NHS Lothian

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

Dr MacKie
East Calder Medical Practice
East Calder Health Centre
147 Main Street
East Calder
EH53 0EW

Date: 21/11/2016

Inpatient Discharge Summary

Patient	Cindy McPherson 47 Redcraig Road East Calder Livingston EH53 0QX	**CHI** **Date of Birth / Age** **UHPI**	**1808721349** 18/08/1972 (44 years) 700047474K
Specialty	Maxillofacial Surgery	**Admission Date**	03/11/2016
Ward	SJH Day Surgery Centre		
Consultant	Mr Thomas PB Handley	**Discharge Date**	03/11/2016

Dear Dr MacKie

Date of Admission:
03.11.16

Date of Discharge:
03.11.16

Diagnosis:
Carious dentition

Procedure:
Dental clearance under general anaesthetic

Drugs on Discharge:
Paracetamol & Corsodyl mouth wash

Review:
Discharged back to GDP

Kind regards

Yours sincerely

Nicola Campbell
SHO in Oral & Maxillofacial Surgery

NC / JM

NHS Lothian

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

General Medicine

Dr Lough
East Calder Medical Practice
East Calder Health Centre
147 Main Street
East Calder
EH53 0EW

Date: 08/06/2026

Inpatient Discharge Summary

Patient	Cindy McPherson 10 Mansefield Place East Calder Livingston EH53 0PP	**CHI** **Date of Birth / Age** **UHPI**	**1808721349** 18/08/1972 (53 years) 700047474K
Ward	SJH Emergency Medical Assessment - EMA	**Admission Date**	04/06/2026
Consultant	Dr Aidan McIvor	**Discharge Date**	04/06/2026

Dear Dr Lough

Dear Dr Lough,

Cindy reattended today following initial review in EMA yesterday evening with a new foot drop. She had been very keen to get home yesterday so was discharged to return here this morning. No interval change in symptoms.
5 day history of Foot drop (right) present. Note she has a left sided weakness following previous stroke.

Investigations:
knee x ray - NAD
CT head NAD
MRI head NAD

Follow up:
Has been reviewed by home first who have given her PT referral.
Email referral to SJH neuro to ask if they would consider follow up for monitoring of resolution +/- nerve conduction studies.

Consultant involved in care: Dr McIvor

Yours sincerely
Caitlin McMahon
Trainee Advanced Nurse Practitioner
Emergency Medical Assessment

St Johns Hospital
01506 423097

Please note I was not involved in the care of this patient and have written this letter on behalf of their care provider

Patient & GP Information

UHPI Number	700047474K
CHI Number	1808721349
Episode Number	I0002486818
Surname/Forename	McPherson, Cindy
Date of Birth	8/18/72
Sex	Female
Patient Address.	10 Mansefield Place East CalderLivingston EH53 0PP
Registered GP	AS Lough
GP Address.	East Calder Medical Practice,East Calder Health Centre, 147 Main Street,East Calder EH53 0EW

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	McPherson, Cindy
UHPI Number	700047474K

Episode Number	I0002486818

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002486818 Dr G Nimmo 4/14/10 12:26 Caroline Hughes	Admitted to ICU: 16/3/10 Discharged to Ward 33: 31/3/10,,Principal Diagnosis:, 1. Intracerebral haemorrhage,2. Ventilator associated pneumonia,,Interventions:,1. ET tube,2. Ventilation,3. Arterial line,4. Central line,5. Inotropic support,6. CT scan brain,7. ICP monitoring, 8. Craniotomy,9. Evacuation of haematoma,10. Osmotic therapy,,This 37 year old lady was found collapsed on the day of admission. She had a left sided weakness and her conscious level was GCS 14 in A&E. A CT scan of brain showed a large basal ganglia haemorrhage extending into the cerebral hemisphere on the right. Her GCS fell to E1V1M5 and a repeat CT scan showed major oedema around the haemorrhage and midline shift. She fixed and dilated both pupils peri intubation but with hyperventilation and mannitol therapy her pupils improved back to normal. Her intracranial pressure was 14 on insertion of the monitor. She underwent craniotomy and evacuation of her haematoma on 17/3/10 in view of major problems with raised intracranial pressure. Over the next 4 days she required 13 mannitol treatment to keep it under control. Thereafter she developed a pneumonia with haemophilus influenzae, pneumococcus and staph aureus (sensitive). The first 2 organisms disappeared fairly rapidly, but the staphylococcus was stubborn to improve and she required linezolid and meropenem to achieve this. She eventually weaned from the ventilator and was extubated on 30/3/10. At this time she was GCS 15 with a left hemiparesis but starting to eat and drink.,,At the time of transfer to Ward 33 she was on paracetamol, thiamine, mini hep, fluconazole (candida in skin and tracheal secretions) and clonidine on a weaning regimen. She had been on this for agitation.,,I hope that she has continued to improve and would be very interested to hear how she gets on.,,Yours sincerely,,(Dictated and checked but not signed),,Graham R Nimmo,,,c.c. Mr MO Fitzpatrick, Consultant Neurosurgeon, WGH,,

