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

NHS
Greater Glasgow and Clyde

MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date: 25/06/2026
Your Ref: 100204
Our Ref: SAR/ACCESS/ CD
Enquiries to: Chrissy
Direct Line: 0141 201 3379
Email: chrissy.davie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: SEAN MCGUIRE **D.O.B: 01/12/1983**

Thank you for your request received 01ST June 2026 in which you seek a copy of your client's personal information.

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

GLASGOW ROYAL INFIRMARY RECORDS

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Subject Access Request Team

ELECTRONIC PATIENT RECORDS

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

Including:

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

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Dr IAN KENNEDY
ASHTON MEDICAL PRACTICE
ASHTON HOUSE 3 ASHTON ROAD GLASGOW
G12 8SP

Date: 27 Apr 2013

Dear Dr IAN KENNEDY,

Re: SEAN MAGUIRE, 1/2 321 SHIELDHALL ROAD, GLASGOW, G51 4HB
Date of Birth: 01/12/1983 CHI number: 0112836097

Your patient attended Glasgow Royal Infirmary on the 27 Apr 2013 at 2:21 AM.

The presenting complaint was:	**SUICIDAL**
Triage information:	**ATTENDED EARLIER AND LEFT WITH SUICIDAL INTENT. RETURNED BY POLICE. POOR EYE CONTACT AT TRIAGE. STILL EXPRESSING SUICIDIAL IDIATION AT TRIAGE.**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**PSYCHIATRIC - SUICIDAL IDEATION(SEVERE DEPRESSIVE EPISODE)** **ALCOHOL RELATED PROBLEMS - ALCOHOL INTOXICATION**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**ADMITTED**
Follow-up:	**ADMITTED**
Additional information:	**None**

Yours sincerely,

JUNE CAMPBELL
EMERGENCY MEDICINE G P S T 2

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Dr IAN KENNEDY,
ASHTON MEDICAL PRACTICE
ASHTON HOUSE 3 ASHTON ROAD GLASGOW
G12 8SP

Date: 27 Apr 2013

Dear Dr IAN KENNEDY,

Re: SEAN MAGUIRE, 1/2 321 SHIELDHALL ROAD, GLASGOW, G51 4HB
Date of Birth: 01/12/1983 CHI number: 0112836097

Your patient attended Glasgow Royal Infirmary on the 27 Apr 2013 at 12:29 AM.

The presenting complaint was:	**SUICIDAL**
Triage information:	**AMBULANCE CALLED ?FOR WHO, PATIENT INTOXICATED, ONGOING SUICIDAL INTENT, CONFRONTATIONAL IN TRIAGE, INITIALLY REFUSING OBS, STATES HAS PLANNED TO TAKE AN OD TONIGHT OR WILL JUMP OFF A BRIDGE, ALCOHOL EVERY DAY, STATES HE WILL NOT STAY**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**NONE ASSIGNED IN EDIS**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**PATIENT LEFT BEFORE BEING TREATED**
Follow-up:	**NOT KNOWN**
Additional information:	**None**

Yours sincerely,

NONE ASSIGNED IN EDIS
NONE ASSIGNED IN EDIS

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Dr IAN KENNEDY
ASHTON MEDICAL PRACTICE
ASHTON HOUSE 3 ASHTON ROAD GLASGOW
G12 8SP

Date: 15 Apr 2013

Dear Dr IAN KENNEDY,

Re: SEAN MAGUIRE, 1/2 321 SHIELDHALL ROAD, GLASGOW, G51 4HB
Date of Birth: 01/12/1983 CHI number: 0112836097

Your patient attended Glasgow Royal Infirmary on the 14 Apr 2013 at 9:04 PM.

The presenting complaint was:	**SUICIDAL**
Triage information:	**TRIED TO JUMP OFF BRIDGE. BROUGHT IN BY POLICE. HX ALCHO ABUSE DEPRESSION AND DSH ALSO CLAIMS TO HAVE TAKEN 4 FLUOXATINE**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**PSYCHIATRIC - SUICIDAL IDEATION(SEVERE DEPRESSIVE EPISODE)**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**DISCHARGED**
Follow-up:	**DISCHARGED**
Additional information:	**None**

Yours sincerely,

RICHARD STEVENSON
CLINICAL FELLOW

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Dr IAN KENNEDY
ASHTON MEDICAL PRACTICE
ASHTON HOUSE 3 ASHTON ROAD GLASGOW
G12 8SP

Date: 17 Mar 2013

Dear Dr IAN KENNEDY,

Re: SEAN MAGUIRE, 1/2 321 SHIELDHALL ROAD, GLASGOW, G51 4HB
Date of Birth: 01/12/1983 CHI number: 0112836097

Your patient attended Glasgow Royal Infirmary on the 16 Mar 2013 at 11:57 PM.

The presenting complaint was:	**MENTAL ILLNESS**
Triage information:	**PATIENT BROUGHT TO DEPARTMETN WITH POLICE, WAS FOUND ONA BRIDGE TRYING TO JUMP, STATES HAS HX DSH AND SUICIDAL ATTEMPTS. ADMITS TO ALCOHOL TONIGHT. (SEATED IN RED SEATS)**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**PSYCHIATRIC - SUICIDAL IDEATION(SEVERE DEPRESSIVE EPISODE)**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**DISCHARGED**
Follow-up:	**DISCHARGED**
Additional information:	**Brought in by police. Found on bridge over Clyde trying to jump. Police convinced him not to. Had a 'few drinks' tonight, denies drugs. Self-harming today - burning self with cigarette. Mood objectively 'angry', subjectively euthymic. Good rapport and eye contact. No specific ongoing plans to harm self but says he may do because discussing previous abuse makes him angry and want to 'do something'. Denies thoughts/plans to harm others. Not sure if he regrets getting stopped by police or not. Wants 'help' for how he is feeling but not willing to discuss previous problems - sexual and physical abuse as child in care. D/w CPN OOH service - they advise alcohol dependance is significant contributing factor to pt's mood problems and risk-taking behaviour. They advise that he make contact with mental health services when sober if wishes further help. Given CRISIS OOH no. Obs - HR 120, BP 141/83, RR 17, SpO2 99% OA, apyrexial. O/E - HS I+II+O, chest clear, abdomen soft but generally tender. Bloods - phos 1.47, otherwise NAD. Looks well but comfortable. Discharged to Police custody. Worsening statement given.**

Yours sincerely,

GEMMA HELFET
EMERGENCY MEDICINE G P S T 2

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Dr IAN KENNEDY
ASHTON MEDICAL PRACTICE
ASHTON HOUSE 3 ASHTON ROAD GLASGOW
G12 8SP

Date: 28 Feb 2013

Dear Dr IAN KENNEDY,

: SEAN MAGUIRE, 1/2 321 SHIELDHALL ROAD, GLASGOW, G51 4HB
ate of Birth: 01/12/1983 CHI number: 0112836097

Your patient attended Glasgow Royal Infirmary on the 28 Feb 2013 at 8:06 PM.

The presenting complaint was:	**SUICIDAL**
Triage information:	**RETRIEVED FROM BRIDGE OVER CLYDE THREATENING SUICIDE. STATES 2 ATTEMPTS SUICIDE IN LAST 2/52. HX CHILDHOOD ABUSE. SOME ALCOHOL TONIGHT, DENIES DRUGS OR SELF HARM. POLICE PRESENT.**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**ALCOHOL RELATED PROBLEMS - OTHER ALCOHOL RELATED PROBLEM-SPECIFY IN G P LETTER**
The following treatment was given:	**None**
the conclusion of treatment the patient was:	**DISCHARGED TO GP-REVIEW/ATTENDANCE ADVISED**
Follow-up:	**GENERAL PRACTITIONER**
Additional information:	**3rd presentation in 2-3 weeks - alcohol intoxication and suicidal thoughts, assessed be ED reg and again tonight by CPNs All seems to be related to alcohol and patient will admit this himself. d/c with addictions team number and advice re attending GP for his recurrent low mood**

Yours sincerely,

KAREN CLARK
EMERGENCY MED. MIDDLE GRADE

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Dr IAN STRUTHERS
DR IAN STRUTHERS
CARDONALD MEDICAL CENTRE 1831 PAISLEY ROAD WEST GLASGOW
G52 3SS

Date: 24 Jan 2013

Dear Dr IAN STRUTHERS,

Re: SEAN MAGUIRE, 1/2 321 SHIELDHALL ROAD, GLASGOW, G51 4HB
Date of Birth: 01/12/1983 CHI number: 0112836097

Your patient attended Glasgow Royal Infirmary on the 24 Jan 2013 at 9:23 PM.

The presenting complaint was:	**LEG PAIN**
Triage information:	**PT ON A BICYCLE TONIGHT. FELL OFF SEVERAL TIMES. ADMITS TO DRINKING ALCOHOL. LAST FALL PT CRASHED INTO A POLE AT PEDESTRIAN CROSSING. STATES HE HAD LOC. C/O C-SPINE TENDERNESS. HARD COLLAR/TAPE APPLIED AT TRIAGE. C/O RIGHT LEG PAIN. TENDER FEMUR AND ANKLE. PT STOOD UP TO PASS URINE AGAINST ADVICE IN TRIAGE. NO OBVIOUS SHORTENING OF RIGHT LEG. NV INTACT RIGHT FOOT.**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**** INJURY- NOT ASSAULT** - HEAD AND FACE TRAUMA - MINOR HEAD INJURY** **** INJURY- NOT ASSAULT** - CONTUSION - LOWER LIMB RIGHT - THIGH**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**ADMITTED**
Follow-up:	**ADMITTED**
Additional information:	**None**

Yours sincerely,

SCOTT TAYLOR
CONSULTANT IN EMERG. MEDICINE

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Dr IAN STRUTHERS
DR IAN STRUTHERS
CARDONALD MEDICAL CENTRE 1831 PAISLEY ROAD WEST GLASGOW
G52 3SS

Date: 24 Jan 2013

Dear Dr IAN STRUTHERS,

ɜ: SEAN MAGUIRE, 1/2 321 SHIELDHALL ROAD, GLASGOW, G51 4HB
ıte of Birth: 01/12/1983 CHI number: 0112836097

Your patient attended Glasgow Royal Infirmary on the 24 Jan 2013 at 9:23 PM.

