

**Subject Access Request Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN**



MMA LEGAL
STOK, 43 - 59 PRINCES STREET,
STOCKPORT,
SK1 1RY

Date: 8TH MAY 2026
Your Ref: 100112
Our Ref: SAR/TEAM/TH
Enquiries to: Tracy Hunter
Direct Line: 0141 211 0667
Email: tracy.hunter3@nhs.scot

Dear Sir/Madam

**Re: Subject Access Request under the General Data Protection
Regulation**

Patient: CATHERINE HONEYMAN

Date: 01.02.1949

Thank you for your request received **21ST APRIL 2026** in which you seek a copy of your client's personal information:

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

**QUEEN ELIZABETH UNIVERSITY HOSPITAL - GARTNAVEL
GENERAL HOSPITAL - NEW VICTORIA INFIRMARY HOSPITAL
RECORDS**

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

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

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

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements

ELECTRONIC PATIENT RECORDS

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

Including:

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

HAEMATOLOGY																																									
FOR HIGH RISK SPECIMENS PLACE DANGER OF INFECTION LABEL HERE																																									
JB-5001	BGH 117																																								
BIOHAZARD																																									
CLINICAL SUMMARY / EDO.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">HOSPITAL NUMBER</td> <td style="width: 15%;"></td> <td style="width: 15%;">DATE</td> <td style="width: 15%;"></td> <td style="width: 40%;">LAB REF. NO.</td> </tr> <tr> <td>SURNAME / (Capital)</td> <td>0940779</td> <td>DATE</td> <td></td> <td></td> </tr> <tr> <td>FORNAME(S)</td> <td>HONEYMAN CATHERINE</td> <td>DATE</td> <td></td> <td></td> </tr> <tr> <td>DATE OF BIRTH</td> <td>10 MELVILLE STREET GLASGOW</td> <td>DATE</td> <td></td> <td></td> </tr> <tr> <td>WARD / LOCATION</td> <td>G41 21N</td> <td>DATE</td> <td></td> <td></td> </tr> <tr> <td>CONSULTANT / GP</td> <td>G.P. Prac. 49074</td> <td>DATE</td> <td></td> <td></td> </tr> <tr> <td>EXAMINATION REQUESTED</td> <td colspan="4"> DR C MEDICAL MICROSCOPY PNEUMATOLOGY OPD </td> </tr> <tr> <td>LAB USE ONLY</td> <td colspan="4"></td> </tr> </table>	HOSPITAL NUMBER		DATE		LAB REF. NO.	SURNAME / (Capital)	0940779	DATE			FORNAME(S)	HONEYMAN CATHERINE	DATE			DATE OF BIRTH	10 MELVILLE STREET GLASGOW	DATE			WARD / LOCATION	G41 21N	DATE			CONSULTANT / GP	G.P. Prac. 49074	DATE			EXAMINATION REQUESTED	DR C MEDICAL MICROSCOPY PNEUMATOLOGY OPD				LAB USE ONLY				
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LAB USE ONLY																																									

Consultant: Drs. Fraser/Morrison
Clinic: Rheum
General Outpatient Building - Zone 7

0940779
HONEYMAN CATHERINE
GROUND RIGHT
10, MELVILLE STREET
GLASGOW. 01/02/1949
G41 2LN CHI 0102406145

The various examinations and investigations may take a considerable time and you may be detained for at least two hours.

Please do / ~~do not~~ bring a sample of urine

[illegible]

HAEMATOLOGY

PLACE SPECIMEN IN BAG AND PLACE
BAG ON FLAT SURFACE. REMOVE PROTECTIVE
STRIP. FOLD ONTO BAG AND SEAL FIRMLY.

HAEMATOLOGY REQUEST SOUTHERN GENERAL HOSPITAL NHS TRUST

LABORATORY HOURS

ROUTINE

MONDAY - FRIDAY 09.00 - 17.00
SATURDAY 09.00 - 12.00
(Restricted Service)
SUNDAY No Routine Service

EMERGENCIES ONLY

MONDAY - FRIDAY 17.00 - 09.00
SATURDAY 12.00 - 09.00
SUNDAY ALL DAY

EMERGENCY REQUESTS MUST BE ARRANGED WITH LABORATORY
OUT OF HOURS REQUESTS: BLEEP DUTY MISO: 1602

SECRETARIAL STAFF (RESULTS) 201 - 1595

CONSULTANTS 201 - 1595

BLEEP No.'s 1601 & 1602

SOUTHERN GENERAL HOSPITAL NHS TRUST

1

SURNAME (Block Letters) HONEYMAN	FIRST NAME CATHERINE	UNIT No. 940779
ADDRESS GIR 10 MELVILLE ST. GLASGOW G41 2LN.	OCCUPATION	DATE OF BIRTH 1.2.49
CHANGE OF ADDRESS	NEXT OF KIN (Name and Address) 422 1580	
CHANGE OF ADDRESS	NAME AND ADDRESS OF OWN DOCTOR DR. C. MILLS / MARSHALL GORBALS H/C. 45 PINE Av. GLASGOW GTS	
	NAME AND ADDRESS OF OWN DOCTOR	BLOOD GROUP
		SENSITIVITY

UNIT CASE RECORDS

GENERAL ☒
 INSTITUTE ☐
 MATERNITY ☐

ORTHOPAEDIC ☐
 PSYCHIATRIC ☐
 CHEST ☐

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE
5.10.94	RHEUM OP	Dr. Fraser			
24.11.94	DIET OP				
28.10.94	R/INT. OP	P. KENNEDY			
28/1/95	Rheum OP	Fraser			
5.1.95	DIET OP				
24.7.95	Rheum OP	Fraser			
8/6/95	Rheum OP	P. KENNEDY			
9/6/95	Rheum OP	P. KENNEDY			
11/1/96	Rheum OP	P. KENNEDY			
1/2/96	RHEUM OP	P. KENNEDY			
22/11/99	Rheum OP	Fraser			
10/4/2000	RHEUM OP	SEEM			
19/1/01	20				
12/12/01	Gyn OP	Khand			

Continued

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE
1/1/12	Chest	Davies			
5/3/12	Chest	Davidson			
15/12	ORTH	Physi			
16/12	CHEST	Davies			
19/13	WS	MARTIN	Ⓢ shoulder Replacement		18/1/13



30275453M
HONEYMAN
CATHERINE 01/02/1949 F
0/2 10 Melville Street
GLASGOW G41 2LN
CHI-0102496145

CONSULTANT PRINGLE

DATE ON WAITING LIST

DATE OF ADMISSION 22/12/11

DATE OF DISCHARGE/TRANSFER 22/12/11

INPATIENT/DAYCASE

CONDITIONS

PROCEDURES

Postmenopausal Bleeding ✓	010	Laparoscopic Sterilisation
Excessive/Frequent Menstruation	010	Diagnostic Laparoscopy
Irregular Menstrual Cycle	010	Hydrotubation
Abnormal Smear	010	Microwave endometrial ablation
Cervix Cancer	010	Hysteroscopy with biopsy ✓
Endometrial Cancer	010	Evacuation of Uterus / STOP
Ovarian Cancer	010	Medical Termination of Pregnancy
Ovarian Cyst	010	Marsupialisation of Bartholin's Cyst
Legally Induced Abortion	010	Cone Biopsy of Cervix
Missed Abortion	010	Cystoscopy
Spontaneous Abortion	010	Insertion of Oestrogen Implant
Threatened Abortion	010	Total Abdominal Hysterectomy
Uterovaginal Prolapse	010	& Ovaries (B.S.O)
Urinary Incontinence	010	Salpingo Oophorectomy Bilateral
Dysmenorrhoea	010	Salpingo Oophorectomy Unilateral
Pelvic Infection - N.O.S.	010	Salpingectomy Unilateral N.E.C.
Subfertility	010	Bilateral Oophorectomy
Endometriosis - Site Unspecified	010	Laparoscopic Salpingectomy
Oestrogen Deficiency	010	Laparoscopic Oophorectomy
Bartholin's Cyst	010	Vaginal Hysterectomy
Pelvic Pain	010	TCRE
Ectopic Pregnancy	010	LAVH &BSO
Cervical Polyp	010	Pelvic Floor Repair
Fibroid Uterus	010	Pelvic Floor Repair (Manchester)
Dyspareunia	010	Colposuspension
Request for Sterilisation	010	I/P Bladder Physio.
	010	Insertion of I.U.C.D / MIRENA
	010	Removal of I.U.C.D
	010	Cervical Polypectomy
	010	Tension free Vaginal Tape
	010	Trans-Obturator tape
	010	Anterior Repair with Mesh
	010	Posterior Repair With Mesh
	010	Perineoplasty

Other Conditions

Coexisting Complication Medical Disorder.....

D.B.U. Overnight (Please specify).....

