File copy for Dr Love

University Hospitals Division

NHS Lothian

NEONATAL UNIT
Simpson Centre for Reproductive Health

51 Little France Crescent
EDINBURGH EH16 4SA
Telephone: 0131 536 0000
Fax: 0131 242 2600

Consultant Neonatologists:
Dr J Boardman
Dr J-C Becher
Dr C Kissack
Dr G Menon
Dr P Midgley
Dr Edile Murdoch
Dr B Stenson

Ms Halliday and Mr King
7a Allan Terrace
Dalkeith
EH22 1EN

Our Ref: JB/GM/700542863K

Date: 2 April 2012
Enquiries to: Neonatal Secretaries
Tel No: 0131 242 2567/8

Dear Ms Halliday and Mr King

Thank you for coming to meet with Dr Corinne Love, Ms Justine Craig (Clinical Manager for Intrapartum Services) and myself on 21st March 2012. We discussed events around the time of Frazer's birth and we thought it might be helpful to write down a summary of our discussion.

Shona came in to the Simpsons in normal labour and was assessed as being suitable for intermittent monitoring. Frazer's heart beat was normal in triage and initially in labour ward: there were no concerns that this was anything but a low risk labour.

Frazer's heartbeat was listened to around every 15 minutes as is our guideline for intermittent auscultation. Before Shona went to the toilet Frazer's heart beat was listened to for 3 minutes and all was well. The midwife, Maria Wood, tried to listen in 15 minutes later, while Shona was on the toilet, but she could not locate the heartbeat. Her immediate thought was that something was wrong with the sonic aid and she went to get another one. Justine Craig discussed this with Maria Wood after the event, and Maria raised the thought that she should have gone straight for help or a continuous monitor. In Justine Craig's opinion anyone in the same situation would have probably done the same: there was no cause for alarm as baby and Shona had been absolutely fine. We discussed what would have happened if Shona had been continuously monitored, and we felt that the monitor would have been unplugged if she was in the toilet. Therefore it would not have made a difference to the speed of realising something was wrong. However there was a delay of about 5 minutes while the midwife went for another sonic aid, and it is possible that this time might have been saved if continuous monitoring had been in place. Frazer's beartbeat was then heard again about 25 minutes after the previous auscultation and was slow at about 20-30 beats per minute.

Once it was identified that Frazer's heartbeat was present but slow, medical staff attended quickly because a slow heart rate is a sign of 'fetal distress', which means that Frazer had reduced oxygen levels and / or blood flow. Shona was examined and had not made significant progress so the decision was very quickly taken to deliver her by emergency caesarean section. During delivery Frazer was noted to have passed meconium in the womb, although this is likely to have been a sign of fetal distress, rather than the cause of it.

On review of the notes there seems to be no obvious explanation for the drop in Frazer's heartbeat or the reason for developing fetal distress. It was explained that sometimes if the waters break the cord can be compressed or that if labour progresses very rapidly and the baby's head descends quickly through the pelvis, this can cause a slowing of the heart rate. Neither of these events happened. The cord was not wrapped around Frazer's neck. There was no particular abnormality identified with the placenta to have accounted for the events that occurred.

Dr Boardman went on to discuss that when Frazer was born he showed signs of having low oxygen levels and poor circulation, consistent with the signs of fetal distress that had been recorded when he was in the womb. At birth these signs

G file

manifest as a slow heart rate with no breathing, and low muscle tone. The resuscitation team placed a breathing tube through Frazer's mouth into his lungs, so that he could be supported by a breathing machine.

Frazer responded well to resuscitation measures and his heart rate and oxygen levels were normal within about 5 minutes. The blood tests that reflect the function of the circulation started to improve, as expected when the heart rate and oxygen levels are restored.

The signs described above, along with early blood tests from Frazer, are consistent with the diagnosis of hypoxic ischaemic encephalopathy (HIE), which is a problem with brain function that occurs when there is loss or reduction of blood flow and/or reduced oxygen levels in the blood around the time of birth. This diagnosis also explains why he went on to develop seizures in the hours and days after birth. You will be aware from discussions at the time that this can be a life-threatening diagnosis and can lead to cerebral palsy among survivors. Frazer received intensive care and cooling treatment for 72 hours, because the latter is known to improve the outcome for some babies with HIE.

At the time that Frazer was resuscitated it was apparent that he had inhaled a small amount of meconium. We discussed that this is a sign of fetal distress rather than a cause of it. It did not lead to severe lung disease in Frazer's case.

Pneumothorax is a recognised complication for babies who require ventilatory support, and it is unfortunate that Frazer experienced this complication. It was detected quickly from the X ray, and was treated by placing a chest drain into the right side of the chest. There is no sign that the pneumothorax led to worsening hypoxia after birth, and it is unlikely that it contributed significantly to the problems with his brain.

The MRI that Frazer had is typical of the type of brain injury that is seen in children with HIE that has quite a sudden onset in the womb, and the electroencephalogram (EEG) showed that there was no seizure activity at the time that he was discharged from hospital. We discussed that he is now showing signs of asymmetric arm use and that this could be a sign of movement problems related to HIE in the newborn period, because we know that HIE can lead to injury in parts of the brain that control movement and posture. However the effects of HIE on the development of movement and posture can take eighteen months to 2 years to become apparent, so it is usual to continue regular neurodevelopmental assessments into early childhood. Frazer is under regular review in the out-patient clinic at the Simpson for this reason.

We ended by discussing that the underlying reason for why fetal distress arose in the first place remains unknown. Looking forward, it will be important to continue regular assessments of Frazer so that he can receive appropriate help at the right time as and when needs arise. At present, this is physiotherapy, and I understand that this referral is in place. We hope that this letter answers the questions you raised. Please do not hesitate to raise further questions with us at any time, or with the doctors who see Frazer in the out-patient clinic.

With kind regards.

Yours sincerely

Dr James Boardman
Consultant neonatologist

Signed on behalf of Dr Corinne Love (Consultant Obstetrician) and Ms Justine Craig (Clinical Manager for Intrapartum Services).

Copy to: GP for Frazer King

Halliday, Shona CHI - 0611751143

Date	Time	User	Notes
31/08/2011	16:11	Jacqueline L Arnott	discharge talk and paperwork given discharge script given and aware how to take meds contact numbers given for community team- will liase with community team to arrange postnatal visits around her visits up to NNU to see baby. aware how to register birth and with GP- will get further paperwork when baby is discharged from NNU. very keen for home now

Halliday, Shona CHI - 0611751143

Date	Time	User	Notes
31/08/2011	12:14	Rachel E Quicke	R/V GPST Quicke Day 3 post emerg C/S for fetal bradycardia Patient feeling well in herself but emotionally quite exhausted. Baby Fraser in unit and being warmed up today. No urinary symptoms. BO yesterday. minimal lochia advised regarding driving and lifting heavy objects O/E Obs stable Abdo - soft, non tender. uterus contracting down. wound healing well Plan: aim home
31/08/2011	07:54	Claire Phee	Shona was in nnu until late last night then slept well, medication given as per cardex and keen to go back down to nnu today.
30/08/2011	20:51	Claire Phee	care taken over and intro made bp 112/64, p88 pn well and lochia satisfactory and fundus firm and central and wound slight bruising, also shona explained her BO i explained that if she requires any assistance re expressing as she feels she may just leave this that i can assist her and to let me know.
30/08/2011	19:21	Jacqueline L Arnott	hb101- to continue on ferrous sulphate BD Shona has spent much of her time today down in NNU visiting baby- she is keen for home tomorrow
30/08/2011	12:34	Jacqueline L Arnott	FBC taken and sent
29/08/2011	05:44	Elaine J Forrest	Written in retrospect. Care taken overby myself at 20.30 yesterday. Shona decided that she wished to discontinue her PCA and wanted to go on a chair with her husband for a cigarette (in wheelchair) and to see baby again in NNU. D/W SHO on 4000 bleep and tramadol given as charted once PCA discontinued. Shona and her husband left ward and returned approx 45 mins later.

Halliday, Shona CHI - 0611751143

Date	Time	User	Notes
28/08/2011	18:48	Pamela J Lamont	Anti D given. Discussed PCA with anaesthetist earlier today. He suggests we leave PCA in until 0600 hrs tomorrow morning. Give dose of tramadol then and remove PCA.Shona maintaining 02 sats at 98-99% today. Taken to visit babyx2 on bed. Dad(Jason) wishes to stay tonight.
28/08/2011	14:29	Lee Sinclair	Phone call from BTS: Shona Halliday O Neg Baby Halliday O Pos Direct Coombs Neg, Shona requires Anti-D. Will be issued.
28/08/2011	10:14	Pamela J Lamont	Pressure dressing applied at 0835 hrs as wound dressing soaked through with blood. No new soakage on dressing. Continues on O2 at 6 litres and maintaining saturations well.P-100 otherwise observations satisfactory. Taken to NNU on bed to see baby and progress discussed with paed senior registrar.
28/08/2011	08:28	Katy Russell	arrived in ward 211 at 0705. Sympathies expressed. O2 commenced as has PCA. Lochia minimal on arrival although r sided wound soakage. Pressure dressing applied at 0815. Sews 1 - tachycardic ~103 Dr Boardman in to see couple to discuss Fraser's condition from around 0715. I have assured the couple that as soon as we are able we will take them both down to the NNU.

Halliday, Shona CHI - 0611751143

Date	Time	User	Notes
			Written in retrospect Shona on the tiolet at 04:30 and asked if i could listen to the fetal heart consent obtained. Tryed varies location but unable to locate fetal heart but sonic aid seemed to have a lot of noise. left the room to change sonic aid. 04:35 On return shona still on tiolet and i asked her to move to the mattress. still unable to locate fetal heart and informed shona i was going to ask for assisstance from another member of staff. 04:40 M/W Fiona thomson in room to help locate fetal heart, A number of locations tryed before fetal heart locate 20bpm at 04:45, reg bleeped I performed a VE with consent to assess cervix, no change is last VE 7cm dilated, fully effaced, -2 to spines, Membranes intact, Reg present in the room at 04:48. cash call at 04:50, transferred to theatre
28/08/2011	08:02	Maria L Wood	04:54 in theatre and GA underway. Registrar scanned shona and fetal heart present at 60bpm. Knife to skin 04:57, baby born at 04:48 baby white and floppy. taken to the resustaire for paed team. Baby taken to the neonatal unit 05:14 Shona extubated at 05:45 and taken to recovery. SEWS chart commenced and EBL 900mls. IV fliuds prescibed and insitu. Shona and partner updated about baby's condition and neonatl team will update when appropriate. Catheter patent and draining urine, lochia min and pca commenced for pain relief. Shona transferred to ward 211 for postnatal care. Datix completed by labour ward Charge Midwife

Halliday, Shona CHI - 0611751143

Date	Time	User	Notes
			Written in retrospect. Asked by SM M. Wood to assist in room as unable to locate fetal heart at approx 4.40am.
28/08/2011	07:34	Fiona J Thomson	Shona was on the birthing mat and I tried several different locations to obtain fetal heart and located it centrally on abdomen at that point the FH was 30bpm. Reg attendance requested and ctg asked for. SM Wood performed VE with consent and Cx was unchanged from previous examination. Reg in to room at 04.45. Shona moved on to bed and decision for transfer to theatre made. Explanation of events in brief offered to couple. Emergency call made at 04.50 for paediatric and obstetric team.Arrived in theatre at 04.54 and scan performed showing FH bradycardic at 60bpm. Crash GA performed and male infant delivered at 0458 pale floppy no apex or respiratory effort. Paediatric team in attendance commenced neonatal resuscitation.

Halliday, Shona CHI - 0611751143

Date	Time	User	Notes
28/08/2011	06:46	Sapna Maheshwari	written in retrospect answer Jr reg bleep asked to see pt in LDRP in labour suddenly lost fetal heartat 4.40am P1 post date spontaneous labour 6-7 cm , midwife unable to locate FH O/E TERM CEPHALIC FH10-20/MIN VE 7-8 CM HEAD AT -1 MEC EMERGENCY BLEEP AT 4.45 SHIFT TO THEATRE USG IN THEATRE FSH 50-60/MIN GA LSCS DECISION CATHER KNIFE TO SKIN 4.57 BABY DEL AT 4.58 (SEE OPERATION NOTES)
28/08/2011	04:23	Maria L Wood	shona up to tiolet and voided a good volume

Halliday, Shona CHI - 0611751143

Date	Time	User	Notes
28/08/2011	04:14	Maria L Wood	contracting 4:10 lasting 50 secs shona feeling rectal pressure coping well FHR 119- 133bpm over three minutes during, before and after contraction No decel, accel heard, V>5
28/08/2011	04:07	Maria L Wood	diamorphine 5mg and cyclizine 50mg im given as charted
28/08/2011	03:49	Maria L Wood	shona on all fours on matteress FHR 133-147bpm over a minute post contraction contracting 4:10 lasting 50secs Shona asking about pain relief options and dissussed. would like to have the diamorphine prescribed ready for use coping well with entonox

Halliday, Shona CHI - 0611751143

Date	Time	User	Notes
			care taken over by myself mw maria wood
			introduction made and history noted
			Para 1 admitted from triage as cervix 7cm dilated, mi
			Contracting since 21:00 on 27/8
		/	no problems in pregnancy
			long lie back to maternal right, head 2/5 palpable
28/08/2011	03:30	Maria L Wood	FHR 120-138bpm over a minute post contraction
			Would like skin to skin
			dad to cut cord and active third stage
			contracting 4:10 lasting 40 secs and strong on palption
			Using entonox with good effect

University Hospitals Division

Royal Infirmary of Edinburgh
-
Reproductive Medicine Outpatient Department
51 Little France Crescent
Edinburgh
EH16 4SA

NHS Lothian

Department of Obstetrics

Dr P. Midgley
Consultant Neonatologist
Neonatal Unit
SCRH
RIE

Date First Created	19/01/2012
Date Authorised	
Date/Time Printed	03/02/2012 08:53
Our Ref	600101156L
CHI	0611751143

Patient:	Miss Shona Halliday 7A ALLAN TERRACE Dalkeith EH22 1EW	**UHPI:**	600101156L
		Date of Birth:	06/11/1975
Clinic Code:	CIA.FL	**Attendance Date:**	19/01/2012
Specialty:	Obstetrics		
Consultant:	Dr Zabeena L Pandian		

Consultants:
Prof J E Norman
Dr R G Hughes
Dr E S Cooper
Dr K C Dundas
Dr C I Alexander
Dr C D B Love
Dr A J Campbell
Dr S Cowan
Dr F C Denison
Dr N Mary
Dr Karen Edgar

Outpatient Clinic Letter

Dear Dr P. Midgley,

Further to your letter dated 6 December 2011, I met up with this very pleasant couple on 17 January 2012. I was not involved with the clinical care of Ms Halliday, I am writing this letter on behalf of Dr Alexander whose work I am covering as a Locum Consultant. The couple are understandably very disappointed with the outcome of their recent pregnancy, but seem to be coping well.

I understand from the neonatal discharge summary dated 10 September 2011 that Master Frazer was diagnosed to have severe neontal encephalopathy, pneumothorax and acute renal failure during his care in the Neonatal Unit. This meeting was arranged further to a request from yourself after Master Frazer King was reviewed on follow-up in the Neonatal Unit.

We have had a long and thorough discussion today in relation to intrapartum events. Though I was not involved with her care, we went through the documentation on TRAK during her delivery.

I have tried to answer most of the questions that the couple asked today, however I was unable to give them a definite cause for Frazer's problems, as this is unclear from the intrapartum events noted.

The couple seemed quite understanding and satisfied with the obstetric side of things. However, they still had a lot of queries in relation to the neonatal care, possible meconium aspiration and pneumothorax and requested if they could have a meeting with yourself and the midwife who cared for them during labour.

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Royal Infirmary of Edinburgh

Reproductive Medicine Outpatient Department
51 Little France Crescent
Edinburgh
EH16 4SA

NHS Lothian

Therefore I will be arranging a further meeting with the neonatologist, myself and Justine Craig who will be representing the midwife. I would be grateful if you could kindly inform my secretary on the number below, or email me directly, of the available dates. I would like to keep you informed that I will be leaving this Trust by mid February. It would be helpful if we could try and meet up prior to this. If this is not possible then I shall hand over to Dr Love, Clinical Lead in Obstetrics.

If you need further information, please do not hesitate to get in touch with myself.

I wish the couple all the best for the future.

Thanking you.

With kind regards.

Yours sincerely

Dr Z. Pandian
Locum Consultant Obstetrician

cc Dr Marshall, Dalkeith Medical Practice, 24-26 St Andrew Street, Dalkeith.
cc Dr Love, Consultant Obstetrician, SCRH, RIE.
cc Justine Craig, Labour Ward, SCRH, RIE.

Ref: ZP/NC
Tel: 0131 242 2520

PATHOLOGY

NHS Lothian, University Hospitals Division, 51 Little France Crescent, Edinburgh EH16 4SA
RIE: 0131 242 7147/8
RHSC: 0131 242 7147/8

HALLIDAY, SHONA
CHI Number 0611751143
Patient Number 0611751143
Date of Birth 06/11/1975
Date Received 29/08/2011

Specimen: UB020374J/11
Dr Claire I Alexander
RIE LDRP Labour, Del, Rec, PN

Date Reported 15/09/2011
Time Reported 12:58

Clinical Summary

This was the first pregnancy of this 35 year old lady. The pregnancy was booked with an EDD of 17.08.11 giving a clinical gestation of 40+11 weeks. Ultrasound scan and routine anomaly scan performed. The serum AFP level was low. Amniocentesis was not performed. Delivery on 28.08.11.

Specimen

Placenta

Macroscopy

The specimen received is a singleton placenta with an eccentrically inserted 32cm length of cord with 7 coils and three vessels. The extraplacental membranes appear ragged but translucent. The trimmed weight of the placenta is 509g and it measures 18 x 15 x 2cm. Random sections taken.

Specimen trimmed by: Dr M J Evans

Microscopy

This appears to have been an uneventful pregnancy at 40 weeks gestation. Block only. If there is a clinical reason for detailed histopathological investiagation please contact the reporting consultant.

Pathologists
Paediatric Pathology Team
Dr Margaret J Evans

Clinically Approved
Approved for printing by: Dr Margaret J Evans

15/11/11

University Hospitals Division

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

NHS Lothian

Department of Obstetrics

Dr Robertson
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date First Created 31/08/2011
Date Authorised
Date/Time Printed 31/08/2011 12:21
Our Ref 600101156L
CHI 0611751143

Patient: Shona Halliday
7a Allan Terrace
Dalkeith
EH22 1EW

UHPI: 600101156L
Date of Birth: 06/11/1975

Ward: Ward 211 RIE

Admission Date: 28/08/2011

Consultant: Dr CIA Alexander

Discharge Date: 31/08/2011

Consultants:
Prof J E Norman
Dr R G Hughes
Dr E S Cooper
Dr K C Dundas
Dr C I Alexander
Dr C D B Love
Dr A J Campbell
Dr S Cowan
Dr F C Denison
Dr N Mary

Discharge Medication	Dose	Frequency	Duration	Additional Info
Paracetamol Caplets	1000 MG	FOUR times daily	Short Term	32
Tramadol Capsules	100 MG	FOUR times daily	Short Term	30
Senna Tablets	15 MG	ONCE DAILY	Short Term	na required
Ferrous Sulphate Tablets	200 MG	TWICE DAILY	Long Term	28

Prescribed By ..... **Date** 31/8/11 **Print Name** .....
Dispensed By ..... **Date** 31/8/11 **Print Name** .....
Pharmacist Check ..... **Date** ..... **Print Name** .....
Final Check ..... **Date** 31.8.11 **Print Name** .....

PRINCIPAL DIAGNOSIS/PROCEDURE
Emergency Caesarean section for fetal bradycardia
Delivery of baby boy 28/8/11
Now Para 2+0
Delivery at 41+4 gestation

TREATMENT
This lady was admitted on 28/8/11 in labour. Her CTG was initially reassuring however the baby then had a significant bradycardia and was taken to theatre for an emergency caesarean. Baby did not have any resiratory effort initially and was taken to the neonatal unit for further assessment and monitoring.
EBL 900ml in theatre - Post-op Hb was 101.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
nil

University Hospitals Division

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

NHS Lothian

Cont'd... **Ref:** 600101156L **Patient Name:** Shona Halliday

CHANGES TO DRUGS SINCE ADMISSION
analgesia, ferrous sulphate

PREVIOUS ADVERSE DRUG REACTIONS
NKDA

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
nil

GP to please consider the following...

Should you need further information please contact...ward 211

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely..... Staff Jackie Arnott

Staff Signature..... PrintName..... ARNOTT

Designation..... Date 31/8/11 Time 1530

Patient/Carer Signature.....

This is an immediate discharge letter and a further letter may follow.

Name: Fraser Halliday CHI: 2808110758	**NHS Lothian - Maternity Handheld Record** Baby Summary Report	NHS Lothian
UHPI: 700542863K Age: 0 months 2 days Alerts:		

Postnatal discharge summary

Discharged from	Ward 211 RIE, Royal Infirmary of Edinburgh
To (address)	7a Allan Terrace / / Dalkeith / Midlothian / EH22 1EW
Tel	0131 663 2086 or 0751 2669308.
GP	D Robertson
At	Dalkeith Medical Practice, The Health Centre, 24-26 St Andrew Street, Dalkeith
Tel	0131 561 5500
Care Provider	M/W Catriona G Miller
Midwife	Mid Lothian 0131 561 5533
Paediatrician	

Labour, birth and postnatal period

Onset of labour	Spontaneous					
Induced indication						
Mode of delivery	Emergency LUSCS					
Day 28/08/2011	At	05:00	Sex	Male	Outcome	Livebirth
Indication	Fetal distress - Fetal Heart rate anomaly + Meconium					
Presentation	Not Known					
Location	Theatre					
Gestation	41.4					
Birthweight	3310		Blood loss (mls)		900	
APGAR 1 minutes	1		APGAR 5 minutes		3	
APGAR 10 minutes						
Placenta/ Membranes	Complete Complete					

Maternal blood group	O Rh Negative	Anti-D needed		Anti-D given on	
Rubella status		Vaccination needed		Vaccinated on	

Further details, including problems identified during pregnancy, labour, birth and the postnatal period/referrals, investigations or results pending:

Baby in NNU at time of discharge.

Baby 1

CHI: 2808110758	UHPI: 700542863K	Discharged home with mum	No

Feeding type		Length (cm)	
OFC (cm)		Discharged Weight (g)	

BCG vaccination needed		No			
Newborn blood spot screening done		Due on		Declined	No
Newborn hearing screening done		Due on		Declined	No

Vitamin K administered	
Details	
Admitted to neonatal unit	Yes
Details	
Discharge medication	

Further details, including problems identified/referrals, investigations or pending:

PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

Hospital/Ward: LDRP Consultant:

Weight: Height:

If re-written, date:

DISCHARGE PRESCRIPTION

Date completed:- Completed by:-

600101156L F 06/11/1975

Name: Halliday, Shona
7a Allan Terrace,
CHI N Dalkeith,
D.O.B. Midlothian,
EH22 1EW

CHI 0611751143

77197 D Robertson

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☑		[signature]	28/8/11.
		Medicine/Agent	Description of reaction		

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. **Inform the responsible doctor in the appropriate timescale.**

1. Patient refuses
2. Patient not present
3. Medicines not available – CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available – CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
28/8/11	0340	Diamorphine	5mg	IM	Sapna STG	0400	[initials]
28/8/11	0340	Cyclizine	50mg	IM	Sapna STG	0400	[initials]
				125mls/hr			
28/8/11	0500	SYNTOCINON 40 units in 500mls		IV	[illegible]	0500	[initials]
28.8.11	1820	Anti D PDG 10.	500IU	IM	[illegible] PCA	1820	[initials]
		D-Gam 500iu BATCH: SDCN 8970					
28/8/11	22.30	TRAMADOL	100mg	PO	[illegible] STAFF	1100	EF
		(When PCA stopped)					

PRN 002

Name: ..... D.O.B.: .....

