothian - Imaging Request

Referral To	St John's Hospital Clinical Radiology LI Radiology Plain X-ray
Urgency of referral	Routine
Date of referral	22/04/2025
Date submitted	22/04/2025
UCPN	101036250089H

PATIENT DETAILS

CHI number:	0108841154
Name:	MR PAUL STORRIE
Date of birth:	01/08/1984
Sex:	Male

Contact Details

59 AVONDALE CRESCENT
ARMADALE
WEST LOTHIAN
EH48 3HN

Voice (Mobile) : 07306887696
E-mail :
SCOTTISHREBEL23@ICLOUD.COM

REFERRING PRACTITIONER DETAILS

Name:	Dr. Anneli Mathew (GMC: 7041230)
Practice:	Barbauchlaw Medical Practice (78241)
Phone:	Voice : 01501 730432

Practice address

18 North Street
Armadale
West Lothian
EH48 3QB

INVESTIGATION REQUESTED

Test Requested:	**Shoulder right**
Reason for Request:	Dear colleague this gent has 2 year hx of right shoulder pain. I wonder could you image to rule out arthritis or tendon calcification? Kind regards Kevin Beeby GPAPP

CLINICAL INFORMATION

Investigations

Description	Result	Date
Please provide smoking status :	Ex-Smoker	
Suspected :	Arthritis	
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

PATIENT INFO - Call Monday to Friday only
Radiology Departments – to arrange appointments:

East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm	01620 642 732
Lauriston Building	8:30am - 4:00pm	0131 536 2942
Leith Community Treatment Centre	8:30am - 4:00pm	0131 536 6400
Midlothian Community Hospital	8:30am - 4:00pm	0131 454 1045
Royal Hospital for Sick Children - **U16s Only**	8:30am - 4:00pm	0131 312 0880
Royal Infirmary of Edinburgh	9:00am - 5:00pm	0131 242 3700
St John's Hospital	8:30am - 5:00pm	01506 524 339 or 01506 524 350
Western General Hospital	8:30am - 5:00pm	0131 537 2054

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Orthopaedic - Elbow & Shoulder LI Basic Sign Referral
Urgency of referral	Routine
Date of referral	01/05/2025
Date submitted	01/05/2025
UCPN	1010363539374

PATIENT DETAILS

CHI number:	0108841154
Name:	MR PAUL STORRIE
Date of birth:	01/08/1984
Sex:	Male

Contact Details

59 AVONDALE CRESCENT
ARMADALE
WEST LOTHIAN
EH48 3HN

Voice (Mobile) : 07306887696
E-mail : SCOTTISHREBEL23@ICLOUD.COM

REFERRING PRACTITIONER DETAILS

Name:	Dr. Anneli Mathew (GMC: 7041230)
Practice:	Barbauchlaw Medical Practice (78241)
Phone:	Voice : 01501 730432

Practice address

18 North Street
Armadale
West Lothian
EH48 3QB

CLINICAL INFORMATION

Reason for Referral: Chronic superior dislocation clavicle at ACJ

Main Referral Text:

Dear colleagues,

Many thanks for seeing this 40 yr old gentleman in clinic. He presented with worsening right shoulder pain with restricted mobility. 2 years ago he was assaulted and dislocated his shoulder. He was offered an operation at the time but ?did not attend because he had moved house.

Pain posterior, anterior shoulder. Nil neuro symptoms. No swelling, redness, or heat. Ex smoker.

o/e: normal neck ax. Normal UL neuro. Full sh arom, painful arc. Strength intact, Pain er and ab. Nil obs. Tender R acj and anterior sh.

Xray shows chronic superior dislocation clavicle at ACJ - widened gap since 2023- with calcification at the insertion of the RC (report should be attached)

I am not sure whether you would consider surgical intervention at this stage and would appreciate your opinion.

Kind regards,

Dr Anneli Mathew

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Patient's next of kin		Merlies McIntyre (Partner) - no details on reg form	10/03/2025	10/03/2025

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mirtazapine 30mg tablets	tablet	1 TABLET ONCE A DAY AT NIGHT		29/04/2025		29/04/2025
Omeprazole 20mg gastro-resistant capsules	capsule	1 CAPSULE ONCE A DAY		25/03/2025		25/03/2025
Naproxen 500mg tablets	tablet	1 TABLET TWICE DAILY. STOP T[more]		25/03/2025		25/03/2025

Mirtazapine 15mg orodispersible tablets	tablet	1 TABLET ONCE A DAY AT NIGHT	25/03/2025	25/03/2025

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Drugs and other substances-adverse effects in theraputic use	Drug code for allergy: Paracetamol 500mg capsules, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.		10/03/2025	10/03/2025
Drugs and other substances-adverse effects in theraputic use	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.		10/03/2025	10/03/2025

Additional information

Smoking history (Screening):Current smoker Date Recorded:10-Mar-2025

Smoking history (Encounters):Current smoker Date Recorded:10-Mar-2025

LOTHIAN UNIVERSITY HOSPITALS DIVISION

NHS Lothian

ST JOHN'S HOSPITAL PHYSIOTHERAPY REFERRAL FORM

PATIENT INFORMATION

501202522K M 01/08/1984

PATIE **Storrie, Paul M**
59 Avondale Crescent,
Armadale,
Bathgate,
West Lothian, EH48 3HN
CHI 0108841154
78241 AJ Mathew

TEL NO: HOME: 07506887696

WORK:

OCCUPATION:

DR INFORMATION

CONSULTANT:

REFERRING DR: Ackerman - Clin. Nurse. PT

WARD/DEPT: Orthopaedics

SIGNATURE: 23 JUN 2025

DATE: 18.6.25

GP / PRACTICE: Dr Mathew Barcaldine Medical Practice.

DIAGNOSIS: (R) ACS instability + pain.

TIME SINCE ONSET: 2yr Hx & acute on chronic pain for 3/12

OFF WORK: YES / NO

PRESENTING PROBLEM: For rehabilitation.

DISTURBED SLEEP: YES / NO

ADDITIONAL INFORMATION: eg: PMH, Medication, X-rays/Investigations, Previous Physio and Outcome

AMBULANCE: YES / NO

REVIEW: YES / NO

DATE OF REVIEW: