NHS Lothian

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

Dr AR MacKay
St Triduana's Medical Practice
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 20/06/2014

Emergency Discharge Summary

Patient	Lisa Williamson 9/7 Tytler Gardens Edinburgh EH8 8HS	**CHI**	**2601901187**
		Date of Birth / Age	26/01/1990 (24 years)
		UHPI	700168111M
		A&E Attendance Number	E2755431
Attendance Date	20/06/2014		
Attendance Time	18:01		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date			
Discharge To			

Dear Dr AR MacKay

Presentation: piercing complaint

CHI : 2601901187

24 year old female. RHD.

PMH -Nil. Meds - Nil. NKDA.

PC - Infected piercing webspace left hand. Had a bar & ball piercing 1 week ago. Noticed swelling around site. Ball section retained inside webspace.

O/E - Retained piercing webspace thumb & index finger left hand. mild surrounding swelling & erythema

PLAN - Local anaesthetic. Piercing advanced through - removed from hand. Wound cleaned. Co-Amoxiclav 625mg TDS. Advice. worsening statement.

Leon Amos
Nurse Practitioner

Yours Sincerely,

Leon Amos, Nurse

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. D.Caesar
Clinical Nurse Manager Mr. Neil Boyle
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

LHB 925

A/E no. E2755431
Previous no. E2510669
UHPI no. 700168111M
CHI no. 2601901187

PATIENT INFORMATION

Surname Williamson
Forenames Lisa
Date of Birth 26/01/1990
Age 24 Yrs Sex F

Address 9/7 Tytler Gardens
Edinburgh

Postcode EH8 8HS
Telephone 07763392989

Contact Address
Telephone H
W

Complaint piercing complaint
Allergies

Attendances in last 12 months: 1
School:

General Practitioner

AR MacKay
Address
St Triduana's Medical Practice
St Triduanas Medic
EH7 6RU

Telephone 0131 657 3341

Date and Time of Attendance
20/06/2014 18:01
Incident Date & Time:
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

TRIAGE

Presenting Complaint:

History of Presenting Complaint:

Assessment:

OBSERVATIONS

Temp	Pulse Rate	BP /	RR	Sats % O_2/air	BM	PF best	Alcometer	GCS	SEWS
								/15 e__v__m__	

? SEPSIS temp >383 or <36 ☐ HR > 90 ☐ RR > 20 ☐ BM > 7 (+ not diabetic) ☐ age > 70 ☐ signs of infection ☐

> 2 **THINK SEPSIS AND TRIAGE UP** Y / N

PAIN SCORE ___/10 Analgesia ☐ Time _____

FAST + / − *(circle)* Onset Time: _____
Stroke Test

Triaged no.: 1 2 3 4 7 *(circle)* Triaged to: HD / IC / exam / WR / GP *(circle)* Senior Doctor Informed? Y / N time_____

INTERVENTIONS & INVESTIGATIONS

Peripheral Venous Cannula Insertion *Complete all sections*
Date: ..... Time:.....

Size	Position	Standard technique
Blue ☐	LEFT ☐	Handwash ☐
Pink ☐	RIGHT ☐	Gloves ☐
Green ☐	Hand ☐	CHD skin prep ☐
Orange ☐	Forearm ☐	Aseptic Insertion ☐
Brown ☐	ACF ☐	Needle free port ☐
Grey ☐	Foot ☐	Dressing labelled ☐

Operator Signature: .....

BLOODS Routine ☐ Troponin ☐ Amylase ☐
(Trop due_____)
TOX ☐ Other ☐ _____
(time of OD_____)
BTS ☐ SENT ☐

ECG Required ☐ Done ☐ Time_____ **X-RAYS** CXR ☐ Other ☐ _____

URINALYSIS Required ☐ Done ☐ HCG: + / − *(circle)* MSU Sent: Y / N

BED REQUIRED YES / NO *(circle)*

Speciality Informed ☐ Time_____

Time of Triage: .....
Triaged by: *(sign)* .....
(print) .....
Care Provider: *(print)* .....

Clinical Notes

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

See EPR

Care Providers Name: L. Armstrong Signature

TIME OF RECORDING						
BLOOD PRESSURE	200					
	190					
	180					
	170					
	160					
	150					
	140					
	130					
	120					
	110					
	100					
Score if Systolic falls within parameters	90					
	80					
	70					
	60					
	50					
	40					
	30					
ENTER VALUE IF SYSTOLIC BELOW 30 →						

ENTER VALUE ABOVE 180 →						
PULSE RATE	180					
	160					
	140					
	120					
	100					
	80					
	60					
	50					
	40					
	30					
ENTER VALUE BELOW 30 BPM →						

ENTER VALUE ABOVE 40 RPM →						
RESPIRATORY RATE	40					
	35					
	30					
	25					
	20					
	15					
	10					
	8					
ENTER VALUE BELOW 8 RPM →						

BLOOD SUGAR	>25					
	15-25					
	4-15					
	<4					

TEMPERATURE	39°					
	38°					
	37°					
	36°					
	35°					
	34°					

SAO2	>93					
	90-92					
	85-89					
	<85					
Inspired O2%	%					

TIME OF RECORDING →						
GLASGOW COMA SCORE — EYES	Spontaneous	4				
	Speech	3				
	Pain	2				
	None	1				
VERBAL	Oriented	5				
	Confused	4				
	Words	3				
	Sounds	2				
	None	1				
MOVEMENT	To Command	6				
	Localises	5				
	Withdrawal	4				
	Flexion	3				
	Extension	2				
	None	1				
TOTAL	14-15					
	12-13					
	9-11					
	<8					

PUPILS	RIGHT	Size				
		Reaction				
	LEFT	Size				
		Reaction				

PAIN SCORE	VERY SEVERE	9-10				
	SEVERE	6-8				
	MODERATE	4-5				
	MILD	1-3				
	NONE	0				

Treatment (delete as appropriate)	Time requested	Done by	Time completed
Dressing ☐ - wound/burn			
Plaster ☐ - colles BS - BK BS - AK BS - U slab			
Crutches ☐ - WB/NWB			
Wrist splint ☐ - thumb/no thumb			
Sling ☐ - BAS/HAS			
Tubigrip ☐ - ankle/wrist/knee			
Eye irrigation ☐			

ROYAL INFIRMARY OF EDINBURGH
EMERGENCY DEPARTMENT

NHS Lothian

700168111M/E2755431 F 26/01/1990
Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

CHI 2601901187
70785 AR MacKay

PREVIOUS ADVERSE REACTIONS	NKA

DRUG AND PRESCRIPTION RECORD

Date 26/08/14

ONCE ONLY PRESCRIPTION

Date	Time	Drug (Approved Name)	Dose	Route	Prescriber's Signature	Time Given	Given by (Initials)	Checked by (Initials)
		Paracetamol		Oral				
		Ibuprofen	400mg	Oral				
		Co-Codamol $^{30}/_{500}$		Oral				
		Tetanus						

DISCHARGE MEDICATION

Date	Time	Drug (Approved Name)	Dose	Frequency	Route	Prescriber's Signature	Given by (Initials)	Checked by (Initials)
		Paracetamol	1g	QDS	Oral			
		Ibuprofen	400mg	TID	Oral			
		Co-Codamol $^{30}/_{500}$	1 - 2	QDS	Oral			
		Chloramphenicol		QDS	Top			
26/0	1830	Co-Amoxiclav NMP X3	500/125	TID	Oral	AR MacKay		
		Flucloxacillin	500mg	QDS	Oral			

NHS Lothian

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51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr AR MacKay
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 04/06/2019

Emergency Discharge Summary

Patient	Lisa Williamson 9/7 Tytler Gardens Edinburgh EH8 8HS	**CHI**	**2601901187**
		Date of Birth / Age	26/01/1990 (29 years)
		UHPI	700168111M
		A&E Attendance Number	E4171174
Attendance Date	30/05/2019		
Attendance Time	03:25		
Mode of Arrival	Public Transport		
Source of Referral	Other		
Discharge Date	30/05/2019		
Discharge To			