Date of Procedure 22.12.11

Laparoscopic Ops (please specify)

Other Procedures (please specify)

Patient Agreement to Investigation or Treatment



CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

Hospital/Clinic/GP Practice

Patient's surname/family name :

Patient's first name(s):

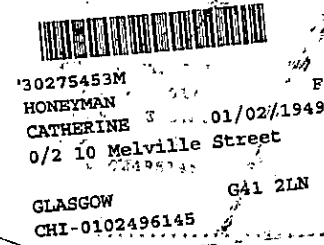
Date of Birth ____/____/____ Gender: Male ☐ Female ☐

NHS/ CHI Number

Special requirements (e.g. other language/communication method)

Responsible practitioner:

Job title:



STATEMENT FOR PRACTITIONER

(to be filled in by practitioner with appropriate knowledge of proposed procedure, see guidance notes)

Describe proposed operation, investigation or other treatment.

Where appropriate specify site or side: (WRITTEN IN FULL)

My oteroscapy ± biopsy

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above).

Signature of practitioner:

Name/Designation (Print)

Date 22/12/11

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below any procedures which I do NOT wish to be carried out without further discussion.

I agree -

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- to the emergency administration of blood or blood products

Additionally you have to agree or disagree the following:-

that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, to improve the quality of patient care.

Agree

Disagree

☐☐

that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.

☐☐

PATIENT REFUSAL FOR BLOOD PRODUCTS

Please sign here if you refuse to consent to the emergency administration of blood or blood products. Even if this results in death.

Signature: Catherine Honeyma

Date 22 / 12 / 2011

Practitioner Signature:

Date

PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: Catherine Honeyma

Date 22 / 12 / 2011

Name (Print):

Intraoperative Accountable Items Count Record

Date 22/12/11

ADDRESSOGRAPH  30275453M HONEYMAN CATHERINE 01/02/1949 0/2 10 Melville Street GLASGOW G41 2LN CHI-0102496145 WARD <u>GM</u> HOSP- <u>72</u> THEATRE- <u>TH F</u>	COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
	PRE - OP SWAB COUNT CORRECT	J. JOSEPH	P. PENWORTH
	PRE - OP INSTRUMENT COUNT CORRECT	J. JOSEPH	G. MULLS
	FINAL SWAB COUNT CORRECT	J. JOSEPH	PENWORTH
	FINAL INSTRUMENT COUNT CORRECT	J. JOSEPH	PENWORTH
	FINAL SWAB DISPATCH COUNT CORRECT	J. JOSEPH	PENWORTH
SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.			
I have reviewed this count sheet and can verify my count(s) correct SCRUB NURSE 1- SIGNATURE -  SCRUB NURSE 2 SIGNATURE - To be signed by replacement scrub nurse if applicable			

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT <i>To be completed for permanent and temporary replacement</i>			
INCOMING COUNT <i>To be completed for temporary replacement</i>			

OPERATION

Hysteroscopy

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

Swabs (2x2)		Tapes				ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)		Sloops/Slings				
Abdominal packs		Bulldogs				
Sutures		Shods				
Blades		Tibbs Cannula				
IV needles		Ports				
Syringes		Staple Gun Inserts				
Discard-a-pad		Spears				
Diathermy pencil		Throat packs - Anae				
Diathermy tips		Throat packs - Scrub				
Scratch pad		Retrieval Bag (Bert)				
Reels		Digital Tourniquets				
Patties						
Pledgelets						

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT
FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING
ALL POSSIBLE ACTIONS

Anaesthesia						Laryngoscopy Grade:						
Date: 22 / 10 / 11	Machine check: ☐ Circuit check: ☐	Cannula: G, L/R Hand Arm Foot	CVP site:	Aneroid site:	Patient position: LIT-PRM	ETT size: 8.0	LMA size:	Ventilation - Spontaneous / Controlled	Apnoea	O ₂ /N ₂ O	Sedation	DES
						Pre O ₂ ☒	☐	Oral / Nasal	Oral / Nasal	Bain	T-piece	ADE
						Cricoid ☐		Always -				
						Fluids						
						ECG ☐	NIBP ☐	SPO ₂ ☐				
						E.C.O. ₂ ☐	FIO ₂ ☐	EAA ☐				
						ALL ABOVE ☒						
						TOF ☐	CVP ☐	IABP ☐				
						Blood warmer ☐						
						AntidVT ☐	UO ☐	Temp ☐				
						Fluids						
						Temperature						
						119						
						110						
						140						
						120						
						100						
						80						
						60						
						40						
						20						
						CVP						
						Blood loss						
						Urine output						

Peri-Operative Care Plan

Pregnancy Test Result

Positive ☐ Negative ☒ NA

NHS
Greater Glasgow
and Clyde

Patient
30275453M
HONEYMAN
CATHERINE 01/02/1949
6/2 10 Melville Street
GLASGOW G41 2LN
CHI-0102496145

CATHIE

Date: 22-12-11

Ward: 72

Consultant: Dr Pringle

Proposed operation:

Baseline Observations

Water Low	Pulse:	BP:	Temp:	SPO2:	Resp.	Height:	BMI:
Score: 12	82	148/87	36.5	95	16	1.61	38

These checks must be made immediately prior to administration of pre-med.

99.7kg

Pre-operative checks	Ward comments:	Reception
Identify band correct (name, date of birth, hospital number, ward)	Correct	Correct
Consent signed and dated	Yes	Yes
Fasted from:	Food: 12mm Fluid: 2mm	2700 1500 am
Correct site surgery marked and prepared	NA	
Allergies/sensitivities and reaction DICLOFENAC - NAUSEA	✓	as stated
Medical conditions, i.e. other relevant information: Angina (last chest pain 3 weeks ago)	✓	as stated
Inhalers/Sprays	None	None
Blood Glucose (if relevant)	NA	NA
Antibiotic Treatment e.g. TEDs	Yes	Yes
Implants insitu e.g. pacemaker, joint replacements	L+R Knee	Knees Replaced
Dentures / loose teeth, Caps, Crowns	Upper Front (R) CAP	Caps ✓ Secure
Hearing Aid, Spectacles and Hair pieces remaining in situ (contact lenses to be removed) - please state	None	✓
Others (please state)		✓
Make up/nail polish removed		
Jewellery/body piercing taped/removed	Yes	
Underwear removed/disposable pants	Yes	X underwear
Voided urine/catheter insitu	Yes	✓
Documentation (case notes, nursing notes, prescription charts, ECG, X-ray, Blood results)	Yes	
Premedication given:	Yes	ECW

Please sign once check completed:

Ward Nurse:	Reception Practitioner:	Anaesthetic assistant/Theatre Practitioner
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

Time into Reception: 1

Operational Data 22.12.11	Time into Anaesthetic Room 0000 Time into Theatre 0005 Time out of Theatre 0000	Scrub Practitioner <u>SN Joseph</u> Circulating Practitioner <u>NA Mub</u> Anaesthetic Assistant
ANAESTHETIC ROOM		
Blood Availability check	Anaesthetic Practitioner has confirmed with Anaesthetic that X matched blood is: Required ☐ Available ☐ Grouped and Saved ☐ (tick or cross as necessary)	
Psychological care given to allay anxiety	Verbal & Non Verbal Communication given ☒ Explanation of expected events/routine given ☐ Communication adapted to meet needs of the patient ☐ Certificate of Incapacity ☐	
Safe Application, Preparation and Use of Equipment	SP02 ☒ Position Rotated Hourly ☐ Arterial Line ☐ CVP Line ☐ Temperature probe ☐ ECG ☒ Warming Device ☐ NIBP ☒ Other ☐	
THEATRE		
Information given in Scrub Nurse and Senior Circulating Nurse by Anaesthetic Nurse	Scrub nurse must check patient ID band with consent ☒ Patient Allergies ☒ Prosthesis ☐ Other ☐ Name Scrub Practitioner <u>SN Joseph</u>	
Operation Site & procedure safety check	Scrub Nurse and Senior Circulating Nurse confirms with Surgeon the procedure to be performed ☐ Correct Site and Site of operation ☐	
Safe positioning and prevention of injury to Skin, Joints and Nerves	Moving Aids - Pat Slide ☒ Roll Board ☐ Sliding Sheets ☐ Hover mattress ☐ Other ☐	
DIATHERMY PAD MUST BE CHECKED WHEN RE-POSITIONING PATIENT		
Skin Integrity e.g. Intact, Red, Broken, Bruise	Position(s) <u>1-</u>	Torrence Score Key
Risk Assessment Toll - Name and Score	Pre-operative Skin Check + Torrence Score <u>Intact</u>	
Positioning Devices e.g. Pillow, Wedge, Stirrups, Rolls etc.	Post-operative Skin Check + Torrence Score	
Padding e.g. Heel, Pads, Headrest, Gel Pads etc.	Positioning Devices (type, position) <u>stirrups + padding</u>	
Arm Position e.g. By side, Arm Boards, Over Abdomen. Secured By e.g. Ties, I Board	Padding (type, position)	
	Arm Position and Security (type, position) <u>J Boards + padding</u>	