The presenting complaint was:	**LEG PAIN**
Triage information:	**PT ON A BICYCLE TONIGHT. FELL OFF SEVERAL TIMES. ADMITS TO DRINKING ALCOHOL. LAST FALL PT CRASHED INTO A POLE AT PEDESTRIAN CROSSING. STATES HE HAD LOC. C/O C-SPINE TENDERNESS. HARD COLLAR/TAPE APPLIED AT TRIAGE. C/O RIGHT LEG PAIN. TENDER FEMUR AND ANKLE. PT STOOD UP TO PASS URINE AGAINST ADVICE IN TRIAGE. NO OBVIOUS SHORTENING OF RIGHT LEG. NV INTACT RIGHT FOOT.**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**** INJURY- NOT ASSAULT** - HEAD AND FACE TRAUMA - MINOR HEAD INJURY** **** INJURY- NOT ASSAULT** - CONTUSION - LOWER LIMB RIGHT - THIGH**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**ADMITTED**
Follow-up:	**ADMITTED**
Additional information:	**None**

Yours sincerely,

SCOTT TAYLOR
CONSULTANT IN EMERG. MEDICINE

HOSPITAL INFORMATION MISSING

Dr IAN STRUTHERS
CARDONALD MEDICAL CENTRE
1831 PAISLEY ROAD WEST GLASGOW

G52 3SS

Date : 03 Jan 2012

Dear Dr IAN STRUTHERS,

Re: SEAN MAGUIRE, 1/2 321 SHIELDHALL ROAD, GLASGOW, G51 4HB
Date of Birth: 01/12/1983 CHI number: 0112836097

HOSPITAL INFORMATION MISSING Patient attended on the 03 Jan 2012.

The presenting complaint was:	**ANKLE INJURY**
Triage information:	**Not recorded**
The following investigations were carried out:	**ANKLE X-RAY LEFT**
The A&E diagnosis was:	**** INJURY- NOT ASSAULT**** - **SPRAIN - ANKLE - LEFT**
The following treatment was given:	**ANKLE SPRAIN ADVICE CARD GIVEN** **DOUBLE TUBIGRIP**
At the conclusion of treatment the patient was:	**DISCHARGED TO GP-NO REVIEW/ATTENDANCE ADVISED**

Follow-up: **NO FOLLOW UP REQUIRED BY GP**

Additional information: **None**

Yours sincerely,

SANDRA COULL

EMERGENCY NURSE PRACTITIONER

HOSPITAL INFORMATION MISSING

Dr IAN STRUTHERS
CARDONALD MEDICAL CENTRE
1831 PAISLEY ROAD WEST GLASGOW

G52 3SS

Date : 20 Nov 2011

Dear Dr IAN STRUTHERS,

Re: SEAN MAGUIRE, 1/2 321 SHIELDHALL ROAD, GLASGOW, G51 4HB
Date of Birth: 01/12/1983 CHI number: 0112836097

HOSPITAL INFORMATION MISSING Patient attended on the 20 Nov 2011.

The presenting complaint was: **FALL/HEAD INJURY**

Triage information: **FOUND LYING ON STREET WITH HEAD INJURY. CONFUSED. C/O FEELING NAUSEATED AND DIZZY. UNABLE TO RECALL EVENTS, OR PMH. SAS ? HX EPILEPSY.**

The following investigations were carried out: **None**

The A&E diagnosis was: **ALCOHOL RELATED PROBLEMS - ALCOHOL INTOXICATION**

ADVISED TO RETURN IF ANY PROBLEMS

The following treatment was given:

At the conclusion of treatment the patient was: **DISCHARGED**

Follow-up: **DISCHARGED**

Additional information: **None**

Yours sincerely,

RAGHAVENDRA NAYAK

EMERGENCY DEPARTMENT DOCTOR

Final Discharge Letter

NHS Greater Glasgow and Clyde

Dr. IM Kennedy
Ashton Medical Practice
Ashton House
3 Ashton Road
Glasgow
G12 8SP

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000

Date of Completion: 19/12/2013

Email Enquiries to: nadine.robertson@ggc.scot.nhs.uk
Contact Tel Details: 0141 211 5166

Dictated: 07/12/2013
Transcribed: 18/12/2013

Dear Dr. IM Kennedy,

Patient

Name:	Maguire Sean
CHI:	0112836097
DOB:	01/12/1983
Address:	1/2 321 Shieldhall Road
	Glasgow
	G51 4HB

Admission

Admitted:	07/12/2013 00:06
Discharged:	07/12/2013 11:30
Admission Type:	In Patient
Discharge to:	Private Residence - living with relatives or friends
Consultant:	Dr Joris Van der Horst
Specialty:	Emergency Medicine

Reason for Admission: Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Clinical Comments:

Admitted: 6th December 2013
Discharged: 7th December 2013
Diagnosis: Acute Alcohol Intoxication

This 30 year old man was found lying in the street acutely intoxicated and was brought to Glasgow Royal Infirmary by ambulance allegedly as a place of safety. He was aggressive with the ambulance crew and the police and would not allow any observations to be taken and refused to answer questions. A history was obtained from his mother who said that he had been living in Portsmouth and had returned

to Glasgow that day and had been drinking all day. He has a history of mental health issues. Some left periorbital bruising was noted and he was admitted to the short stay ward for observation.
On review on the ward round he had no complaints and denied any injury and appear in a jovial mood. He said that he had come up from Gosport in Hampshire to take a break from a woman and was staying with his mother. He said that he was on route to the Celtic football match yesterday but got drunk and did not make it. He was fully conscious, alert and orientated and was up, dressed and independently mobile and self-caring. His CNS was grossly intact. He said that he had been on Sertraline for the past 2 weeks having previously been on Fluoxetine. He denied having an alcohol problem. I note that he has had 17 previous attendances, 9 of which have been in the last 12 months. As he was sober with no acute medical problem identified, he was discharged without further follow-up.
Yours sincerely

Mr Rudy Crawford
Consultant in Emergency Medicine

Follow-up arranged: nil

Electronically Signed: Mr Tadhg Kelliher, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

First Issued: 24/05/2013 14:34
Printed: 24/05/2013 14:35
Author: Nemi Gandy

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Admitted: 27/04/2013 **Discharged:** 27/04/2013
Discharged To: Transfer to other speciality
Ward: WD50
Consultant: DR JORIS VAN DER HORST, Respiratory MedicineAQ
Hospital No: 51411493W **Date Of Birth:** 01/12/1983
CHI: 0112836097

REGISTERED GP

Ir IAN KENNEDY
Ashton Medical Practice
Ashton House
3 Ashton Road
Glasgow
G12 8SP

PATIENT

SEAN MAGUIRE
1/2 321 SHIELDHALL ROAD
GLASGOW
G51 4HB

DIAGNOSES	ICD10	PROCEDURES	OPCS4
Alcohol intoxication	F100	No procedures for this patient	
Depressive illness, i, 27/04/2013	F329		

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed

No medication has been prescribed for this patient.

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
Psychiatry	---	27/04/2013 00:00

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

This 29 year old gentleman was admitted under the medics following alcohol intoxication and expression of suicidial ideation. Initially absconded from A&E before assessed, therefore brought back by police escort.

Past history of A&E attendances expressing thought of jumping off a bridge.

Assessed fit for psychiatric review, so discharged from GRI to Parkhead for psychiatric assessment.

Final Comments

No information re Parkhead assessment has been conveyed back to us and unfortunately all his notes have been sent with him. Nil to add.

Yours Sincerely,

Dr R Comfort

FINAL COMMENT:

No additional comments.

Yours sincerely

Dr G W Chalmers
Consultant in Respiratory Medicine

GWC/NMCP

Contact: Nemi Gandy **Designation:** Doctor

This letter has been produced by the NHS Greater Glasgow Incremental Discharge Letter System

Maguire Sean CHI: 0112836097

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 07/12/2013

Dr. IM Kennedy
Ashton Medical Practice
Ashton House
3 Ashton Road
Glasgow
G12 8SP

Dear Dr IM Kennedy,

Name	CHI	DoB	Address
Sean Maguire	0112836097	01/12/1983	1/2 321 Shieldhall Road Glasgow G51 4HB

Admitted	Type	Discharged	Destination
07/12/2013 00:06	In Patient	07/12/2013	

Specialty	Consultant	Ward	Telephone
Emergency Medicine	Dr Joris Van der Horst	GRI Ward 46 Head Injury/ General Medicine	0141 211 4203

Reason for Admission and Presenting Complaints	Admission Category
presumed fall ?head injury	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Dr,
I am writing in regard to this 30 year old gentleman whi was admitted on the 06/12/13 after a presumed fall. Mr Maguire had been drinking and was unable to recall the events that had lefd up to his admission. He was admitted for observation. This morning he is well, GCS 15/15 with no evidence of head injury. We are happy to discharge him back to your care

Treatments: nil

Follow-up arranged: nil

Planned Outpatient Investigations: nil

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Matthew Murchie
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Matthew Murchie, Doctor

Immediate Discharge Letter

NHS
Greater Glasgow and Clyde

First Issued: 27/04/2013 11:52
Printed: 27/04/2013 11:52
Author: Nemi Gandy

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Admitted: 27/04/2013 **Discharged:** 27/04/2013
Discharged To: Transfer to other speciality
Ward: WD50
Consultant: DR JORIS VAN DER HORST, Respiratory MedicineAQ
Hospital No: 51411493W **Date Of Birth:** 01/12/1983
CHI: 0112836097

REGISTERED GP

r IAN KENNEDY
Ashton Medical Practice
Ashton House
3 Ashton Road
Glasgow
G12 8SP

PATIENT

SEAN MAGUIRE
1/2 321 SHIELDHALL ROAD
GLASGOW
G51 4HB

DIAGNOSES	ICD10	PROCEDURES	OPCS4
Alcohol intoxication	F100	No procedures for this patient	
Depressive illness, i, 27/04/2013	F329		

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed

No medication has been prescribed for this patient.

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
Psychiatry	- - -	27/04/2013 00:00

Outpatient Investigations **Date**
No arrangements made

Community Care **Date** **Reason**
No arrangements made

GENERAL COMMENTS
Final discharge letter to follow:

This 29 year old gentleman was admitted under the medics following alcohol intoxication and expression of suicidial ideation. Initially absconded from A&E before assessed, therefore brought back by police escort.

Past history of A&E attendances expressing thought of jumping off a bridge.

Assessed fit for psychiatric review, so discharged from GRI to Parkhead for psychiatric assessment.