Dear Dr AR MacKay

Presentation: Overdose, od

CLINICAL NOTES:
Clinical note: Transfer from REH - informal admission
- co-codamol OD x 10 at 1700 this afternoon
- 83mg/kg paracetamol
- levels 57 at 9 hours --> above treatment line
- see REH entry for full details

Imp: Paracetamol OD - over treatment line

P: IV access
NAC
Admit tox

Yours Sincerely,

Dr Catriona Louise Fullarton, Doctor

NHS Lothian

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

Dr AR MacKay
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 01/03/2022

Emergency Discharge Summary

Patient	Lisa Williamson 9/7 Tytler Gardens Edinburgh EH8 8HS	**CHI**	**2601901187**
		Date of Birth / Age	26/01/1990 (32 years)
		UHPI	700168111M
		A&E Attendance Number	E4959233
Attendance Date	27/02/2022		
Attendance Time	08:38		
Mode of Arrival	Private Transport		
Source of Referral	NHS 24		
Discharge Date	27/02/2022		
Discharge To			

Dear Dr AR MacKay

Presentation: Injury of back, gential pain

CLINICAL NOTES:
Clinical note: PC: Pelvic pain - referred by nhs 24

HPC:
- her ex partner fell on top of her last night whilst messing around with their children
- has had generalised pelvic pain - described as 3/10 pain both groins - since
- no leg weakness
- no altered sensation
- no bladder / bowel issues
- able to walk but painful
- took 2x paracetamol with little benefit
- called nhs 24 who referred to the ED

PMH:
- MH

Meds: as per ecs
NKDA

SH:
- lives with her children
- not employed
- smokes
- alcohol within limits

O/E
Sat looking comfortable using her mobile
Screaming when asked to stand up / move - however distractable with conversation
No C Spine tenderness
No bony spinal tenderness
Can bend to ankles
Normal power tone & sensation all 4 limbs
No bruising / abraisions to pelvis
No bruising / abraisons to lower back / thighs

Obs: T 37.3 HR 101 BP 200/78 RR 16 SPO2 97%oa
XRs pelvis & lumbar spine - reported as nil #

Imp. MSK pain

Plan.
1. codeine & ibuprofen TTO
2. worsening advise given

Yours Sincerely,

Dr Sarah Parker, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

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

NHS Lothian

A/E no. E4959233
Previous no. E4171174
UHPI no. 700168111M
CHI no. 2601901187

Patient Information

Surname Williamson
Forenames Lisa
Address 9/7 Tytler Gardens
Postcode EH8 8HS
Contact Address
Complaint gential pain
Attendances in last 12 months: 0 School :

Date of Birth 26/01/1990
Age 32 Yrs Sex F
Telephone 07548512239
Telephone H
W
Allergies NKDA

General Practitioner

AR MacKay
St Triduana's Medical Practice
54 Moira Park
Address Edinburgh
EH7 6RU
0131 657 3341
Telephone

Date and Time of Attendance 27/02/2022 08:38
Incident Date Time: 27/02/2022
Mode of Arrival Private Transport
Source of Referral NHS 24

Initial Triage Assessment

Presenting Complaint	FALL last night
History of Presenting Complaint	worsening pelvic pain since then. ongoing to weightbearing. PMHx: ? Non compliance with antipsicotic meds.
Assessment	Fully mobile arm/legs, uncomfortable to sit, pain 3/10, passed urine no issues, no period. Alert, orientated.

Nursing Observations & Assessments

TEMP	37.3°C	SCORE	MIN. FREQ	(please tick)	Blood Sugar	mmols	Pain Score	/ 10	
HR	101	NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given	YES ☐	NO ☐
BP	209/128	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment	POS ☐	NEG ☐
SP02%	97 %	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:		
RR	16	NEWS >7	10mins Min		Alcometer		Weight		Height
AVPU	A	Special Clinical Instructions			07:00 Paracetamol, Dizprofen 0900 with relative.				
O2 Therapy In Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP							
NEWS SCORE	1								

Triaged By: Print Name: KATHRYN Signature: Triage Time: 0935

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

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

Blood Samples - Please tick all that apply

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

Additional Investigations

ECG - Please tick: Required ☐ Done ☐
Urinalysis - Please tick: Required ☐ Done ☐
MSU Sent: Yes ☐ No ☐
HCG Consent: Yes ☐ No ☐
HCG Result: Yes ☐ No ☐