N.B. ARM BOARDS MUST BE PLACED AT LESS THAN 90 DEGREE TO AVOID NERVE INJURY

Measures to reduce the risks of Compartment Syndrome	LEGS IN LITHOTOMY OR LLOYD DAVIS POSITION MUST BE LOWERED EVERY 3 HOURS FOR A MINIMUM OF 5 MINUTES. Remove compression stockings pre operatively			
	Position <u>Lithotomy</u>	Time legs positioned <u>11.46</u>	Time legs lowered and duration <u>12.00</u>	Removal of Comp. Stockings prior to surgery
DVT Prophylaxis	Elastic Compression Stockings ☒ Sequential Compression device ☐ mmhg Flowtron Boots ☐ mmhg			
Safe use and application of Intraoperative equipment to prevent injury	Diathermy - Monopolar ☐ Bi polar ☐ Monopolar return electrode - Site <u>1</u> Skin site assessed - meets safety criteria ☐ Skin prepared - N/A ☐ Clipped ☐ Dry Shaved ☐ Tourniquet - Checked ☐ Padding applied ☐			
		Position	Time inflated	Pressure
Skin Preparation to reduce the risk of infection	Correct site(s) to be checked with Surgeon ☐			
	Site	Skin	Prepping Solution	
Aseptic Technique to reduce risk of infection	Site 1 - <u>169cm</u>	None ☒ Clipped ☐ Wet Shave ☐ Dry Shave ☐	Betadine Antiseptic ☒ Chlorhexidine Acetate ☐ Chlorhexidine ☐ Betadine Alcohol ☐ Other ☐	
	Site 2 -	None ☐ Clipped ☐ Wet Shave ☐ Dry Shave ☐	Betadine Antiseptic ☐ Chlorhexidine Acetate ☐ Chlorhexidine ☐ Betadine Alcohol ☐ Other ☐	
Drain(s) Inserted ☐	Type	Site	Size	Secured with
	Drain 1			
Urinary Catheter ☐	Type	Site	Size	Ballooned Inflated with
				mls
Wound Closure/Dressings	Site	Wound Closure	Dressing	Other
	1			
Wound Bath - Sterile Saline 0.9% ☐ Other ☐	Site	Type	Size	Number
OPERATION PERFORMED	<u>Hysteroscopy + D+C.</u>			

COMMENTS / NOTES

PROTHESIS STICKERS

TRACEABILITY STICKERS

Post Operative Instructions

Oxygen:

Fluids:

Other:

Anaesthetist's Signature:

Surgeons Notes

Signature of Surgeon:

Nursing Notes

Time

Time	4:10	DK
SPO ₂	96	95
240		
230		
220		
210		
200		
190		
180		
170		
160		
150		
140		
130		
120		
110		
100		
90		
80		
70		
60		
50		
40		
30		
20		
Airway Type	1	
Resp. Rate	18	
O ₂ Therapy	4L	
Sedation score	1	
E.C.G	2	
Wound score		
Core Temp:		
Pain score	0	
P.O.N.V.	0	
1/2 Hrs Urine Volume		
Total Volume		
I.V. Fluids from Theatre		
Time	Type of Fluid	Volume
1 1145	Hartmann's	500ml
2		
3		
4		
5		
		Batch No.
		Signature
		1152774H Lann

This image shows a full page of graph paper. It features a uniform grid of small squares across the entire surface. On the far left side, there are three circular punch holes, indicating it was part of a binder or folder. The paper is otherwise blank, with no markings or text other than the grid lines.

KEYS

AIRWAY TYPE

- 1 Spontaneous
- 2 Guedel
- 3 NASO - pharyngeal
- 4 L.M.A.
- 5 E.T.T.
- 6 Double lumen E.T.T.
- 7 Tracheostomy

WOUND SCORE

- 0 Dry and intact
1 Slight staining
2 Moderate staining
3 Saturation/Pad req.

PAIN SCORE

- 0 No pain at rest, no pain on movement
- 1 No pain at rest, slight pain on movement
- 2 Intermittent pain at rest, moderate pain on movement
- 3 Continuous pain at rest, severe pain on movement

SEDATION SCORE

- 0 Awake
- 5 Normal sleep
- 1 Drowsy, easy to rouse: eyes open to speech or light shake
- 2 Sedated, difficult to rouse: eyes open only to vigorous shaking
- 3 Unconscious, unrousable

POND

ASSESSMENT

- 0 None
1 Mild nausea
2 Moderate Nausea
3 Severe Nausea
4 Patient Vomiting

MEWS	
Pulse	
Resp. Rate	
Temp	
Avpu	
Urine Output	
Systolic BP	
SpO ₂ %	
Total	

Waterlow Score
See Chart

Discharge Criteria Achieved Yes / No - see Nursing Notes

Advance Decision to Refuse Specified Medical Treatment

1. I, CATHERINE HONEYMAN (print or type full name),
born 1 2 1949 (date) complete this document to set
forth my treatment instructions in case of my incapacity. **The refusal of specified
treatment(s) contained herein continues to apply to that/those treatment(s) even if
those medically responsible for my welfare and/or any other persons believe that
my life is at risk.**

2. I am one of Jehovah's Witnesses with firm religious convictions. With full realization
of the implications of this position I direct that **NO TRANSFUSIONS OF BLOOD
or primary blood components (red cells, white cells, plasma or platelets)** be
administered to me in any circumstances. I also refuse to predonate my blood for later
infusion.

3. **Regarding minor fractions of blood** (for example: albumin, coagulation factors,
immunoglobulins): [Initial **one** of the three choices below.]

(a) ☐ I refuse all

(b) ☒ I accept all

(c) ☐ I want to qualify either (3a) or (3b) above and my treatment choices are as follows:

4. **Regarding autologous procedures** (involving my own blood, for example: haemodilution,
heart bypass, dialysis, intraoperative and postoperative blood salvage):

[Initial **one** of the three choices below.]

(a) ☐ I refuse all such procedures or therapies

(b) ☒ I am prepared to accept any such procedure

(c) ☐ I want to qualify either (4a) or (4b) above and my treatment choices are as follows:

But would want to know of any of
my Blood being used for any other purpose

I am prepared to accept diagnostic procedures, such as blood samples for testing.

5. **Regarding other welfare instructions** (such as current medications, allergies, and
medical problems):

Angina High Blood pressure

Aspirin Atenolol Bendroflumetazide



6. I consent to my relevant medical records and the details of my condition being shared with the Emergency Contact below and/or with member(s) of the Hospital Liaison Committee for Jehovah's Witnesses.

7. Catherine Honeyman
Signature

19.12.2011
Date

Address

8. **STATEMENT OF WITNESSES:** The person who signed this document did so in my presence. He or she appears to be of sound mind and free from duress, fraud, or undue influence. I am 18 years of age or older.

P. Hunter

Signature of witness

PAUL HUNTER SALESMAN

Name

Occupation

37 LONDONSIDE AVE

Address

CLARKSTON G76 7UP

Signature of witness

JAMES DUNN

Name

Occupation

8 RUTHVEN AVE

Address

GLASGOW G46 6PQ

0145777431 07773041770

Telephone

Mobile

0145712557 0781698899

Telephone

Mobile

9. **EMERGENCY CONTACT:**

Name

Raymond Honeyman

Address

10 Melville ST G41 2LN

0141 422 1580-07977209369

Telephone

Mobile

10. **GENERAL PRACTITIONER CONTACT**

DETAILS: A copy of this document is lodged with the Registered General Medical Practitioner whose details appear below.

Name

Address

Telephone Number(s)



NO BLOOD

(signed document inside)

**Advance Decision to Refuse
Specified Medical Treatment**

**Advance Decision to Refuse
Specified Medical Treatment**

(signed document inside)

NO BLOOD





30275453M

HONEYMAN

F

CATHERINE

01/02/1949

0/2 10 Melville Street

GLASGOW

G41 2LN

CHI-0102496145

SURGEONS:

Morrison ST

DATE:

22/12/11

OPERATION PERFORMED

Hysteroscopy - Endometrial Polypectomy

FINDINGS & PROCEDURE

Positioned, washed, soaked

VE - antverted mobile uterus (N) size
+ adnexal massesSpeculum - (N) Cervix
Cervix dilated to size 6

Hysteroscopy -

Both uteri visualised

Small Endometrial Polyp on anterior wall
of cavity
not suspicious

Curette performed - Polyp removed

(P) Sent to H/P

no H/P unless abn H/P path
in New Year

TISSUE SENT FOR PATHOLOGICAL EXAMINATION

Signature

Name: **HONEYMAN CATHERINE**

Hospital No: **SG00940779**

Address: **0/2 10 Melville Street**

CHI No: **0102496145**

Glasgow

DoB: **01.02.49**

G41 2LN

Consultant: **Dr.S.Pringle**

Location: **Ward 49 SGH**

Specimen: **Endometrial curettage**

CLINICAL HISTORY:

64 year old - PMB. Polyp on hysteroscopy. Polypectomy performed.

MACRO:

A white polypoid piece of tissue 11x10x4mm.

MICROSCOPY:

Microscopy shows features of a simple endometrial polyp.
There is no evidence of malignancy in this specimen.

Reported 28/12/11 JMS/LM

Electronically authorised by Dr J. Salmond.