Surname/Forename	McPherson, Cindy
UHPI Number	700047474K

Episode Number	I0002486818

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002486818 Mr Michael O Fitzpatrick 4/20/10 10:14 Ann Docherty	DIAGNOSIS: Spontaneous intracerebral haematoma,PROCEDURE: Craniotomy and evacuation of haematoma,FOLLOW UP: None,,This 37 year old female presented with a sudden onset of a dense left hemiplegia, but without affect on her conscious level. Imaging demonstrated a spontaneous haemorrhage involving the deep structures of her right cerebral hemisphere.,,MANAGEMENT: She underwent a small craniotomy and aspiration of the haematoma. Post operatively she was admitted to the ICU where she received medical management of her intracranial pressure for several days. On her return to the neurosurgical unit she had evidence of a dense left sided weakness. She required nursing and physiotherapy care, but did not develop any further problems during her inpatient stay. She was transferred to AAH for further ongoing care and rehabilitation.,,FOLLOW UP: No formal neurosurgical follow up is planned.,,Yours sincerely,,,,,MR M O FITZPATRICK,CONSULTANT NEUROSURGEON,

Patient & GP Information

UHPI Number	700047474K
CHI Number	1808721349
Episode Number	I0004020380
Surname/Forename	McPherson, Cindy
Date of Birth	8/18/72
Sex	Female
Patient Address.	10 Mansefield Place East CalderLivingston EH53 0PP
Registered GP	AS Lough
GP Address.	East Calder Medical Practice,East Calder Health Centre, 147 Main Street,East Calder EH53 0EW

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The report bundle provides information on the following:

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Surname/Forename	McPherson, Cindy
UHPI Number	700047474K

Episode Number	I0004020380

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0004020380 Mr Thomas PB Handley 11/11/16 11:01 Jennifer Macintyre	Date of Admission:,03.11.16,,Date of Discharge:,03.11.16,,Diagnosis:,Carious dentition,,Procedure:,Dental clearance under general anaesthetic,,Drugs on Discharge:,Paracetamol & Corsodyl mouth wash,,Review:,Discharged back to GDP,,,Kind regards,,Yours sincerely,,,,Nicola Campbell,SHO in Oral & Maxillofacial Surgery,,NC / JM

Patient & GP Information

UHPI Number	700047474K
CHI Number	1808721349
Episode Number	I0006502882
Surname/Forename	McPherson, Cindy
Date of Birth	8/18/72
Sex	Female
Patient Address.	10 Mansefield Place East CalderLivingston EH53 0PP
Registered GP	AS Lough
GP Address.	East Calder Medical Practice,East Calder Health Centre, 147 Main Street,East Calder EH53 0EW

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Surname/Forename	McPherson, Cindy
UHPI Number	700047474K

Episode Number	I0006502882

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006502882 Nurse 6/3/26 12:29 Kirsty Carse	STROKE SWALLOW SCREEN Time of Screen: 12:20 PRE-SCREEN CRITERIA (delete as applicable): No issues RISK FACTORS (delete as applicable): No risk factors and considered safe to proceed to direct trials DIRECT TRIALS (delete as applicable): 1st tsp water: Some attempt to swallow, considered safe to proceed 2nd tsp water: No problems, considered safe to proceed Some problems (absent / delayed swallow / coughing / SOB /wet voice) 3rd tsp water: No problems, considered safe to proceed Sips of water: No problems, considered safe to proceed 1/2 glass water: No problems, considered safe to proceed OUTCOME (delete as applicable): No problems: Supervise first mealtime & note any problems. Screen will be repeated if any deterioration in condition. Eating a sandwich while waiting to be triaged. No issues with swallowing. NAME & DESIGNATION: Kirsty Carse (S/N)