REGULAR THERAPY

- **Write clearly in block capitals, using a black ballpoint pen**
- **Use approved names for medicines**
- **Never alter a prescription**
- **Route of administration**
  - The only acceptable abbreviations are:

IV - intravenous	SL - sublingual	NG - nasogastric
IM - intramuscular	PR - per rectum	ID - intradermal
SC - subcutaneous	PV - per vagina	TOP - topical
INHAL - inhaled	NEB - nebulised	

  Never abbreviate ORAL or INTRATHECAL
  Specify RIGHT or LEFT for eye and ear preparations

- **Write the medicine dose clearly**
  - The only acceptable abbreviations are:
    g - gram mg - milligram ml - millilitre
    all other doses must be written out in full e.g. micrograms
  - Avoid decimal points e.g. 100 micrograms (not 0.1 mg) If unavoidable, write zero in front of the decimal point
  - Prescribe liquids by writing the dose in mg
  - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose

OXYGEN

Start Date	Start Time	Route: Mask (%)	Route: Prongs (l/min)	Prescriber – Sign + print	Administered by	Stop Date	Stop Time

PRESCRIPTION

Patient's Own Medicine

Date → 28/8 | 29/8/11 | 30 & 31/8/11

Time ↓ 0500

Medicine (Approved Name): PARACETAMOL.
Dose: 1g **Route:** ORAL **Quantity:**
Notes: **Start Date:** 28/8/11 **Date:**
Prescriber – sign + print: [signature] **Pharmacy:**

Time			
6	IM	EF	OSCE HS, daily CP
8			
12	IM	SEC	JA JA
14			
18	IM	SEC	JA
22	EF	23/8 HS	CP

Medicine (Approved Name): DALTEPARIN.
Dose: 5000 units **Route:** S/C **Quantity:**
Notes: **Start Date:** 28/8/11 **Date:**
Prescriber – sign + print: [signature] **Pharmacy:**

Time			
6			
8			
12	PM	SEC	IM JA
14			
18			
22			

Medicine (Approved Name): TRAMADOL
Dose: 100mg **Route:** ORAL **Quantity:**
Notes: not entirely PCA **Start Date:** 28/8/11 **Date:**
Prescriber – sign + print: [signature] **Pharmacy:**

Time			
6	X	EF	OSCE HS, daily CP
8			
12	X	SEC	100mg JA 100mg JA
14			
18	X	SEC	100mg JA
22	X	23/8 HS	100mg CP

Medicine (Approved Name): SENNA
Dose: TT **Route:** ORAL **Quantity:**
Notes: **Start Date:** 28/8/11 **Date:**
Prescriber – sign + print: [signature] **Pharmacy:**

Time			
6			
8			
12			
14			
18			
22	3	3	

Name: .... D.O.B.: ....

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date → Time ↓		29/8/11	30/8 ✓	31/8/11											
Medicine (Approved Name) FERROUS SULPHATE		For use	6															
Dose 200MG	Route PC	Quantity	⑧			JW	CP											
Notes	Start Date 29/8/11	Date	12															
Prescriber – sign + print Roche		Pharmacy	14															
			⑱		SC	JN												
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
Notes	Start Date	Date	12															
Prescriber – sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
Notes	Start Date	Date	12															
Prescriber – sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
Notes	Start Date	Date	12															
Prescriber – sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
Notes	Start Date	Date	12															
Prescriber – sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
Notes	Start Date	Date	12															
Prescriber – sign + print		Pharmacy	14															
			18															
			22															

Name: .... D.O.B.: ....

AS REQUIRED THERAPY

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name) IBUPROFEN		For use	Date												
			Time												
Dose + frequency 400MG / TDS 8°	Route PO	Quantity	Dose/Route												
			Initials												
Notes	Start Date 30/8/11	Date	Date												
			Time												
Prescriber – sign + print C Roche ROCHE		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name) FYBOGEL		For use	Date	30/8/11											
			Time	2200											
Dose + frequency 1 SACHET BD	Route PO ~~30/8/11~~	Quantity	Dose/Route	1 sachet											
			Initials	CP											
Notes	Start Date 30/8/11	Date	Date												
			Time												
Prescriber – sign + print C Roche.		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												

Name: .... D.O.B.: ....

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date → Time ↓															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															

TURN OVER →

Name: .... D.O.B.: ....

AS REQUIRED THERAPY

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name) ONDANSETRON		For use	Date												
			Time												
Dose + frequency 4mg 6°	Route ORAL/IV	Quantity	Dose/Route												
			Initials												
Notes	Start Date 28/8/11	Date	Date												
			Time												
Prescriber – sign + print HUMPHREY		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name) CYCLIZINE		For use	Date												
			Time												
Dose + frequency 50mg 8°	Route ORAL/IV/SC	Quantity	Dose/Route												
			Initials												
Notes	Start Date 28/8/11	Date	Date												
			Time												
Prescriber – sign + print HUMPHREY		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name) ORAMORPH		For use	Date												
			Time												
Dose + frequency 10mg 1°	Route ORAL	Quantity	Dose/Route												
			Initials												
Notes NOT WITH PCA	Start Date 28/8/11	Date	Date												
			Time												
Prescriber – sign + print HUMPHREY		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name) LACTULOSE		For use	Date	29/8/11	30/8/11										
			Time	1230	2200										
Dose + frequency 10mls 8°	Route ORAL	Quantity	Dose/Route	10ml/PO	10ml/O										
			Initials	JT	CP										
Notes	Start Date 28/8/11	Date	Date												
			Time												
Prescriber – sign + print HUMPHREY		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name) CHLORPHENIRAMINE		For use	Date												
			Time												
Dose + frequency 4mg 6°	Route ORAL	Quantity	Dose/Route												
			Initials												
Notes	Start Date 28/8/11	Date	Date												
			Time												
Prescriber – sign + print HUMPHREY		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name) PEPPERMINT WATER		For use	Date	29.8.11											
			Time	2045											
Dose + frequency 5-10mls / QDS	Route PO	Quantity	Dose/Route	10											
			Initials												
Notes	Start Date 29/8/11	Date	Date												
			Time												
Prescriber – sign + print RAINE		Pharmacy	Dose/Route												
			Initials												

TURN OVER →

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L **Age:** 35 **Parity:** 1 + 0 **EDD:** 17/08/2011 **Blood Gp:** O Rh Negative

Appt Date/Time	09/02/2011 12:00	15/03/2011 11:26	26/04/2011 12:05	24/05/2011 10:06	21/06/2011 10:06	19/07/2011 12:35	26/07/2011 13:38	02/08/2011 13:19
Type of Appt	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check
Gestation	13.0	17.6	23.6	27.6	31.6	35.6	36.6	37.6
Blood Pressure	116/63	122/64	104/70	120/70	120/68	114/70	110/70	120/68
Urinalysis	NAD		NAD	Protein+	NAD	NAD	NAD	NAD
Oedema								
Fundal Height	not palpated	= gest	=dates	27	31	31	34	37
Lie				Longitudinal	Longitudinal	Longitudinal	Longitudinal	Longitudinal
Presentation				Cephalic	Breech		Cephalic	Cephalic
Fifths Palpable				Free	Free	Free	Free	Free
Fetal Heart Rate		140	135	150	135	135	135	130
Fetal Movement Felt	Too early	Too early	Yes	Yes	Yes	Yes	Yes	Yes
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By								
Reason For Referral								

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L **Age:** 35 **Parity:** 1 + 0 **EDD:** 17/08/2011 **Blood Gp:** O Rh Negative

Appt Date/Time	16/08/2011 14:46	23/08/2011 09:35						
Type of Appt	Antenatal Check	Antenatal Check						
Gestation	39.6	40.6						
Blood Pressure	120/69	130/60						
Urinalysis	NAD	NAD						
Oedema								
Fundal Height	38	39						
Lie		Longitudinal						
Presentation	Cephalic	Cephalic						
Fifths Palpable	Free	Free						
Fetal Heart Rate	140	145						
Fetal Movement Felt	Yes	Yes						
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By								
Reason For Referral								

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L **Age:** 35 **Parity:** 1 + 0 **EDD:** 17/08/2011 **Blood Gp:** O Rh Negative

Comments

Appointment Date / Time	Appointment Type	Comments	Plan of Care
09/02/2011 12:00	Antenatal Check	Written in retrospect. Health education and screening discussed counselled for Anomaly scan. Card given to pt. Happy to deliver in SCRH declines home birth. Booking bloods taken with consent (last ate within 2/24) Stopped Anti depressants when pregnancy confirmed mood varialbe advised to contact G.P to discuss alternative medication / referral to Psychiatrist. Is happy to be referred to Perinatal Mental health team. Referral sent 09.02.2011. Previous episodes of Alcohol misuse during periods of depression but this no longer a problem. Plans to consider referral for Smoking cessation support but wishes to discuss with partner and if he wishes also then refer at next visit. Contacted by phone to collect notes at G.P surgery prior to attending for dating scan.	
15/03/2011 11:26	Antenatal Check	Well, NAD	6w
26/04/2011 12:05	Antenatal Check	Feeling well. FH over 1 minute with sonic aid 130-145bpm. MATb1 given	see in 4-5 WEEKS FOR ANTI D
24/05/2011 10:06	Antenatal Check	keeping well, fmf. Was seen by gp 1 week ago as was having some abdo pain. GP thought it was due to constipation and on lactulose now which has help and pain has settled. + protein and + keatones in urine today. msu sent was worried about weight thought she had been loosing weight as does not have much of an appitite since being pregnant. booking weight was 70kg and today weights 72kg. will see gp in worried. 28 wk bloods taken with consent and last ate less than 2 hrs ago. Antid 1500 iu given as per protocol	4 wks
21/06/2011 10:06	Antenatal Check	On iron for low hb, 103. Taking lactulose for constipation. Not eating well, but trying to eat well balanced diet. FH over 1 minute with sonicaid 130-145bpm. Fetal movement felt. Blood taken for FBC, VitaminB12, Transferrin Satuaration and Ferritin Level. Discussed vitamin K for Baby.	See in 4 weeks
19/07/2011 12:35	Antenatal Check	Feeling well. Unable to test urine at present as no dip sticks. Awaiting some from surgery, will test and document on TRAK following clinic. O/P Long lie, ?? breech presentation difficult to determine. Presenting part is free. Measuring small for dates. For growth scan. Orgainised for 21/07/11 at 1120. Will fax card through. ~~FH over 1 minute 130-145 with sonic aid. Leaflet given re fetal movements and screening newborn babies.~~	See in 1 week

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L **Age:** 35 **Parity:** 1 + 0 **EDD:** 17/08/2011 **Blood Gp:** O Rh Negative

		FH over 1 minute 130-145 with sonic aid. Leaflet given re fetal movements and screening newborn babies.	
26/07/2011 13:38	Antenatal Check	Growth scan last week, measurements just over 50th centile. Measuring 34cm today. Has been breech presentation, today feels cephalic and free. HB check	See in 1 week to check growth
02/08/2011 13:19	Antenatal Check	Feeling well. Had some mild contractions on friday night, but all settled. Continues on iron, hb 110 1 week ago. FH over 1 minute with sonic 125-135 with big acceleration when moving	See in 2 weeks at term
16/08/2011 14:46	Antenatal Check	Appears and feels well. Presenting part remains free, therefor membrane sweep not attempted.	1/52
23/08/2011 09:35	Antenatal Check	Has had some clear show this morning. Has had runs of contractions but they all settle. Feeling well, but fed up. Unable to carry out membrane sweep as head free. FH over 1 minute with sonic aid 145-155bpm. Reactive. Requires date for induction.	IOL booked for Monday 29/08/11 at 0845 LV at DAU 0830

Future Appointments

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L Age: 35 Parity: 1 + 0 EDD: 17/08/2011 Blood Gp: O Rh Negative

Appt Date/Time	09/02/2011 12:00	15/03/2011 11:26	26/04/2011 12:05	24/05/2011 10:06	21/06/2011 10:06	19/07/2011 12:35	26/07/2011 13:38	02/08/2011 13:19
Type of Appt	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check
Gestation	13.0	17.6	23.6	27.6	31.6	35.6	36.6	37.6
Blood Pressure	116/63	122/64	104/70	120/70	120/68	114/70	110/70	120/68
Urinalysis	NAD		NAD	Protein+	NAD	NAD	NAD	NAD
Oedema								
Fundal Height	not palpated	= gest	=dates	27	31	31	34	37
Lie				Longitudinal	Longitudinal	Longitudinal	Longitudinal	Longitudinal
Presentation				Cephalic	Breech		Cephalic	Cephalic
Fifths Palpable				Free	Free	Free	Free	Free
Fetal Heart Rate		140	135	150	135	135	135	130
Fetal Movement Felt	Too early	Too early	Yes	Yes	Yes	Yes	Yes	Yes
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By								
Reason For Referral								

NHS Lothian - Antenatal Appointment Record

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L Age: 35 Parity: 1 + 0 EDD: 17/08/2011 Blood Gp: O Rh Negative

Appt Date/Time	16/08/2011 14:46							
Type of Appt	Antenatal Check							
Gestation	39.6							
Blood Pressure	120/69							
Urinalysis	NAD							
Oedema								
Fundal Height	38							
Lie								
Presentation	Cephalic							
Fifths Palpable	Free							
Fetal Heart Rate	140							
Fetal Movement Felt	Yes							
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By								
Reason For Referral								

NHS Lothian - Antenatal Appointment Record

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L Age: 35 Parity: 1 + 0 EDD: 17/08/2011 Blood Gp: O Rh Negative

Comments

Appointment Date / Time	Appointment Type	Comments	Plan of Care
09/02/2011 12:00	Antenatal Check	Written in retrospect. Health education and screening discussed counselled for Anomaly scan. Card given to pt. Happy to deliver in SCRH declines home birth. Booking bloods taken with consent (last ate within 2/24) Stopped Anti depressants when pregnancy confirmed mood varialbe advised to contact G.P to discuss alternative medication / referral to Psychiatrist. Is happy to be referred to Perinatal Mental health team. Referral sent 09.02.2011. Previous episodes of Alcohol misuse during periods of depression but this no longer a problem. Plans to consider referral for Smoking cessation support but wishes to discuss with partner and if he wishes also then refer at next visit. Contacted by phone to collect notes at G.P surgery prior to attending for dating scan.	
15/03/2011 11:26	Antenatal Check	Well, NAD	6w
26/04/2011 12:05	Antenatal Check	Feeling well. FH over 1 minute with sonic aid 130-145bpm. MATb1 given	see in 4-5 WEEKS FOR ANTI D
24/05/2011 10:06	Antenatal Check	keeping well, fmf. Was seen by gp 1 week ago as was having some abdo pain. GP thought it was due to constipation and on lactulose now which has help and pain has settled. + protein and + keatones in urine today. msu sent was worried about weight thought she had been loosing weight as does not have much of an appitite since being pregnant. booking weight was 70kg and today weights 72kg. will see gp in worried. 28 wk bloods taken with consent and last ate less than 2 hrs ago. Antid 1500 iu given as per protocol	4 wks
21/06/2011 10:06	Antenatal Check	On iron for low hb, 103. Taking lactulose for constipation. Not eating well, but trying to eat well balanced diet. FH over 1 minute with sonicaid 130-145bpm. Fetal movement felt. Blood taken for FBC, VitaminB12, Transferrin Satuaration and Ferritin Level. Discussed vitamin K for Baby.	See in 4 weeks
19/07/2011 12:35	Antenatal Check	Feeling well. Unable to test urine at present as no dip sticks. Awaiting some from surgery, will test and document on TRAK following clinic. O/P Long lie, ?? breech presentation difficult to determine. Presenting part is free. Measuring small for dates. For growth scan. Orgainised for 21/07/11 at 1120. Will fax card through. ~~FH over 1 minute 130-145 with sonic aid. Leaflet given re fetal movements and screening newborn babies.~~	See in 1 week

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L **Age:** 35 **Parity:** 1 + 0 **EDD:** 17/08/2011 **Blood Gp:** O Rh Negative

		FH over 1 minute 130-145 with sonic aid. Leaflet given re fetal movements and screening newborn babies.	
26/07/2011 13:38	Antenatal Check	Growth scan last week, measurements just over 50th centile. Measuring 34cm today. Has been breech presentation, today feels cephalic and free. HB check	See in 1 week to check growth
02/08/2011 13:19	Antenatal Check	Feeling well. Had some mild contractions on friday night, but all settled. Continues on iron, hb 110 1 week ago. FH over 1 minute with sonic 125-135 with big acceleration when moving	See in 2 weeks at term
16/08/2011 14:46	Antenatal Check	Appears and feels well. Presenting part remains free, therefor membrane sweep not attempted.	1/52

Future Appointments

23/08/2011
09:00
ANC Dalkeith Medical Practice

PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

Hospital/Ward:	Consultant:
Weight:	Height:
If re-written, date:	
DISCHARGE PRESCRIPTION Date completed:–	Completed by:–

500101156L — F — 06/11/1975

Name of Patient: **Halliday, Shona**
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW

Patient Number:

D.O.B.

CHI 0611751143

77197 D Robertson

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. **Inform the responsible doctor in the appropriate timescale.**

1. Patient refuses
2. Patient not present
3. Medicines not available – CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available – CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
24/5/11	0940	Anti Diphtheria Globulin	1500iu	I.M.	[signature] [illegible] PRD	0945	[signature] AJB
		D-Gam 1500u BATCH: SDBN 8583					

OTHER MEDICINE CHARTS IN USE

Date	Type of Chart

PREVIOUS ADVERSE DRUG REACTIONS

Medicine	Description of reaction

Name: ..... D.O.B.: .....

REGULAR THERAPY

- **Write clearly in block capitals, using a black ballpoint pen**
- **Use approved names for medicines**
- **Never alter a prescription**
- **Route of administration**

The only acceptable abbreviations are:

IV - intravenous	SL - sublingual	NG - nasogastric
IM - intramuscular	PR - per rectum	ID - intradermal
SC - subcutaneous	PV - per vagina	TOP - topical
INHAL - inhaled	NEB - nebulised	

Never abbreviate ORAL or INTRATHECAL

Specify RIGHT or LEFT for eye and ear preparations

- **Write the medicine dose clearly**

The only acceptable abbreviations are:

g - gram mg - milligram ml - millilitre

all other doses must be written out in full e.g. micrograms

Avoid decimal points e.g. 100 micrograms (not 0.1 mg) If unavoidable, write zero in front of the decimal point

Prescribe liquids by writing the dose in mg

For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber – Sign + print	Administered by	Stop Date	Stop Time

PRESCRIPTION

Medicine (Approved Name)

Dose | Route

Notes | Start Date

Prescriber – sign + print

Patient's Own Medicine

For use

Quantity

Date

Pharmacy

Date → / Time ↓

6 8 12 14 18 22

Medicine (Approved Name)

Dose | Route

Notes | Start Date

Prescriber – sign + print

For use

Quantity

Date

Pharmacy

6 8 12 14 18 22

Medicine (Approved Name)

Dose | Route

Notes | Start Date

Prescriber – sign + print

For use

Quantity

Date

Pharmacy

6 8 12 14 18 22

Medicine (Approved Name)

Dose | Route

Notes | Start Date

Prescriber – sign + print

For use

Quantity

Date

Pharmacy

6 8 12 14 18 22

Name: .... D.O.B.: ....

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date → Time ↓															
Medicine (Approved Name)		For use	**6**															
Dose	Route	Quantity	**8**															
			12															
Notes	Start Date	Date	**14**															
			18															
Prescriber – sign + print		Pharmacy	**22**															
Medicine (Approved Name)		For use	**6**															
Dose	Route	Quantity	**8**															
			12															
Notes	Start Date	Date	**14**															
			18															
Prescriber – sign + print		Pharmacy	**22**															
Medicine (Approved Name)		For use	**6**															
Dose	Route	Quantity	**8**															
			12															
Notes	Start Date	Date	**14**															
			18															
Prescriber – sign + print		Pharmacy	**22**															
Medicine (Approved Name)		For use	**6**															
Dose	Route	Quantity	**8**															
			12															
Notes	Start Date	Date	**14**															
			18															
Prescriber – sign + print		Pharmacy	**22**															
Medicine (Approved Name)		For use	**6**															
Dose	Route	Quantity	**8**															
			12															
Notes	Start Date	Date	**14**															
			18															
Prescriber – sign + print		Pharmacy	**22**															
Medicine (Approved Name)		For use	**6**															
Dose	Route	Quantity	**8**															
			12															
Notes	Start Date	Date	**14**															
			18															
Prescriber – sign + print		Pharmacy	**22**															

Name: .... D.O.B.: ....

AS REQUIRED THERAPY

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												

NHS
Lothian

Prophylactic Anti-D Issues
FOR USE AFTER 20 WEEKS GESTATION

500101156L F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW
CHI 0611751143
77197 D Robertson

Patients Name ..... Blood Group .....

Date of Birth ..... Location .....

~~Dose 300 i.u.~~ 1500iu Batch No. SDN8583 Date & Time Given 24/5/11 0945

Reason for Administration ...Sensitisation Event/Routine Gestation 27+4
Rhesy Antenatal
Signature .....

Please complete and fax one copy to the Blood Bank at NRIE within 48 hours of administration of Anti-D and file a second copy in patient case notes.

If you require any further information, please contact your local Blood Bank.
Telephone: Edinburgh Blood Bank 0131 242 7501 Fax: 0131 242 7503
Borders Blood Bank 01896 826 248

CONFIDENTIALITY NOTICE

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NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L Age: 35 Parity: 1 + 0 EDD: 17/08/2011 Blood Gp: O Rh Negative

Appt Date/Time	09/02/2011 12:00	15/03/2011 11:26	26/04/2011 11:55					
Type of Appt	Antenatal Check	Antenatal Check	Antenatal Check					
Gestation	13.0	17.6	23.6					
Blood Pressure	116/63	122/64	104/70					
Urinalysis	NAD		NAD					
Oedema								
Fundal Height	not palpated	= gest	=dates					
Lie								
Presentation								
Fifths Palpable								
Fetal Heart Rate		140	135					
Fetal Movement Felt	Too early	Too early	Yes					
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By								
Reason For Referral								

NHS Lothian - Antenatal Appointment Record

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L Age: 35 Parity: 1 + 0 EDD: 17/08/2011 Blood Gp: O Rh Negative

Comments

Appointment Date / Time	Appointment Type	Comments	Plan of Care
09/02/2011 12:00	Antenatal Check	Written in retrospect. Health education and screening discussed counselled for Anomaly scan. Card given to pt. Happy to deliver in SCRH declines home birth. Booking bloods taken with consent (last ate within 2/24) Stopped Anti depressants when pregnancy confirmed mood varialbe advised to contact G.P to discuss alternative medication / referral to Psychiatrist. Is happy to be referred to Perinatal Mental health team. Referral sent 09.02.2011. Previous episodes of Alcohol misuse during periods of depression but this no longer a problem. Plans to consider referral for Smoking cessation support but wishes to discuss with partner and if he wishes also then refer at next visit. Contacted by phone to collect notes at G.P surgery prior to attending for dating scan.	
15/03/2011 11:26	Antenatal Check	Well, NAD	6w
26/04/2011 11:55	Antenatal Check	Feeling well. FH over 1 minute with sonic aid 130-145bpm.	see in 4-5 WEEKS FOR ANTI D

Future Appointments

24/05/2011
13:40
ANC Dalkeith Medical Practice

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L **Age:** 35 **Parity:** 1 + 0 **EDD:** 29/08/2011 **Blood Gp:** O Rh Negative

Appt Date/Time	09/02/2011 12:00	15/03/2011 11:26						
Type of Appt	Antenatal Check	Antenatal Check						
Gestation	11.2	16.1						
Blood Pressure	116/63	122/64						
Urinalysis	NAD							
Oedema								
Fundal Height	not palpated	= gest						
Lie								
Presentation								
Fifths Palpable								
Fetal Heart Rate		140						
Fetal Movement Felt	Too early	Too early						
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By								
Reason For Referral								

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Shona Halliday
CHI: 0611751143
UHPI: 600101156L **Age:** 35 **Parity:** 1 + 0 **EDD:** 29/08/2011 **Blood Gp:** O Rh Negative

Comments

Appointment Date / Time	Appointment Type	Comments	Plan of Care
09/02/2011 12:00	Antenatal Check	Written in retrospect. Health education and screening discussed counselled for Anomaly scan. Card given to pt. Happy to deliver in SCRH declines home birth. Booking bloods taken with consent (last ate within 2/24) Stopped Anti depressants when pregnancy confirmed mood varialbe advised to contact G.P to discuss alternative medication / referral to Psychiatrist. Is happy to be referred to Perinatal Mental health team. Referral sent 09.02.2011. Previous episodes of Alcohol misuse during periods of depression but this no longer a problem. Plans to consider referral for Smoking cessation support but wishes to discuss with partner and if he wishes also then refer at next visit. Contacted by phone to collect notes at G.P surgery prior to attending for dating scan.	
15/03/2011 11:26	Antenatal Check	Well, NAD	6w

Future Appointments

26/04/2011
11:20
ANC Dalkeith Medical Practice

RISK ASSESSMENT of VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS
(Appendix 1)

by midwife – outpatient form

Ward: _____ Date: 1·2·11

Consultant: CIA

Gestation at booking _____

Known hypersensitivity to heparins Y/N. If Yes, discuss with the obstetrician Y/N (circle please)

Patient details (use addressograph)
6001011561 F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW Unit
CHI 0611751143
77197 D Robertson

Risk factors (tick box beside)
- ☐ Age >35 years
- ☐ BMI > 30Kg/m²
- ☐ Gross varicose veins

If all 3 risk factors present refer to Obstetrician (use Inpatient risk assessment form to direct care in antenatal period)

Risk factors (Tick box beside)
- ☐ Immobility >3 days (e.g. plaster cast, MS, pareplegia)
- ☐ Systemic Lupus erythematosis
- ☐ Major cardiorespiretory disease
- ☐ Nephrotic syndrome
- ☐ Malignancy (active or within 6 mths)
- ☐ Long haul air travel >3000 miles or journeys > 6 hours (see Appendix A)

Risk factors (Tick box beside)
- ☐ Previous VTE
- ☐ Thrombophilia (see Appendix 9)
- ☐ Long term anticoagulant
- ☐ Family history of DVT or PE in 1st degree relative before 60yr.