Contact: Nemi Gandy **Designation:** Doctor

This letter has been produced by the NHS Greater Glasgow Incremental Discharge Letter System

(16) CPN

Accident and Emergency Department
Glasgow Royal Infirmary

51411493W

A&E No. 13000023742

3

Surname	MAGUIRE	**Forename**	SEAN	**Title:** MR	
Address:	1/2 321 SHIELDHALL ROAD	**Postcode**	G51 4HB	**CHI No:**	0112836097
	GLASGOW	**Telephone:**	NONE GIVEN		
Date of Birth:	01.12.83	**Sex:**	M	**Age:**	29 yrs

CHI Number: 0112836097

GP Name:	KENNEDY IAN		
Address:	ASHTON MEDICAL PRAC... ASHTON HOUSE 3 ASHTON ROAD GLASGOW	**Postcode** **Telephone:**	G12 8SP 0141 339 7266

Next of Kin	AUDREY MCGIVERN		
Relationship:	PARTNER		
Address:	1/2 321 SHIELDHALL ROAD	**Postcode**	G51 4HB
	GLASGOW	**Telephone:**	NONE GIVEN
Primary Carer:	B/F JAMACIA STREET/G913		

Date of Attendance: 14.04.13 21:04
Date of Incident:
Presenting Complaint: SUICIDAL

Triage TRIED TO JUMP OFF BRIDGE. BROUGHT IN BY POLICE. HX ALCHO ABUSE DEPRESSION AND DSH ALSO CLAIMS TO HAVE TAKEN 4 FLUOXATINE

Tetanus Cover:

Allergies:

P= 88 **BP=** 148/80 **RR=** 16 **Sat=** 98 **BM=**

PF= **GCS=** E: M: V: Total:

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

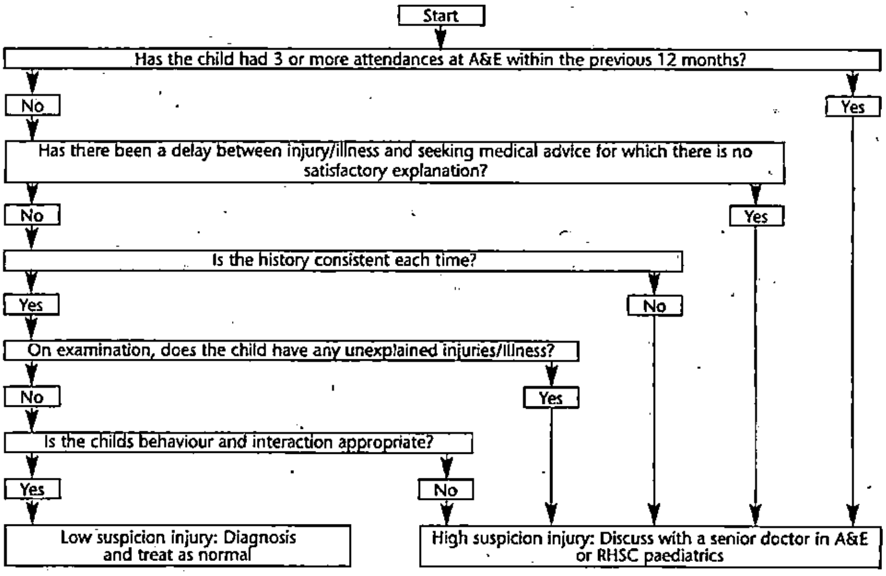
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

51411493W
MAGUIRE M
SEAN 01/12/1983
1/2 321 SHIELDHALL ROAD
GLASGOW G51 4HB
CHI-0112836097

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I.Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

14/4/13 2300 S[illegible] SpR A&E

PC ? mental health problem.

HPC Brought here for assessment by police.
Standing on bridge over Clyde.
Under influence of alcohol

Attempted to make an assessment of mental health however he failed to engage in interview
responses to any question were "what's that got to do with anything"
Then accused the police of laughing at him through the door.

Please complete where appropriate:

AMT (if >65 years)

CURB Score (if <65 years)

SIRS

80907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

51411493W
MAGUIRE M
SEAN 01/12/1983
1/2 321 SHIELDHALL ROAD
GLASGOW G51 4HB
CHI-0112836097

Clinical Notes

Patient returned to cubicle to "cool off" and I will try to reassess him

Y [illegible] STEVENSON SpR

2320 Assessment restarted

Feels low. Daily thoughts of suicide
Long standing issues relating to sexual abuse as a child
Upcoming court case May 2/3 - reluctant to say for what.
States he will commit suicide if he is discharged;
will go jump into Clyde.

SH
Lives with partner + stepson. Has a daughter from a prior relationship
Drinks alcohol on a daily basis and does not accept this is an issue

O/A
Appearance
– Casually dressed.
Yellowing bruises to (L) elbow + (L) lumbar region – [illegible] [illegible] has occurred

Behaviour
Initially confrontational, uncooperative. After 30 min time out, apologised.
Calm. Sullen.

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

51411493W
MAGUIRE M
SEAN 01/12/1983
1/2 321 SHIELDHALL ROAD
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CHI-0112836097

Clinical Notes

Speech
Normal content, flow, rate

Mood
Euthymic

Thoughts
Pre-occupied with [illegible]. Daily intrusive suicidal thoughts.
No thought disorder / psychosis

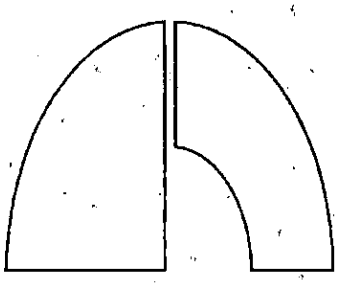
Insight
Present

Imp
/ Long standing issue relating to childhood sexual abuse compounded by alcohol excess. Unwilling to accept the effect of alcohol on his mood

- due to on-going rel'ship [illegible] [illegible] → [illegible] [illegible]

[illegible]
[illegible]

X-Ray results



ECG findings

Other investigations

Biochem/Haematology results

Indicate which lab tests have been requested

Haem	Date and time	
WCC		
Hb		
Plat		
MCV		
Neut		
DDim	Date and time	
PT		
PTT		
TT		

Bioch	Date and time	
Na^+		
K^+		
Cl^-		
Ur		
Creat		
Glu		
CRP		
Bil	Date and time	
AST		
ALT		
GGT		
ALP		
Prot		
Alb		
Glob		
Ca^{++}		
Amyl	Date and time	
TSH		
FT4		
Tropl	Date and time	
Chol		
Trig		
Para	Date and time	
Sal		
S osm		
ABG	Date and time	
H^+		
P_aCO_2		
P_aO_2		
Bic		
BE		
FiO_2		
Lactate		

Fluids Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Drugs Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking _____ away from)

the _____ Hospital at my own desire and contrary to the advice of medical staff.

I have had the risks of so doing explained to me, and accept full responsibility for my action.

Signature _____

Witness Date _____

* Delete whichever is inapplicable.

Out-of-Hours Crisis Service

NURSING ASSESSMENT

PIMS NO. [redacted]

PATIENT DETAILS

DATE 14/4/2013

NAME [redacted]

ADDRESS 51411493W
MAGUIRE M
SEAN 01/12/1983
1/2 321 SHIELDHALL ROAD
GLASGOW G51 4HB
CHI-0112836097

POSTCOD[redacted]

DOB [redacted]

GP [redacted]

GP ADDRESS Dr. I KENNEDY
Ashton Medical Practice
Ashton House
3 Ashton Road
Glasgow
G12 8SP

KNOWN TO SERVICE: YES ☐ NO ☐

IF SO, CONSULTANT/KEYWORKER

.....

TIME TRIAGED (24HR) HR ☐☐ MIN ☐☐

TEL NO .....

REFERRER: Glasgow Royal A/E

ASSESSOR: Liz Macleod / Derek Walker

TIME: VISITED HR 01 MIN 30

TIME: ASSESSMENT/CONTACT COMPLETE: (24HR) HR 03 MIN 00

VENUE PATIENT SEEN: HOME ☐ A&E ☑ HOSPITAL ☐

GEMS CLINIC ☐ POLICE ☐ OTHER ☐ (please specify) .....

HISTORY

1. REASON FOR REFERRAL/ HISTORY OF PRESENT CRISIS :

Brought to A/E by the police, was found down at the river threatening to throw himself off the bridge. Heavily intoxicated

2. RELEVANT PSYCHIATRIC/ MEDICAL HISTORY/ PRESENT MEDICATION:

Currently involved with The CAT
Meds:- Fluoxetine

3. MENTAL STATE ASSESSMENT :

Will include; Appearance/ behaviour. Mood, suicidal ideation. Psychotic symptoms. Cognitive functioning. Thought process and insight

May include; Sleep, appetite. Relevant substance abuse. Relevant personal history.

Tall, slim, clean, tidy casually dressed gentlemen. Behaviour throughout interview appropriate and good eye contact maintained.
Subjectively mood reactive, difficult to assess due to level of intoxication
States he came into Glasgow today to watch the football, claims only to have taken 4 pints lager, however, appears intoxicated, states he ~~suggested~~, Fluoxetine 7/8 tabs plus Cocaine. States he went to the River "for a swim", denied any active suicidal intent/plan. Previous hx of DSH, mainly O/D.
Cognition intact, no evidence of any thought disorder / psychotic process.
Admits to using illicit substances on a regular basis, states he had cocaine today. Also drinking copious amounts of alcohol on a regular basis. Main triggers, client "has issues from his past that he hasn't dealt with" also forthcoming court case on May 3rd "for threatening to murder police officers"
Client has insight into the impact that alcohol and illicit drugs are playing a part on his behaviour.
Client is keen to engage with his support worker on Tuesday to discuss ongoing support

[redacted]

SUMMARY

O/e clients mood appeared reactive, there was a strong smell of alcohol and client was still under the influence. Client denied any active suicidal intent/plan. No evidence of any thought disorder/psychotic process. Client was keen to return home and engage with his CAT worker on Tuesday to discuss any further support if required. Also keen to discuss appropriate support to help him deal with issues from his past.

DIAGNOSIS: ICD10 CODE:

FOLLOW UP

1.	Client to seek follow up via GP	☐
2.	Client to contact Care Team	☐
3.	CPN will contact Care Team	☐
4.	Psychiatric Medical opinion requested	☐
5.	Admitted to Hospital	☐
6.	Urgent CMHT next day follow up	☐

APPROPRIATE REFERRAL: YES ☑ NO ☐

(If No, explain)

SIGNATURE Liz Macleod

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Suicide &/or Self Harm		Violence		Other Risk Factors	
History and Situational Factors					
S1	Mental illness diagnosed or diagnosis uncertain	V1	Previous violent acts	O1	Vulnerable due to learning disability, cognitive impairment or mental illness
S2	Use of violent methods	V2	Use of weapons	O2	History of stalking others
S3	Previous self-harm	V3	Previous admission to secure units	O3	History of social, financial or sexual exploitation of others
S4	Socially isolated	V4	Convictions for violence / assault	O4	History of falls
S5	Past diagnosis of personality disorder,	V5	Past diagnosis personality disorder or psychopathy	O5	History of self-neglect,
S6	Major physical illness	V6	Alcohol or drug misuse	O6	Lacks basic housing amenities
S7	Alcohol/drug misuse ✓	V7	Male under 35	O7	Previous fire setting
S8	Family history of suicide	V8	Prior supervision failure	O8	Socially or culturally isolated
S9	Previous treatment non-compliance	V9	Previous treatment non-compliance	O9	Neglect- children or other dependents
S10	Impulsivity	V10	Impulsivity	O10	History of exploitation by others
Short Term or Precipitating Factors					
S11	Planning suicide	V11	Intoxicated ✓	O11	Difficulty communicating needs/views/comprehension difficulties
S12	Access to lethal method	V12	Acute psychosis	O12	Confusion or disorientation
S13	Hopeless / helpless	V13	Violent fantasies	O13	Sexually disinhibited or aggressive
S14	Recent major loss	V14	Identified target	O14	Significant financial problems
S15	Recent psych hospital discharge	V15	Access to weapons	O15	Current self-neglect
S16	Current or recent treatment non-compliance	V16	Current or recent treatment non-compliance	O16	Current neglect of children or other dependents
Protective Factors					
S17	Willing to respond to advice/carers ✓	V17	Willing to respond to advice ✓	O17	Willing to respond to advice/carers ✓
S18	Has close relationship	V18	Appropriate services available ✓	O18	Appropriate services available ✓
S19	Religious beliefs				

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Please write N/A if no risks identified or no risk management actions required.