On Going Care Plan

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

X-Rays - Please tick

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

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

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

Care Providers Name:_____ Signature:_____

NHS24 CONTACT REPORT

700168111M/E4959233 F 26/01/1990
Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

CHI 2601901187
70785 AR MacKay,
EH8 8HS

Caller : Self
Date/Time Call Received: 27.02.2022 06:52:00
Date/Time Call Completed: 27.02.2022 07:23:24

Current Location: 9/7 Tytler Gardens
EDINBURGH
EH8 8HS

Phone Number: 07456566795
Phone Ext.:

Special Directions: Intercom/ Buzzer Entry
Temporary Resident: NO

GP: A MACKAY
ST TRIDUANA'S MED PRACT
ST TRIDUANA'S MED PRACT
54 MOIRA PARK
EH076RU

Call Classification:

CALL SUMMARY:
FINAL ENDPOINT:
Accident & Emergency (ASAP)
REASON FOR CALL / RELEVANT INFORMATION:
PAIN AT GENITAL AREA JUST AT PELVIS, SHOOTING PAINS IN BACK -6 HRS
OUTCOME:
Patient advised to go to A&E

Confirmed Symptom(s):
#Groin pain
#Groin pain and no swelling

Symptom(s) not found:
#No fever

Call Detail(s):
#Clinical supervisor: A JARVIE

PAST MEDICAL HISTORY:

NOTES:

27:02:2022 06:59:36 BROWNS CARRYING ON LAST NIGHT, FELT OVER, FELL BACKWORD, EX PARTNER LANDED ON TOP OF HER
DW A JARVIE INJURY TO BACK AND PELVIC AREA. DISTRESSED WITH PAIN. PAIN IN GENITAL AND PELVIC AREA. SHOOTING PAINS IN BACK -A & E ASAP WILL ATTEND RIE

Support Line Notes:

700168111M/E4959233 F 26/01/1990
Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

CHI 2601901187
70785 AR MacKay

RIE ED Nursing Care Plan

Admission Nurse Signature.....

Admission Nurse Print Name.....

Date. 27/2/22

Presenting History :
? pelvic inj

Date/ Time	Progress Notes	Signature
10^{00}	Await rv. Will monitor —	A. Cuthbert

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded		ECG completed	
Sews Score recorded		CXR ordered	
BM Reading		Alcometer Reading Recorded	
GCS assessed		DNAR in situ	
Acuity parameters set		LCP commenced / CP Aware	
Patient made comfortable		Falls / Risk Assessment Require / Complete	
Name band Attached		Swallow Assessment Required / Complete	
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment Required / Complete	
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening ...

Time of Round	O/A				
Clinical Area of ED					
Initials of Care Round Leader					
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency					
Cardiac monitoring required	Y / N	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)					
Mobility					
Fully weight bearing					
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required					
Patient is Self Caring and can walk to toilet					
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring					
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink		P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns					
Visible areas of redness					
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC /Arterial Line / Central Line / PVC					
Urinary Catheter / Chest Drain					
Infusion Device					
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes					
Cubicle Tidy (Please tick)					
Ensure area is tidy and free of obstruction					

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	

NHS LOTHIAN
Emergency Department

NHS Lothian

Adult Majors
Prescription, Administration & Observation Record

7001681 | M/E4959233 | 26/07/1990
Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

CHI 2601901187
70785 AR MacKay

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions		Weight kgs Actual / Estimate	Date
	NKDA		27/2/22

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
27/2	0940	Ibuprofen	400mg	oral	PGD 367A	0940	KM	

07:00 Paracetamol 1g.