If yes, check if relative is available to attend clinic appointment. Y/N (circle)

If 2 of above risk factors present then prophylaxis will be needed from the immediate postnatal period to discharge. Record in "Special Features"

Discuss with consultant obstetrician if any of the following are present at booking or develop during pregnancy (use Inpatient Risk Assessment to

Immediate referral to combined Haematology and Obstetric clinic if any of the above risk are present

Action by midwife	Date
Discussed with Obstetrician	
Referred to Combined Haematology/ Obstetric clinic	
Referred to Obstetrician	
No action required	1/2/11

Risk assessed and plan made by (Signature,/Print/Designation): C Mckee Date: 1·2·11

If risk assessment has altered outline change in action plan

_____

_____

_____

_____

_____

Reassesed by: _____

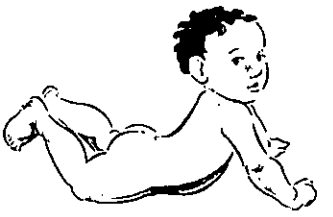
1. File this patient's risk factors assessment in the medical notes and document in ICP or Care Plan (as appropriate)
2. Check the guideline for EPIDURAL/SPINAL anaesthesia (refer to Appendix 3 of VTE guideline).
3. BASELINE PLATELET count on all patients before starting heparin (including enoxaprin) and then alternate day platelet count up to 3 weeks if therapy more then 5 days.
4. Prescribe the required prophylaxis (including GECs/TEDs) on the patient's Medicine Chart.
5. Document reasons clearly if prophylaxis is WITHHELD.
6. REVIEW patient RISK FACTORS regularly (discuss with Primary Care Team if prophylaxis must be continued

All patients admitted - use Inpatient Risk Assessment form to manage of VTE prophylaxis

Parenthood Sessions
Dalkeith Area 2011

We would like to invite you to participate in our preparation for parenthood sessions: Dalkeith Health Centre.

Aim of the sessions:



To prepare you and your partner for this life changing event.
To meet other parents-to-be.
Share ideas, experiences and learn new skills.
It will be an opportunity for midwives and health visitors to address your agenda.
This programme consists of four sessions lasting approx **1.5-2hrs**
Each session will start at **14.00hrs**

The best time to attend classes is between 32 – 36 weeks of pregnancy.
Listed below are the dates available.

PLEASE CAN YOU PHONE FIRST TO BOOK A PLACE FOR THE CLASSES. COMMUNITY RECEPTION NO. 561 5510

Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
26th Jan	6th April	1st June	3rd August	21st Sept	16th Nov
2nd Feb	13th April	8th June	10th August	28th Sept	23th Nov
9th Feb	20th April	15th June	17th August	5th October	30th Nov
16th Feb	27th April	22nd June	24th August	12th October	7th Dec

University Hospitals Division

Maria Wilson
Chief Midwife,
Women's Services NHS Lothian
The Simpson Centre for Reproductive Health, Little France
51 Little France Crescent
Edinburgh EH16 4SA

Direct Line: 0131 242 2543
Fax 0131 242 2507
Email: maria.wilson@luht.scot.nhs.uk

NHS Lothian

Date
Our Ref MW/SC

PA Suzanne Connell
Direct Line 0131 242 2509
Email:suzanne.connell@luht.scot.nhs.uk

Dear

We write to inform you that should your baby require to be born by caesarean section, this procedure will either be performed at the Simpson's Centre for Reproductive Health at the Royal Infirmary or at St John's Hospital, Livingston.

Each woman will be assessed individually and full consideration will be given to the complexity of her case and the area in which she lives when planning operating lists.

The move is designed to prevent delays, as the number of babies being born in Lothian grows higher than ever before.

The decision will be discussed in full at your Consultant Consultation appointment.

In the meantime, should you wish to discuss this further then please contact your community midwife in the first instance.

Yours sincerely

Maria Wilson

Maria Wilson
Chief Midwife

David Farquharson

Dr David Farquharson
Clinical Director/Head of Service

Screening for fetal abnormalities

During your pregnancy you will be offered several tests to check on your baby's health. These include ultrasound scans and may include blood tests to screen for risk of fetal abnormalities including Down's Syndrome and Spina Bifida.

Your local maternity team will explain what ultrasound scans will be offered to you and you will be asked to complete the appropriate consent for these tests.

The ultrasound scans you are likely to be offered by your local maternity services are:

☑ Dating scan ☑ Nuchal translucency scan 11-13 weeks ☑ Detailed scan at 20 weeks

☐ Growth scan as required ☐ Placental site scan as required ☐ Other

Consent for screening tests offered in pregnancy (Down's Syndrome and Neural tube defects)

I have received the information leaflet 'A Guide to the Screening Test for neural tube defects and Down's Syndrome' and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

☑ I wish ☐ I do not wish to be screened for the risk of Neural tube defects by Scan.

☑ I wish ☐ I do not wish to be screened for the risk of Down's Syndrome

Signature: S. Halliday Date / /

Witness: (Health professional)

(Please sign and print name)

Designation: Date / /

☑ I have received & discussed the leaflet 'A Guide To Screening Tests In pregnancy' with my midwife.

☑ I wish / ☐ ~~do not wish to be~~ screened for Downs Syndrome.

600101156L F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW
CHI 0611751143
77197 D Robertson

Special Features

See maternity summary record ☐

Name .....

Age ..... Parity .....

Agreed EDD ..../..../.....

Blood group .....

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other .....

Allergies NONE KNOWN

BMI ..... Smoker No ☐ Yes ☐

Pregnancy	
Special features	Plans for care

Consent for blood and other tests offered in pregnancy (Blood Group, Full Blood Count & Infectious Diseases)

I have received the information leaflet *'A Guide to Routine Blood Tests Offered During Pregnancy'* and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

☑ I wish ☐ I do not wish to be tested for Blood Group

☑ I wish ☐ I do not wish to be tested for Full Blood Count

☑ I wish ☐ I do not wish to be tested for Rubella status

☑ I wish ☐ I do not wish to be tested for Syphilis

☑ I wish ☐ I do not wish to be tested for Hepatitis B

☑ I wish ☐ I do not wish to be tested for HIV

☐ I wish ☐ I do not wish to be tested for Haemoglobinopathies

☑ I wish ☐ I do not wish to be tested for Chlamydia (aged under 25 years)

☑ I wish ☐ I do not wish to be tested for blood glucose levels Lastrate within 2/24

☐ I wish ☐ I do not wish to be tested for

☐ I wish ☐ I do not wish to be tested for

Signature: Date / /

Witness: Catriona Miller (Health professional)

(Please sign and print name) CATRIONA MILLER Date / /

Designation:

Signature: S. Halliday Date 1 / 2 / 11

600101156L F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW
CHI 0611751143
77197 — D Robertson

Your preferences for labour and the birth of your baby ✍

Please use the section below to write down your preferences for labour and birth. Alternatively you may wish to attach your own birth plan here. Plans for labour and birth will be individual. They depend on your wishes, your health, your circumstances and what is available at your maternity unit or in your home. You will probably find it helpful to discuss these issues with your birth partner, your midwife, and/or members of your maternity care team during your pregnancy.

During labour, members of your maternity care team will read this section and discuss it with you so they understand your preferences. However you may need to keep an open mind if complications arise for you or your baby. If this happens, your midwife or doctor will discuss events with you and your birth partner. They will be able to inform you of your options in your particular circumstances.

How do I feel about labour and birth?
What are my expectations?

Who do I want with me during labour and birth?

My environment for labour and birth
Things I might want to consider: privacy, quiet, my own music, food and drink, lighting, comfort aids such as pillows, bean bags, chairs or a mattress.

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?
e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).
Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

How will I cope with pain?
Things I might want to try: relaxation and breathing, changing my position, massage, water (shower, bath or water pool), complementary therapies, a T.E.N.S. machine, 'gas and air', injection of a morphine-related drug or an epidural? (Note: an epidural service is not available in all maternity units and at all times).

Vaginal examinations to assess my progress during labour
My feelings about these are:

How would I like to give birth?
My position for birth - kneeling, standing, squatting or sitting upright ?
Discovering the sex of my baby - do I want to find this out for myself?
Would I like my placenta to be delivered with or without an injection? (An injection often helps to reduce bleeding).

After my baby's birth
(Note: skin-to-skin contact with your baby is usually encouraged straight after birth)
Would I like my baby to have Vitamin K?

Other questions or special requirements that I have 

If you have given birth before, you may want to think about your experiences. Please write down anything you would like your midwife or other maternity staff to know. 

Discussion of preferences for labour and birth/issues arising
(Maternity care staff - please sign and date all entries)

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

Preparing for birth - what to pack in your bag 

Here are some suggestions for what to take to the maternity unit. Please remember to take your Pregnancy Record, as it is very important. If you are having a home birth, your midwife will discuss other things that you will need to prepare.

For the birth	After the birth	
• comfortable clothes • music • snacks and drinks • toiletries • phone numbers • phone cards or change • camera • • • •	• clothes/nightwear for you • underwear • maternity bra • sanitary towels • breast pads • • • • • •	• clothes for going home • baby clothes – sleep suits, vests, scratch mits, hats and shawl • nappies • • •
		Please note If you are travelling by car your baby will need a properly fitted car seat for all journeys.

Your ultrasound scans

Details of any ultrasound scans that you may choose to have will be entered below or the computer print out results of your scans will be attached.

Dating Scan

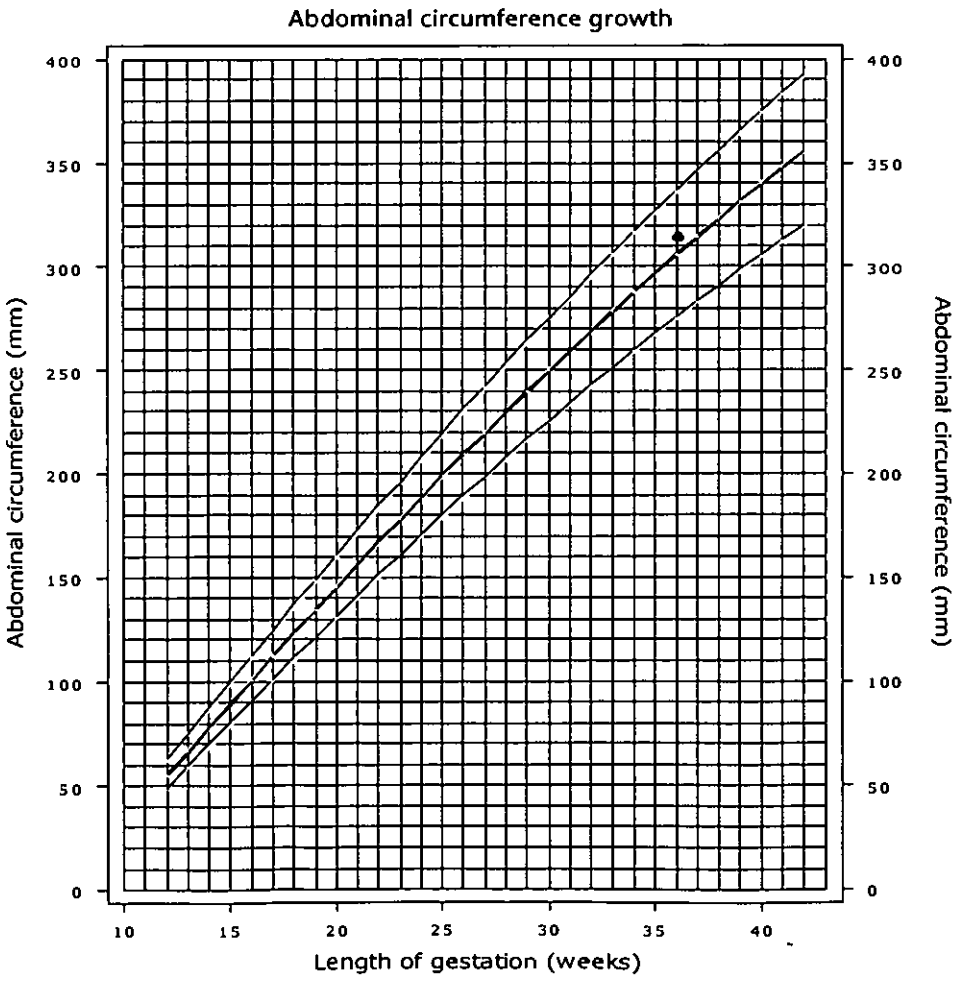
Date	Gestation	EDD by scan	Fetal heart	Signature
			No ☐ Yes ☐	
Details				

Detailed Scan

Date	Summary of findings	Signature

Other Scans

Date	Gestation	Amniotic Fluid Index (AFI) Oligo/normal/ polyhydramnios	Growth Within Normal Limits/<5th Centile/>95th Centile	Fetal presentation (Cephalic, breech, transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature

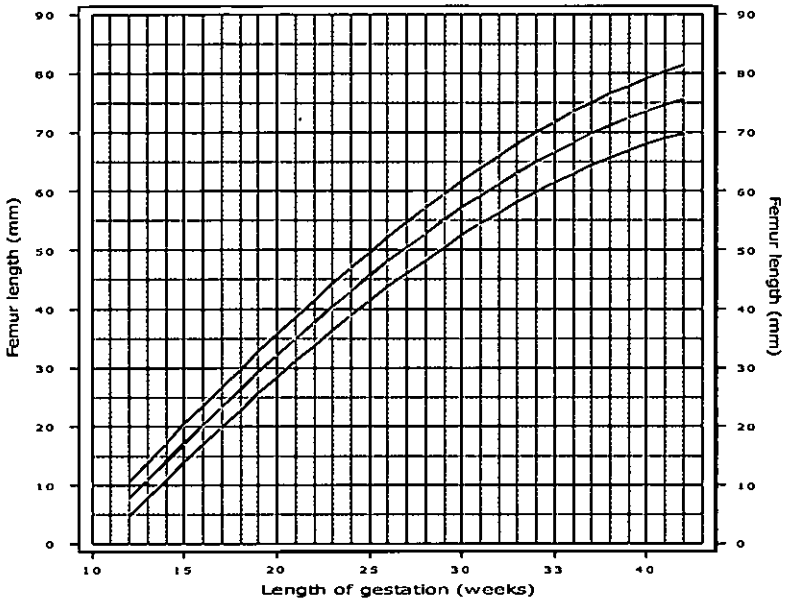


Growth charts supplied by the British Medical Ultrasound Society
(lines show 5th, 50th and 95th Centiles)

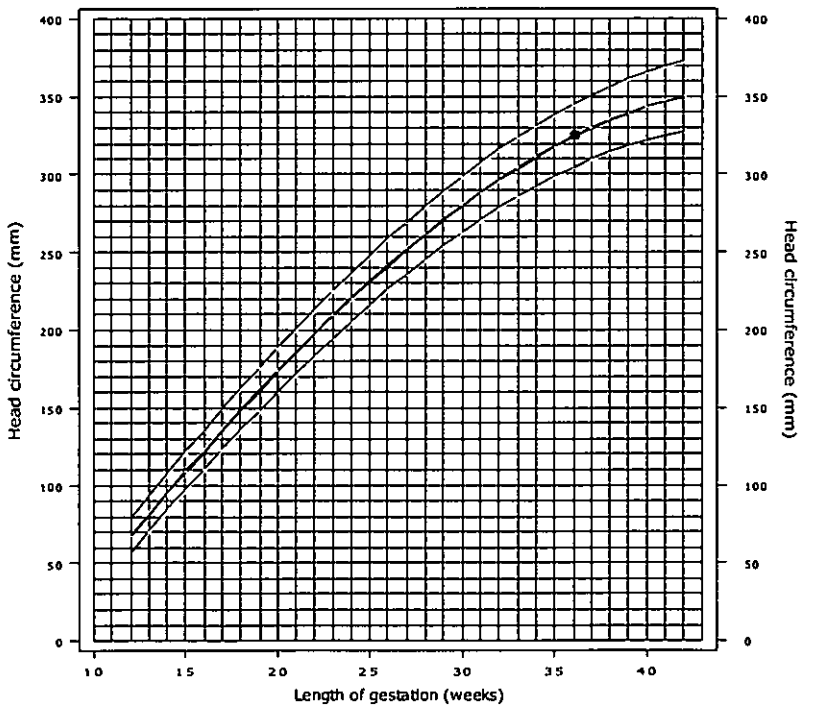
Your ultrasound scans (continued)

Details of any ultrasound scans that you may choose to have will be entered below.

Femur length



Head circumference growth



Any further notes on ultrasound scans

(Please date and sign entry and complete 'Whose Signature' page at back of record).

Maternity Self Referral

Date

1. Surname

halliday

Forename

DOB 6/11/75

CHI No:

Previous surname

2. Permanent Address

600101156L F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW
CHI 0611751143
77107 D Robertson

Post code

Home Tel no:

Mobile no:

3. Name + Address of GP

Dalkeith

	Date	Time	
M/W Appt	1/2/11	8:30am	Catriona
Scan Appt	14/2/11	13:30	Me

4. LMP 22/NOV/10 EDD 29/8/11 Parity

5. Where do you wish to deliver

St Johns ☐ SCRH ☑

Home Birth / Other

6.Interpreter required

Yes ☐ No ☑

Religion

Language

2/2

LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
MEDICAL MICROBIOLOGY SERVICES

Clinical Bacteriology, Royal Infirmary of Edinburgh,
51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 0611751143 **D.O.B:** 06/11/1975
Patient: HALLIDAY, SHONA **Sex:** Female

Tel: 0131 242 6048/6025

Report to:
Midwife
Address: Dalkeith Medical Centre

Date Taken: 01/02/2011
Time Taken: 08:30

Date Received: 01/02/2011
Time Received: 16:41

Date Reported: 02/02/2011

Lab. Ref. No.:MU510344S Spec.:Mid stream urine

Urine Investigation request

White cells	:	Moderate numbers
Red cells	:	Not present
Epithelial cells	:	Moderate numbers

☐Urine culture :
No growth

Authorised by : Internal review For Dr AP Gibb

LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine **Biochemistry, RIE**

PATIENT: HALLIDAY, SHONA **UPI:** 0611751143 **CHI:** 0611751143
DOB: 06/11/1975 **SEX:** F **CONSULTANT/GP:** Midwife
SOURCE: Dalkeith Medical Centre **SENDER:**

CLINICAL DETAILS: 27 weeks gest

ATE <2HRS AGO

			03/12/06 18:30 HB111293 Blood	07/01/07 u/k HB126400 Blood	07/01/07 u/k HB126401 Blood	01/02/11 u/k HB890867 Blood	24/05/11 09:45 HB981980 Blood
Urea	mmol/L	2.5-6.6	4.6	**2.1**			
Creatinine	umol/L	60-120	77	**59**			
eGFR (/1.73m2)	ml/min		81	**>90**			
Sodium	mmol/L	135-145	142	142			
Potassium	mmol/L	3.6-5.0	3.8	4.0			
TCO2	mmol/L	22-30	24	22			
Glucose	mmol/L				5.2	3.9	4.8
Glucose spec.	type				RANDOM	RANDOM	RANDOM
Bilirubin	umol/L	3-16	6	6			
ALT	U/L	10-50	13	17			
Alk.Phos	U/L	40-125	77	69			
GGT	U/L	5-35	15	21			
Albumin	g/L	35-50	39	43			
Paracetamol	mg/L			17			
Salicylate	mg/L	0-250		<50			

COMMENTS:

DATE PRINTED: 24/05/2011
TIME PRINTED: 19:11

INDEX OF COMMENT CODES

HM Haemolysed IS Insufficient UNK Unknown LP Lipaemic NDET Not Detected
T/F Result to Follow TL Too late for satisfactory analysis TC Test cancelled SB See comment below
Results outwith the reference range are highlighted in BOLD

LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
MEDICAL MICROBIOLOGY SERVICES

Clinical Bacteriology, Royal Infirmary of Edinburgh,
51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 0611751143 **D.O.B:** 06/11/1975
Patient: HALLIDAY, SHONA **Sex:** Female

Tel: 0131 242 6048/6025

Report to:
Midwife
Address: Dalkeith Medical Centre

Date Taken: 24/05/2011
Time Taken: 09:45

Date Received: 24/05/2011
Time Received: 15:03

Date Reported: 25/05/2011

Lab. Ref. No.:MU562939E Spec.:Mid stream urine

☐Urine culture :
No growth

Authorised by : Internal review For Dr AP Gibb

LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
MEDICAL MICROBIOLOGY SERVICES

Clinical Bacteriology, Royal Infirmary of Edinburgh,
51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 0611751143 **D.O.B:** 06/11/1975
Patient: HALLIDAY, SHONA **Sex:** Female

Tel: 0131 242 6048/6025

Report to:
Midwife
Address: Community Midwives,Dalkeith MC

Date Taken: 15/03/2011
Time Taken: u/k

Date Received: 16/03/2011
Time Received: 10:36

Date Reported: 17/03/2011

Lab. Ref. No.:MC579891V Spec.:First void urine

Abbott realtime Chlamydia	Negative
Abbott realtime Gonorrhoea	Negative

Authorised by : D Bates For Dr AP Gibb

LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
MEDICAL MICROBIOLOGY SERVICES

Specialist Virology Centre
Royal Infirmary of Edinburgh, 51 Little France Crescent
Edinburgh EH16 4SA

PIN/CHI: 0611751143 /0611751143 **D.O.B:** 06/11/1975
Patient: HALLIDAY, SHONA **Sex:** Female

Tel: 0131 242 6004/6027
0131 242 6029/6048
Internal 26004/26029

Report to: Midwife

Address: Community Midwives,Dalkeith MC

Date Taken: 15/03/2011
Time Taken: u/k

Date Received: 15/03/2011
Time Received: 16:04

Date Reported: 17/03/2011

Laboratory Number: MS038153Z Specimen: Clotted Blood

Hep B surface Ag qualitative	0.35	S/CO
Hepatitis B surface Antigen : NEGATIVE		
HIV Ag/Ab COMBO:	0.06	
HIV Antigen/Antibody COMBO assay: NEGATIVE (Index <0.9)		
CMIA for Rubella IgG Antibody:	67.0	IU/mL
Rubella IgG Antibody : POSITIVE (>9.9 IU/mL)		
Rubella antibodies present : >=10 IU		
Anti-Treponemal IgG Antibody:	0.01	
Anti-Treponemal IgG antibody: NEGATIVE (Index <0.9)		
(Negative <0.9, Equivocal 0.9-1.1, Positive >1.1)		

Authorised by : Internal review For Dr AP Gibb

LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine **Biochemistry, RIE**

PATIENT: HALLIDAY, SHONA **UPI:** 0611751143 **CHI:** 0611751143
DOB: 06/11/1975 **SEX:** F **CONSULTANT/GP:** Midwife
SOURCE: Dalkeith Medical Centre **SENDER:**

CLINICAL DETAILS:

LAST ATE IN 2/24

			03/12/06 15:55 HB111248 Blood	03/12/06 18:30 HB111293 Blood	07/01/07 u/k HB126400 Blood	07/01/07 u/k HB126401 Blood	01/02/11 u/k HB890867 Blood
Urea	mmol/L	2.5-6.6	4.7	4.6	**2.1**		
Crcatinine	umol/L	60-120	75	77	59		
eGFR (/1.73m2)	ml/min		83	81	>90		
Sodium	mmol/L	135-145	HM	142	142		
Potassium	mmol/L	3.6-5.0	HM	3.8	4.0		
TCO2	mmol/L	22-30	HM	24	22		
Glucose	mmol/L					5.2	3.9
Glucose spec.	type					RANDOM	RANDOM
Bilirubin	umol/L	3-16	HM	6	6		
ALT	U/L	10-50	HM	13	17		
Alk.Phos	U/L	40-125	HM	77	69		
GGT	U/L	5-35	HM	15	21		
Albumin	g/L	35-50	41	39	43		
Paracetamol	mg/L				17		
Salicylate	mg/L	0-250			<50		

COMMENTS:

DATE PRINTED: 02/02/2011
TIME PRINTED: 11:00

INDEX OF COMMENT CODES

HM Haemolysed IS Insufficient UNK Unknown LP Lipaemic NDET Not Detected
T/F Result to Follow TL Too late for satisfactory analysis TC Test cancelled SB See comment below
Results outwith the reference range are highlighted in BOLD

PATIENT:	HALLIDAY, SHONA		**UPI:**	0611751143	**REF:**
DOB:	06/11/1975	**SEX:** F	**CONSULTANT/GP:**	Midwife	
SOURCE:	Community Midwives,Dalkeith MC		**SENDER:**		

ANTENATAL SCREENING REPORT FOR FETAL DOWN'S SYNDROME

Combined chance of Down's Syndrome at term 1 in 2121

The outcome of the screening test has shown that your baby has only a low chance of Down's Syndrome. Therefore no further action is needed. Please remember that this is a screening test and does not completely rule out the presence of this condition.