Management plan	Action by:
Suicide/Self Harm +ve No evidence of suicidal intent. Has plans for future. - ve Risk of impulsivity while under the influence of alcohol / drugs	
Violence Charges for assault pending. Under the influence of alcohol at time.	
Other Risk Factors Risk Assessment Risk of impulsivity.	

Outcome of screening/management plan discussed with

Service User ☑	Carer ☐	Consultant ☐	Other Dr. ☑
CPN ☐	Ward Nurse ☐	Social Work ☐	Occupational Therapy ☐
Psychology ☐	Pharmacy ☐	Other ☐ specify	

Management Plan completed by

Print Name: DEREK WALKER.	Signature:
Designation: CPN.	Date & Time: 15.04.2013 0100hrs.

51411493W
MAGUIRE M
SEAN 01/12/1983
1/2 321 SHIELDHALL ROAD

rtnership Management Tool

NHS Greater Glasgow and Clyde

Service Users Name: GLASGOW G51 4HB CHI-0112836097	CHI N°/DoB:	PIMS N°:
Legal Status: Informal ☒ Detained ☐ Community Order ☐	Ward /Dept / CMHT:	

Context of Assessment

On admission ☐ Engagement with Crisis Services ☐ MDT/C.P.A. review ☐
Annual review: ☐ Significant change in presentation/circumstances ☐ Other ☐ specify

Sources of Information

Service user ☒	Carer ☐	Consultant ☐	Other Dr ☒	Occupational Therapy ☐
Named Nurse ☐	Social Work ☐	Psychology ☐	CPN ☐	Voluntary agency worker ☐
Pharmacy ☐	GP ☐	Support worker ☐	Other ☐ specify	

Guidance

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

- Dependant on the information collected consideration should be given to carrying out a more detailed, specific risk assessment e.g. suicide risk assessment.
- This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.
- This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (e.g. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).
- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

Screening completed by

Print Name: DEREK WALKER	Signature:
Designation: CPN	Date & Time: 15.4.2013 0100

Accident and Emergency Department
Glasgow Royal Infirmary

CPR

51411493W

A&E No. 13000017179

3

Surname	MAGUIRE	**Forename**	SEAN	**Title:** MR	
Address:	1/2 321 SHIELDHALL ROAD	**Postcode**	G51 4HB	**CHI No:**	0112836097
	GLASGOW	**Telephone:**	NONE GIVEN		
Date of Birth:	01.12.83	**Sex:**	M	**Age:**	29 yrs

CHI Number: 0112836097

GP Name:	KENNEDY IAN		
Address:	ASHTON MEDICAL PRAC... ASHTON HOUSE 3 ASHTON ROAD GLASGOW	**Postcode** **Telephone:**	G12 8SP 0141 339 7266

Next of Kin	AUDREY MCGIVERN		
Relationship:	PARTNER		
Address:	1/2 321 SHIELDHALL ROAD	**Postcode**	G51 4HB
	GLASGOW	**Telephone:**	NONE GIVEN
Primary Carer:	B/F JAMACIA STREET/G913		

Date of Attendance: 16.03.13 23:57
Date of Incident:
Presenting Complaint: MENTAL ILLNESS

Triage	PATIENT BROUGHT TO DEPARTMETN WITH POLICE, WAS FOUND ONA BRIDGE TRYING TO JUMP, STATES HAS HX DSH AND SUICIDAL ATTEMPTS. ADMITS TO ALCOHOL TONIGHT. (SEATED IN RED SEATS)	**Tetanus Cover:** **Allergies:**	

P= 120 **BP=** 141/83 **RR=** 17 **Sat=** 99 **BM=**5.2

PF= **GCS=** E:4 M:6 V:5 Total: 15

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

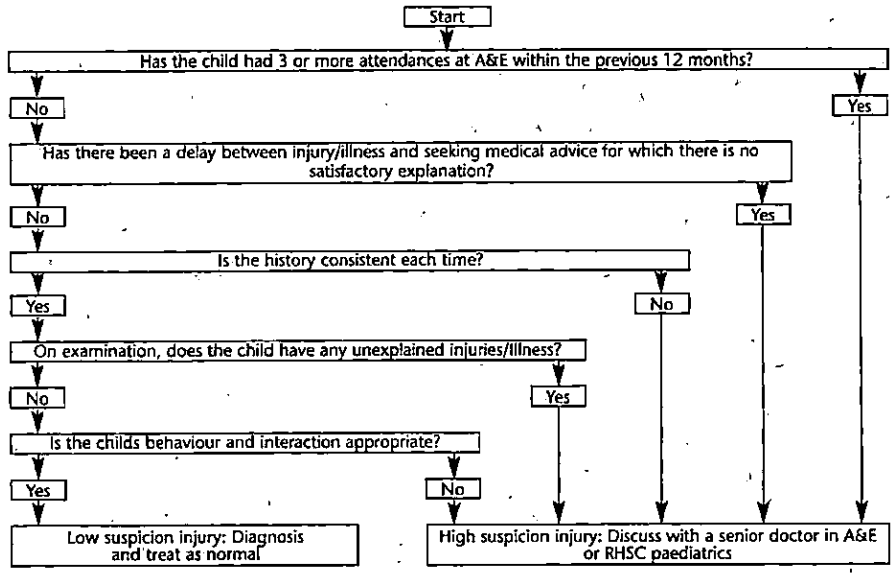
Glasgow Royal Infirmary Unitary Patient Record (Part A - Acute Assessment)

NHS Greater Glasgow and Clyde

S1411493W
MAGUIRE M
SEAN 01/12/1983
1/2 321 SHIELDHALL ROAD
GLASGOW G51 4HB
CHI-0112836097

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I.Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

17/3/13 0133 HELFET GPST2 A+E

PC - Suicidal ideation

HPC - (29)♂ Brought in by police. Found on bridge trying to jump. He thinks someone must have phoned them. They managed to convince him to come off bridge.

Denies drugs. 'Few drinks' tonight but 'not enough to do it'.
Burning self c cigarette ends.

PMHx: DSH - cutting wrists / arms, Bx
Overdose - most recent admission 22/2/13
Alcohol xs.

Please complete where appropriate:

AMT (if >65 years)	CURB Score (if <65 years)
	SIRS

80907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

Patient Name
DOB
CHI No.
Ward

Clinical Notes

Date | Time | Name | Grade | Specialty

DHx: Zopiclone 7.5mg nocte
Thiamine 100mg TDS.

Allergies: MAXALON.

SHx: Lives c partner + her 2 kids.
Contact c addictions

Appearance: Casually dressed, clothes dirty. Behaviour: Good rapport c me + policemen in room. Agreed to allow me to ask about past problems even though doesn't think can help.
Mood: subj 'angry', obj euthymic.
Affect: euthymic. Doesn't seem under influence of alcohol at present.
Speech: (N) volume, variability in tone
Content - angry at police for not helping him when he was being abused as a child. Afraid of discussing past abuse c police as was told by his abuser he would 'come + get him if he did'.
Risk: Not sure how he feels about being stopped from jumping by police. Knows if he had died he wouldn't be plagued by these thoughts anymore
talking about past events make him want to do something again [to harm himself] but no specific plans.
No plans to harm others. Denies ever harming/planning to harm his partner or her children.
Wants ↓ help but not willing to discuss past events.

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

51411493W
MAGUIRE M
SEAN 01/12/1983
1/2 321 SHIELDHALL ROAD
GLASGOW G51 4HB
CHI-0112836097

Clinical Notes

Date | Time | Name | Grade | Specialty

DIW CPN OOH, Mr Cameron.
Advises alcohol dependence is a significant contributing factor to Sean's current problems & he should be encouraged to engage C services when sober. Unlikely will harm himself again tonight as no specific plans but will continue to engage in high-risk behaviours
Advises to give 'Crisis No.' for tonight -

Obs at triage
HR 120, BP 141/83, RR 17, SpO2 99% CA, T°

Pulse re-checked - remains 108bpm, regular

O/E: HS I + II + 0
Chest clear
Abdomen soft but generally tender.

Nav states he has had abdo pain past 4wks + on + off past few days. Admits alcohol but denies drugs/former OD. Partner 'looks after his tablets'.

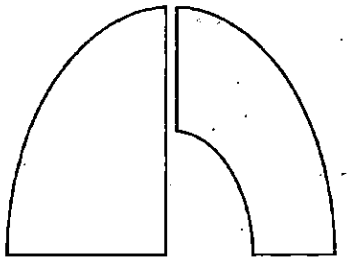
Plan: 1) ECG
2) Bloods - FBC, coag, UE, LFT, CRP, GGT, amylase, Ca++

If normal + feels well → discharge

Heather Gross

0320 Bloods - NAD except ↑phosphate 1.47 & ↑Na+ 146.
ECG - NSR @ 98bpm.
BP 115/75. SpO2 100%.
Discharged. Worsening statement given.
(Following DIW DrBell, SpR).

X-Ray results



ECG findings

Other investigations

Biochem/Haematology results

Indicate which lab tests have been requested

Haem	17/3/17	d time
WCC	5·3	
Hb	149	
Plat	201	
MCV	88·6	
Neut	2·6	
DDim	Date and time	
PT	12	
PTT	28	
TT	13	

Bioch	17/3/17	time
Na+	146	
K+	4·7	
Cl-	106	
Ur	3·0	
Creat	70	
Glu	5·1	
CRP	0·4	
Bil	Date and time	
AST	25	
ALT	24	
GGT	43	
ALP	95	
Prot		
Alb	45	
Glob		
Ca++	2·34	
Amyl	Date and time	
TSH		
FT4		
GGT	43	
Tropl	Date and time	
Chol		
Trig		
Para	Date and time	
Sal		
S osm		
ABG	Date and time	
H+		
P_aCO_2		
P_aO_2		
Bic		
BE		
FiO_2		
Lactate		

Phos 1.47.