Surname/Forename	McPherson, Cindy
UHPI Number	700047474K

Episode Number	I0006502882

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006502882 Dr Ali Harmouche 6/3/26 14:26 Dr Navian Lee Viknaswaran	EMA Clerking - NLV GPST2 Cindy McPherson, 53F PC: Heaviness right leg + foot drop x 5/7 HPC: Residual left sided UL weakness with left facial droop since 2010 for ICH 2 weeks ago, was walking on pavement, tripped on pavement and fell on right knee. No LOC/head injury. Able to mobilise with no issues. Tel call with GP - advised for ibuprofen to help with pain. Took 1 week's worth for analgesia. Drank ETOH 6 days ago (1 day prior to symptoms) but did not get drunk/fall. 5 days ago afternoon, started noticing right foot weakness. Needing to lift right leg to ambulate to prevent falls. No right UL or new right sided facial weakness. Has paraesthesia over lateral aspect of right foot. No pain. Speech normal. No dysphagia. No infective symptoms. No loose stools/vomiting. No chest pain/palpitations. No cough/coryzal. No dysuria/increased frequency. Flow centre referral letter - Spoken to stroke consultant and suggested to admit medics for CT head as next stroke clinic appy Friday (too far away) BG: ICH 2010 with residual left sided weakness, T2DM, Tinea pedis left foot SHx: Smokes cannabis frequently. No cigarettes. Occasional ETOH only. Baseline: Lives alone but has a very supportive neighbour who helps her with most ADLs in view of left sided weakness. No walking aids. No carers. TEP: Full escalation Allergies/ADR: Penicillin (1975) - facial swelling and rash. No respiratory distress/needing admission/ insulin. Meds: Co-codamol 8/500 2 tabs QDS/PRN Evorel patch weekly Progesterone 100mg OD Atorvastatin 20mg ON Mirtazapine 30mg ON Metformin 1g BD Folic acid 5mg OD Pregabalin 200mg OD Lansoprazole 30mg OD Lisinopril 10mg OD Semaglutide (Rybelsus) 4mg OD Clobetasone 0.05% ointment 2x/week Dapagliflozin 10mg OD SABA 1-2 puffs PRN/QDS Proxor 200/6 2 puffs BD Estradiol pess 2x/week Zerobase cream PRN Hydromol ointment PRN NEWS 1. 96% on RA, 18/min, BP 108/75, 87bpm, Afebrile 36.4C O/E Alert, pink, CRT<2s, good pulse volume, regular rhythm S1S2 no murmur Lungs: Equal air entry, clear Abdo: SNT Neuro: CN II-XII normal aside from residual left facial droop and weakness (not new). Right UL: Good tone, Power 5/5, reflexes normal Left UL: Increased tone, Power 0/5, hyperreflexia. Right LL: Good tone, Power 0/5 over dorsiflexion, 4/5 plantarflexion, 5/5 knee and hip flexion & extension, hyper-reflexia over achilles and patellar tendons Left LL: Good tone, Power 5/5 over all joints, hyper-reflexia over achilles and patellar tendons Babinski downgoing Calves SNT Ix Bloods: Hb 126, WBC 17.8, CRP 5. U&E and LFT normal. Coag normal. HbA1c 49 last month.

Surname/Forename	McPherson, Cindy
UHPI Number	700047474K

Episode Number	I0006502882

Note Details	Clinical Notes
	ECG: NSR 86bpm Imp: 1. Right foot drop. Need to rule out stroke as high risk (prev ICH, on oestrogen, took ibuprofen, DM) Ddx includes L5 radiculopathy/polyneuropathy but fall not severe enough to cause this/suggestive 2. Raised WBC likely incidental and not relevant but need to rule out infection causing neurology due to vulnerable brain Plan - CT Head and then stroke review - Passed swallow - If nil new bleed on CTH, load with aspirin and for MRI Brain following stroke review. - Add on cholesterol, B12, Folate - CXR and MSU for completion

Surname/Forename	McPherson, Cindy
UHPI Number	700047474K

Episode Number	I0006502882

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006502882 Dr Aidan McIvor 6/3/26 17:49 Dr Aidan McIvor	McIvor CT head nil acute. On review she has a foot drop on the right. With some reduced sensation 1st webbed space. Ankle inversion preserved, weakness of eversion. No back pain. Note she had a fall around 2/52 ago, tripped on a pavement when walking and landed on her right knee with some residual bruising and abrasions. No focal BT here or proximal tibia and has full ROM in knee. I suspect this is foot drop secondary to common peroneal nerve injury. She walks independently but has residual left sided weakness following previous stroke. I thin kshe will require FU and involvement of PT. She is very keen to get home tonight so I have suggested she could do this but return here tomorrow am for review and discussion re FU planning McIvor Cons