TEST DETAILS PROVIDED		LABORATORY DATA	
Date of sample	14/02/2011	Date of sample receipt	15/02/2011
Date of scan	14/02/2011	Gestation at sample date	13wks 5 days
Crown rump length	78 mm	Maternal age at EDD	35.78 yrs
Nuchal translucency	1.9 mm	Age related chance	1 in 362
Current smoker	Yes	Free beta HCG mom	1.99
Maternal weight	71 kg	PAPPA mom	2.05
Family origin	Caucasian	Nuchal translucency MOM	1.38

Comments

Please check this report carefully and ensure that the test details provided have been recorded correctly. If incorrect information has been used the screening test result may be invalid.

For more information refer to the National Protocol: Fetal Anomaly amd Down's Syndrome Screening (2010).

Sample number : QC850823L
Date of report : 16/02/2011 Time 15:18

Date Printed
Time Printed

PATIENT: HALLIDAY, SHONA PIN: 0611751143 CHI: 0611751143
DOB: 06/11/1975 SEX: F CONSULTANT/GP: Midwife
SOURCE: Community Midwives,Dalkeith MC SENDER:

CLINICAL DETAILS:
36 weeks gest

DATE		22/04/09	01/02/11	24/05/11	21/06/11	26/07/11
TIME		18:00	u/k	09:45	10:10	13:35
SPECIMEN No.		450900	637022	673810	683286	476815
Hb (g/1)	[M 130 – 180 : F 115 – 165]	121	121	103	105	110
RBC ($x10^{12}$/1)	[M 4.5 – 6.5 : F 3.8 – 5.8]	3.88	3.75	3.17	3.18	3.32
Hct	[M 0.40 – 0.54 : F 0.37 – 0.47]	0.369	0.360	0.310	0.316	0.325
MCV (f1)	[M / F 78 - 98]	95	96	98	99	98
MCH (pg)	[M / F 27 – 32]	31.2	32.3	32.5	33.0	33.1
Retic ($x10^9$/1)	[M / F 25 – 85]					
WBC ($x10^9$/1)	[M / F 4.0 – 11.0]	9.5	9.6	10.6	12.7	11.5
Neutrophils ($x10^9$/1)	[M / F 2.0 – 7.5]	5.31	6.50	7.64	9.20	7.67
Lymphocytes ($x10^9$/1)	[M / F 1.5 – 4.0]	3.44	2.32	2.21	2.60	2.71
Monocytes ($x10^9$/1)	[M / F 0.2 – 0.8]	0.59	0.63	0.63	0.73	0.97
Eosinophils ($x10^9$/1)	[M / F 0.04 – 0.4]	0.12	0.09	0.08	0.09	0.08
Basophils ($x10^9$/1)	[M / F 0.01 – 0.1]	0.02	0.02	0.02	0.03	0.03
Metamyelocytes ($x10^9$/1)						
Myelocytes ($x10^9$/1)						
Promyelocytes ($x10^9$/1)						
Blast Cells ($x10^9$/1)						
Nrbc / 100 WBC						
PLT ($x10^9$/1)	[M / F 150 – 350]	297	213	239	250	260
ESR (mm/hr)	[M 1 – 10 ; F 3 -15]					
Monospot						
PT Patient (secs)						
Control (secs)	[N 10.5 – 13.5]					
Ratio (INR)	[TR 2.0 – 4.5]					
APTT Patient (secs)						
Control (secs)	[N 26 – 36]					
Ratio	[TR 2.0 – 3.0]					
Mix (secs)						
Fibrinogen (g/1)	[N 1.5 – 4.0]					
D-Dimer (ng/ml)	[N < 200]					

T3/10
D3

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated

DATE PRINTED: 26/07/2011
TIME PRINTED: 23:00

Department of Transfusion Medicine
Royal Infirmary Edinburgh EH16 4SA
Tel : 0131 242 7501

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:

HALLIDAY SHONA
7a ALLAN TERRACE
DALKEITH
MIDLOTHIAN

EH22 1EW
Sex: Female
D.O.B.: 06/11/1975 CHI / Unit No.: 0611751143

EDD / Gestn: 17/08/2011 - 26weeks
Date Specimen Received: 25/05/2011 09:50
Report Date: 25/05/2011
SNBTS No.: 9006149873

Results for Sample Number: 10320016572030
Date Drawn: 24/05/2011 Date Received: 25/05/2011 09:50

ABO : O
Rh D : Negative

Antibody Status : NAD (No Antibodies Detected)

Other Results

Comments

Signed: J.Christoforou

Report Destination:
MIDWIFE IN CHARGE
RECEPTION
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith

EH22 1AP

Copies of Report to:

Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith

EH22 1AP

Department of Transfusion Medicine
Royal Infirmary Edinburgh EH16 4SA
Tel : 0131 242 7501

Request for Further Serological Investigation

Specimen Number:
Bar Code

Name (Surname & Forename) & Address:

HALLIDAY, SHONA
7a ALLAN TERRACE
DALKEITH
MIDLOTHIAN

EH22 1EW

D.O.B.: 06/11/1975 SNBTS No.: 9006149873
Unit No.: 0611751143

Time & Date Specimen Received:

Report Destination:
MIDWIFE IN CHARCE
Dalkeith Medical Practice
The Health Centre 24-26 St Andrew Street
Dalkeith EH22 1AP

Copies of Report to:

Please detail any additional information or changes since last sample:

Anti-D Prophylaxis YES/NO:
(If Yes, Please Give Date & Reason)

EDD / Gestn: 17/8/11 Date Sample Taken: ..... Requested By: .....

PATIENT: HALLIDAY, SHONA **PIN:** 0611751143 **CHI:** 0611751143
DOB: 06/11/1975 **SEX:** F **CONSULTANT/GP:** Midwife
SOURCE: Dalkeith Medical Centre **SENDER:**

CLINICAL DETAILS:

Hb 103 ON IRON

DATE		07/01/07	22/04/09	01/02/11	24/05/11	21/06/11
TIME		u/k	18:00	u/k	09:45	10:10
SPECIMEN No.		118524	450900	637022	673810	683286
Hb (g/l)	[M 130 - 180 : F 115 - 165]	142	121	121	103	105
RBC ($x10^{12}$/l)	[M 4.5 - 6.5 : F 3.8 - 5.8]	4.41	3.88	3.75	3.17	3.18
Hct	[M 0.40 - 0.54 : F 0.37 - 0.47]	0.402	0.369	0.360	0.310	0.316
MCV (fl)	[M / F 78 - 98]	91	95	96	98	99
MCH (pg)	[M / F 27 - 32]	32.2	31.2	32.3	32.5	33.0
Retic ($x10^9$/l)	[M / F 25 - 85]					
WBC ($x10^9$/l)	[M / F 4.0 - 11.0]	10.5	9.5	9.6	10.6	12.7
Neutrophils ($x10^9$/l)	[M / F 2.0 - 7.5]	5.77	5.31	6.50	7.64	9.20
Lymphocytes ($x10^9$/l)	[M / F 1.5 - 4.0]	3.86	3.44	2.32	2.21	2.60
Monocytes ($x10^9$/l)	[M / F 0.2 - 0.8]	0.80	0.59	0.63	0.63	0.73
Eosinophils ($x10^9$/l)	[M / F 0.04 - 0.4]	0.05	0.12	0.09	0.08	0.09
Basophils ($x10^9$/l)	[M / F 0.01 - 0.1]	0.03	0.02	0.02	0.02	0.03
Metamyelocytes ($x10^9$/l)						
Myelocytes ($x10^9$/l)						
Promyelocytes ($x10^9$/l)						
Blast Cells ($x10^9$/l)						
Nrbc / 100 WBC						
PLT ($x10^9$/l)	[M / F 150 - 350]	283	297	243	239	250
ESR (mm/hr)	[M 1 - 10 ; F 3 - 15]					
Monospot						

PT	Patient (secs)		10				
	Control (secs)	[N 10.5 - 13.5]	9				
	Ratio (INR)	[TR 2.0 - 4.5]	1.1				
APTT	Patient (secs)		31				
	Control (secs)	[N 26 - 36]	32				
	Ratio	[TR 2.0 - 3.0]	1.0				
	Mix (secs)						
Fibrinogen (g/l)		[N 1.5 - 4.0]	3.2				
D-Dimer (ng/ml)		[N < 200]					

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated

DATE PRINTED: 21/06/2011
TIME PRINTED: 23:00

PATIENT:	HALLIDAY, SHONA		**PIN:** 0611751143	**CHI:**	0611751143
DOB:	06/11/1975	**SEX:** F	**CONSULTANT/GP:**	Midwife	
SOURCE:	Dalkeith Medical Centre		**SENDER:**		

CLINICAL DETAILS:

Hb 103 ON IRON

Date: 21/06/2011
Time: 16:19
Specimen No.: HB515770J

Vitamin B12	171	ng/L	(180 - 2000)
Serum Folate	5.4	ug/L	(2.8 - 20)

Comments:

Note low B12 result
Low serum vitamin B12 levels occur in correctable dementia, atrophic gastritis, pancreatic disease, pregnancy, myeloma, veganism and pernicious anaemia.

emma CIA 28/6/11

CIA Happy MD to do

Please note: Specimen type is blood unless otherwise stated

DATE PRINTED: 23/06/2011
TIME PRINTED: 07:00

LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine — **Biochemistry, RIE**

PATIENT: HALLIDAY, SHONA **UPI:** 0611751143 **CHI:** 0611751143
DOB: 06/11/1975 **SEX:** F **CONSULTANT/GP:** Midwife
SOURCE: Dalkeith Medical Centre **SENDER:**

CLINICAL DETAILS:

Hb 103 ON IRON

			07/01/07	07/01/07	01/02/11	24/05/11	21/06/11
			u/k	u/k	u/k	09:45	10:10
			HB126400	HB126401	HB890867	HB981980	HB515770
			Blood	Blood	Blood	Blood	Blood
Ferritin	ug/L	15-200					17
Urea	mmol/L	2.5-6.6	2.1				
Creatinine	umol/L	60-120	59				
eGFR (/1.73m2)	ml/min		>90				
Sodium	mmol/L	135-145	142				
Potassium	mmol/L	3.6-5.0	4.0				
TCO2	mmol/L	22-30	22				
Glucose	mmol/L			5.2	3.9	4.8	
Glucose spec.	type			RANDOM	RANDOM	RANDOM	
Bilirubin	umol/L	3-16	6				
ALT	U/L	10-50	17				
Alk.Phos	U/L	40-125	69				
GGT	U/L	5-35	21				
Albumin	g/L	35-50	43				
Iron	umol/L	10-28					30
Transferrin	g/L	2-4					4.63
Transferrin Sat%							25
Paracetamol	mg/L		17				
Salicylate	mg/L	0-250	<50				

COMMENTS:

DATE PRINTED: 22/06/2011
TIME PRINTED: 15:35

INDEX OF COMMENT CODES

HM Haemolysed — IS Insufficient — UNK Unknown — LP Lipaemic — NDET Not Detected
T/F Result to Follow — TL Too late for satisfactory analysis — TC Test cancelled — SB See comment below
Results outwith the reference range are highlighted in BOLD

PATIENT: HALLIDAY, SHONA PIN: 0611751143 CHI: 0611751143
DOB: 06/11/1975 SEX: F CONSULTANT/GP: Midwife
SOURCE: Dalkeith Medical Centre SENDER:

CLINICAL DETAILS:

LAST ATE IN 2/24

DATE		27/09/04	03/12/06	07/01/07	22/04/09	01/02/11
TIME		14:40	05:55	u/k	18:00	u/k
SPECIMEN No.		350133	107386	118524	450900	637022
Hb (g/l)	[M 130 - 180 : F 115 - 165]	116	135	142	121	121
RBC ($x10^{12}$/l)	[M 4.5 - 6.5 : F 3.8 - 5.8]	3.61	4.34	4.41	3.88	3.75
Hct	[M 0.40 - 0.54 : F 0.37 - 0.47]	0.347	0.398	0.402	0.369	0.360
MCV (fl)	[M / F 78 - 98]	96	92	91	95	96
MCH (pg)	[M / F 27 - 32]	32.1	31.1	32.2	31.2	32.3
Retic ($x10^9$/l)	[M / F 25 - 85]					
WBC ($x10^9$/l)	[M / F 4.0 - 11.0]	9.1	12.0	10.5	9.5	9.6
Neutrophils ($x10^9$/l)	[M / F 2.0 - 7.5]	5.27	7.49	5.77	5.31	6.50
Lymphocytes ($x10^9$/l)	[M / F 1.5 - 4.0]	3.14	3.75	3.86	3.44	2.32
Monocytes ($x10^9$/l)	[M / F 0.2 - 0.8]	0.47	0.69	0.80	0.59	0.63
Eosinophils ($x10^9$/l)	[M / F 0.04 - 0.4]	0.15	0.06	0.05	0.12	0.09
Basophils ($x10^9$/l)	[M / F 0.01 - 0.1]	0.02	0.04	0.03	0.02	0.02
Metamyelocytes ($x10^9$/l)						
Myelocytes ($x10^9$/l)						
Promyelocytes ($x10^9$/l)						
Blast Cells ($x10^9$/l)						
Nrbc / 100 WBC						
PLT ($x10^9$/l)	[M / F 150 - 350]	223	273	283	297	243
ESR (mm/hr)	[M 1 - 10 ; F 3 -15]	13				
Monospot						
PT Patient (secs)				10		
Control (secs)	[N 10.5 - 13.5]			9		
Ratio (INR)	[TR 2.0 - 4.5]			1.1		
APTT Patient (secs)				31		
Control (secs)	[N 26 - 36]			32		
Ratio	[TR 2.0 - 3.0]			1.0		
Mix (secs)						
Fibrinogen (g/l)	[N 1.5 - 4.0]			3.2		
D-Dimer (ng/ml)	[N < 200]					

√ Cun

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated

DATE PRINTED: 01/02/2011
TIME PRINTED: 23:00

Department of Transfusion Medicine
Royal Infirmary Edinburgh EH16 4SA
Tel.: 0131 242 7501

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:

HALLIDAY SHONA
7a ALLAN TERRACE
DALKEITH
MIDLOTHIAN

EH22 1EW
Sex: Female
D.O.B.: 06/11/1975 CHI / Unit No.: 0611751143

EDD / Gestn:
- weeks

Date Specimen Received:
02/02/2011 09:05

Report Date:
02/02/2011

SNBTS No.: 9006149873

Results for Sample Number: 10320014478306
Date Drawn: 01/02/2011 Date Received: 02/02/2011 09:05

ABO : O
Rh D : Negative

Antibody Status : NAD (No Antibodies Detected)

Dther Results

Comments Doc. on TRAK ✓ CM 9/2/11.

This patient is eligible to participate in the, Anti-D prophylaxis programme.

Signed:

Report Destination:
MIDWIFE IN CHARGE
RECEPTION
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith

EH22 1AP

Copies of Report to:

Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith

EH22 1AP

[redacted]

SHONA HALLIDAY
7a ALLAN TERRACE
DALKEITH
MIDLOTHIAN

EH22 1EW

CHI/Hospital No.: 0611751143

Instructions: Bend sheet then "pop-out" card.

02/02/2011

Senders Address:
Department of Transfusion Medicine
Royal Infirmary Edinburgh
EH16 4SA

INFORMATION FOR RhD NEGATIVE WOMEN

Several blood tests are undertaken during pregnancy for the benefit of the pregnant woman and her baby. The Scottish Blood Transfusion Service has performed tests to determine your blood group. A card giving details of your blood group is enclosed above, which can be detached for safe keeping.

Q. Why is it important to know the blood group of a pregnant woman?

A. First, to provide blood for transfusion without delay if there is unexpected bleeding during pregnancy or at delivery, and second, to identify women who are RhD negative (Rhesus negative).

Q. Why is it important to identify women who are RhD negative?

A. During a normal pregnancy blood from the baby can enter the mother's bloodstream, the amounts are small and not felt by the mother. Sometimes when this happens the mother forms an antibody. These antibodies are harmless to the mother and the majority are harmless to the baby, but a few are capable of affecting the baby's red cells, the most important of these anti-D which can only develop in RhD negative mothers who are carrying an RhD positive baby. Fortunately, giving an injection of anti-D immunoglobulin can largely prevent the formulation of anti-D.

Q. When is anti-D immunoglobulin injection necessary?

A. Routinely after delivery of an RhD positive baby. It may also be required after a miscarriage, threatened miscarriage or abortion, a medical procedure such as amniocentesis, a heavy fall or other abdominal injury and vaginal bleeding. The anti-D immunoglobulin should be give within 72 hours of any of the above events.

If you should lose this card, please write to the above address for replacement, informing us of your full name and DOB. If you want further information, please ask your GP or midwife.

Never let this card be used by another person as the particulars relate only to you.

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Halliday	Shona	UHPI:	600101156L

CHI: 0611751143
Order Items:
US Obstetric Fetal Growth

Clinical details
Growth scan.

Report
EDD BY ULTRASOUND: 17/08/2011
GESTATION (by ultrasound): 36 weeks 1 days.
FETUS NUMBER:1
FETAL HEART PULSATIONS SEEN: YES

H/C: 327 mm
A/C: 313 mm

PRESENTATION: BREECH EXTENDED
PLACENTA: Posterior not low
LIQUOR VOLUME: Normal

ADDRESS:	7a Allan Terrace		DOB:	06/11/1975
	Dalkeith		SEX:	Female
	EH22 1EW			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Catriona G Miller
Order Patient Location:	Obstetric / Gynae Ultrasound - RIE
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Fetal Growth	10324303	21/07/2011	M/W Jennifer M Bonnar

D.O.R:		Reporting Radiologist:	Jacqueline Harkins
D.O.T:	21/07/2011	Overseen by Radiologist:	
D.O.V:	21/07/2011	Verifying Radiologist:	Jacqueline Harkins
		Typist/Secretary:	Jacqueline Harkins
		Radiologist Signature:	

Printed 21/07/2011 11:27:57

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Halliday	Shona	UHPI:	600101156L

CHI: 0611751143

Order Items:
US Obstetric Fetal Anomaly Scan

Clinical details

Fetal anomaly scan.

Report

EDD BY ULTRASOUND: 17/08/2011
GESTATION (by ultrasound): 20 weeks 2 days
FETUS NUMBER: 1
FETAL HEART PULSATIONS SEEN: Yes
H/C: 170 mm
A/C: 146 mm
FL: 32 mm
PLACENTA: Posterior & not low-lying
LIQUOR VOLUME: Normal
COMMENTS:
No fetal abnormality seen. It was explained that this does not exclude all problems.

ADDRESS:	7a Allan Terrace		DOB:	06/11/1975
	Dalkeith		SEX:	Female
	EH22 1EW			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Catriona G Miller
Order Patient Location:	X-Ray - RIE
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Fetal Anomaly Scan	9275222	01/04/2011	Dr RG Hughes

D.O.R:		Reporting Radiologist:	Gillian McDowall
D.O.T:	01/04/2011	Overseen by Radiologist:	
D.O.V:	01/04/2011	Verifying Radiologist:	Gillian McDowall
		Typist/Secretary:	Gillian McDowall
		Radiologist Signature:	

Printed 01/04/2011 10:04:45

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Halliday	Shona	UHPI:	600101156L

CHI: 0611751143
Order Items:
US Obstetric Booking

Clinical details
Booking scan.

Report
EDD BY ULTRASOUND: 17.08.2011
GESTATION (by ultrasound)13: weeks 5 days.
FETUS NUMBER: 1
FETAL HEART PULSATIONS SEEN: Yes.
CRL: 78 mm
NT = 1.9 mm
[redacted]A CARD RECEIVED - YES.

ADDRESS:	7a Allan Terrace		DOB:	06/11/1975
	Dalkeith		SEX:	Female
	EH22 1EW			

[redacted]EFERRER:	
ADDRESS:	

Episode Consultant:	M/W Catriona G Miller
Order Patient Location:	ANC Dalkeith Medical Practice
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Booking	8998844	14/02/2011	M/W Catriona G Miller

D.O.R:		Reporting Radiologist:	Lynn MacKenzie
D.O.T:	14/02/2011	Overseen by Radiologist:	
D.O.V:	14/02/2011	Verifying Radiologist:	Lynn MacKenzie
		Typist/Secretary:	Lynn MacKenzie
		Radiologist Signature:	

Printed 14/02/2011 13:41:03

600101156L F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW
CHI 0611751143
77197 D Robertson

Fite in notes

NHS
Lothian

Consent for Chlamydia Screening in Pregnancy

I have received the information leaflet 'CHLAMYDIA INFECTION – Screening in pregnancy for women aged 25 years old or younger.' I have read it and had a chance to discuss the test I am being offered with a health professional.

I understand the purpose of the test and the importance of the results.

I understand that I may freely decide not to have the test if that is my preference.

☑ I wish to have a test for Chlamydia

☐ I agree to be contacted at the address about the result of this test

COMMUNITY MIDWIVES
DALKEITH MEDICAL CENTRE
24-26 ST ANDREW STREET
DALKEITH EH22 1AP
TEL: 0131 561 5533
FAX: 0131 561 5632

Signature S. Halliday Date 15/3/11

Name S. HALLIDAY

Witness TMillar (Health professional)
(please sign and print name) TRACEY MILLAR.

Designation C.M.W. Date 15/3/11

Address for contact:

COMMUNITY MIDWIVES
DALKEITH MEDICAL CENTRE
24-26 ST ANDREW STREET
DALKEITH EH22 1AP
TEL: 0131 561 5533
FAX: 0131 561 5632

Version 27.07.07

Department of Transfusion Medicine
Royal Infirmary, Edinburgh, EH16 4SA
Tel: (0131 242 7501

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:

HALLIOAY SHONA
7a ALLAN TERRACE
DALKEITH
MIDLOTHIAN

EH22 1EW
Sex: Female
D.O.B.:06/11/1975 CHI / Unit No.: 0611751143

EDD / Gestn: - weeks

Date Specimen Received: 28/08/2011 12:13

Report Date: 29/08/2011

SNBTS No.: 9006149873

Results for Sample Number: 10320018316716
Date Drawn: 28/08/2011 Date Received: 28/08/2011 12:13

ABO : O
Rh D : Negative

Antibody Status : NAD (No Antibodies Detected)

Action Required YES NO

STATE ACTION TAKEN:

IF ABNORMAL Informed GP Woman

Signature & Designation:

GP Name & Address:

Other Results

Kleihauer Ratio : < 2mls

Comments

Less than 2mls foetal cells seen by Acid Elution; this FMH will be covered by the standard dose of 500iu Anti-D. No further testing required.

Signed: Claire Cleland

Report Destination:
DOCTOR IN CHARGE
Ward 211
Royal Infirmary Edinburgh
51 Little France Crescent

Edinburgh
EH16 4SA

Copies of Report to:

BLOOD BANK
Royal Infirmary Edinburgh
51 Little France Crescent

Edinburgh
EH16 4SA

Department of Laboratory Medicine — **Haematology, RIE**

PATIENT:	HALLIDAY, SHONA	**PIN:**	6001011156L **CHI:** 0611751143
DOB:	06/11/1975 **SEX:** F	**CONSULTANT/GP:**	Dr Claire I Alexander
SOURCE:	RIE 211 Postnatal Ward	**SENDER:**	22111..