Fluids Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Drugs Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
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Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking _____ away from)

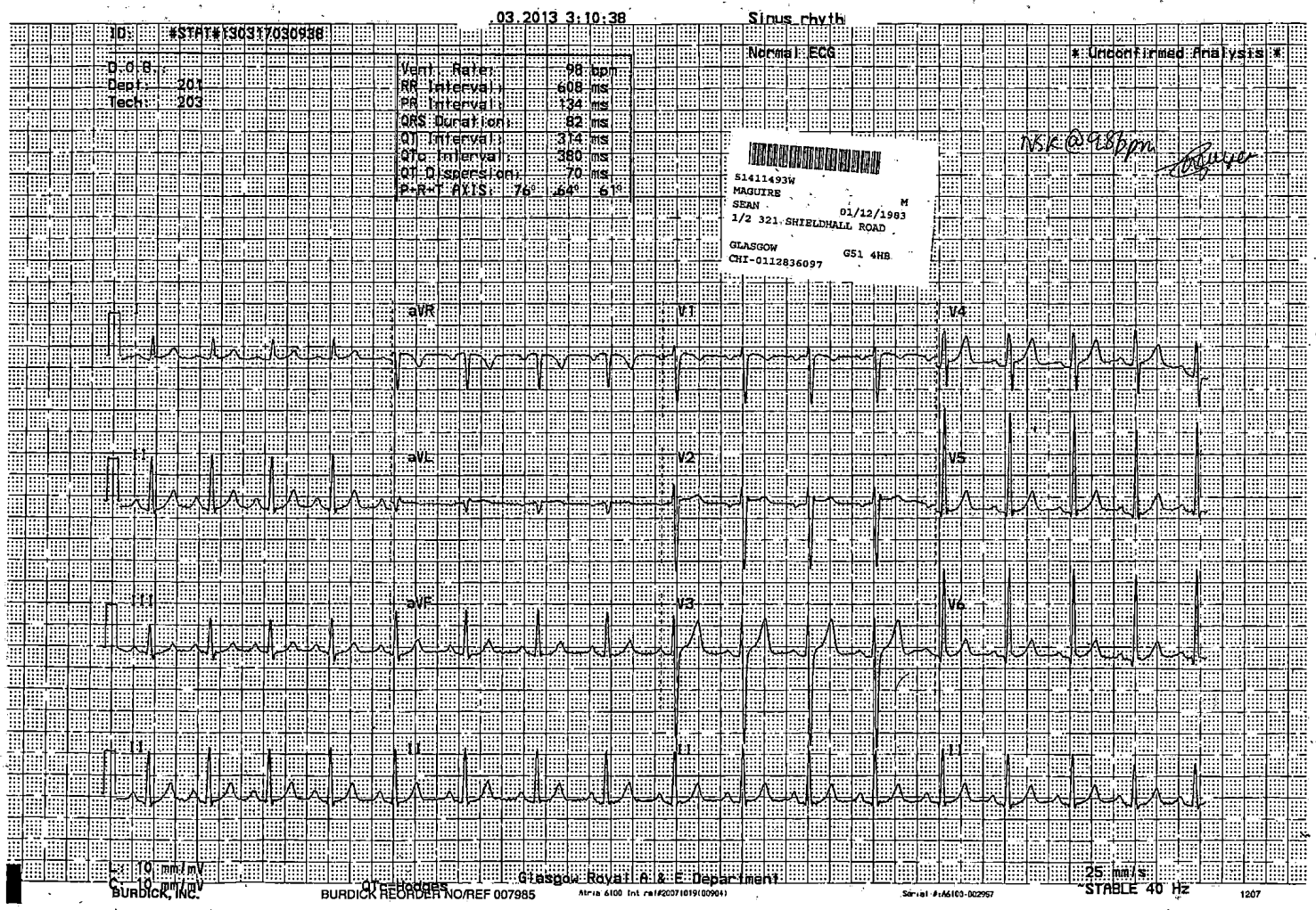
the _____ Hospital at my own desire and contrary to the advice of medical staff.

I have had the risks of so doing explained to me, and accept full responsibility for my action.

Signature _____

Witness Date _____

* Delete whichever is inapplicable.


.03.2013 3:10:38
Sinus rhyth
ID: *STAT*1303170308988
Normal ECG
* Unconfirmed Analysis *
D.O.B.:
Dept: 201
Tech: 203
Vent. Rate: 98 bpm
RR Interval: 608 ms
PR Interval: 134 ms
QRS Duration: 82 ms
QT Interval: 374 ms
QTc Interval: 380 ms
QT Dispersion: 70 ms
P-R-T AXIS: 76° 64° 61°
51411493W
MAGUIRE
SEAN M
01/12/1983
1/2 321 SHIELDHALL ROAD
GLASGOW
G51 4HB
CHI-0112836097
NSR @98bpm
aVR
V1
V4
aVL
V2
V5
III
aVF
V3
V6
II
II
II
II
L: 10 mm/mV
C: 10 mm/mV
Dr. Hodges
Glasgow Royal A & E Department
25 mm/s
STABLE 40 Hz
BURDICK, INC.
BURDICK REORDER NO/REF 007985
Atria 6100 Int rel#20071019(00904)
Serial #:A6100-002957
1207

51411493W
MAGUIRE M
SEAN 01/12/1983
1/2 321 SHIELDHALL ROAD

GLASGOW G51 4HB
CHI-0112836097

E-Pacer PATIENT REPORT

Time	00:04	Date	17/03/2013

PATIENT AND INCIDENT DETAILS

Incident number	PA004512536.001
Name	SEAN MAGUIRE
Address	1/2, 321 SHIELDHALL RD, GOVAN, GLASGOW.
Age	Unknown Ra
Date of birth	01/12/1983
Gender	Male
Incident location	GLASGOW BRIDGE JAMAICA STREET CITY CENTRE GLASGOW
Incident post code	G1 4QG
Incident type	EMG
Call received	16/03/2013, 22:45
Call passed	16/03/2013, 22:49
Crew mobile	16/03/2013, 22:50
Crew at scene	16/03/2013, 22:59
Crew left scene	16/03/2013, 23:31
Patient at hospital	16/03/2013, 23:41
Receiving hospital and department	GRIN Glasgow Royal Infirmary

PRIMARY SURVEY

RESPONSE	
AVPU	Alert
AIRWAY	
Airway assessment	Clear
BREATHING	
Breathing rate	Normal
Respiratory rate	

CIRCULATION

Cap refill rate	
Skin texture	

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
Duty of care delegated to	GRI A/E

AMPDS

Dispatch code	25B04	Jumper Threatening
Final code	26B04	Psychiatric, Threatening to jump

GCS

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

VITAL SIGNS

Time hr : min	Pulse bpm	Pulse rhythm	Resp. rpm	BP mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mi	Pain score	Temp °C	SpO2 %	GCS Total	SEWS	RTS	ECG

							Tel / Tel								
23:00	-	-	18	- / -	-	-	-	-	-	-	15	-	-	-
23:25	-	-	18	- / -	-	-	-	-	35.0	-	15	-	-	-
23:41	-	-	18	- / -	-	-	-	-	36.7	-	15	-	-	-

EYES AND PUPIL SIZE AND REACTION

	Left	Right
Pupil size	Normal	Normal

AMPLE

Allergies	
Other allergies	
Medication	NONE
Past history	DEPRESSION, OVERDOSE, THREATENED SUICIDE.
Last eaten	
Events prior	UNK

PSYCHIATRIC RISK ASSESSMENT

Previous history of mental health problems	History of depression
Action	Patient conveyed to hospital

SOCIAL ASSESSMENT

Action	Patient conveyed to hospital

EMERGENCY SERVICES ON SCENE

Police	Fire and rescue

PATIENT HANDOVER

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

FINAL OBSERVATION AND COMMENTS

999: O/A MET BY POLICE WHO ADVISED PT ON BRIDGE THREATENING TO JUMP INTO RIVER, APPROX BEEN OUT IN COLD FOR 1HR, PREV HX OF SIMILAR EPISODES. POLICE EVENTUALLY ESCORTED PT TO AMB & TRAVELLED WITH PT TO GRI. PT GIVEN BLANKETS & WARMED TO ASSIST TEMP. PT VOLATILE & AGITATED SO UNABLE TO GAIN ANY FURTHER OBS. PT ADVISED HE WILL ATTEMPT SUICIDE AGAIN IF HES RELEASED. PT ADVISED GP WANTS TO PUT HIM ON ANTI DEPRESSANTS BUT PT UNWILLING.	
Report ID	315c4e9f-b568-458e-92f2-85f78f016164

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name	Sean Maguire
Address	51A 11.493 W
CHI No.	
DoB	

	Date	Ward
Admitted	28/2/13	A/E
Transferred		
Transferred		

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

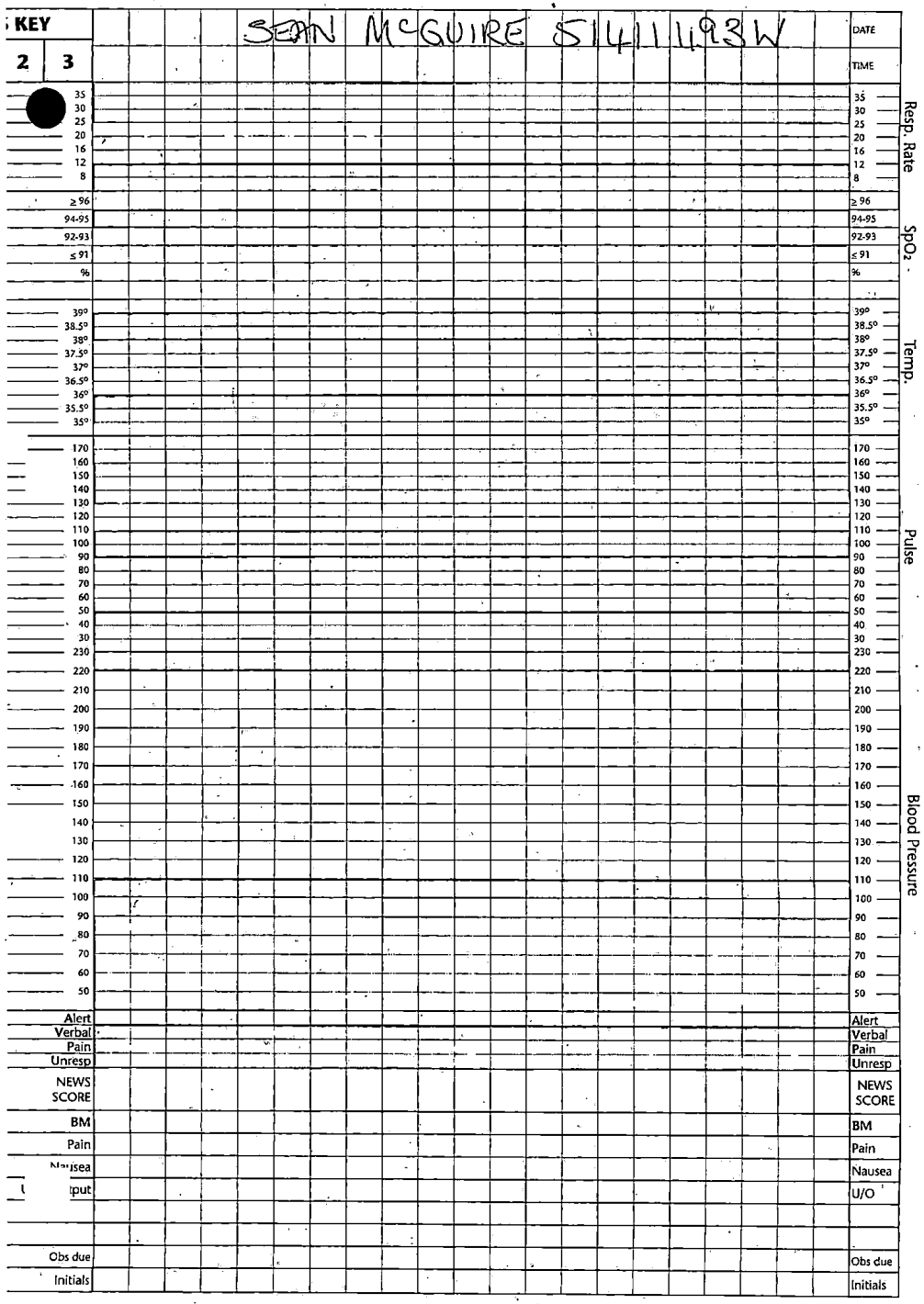
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