Reporting Pathologist: Dr J. Salmond

Page 1 of 1

Consultant Pathologist: Dr J. Salmond

Date Received: 22.12.11

Lab No: **T,11.0022247.L**

Date Typed: 30.12.11

Acute Services Division

Women and Children's Directorate

CONSULTANTS

Dr Stewart Pringle
Dr Valerie D Hood
Dr Robert JS Hawthorn
Dr Ian N Ramsay
Dr Janice Gibson
Dr John Tierney
Dr Christopher Hardwick
Dr Marco Gaudoin
Dr Hassan Ali
Dr Stein Bjornsson

SP/JR /SG00940779/CHI No: 0102496145
10/01/12

MS CATHERINE HONEYMAN
10 MELVILLE STREET

GLASGOW
G41 2LN

Dear Catherine

Just to confirm that the polyp we removed recently was completely benign.

Yours sincerely

STEWART PRINGLE
CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

Dr Graeme Marshall
Gorbals Health Centre
45 Pine Place
Glasgow G5 0BQ

Southern General Hospital
1345 Govan Road
Glasgow G51 4TF
TEL: 0141-201-1100
FAX: 0141-201-2994

Dr Pringle's Secretary
Tel: 0141 201 1959
e:mail: june.reid@sgh.scot.nhs.uk



Acute Services Division

Women and Children's Directorate

Southern General Hospital
1345 Govan Road
Glasgow G51 4TF
TEL: 0141-201-1100
FAX: 0141-201-2994



CONSULTANTS

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SP/JR /SG00940779/CHI No: 0102496145
10/01/12

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10 MELVILLE STREET

GLASGOW
G41 2LN

Dear Catherine

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Yours sincerely

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45 Pine Place
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Glasgow
G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2994

Robert J S Hawthorn
Stewart Pringle
Marco Gaudoin
John Tierney
Iris Hardwick
Nancy Gibson
Issan Ali
Lein Bjornsson
Nessa Mackay
Ren Guerrero
Radhana Khaund

Secretary: 0141 232 7952
e:mail: sharon.black2@ggc.scot.nhs.uk

/

/1

Dr Marshall
LS HEALTH CENTRE
OW
Q

Dr Marshall

RINE HONEYMAN DOB: 01/02/49 (SG00940779) CHI 0102496145
LVILLE STREET, GLASGOW, G41 2LN

Thanks for referring this 62 year old para 4 to clinic who presents with two
les of PMB in November this year "like a period". She is not on HRT and LMP
more than ten years ago. I understand smears are now normal and up to date.

ie, this lady has a BMI of 40. She has a history of angina, hypertension and
ous bilateral knee and leg operations following bilateral knee replacements
absent fractures of the tibia and fibula.

nal examination was unremarkable. Trans-vaginal ultrasound revealed a
- sized and anteverted uterus associated with a slightly thickened
strium of 4.1 mm. The adnexae were unremarkable as was subsequent speculum
ation.

neyman has been listed for urgent hysteroscopy and endometrial biopsy as an
ient.

Regards,

sincerely

W/L 18V

CATHERINE HONEYMAN
01/02/49

DR A KHAUND
CONSULTANT OBSTETRICIAN & GYNAECOLOGIST

Southern General Hospital
1345 Govan Road
Glasgow G51 4TF
TEL: 0141-201-1100
FAX: 0141-201-2994

CONSULTANTS

Dr Stewart Pringle
Dr Valerie D Hood
Dr Robert JS Hawthorn
Dr Ian N Ramsay
Dr Janice Gibson
Dr John Tierney
Dr Christopher Hardwick
Dr Marco Gaudoin
Dr Hassan Ali
Dr Stein Bjornsson

SP/JR /CHI No: 0102496145
04/01/12

Dr Marshall
GORBALS HEALTH CENTRE
GLASGOW
G4 0BQ

Dr Pringle's Secretary
Tel: 0141 201 1959
e:mail: june.reid@sgh.scot.nhs.uk

Dear Dr Marshall

CATHERINE HONEYMAN DOB: 01/02/49 (SG00940779)
10 MELVILLE STREET, , GLASGOW, G41 2LN

Catherine had a hysteroscopy performed on 22nd December as an inpatient. There was a tiny endometrial polyp which will hopefully turn out to be benign and this was removed.

Once we get the pathology report I will write back to you both.

Yours sincerely

STEWART PRINGLE
CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

Patient enquiry ---- Express results

Reg	Name	D.O.B.	Sex	Loc.
SG00940779	HONEYMAN CATHERINE	01.02.49	F	Gorbals HC, 490
Specimen R,11.1381954.L		Clin det		
Collected 15.11.11 14:00		A.Diag		

.....CA125.....

CA125 17

.....THY.....

FSH NA

FT4 NA

TT3 NA

CA125 Ref Range CA125 Females : premenopausal <35, postmenopausal <25

PHY ** Repeat Request **

Following results are from 24.10.11 and are valid for 30 days

Quit \ Earlier req \ Later req \ ED \ LD

Back \ Nxt Comm \ PHoned comment ..

Patient Details

Surname HONEYMAN
Forename CATHERINE
CHI 0102496145
GP Details MARSHALL, GRAEME GORBALS HEALTH CENTRE, 45 PINE
Age 62 ACE, GLASGOW
Hospital CRNs 30275453M, SG00940779, SG99406473

Referral Details

Date Received 17/11/2011 12:41:41
ReferralID 7752082
Priority URGENT - SUSPECTED CANCER
New Priority URGENT - SUSPECTED CANCER

Priority History

URGENT - SUSPECTED CA 17/11/2011 12:55:43

Redirection Information

<u>Specialty</u>	<u>Hospital</u>	<u>Reason</u>	<u>Redirected Date</u>	<u>Redirected By</u>
Gynaecology - other	Southern General Hospital	Record Creation	17/11/2011 12:55	Betty Walker

Tracking/Vetting Details

Cancer Code
Date Vetted 17/11/2011 16:44:03
Vetting Status Vetted
Outcome Direct OP Appointment
Vetted By Bob Hawthorn

Tests

Clinics

General Gyn

Consultant

Site Southern General Hospital

Instructions

HRCCompleted False

OR+SR 940779

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

Gynaecology - other
GGC Gynae Gen Ref

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

— **Consultant / receiving practitioner and/or specialty clinic**

— **Hospital and hospital address**

Hospital location code.

G405H

Email address

Urgency of referral**URGENT - SUSPECTED CANCER****Date of referral**

16-Nov-2011

Date sent

17-Nov-2011

PATIENT DETAILS**Surname**

Honeyman

Forename(s)

Catherine

Title

Mrs

Sex

Female

Date of birth

01-Feb-1949

CHI no.

0102496145

Area of Residence

-

Patient's address

10 Melville St
GLASGOW
G41 2LN

Contact number(s)

Voice: 422 1580

101002814048W

Unique Care Pathway Number: 101002814048W

REGISTERED GP DETAILS**Name**

Dr Graeme Marshall

GMC code

3486557

GP code

08095

Practice name

Gorbals Health Centre

Practice code

49074

Practice address

Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Contact number(s)

Voice: 0141 531 8250

Facsimile: 0141 531 8248

REFERRING GP DETAILS**Name**

Dr. Catherine Mills

GMC code

2819473

GP code

08923

Practice name

Drs Mills & Marshall Practice (49074)

Practice code

49074

Practice address

Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Contact number(s)

Voice: 0141 531 8250

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Post Menopausal Bleeding

Comment: Dear Doctor

Thank you for see this 62-year old woman who gives a history of post menopausal bleeding starting 5 days ago and daily since then. Initially it was heavy but she is now having fresh PV spotting. I have taken HVS and repeated a smear test today. However the blood was seen coming from the cervical os and I don't how good the cervical smear will be. She is obese an PV examination was difficult, but on examination I could see no obvious vaginal reason for her bleeding and the blood was defiantly coming from the uterus. She denies any dyspareunia but does have back pain and I have checked her CA 125 today and a FBC and Ferritin. She last bled 12-years ago when she had her menopause and she is a para 4+0. In view of her post menopausal bleeding and back pain I would be grateful for your urgent assessment of her.