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)
27/2	codeine	30mg	QDS	O		5/7			
27/2	ibuprofen	400mg	TDS	O		5/7			

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																				
	Date:	27/2																		
	Time:	930																		
A+B Respirations Breaths/min	≥25										3									
	21-24										2									
	18-20																			
	15-17	16																		
	12-14																			
	9-11										1									
	≤8										3									
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	97																		
	94-95										1									
	92-93										2									
	≤91										3									
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2										3									
	95-96 on O_2										2									
	93-94 on O_2										1									
	≥93 on air																			
	88-92																			
	86-87										1									
Tick box if using SpO_2 Scale 2	84-85										2									
Sign	≤83										3									
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	N																		
	O^2 L/min or %										2									
	Device																			
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220										3									
	201-219	223																		
	181-200	1																		
	161-180																			
	141-160																			
	121-140	6																		
	111-120	126																		
	101-110										1									
	91-100										2									
	81-90										3									
	71-80																			
	61-70																			
	51-60																			
	≤50																			
C Pulse Beats/min Manual pulse	≥131										3									
	121-130										2									
	111-120																			
	101-110	101									1									
	91-100																			
	81-90																			
	71-80																			
	61-70																			
	51-60																			
	41-50										1									
	31-40										3									
	≤30																			
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A																		
	New Confusion										3									
	V																			
	P																			
	U																			
E Temperature °C	≥39.1°										2									
	38.1-39.0°										1									
	37.1-38.0°	37.3																		
	36.1-37.0°																			
	35.1-36.0°										1									
	≤35.0°										3									
NEWS TOTAL		1																		
Monitoring frequency																				
Escalation of care Y/N																				
Blood Glucose reading or N/A		-																		
Pain score (0-10)		3																		
Initials		MK																		

NEWS of 5 or more? Think Sepsis!

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

Signs of Infection

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

Addressograph

Name:

DOB:

CHI:

NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter *	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic

Special Instructions

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

Section		Item	Score	Observation	Notes
		Date		3/5	
		Time		09	
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4	✓	Eyes closed by swelling = C
		To speech	3		
		To pain	2		
		None	1		
	Best Verbal Response	Orientated	5	✓	Endotracheal tube or tracheostomy = T
		Confused	4		
		Inappropriate words	3		
		Incomprehensible sounds	2		
		None	1		
	Best Motor Response	Obey commands	6	✓	Always record the best arm response
		Localise to pain	5		
		Flexion to pain	4		
		Abnormal flexion	3		
		Extension to pain	2		
		None	1		
		Total GCS Score		15	
Right Pupil		Size		3	+ reacts - no reaction c. eye closed
		Reaction		+	
Left Pupil		Size		3	
		Reaction		+	
LIMB MOVEMENT	ARMS	Normal power		R/L	Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness			
		Severe weakness			
		Extension			
		No response			
	LEGS	Normal power		R/L	
		Mild weakness			
		Severe weakness			
		Extension			
		No response			
		Initials		KA	

Pupil Scale mm 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 •

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

NHS Lothian

Western General Hospital
ARAU
Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Accident and Emergency

Dr MacKay
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 10/07/2024

Outpatient Clinic Letter

Patient	Lisa Williamson 9/7 Tytler Gardens Edinburgh EH8 8HS	**CHI** **Date of Birth / Age** **UHPI**	**2601901187** 26/01/1990 (34 years) 700168111M
Attendance Date	10/07/2024		
Consultant	WGH Call Mia Review		

Dear Dr MacKay

IMPRESSION/DIFFERENTIAL DIAGNOSIS:

Ankle: Ankle Fracture: Lateral Malleolus Only, Stable

Referred to: Orthopaedic Trauma Triage Clinic

CLINICAL NOTES:
Clinical notes: TTC referral summary (please delete as appropriate but leave the summary at the top of this text box)

- Confirm diagnosis been entered in the Diagnosis Information section above: YES
- Side: LEFT
- Neurological deficit: NO
- Open or closed injury: CLOSED
- Mechanism of injury:
LOW energy (fall from standing height or less, non -sporting)/

- Code of TTC patient information leaflet provided to patient: 44b
34 YOF

PC : ankle injury
HPC : slipped and fell on wet floor 2 nights ago injuring left ankle. Has been resting/elevating and using ice since. Taking OTC analgesia but doesn't feel they are helping