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

Sean Maguire 8 S1411443W

			NEWS	
DATE:	28/2		DATE	
TIME:	20 06		TIME	0 / 1
Resp. Rate Mark: •	35 / 30 / 25 / 20 / 16 / 12 / 8	• (20)	35 / 30 / 25 / 20 / 16 / 12 / 8	
SpO$_2$ (Enter Value)	≥ 96 / 94-95 / 92-93 / ≤ 91	97	≥ 96 / 94-95 / 92-93 / ≤ 91	
Any Sup'l O$_2$	%		%	
Room air				
Temp. Mark: X	39° / 38.5° / 38° / 37.5° / 37° / 36.5° / 36° / 35.5° / 35°		39° / 38.5° / 38° / 37.5° / 37° / 36.5° / 36° / 35.5° / 35°	
Pulse Mark: •	170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40 / 30	• (140)	170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40 / 30	
Blood Pressure Mark: ◇ / **NEWS SCORE** using Systolic BP	230 / 220 / 210 / 200 / 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50	139 / 81	230 / 220 / 210 / 200 / 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50	
Conscious Level Mark: •	Alert / Verbal / Pain / Unresp	A	Alert / Verbal / Pain / Unresp	
Total NEWS (with all obs)			NEWS SCORE	
BM			BM	
Pain			Pain	
Nausea			Nausea	
Urine output			U/O	
Obs due			Obs due	
Initials			Initials	


KEY
2
3
SEAN McGUIRE 5/4/1993
DATE
TIME
Resp. Rate
SpO2
Temp.
Pulse
Blood Pressure
35
30
25
20
16
12
8
≥ 96
94-95
92-93
≤ 91
%
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Neurological Observations SEAN McGUIRE 51411493W

Date:			
Time:			

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

Glasgow Coma Scale

Pupil size (mm)

1
2
3
4
5
6
7
8

Pain Score

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

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

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

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Accident and Emergency Department
Glasgow Royal Infirmary

51411493W

A&E No. 13000013430

Surname	MAGUIRE	**Forename**	SEAN	**Title:** MR	
Address:	1/2 321 SHIELDHALL ROAD	**Postcode**	G51 4HB	**CHI No:**	0112836097
	GLASGOW	**Telephone:**	NONE GIVEN		
Date of Birth:	01.12.83	**Sex:**	M	**Age:**	29 yrs

CHI Number: 0112836097

GP Name:	KENNEDY IAN		
Address:	ASHTON MEDICAL PRAC... ASHTON HOUSE 3 ASHTON ROAD GLASGOW	**Postcode**	G12 8SP
		Telephone:	0141 339 7266

Next of Kin	AUDREY MCGIVERN		
Relationship:	PARTNER		
Address:	1/2 321 SHIELDHALL ROAD GLASGOW	**Postcode**	G51 4HB
		Telephone:	NONE GIVEN
Primary Carer:			

Date of Attendance: 28.02.13 20:06
Date of Incident:
Presenting Complaint: SUICIDAL

Triage	RETRIEVED FROM BRIDGE OVER CLYDE THREATENING SUICIDE. STATES 2 ATTEMPTS SUICIDE IN LAST 2/52. HX CHILDHOOD ABUSE. SOME ALCOHOL TONIGHT, DENIES DRUGS OR SELF HARM. POLICE PRESENT.	**Tetanus Cover:** **Allergies:**	
P= 137	**BP=** 134/81	**RR=** 22	**Sat=** 97	**BM=**
PF=	**GCS=** E:4 M:6 V:5 Total: 15		

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

off side usually
walks in Waterloo

trying to patter about when he was/what happening

CLAIM STATEMENT

Please refer to CPN note who I asked to see Sean from the beginning as they were already in the dept.
Sean has had some alcohol tonight and was found sitting on spiritry bridge. at Glasgow Harbour.
Still has some ideas of harming himself but would 'probably just go home to my bed'.

Ind: Depression - alcohol dependence
caring

Plan: If CPN happy to d/c, home

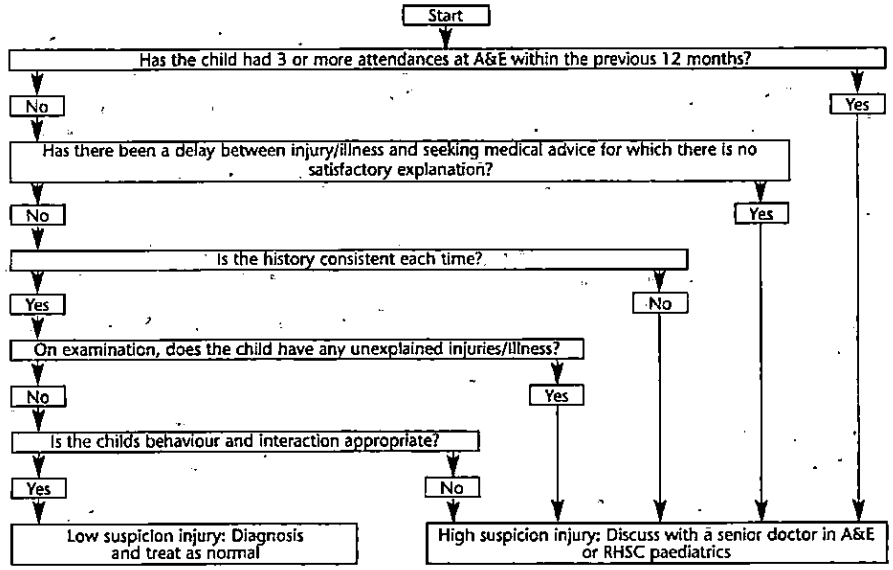
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

51411493W
M MAGUIRE
1/12/1983 SEAN 01
L ROAD 1/2 321 SHIELDHALL
G51 4HB GLASGOW
CHI-0112836097

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I.Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

28/2/2013 22.05 Kevin Kavanagh CPN Out of Hours

Referral of 22yr old male for psychiatric assessment following presentation to A+E c/o Police. Client had earlier been drinking in pub & friends. ?6-8pts then claims he decided he wanted to kill himself. States went to bridge over the Clyde intending to jump off. but "sticky beaks" intervened and prevented him. Police arrived and restrained him.
States wants to be dead, describes spending early years from age x 3/12 in care until he was adopted.
Currently employed but off sick since taking Paracetamol

Please complete where appropriate:

AMT (if >65 years)	CURB Score (if <65 years)
	SIRS

80907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

Clinical Notes

Date ___ Time ___ Name ___ Grade ___ Initials ___

overdose last Thursday. Presented casually dressed, clean/tidy, affect appeared irritable/intoxicated, poor eye contact, little rapport.

On inquiry relates poor sleep past 10yrs gaining 3-4 hrs sleep/night. States Hx sexual abuse whilst growing up. Lives c girlfriend, rocky relationship with numerous fall outs. Refers to partner as "a weedor".

Admits consuming alcohol several days/week, probable dependence "I'm an alcoholic" No intention of seeking help for his drinking. Admits using 'hash' in past but only uses infrequently now.

States mood is generally angry/irritable, fed up over last year. Described self as "an angry drunk". Has x 2 children age 10 and 11yrs (they belong to partner). Has 9yr old child whom he sees ever x 2/52 (Kimberly). States when reviewed by psych liaison last week they supplied telephone contact numbers which he has not used.

No evidence of psychotic process, not clearly depressed. Mood difficulties appear to be alcohol related.

No evidence of acute psychiatric Sx.

No ongoing suicidal plan/intent.

Plan:- Discharged home c/s Police, has agreed to contact South West CAT in am regarding follow up (number supplied).

Imp:- F1 alcohol dependence c associated low mood. Unlikely to engage c services.

Alan Cavanagh
CPN

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

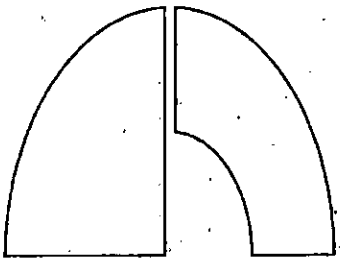
NHS
Greater Glasgow and Clyde

51411493W
MAGUIRE
SEAN
1/2 321 SHIELDHAI
GLASGOW
CHI-0112836097

Clinical Notes

Date | Time | Notes | Signature

X-Ray results



ECG findings

Other investigations

Biochem/Haematology results

Indicate which lab tests have been requested

Haem	Date and time	
WCC		
Hb		
Plat		
MCV		
Neut		
DDim	Date and time	
PT		
PTT		
TT		

Bioch	Date and time	
Na^+		
K^+		
Cl^-		
Ur		
Creat		
Glu		
CRP		
Bil	Date and time	
AST		
ALT		
GGT		
ALP		
Prot		
Alb		
Glob		
Ca^{++}		
Amyl	Date and time	
TSH		
FT4		
Tropl	Date and time	
Chol		
Trig		
Para	Date and time	
Sal		
S osm		
ABG	Date and time	
H^+		
P_aCO_2		
P_aO_2		
Bic		
BE		
FiO_2		
Lactate		

Fluids Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Drugs Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking _____ away from)

the _____ Hospital at my own desire and contrary to the advice of medical staff.

I have had the risks of so doing explained to me, and accept full responsibility for my action.

Signature _____

Witness Date _____

* Delete whichever is inapplicable.

E-Pacer PATIENT REPORT

Time	19:42	Date	28/02/2013

PATIENT AND INCIDENT DETAILS

Incident number	PA004494668.001
Name	SEAN MAGUIRE
Address	1/2, 321 SHIELDHALL RD.
Age	29
Date of birth	01/12/1983
Gender	Male
Incident location	AT SQUIGGLEY BRIDGE BROOMIELAW CITY CENTRE GLASGOW
Incident post code	G1 4QN
Incident type	EMG
Call received	28/02/2013, 19:07
Call passed	28/02/2013, 19:07
Crew mobile	28/02/2013, 19:08
Crew at scene	28/02/2013, 19:13

PRIMARY SURVEY

RESPONSE	
AVPU	Alert
AIRWAY	
Airway assessment	Clear
BREATHING	
Breathing rate	Normal
Respiratory rate	

CIRCULATION

Pulse rate	Fast
Most peripheral pulse found	Radial
Cap refill rate	
Skin colour	Normal
Skin texture	Dry

PATIENT CONSENT

Patient consent	Treatment benefits explained, Capacity to understand risks and treatment, Advice given to patient

AMPDS

Dispatch code	25B03	Threatening Suicide
Final code	25B02	Psychiatric, Non-serious or minor haemorrhage

GCS

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

VITAL SIGNS

Time hr : min	Pulse bpm	Pulse rhythm	Resp. rpm	BP mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mr	Pain score	Temp °C	SpO2 %	GCS Total	SEWS	RTS	ECG

514111493W
MAGUIRE
SEAN
1/2 321 SHIELDHAI

GLASGOW
CHI-0112836097

							mol / l							
19:26	132	Reg	18	138 / 92	<2 secs	-	4.4	0/10	37.2	99	15	3	7.550	Sinus tachy
19:40	126	Reg	18	134 / 92	<2 secs	-	-	-	-	100	15	-	7.550	Sinus tachy

EYES AND PUPIL SIZE AND REACTION

	Left	Right
Pupil size	Normal	Normal
Pupil reaction	Normal	Normal

AMPLE

Allergies	
Other allergies	PARAMAX
Medication	THIAMINE
Past history	X2 RECENT SUICIDE ATTEMPTS. NO DIAGNOSED MENTAL HEALTH ISSUES.
Last eaten	
Events prior	PT THREATENING TO THROW HIMSELF OFF THE BRIDGE INTO THE CLYDE. HAS CONSUMED 2 PINTS OF LAGER.