CLINICAL DETAILS:

SPECIALTY: Obstetrics

DATE		01/02/11	24/05/11	21/06/11	26/07/11	28/08/11
TIME		u/k	09:45	10:10	13:35	11:33
SPECIMEN No.		637022	673810	683286	476815	058745
Hb (g/l)	[M 130 - 180 : F 115 - 165]	121	103	105	110	101
RBC ($x10^{12}$/l)	[M 4.5 - 6.5 : F 3.8 - 5.8]	3.75	3.17	3.18	3.32	2.98
Hct	[M 0.40 - 0.54 : F 0.37 - 0.47]	0.360	0.310	0.316	0.325	0.290
MCV (fl)	[M / F 78 - 98]	96	98	99	98	97
MCH (pg)	[M / F 27 - 32]	32.3	32.5	33.0	33.1	33.9
Retic ($x10^9$/l)	[M / F 25 - 85]					
WBC ($x10^9$/l)	[M / F 4.0 - 11.0]	9.6	10.6	12.7	11.5	25.8
Neutrophils ($x10^9$/l)	[M / F 2.0 - 7.5]	6.50	7.64	9.20	7.67	21.40
Lymphocytes ($x10^9$/l)	[M / F 1.5 - 4.0]	2.32	2.21	2.60	2.71	2.70
Monocytes ($x10^9$/l)	[M / F 0.2 - 0.8]	0.63	0.63	0.73	0.97	1.65
Eosinophils ($x10^9$/l)	[M / F 0.04 - 0.4]	0.09	0.08	0.09	0.08	0.01
Basophils ($x10^9$/l)	[M / F 0.01 - 0.1]	0.02	0.02	0.03	0.03	0.02
Metamyelocytes ($x10^9$/l)						
Myelocytes ($x10^9$/l)						
Promyelocytes ($x10^9$/l)						
Blast Cells ($x10^9$/l)						
Nrbc / 100 WBC						
PLT ($x10^9$/l)	[M / F 150 - 350]	243	239	250	268	245
ESR (mm/hr)	[M 1 - 10 ; F 3 - 15]					
Monospot						
PT Patient (secs)						
Control (secs)	[N 10.5 - 13.5]					
Ratio (INR)	[TR 2.0 - 4.5]					
APTT Patient (secs)						
Control (secs)	[N 26 - 36]					
Ratio	[TR 2.0 - 3.0]					
Mix (secs)						
Fibrinogen (g/l)	[N 1.5 - 4.0]					
D-Dimer (ng/ml)	[N < 200]					

Action Required YES NO

STATE ACTION TAKEN:

IF ABNORMAL Informed GP Woman

Signature & Designation:

GP Name & Address:

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated

DATE PRINTED: 28Aug11

TIME PRINTED: 15:10

Department of Laboratory Medicine **Haematology, RIE**

PATIENT: HALLIDAY, SHONA **PIN:** 600101156L **CHI:** 0611751143
DOB: 06/11/1975 **SEX:** F **CONSULTANT/GP:** Dr Claire I Alexander
SOURCE: RIE 211 Postnatal Ward **SENDER:** j arnott

CLINICAL DETAILS:
day 2 after GA c/section
SPECIALTY: Obstetrics

DATE		24/05/11	21/06/11	26/07/11	28/08/11	30/08/11
TIME		09:45	10:10	13:35	11:33	12:34
SPECIMEN No.		673810	683286	476815	058745	378402
Hb (g/l)	[M 130 - 180 : F 115 - 165]	103	105	110	101	101
RBC ($x10^{12}$/l)	[M 4.5 - 6.5 : F 3.8 - 5.8]	3.17	3.18	3.32	2.98	3.06
Hct	[M 0.40 - 0.54 : F 0.37 - 0.47]	0.310	0.316	0.325	0.290	0.301
MCV (fl)	[M / F 78 - 98]	98	99	98	97	98
MCH (pg)	[M / F 27 - 32]	32.5	33.0	33.1	33.9	33.0
Retic ($x10^9$/l)	[M / F 25 - 85]					
WBC ($x10^9$/l)	[M / F 4.0 - 11.0]	10.6	12.7	11.5	25.8	17.4
Neutrophils ($x10^9$/l)	[M / F 2.0 - 7.5]	7.64	9.20	7.67	21.40	13.17
Lymphocytes ($x10^9$/l)	[M / F 1.5 - 4.0]	2.21	2.60	2.71	2.70	2.85
Monocytes ($x10^9$/l)	[M / F 0.2 - 0.8]	0.63	0.73	0.97	1.65	1.15
Eosinophils ($x10^9$/l)	[M / F 0.04 - 0.4]	0.08	0.09	0.08	0.01	0.16
Basophils ($x10^9$/l)	[M / F 0.01 - 0.1]	0.02	0.03	0.03	0.02	0.04
Metamyelocytes ($x10^9$/l)						
Myelocytes ($x10^9$/l)						
Promyelocytes ($x10^9$/l)						
Blast Cells ($x10^9$/l)						
Nrbc / 100 WBC						
PLT ($x10^9$/l)	[M/F 150 - 350]	239	250	268	245	282
ESR (mm/hr)	[M 1 - 10 ; F 3 -15]					
Monospot						
PT Patient (secs)						
Control (secs)	[N 10.5 - 13.5]					
Ratio (INR)	[TR 2.0 - 4.5]					
APTT Patient (secs)						
Control (secs)	[N 26 - 36]					
Ratio	[TR 2.0 - 3.0]					
Mix (secs)						
Fibrinogen (g/l)	[N 1.5 - 4.0]					
D-Dimer (ng/ml)	[N < 200]					

Action Required YES NO

STATE ACTION TAKEN:

IF ABNORMAL Informed GP Woman

Signature & Designation:

GP Name & Address:

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated

DATE PRINTED: 30Aug11
TIME PRINTED: 15:10

NHS Lothian

OBSTETRIC SBAR

600101156L F 06/11/1975

Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW
CHI 0611751143
77197 D Robertson

S — Situation

Patient's Name: CHI No:
Calling from: OTA
Reason for Report: ADMIT
Patient is admitted / coming in for:
I am concerned about:

- BP / Medical condition
- Preterm labour
- CTG:
- PV Bleed
- Labour (Contraction pattern)
- Other:

B — Background

Para 1 + 0 @ 41+4 weeks RH MEM
Consultant / Midwife team: CRA
Past Obstetric History: PREVSVD
Past Medical History:
History of present pregnancy:
Patient's complaints: LABOUR

A — Assessment

Maternal vital signs: NAD
Intermittant auscultation yes no
CTG: Reassuring Suspicious Pathological
(Dr C Br A Va D O)
Bishop Score / PV / P/S findings: 7cm BULGING MEMBRANES
Significant laboratory values:

Clinical Impression: 0300 TE

R — Recommendation

What I need from you:
Time frame (Immediate; within1/2hr; within1 hr; other):
Suggestions for tests / treatments:
Haematology / Biochemistry tests:
IVI / Antibiotics USS
Analgesia Induction of labour
Other
Clarify plan (Read back):

Person completing the form: _____
Date: _____ Time: _____
Reported to: _____

References:
Joint Commission on Accreditation of Healthcare Organizations.(2006). National patient safety goals.
Kohn, L., Corrigan, J., & Donaldson, M. (1999). To err is human: Building a safer health system Woshington, DC : National Academy Press.

Compiled by: Dr. P. Durgadevi &Dr K. C. Dundas
Approved on:

Obstetric Observation Chart

NHS Lothian

Consultant: _____

Date chart commenced: _____

This is chart number _____ this admission

Booking weight _____ kgs BMI _____

ASU: _____

Attach a patient Addressograph here
or

Name: Shona Halliday

DOB: 06 11 75.

CHI No: 06 11 75 1143.

An Early Warning Score (SEWS) must be calculated every time observations are recorded and ALL components completed. If SEWS score >= 4 then follow flow chart and increase frequency of observations to at least hourly.

SEWS >=4	SEWS>=6 or rapid deterioration
↓	↓
Inform midwife in charge and obstetric senior trainee	Inform obstetric and anaesthetic senior trainees (consultants if above not readily available)

CAUTION

The SEWS relates to the SYSTOLIC BP only. If there are concerns re preeclampsia then separate documentation of DIASTOLIC pressure must be made along with target BP. Action should then be taken even if the SEWS score does not 'trigger'.

Intrathecal or Epidural Opioid

Drug:	Dose	Route	Time

Patient Controlled Analgesia (PCA)

(PLEASE ALSO PRESCRIBE ON DRUG CHART)

Drug:	Dose: / 50 ml 0.9% NaCl	Concentration: mg/ml	Antiemetic:	Dose:
InitialPCA bolus :	Lockout time:	Signature	Name	Date/Time
Amended to: Amended to:				

IMPORTANT

IF INTRATHECAL / EPIDURAL OR PCA OPIOIDS, PLEASE ENSURE THAT RESPIRATORY RATE, SEDATION, PAIN AND NAUSEA SCORES ARE RECORDED HOURLY FOR THE FIRST 12 HOURS AFTER INITIAL DOSE

Oxygen 2l/min via nasal prongs should be continued with PCA therapy

Respiratory Depression	Nausea/vomiting	Pruritus:
If respiratory rate less than 8 or the patient is difficult to rouse immediately call Anaesthetist and Obstetric Senior Trainee If APNOEA Respiratory arrest - Dial 2222	**1st line:** Cyclizine 50mg iv/im 8 hrly (if not in PCA) **2nd line:** Dndansetron iv 4mg 6hrly **3rd Line:** Prochlorperazine IM 12.5mg **4th Line:** Dexamethasone iv 8mg	Ondansetron 8mg iv/im Naloxone 100mcg ivincrements titrated to effect Chlorphenamine 4mg oral

PERSISTENT PAIN - 6 OR ABOVE - CONSIDER MEDICAL REVIEW

Reorder Ref: WLT1016-Obs

How to calculate SEWS Score (document after each set of observations)

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

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

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

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

HOW TO ASSESS BP IN A PREGNANT PATIENT

Initial BP measurement must be manual
Appropriate sized cuff should be used
Diastolic BP reading is when the sound **disappears**

Systolic BP >160mmHg	Recheck manually in 15 mins and assess patient If BP still elevated – CONTACT SENIOR TRAINEE
Diastolic BP >100mmHg Or >20mmHg from booking	Recheck manually in 15 mins and assess patient If BP still elevated – CONTACT SENIOR TRAINEE
Diastolic BP >110mmHg	CONTACT OBSTETRIC SENIOR TRAINEE IMMEDIATELY
Urinalysis ++ protein	CONTACT OBSTETRIC SENIOR TRAINEE IMMEDIATELY

When assessing the patient the following symptoms may indicate severe pre-eclampsia and require further action

Headache	Visual disturbance	Facial oedema	Breathlessness
Epigastric pain	Right upper quadrant pain	Vomiting	Generalised oedema

Nausea Score (0-3)

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

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

Adapted from NHS Lothian SEWS Observation Chart by Obstetric SEWS Group 2009. Approved by Lothian Maternity QIP & Lothian Clinical Documentation Group.

SEWS KEY 0 1 2 3																												
DATE:	28/7																						29/8			30/8		
TIME:	0547	0550	0555	0600	0605	0610	0620	0625	0645		07	07[20]	07	08[35]	09[30]	10[30]	11[30]	12[30]	13[30]	15[00]	17[00]	19[00]	0045	22[30]		1200	2050	
RESP. RATE 9-20	12	14	14	13	12		14	12	14		14	14	14	16	16	16	16	16	16	14	16	18	16	T		T	T	
SpO2 ≥93	98	96	97	97	99	98	97	99	99		99	99	99	96	99	98	99	98	99	99	98	97	98	98		/	/	
Inspired O2%	6L	6L	RA	RA	RA	RA	RA	6L	6L		6L	6L	6L	6L	6L	6L	6L	6L			6L	3L						

RESP. RATE: ≥36, 31-35, 21-30, 9-20, ≤8

SpO2: ≥93, 90-92, 85-89, <85

Inspired O2% — %

Humidifier Temp

TEMP: >39°, 38°, 37°, 36°, 35°, 34° — 37.0, 37

SEWS SCORE uses Systolic BP

BLOOD PRESSURE — PRE-ECLAMPSIA SEE CAUTION FRONT PAGE: 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50 — 120, 112, 110, 112, 64, 62

HEART RATE: >140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30 — 80, 86

Amned 21/1

SEDATION / NEURO SCORE																								
S Sleep				✓																				
0 Alert					✓	✓	✓	✓	✓	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 Verbal	✓	✓	✓																					
2 Pain																								
3 Unresp																								

urine output (ml): cl, cl, cl, cl, cl, cl, cl, cl, ✓

U0<100mls/4hrs

Proteinurie

SEWS SCORE (with all obs): 1, 1, 2, 1, 1, 1, 0, [illegible], 1, 0, 0, 0, 0, 1, 0

PAIN: Severe 9-10, 6-8; Moderate 4-5; Mild 1-3; None 0 — 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0

BM

Lochia: Nil, Nil, Nil, Nil, Nil, Nil, Nil, Nil, Nil, Min, Min, Min

Fundus: F/C, F/C, F/C, F/C, F/C, F/C, F/C, F/C, F/C, F/C

Drain (ml)

Wound: Nil

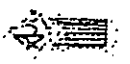
Anaesthetic Block Height

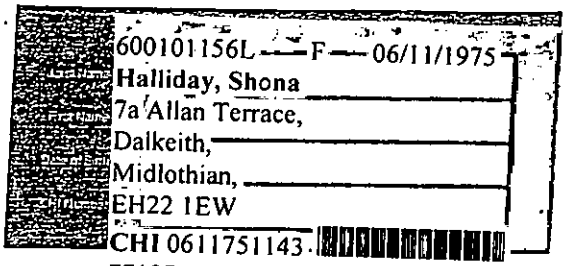
Movement

Sleep, Alert, Verbal, Pain, Unresp, Urine output (ml), U0<100mls/4hrs, Proteinurie, SEWS, 9-10, 6-8, 4-5, 1-3, 0, BM, Lochia, Fundus, Drain (ml), Wound, Block Height, Movement

Surgical Safety Checklist

(adapted for Obstetrics, NHS Lothian)





600101156L F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW
CHI 0611751143

77197 D Robertson

DATE 280811

TIME 0455

SITE TH2 RIE

SUPERVISING OBSTETRIC CONSULTANT DR. K. EDGAR

OPERATION - PLEASE TICK

Elective		Forceps	
Emergency	✓	Other - e.g. 3° Tear	

To be completed for all women going to theatre

Please complete ALL boxes

SIGN IN (To be read out loud)		
Pre-procedure		
Member verbally confirms with the team:	YES	NO
Patient identity and consent checked?	☐	☐
Personnel present and identified?	☐	☐
Blood results available?	☐	☐
Patient suitable for electronic release?	☐	☐
Patient cross-matched?	☐	☐
Any Allergies?	☐	☐
Prophylactic antibiotics required?	☐	☐
Any additional procedures planned?	☐	☐
Any problems anticipated?	☐	☐
Any Special Equipment required?	☐	☐
Signature		
Print		
Designation		

Please record any issues identified

NO TIME G.A.
BRAOH.

NAME:

DATE OF BIRTH:

A/N NO.

OR

600101156L F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith, *Addressograph*
Midlothian,
EH22 1EW
CHI 0611751143
77197 D Robertson

INTRAOPERATIVE CARE RECORD

Date of Operation 28/08/11	Proposed Procedure EM.L.U.S.G.S		
Position: LF	Tilt ☐	Lithotomy ☐	Left Lateral ☐ Other ☐
Equipment Used / Protection LF	Gel Pads – Elbows ☐ Heels ☐	Prevent Mattress ☐	
Mobility Initials LF	Self Transfer ☐ Supervised by 3 staff ☐	Pat slide ☐	
Diathermy Initials LF	Position LEFT THIGH Setting – Low Output ☐	Current – Monopolar ☐ Bipolar ☐	
Skin Prep Initials LF	Details VIOENE ANTISEPTIC		
Calf Garment N/A ☐ Initials LF	Setting (manufacturer's specification) ☐	FLOWTRON BOOTS	
Skin Closure Initials LF	Details 3/0 MONOCRYL		
Dressings N/A ☐ Initials LF	Mepore ☐	Pressure dressing ☐	Details of other dressing: TEGADERM
Drains N/A ☒ Initials LF	Type	Tube ☐ Size:	Estimated blood loss: mls
Catheters N/A ☐ Initials LF	Details 12FG SILICONE CATHETER mls in Balloon 10 H2O		
Specimens N/A ☐ Initials LF	Fixing medium:	Fresh ☐	

Comments: 100mg Diclofenac given PR.
Theatre sheets removed. Skin in tact but slight redness to bottom

Signature: [signature] Printed Name: KIM FISHER Designation: ODP

INTRAOPERATIVE COUNTS of ACCOUNTABLE ITEMS

	Initial Count	Intraoperative	Intraoperative	Intraoperative	Final Count
Correct (Signature)	[signature] N/A ☐	[signature] N/A ☐	[signature] N/A ☐	— N/A ☐	[signature]
Discrepancy & Action Taken					
Scrub Nurse	Comments			Total Blood Loss	900

Signature: [signature] Printed Name: KIM FISHER Designation: ODP
Signature: Printed Name: Designation:

NAME:

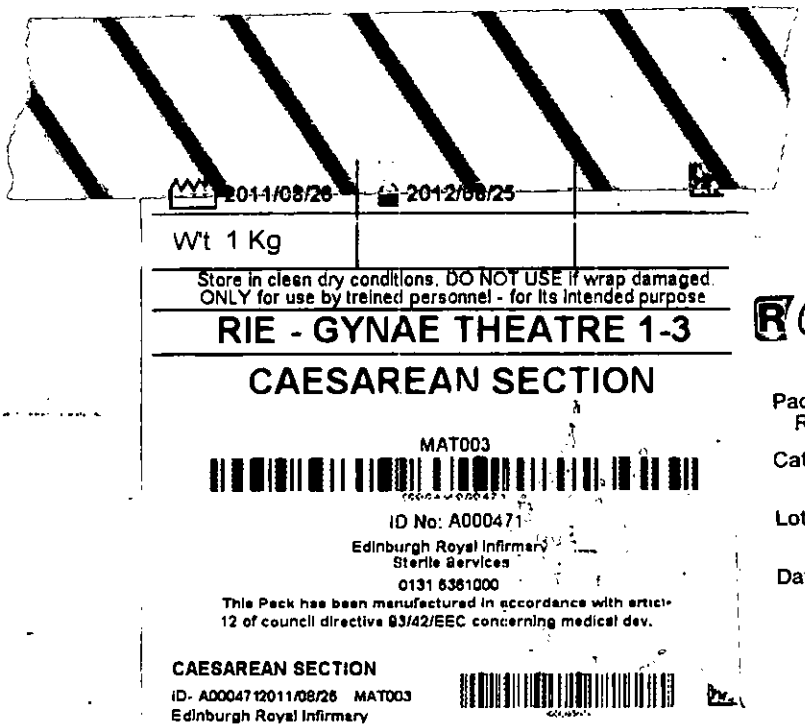
DATE OF BIRTH:

A/N NO.

OR

Addressograph

FOR LABELS FROM PACKS/INSTRUMENTS USED FROM ASC



Date: 29/8/11

Sheet No:

Lothian University NHS Trust
24 Hour Fluid Prescription and Fluid Balance Chart

Name:

Number:

Appropriate Rate for 500ml

1hr - 120 Drops/min
4hr - 30 Drops/min
6hr - 20 Drops/min
8hr - 15 Drops/min

Instruction
NASO-GASTRIC TUBE:
ORAL FLUIDS:
URINE OUTPUT:

FLUID / Added Drugs	Volume / Dose	Start	Finish	Doctor's / Signature	Given By / Added By	TIME	Nature	Amount	Serial No.	Nature	Amount	Urine	Gastric	Other
						01:00								
						02:00								
						03:00								
						04:00								
						05:00								
						06:00								
						07:00								
						08:00								
						09:00								
						10:00				catheter removed		1,000ml		
						11:00								
						12:00								
						13:00								
						14:00								
						15:00	30				PU	250ml		
						16:00								
						17:00								
						18:00								
						19:00								
						20:00								
						21:00								
						22:00								
						23:00								
						00:00								
						Total								

Date: 28/8/11

Sheet No: 4

Lothian University NHS Trust
24 Hour Fluid Prescription and Fluid Balance Chart

Name: 600101156L F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW
Nu CHI 0611751143
7197 D Robertson

Appropriate Rate for 500ml

1hr - 120 Drops/min
4hr - 30 Drops/min
6hr - 20 Drops/min
8hr - 15 Drops/min

Instruction
NASO-GASTRIC TUBE:
ORAL FLUIDS:
URINE OUTPUT:

FLUID / Added Drugs	Volume / Dose	Start	Finish	Doctor's Signature	Given By / Added By	TIME	Nature	Amount	Serial No.	Nature	Amount	Urine	Gastric	Other
						01:00								
Hartmanns	500	6a				02:00								
						03:00								
						04:00								
Hartmanns	500	6c				05:00	Hartmanns	500						
						06:00	Hartmanns	500						
Hartmanns	500	6a ✓				07:00								
						08:00								
						09:00	Hartmanns							
						10:00	(200)							
						11:00								
						12:00				Catheter emptied	1600 mls			
						13:00								
						14:00								
						15:00								
						16:00								
						17:00						700		
						18:00								
						19:00								
						20:00								
						21:00								
						22:00								
						23:00								
						00:00						1800	emptied	
						Total								

SCRH PAIN CHART

SURN 600101156L F 06/11/1975 FORE Halliday, Shona ADDR 7a Allan Terrace, Dalkeith, Midlothian, EH22 1EW *Addressograph please* UNIT DOB CHI 0611751143 77197 D Robertson	ANAESTHETIST HMWMEY / FAWATHA OBSTETRICIAN WARD HW MODE OF DELIVERY EM GA-LSCS- DATE 28/8/11

RECORD HERE if Intrathecal or Epidural Opioid Given:

Drug: ~~Lopfent~~ Dose: N/A Route: Time:

PCA should not be prescribed if the patient has received a long-acting intrathecal or epidural opioid (e.g. diamorphine) but respiratory rate, pain, sedation and nausea scores must be recorded hourly for a minimum of 12 hrs.

PCA PRESCRIPTION

Analgesic Drug	**MORPHINE 100 mg in 50 ml 0.9% Na Cl**			**Concentration** 2 mg/ml	
Anti-emetic if added	**Drug name:**			**Anti-emetic dose in 50 ml:** mg	
PCA bolus dose	2 mg	**Lockout** min	*Initials*	*Print name*	*Date / time*
Initial dose:	2mg	5min	HT	HMWMEY	28/8/11 0500.
Amended to:					
Amended to:					

SCORING SYSTEMS

Score	Pain on movement	Sedation	Nausea	Pruritus
0	No Pain	None, patient alert	None	No Pruritus
1	Mild pain, it does not distress me	Mild, occasionally drowsy; easy to rouse	Mild nausea, no treatment required	Mild pruritus, it does not distress me
2	Moderate pain, it distresses me a bit	Moderate, frequently drowsy; easy to rouse	Nausea / vomiting, helped by treatment	Moderate pruritus, it distresses me a bit
3	Severe pain, it distresses me a lot	Severe, somnolent; difficult to rouse	Persistent nausea / vomiting despite treatment	Severe pruritus, it distresses me a lot
S	Score S if sleeping normally	Normal sleep, stirs to light touch	Score S if sleeping normally	Score S if sleeping normally

RESPIRATORY DEPRESSION

If Respiratory Rate is 8/min or less, or if the patient is very difficult to rouse:
Inform Obs. SHO and Anaesthetist on call: Bleep 2204
Place in recovery position, ensure airway is clear and that patient is receiving oxygen.
Have 0.4mgs of Naloxone available, diluted to 10ml in 0.9% saline.
If Naloxone is considered necessary:
the recommended dose is increments of 1 ml (40 mcg) intravenously

APNOEA - Dial 222 - Commence Basic Life Support.

NAUSEA / VOMITING

Score 2/3: **First line therapy is:**
Cyclizine 50 mg. I/V or I/M
8 hourly p.r.n. **(if not in PCA)**

If any antiemetic ineffective after 30 mins give additional I/V or I/M antiemetic sequentially as follows:
e.g. Ondansetron 4 mg.
Prochlorperazine 12.5 mg (only by deep I/M injection).
Metoclopramide 10 mg.
Dexamethasone 10 mg.

PRURITUS

Score 3: **Suggested therapies are:**

I/V, I/M or oral Ondansetron 8 mg.

I/V Naloxone in 100 mcg increments, titrated to effect. *(this may only provide short-term relief and may need to be repeated).*

Oral chlorpheniramine 4 mg

ROUTINE AND SPECIAL OBSERVATIONS

Respiratory rate (counted over a full minute), pain score (at rest and on movement), sedation score, nausea score, volume left in syringe and delivered dose must all be recorded hourly. While patient is sleeping, score sedation as S if patient stirs to light touch.