Yours sincerely

Dr C Mills

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Postmenopausal bleeding	-	14-Nov-2011	14-Nov-2011
Localised, primary osteoarthritis of the shoulder region (Left)	-	24-Oct-2011	24-Oct-2011
Local infection skin/subcut tissue NOS	-	24-Oct-2011	24-Oct-2011
Ischaemic heart disease NOS	Disease: SPICE IHD,	14-May-2007	14-May-2007
Essential hypertension	Disease: SPICE Hypertension,	02-Nov-2005	02-Nov-2005
Gastro-oesophageal reflux	-	01-Jan-1998	01-Jan-1998
Neurotic depression reactive type	-	02-Dec-1996	02-Dec-1996
Other specified drug dependence NOS	patient suffered a back injury - on dyhydrocodeine - dependence	06-Jun-1995	06-Jun-1995
Benign breast cyst	-	01-Jan-1989	01-Jan-1989
Osteoarthritis	-	01-Jan-1989	01-Jan-1989
Fibrocystic disease of breast	-	01-Feb-1988	01-Feb-1988
H/O: injury	Back	01-Jan-1860	01-Jan-1860

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Skin wound swab taken	shin	24-Oct-2011	24-Oct-2011
Other total prosthetic replacement of knee joint (Right)	2nd stage	22-Jun-2011	22-Jun-2011
Revision of total knee replacement NEC	1st & 2nd Knee	20-May-2011	20-May-2011
Removal of prosthetic knee joint	-	27-Mar-2011	27-Mar-2011

Closed reduction of fracture of tibia and or fibula	undisplaced right distal tibia	14-Oct-2010	14-Oct-2010
Knee joint operations	Right Removal of patellar button	04-May-2010	04-May-2010
Primary total knee replacement NEC	Left	27-Jan-2010	27-Jan-2010
Depression screening using questions	:	06-Feb-2008	06-Feb-2008
Other total prosthetic replacement of knee joint	Right	12-Dec-2005	12-Dec-2005
Total cholecystectomy NEC	-	01-Apr-1992	01-Apr-1992

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose)	2	2 spray	2 Puffs prn	-	23-Feb-2011	06-Oct-2011
Bendroflumethiazide Tablets 2.5 mg	56	56 TABS	1 Tab In the morning	-	23-Feb-2011	30-Sep-2011
Atenolol Tablets 25 mg	56	56 TABS	1 Tab In the morning	-	27-Apr-2011	30-Sep-2011
Simvastatin Tablets 40 mg	56	56 TABS	1 Tab At night	-	13-Jun-2011	30-Sep-2011
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPS	1 TAB In the morning	-	22-Jun-2011	30-Sep-2011
Tramadol Hydrochloride Capsules 50 mg	224	224 CAPS	4 Caps Twice daily	-	22-Jun-2011	31-Oct-2011
Aspirin Dispersible tablets 75 mg	56	56 TABS	1 Tab In the morning	-	11-Jul-2011	30-Sep-2011

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Dermol 500 Lotion	500	500 ml	TO BE USED TWICE A DAY	-	24-Oct-2011	24-Oct-2011
Cetirizine Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Oct-2011	24-Oct-2011
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPS	1 Cap In the morning	-	13-Jun-2011	30-Sep-2011
Diprobace Cream	500	500 g	Apply As directed	-	13-Jun-2011	13-Jun-2011
Diprobace Cream	500	500 g	Apply As directed	-	13-Jun-2011	13-Jun-2011
Morphine Sulphate Tablets 10 mg	30	30 TABS	1 Tab 4hourly for pain	-	04-Jul-2011	04-Jul-2011
Morphine Sulphate Tablets 10 mg	30	30 TABS	1 Tab 4hourly for pain	-	14-Jul-2011	14-Jul-2011
Tramadol Hydrochloride Capsules 50 mg	84	84 CAPS	1 or 2 Caps every 4 to 6 hours	-	14-Jul-2011	14-Jul-2011

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		24-Oct-2011
Ex smoker:	Recorded through Combined Vaccination priority=2	27-May-2011
Ex smoker:	Disease: SPICE Basic Health Values, priority=2	20-Nov-2009
Ex smoker:	Recorded through Combined Vaccination priority=2	02-Dec-2008
Ex smoker:	: priority=2	06-Feb-2008
Alcohol consumption, 4 units/week:		24-Oct-2011
Alcohol consumption:	28:units/week priority=2	06-Feb-2008
Alcohol consumption:		06-Feb-2008
Alcohol intake above recommended sensible limits: : priority=2		06-Feb-2008
Alcohol consumption NOS:	2: priority=2	06-Feb-2008

Exercise grading, 1:	24-Oct-2011
Declined referral to physical exercise programme:	24-Oct-2011
Exercise grading NOS, 1:	24-Oct-2011
Exercise grading: 3: priority=2	06-Feb-2008
Exercise grading:	06-Feb-2008

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Last smear result:	result not available -	
Last smear date:	2011-11-16	-

Clinical warnings**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Hospital use Only Clinic Day Date Time Hospital No. GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital Southern General Date 5.8.94

CHI No.

--	--	--	--	--	--	--	--	--	--

Please arrange for this patient to attend the Rheumatology clinic of Dr/Mr

Patient's Surname Honeyman Maiden Surname

First Names Catherine Single/Married/Widowed/Other

Address 10 Melville St Date of Birth 01.02.49

Glasgow Patient's Occupation

Postal Code G41 2LN Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital

Year of Attendance Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required days

Name, Address and Telephone number of
MEDICAL/DENTAL PRACTITIONER

Dr C Mills

Gorbals Health Centre
45 Pine Place
Glasgow G5 0BQ

DA7 - Please use rubber stamp

PARTICULARS OF PATIENT
IN BLOCK LETTERS PLEASE

49074

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor

Thank you for seeing this lady who has generalised joint pains mainly of her elbows, hips, and back. The rheumatoid factor done on 19.7.94 was negative but the pains in her elbows are a great problem for her. There has been no relief with various nonsteroidals i.e. Brufen, Diclofenac, and she is now on Lodgine 300mgs bd. I would be grateful for your assessment of her generalised joint pains.

yours sincerely

C Mills

Dr C Mills

TRACKING SECTION
11 AUG 1994

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

PARTICULARS OF PATIENT
IN BLOCK LETTERS PLEASE

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112
-------------------------	--------	-------------	------	-----------------	-------

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☒ Urgent ☐

Hospital Southern General Date 30.5.95 CHI No.

--	--	--	--	--	--	--	--	--	--

Please arrange for this patient to attend the Rheumatology clinic of Dr/Mr Dr R Shaw

Patient's Surname Honeyman Maiden Surname

First Names Catherine Single/Married/Widowed/Other

Address 10 Melville St Date of Birth 01.02.49

Glasgow Patient's Occupation

Postal Code G41 Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital Hospital No. 940779

Year of Attendance

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required days

Name, Address and Telephone number of
MEDICAL/DENTAL PRACTITIONER

Dr. C. Mills, MB ChB MRCCP
Gorbals Health Centre
45 Blue Flies
Glasgow
G5 8PP
041 425 6231

Please use rubber stamp
49074

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr Shaw

I would be grateful if you could review Mrs Honeyman whom you last saw on 28.10.94. At this time you injected her right medial epicondyle. Mrs Honeyman came to see me again on 23 May complaining of increasing pain in her joints. She had been treated previously with Zydol and Tylex and recently I have started her on Lodeine SR 600mgs at night. It appears Catherine is getting marked pain in her hands as well as her back, elbows and knees. Mrs Honeyman tells me she cannot put up with this pain any more and I would therefore be grateful if you could see her on a semi-urgent basis.

Yours sincerely



Dr G Marshall
Asst to Dr C Mills

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

TRACKING SECTION
02 JUN 1995

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
 Routine ☐ Soon ☐ Urgent ☐

Hospital	Date	CHI No.	
Please arrange for this patient to attend the		clinic of Dr/Mr	
Patient's Surname	Maiden Surname		
First Names	Single/Married/Widowed/Other		
Address	Date of Birth	Patient's Occupation	
Postal Code	Contact telephone number		
Has the patient attended hospital before? YES/NO If "YES" please state:			
Name of Hospital	Year of Attendance	Hospital No.	
If the patient's name and/or address has/have changed since then please give details:			
Can patient attend at short notice? YES/NO			
If YES, minimum notice required days			

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER
Please use rubber stamp

49074

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr Pitkeathly

I would be very grateful if you could see Mrs Honeyman who you have seen regularly with her osteoarthritis. Mrs Honeyman came to me today to tell me her hands and elbows have swollen up acutely and she is suffering from marked paraesthesia and pain from them. She told me you previously injected her with gold which seemed to give her great benefit. I have told her that gold injections are not normally used for osteoarthritis but she wishes referral back to your clinic for a further trial of this. I do note she has been twice discharged from your clinic within the last year but feel that under the circumstances and the degree of pain Catherine is in it would be useful for you to see her once more, even if it is just to tell her that the injections may not be worth doing. Her current medication is Zydol capsules one to two caps 4 hourly as required, Traxam Gel one application tid, Lodeine SR 600mg tablet at night.

Yours sincerely

Dr G Marshall

Dr G Marshall

Diagnosis/provisional diagnosis:	
Present drug treatment and potential special hazards:	
X-ray (women of childbearing age). Date of first day of L.M.P.	
Relevant X-rays available from:	No. (if known)
Signature	

TRACKING SECTION

8 NOV 1995

Hospital use Only Clinic Day Date Time Hospital No. GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital SOUTHERN GENERAL Date 5/10/99 CHI No.

--	--	--	--	--	--	--	--	--	--

Please arrange for this patient to attend the RHEUMATOLOGY CLINIC clinic of Dr/Mr

Patient's Surname HONEYMAN Maiden Surname

First Names CATHERINE Single/Married/Widowed/Other

Address GROUND FIGHT, 10 MELVILLE STREET Date of Birth 1/2/49

GLASGOW Patient's Occupation

Postal Code G4 2LN Contact telephone number

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital

Year of attendance Hospital No. 940779

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of
MEDICAL / DENTAL PRACTITIONER

DR C. MILLS & DR G. MARSHALL
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW G5 0BQ
Tel: 0141 531 8250

Please use rubber stamp

49074

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:
Dear Doctor Pitkeathly,

I would be grateful if you would be grateful if you would review Catherine who was seen in the past with inflammatory episodes of osteoarthritis. She benefited from injections into her elbows at this time, which seemed to relieve the pain not only in her elbows but also in her hands. She is currently on Tramadol SR 2mg bd and Vioxx 25mg in the morning as well as Trazodone, Paroxetine, Omeprazole and Traxam Gel. In view of her continued pain despite a good level of analgesic tablets I would be grateful if you would see her with a view to injections if you think that this is appropriate.