Patient & GP Information

UHPI Number	700047474K
CHI Number	1808721349
Episode Number	I0006503716
Surname/Forename	McPherson, Cindy
Date of Birth	8/18/72
Sex	Female
Patient Address.	10 Mansefield Place East CalderLivingston EH53 0PP
Registered GP	AS Lough
GP Address.	East Calder Medical Practice,East Calder Health Centre, 147 Main Street,East Calder EH53 0EW

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UHPI Number	700047474K

Episode Number	I0006503716

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006503716 Dr Aidan McIvor 6/8/26 08:42 Caitlin McMahon	Dear Dr Lough, Cindy reattended today following initial review in EMA yesterday evening with a new foot drop. She had been very keen to get home yesterday so was discharged to return here this morning. No interval change in symptoms. 5 day history of Foot drop (right) present. Note she has a left sided weakness following previous stroke. Investigations: knee x ray - NAD CT head NAD MRI head NAD Follow up: Has been reviewed by home first who have given her PT referral. Email referral to SJH neuro to ask if they would consider follow up for monitoring of resolution +/- nerve conduction studies. Consultant involved in care: Dr McIvor Yours sincerely Caitlin McMahon Trainee Advanced Nurse Practitioner Emergency Medical Assessment St Johns Hospital 01506 423097 *Please note I was not involved in the care of this patient and have written this letter on behalf of their care provider*

Surname/Forename	McPherson, Cindy
UHPI Number	700047474K

Episode Number	I0006503716

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006503716 Susan Moffat 6/4/26 15:08 Susan Moffat	Home First - Patient Administration on 04/06/2026 at 15:03 Patient seen in EMA on 04/06/2026 at 14:50. Patient observed mobilising in department unaided. Patient consented to discussion. Patient has previously had a left-sided stroke with residual weakness. She presented in EMA due to right-sided footdrop. This has been assessed medically and patient has not had a stroke, however, she continues to await an MRI at this time. Patient reports that she is aware that she is at risk of falls, however, continues to maintain a good level of function. She is, however, concerned about her footdrop. She accepted a self-referral card for MSK Physio and agreed to contact them on 05/06/2026 to arrange an appointment. Patient noted to be tearful throughout discussion; she reports that same is due to menopausal symptoms. No further Home First input required at this time. P. - Home First to monitor until discharge Susan Moffat Home First Practitioner

Surname/Forename	McPherson, Cindy
UHPI Number	700047474K

Episode Number	I0006503716

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006503716 Dr Aidan McIvor 6/4/26 15:38 Dr Aidan McIvor	Cindy reattended today following initial review in EMA yesterday evening with a new foot drop. She had been very keen to get home yesterday so was discharged to return here this morning. No interval change in symptoms. Foot drop (right) present since saturday (5 days ago). She had had a fall around 2 weeks prior, tripped up and landed on her knees with some bruising and tenderness to the right knee. No other trauma. Has longstanding low back pain but no real change to this. No other lower limb neurology change, no bowel/bladder change. On examination she has food drop with preservation of inversion, reduced sensation 1st webbed space, retained ankle jerk. Some tenderness on lower back on palpation. Bruising and abrasions over anterior knee with full ROM, some tenderness of proximal fibula. knee x ray - NAD CT head NAD Note she has a left sided weakness following previous stroke. Has been reviewed by home first who have given her PT referral. I do think we need to ensure no lumbar cause for foot drop, although exam would be more in keeping with common peroneal. MRI lumbar/sacral spine requested and awaiting slot. Cindy has been getting quite anxious and finds being in EMA difficult. She is agreeable to stay for scan and aware that after this is completed there will likely be further hours to await report +/- any action. This will likely be in the OOH period. If MRI ok then I would propose: Home with physio referral and follow up as arranged by home first email referral to SJH neuro to ask if they would consider follow up for monitoring of resolution +/- nerve conduction studies. McIvor Cons EM

Surname/Forename	McPherson, Cindy
UHPI Number	700047474K

Episode Number	I0006503716

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006503716 Nurse 6/4/26 18:56 Rachel Finnigan	Cindy has been discharged home from EMA No cannula insitu

Surname/Forename	McPherson, Cindy
UHPI Number	700047474K

Episode Number	I0006503716

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006503716 Dr Aidan McIvor 6/4/26 18:57 Dr Goran AS Zangana	ZANGANA cons History as below Noted MRI result - no abdnormalities to explain foot drop Cindy is delighted with the result She has an appointment with physiotherapy tomorrow Plan: Home, PT, worsening advice.