Pump N° 106854

17 May 2004

Simpson Centre for Reproductive Health

Complete during PCA and for 12 hours after epidural/spinal opioids

Record loading dose given in recovery here →

Time in hours (24 hr. clock)	Resp. Rate	Sedation Score	Pain Score on movement	Nausea Score	Pruritus Score	Volume (A) (left in syringe)	Delivered vol. (B). (B) Volume x 2 = delivered dose in mg	Total A plus B equals starting volume.
Start Time SHR/NURSE		MADE UP TO 50mls + Fentanyl				Starting Vol	Zero TO 46	Starting Vol DE
1. 0730								
2. 0750	16	0	1	0	0			
3. 0835	16	0	1	0	0	42mls 46	4mls	46 mls PL
4. 0930	16	0	1	0	0	40	6mls	46mls.
5. 1030	16	0	1	0	0	40	6.0	46mls.
6. 1130	16	0	1	0	0	38	8.0	46mls.
7. 1230	16	0	1	0	0	38	8.0	46mls.
8. 1330	14	0	1	0	0	37	9.0	46.
9. 1430	14	0	1	0	0	36	10.0	46
10. 1530	16	0	1	0	1	35	11.0	46
11. 1630	14	0	1	0	1	33	13	46.
12. 1730	16	0	1	0	1	32.	14.9	46
If PCA continues please use new sheet								

Preparation details for each syringe:

Time (24 hour clock)	Prepared by	Checked by	Batch No drugs	Batch No diluent
0615	A Cohen	DEssens	00650	

DATE / TIME Syringe 1	
TOTAL DRUG GIVEN	SIGNED
TOTAL DRUG DISCARDED	WITNESSED
DATE / TIME Syringe 2	
TOTAL DRUG GIVEN	SIGNED
TOTAL DRUG DISCARDED	WITNESSED

17 May 2004

Simpson Centre for Reproductive Health

SCRH PAIN CHART

SURNAME: Halliday	**ANAESTHETIST**
FORENAMES: Shona	**OBSTETRICIAN**
ADDRESS: 7a *Addressograph please* Allan Terrace	**WARD** L/W
UNIT NO	**MODE OF DELIVERY** GA EMLSCS
DOB 6.11.75	**DATE** 25.7.11

RECORD HERE if Intrathecal or Epidural Opioid Given:

Drug: **Dose:** **Route:** **Time:**

PCA should not be prescribed if the patient has received a long-acting intrathecal or epidural opioid (e.g. diamorphine) but respiratory rate, pain, sedation and nausea scores must be recorded hourly for a minimum of 12 hrs.

PCA PRESCRIPTION

Analgesic Drug	**MORPHINE 100 mg in 50 ml 0.9% Na Cl**			**Concentration** 2 mg/ml	
Anti-emetic if added	**Drug name:**			**Anti-emetic dose in 50 ml:** mg	
PCA bolus dose	**mg**	**Lockout min**	***Initials***	***Print name***	***Date / time***
Initial dose:					
Amended to:					
Amended to:					

SCORING SYSTEMS

Score	Pain on movement	Sedation	Nausea	Pruritus
0	No Pain	None, patient alert	None	No Pruritus
1	Mild pain, it does not distress me	Mild, occasionally drowsy; easy to rouse	Mild nausea, no treatment required	Mild pruritus, it does not distress me
2	Moderate pain, it distresses me a bit	Moderate, frequently drowsy; easy to rouse	Nausea / vomiting, helped by treatment	Moderate pruritus, it distresses me a bit
3	Severe pain, it distresses me a lot	Severe, somnolent; difficult to rouse	Persistent nausea / vomiting despite treatment	Severe pruritus, it distresses me a lot
S	Score S if sleeping normally	Normal sleep, stirs to light touch	Score S if sleeping normally	Score S if sleeping normally

RESPIRATORY DEPRESSION

If Respiratory Rate is 8/min or less, or if the patient is very difficult to rouse:
Inform Obs. SHO and Anaesthetist on call: Bleep 2204
Place in recovery position, ensure airway is clear and that patient is receiving oxygen.
Have 0.4mgs of Naloxone available, diluted to 10ml in 0.9% saline.
If Naloxone is considered necessary:
the recommended dose is increments of 1 ml (40 mcg) intravenously

APNOEA - Dial 222 - Commence Basic Life Support.

NAUSEA / VOMITING

Score 2/3: **First line therapy is:**
Cyclizine 50 mg. I/V or I/M
8 hourly p.r.n. **(if not in PCA)**

If any antiemetic ineffective after 30 mins give additional I/V or I/M antiemetic sequentially as follows:
e.g. Ondansetron 4 mg.
Prochlorperazine 12.5 mg (only by deep I/M injection).
Metoclopramide 10 mg.
Dexamethasone 10 mg.

PRURITUS

Score 3: **Suggested therapies are:**

I/V, I/M or oral Ondansetron 8 mg.

I/V Naloxone in 100 mcg increments, titrated to effect. *(this may only provide short-term relief and may need to be repeated).*

Oral chlorpheniramine 4 mg

ROUTINE AND SPECIAL OBSERVATIONS

Respiratory rate (counted over a full minute), pain score (at rest and on movement), sedation score, nausea score, volume left in syringe and delivered dose must all be recorded hourly. While patient is sleeping, score sedation as S if patient stirs to light touch.

PCA continued.

17 May 2004

Simpson Centre for Reproductive Health

Complete during PCA and for 12 hours after epidural/spinal opioids

Record loading dose given in recovery here →

Time in hours (24 hr. clock)	Resp Rate	Sedation Score	Pain Score on movement	Nausea Score	Pruritus Score	Volume (A) (left in syringe)	Delivered vol. (B). (B) Volume x 2 = delivered dose in mg	Total A plus B equals starting volume
Start Time						Starting Vol	Zero	Starting Vol
1. 1830	18	0	1	0	0	32	14.9	46
2. 1930	16	0	1	0	0	31	15.9	46
3. 2030	16	0	1	0	0	30	16.9	46
4. 2130	Talking	0	1	0	0	30	16.9	46
5. 2230	Talking	0	1	0	0	30	16.9	46
6.								
7.								
8.								
9.								
10.								
11.								
12.								
If PCA continues please use new sheet								

Preparation details for each syringe:

Time (24 hour clock)	Prepared by	Checked by	Batch No drugs	Batch No diluent

DATE / TIME Syringe 1	28/8/11	2310	
TOTAL DRUG GIVEN	16.9	SIGNED	E Foret
TOTAL DRUG DISCARDED	30	WITNESSED	Signature
DATE / TIME Syringe 2			
TOTAL DRUG GIVEN		SIGNED	
TOTAL DRUG DISCARDED		WITNESSED	

THEATRE

Anaesthetist(s): Fallows / Humphrey Grade: SDS / ST4

Supervising Consultant: Informed: Y ☐ N ☐

Anaesthetic		Airway/Breathing		Monitoring			Regional Technique			
Na^+ citrate	☑	Facemask	☐	Machine check/Initial	☑		Sitting	☐	Midline	☐
Ranitidine	☐	Oral/Nasal Airway	☐	Minimal monitoring	☑		Lateral	☐	Paramedian	☐
		LMA	☐	ECG	☑	PAW ☑	Asepsis	☐	Interspace	
Induction (I)		Size		SpO_2	☑	Disconnect ☑	Spinal		Epidural	
Pre O_2	☑	ETT	☑	NIBP	☑	PNS ☐	24g	☐	16g	☐
Cricoid Pressure	☑	Size		FiO_2	☑	Steth ☐	25g	☐	18g	☐
Plus 50mg				$ETCO_2$	☑	Temp ☐	Other		CSE	☐
Sux 100mg		Laryngoscopy Grade		Agent	☑	Urine ☐	Complications/comments			
Maintenance		1 2 3 4								
Agents Sevo/Air/O2		S.V. ☑	I.P.P.V. ☐	CVP	☐	A-line ☐				
Gas Flow 2/1		Circuit		Initial		Initial				
		Ventilator		Fluid warmer	☐	Eye care ☑				
Reversal (R)				Warming blanket	☐	Pressure care ☑				
				Patient/limb position: Supine Swedge						

Final Bromage R ☐ L ☐ Sacral block ☐ @ Time

Time 0945 0955

Sensory block height R / L

Modality

150 — SBP [mmHg] - v

DBP [mmHg] - ^

100 — Pulse [bpm] - •

50

Temp 0

EVENTS

A induc

B 1/3

C delivery 0958.

D

E

F

G

H

I

J

K

L

EVENTS	A B C					
SpO_2	100 99	96 96				
$ETCO_2$	46 47	45 45				
FiO_2	1.0 .6	.5 .5				
Fet Volatile / N_2O	2° 1°	1° 1°				
Ventilation	550x12 — A	PR28 18				
PAW						
CVP						
Fluids 1	250 500 500	500				
Fluids 2						
Urine						
Blood Loss						

TOTALS

250 500.

Drugs							
Phenylephrine							
Oxytocin 5 units/ml	5u/5 → 10u/h						
Antibiotic	Cef 1.5g Iv						
Paracetamol							
Diclofenac	100mg						
Bupivacaine (spi/epi)							
~~Mor~~morphine (spi/epi)	5+5+5+5						

DRUG DISPOSAL Total drug given = ml Total drug discarded = ml

WITNESSED BY: 1) 2) DATE:

RECOVERY ROOM

TIME IN:

TIME OUT:

Name:

Hospital Number:

Date of Birth:

Affix Label

A	
B	
C	
D	
E	
F	

Pain Score
0 No Pain
1 Mild Pain
2 Moderate Pain
3 Severe Pain
S Sleeping

Nausea Score
0 None
1 Mild
2 Moderate
3 Severe
T Requiring Treatment
S Sleeping

Sedation Score
0 Alert, orientated
1 Drowsy, easily roused
2 Rouses only to pain
3 Unrousable
S Sleeping

TIME						
Airway						
Oxygen Therapy						
Sats						
Respiration						
Pain Score						
Nausea Score						
Sedation Score						
Urine Volume						
Wound Check						
Drains						
Temperature						
Lochia						
200						
150						
SBP - v						
MAP - x						
DBP - ^						
100						
Pulse - •						
50						
0						
Events						
Fluids						
Drugs						

RECOVERY COMMENTS

Name Signature

ANAESTHETIC INSTRUCTIONS

Oxygen c PCA

Routine monitoring at 5 min intervals x ½ hr ☑

Fluids As charted ☑

Analgesia As charted ☑

Antiemetics As charted ☑

Special Instructions

Destination Day case ☐ Ward ☑ HDU ☐ ITU ☐

Name Thomas Signature

Contact No. 7890

NHS LOTHIAN — OBSTETRIC ANAESTHETIC RECORD

Proposed operation: emn LSCS

Date: 27/8/11

Time called: 0400

Urgency: (I) stat II - urgent III - scheduled IV - elective

600101156L F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW
CHI 0611751143 [redacted]
77197 D Robertson

ANAESTHETIC ASSESSMENT

Assessor: HMWHITLEY Cons ☐ SAS ☐ ST Year: ST4 Other

Consent form signed & checked ☐

Verbal consent to epidural for labour ☐

Read epidural information leaflet ☐

Medical History (& see care pathway)

(N) FTW term; fully; no FH heard → VSS seen ⇒ GA LSCS. JHR

Obstetric History para (i) prev. SVD.

? Pre-eclampsia ☐

Placental position

Examination

HR

BP

Booking Weight

Height

BMI

Medications

nil reg

Herbal medicines

Allergies

NKDA

ASA Grade

(I) II III IV V E

Airway Assessment

Neck mobility good MM
TM distance
Mallampati MP II
Mouth opening good MO.
Jaw protrusion
Teeth CM°C/C/L.

Previous anaesthetics ☑

Uneventful ☑

Family History

Alcohol

Smoking

Drugs

Reflux/GORD

Fasted

Investigations 26/7/11.

FBC Hb 11.0 Plt 268

U+E's

Urate

Coagulation

G+S

Other

Information Given to Patient

PDPH	☐	Temporary Nerve damage	☐
Hypotension	☐	Permanent Nerve damage	☐
Nausea & Vomiting	☐	Pushing and pulling	☐
Failure/Partial failure	☐	Risk of inst. del.	☐
Pruritus	☐	PR drug administration	☐

Top up prescription

1) _____ mls 0.1% levo-bupivacaine + fentanyl 2 mcg/ml

for _____ doses, interval 30 min., posture: not supine

Signature Name

2) _____ mls 0.1% levo-bupivacaine + fentanyl 2 mcg/ml

for _____ doses, interval 30 min., posture: not supine

Signature Name

Post-operative Remarks

	Y	N
★ *Uneventful anaesthetic*	☐	☐
★ *Significant events*		
★ *Critical Incidents*		
★ *Warnings/Hazards*		

PCEA / epidural infusion prescription

0.1% levo-bupivacaine + fentanyl 2 mcg/ml

Bolus amount _____ ml

Time lockout _____ min

Infusion rate _____ ml / hour

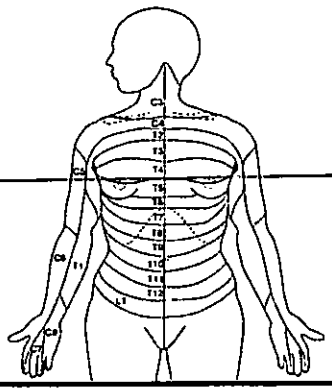
Signature Name

LABOUR WARD

Anaesthetist(s): Grade:

Supervising Consultant: Informed: Y☐ N☐

Technique			Patient Position	
Epidural	16g	☐	Sitting	☐
	18g	☐	Lateral	☐
Spinal	24g	☐		
	25g	☐		
Other		☐	Loss of Resistance	
CSE		☐	Air	☐
Interspace		_____	Saline	☐
Asepsis		☐	Depth of space _____ cm	
			Catheter mark @ skin _____ cm	



Test Doses

Pain/paraesthesia on insertion

Complications/Comments

Time							
LABOUR WARD ONLY SBP [mmHg] - v DBP [mmHg] - ^ Pulse [bpm] - • '							
200							
150							
100							
50							
0							
Top Up PCEA							
Total boluses delivered							
Total volume infused							
Block Height (R/L)							
Pain Score ½ hrly							
Sedation Score ½ hrly							
Bromage (R/L)							

Top Up	Vol	Drug / Concentration	Time	Given by	Checked by	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						

Pain Score
0 no pain
1 mild pain
2 moderate pain
3 severe pain
S sleeping

Sedation Score
0 alert, orientated
1 drowsy, easily roused
2 rouses only to pain
3 unrousable
S sleeping

Bromage
1 unable to move feet or knees
2 able to move feet only
3 just able to move knees
4 full flexion of knees & feet

Call Anaesthetist:

if pain score ≥ 2 30 minutes after top-up
if BP less than 100 mmHg
if block ≥ T6

Department of Transfusion Medicine
Royal Infirmary Edinburgh EH16 4SA
Tel : 0131 242 7501

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:

HALLIDAY SHONA
7a ALLAN TERRACE
DALKEITH
MIDLOTHIAN

EH22 1EW
Sex: Female
D.O.B.: 06/11/1975 CHI / Unit No.: 0611751143

EDD / Gest^{n}: - weeks

Date Specimen Received: 28/08/2011 12:13

Report Date: 28/08/2011

SNBTS No.: 9006149873

Results for Sample Number: 10320018316716
Date Drawn: 28/08/2011 Date Received: 28/08/2011 12:13

ABO : O
Rh D : Negative

Antibody Status : NAD (No Antibodies Detected)

Action Required YES NO

STATE ACTION TAKEN:

ABNORMAL Informed GP Woman

Signature & Designation:

GP Name & Address:

Other Results

Comments

Signed:

Report Destination:
DOCTOR IN CHARGE
Ward 211
Royal Infirmary Edinburgh
51 Little France Crescent

Edinburgh
EH16 4SA

Copies of Report to:

BLOOD BANK
Royal Infirmary Edinburgh
51 Little France Crescent

Edinburgh
EH16 4SA

Caesarean Section Surgery - Ward Form
Surgical Site Infection Surveillance

Please tick appropriate boxes using a black pen **Ward 211**

Insert Patient Label
DOB: 06/11/75 1143
CHI No:
Patient Name: Shona HALLIDAY
Address: 60B101156L

Date of Admission 28 / 08 / 11

Date of Operation 28 / 08 / 11

Q1 to Q4 Refer to antibiotics given **within** and **upto 24 hours following C/S surgery**

Q1. Date antibiotics last given ____ / ____ / ____ **Q2. Time antibiotics last given** ____ / ____ / ____

Q3. Was antibiotic prophylaxis in line with local guidelines Yes ☐ No ☐

Q4. Has patient received more than one dose Yes ☐ No ☐

If yes, reason why ?

Q5 Refers to antibiotics given due to c-section wound / uterine infection / pyrexia / query infection.)

Q5. Is patient receiving antibiotics for more than 24hs after surgery Yes ☐ No ☐

Q6. If yes, reason why ?

Q7. Surgical Site Infection? ☐ Yes (fill out **Q8** below) ☐ No (Go to **Q10**)

Q8. Tick all that apply (criteria in bold constitute an SSI when used alone)

☐ **Purulent Drainage**
☐ Localised pain or tenderness
☐ Localised Swelling
☐ Incision spontaneously dehisces
☐ Redness
☐ Incision is deliberately opened by surgeon
☐ Heat
☐ Fever (temperature 38 degrees or more)
☐ **Abscess/other evidence found during direct exam, a re-operation or radiology/histopathology**
☐ **Organisms isolated from an aseptically obtained culture of fluid, tissue, blood, bone or biopsy**
☐ Diagnosis by surgeon or trained healthcare worker
Method of diagnosis: ☐ Organisms isolated from swab ☐ Other

Q9. Date of Confirmed Surgical Site Infection ____ / ____ / ____

Q10. Date of Discharge, Transfer or Death ____ / ____ / ____

IF YOU HAVE ANY QUERIES CONTACT SURVEILLANCE TEAM 26080 or 26012

Blood Bank Despatch Record

SNBTS Issue Number: 01836657

NHS SCOTLAND

Despatched from: ***BLOOD BANK*** ***Royal Infirmary Edinburgh***

Despatched to: ***Ward 211*** ***Royal Infirmary Edinburgh***

Validated by (BMS): Print Name: M MACKAY Signature: M Mackay

Blood/Blood Components/Products despatched

	Unit/Batch No.	Component/Product	Expiry date & time
1	***SDCN8970*** ✓	***BPL D-Gam 500iu***	***31/10/2012 23:59*** ✓
2			
3			
4			
5			

Please tear off the lower half of this despatch form and return to the local Blood Bank immediately to confirm delivery.

These blood components/products are considered suitable for:

Issue Number: 01836657

Last Name: ***HALLIDAY*** ✓ First Name: ***SHONA*** ✓ Sample:

DOB: ***06/11/1975*** ✓ CHI/Hosp. No ***0611751143 / 600101156L*** Sex: ***Female***

Hospital: ***Royal Infirmary Edinburgh*** Ward: ***Ward 211***

Blood Group: ***ONEG*** ✓ Antibody Screen:

Blood Bank Despatch Details

Date and Time: ***28/08/2011 14:27*** Print Name: ***LINSAY JOHNSTONE*** Signature: L Johnstone

Collection/Delivery Details

Date and Time: Print Name: Signature:

Receiving Area

I have checked the order received and agree that it has reached us in a satisfactory condition with no evidence of tampering.

Date and Time Received: 22-8-11 19:20 Print Name: [illegible] Signature: [illegible]

Local Blood Bank reception only: Our hospital Blood Bank will take responsibility for tracing the final fate of these components in accordance with the Blood Safety and Quality Regulations 2005

Date and Time Received: Print Name: Signature:

Return Despatch Record immediately to: ***BLOOD BANK***
Royal Infirmary Edinburgh, 51 Little France Crescent
Edinburgh

Name: Fraser Halliday CHI: 280811075B	**NHS Lothian - Maternity Handheld Record** Baby Summary Report	NHS Lothian
	UHPI: 700542863K Age: 0 months 3 days Alerts:	

Postnatal discharge summary

Discharged from	Ward 211 RIE, Royal Infirmary of Edinburgh
To (address)	7a Allan Terrace / / Dalkeith / Midlothian / EH22 1EW
Tel	
GP	D Robertson
At	Dalkeith Medical Practice, The Health Centre, 24-26 St Andrew Street, Dalkeith
Tel	0131 561 5500
Care Provider	M/W Catriona G Miller
Midwife	Mid Lothian 0131 561 5533
Paediatrician	

Labour, birth and postnatal period

Onset of labour		Spontaneous					
Induced indication							
Mode of delivery		Emergency LUSCS					
Day	28/08/2011	At	05:00	Sex	Male	Outcome	Livebirth
Indication		Fetal distress - Fetal Heart rate anomaly + Meconium					
Presentation		Not Known					
Location		Theatre					
Gestation		41.4					
Birthweight		3310		Blood loss (mls)		900	
APGAR 1 minutes		1		APGAR 5 minutes		3	
APGAR 10 minutes							
Placenta/ Membranes		Complete Complete					

Maternal blood group	O Rh Negative	Anti-D needed	Yes	Anti-D given on	28/08/2011
Rubella status	Immune	Vaccination needed	No	Vaccinated on	

Further details, including problems identified during pregnancy, labour, birth and the postnatal period/referrals, investigations or results pending:

Name: Shona Halliday CHI: 0611751143	**NHS Lothian-Maternity Handheld Record** LUHD Pregnancy Booking Record	NHS Lothian

UHPI: 600101156L	Age: 35	Parity: 1+0	EDD: 29 Aug 2011	Blood Gp: O Rh Negative

This is your Pregnancy Record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to carry your record during your pregnancy, as this will help communication between you and your maternity care team.

Some women may prefer not to carry their Pregnancy Record. If you do not want to carry your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice.

Please keep your Pregnancy Record safe, confidential and protect it from damage. If you lose your Pregnancy Record, please contact your midwife or maternity unit as soon as possible.

Please remember to take your record with you to all health appointments during your pregnancy. For example, whenever you see your midwife, GP, obstetrician, physiotherapist or when you go for an ultrasound scan. Nearer the time when your baby is due, you may want to carry your Pregnancy Record with you when you go out and about.

Your Pregnancy Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care. (There may be a small charge for this.)

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Protecting Personal Information'. This is available from your midwife, GP practice or on-line at <http://www.show.scot.nhs.uk/confidentiality> (see under 'patient guidance').

Help and advice: Please use the following services: Mid Lothian 0131 561 5533

Contact Details

Maternity Unit: Tel:	Royal Infirmary of Edinburgh 0131 242 2657	**Named Midwife:** **Midwifery Team:**	Catriona Miller Mid Lothian 0131 561 5533
Antenatal Clinic: Tel:	Royal Infirmary of Edinburgh 0131 242 2415		
Delivery Suite: Tel:	Royal Infirmary of Edinburgh 0131 242 2415	**General Practitioner:** **Address:**	D Robertson Dalkeith Medical Practice, The Health Centre, 24-2
Ultrasound Dept: Tel:		Tel: Practice Code	0131 561 5500 77197/1
Health Visitor: **Base:** Tel:		**Obstetrician:** **Base:** Tel:	Royal Infirmary of Edinburgh 0131 242 2657
Social Worker Contact Details			

Domestic Abuse Helpline (10am-10pm, 7 days a week) 0800 027 1234
Scottish Women's Aid 0131 475 2372

Local Information
Your Midwife or doctor will write details of local services below, e.g. antenatal clinic times, breastfeeding support groups and antenatal education sessions.

Please note that supervised students may be learning alongside the maternity staff who care for you. If you have any concerns or preferences about this, please speak to your midwife

Important Information

Surname / family name:	Halliday
First name:	Shona
Previous Name:	
Likes to be called:	Shona
Date of Birth:	06 Nov 1975
Your address:	7a Allan Terrace, Dalkeith, Midlothian, EH22 1EW
Home tel: Other tel:	01316632086 07512669308
Occupation:	
Planned place of birth:	Consultant Unit
Lead Professional:	Midwife

Your Partner/Supporter for this pregnancy

Name: Occupation: Relationship to you: Partners date of birth: Address:	Margaret Halliday Mother 21 James Lean Avenue, Dalkeith, Dalkeith, Midlothian, EH22 1AA
Home tel: Other tel:	0131 654 1146

Emergency contact person/next of Kin (if not your partner/supporter).
Who would you like contacted in an emergency

Name: Relationship to you: Address:	
Home tel: Other tel:	

When is your baby due? - Your "Estimated Date of Delivery" or EDD
This information is used to work out when your baby is due. This is called your estimated date of delivery (EDD). It is helpful to think of your EDD as a "rough guide". Most babies are born during the fortnight before, or the fortnight after your EDD.