PMH: depression and anxiety

MEDS : fluoxetine, quetiapine
NKDA
SHX : unemployed. Lives with 2 daughters

O/E

In porters chair
Left ankle very swollen both lateral and medial malleolus
No obvious bruising
No wounds/deformity
Warm to touch
DNVI
Dorsal pulse present
CRT < 2 secs
NO knee pain
Calf SNT
No BT toes/MTs/calcaneum/medial mallelous
Very tender palpating distal fibula

Xray left ankle:

Minimally displaced weber b # of left lateral malleolus

PLAN : moonboot, TTC 44b, healing time and use of boot discussed. Struggled with boot alone. Managed well with crutches.
TTO co-codamol 8/500mgs 1-2 every 4 hrs
If feels not effective to call GP

Happy with plan
Sarah Marshall
ENP WGH

FREE TEXT NOTE BELOW HERE

ADDITIONAL DETAILS:

Patient consents to be contacted by orthopaedics service by telephone: Yes
CONTACT NUMBERS:
Mobile - 07454182187
The relevant advice leaflet has been provided: Yes

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr AR MacKay
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 18/05/2025

Emergency Discharge Summary

Patient	Lisa Williamson 9/7 Tytler Gardens Edinburgh EH8 8HS	**CHI**	**2601901187**
		Date of Birth / Age	26/01/1990 (35 years)
		UHPI	700168111M
		A&E Attendance Number	E6039066
Attendance Date	18/05/2025		
Attendance Time	17:42		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date			
Discharge To			

Dear Dr AR MacKay

Presentation: right foot injury

IMPRESSION/DIFFERENTIAL DIAGNOSIS:

Foot: Metatarsal: 5th - Isolated Fracture

Referred to: Orthopaedic Trauma Triage Clinic

CLINICAL NOTES:
Clinical note: PC - right foot injury

HPC - describes messing baout with a male friend 6 days ago and he accidentally stood on her right foot. His build is described as 'big' but unable to given indication of his weight. Foot became bruised and swollen on the same day. Painful to WB. Iced and ibuprofen for analgesia. No previous # to R foot

PMH well
MEDS - fluoxetine, quetiapine
NKDA
SH unemployed, has 2 children 12, 9
No hobbies
Social smoker

O/E RIGHT FOOT

WB in crocs with mild limp
no deformity

swelling to dorsum of foot and lateral malleolus
bruising to phalanges and lateral aspect of foot. 2 x areas of circular bruising to anterior lower leg which she reports were from the same injury - denies any physical assault
no owunds, erythema, heat or tracking
no bony tenderness over proximal fibula, medial or lateral malleolus, hindfoot, midfoot or phalanges
bony tenderness over 4th and 5th MT
no foot drop
FROM in ankle. Full power on all resisted ankle movements
WWP, CRT < 2 secs
DNVI

Xray right foot - lucency through base of 5th MT

Plan - TTC PIL 85 given
given set of elbow crutches, mobilising well with use
continue regular analgesia
TTC referral made

ENP Clare Rose
Clinical notes: TTC referral summary (please delete as appropriate but leave the summary at the top of this text box)

base of 5th MT #

- Confirm diagnosis been entered in the Diagnosis Information section above: YES
- Side: RIGHT
- Neurological deficit: NO
- Open or closed injury: CLOSED
- Mechanism of injury:
LOW energy (fall from standing height or less, non -sporting)/

- Code of TTC patient information leaflet provided to patient: 85

FREE TEXT NOTE BELOW HERE
PC - right foot injury

HPC - describes messing baout with a male friend 6 days ago and he accidentally stood on her right foot. His build is described as 'big' but unable to given indication of his weight. Foot became bruised and swollen on the same day. Painful to WB. Iced and ibuprofen for analgesia. No previous # to R foot

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Xray right foot - lucency through base of 5th MT

Plan - TTC PIL 85 given
given set of elbow crutches, mobilising well with use
continue regular analgesia
TTC referral made

ENP Clare Rose

ADDITIONAL DETAILS:

Patient consents to be contacted by orthopaedics service by telephone: Yes
CONTACT NUMBERS:
Work - 07777 417038
The relevant advice leaflet has been provided: Yes

Yours Sincerely,

Clare Rose, Nurse Practitioner