PSYCHIATRIC RISK ASSESSMENT

Previous history of mental health problems	History of depression, History of threatening self harm
Action	Patient conveyed to hospital

SOCIAL ASSESSMENT

Action	Patient conveyed to hospital

SUBSTANCES AFFECTING CONDITION

Alcohol	

PATIENT HANDOVER

On arrival at scene	Seated
Scene removal	Walking
Transportation	Seated
Care delivery at hospital	Trolley
Time of handover	19:45

ETHNICITY

Ethnicity White	British
White Other	
Not stated	

FINAL OBSERVATION AND COMMENTS

999, 29 Y/O MALE, THREATENING SUICIDE. O/A PT SITTING ON FLOOR OF BRIDGE, CONS / ALERT. O/E OBS ABOVE, PT CLAIMS HE WANTS TO KILL HIMSELF. CLAIMS TO HAVE TAKEN AN OVERDOSE 2/52 AGO.	
Report ID	54de3299-1697-4f30-8a80-1501730bc288

S14/1493W
SEAN MAGUIRE

E-Pacer PATIENT REPORT

Time	21:06	Date	24/01/2013

PATIENT AND INCIDENT DETAILS

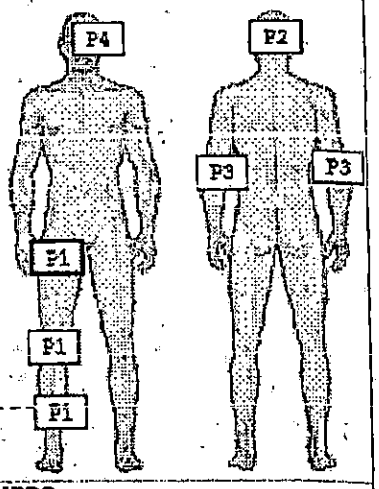
Incident number	PA00455883.001
Name	SEAN MGGUIRE
Address	3/4 34 FERMORE ROAD
Age	25 Years
Date of birth	01/12/1979
Gender	Male
Incident location	O/S CELTIC FOOTBALL CLUB PARKHEAD 95 KERRYDALE STREET PARKHEAD GLASGOW
Incident post code	G40 3RE
Incident type	EMG
Call received	24/01/2013, 20:26
Call passed	24/01/2013, 20:28
Crew mobile	24/01/2013, 20:29
Crew at scene	24/01/2013, 20:38
Crew left scene	24/01/2013, 20:59
Receiving hospital and department	GRIN Glasgow Royal Infirmary

PRIMARY SURVEY

RESPONSE	
AVPU	Alert
AIRWAY	
Airway assessment	Clear
BREATHING	
Breathing rate	Normal
Respiratory rate	16
CIRCULATION	
Pulse rate	Fast
Most peripheral pulse found	Radial
Cap refill rate	<2 secs
Skin colour	Normal
Skin texture	Cold
C-SPINE INJURY	
Suspicion of CSI	No evidence of C-spine injury
PATIENT CONSENT	
Patient consent	Treatment benefits explained, Advice given to patient

INJURIES

PAIN	P1. No pain relief provided P2. No pain relief provided P3. No pain relief provided P4. No pain relief provided



AMPDS

Dispatch code	31D03	Unconscious or Fainting - Not Alert
Final code	17B01	Falls, Possibly Dangerous Area

GCS

Final GCS eye opening	Spontaneous
Final GCS verbal response	Confused

commands

S1411493W
SEAN MAGUIRE

VITAL SIGNS

Time hr : min	Pulse bpm	Pulse rhythm	Resp. rpm	BP mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mmol/l	Pain score	Temp °C	SpO2 %	GCS Total	SEWS	RTS	ECG
20:39	123	Reg	16	152 / 57	<2 secs	-	4.3	-	35.9	99	14	3	-	-

EYES AND PUPIL SIZE AND REACTION

	Left	Right
Pupil size	Normal	Normal
Pupil reaction	Normal	Normal

AMPLE

Allergies	
Other allergies	PARAMAX
Medication	NIL
Past history	SEIZURE????
Last eaten	>5 hrs
Events prior	PT HAS FELL OFF HIS BIKE,

EMERGENCY SERVICES ON SCENE

Rapid Response Unit (RRU)	Paramedic
Technician	

PATIENT HANDOVER

On arrival at scene	Seated
Scene removal	Chair
Transportation	Lying
Care delivery at hospital	Trolley
Time of handover	21:15

FINAL OBSERVATION AND COMMENTS

999 CALL FOR 25YOM, O/A PT SITTING ON PAVEMENT, PRU O/S PT HAS FELL FROM HIS BICYCLE AT LEAST 5 TIMES TONIGHT, PRU ATTENDED PT AT HIS 4TH FALL PT SIGNED REFUSAL FORM, THIS TIME PT HAS CRASHED INTO A PEDESTRIAN CROSSING POLE, PT C/O UPPER AND LOWER R/LEG PAIN, O/E NO BRUISING, PT CAN WEIGHT BEAR ON IT AIDED, NO DEFORMITY AS SUCH, PT C/O REAR HEAD PAIN, NO NECK OR BACK PAIN, PT HAS ALSO HAS ABRASIONS TO ELBOWS AND HANDS FROM PREVIOUS FALLS TONIGHT, PT ADMITS TO BEING ENTOXICATED SEE ABOVE OBS NO TREATMENT GIVEN

Report ID	20802105-70eb-4554-b461-54f4c1f2ccca

Accident and Emergency Department
Glasgow Royal Infirmary

51411493W

A&E No. 12000000699

Surname	MAGUIRE	**Forename**	SEAN	**Title:** MR
Address:	1/2 321 SHIELDHALL ROAD	**Postcode**	G51 4HB	**CHI No:**0112836097
	GLASGOW	**Telephone:**	NONE GIVEN	
Date of Birth:	01.12.83	**Sex:**	M	**Age:** 28 yrs

CHI Number: 0112836097

GP Name:	STRUTHERS IAN		
Address:	CARDONALD MEDICAL ... 1831 PAISLEY ROAD WEST GLASGOW	**Postcode** **Telephone:**	G52 3SS 0141 892 2551

Next of Kin	AUDREY MCGIVERN		
Relationship:	PARTNER		
Address:	1/2 321 SHIELDHALL ROAD	**Postcode**	G51 4HB
	GLASGOW	**Telephone:**	NONE GIVEN
Primary Carer:			

Date of Attendance: 03.01.12 15:33
Date of Incident:
Presenting Complaint: ANKLE INJURY

Triage	**Tetanus Cover:**
	Allergies:
P= **BP=** / **RR=** **Sat=**	**BM=**
PF= **GCS=** E: M: V: Total:	

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time
3.1.12	Brufen	600mg	PO			16.30

28 ♂

PC L ANKLE

HPC SLIPPED + FELL IN TOWN TODAY.

HOARD CLICK AT ANKLE

OLE WALKING WITH LMP

SWELLING LAT MAL

TODAY LAT MAL.

↓ROM AT FOOT.

HOARD FIO, ACHILLES, CALF, OS CALCC - FOOT OK.

X MAL NAD

SPRAIN

TRI CMP

BMP

D/C

SCAN LMP

PMH

DH

NKDA

Accident and Emergency Department
Glasgow Royal Infirmary

16

51411493W

A&E No. 11000075368

Surname	MAGUIRE	**Forename**	SEAN	**Title:** MR
Address:	1/2 321 SHIELDHALL ROAD	**Postcode**	G51 4HB	**CHI No:**0112836097
	GLASGOW	**Telephone:**	NONE GIVEN	
Date of Birth:	01.12.83	**Sex:**	M	**Age:** 27 yrs

CHI Number: 0112836097

GP Name:	STRUTHERS IAN		
Address:	CARDONALD MEDICAL ...	**Postcode**	G52 3SS
	1831 PAISLEY ROAD WEST		
	GLASGOW	**Telephone:**	0141 892 2551

Next of Kin	AUDREY MCGIVERN		
Relationship:	PARTNER		
Address:	1/2 321 SHIELDHALL ROAD	**Postcode**	G51 4HB
	GLASGOW	**Telephone:**	NONE GIVEN
Primary Carer:			

Date of Attendance: 20.11.11 02:12
Date of Incident:
Presenting Complaint: FALL/HEAD INJURY

Triage FOUND LYING ON STREET WITH HEAD INJURY. CONFUSED. C/O FEELING NAUSEATED AND DIZZY. UNABLE TO RECALL EVENTS, OR PMH. SAS ? HX EPILEPSY.

Tetanus Cover:

Allergies:

P= 112 **BP=** 135/84 **RR=** 16 **Sat=** 97 **BM=**5.1

PF= **GCS=** E:4 M:6 V:4 Total: 14

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

27y ♂

Found on strat

? Fall ? confirmed.

intoxicated

Denied Drugs.

Denies any injuries.

No headache / vomiting.

Pmh – ? seizures

Meds – OM – Allergies – nil

O/E Vitals. stable

GCS 15 PERL

TMs intact

No Deficit.

Head – No external evidence of Head Injury.

Chest clear

CVS 1+2+0

Abd – NAD.

Imp. intoxicated.

Plan. Remand

(D)

Patient Observation Chart

NHS Greater Glasgow and Clyde

Name Address Hospital No. DOB	Admitted Date_____ Ward_____ Transferred Date_____ Ward_____ Transferred Date_____ Ward_____

Patient Observation Chart Guidelines

Not all patients will require every part of this observation chart to be completed. Clinical judgement should be used to dictate the type and frequency of vital sign monitoring required.

The following patients are considered to be at high risk of developing a critical illness therefore it would be considered good practice to commence MEWS at the earliest opportunity.

- All emergency admissions
- Unstable patients
- Patients whose condition is causing concern
- Patients requiring frequent or increasing frequency of observations
- Patients who have stepped down from a higher level of care
- Patients with a chronic health problem
- Patients who are failing to progress
- Post-operative patients

There are also patients in whom the use of MEWS may be inappropriate:

- Day case patients
- Patients requiring no observations
- Patients who are terminally ill
- Planned discharges.