Agreed EDD:	29 Aug 2011
Date of the first day of bleeding of your last menstrual period (LMP):	20 Nov 2010
How sure are you of this date:	Certain
Average number of days between the first day of each period (monthly cycle):	
Have you had any vaginal bleeding since your last menstrual period:	No
Had you been using any contraception:	
Type:	
Date Stopped:	
Provisional EDD based on LMP and monthly cycle:	27 Aug 2011
EDD using dating scan:	
Agreed by:	Catriona G Miller

Your previous pregnancies
Is Current Pregnancy with a New Partner? Yes

Parity: 1+0

Pregnancy 1

Full Name		Date of birth	12 Feb 2001
Sex	Male	Gestation	40.6
Birth Weight	3.5	Place of Birth	SCRH
Type of Birth	Spontaneous Vertex Delivery	Anaesthetic	Epidural
Labour Onset	Spontaneous	Perineum	Episiotomy
3rd Stage	Normal	Bottle	Yes
Breast	No		

Your health (inc Mental Health)

Allergies:

	Description	Inactive
Diseases/Operations	Varicella without complication	Y
Details		
Diseases/Operations	Depressive episode	N
Details	5 Episodes of self harm during periods of Depression.	
Diseases/Operations	Cervix	N
Details		

Anaesthetic Risk

Have you ever had a general anaesthetic	Yes
Previous difficult intubation	No
Sensitivity to anaesthetic drugs	No
Family/personal history of Suxamethonium apnoea or malignant hyperpyrexia	No
Abnormal spinal, neck or facial anatomy	No
Weight> 120kg	No

Other Health Related Questions

Have you been taking folic acid	No
Started	
Date of your last cervical smear	
Result normal	
Have you ever been referred for colposcopy	Colposcopy Nov 97
Your body mass index (BMI)	25.9
Weight at booking	70.5
Height	1.65
Do you go to the dentist regularly	y
Have many units of alcohol are you drinking now	0
Referral for advice on reduced drinking	
Have you smoked cigarettes in the past 12 months prior to pregnancy	
Do you smoke now	Yes
Current smokers: cigarettes smoked per day	20
Former smoker: date stopped	
Are you exposed to cigarette smoking at home	Yes
Have the risks of smoking in pregnancy been explained to you	Yes
Have you been offered advice on how to stop smoking	Yes
Referral made to smoking cessation service	Yes
Are you currently using any street drugs, gas or glue	No
Details, information given and referrals	
Have you ever injected drugs/referrals	/

Does your current partner use any street drugs, gas or glue Details, information given and referrals Referral for advice on substance abuse Details, information given and referrals	Oral No	IV No

Family Health (inc. Mental health)

Disease/ Details	
Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness	No

Ethnic origin

The term ethnic origin is to describe where your family originates from, as distinct from where you were born. This information will help us to decide which blood screening tests you should be offered and whether your baby may need a BCG (TB) vaccination.

How do you describe your ethnic origin	Scottish
How do you describe baby's fathers ethnic origin	
What language do you usually use at home	English
Do you need help with interpreting, communicating	No
What is your current religion or faith, if any	No Religious Affiliation
Is blood transfusion acceptable to you	Yes
Female circumcision	No
Are you a refugee or asylum seeker	No

Medication

Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently	Yes
Prescribed Medication	AVenlafaxine 75 mgs stopped end Dec 10 when pregna

No Home circumstances and support needs

Blood tests and other tests

During your pregnancy you will be offered several blood tests to check on your health and your baby's health. Your midwife will give your information leaflets on many of these tests. Maternity care staff will discuss all the blood tests with you. When you are sure that you understand about the tests, you will be asked if you want to have them done or not, and your wishes will be followed. For some of the blood tests you will be asked to sign a consent form.

Maternity care staff will tell you how to find out the results of any tests that you have. They will also organize any follow up care that may be needed.

Results should be filed between the 'your notes and questions pages' near the back of the notes so that they do not obscure the 'Special Features' boxes. Computer print outs can be hold punched and tagged into the record or the 'mount sheet' can be used for smaller results.

Test	Date Taken	Date when test due
Blood group	01 Feb 2011	
Full blood count	01 Feb 2011	
Rubella status	01 Feb 2011	
Syphillis	01 Feb 2011	
Hepatitis B	01 Feb 2011	
HIV	01 Feb 2011	
Screening for Spina Bifida/Downs Syndrome		
Antibody check	01 Feb 2011	
Random blood glucose	01 Feb 2011	
Haemoglobinopathy - sickle cell and thalassaemia		
Chlamydia (if under 25)		
Mid stream urine specimen for bacteriology	01 Feb 2011	
Which test decline, including reason	Virology bloods taken today as unable to do at booking 15/03/11	
Test Results - action		

If you have Rhesus Negative blood

Has this been discussed / plans made	
Signed	June T Millar

Comments/ Is there any other information that you feel is important for your maternity care? For example your beliefs, social conventions and customs, family structure, ceremonies, dress or diet	Delighted to be adding to family will be well supported throughout by partner and family. Wishes to be referred for smoking cessation and will ask if partner wishes also and will let us know and can be referred together at next appt. Was in care for very short period as a child due to behavioural problems which are now resolved. No further S/W involvement.

Infant feeding - Antenatal checklist	Discussed
Benefits of breastfeeding to the baby (protects against gastro-enteritis and diarrhea, urinary tract infections, ear infections and chest infections; may also protect against allergies and diabetes)	No
Benefits of breastfeeding to the mother (protects against breast cancer, ovarian cancer and hip fractures in later life)	No
No other food or drink needed (for up to 6 months)	No
Importance of skin-to-skin contact after delivery (keeps baby warm and calm, promotes bonding, helps breastfeeding)	No
Importance of good positioning an attachment	No
Getting feeding off to a good start	No
Baby led feeding	No
Problems with using teats, dummies, nipple shields	No
Help will be available with feeds	No
Importance of rooming-in/keeping baby nearby	No
Baby's sleeping place	No
Leaflets given and discussed	Yes

Information for you
Your midwife or doctor will give you the following leaflets, booklets and information

		Given
Forms	FW8 Maternity Exemption form (your entitlement to free prescriptions during pregnancy and for one year after your baby is born)	No
	Mat B1 form (for an employer or the Benefits Agency confirming your estimated date of delivery. You can ask for this form from your 20th week of pregnancy)	No
Benefits and Entitlements	'A Guide to Maternity Benefits' N1 17A www.dwp.gov.uk	No
	'Pregnancy and work: what you need to know as an employee' www.dti.gov.uk	No
Blood tests in pregnancy	'A Guide to Routine Blood Tests Offered During Pregnancy'	Yes
	'A Guide to the Screening test for Spina Bifida and Down's Syndrome'	Yes
Pregnancy, babycare and breastfeeding	'Ready, Steady, Baby!'	
	Information on wearing a car seat belt safely during pregnancy	No
	'Reduce the Risk of Cot Death' www.sidscotland.org.uk	No
	'Off to a Good Start: All you Need to Know about Breastfeeding your Baby'	No
	'Breastfeeding and Returning to Work' www.healthscotland.com	No
	'A Parent's Guide to Newborn Blood Spot screening'	No
	'Your Baby's Hearing screen'	No
	'BCG and your baby' www.healthscotland.com	No
	'Talking about postnatal depression' www.healthscotland.com	No
	'Smoking - giving up during pregnancy: A guide for pregnant women who want to stop smoking' www.healthscotland.com	No

REFERRAL LETTER - Referral from GP

MEDICAL IN CONFIDENCE

REFERRAL TO

ObstetricsF3
L 1st Maternity Appointment

Royal Infirmary of Edinburgh at Little France (S314H)
S1 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Urgency of referral	Routine
Date of referral	05-Jan-2011
Date submitted	05-Jan-2011
UCPN	1010014210483

PATIENT DETAILS

Surname	HALLIDAY
Forename(s)	SHONA
Title	MISS
Sex	Female
Date of birth	06-Nov-1975
CHI no.	0611751143
Previous Surname	

Address

7A ALLAN TERRACE
DALKEITH
EH22 1EW

Contact number(s)

Voice : 6632086

REFERRING PRACTITIONER DETAILS

Name	Dr. Mary Murray
GMC code	2331869
GP code	42927
Practice name	DALKEITH MEDICAL PRACTICE (77197)
Practice code	77197

Practice address

THE HEALTH CENTRE
24-26 ST ANDREW STREET
DALKEITH
EH22 1AP

Contact number(s)

Voice : 0131 561 5500

LMP - 20.11.10

EDD 27.08.11

Book locally.

D/W CIA if wishes to review this lady.

Pt on track. / m/w & Scan appt booked.

11/8/11

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Pregnancy.

Comment: Dear Midwives

This patient had a positive home pregnancy test on 23 December 2010. Her LMP was approximately 20 November 2010.

Please note that she has a PMH depression and is currently on Venlafaxine 75mg daily. She will be reviewed before her next prescription.

I would be grateful if you would provide antenatal care as appropriate.

Kind regards.

Investigations

Description	Result	Date
Referral Source : Referral from GP		

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Notes summary on computer			15-Jan-2007	15-Jan-2007
Suicide SII - NOS		overdose	07-Jan-2007	07-Jan-2007
Alcohol abuse - unspecified			03-Dec-2006	03-Dec-2006
Suicide SII - NOS		overdose	03-Dec-2006	03-Dec-2006
[X]Oepressive episode, unspecf		Recurrent	29-Mar-2006	29-Mar-2006
Suicide SII - NOS		overdose	25-Mar-2006	25-Mar-2006
Premenstrual tension syndrome			11-Mar-2003	11-Mar-2003
Suicide SII - NOS		overdose	01-Jul-2001	01-Jul-2001
[X]Puerperal mental disord NEC			10-Mar-2001	10-Mar-2001
Normal delivery in normal case			12-Feb-2001	12-Feb-2001
[X]Intentional self poisoning			28-Dec-1999	28-Dec-1999
Urinary tract infect.unsp.NOS			18-Jun-1982	18-Jun-1982

Past procedures (High priority - carried out within the last 12 months)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Colposcopy of cervix	Negative		26-Nov-1997	26-Nov-1997
Excision of tonsil			01-Jul-1997	01-Jul-1997
Intravenous pyelography	Negative		18-Jun-1982	18-Jun-1982

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
VENLAFAXINE mr tab 75mg	16839001	tablet(s)	1 Tab Daily		08-Dec-2010		08-Dec-2010
CETIRIZINE tabs 10mg	0S918001	tablet(s)	TAKE ONE DAILY		17-Nov-2010		17-Nov-2010
Venlafaxine Mr TABS 75MG	16839001		1 Tab Daily		08-Oct-2010		08-Oct-2010

Additional relevant information

Smoking history (Encounters): Current smoker , Date recorded: 28-Sep-2009
Alcohol history (Encounters): Light drinker - 1-2u/day , Date recorded: 24-Sep-2004
Patient Weight in Kilograms:76
Patient Height in Metres:1.65

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

COPY

REFERRAL LETTER - Referral from GP

MEDICAL IN CONFIDENCE

REFERRAL TO

ObstetricsF3
L 1st Maternity Appointment

Royal Infirmary of Edinburgh at Little France (S314H)
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

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Sex	Female
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CHI no.	0611751143
Previous Surname	

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THE HEALTH CENTRE
24-26 ST ANDREW STREET
DALKEITH
EH22 1AP

Contact number(s)

Voice : 0131 561 5S00

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[X]Intentional self poisoning			28-Dec-1999	28-Dec-1999
Urinary tract infect.unsp.NOS			18-Jun-1982	18-Jun-1982

Chickenpox ✓
Happy to
Refer.
to Perinatal
Team.

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Procedure	Comment	Modifier	Date Performed	Date Recorded
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Additional relevant information

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Patient Weight in Kilograms:76
Patient Height in Metres:1.65

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

*** TRANSMISSION REPORT ***

SID : Number : 21 Date : 09-02-11 13:02

Date/Time	9-02 13:00
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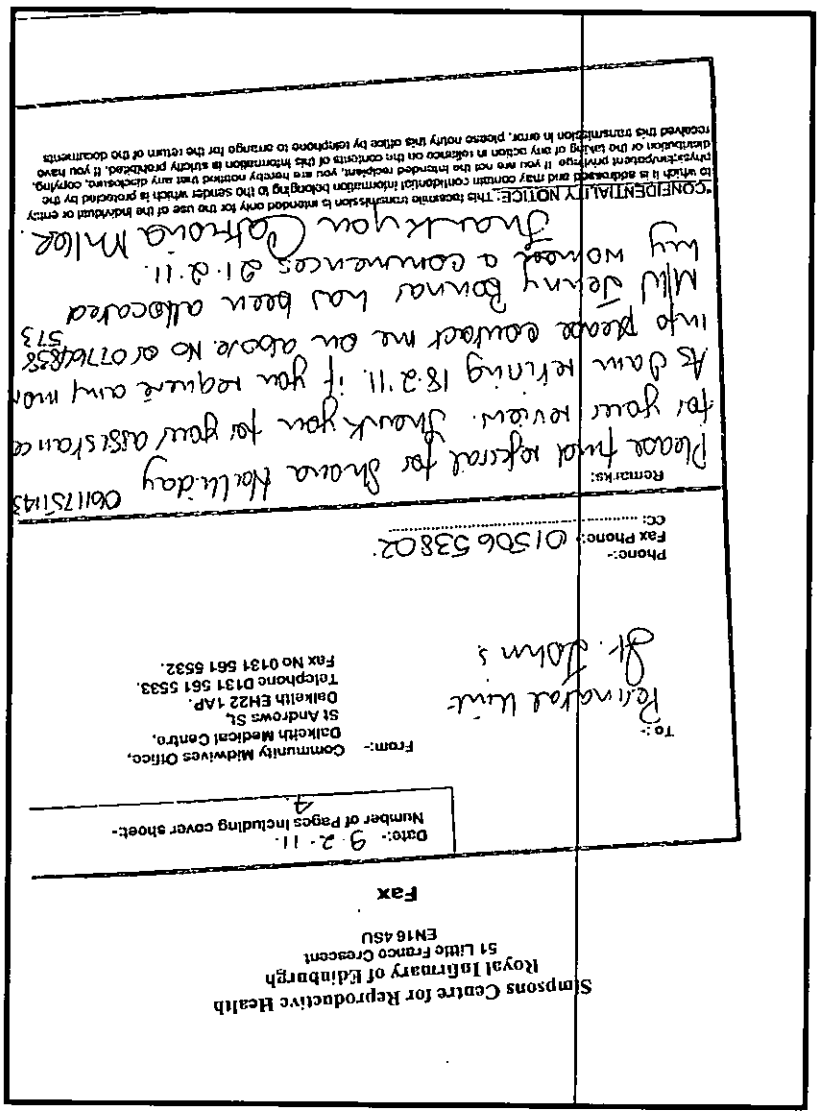
Durat.	0'00"
Mode	
Pages	0
Status	Code 01

*** Code 01 : Busy or no fax answer ***



Simpsons Centre for Reproductive Health
Royal Infirmary of Edinburgh
51 Little France Crescent
EH16 4SU

Fax

Date:- 9.2.11.
Number of Pages including cover sheet:- 4.

To :-
Perinatal Unit
St. John's

From:- Community Midwives Office,
Dalkeith Medical Centre,
St Andrews St,
Dalkeith EH22 1AP.
Telephone 0131 561 5533.
Fax No 0131 561 5532.

Phone:-
Fax Phone:- 01506 538 02
CC:

Remarks:
Please find referral for Shona Halliday 06117S1143 for your review. Thank you for your assistance. As I am retiring 18.2.11. if you require any more info please contact me on above No or 07764838 573
M/W Jenny Bonnar has been allocated my woman & commences 21.2.11.
Thank you Catriona Miller.

"CONFIDENTIALITY NOTICE: This facsimile transmission is intended only for the use of the individual or entity to which it is addressed and may contain confidential information belonging to the sender which is protected by the physician/patient privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please notify this office by telephone to arrange for the return of the documents

Perinatal Mental Health Service

Mother & Baby Unit

Lothian Perinatal Mental Health Service
Referral Form

When complete please send to: Team Administrator Mental Health Mother and Baby Unit St John's Hospital Howden Livingston EH546PW
Tel: 01506 524176 Fax 01506 523802

Name **Usual Address** **Postcode** **Telephone/ Mobile**	500101156L F 06/11/1975 Halliday, Shona 7a Allan Terrace, Dalkeith, Midlothian, EH22 1EW CHI 0611751143 77197 D Robertson	**Date of Birth** **CHI No.** 0131 663 2086 07512669303
Communication Issues Y/N	**Comments**	**Preferred Language** ENGLISH.
Pregnant Y/N **No weeks** 11+2 **EDD** 29.08.11.	**Name and sex of baby** **DOB** **Breast feeding Y/N**	**No. of pregnancies** 1+0 **No of other children** 1
Referred by	**Name** C. Miller.	**Date of referral** 09.02.11
email	**Designation** COM. MIW.	**Telephone No** 0131 5015533 07764838573
Agency /Address	DALKEITH MED CENTRE ST. ANDREW ST DALKEITH.	
General Practitioner	**Name** Dr. D. Robertson	**Tel No** 0131 561 5500
Practice address	AS ABOVE.	
Midwife	**Name** C. MILLER / J. BONNAR **Address** AS ABOVE	**Tel No** AS ABOVE
Health Visitor	**Name** NOT YET **Address** allocated	**Tel No** 0131 561 5523
Social Worker	**Name** **Address** /	**Tel No**
Other Professional/s involved	**Name** **Address** /	**Tel No**

Reason for Referral	(Please state degree of urgency) Routine 5 episodes of depression each time Self harm - overdose ('99-2007)		
Give details of current or recent medication,	and any other treatment and physical health concerns No medication. Stopped when pregnancy confirmed. Advised to discuss with GP. F/U referral back to com. team.		
Mental health	Current/recent mental health problems Mood reasonable at present Discont. Venlafaxine Dec 2010.		
Mental health history	Including: Previous puerperal psychosis, past/present severe psychiatric illness, Previous treatment, inpatient /specialist team care, family history severe psychiatric illness Recurrent episodes of depression accosiated with self harm. Puerperal 2001. Denies family history.		
Substance misuse History/current	Past history of alcohol amuse in 2006 none since.		
Risk issues e.g Violence, self harm, neglect,	Self harm.		
Child protection	—		
Adult protection	—		
Other agencies Involved	—		
Social supports	—		
Any additional information	Pleasant lady who is happy to be referred for additional support if deemed necessary.		
If patient is unable to attend an clinic or requires a home visit please say why			
Date received		**Date allocated**	
Allocated to		**Date to be seen**	

Ethnic Group							
Asian or Asian British		**Black or Black British**				**Mixed**	
Bangladeshi	☐	Caribbean	☐	Black Other	☐	White & Asian	☐
Indian	☐	African	☐	Arab	☐	White & Black African	☐
Pakistani	☐	Arab	☐	Chinese	☐	White & Black Caribbean	☐
Other	☐	Other	☐	Other ethnic group	☐	Other	☐
White	☐	Not known	☐				
British	☑	Refused to answer	☐				
Irish	☐						
Other	☐						

Review

This document will be reviewed in June 2007. We welcome comments on the use of the document during this time to be sent to:

Gillian Wilson
Team Leader
Perinatal Mental Health Service
St Johns Hospital
Howden
Livingston
EH546PP

Tel: 01506 524174

Mail: Gillian.Wilson@wlt.scot.nhs.uk

** TRANSMISSION REPORT **

SID : Number : 21 Date : 19-07-11 12:07

Date/Time	19-07 12:07
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Subscriber	01312422660
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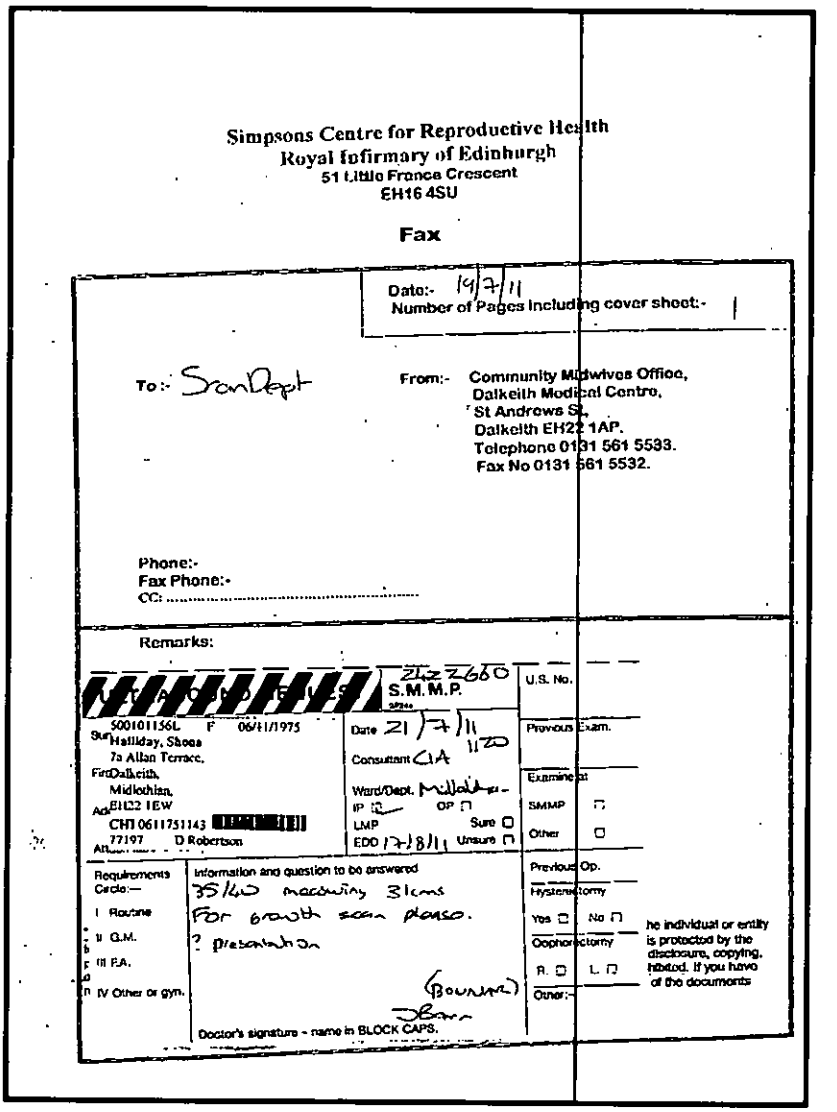
Pages	1
Status	Correct



Simpsons Centre for Reproductive Health
Royal Infirmary of Edinburgh
51 Little France Crescent
EH16 4SU

Fax

Date:- 19/7/11
Number of Pages including cover sheet:- 1

To:- ScanDept

From:- Community Midwives Office,
Dalkeith Medical Centre,
St Andrews St,
Dalkeith EH22 1AP.
Telephone 0131 561 5533.
Fax No 0131 561 5532.

Phone:-
Fax Phone:-
CC:

Remarks:

S.M.M.P. 92422660 U.S. No.

S001011561 F 06/11/1975
Sur Halliday, Shona
7a Allan Terrace,
Fir Dalkeith,
Midlothian,
Ad EH22 1EW
CHI 0611751143
77197 D Robertson

Date 21/7/11 1120
Consultant CIA
Ward/Dept. Midwife
IP OP
LMP Sure
EDD 17/8/11 Unsure

Previous Exam.
Examined at
SMMP
Other

Requirements Circle:—
I Routine
II G.M.
III F.A.
IV Other or gyn.

Information and question to be answered
35/40 maternity 31cms
For growth scan please.
? presentation
(Breech)
JBarr
Doctor's signature - name in BLOCK CAPS.

Previous Op.
Hysterectomy
Yes No
Oophorectomy
R. L.
Other:-

he individual or entity is protected by the disclosure, copying, htibited. If you have of the documents

Simpsons Centre for Reproductive Health
Royal Infirmary of Edinburgh
51 Little France Crescent
EH16 4SU

Fax

Date:- 19/7/11
Number of Pages including cover sheet:- 1

To :- Scan Dept

From:- Community Midwives Office,
Dalkeith Medical Centre,
St Andrews St,
Dalkeith EH22 1AP.
Telephone 0131 561 5533.
Fax No 0131 561 5532.

Phone:-
Fax Phone:-
CC: .....

Remarks:

ULTRASOUND REQUEST 2422660 **S.M.M.P.** SP24a

U.S. No.

500101156L F 06/11/1975 35th
Sur Halliday, Shona
7a Allan Terrace,
First Dalkeith,
Midlothian,
Add EH22 1EW
CHI 0611751143
77197 D Robertson
Attach label or complete

Date 21/7/11 1120
Consultant CIA
Ward/Dept. Midwifery
IP ☑ OP ☐
LMP Sure ☐
EDD 17/8/11 Unsure ☐

Previous Exam.

Examine at
SMMP ☐
Other ☐

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I Routine
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35/40 macswiny 31cms
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(Bounna)
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Doctor's signature – name in BLOCK CAPS.