Yours sincerely,

Dr G Marshall

Dr G Marshall.

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards: 11/10/99 New pain E.M.

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

TRACKING SECTION

08 OCT 1999

355-2104



**South Glasgow
University Hospitals
NHS Trust**

Southern General Hospital
Physiotherapy Department, Therapy Centre
1345 Govan Road, Glasgow G51 4TF

Telephone: 0141-201-1100
Direct line: 0141-201-1498
Fax: 0141-201-1497

FTA/NA

File

11 July 2000

Dr Fraser
Consultant Rheumatologist/ Physician
Medical Block 'A'
Southern General Hospital
NHS Trust

Dear Dr Fraser

**Re: Catherine Honeyman G/R 10 Melville Street Glasgow G41 2LN
D.O.B. 1 2 49 Unit No: 940779**

Thank you for referring the above patient. Unfortunately this patient did not attend for the appointment(s) given and did not contact the Department. We have therefore discharged this patient from our waiting list. Please do not hesitate to contact us should you wish this patient re-referred.

Yours sincerely

PP M. Armstrong
Physiotherapy Department

19 JUL 2000

(940779 gen)



Southern General Hospital

Your ref.
Our ref.
Enquiries to:-
Tel ext:-

1345 Govan Road
Glasgow G51 4TF

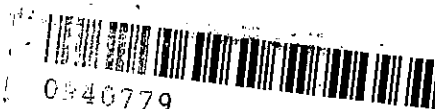
•IMPORTANT•

THE NEW HOSPITAL TELEPHONE No.

IS: 041-201 1100

DEPT. DIRECT DIAL No.: 041-201

FAX:



0940779

HONEYMAN CATHERINE
1 MELVILLE STREET
GLASGOW

G41 2LN

F
NK
01/02/1949

G.P. Prac. 49074

5/10/94

Had Diet. t. on,
SGH

Dear Madam, This patient has generalised
joint pains. She is substantially
overweight.

Please advise re weight reduction

Yours sincerely

DAPHNE ILY

TRACKING SECTION
11.00.1394



**Southern General Hospital
NHS Trust**

MR M BRANSBY -ZACHARY FRCS
Orthopaedic Hand & Upper Limb Service

Our ref: MB-Z/CC
Enquiries: Mrs Cant
Telephone: DIRECT LINE 0141 201 1473

1345 Govan Road Glasgow G51 4TF
Tel 0141-201 1100 Fax 0141-201 2999

3 June 1999

Dr Susan Fraser
Consultant Rheumatologist
SGH

11/6
New ref of
my

Dear Dr Fraser

CATHERINE HONEYMAN DOB 1.2.49
10 MELVILLE STREET, GLASGOW G41 2LN (UNIT NUMBER: 940779) ✓

I would be very grateful if you could see this lady in your clinic. She is complaining of worsening polyarthritis affecting most of her axial skeleton. We saw her on account of pains in her hands and she has some CMC degenerative joint disease at the base of the left thumb particularly but she also has evidence of joint changes in some of the other small joints of the thumb. There is a family history of arthritis but she is not sure of which kind. She and her GP seem to be having difficulty controlling her systemic symptoms with medication and we would be grateful for your input.

Yours sincerely

JAMES BIDWELL FRCS Ed (Orth)
Specialist Registrar V, Orthopaedics

TRACKING SECTION
18 JUN 1999

HSMC1/LC/S940779

DOCTOR'S LETTER SHEET

UNIT NUMBER

Ext 1762

DR C MILLS
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW
G5 0BQ

13 October 1994

Dear Dr. Mills,

CATHERINE HONEYMAN DATE OF BIRTH: 01/02/1949
10 MELVILLE STREET, GLASGOW

OUTPATIENT: 05/10/1994 at SOUTHERN GENERAL NHS TRUST
FOLLOW UP: Discharged
DIAGNOSES: Polyarthralgia NYD 1994, Spinal Disc Disease 1994
THERAPIES: Coproxamol, Etodolac
RESULTS: Haemoglobin 129, White Cell Count 5.8, Platelets 232, ESR 6
RADIOLOGY: Xray hands degenerative changes, Xray feet degenerative changes
X-ray spine degenerative

This patient complained of long standing low back, neck and knee pain. In the past two years she has had pain in the hip regions and this pain has been worse in the last few months. She has also had pain on the medial aspects of the elbows, associated with swelling, pain on the plantar surface of the toes and along the sides of the feet and pain in both thumbs. She has also been subject to paraesthesiae on the palmar aspects of the fingers and itching of the palms. Her weight is normal around 14 stones but she has lost 2 or 3 pounds recently.

On examination she is significantly overweight, heart sounds normal and the chest clear. There is a Heberden's node affecting the DIP joint of the right index finger and discomfort on 1st CMC movement. Tenderness is present over the medial epicondyles, the right more than the left. The dorsal lumbar spine is undeformed but there is limited lumbar flexion. No abnormalities were detected in the hips or knees but there is some enlargement of the first MTP joints in both feet. Blood results as above. X-rays of the lumbar spine show well marked loss of disc height at the L4/5 level with associated new bone formation.

She has mild diffuse osteoarthritis and lumbar disc disease. Weight reduction is essential and I have referred her to the dietitian. She should continue on her present medication or alternatively switch to Nabumetone 1000mg nocte. Coproxamol can be continued as supplementary analgesia. Lastly I shall arrange for her to return for a steroid injection into the vicinity of the right medical epicondyle.

Yours sincerely

DR DA PITKEATHLY
CONS. PHYS/RHEUMATOLOGIST

DOCTOR'S LETTER SHEET

UNIT NUMBER

Our Ref: RWS/NA/940779

Direct Line: 041-201-1432

Date dictated: 28th October 1994

Date typed: 7th Novemebr 1994

Dr C Mills
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Mills

CATHERINE HONEYMAN 10 MELVILLE STREET GLASGOW G41 DOB 1 2 49

ATTENDED;	S.G.H. STERIOD INJ. CLINIC 28 10 94
RETURN APPT;	DISCHARGE TO G.P.
DIAGNOSIS;	POLYARTHRALGIA NYD 1994, SPINAL DISC DISEASE 1994, RIGHT MEDIAL EPICONDYLITIS
PREVIOUS SURGERY;	STERIOD INJECTION RIGHT MEDIAL EPICONDYLE INSERTION

As arranged by Dr. Pitkeathly, I saw Mrs. Honeyman at our Steriod Injection Clinic. I injected her right golfer's elbow with 25mgs of Hydrocortisone and 1% Lignocaine.

She has been discharged back to your care, although I have suggested to her that should this injection fail, or the problem recur, I would be happy to review her again for further injection.

Yours sincerely

R W Shaw
Hospital Practitioner



**Southern General Hospital
NHS Trust**

1345 Govan Road Glasgow G51 4TF
Tel 041 - 445 2466 Fax 041 - 445 3670

TEL NO: 0141-201 2153
REF: CS/010894/22

DEPARTMENT OF NUTRITION & DIETETICS

DATE: 6/1/95.

Dear Dr. Pitkeathly

RE: CATHERINE HONEYMAN, 10 MELVILLE ST, GLASGOW G41 2LN.

DOB: 1/2/49. HOSPITAL NO: 960779.

Thank you for referring the above patient on the 5/1/95 for weight reduction advice. Unfortunately the patient failed to attend their booked appointment.

No further appointments have been made, but please contact the Department if you consider another necessary.

Yours sincerely.

Morag Stewart
Dietitian.

HSMC1/LC/S940779

DOCTOR'S LETTER SHEET

UNIT NUMBER

Ext 1762

DR C MILLS
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW
G5 0BQ

12 January 1995

Dear Dr. Mills,

CATHERINE HONEYMAN DATE OF BIRTH: 01/02/1949
10 MELVILLE STREET, GLASGOW

OUTPATIENT: 28/12/1994 at SOUTHERN GENERAL NHS TRUST
FOLLOW UP: Discharged
DIAGNOSES: Polyarthralgia NYD 1994, Spinal Disc Disease 1994
THERAPIES: Coproxamol, Etodolac
RADIOLOGY: Xray knees degenerative changes

This patient reported that she is having pains in the knees especially the right knee. She has also had a recurrence of pain in the region of the right medial epicondyle. The pain spreads to affect a fairly wide area in the vicinity of the elbow.

On examination there is tenderness over the right medial epicondyle at the elbow. There is slight loss of extension of the right knee. X-rays of the knee show narrowing of the medial compartments with early osteophyte formation.