This is not an exhaustive list. Although the majority of patients may benefit from utilisation of the scoring system, a nurse's own clinical judgement dictates whether he/she feels the patient requires scoring. For guidance on the use of MEWS, refer to the Nurse in Charge.

Pain Score

Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

Sedation Score

0 = Awake, alert, orientated
1 = Mild, aroused by verbal stimulus
2 = Moderate, aroused by physical stimulus
3 = Severe, no response
S = Normal sleep, easy to rouse
Score 2 or 3 requires immediate intervention

Nausea Score

0 = No nausea
1 = Mild (No treatment wanted)
2 = Moderate (Treatment required)
3 = Severe (Clinical problem persists despite treatment)
Review 1 hour after treatment. Inform doctor if additional treatment required.

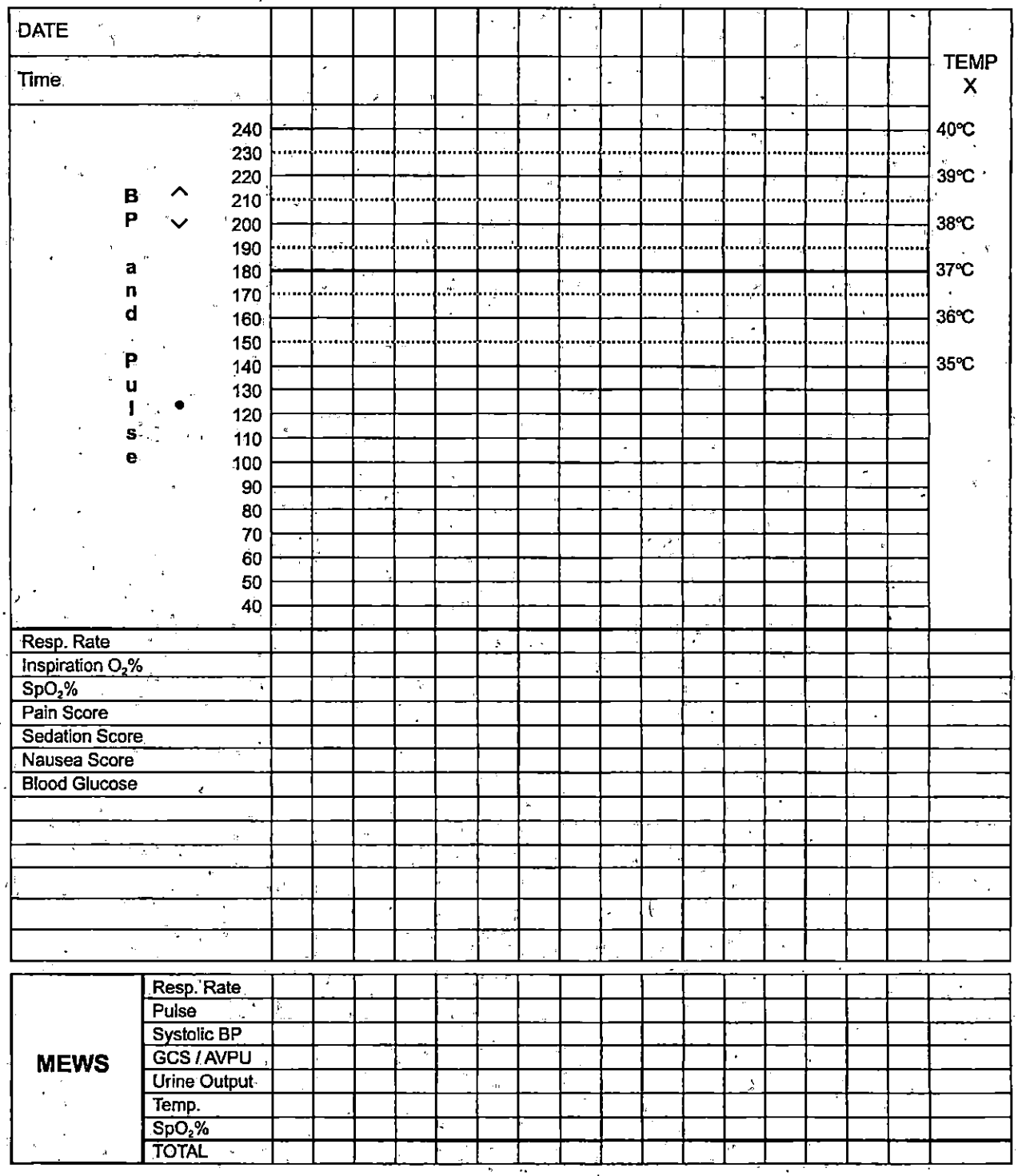
Sean Maguire (16).

DATE	20/11/11																	
Time		02 32	04															TEMP X
BP ^ v and Pulse o	240																	
	230																	
	220																	40°C
	210																	
	200																	39°C
	190																	
	180																	38°C
	170																	
	160																	37°C
	150																	
	140																	36°C
	130	X																
	120		^															35°C
	110	•																
	100																	
	90	v																
	80		•															
	70		v															
	60																	
	50																	
	40																	
Resp. Rate		16	07															
Inspiration O_2%		A	a.v															
SpO_2%		97	93															
Pain Score																		
Sedation Score																		
Nausea Score																		
Blood Glucose			5.1															

MEWS																		
	Resp. Rate	0																
	Pulse	2																
	Systolic BP	0																
	GCS / AVPU	0																
	Urine Output	0																
	Temp.	2																
	SpO_2%	0																
	TOTAL	4																

Modified Early Warning Score (MEWS)

Score	3	2	1	0	1	2	3
Resp. Rate		≤8	9-10	11-20	21-25	26-30	≥31
Pulse		≤40	41-50	51-100	101-110	111-130	≥131
Systolic BP	≤84	85-89	90-100	101-199		>200	
GCS / AVPU	≤8	9-13	14 New agitation or confusion	15 / Alert	Voice	Pain	Unresponsive
Urine	<10mls/hr for 2 hrs	<30mls/hr for 2 hrs					
Temp. (°C)		≤35.0	35.1-35.9	36.0-37.4	37.5-38.5	≥38.6	
SpO_2%	≤87	88-91	92-94	95-100			



Calling Criteria

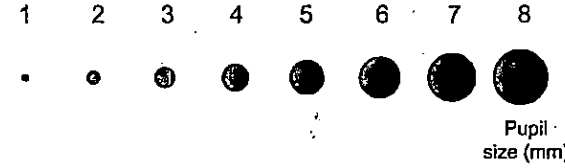
Score is 1-3	Increase frequency of patient observations, monitor trends and inform Nurse in Charge.
Score is 3 in one category	Contact Senior Nurse and increase frequency of patient observations.
Score is 4 and above or increasing by 2 or more Patient's GCS falls by 2 or more Any patient whose condition is causing concern	Contact Senior Nurse and increase frequency of patient observations Contact Critical Care Outreach Team.

The Senior Nurse will direct patient care and contact the appropriate medical staff when necessary.

Neurological Observation Chart

DATE			20/11/11																	
Time			02:32	04:00																
COMA SCALE	E Eyes open	Spontaneously	4	4	4															Eyes closed by dwelling = C
		To speech	3																	
		To pain	2																	
		None	1																	
	V Best verbal response	Orientated	5		5															Endotracheal tube or tracheostomy = T
		Confused	4	4																
		Inappropriate words	3																	
		Incomprehensible sounds	2																	
		None	1																	
	M Best motor response	Obeys	6	6	6															Usually record the best arm response
		Localises	5																	
		Flexion - withdrawal	4																	
		Flexion - abnormal	3																	
		Extension to pain	2																	
		None	1																	
		TOTAL SCORE		14	15															
PUPILS	R	Size																		= reacts —no reaction c. eyes closed
		Reaction																		
	L	Size																		
		Reaction																		
LIMB MOVEMENT	ARMS	Normal power																		Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																		
		Severe weakness																		
		Spastic flexion																		
		Extension																		
		No response																		
	LEGS	Normal power																		
		Mild weakness																		
		Severe weakness																		
		Extension																		
		No response																		

Glasgow Coma Scale



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Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

E-Pacer PATIENT REPORT

Time 02:06, Date 20/11/2011

PATIENT AND INCIDENT DETAILS

Incident number	PA003966316.001
Name	MAGUIRE
Age	27
Date of birth	01/12/1983
Gender	Male
Incident location	BAIN STREET, MONCUR STREET CALTON GLASGOW
Incident post code	G40 2SL
Incident type	EMG
Call received	20/11/2011, 01:16
Call passed	20/11/2011, 01:44
Crew mobile	20/11/2011, 01:44
Crew at scene	20/11/2011, 01:49
Crew left scene	20/11/2011, 02:00
Receiving hospital and department	GRIN Glasgow Royal Infirmary

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
Skin colour	Normal
Skin texture	Dry

PATIENT CONSENT

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

AMPDS

Dispatch code	17B01	Fallen with Possibly Dangerous Area Injuries
Final code	17B01	Falls, Possibly Dangerous Area

GCS

Final GCS eye opening	Spontaneous
Final GCS verbal response	Confused
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	R1S	SEWS	ECG	Pain score
01:52	119	16	138 / 102	<2 secs		6.9		99	14	7.550			

SUBSTANCES AFFECTING CONDITION

Alcohol

PATIENT HANDOVER

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

FINAL OBSERVATION AND COMMENTS

999 CALL FROM POLICE MALE HAD A FALL IN STREET HAS BEEN DRINKING ? CONFUSED SAID HE HIT HIS HEAD

Report ID	45b9cd1e-6111-455f-9e60-dfcf1c475d5a

XR Cervical spine

Performed	24-Jan-2013 22:42	Received	25-Jan-2013 10:35
Reported	25-Jan-2013 10:13	Order Number	G107H27630905
Status	Final	Source System	MiSys

XR Cervical spine Final
Sean Maguire
Clinical History :
RTA. Came off bike and hit pole. Complaining of neck pain.

XR Cervical spine :
Lateral projection covers down to the C6/C7 level. This has been supplemented by trauma oblique views but the cervical thoracic junction is still poorly seen.

Normal vertebral alignment and prevertebral soft tissues. No convincing fracture at the level of C6. Normal appearance of the peg and lateral masses. The site of pain is not stated. If there is ongoing concern of an injury at the cervical thoracic junction then cross-sectional imaging is advised.

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

Reported by: Dr Christopher Nicholas
Verified by: Dr Christopher Nicholas

XR Ankle Lt

Performed	03-Jan-2012 16:20	Received	04-Jan-2012 10:06
Reported	04-Jan-2012 09:37	Order Number	G107H26508029
Status	Final	Source System	MiSys

XR Ankle Lt Final
Sean Maguire
Clinical History :
Slipped and fell today. Heard pop and ankle. Complaining of pain anterior and lateral ankle. Exclude fracture.

XR Ankle Lt :
Soft tissue swelling but no acute bony injury.

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

Reported by: Dr Christopher Nicholas
Verified by: Dr Christopher Nicholas