Previous Op.
Hysterectomy
Yes ☐ No ☐
Oophorectomy
R. ☐ L. ☐
Other:-

he individual or entity is protected by the disclosure, copying, hibited. If you have of the documents

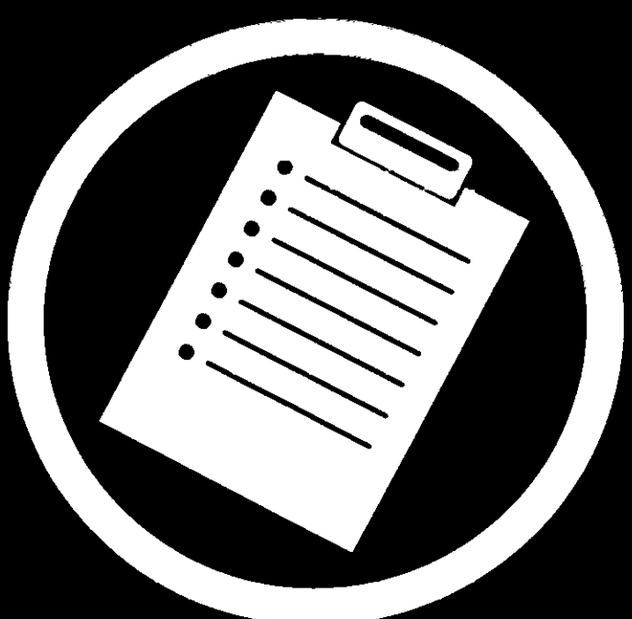
NHS
SCOTLAND

Postnatal Maternal Record

Confidential

PLEASE USE BLACK INK

600101156L F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW
CHI 0611751143
77197 D Robertson



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

This is your Postnatal Record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to hold your record when you receive care at home/when you have been discharged home from a maternity unit. This will help communication between you and your maternity care team.

Some women may prefer not to hold their Postnatal Record. If you do not want to hold your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice.

Please keep your Postnatal Record safe, confidential and protect it from damage. Please take it with you if you have any appointments at your health centre, GP practice or maternity unit. If you lose your Postnatal Record, please contact your midwife or maternity unit as soon as possible.

You can write in your Pregnancy Record where you see this symbol: 

Your Postnatal Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely with the rest of your maternity record. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care.

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Protecting Personal Information'. This is available from your midwife, General Practitioner or on-line at **http://www.show.scot.nhs.uk/confidentiality** (see under 'Patient Guidance').

Help and advice

Please use the following services

✆ .....

✆ .....

Contact details

General Practitioner .....

Address .....

.....

✆ ..... Practice code .....

Maternity unit .....

✆ .....

✆ .....

Named midwife .....

Midwifery team .....

Base .....

✆ .....

Health Visitor .....

Base .....

✆ .....

Community support/other contacts

Social worker .....

Base .....

✆ .....

Name .....

Base .....

✆ .....

Other support/other contacts

Name .....

Base .....

✆ .....

Name .....

Base .....

✆ .....

Domestic Abuse Helpline (10am - 10pm: 7days a week) ✆ 0800 027 1234

Scottish Women's Aid ✆ 0131 475 2372 (national) ✆ ..... (local)

NHS 24 ✆ 08454 24 24 24

Your postnatal care

The chart below is used to plan your postnatal care. Your midwife (and sometimes other members of your maternity team) will discuss and arrange your care with you, according to your needs and your baby's needs. Maternity staff will explain the reasons for each appointment or visit, as well as where it will take place, who with and when.

Day	Date	Time*	Reason for visit/appointment	Where & who with

*For some home visits an approximate time or 'morning' or 'afternoon' visit may be given.

Your notes

Please use this space to jot down any notes or questions about your care or your baby's care.

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from .....

To (address) ..... ✆ .....

GP ..... at ..... ✆ .....

Obstetrician ..... Midwife ..... Paediatrician .....

Labour, birth and postnatal period ☐ Gravida ☐ Para

Onset of labour ☐ Spontaneous ☐ Induced: indication .....

Mode of delivery ..... on ..... day ...../...../..... at ...:... Sex .....

Indication ..... Presentation ..... Location .....

Livebirth/Stillbirth Gestation ..... Birthweight ..... g Blood loss ..... mls

APGARs ☐ 1minute ☐ 5 minutes ☐ 10 minutes Placenta/membranes .....

Perineum/abdominal wound ..... Sutures .....

Haemoglobin ..... g/dl on ...../...../..... Repeat ☐ Not needed ☐ done due on ...../...../.....

Blood group ..... anti-D needed ☐ No ☐ Yes anti-D given on ...../...../.....

Rubella status ..... Vaccination needed ☐ No ☐ Yes Vaccinated on ...../...../.....

Contraception/sexual health needs discussed ☐ No ☐ Yes

Details .....

Cervical smear due ☐ No ☐ Yes: due in ..... (month) 20 .....

Discharge medication ☐ No ☐ Yes: details .....

Postnatal check with ..... Arranged for ...../...../..... Mother to arrange ☐

Problems identified during pregnancy, labour/birth

.....

Problems in the postnatal period/referrals, investigations or results pending

.....

Summary completed by (Print name) ..... Date ...../...../.....

Signed ..... Designation .....

Your progress

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
15	11/9/11 15:45.	Well No concerns.	Revised postnatal thrombosis risk Low Risk Mobile	comfy.	not palpated	Red/Pink Scant.	clean dry	PUV BO✓	RPDC	pgrs
16	12/9/11 11	Feeling well Occasional pain relief. On iron tablets	Low Risk O Leg pain O Leg Swelling	comfortable	SF U/O	pink red clots minimal	clean & dry.	PUV BO✓ Has haemorrhoids	discharged	JS

Your progress

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Your progress

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Your postnatal care

Date/time	Further information/planning, delivering and evaluating postnatal care

Date/time	Further information/planning, delivering and evaluating postnatal care

Feeling confident with your baby

Whether you are a first time parent, or if you have experience of looking after new babies, there may be things that you want to discuss and practice with maternity care staff. The list below can be used as a starting point to ensure that you feel confident meeting your baby's needs. Please sign off the items when you feel ready. Remember there can be lots to learn, and it can be quite normal for this to take a while.

Don't forget that your 'Ready, Steady, Baby!' book contains useful advice and information that you and your partner/supporter can refer to.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Handling my baby safely	...../...../.....	...../...../.....
Choosing nappies for my baby	...../...../.....	...../...../.....
Changing my baby's nappies	...../...../.....	...../...../.....
Caring for my baby's cord	...../...../.....	...../...../.....
A 'top and tail' wash/caring for my baby's skin	...../...../.....	...../...../.....
Bathing my baby	...../...../.....	...../...../.....
How to reduce the risk of cot death	...../...../.....	...../...../.....
Signs that my baby is well	...../...../.....	...../...../.....
Signs that my baby may be ill	...../...../.....	...../...../.....
Car safety and home safety	...../...../.....	...../...../.....
Registering the birth/registering with a General Practitioner	...../...../.....	...../...../.....

Other things I want to ask about: .....

.....

.....

.....

.....

.....

.....

.....

Information for you (indicate when received) ☐ ..../...../.....

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes ☐ ..../...../.....

☐ ..../...../..... ☐ ..../...../.....

☐ ..../...../..... ☐ ..../...../.....

Please remember that some health advice changes over time. Friends and relatives may be unaware of new guidance about preventing cot death. Please share your information with them to help keep your baby safe.

Breastfeeding your baby

Breastfeeding your baby may be a new experience for you, or you may already have skills and confidence. This section contains items for discussion, observation and support as you breastfeed your baby. Your midwife and maternity care team will support you. When you and your midwife feel you are confident with the items, you can then sign them off to mark your progress.

Your copy of 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' provides sound advice that you and your partner can refer to. Please let your midwife know if you need another copy.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding	/ /	/ /
Positioning my baby for breastfeeding	/ /	/ /
Principles of good attachment	/ /	/ /
How to recognise that my baby is feeding well	/ /	/ /
My baby's feeding and sleeping patterns for the first few days	/ /	/ /
'Baby led' feeding	/ /	/ /
When my milk 'comes in'	/ /	/ /
Rooming in at the maternity unit	/ /	/ /
Sharing a bed with my baby - the risks discussed	/ /	/ /
Winding my baby	/ /	/ /
My baby's needs (exclusive breastmilk for around the first six months of life)	/ /	/ /
Why dummies or teats should not be used	/ /	/ /
How to hand express my breastmilk		
Expressing breastmilk a) sterilising equipment	/ /	/ /
b) safe storage	/ /	/ /
Signs that my baby is feeding well and thriving	/ /	/ /
Breastfeeding support in my community	/ /	/ /

Other things that I want to ask about: .....

Bottle feeding your baby

As with general baby care, you may already be skilled in making up formula feeds and bottle feeding your newborn baby, or it may be a new challenge. Your midwife and maternity care team will support you. The list below can be used to check that you feel confident bottle feeding your baby. Please sign off the items when you feel ready.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit	...../...../.....	...../...../.....
The importance of good hand hygiene	...../...../.....	...../...../.....
Sterilising equipment	...../...../.....	...../...../.....
Making up a formula feed correctly and safely (always following the manufacturer's instructions)	...../...../.....	...../...../.....
Giving a bottle feed correctly and safely	...../...../.....	...../...../.....
Winding my baby	...../...../.....	...../...../.....
My baby's feeding and sleeping patterns for the first few days	...../...../.....	...../...../.....
'Baby led' feeding	...../...../.....	...../...../.....
'Rooming in' at the maternity unit	...../...../.....	...../...../.....
Sharing a bed with my baby - the risks discussed	...../...../.....	...../...../.....
Choosing the right type of milk for my new baby (whey based)	...../...../.....	...../...../.....
Signs that my baby is feeding well and thriving	...../...../.....	...../...../.....

Other things about feeding that I want to ask about: .....

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful. The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

How I feel I am coping

My mood and emotions

How I feel I am doing as a parent

Not liking my baby at the moment

Difficulties with my baby's feeding

Managing my tiredness

Questions about my baby

Coping with my baby's crying

My anxieties

Relationships with my family

Thinking about your pregnancy, labour and birth

Pregnancy, labour, birth and the time afterwards are unique experiences. They can have a powerful effect on how you feel and your relationships with your baby, partner, family and your maternity care team.

Your midwife will ask you about your experiences in the early days following the birth. You may have questions that you want to ask or issues to discuss – or you may not. You may find it helpful to think about your experiences of maternity care so far, and discuss events with your partner or the person supporting you. Please use the space below to jot down any questions or issues to discuss.

Please remember that you can talk to any member of your maternity care team (such as your midwife, General Practitioner or obstetrician) about your experiences *at any time after the birth*. Some women wish to do this a few weeks, or even many months after the birth, or if they are thinking about becoming pregnant again.

Your health after the birth

Blood tests/other tests and results				
Date	Time	Investigation	Indication	Result/actions

Discharge from midwifery care

Date ...../...../..... Days postnatal ..... Assessed by .....

Special features identified (please sign and date each entry) .....

BP ...../.....

General wellbeing and mental health

Aware of signs of PND. (Heel @ First Baby).

Contraception and sexual health

Discussed.

Current smoker? ☐ No ☐ Yes ..... /day

Risk of passive smoking to baby explained? ☐ No ☐ Yes

	Any problems		Details
Passing urine	☑ No	☐ Yes	
Pelvic floor	☑ No	☐ Yes	
Bowel function	☑ No	☐ Yes	
Breasts	☑ No	☐ Yes	
Perineum/abdomen	☑ No	☐ Yes	
Lochia/menstruation	☑ No	☐ Yes	
Cervical smear due	☐ No	☑ Yes	Mum to chase

Concerns None.

Handover to health visitor completed ☐ No ☐ Yes Details .....

Six week follow-up appointment discussed/arranged ☑ No ☐ Yes Details Mum to arrange @ 6/52

Signed P Stack Print name PSTACK Designation CMW

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
P Stack	[signature]	CMW
J Bonnam	[signature]	GmMW

SWHMR developed by the Practice Development Unit
of NHS Quality Improvement Scotland

NHS
SCOTLAND

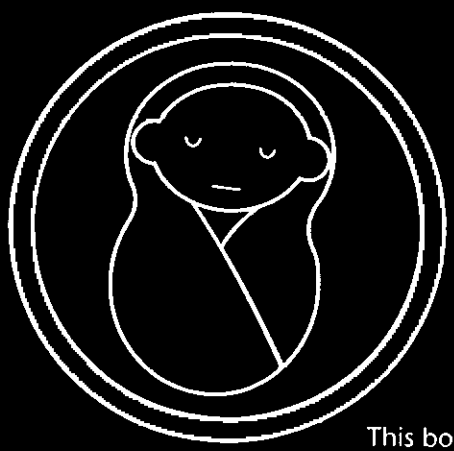
Baby Record -
Midwifery Care
Confidential

PLEASE USE BLACK INK

BABY'S LABEL HERE

Fraser Halliday
28/8/2011

600101156L F 06/11/1975
Halliday, Shona
7a Allan Terrace,
Dalkeith,
Midlothian,
EH22 1EW
CHI 0611751143
77197 D Robertson



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

This booklet will document the care given to your baby in the first days in hospital and at home. When you and your baby are discharged from community midwifery care, the booklet will be returned to the baby's hospital medical record.

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from .....

To (address) ..... ✆ .....

GP ..... at ..... ✆ .....

Obstetrician ..... Midwife ..... Paediatrician .....

Labour, birth and postnatal period

Onset of labour ☐ Spontaneous ☐ Induced: indication .....

Mode of delivery ..... on ..... day ...../...../..... at ...:... Sex .....

Indication ..... Presentation ..... Location .....

Gestation ..... Birthweight ..... g Blood loss ..... mls

APGARs ☐ 1 minute ☐ 5 minutes ☐ 10 minutes Placenta/membranes .....

Maternal blood group ..... Anti-D needed ☐ No ☐ Yes Anti-D given on ...../...../.....

Rubella status ..... Vaccination needed ☐ No ☐ Yes Vaccinated on ...../...../.....

Further details, including problems identified during pregnancy, labour, birth and the postnatal period/referrals, investigations or results pending: .....

.....

.....

Baby

CHI ..... Discharged home with mum No ☐ Yes ☐ Feeding: type/comments .....

Length .....cm OFC .....cm Discharge Weight ..... g .....

BCG vaccination needed ☐ No ☐ Yes: given on ...../...../..... .....

Newborn blood spot screening done ☐ No: due on ...../...../..... ☐ Yes: on ...../...../..... ☐ Declined

Newborn hearing screening done ☐ No: due on ...../...../..... ☐ Yes: on ...../...../..... ☐ Declined

Vitamin K administered ☐ No ☐ Yes: details .....

Admitted to neonatal unit ☐ No ☐ Yes: details .....

Discharge medication ☐ No ☐ Yes: details .....

Further details, including problems identified/referrals, investigations or results pending: .....

.....

.....

.....

Summary completed by (print name) ..... Date ../../..

Signature: ..... Designation .....

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if botttle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
15	11/9/11	Well Post NAD. Alert waking 2hrly feeds	Asleep	Mother NOT visualised as sleeping & did not wish to disturb as mum reports all indications are that baby well. NNU team Visit tomorrow	Reported to be clean & dry	plenty	plenty yellow		
Temperature ....°C Route Cozy.									
16	12/9/11	Checked today by NN nurse. Therefore not rechecked.		AF. - 30z → 24hrly.					
Temperature ....°C Route									
Temperature ....°C Route									
Temperature ....°C Route									
Temperature ....°C Route									

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if botttle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
Temperature .....°C Route									
Temperature .....°C Route									
Temperature .....°C Route									
Temperature .....°C Route									
Temperature .....°C Route									

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if botttle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
Temperature ..... °C Route									
Temperature ..... °C Route									
Temperature ..... °C Route									
Temperature ..... °C Route									
Temperature ..... °C Route									

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if botttle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									

Your baby's care

Date/time	Further information/planning, delivering and evaluating care
11/9/4 15:50	Did not discharge baby as baby asleep and mum & baby needing to return to normality. Baby checked by NNU team yesterday & team to attend tomorrow. All indications are that baby is well. Plan: will discuss with named midwife Jenny Barnes & allow Jenny & mum to arrange time for discharge to health visitors. Mum has our contact details and advised not to hesitate to contact staff if any concerns. P Shaw CMW P Stacker

Your baby's care (continued)

Date/time	Further information/planning, delivering and evaluating care

Your baby's care (continued)

Date/time	Further information/planning, delivering and evaluating care

Your baby's care (continued)

Date/time	Further information/planning, delivering and evaluating care

Your baby's care (continued)

Date/time	Further information/planning, delivering and evaluating care

Your baby's care (continued)

Date/time	Further information/planning, delivering and evaluating care

Consent for Newborn Blood Spot Screening for Phenylketonuria, Congenital Hypothyroidism & Cystic Fibrosis

I have received and read the information leaflet "A Parent's Guide to Newborn Blood Spot Screening for Phenylketonuria, Congenital Hypothyroidism and Cystic Fibrosis" and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by healthcare professionals.

Baby's Name Date of birth / /

CHI Number

☐ I wish ☐ I do not wish my baby to be tested for Phenylketonuria

☐ I wish ☐ I do not wish my baby to be tested for Congenital Hypothyroidism

☐ I wish ☐ I do not wish my baby to be tested for Cystic Fibrosis

We also need to obtain your permission to store the blood spot card beyond the 12 month testing period and to use any of the blood spots left over after testing is complete for anonymised research, such as the development of new screening tests. If any research was proposed in which the researcher would be able to identify you or your baby, we would always contact you again to seek your approval.

☐ I agree ☐ I do not agree for the storage of my baby's blood spot specimen beyond the 12 month testing period

☐ I agree ☐ I do not agree to the use of any left over blood spots for anonymised research

Signature: **(Parent) Date / /**

Witness: **(Health professional)**

(Please sign and print name)

Designation: **Date / /**

Discharge of baby from midwifery care

Date ...../...../..... Baby's age ..... days Assessed by .....

Weight chart

Postnatal day	Date	Time	Weight g	Details:- including percentage of birth weight lost

Vitamin K

Vitamin K ☐ Im ☐ Oral ☐ Declined

Repeat oral doses given on ...../...../..... By ..... ☐ Declined

...../...../..... By ..... ☐ Declined

Feeding

☐ Breast ☐ Bottle ☐ Mixed ☐ Supplementary feeds given

Details .....

.....

.....

Vaccinations

BCG vaccination needed ☐ No ☐ Yes BCG given as prescribed on ...../...../.....

Hepatitis B vaccination needed ☐ No ☐ Yes Hepatitis B vaccination given on ...../...../.....

Screening

Newborn bloodspot screening done on ...../...../..... By ..... ☐ Declined

Newborn hearing screening done on ...../...../..... By ..... ☐ Declined

Any problems identified

Jaundice ☐ No ☐ Yes ☐ SBR taken Highest SBR .....

Other .....

.....

.....

Hand over to health visitor complete ☐ No ☐ Yes .....

Follow-up appointments required ☐ No ☐ Yes .....

Other .....

.....

.....

Signed: ..... Print name ..... Date / /

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
P Stack	[signature]	Crew
J Bonnar	[signature]	Con Mgr

SWHMR developed by the Practice Development Unit
of NHS Quality Improvement Scotland

Baby 1

CHI: 2808110758	UHPI: 700542863K	Discharged home with mum	No

Feeding type		Length (cm)	
OFC (cm)		Discharged Weight (g)	

BCG vaccination needed		No			
Newborn blood spot screening done		Due on		Declined	No
Newborn hearing screening done		Due on		Declined	No

Vitamin K administered	
Details	
Admitted to neonatal unit	Yes
Details	
Discharge medication	

Further details, including problems identified/referrals, investigations or pending:

NHS
National
Services
Scotland

INFORMATION FOR WOMEN WITH RHESUS NEGATIVE BLOOD GROUP - ANTENATAL ANTI-D INJECTIONS

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

During pregnancy, it is possible that some of the baby's blood may cross the placenta and get into your bloodstream. In most cases this cannot be detected in your blood.

So, why does this matter?

In most cases it does not matter. However, if your baby's blood group happens to be Rhesus positive and your blood group is Rhesus negative, problems may occur. This is because your body may make molecules (or antibodies) to your baby's Rhesus positive red blood cells. This happens in about 15 in every 1000 women.

These molecules won't cause problems in this pregnancy, but in a few cases, in future pregnancies, the molecules can cross back to the baby and destroy the baby's blood cells. If this is severe, the baby can become very anaemic. In the unlikely event that this happens, treatment is almost always successful.

How can I stop these antibodies causing problems in future pregnancies?

You will be offered two injections of anti-D. The anti-D covers the surface of the baby's blood cells which might be in your bloodstream, and reduces the chance of your body making the antibodies that destroy the baby's blood cells. Each injection is made up of less than half a teaspoonful of clear fluid and is injected into a muscle, often the one at the top of your arm, or your buttock. It takes only a few seconds to give the injection, and is no more uncomfortable than the scratch you feel when you have a blood sample taken.

How often do I need these anti-D injections?

You will be offered them at approximately 28 weeks and 34 weeks. This greatly reduces the risk of developing antibodies to your baby's blood (from 15 in 1000 to less than 2 in 1000 chances).

If you have other problems during your pregnancy, such as bleeding, or tests such as amniocentesis (where some of the fluid around the baby is taken out to do other tests), you will be offered additional anti-D injections at the time these events happen. This is because we know that some of your baby's blood cells will cross the placenta into your bloodstream after these events (called sensitising events), and so extra doses of anti-D are needed at these times in order to reduce the chance of your body making the antibodies that destroy the baby's blood cells.

In some circumstances, you may wish not to have the injections at 28 and 34 weeks. These situations include if you have decided to be sterilised after the birth of this baby, or if you are certain that you will not be having another baby after this one, (both situations where you won't be having another pregnancy) or if you know that the father of this baby is also Rhesus negative (baby will be Rhesus negative also).

So, if you think you are in one of these categories, please discuss this with your midwife, but remember that you may change you mind in the future about having more children, and you may not know the Rhesus status of your partner.

Do I still need an injection after my baby is born?

Probably, yes. More of your baby's blood can get into your bloodstream during labour. After delivery the baby's blood group is tested. If your baby is **Rhesus negative**, you do not need any more anti-D injections because you can only form antibodies against Rhesus positive cells.

If your baby is **Rhesus positive**, this will confirm that you will be able to form antibodies against your baby's blood cells. You will be offered a further anti-D injection to try to prevent this because the antibodies could cause problems in future pregnancies. If a lot of your baby's blood has passed into your bloodstream, more than one injection may be necessary to cover the surface of all the cells. Your blood will be tested after delivery to find out if more than one injection is needed.

Are there any risks to these injections?

They have an excellent safety record. The anti-D injections are made from donated blood, which is screened for infections that can be passed on from it. The anti-D is made in Scotland from plasma from the USA. (American plasma is now used to avoid the already tiny risk of new variant CJD (BSE) in blood from British donors).

Anti-D injections have been used in pregnancy for over 30 years. In Scotland there have been no cases of infections being caught from such injections, and there have also been no cases of infection from the USA product in over 24 years. Many, many millions of injections have been given with no known problem.

- The Royal College of Obstetricians & Gynaecologists recommends routine antenatal anti-D prophylaxis.

Note: If you already have anti-D in your blood from a previous pregnancy, then you may not need any anti-D injections.

<u>If you have any further questions, please ask your midwife or your own doctor.</u>

600101156
Halliday,
7a Allan T
Dalkeith,
Midlothiar
EH22 1EW
CHI 06117
77197

RADIOMETER ABL 700 SERIES

ABL705 Labour Ward 05 02 00 28/08/2011
PATIENT REPORT Cord Gas 3 95uL Sample # 534

Identifications

Physician	
Note	
Operator	Caroline Pound
Patient ID	600101156
Patient First Name	shona
Patient Last Name	halliday
Date of birth	06/11/1975
Sample type	Venous

Blood Gas Values

cH^+_c	99.8	nmol/l		
pH	7.001		[	]
pCO_2	8.82	kPa	[	]
pO_2	5.97	kPa	[	]

Acid Base Status

sO_{2e}	58.6	%	[	]
$cBase(Ecf)_c$	-13 9	mmol/L		
$cHCO_3\ (P,st)_e$	11.3	mmol/L		

Metabolite Values

cLac	13.5	mmol/L	[	]

Notes

c Calculated value(s)
e Estimated value(s)

Printed 05.03:52 28/08/2011

56L F Shona errace, 51143 D Robertson

RADIO 700 SERIES

ABL705 Labour Ward
PATIENT REPORT — Cord Gas - S 95ut — 04 59 00 — Sample # — 28/08/2011 — 53434

Identifications

Physician	
Note	
Operator	Caroline Pound
Patient ID	600101156
Patient First Name	shona
Patient Last Name	halliday
Date of birth	06/11/1975
Sample type	Arterial

Blood Gas Values

cH^+_c	159.5	nmol/L	[-]
pH	6.797		[-]
pCO_2	18.1	kPa	[-]
pO_2	2.63	kPa	[-]

Acid Base Status

sO_{2c}	7.3	%	[-]
$cBase(Ecf)_c$	13.5	mmol/L	
$cHCO_3\ (P,st)_e$	8.5	mmol/L	

Metabolite Values

cLac	19	mmol/L	[ ]

Notes

c Calculated value(s)
e Estimated value(s)

Printed 05.00 53 28/08/2011

[redacted]