I have arranged for her to return for a further steroid injection into the right medial epicondyle and she has also been referred for dietary advice. Unfortunately, she failed to keep her appointment at the Dietetic clinic.

Yours sincerely

DR DA PITKEATHLY
CONS.PHYS/RHEUMATOLOGIST

Our Ref: RWS/NA/940779

DOCTOR'S LETTER SHEET

UNIT NUMBER

Direct Line: 041-201-1432

Date dictated: 18th January 1995

Date typed: 23rd January 1995

Dr C Mills
Gorabls Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Mills

CATHERINE HONEYMAN 10 MELVILLE STREET GLASGOW G41 2LN DOB 1 2 49

ATTENDED;
RETURN APPT;
DIAGNOSIS;
RHEUMATIC DRUGS;

S.G.H. RHEUMATOLOGY OUTPATIENT CLINIC 13 1 95
DISCHARGE TO G.P.
POLYARTHRALGIA NYD 1994, SPINAL DISC DISEASE 1994
CO-PROXAMOL, ETODOLAC, STERIOD INJECTION RIGHT
MEDICAL EPICONDYLE INSERTION 1995

As arranged by Dr. Pitkeathly, the above woman who has been experiencing medial epicondylitis, had this injected with 1ml of Hydrocortisone and 1% Lignocaine.

Yours sincerely

R W Shaw
Hospital Practitioner

DOCTOR'S LETTER SHEET

UNIT NUMBER

HSMSh01/CN/940779

1761

DR C MILLS
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW
G5 0BQ

22 June 1995

Dear Dr Mills

CATHERINE M HONEYMAN DATE OF BIRTH: 01/02/1949
10 Melville Street, Glasgow

OUTPATIENT: 08/06/1995 at Southern General.

FOLLOW UP: DR DA Pitkeathly O/P - pending

DIAGNOSES: Polyarthralgia NYD 1994, Spinal Disc Disease 1994

THERAPIES: Zydol, Lodeine

I reviewed this patient with polyarthralgia at the out-patient clinic today. She tells me that she noted increased pain, in particular in her hands, the swelling of her carpal metacarpal and MCP joints bilaterally. The pain appears to be exacerbated by movement. She had noted limited relief from Zydol and Lodeine but unfortunately has been unable to tolerate any non-steroidal anti-inflammatory drugs.

On examination there was thickening of the 2nd and 3rd MCP and MTP joints but otherwise no abnormalities were detected in any of her other joints, apart from changes of osteoarthritis. Without the benefit of her investigations, which I have checked today, it is difficult to know whether this lady has inflammatory osteoarthritis or an early inflammatory polyarthropathy of the rheumatoid type.

At the clinic today I checked her U's & E's, liver function tests, glucose, FBC, ESR and CRP. I have referred her to the Occupational Therapist for splinting and joint protection advice and have asked the Chiropodist to see her. I did not give her an appointment at the clinic today as I will wait an review her results first.

Yours sincerely

DR J HAMILTON
MEDICAL REGISTRAR

DOCTOR'S LETTER SHEET

UNIT NUMBER

HSMSHO1/JW/940779

1761

DR C MILLS
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW
G5 0BQ

10 July 1995

Dear Dr Mills

CATHERINE M HONEYMAN DATE OF BIRTH: 01/02/1949
10 Melville Street, Glasgow

OUTPATIENT: 08/06/1995 at Southern General

FOLLOW UP: DR DA Pitkeathly O/P 3 months at Southern General

DIAGNOSES: Osteo-Arthritis 1995, Spinal Disc Disease 1994

THERAPIES: Zydol, Lodeine

I now have this patient's outstanding investigations. They demonstrate normal full blood count, normal CRP, ESR of 6, U & E's, liver function tests and globulins are within the normal range. X-rays of hands and feet demonstrate no change from her previous investigations in October with no evidence of erosive disease. I therefore feel that it is most likely that this patient has osteo-arthritis as opposed to an inflammatory polyarthropathy. We will however make one more appointment to see her again in 4 months.

Yours sincerely

DR J HAMILTON
MEDICAL REGISTRAR

Our Ref: RWS/NA/940799

DOCTOR'S LETTER SHEET

UNIT NUMBER

Direct Line: 0141-201-1432

Dictated: 8th September 1995
Typed: 18th September 1995

Dr C Mills
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Mills

CATHERINE HONEYMAN 10 MELVILLE STREET GLASGOW G41 2LN DOB 1 2 49

ATTENDED:	S.G.H. RHEUMATOLOGY OUTPATIENT CLINIC 7 9 95
RETURN APPT:	DISCHARGE TO G.P.
DIAGNOSIS:	OSTEOARTHRITIS 1995, SPINAL DISC DISEASE 1994
RHEUMATIC DRUGS:	ZYDOL, ETODOLAC

Mrs. Honeyman was reviewed at the Rheumatology Clinic. She has no acute joint problems at present. She has generalised osteoarthritis and she is currently attending Podiatry for help with her footwear.

She says she has lost weight and has been on a diet, although she feels she has lost more than she should have done on this. Her general health, however, appears to be good.

I don't feel there is anything further that we can offer medically at present and I have discharged her back to your care.

Yours sincerely

R W Shaw
Hospital Practitioner

DOCTOR'S LETTER SHEET

UNIT NUMBER

HSMC1/BG/940779
1761

DR C MILLS
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW
G5 0BQ

29 January 1996

Dear Dr. Mills

CATHERINE M HONEYMAN DATE OF BIRTH: 01/02/1949
10 Melville Street, Glasgow

OUTPATIENT: 11/01/1996 at Southern General
FOLLOW UP: Discharged
DIAGNOSES: Osteoarthritis 1996
THERAPIES: Zydol, Etodolac
RESULTS: Haemoglobin 132, White Cell Count 4.5, Platelets 291, ESR 8
RADIOLOGY: Xray hands degenerative
SEEN BY CONS.: 11/01/1996

This patient complained of increasing pain in the hands of 4 month's duration. She also has discomfort in the forearms, left upper arm and knees. The pain is a fairly constant feature and she is also stiff after sitting.

She also has paraesthesiae in the hands, particularly at night and this can disturb sleep.

On examination, there is a flexion contracture of the right 5th finger possibly due to previous trauma. Otherwise, no significant abnormalities were detected. Also there was tenderness over the lateral epicondyles at both elbows. There is a full range of movement at both knees without any active synovitis and the joints of the feet also moved well. Blood results as above. X-ray results as above. In addition, x-ray of the skull showed normal appearances.

The clinical picture is again that of a generalised osteoarthritis. She has a fairly prominent nose and I wondered about acromegaly as a remote possibility. However, her skull x-ray is normal. Blood has been sent for a growth hormone level.

As you state, the main reason for the referral was that she thought she had been given gold injections. However, these were local steroid injections for epicondylitis. I agree that gold therapy is contra-indicated in osteoarthritis and there is no lesion at the present time requiring a steroid injection.

Her medication should continue as at present.

Yours sincerely

DR DA Pitkeathly
Consultant Physician

Hospital use Only	Clinic	Day Date	Time	Hospital No. 940779	GP112
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REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital SOUTHERN GENERAL Date 14-7-99 CHI No.

--	--	--	--	--	--	--	--	--	--

Please arrange for this patient to attend the RHEUMATOLOGY clinic of Dr FRASER

Patient's Surname HONEYMAN Maiden Surname

First Names CATHERINE Single/Married/Widowed/Other

Address 10 MELVILLE ST Date of Birth 1-2-49

GLASGOW Patient's Occupation

Postal Code G1 2JH Contact telephone number

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital

Year of attendance Hospital No. 940779

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of
MEDICAL / DENTAL PRACTITIONER

DR C. MILLS & DR G. MARSHALL
GORSALS HEALTH CENTRE
45 PINE PLACE
GLASGOW G5 0BQ
Tel: 0141 531 8250

Please use rubber stamp

PARTICULARS OF PATIENT
IN BLOCK LETTERS PLEASE

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr Fraser

Further to Dr Bransby-Zachary's referral regarding Mrs Honeyman's joints she has attended me today telling me her joints are acutely worse. Indeed she appears to have swollen inflamed joints, particularly her hands, neck, shoulders, elbows, knees and hips. In view of her increasing severity of pain and my inability to control it I would be grateful if you could see her earlier than her planned appointment in November.

Yours sincerely

Dr G Marshall

Dr G Marshall

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

TRACKING SECTION
21 JUL 1999

26/7/99

RHEUMATOLOGY DEPARTMENT

DOCTOR'S LETTER SHEET

Dr S M Fraser ☎ 0141 201 1762
Dr E Morrison ☎ 0141 201 1761
Sr D McGhee ☎ 0141 201 1118

UNIT NUMBER

SMF/JM/940779/ch922no

Mr Bransby-Zachary
Consultant Orthopaedic Surgeon
Southern General Hospital

13 January 2000

Dear Mr Bransby-Zachary

CATHERINE M HONEYMAN DATE OF BIRTH: 01/02/1949
10 Melville Street, Glasgow

OUTPATIENT: 22/11/1999 at SOUTHERN GENERAL NHS TRUST
FOLLOW UP: Discharged
DIAGNOSES: Osteoarthritis 1996
THERAPIES: Vioxx 2 per day, Zydol 8 per day
SEEN BY CONS.: 11/01/1996

Thanks for asking me to see this 50 year old lady with known osteoarthritis. Her symptoms are much as before and unfortunately despite her current therapy she is still getting a lot of symptoms predominantly related to her cervical spine. Clinically she has Heberden's and Bouchard's nodes. She has significant cervical spine disease and she is still generally. She is unfortunately substantially overweight at 84 kg and 1 m 62. Unfortunately I feel I have little to offer this lady. She is on non steroidal, she has had appropriate Physiotherapy and OT intervention. The only other modality of therapy I thought might be helpful is some Amitriptyline at night. Currently she is on an antidepressant but she is unaware of which one and I have suggested that once that is clarified Dr Marshall, it may be appropriate to use low Amitriptyline.

This lady was also noted to have high blood pressure at 180/100 at the Clinic. There was really no evidence of end organ damage so I have taken the liberty of arranging a 24 hour monitor of her blood pressure. I have not arranged to see this lady again.

Yours sincerely

DR S M FRASER
CONS. PHYSICIAN/RHEUMATOLOGIST

cc Dr Marshall, Gorbals Health Centre, 45 Pine Place, Glasgow

DOCTOR'S LETTER SHEET

UNIT NUMBER

RHEUMATOLOGY DEPARTMENT

Dr S M Fraser ☎ 0141 201 1762
Dr E Morrison ☎ 0141 201 1761
Sr D McGhee ☎ 0141 201 1118

CW/DML/940779/ch910apr

DR C MILLS
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW
G5 0BQ

12 April 2000

Dear Dr Mills

CATHERINE M HONEYMAN DATE OF BIRTH: 01/02/1949
10 Melville Street, Glasgow

OUTPATIENT: 10/04/2000 at SOUTHERN GENERAL NHS TRUST
FOLLOW UP: Discharged
DIAGNOSES: Osteoarthritis 1996
THERAPIES: Tramadol 8 tabs per day, Omeprazole 20mg once a day
Dothiepin ? dose
SEEN BY CONS.: 11/01/1996

Mrs Honeyman was seen today at the Rheumatology New Patient Clinic. There was some confusion regarding this appointment as she was reviewed and discharged by Dr Fraser at this clinic in November of last year. It transpires that she was initially referred in June 1999 by the Orthopaedic Department and then referred by yourself in October 1999 and she has therefore received two appointments.

As you know she has a long history of osteoarthritis and still complains of a lot of pain in her hands and knees. She has unfortunately had to discontinue treatment with Vioxx due to dyspepsia. In addition treatment with Amitriptyline has not been commenced as she is already on Dothiepin which has been prescribed by Psychiatry for her depression. On examination today she had evidence of tender Bouchard and Heberden's nodes mostly affecting her right hand with evidence of an old fixed flexion deformity of her right fifth PIP joint. She had good range of movements in all the small joints of her hands bilaterally. Examination of her knee has revealed only mild bilateral crepitus.

As per Dr Fraser's last letter there is not much more we can offer this lady. I have re-referred her to Physiotherapy and Occupational Therapy. I have not made any arrangements to follow her up.

Yours sincerely

DR C McDougall
Senior House Officer

DOCTOR'S LETTER SHEET

UNIT NUMBER

WARD 20: ACUTE MEDICAL RECEIVING UNIT

Date Typed: 09/12/11

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

DR GRAEME G MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Marshall

CATHERINE HONEYMAN DOB: 01/02/49 (SG00940779) CHI: 0102496145
10 MELVILLE STREET, GLASGOW, G41 2LN

Admitted: 19 November 2011 Discharged: 20 November 2011
Diagnosis: Viral respiratory tract infection
Deranged liver function test
Discharge medications: As per immediate discharge letter
Follow up: Nil arranged

This 62 year old lady presented to the Southern General Hospital with a 3 day history of increasing shortness of breath and central chest tightness. She appeared reasonably well on examination and there was nil of note to find. She was afebrile. Her other observations were normal and her blood tests were unremarkable other than a mild derangement in transaminases. Her PO2 on air was 7.6. She had a normal chest x-ray.

We wondered whether she may have a PE, therefore, we did a CTPA. The initial CTPA was unfortunately not adequate to exclude a PE so she had a repeat CTPA, which fortunately suggested no evidence of a pulmonary thromboembolism. It was thought, therefore, that most of her symptoms were likely to be secondary to a viral infection.

Her statin was stopped because of her deranged liver function tests and these improved prior to discharge. I would be grateful if you could repeat them in the community and review the use of her statin.

Yours sincerely

CLARE RICKETTS
CMT1

SCOTT DAVIDSON
Consultant Physician

Run: 09/12/11-11:45 by MCEWAN, LINDA

Page 1 of 1

SOUTHERN GENERAL HOSPITAL

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION

SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF

TEL: 0141 201 1100

3B

DOCTOR'S LETTER SHEET

WARD 20 DISCHARGE LETTER

UNIT NUMBER

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREETGLASGOW
G41 2LNDOB: 01/02/49
CHI: 0102496145
UNIT NO: SG00940779
ACCT NO: IP0060677/11
WARD: S20GP: GRAEME G MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQCONSULTANT: SCOTT DAVIDSON
ADMITTED: 19/11/11ADMISSION TYPE: AE - Referral
DISCHARGE TO: HOMEADMIT DATE: 19/11/11
DISCHARGE DATE: 20/11/11PRESENTATION: SOB +CHEST TIGHTNESS -
NO RELIEF FROM GTN

DISCHARGING CONSULTANT: DAVSC

MAIN DIAGNOSIS: LIKELY VIRAL ILLNESS

OTHER DIAGNOSIS: CURRENTLY BEING IX FOR
SIGNIFICANT PV BLEEDINGFURTHER INFO: 3/7 DAY HISTORY OF INCREASED SOB AND CENTRAL CHEST TIGHTNESS,
LIGHTHEADED AND DIZZY. NON PRODUCTIVE COUGH.
TNI -VE, ECG OKAY, CHEST CLEAR. CTPA NEGATIVE. LIKELY VIRAL
ILLNESS. DERRANGED LFTS - SIMVASTATIN WITHHELD AND LEVELS
IMPROVING. LFTS TO BE RECHECKED IN THE COMMUNITY 7/7.
OP APT IN DR DAVIDSON CLINIC 6/8WEEKS.

INVESTIGATIONS: CTPA - NEGATIVE

INTERVENTIONS:

REPORTS/UPDATE:

REPORTS TO BE TRACKED? N

OP TESTS: N

LETTER TO FOLLOW: N

COMPLIANCE AID: N

DISCONTINUED DRUGS? Y

NEW MEDICATION? N

MEDICATION COMMENTS: SIMVASTATIN - DERRANGED LFTS

ALLERGIES: NKDA

FOLLOWUP? N DETAIL:

TIMESCALE:

SIGNED: FY1.DEAAL DEAN,ALYS
DESIGNATION: FOUNDATION DR YEAR 1

PAGE NUMBER: 7635

Run: 09/12/11-10:08 by MCEWAN,LINDA

Page 1 of 4

0367710-SGH3B

SOUTHERN GENERAL HOSPITAL

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
 SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF
 TEL: 0141 201 1100

3B

DOCTOR'S LETTER SHEET

WARD 20 DISCHARGE LETTER

UNIT NUMBER

PATIENT: CATHERINE HONEYMAN
 10 MELVILLE STREET

GLASGOW
 G41 2LN

DOB: 01/02/49
 CHI: 0102496145
 UNIT NO: SG00940779
 ACCT NO: IP0060677/11
 WARD: S20

GP: GRAEME G MARSHALL
 GORBALS HEALTH CENTRE
 GLASGOW
 G5 0BQ

CONSULTANT: SCOTT DAVIDSON
 ADMITTED: 19/11/11

Medication	Form	Dose	Frequency	Duration
BENDROFLUAZIDE	: OTAB	: 2.5MG	: IN THE MORNING	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes: Supply:				

Medication	Form	Dose	Frequency	Duration
ATENOLOL	: OTAB	: 25MG	: IN THE MORNING	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes: Supply:				

Medication	Form	Dose	Frequency	Duration
OMEPRAZOLE	: OTAB	: 20MG	: IN THE MORNING	: INDEF
New Drug? N New Dose: N Comments:				
Patient's Own Supply? Y Pharmacy Notes: Supply:				

Medication	Form	Dose	Frequency	Duration
TRAMADOL	: OTAB	: 100MG	: 4 TIMES A DAY	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes: Supply:				

Medication	Form	Dose	Frequency	Duration
ASPRIN	: OTAB	: 75MG	: IN THE MORNING	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes: Supply:				

Medication	Form	Dose	Frequency	Duration
CETIRIZINE	: OTAB	: 10MG	: IN THE MORNING	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes: Supply:				

Medication	Form	Dose	Frequency	Duration
FLUOXETINE	: OTAB	: 20MG	: IN THE MORNING	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes: Supply:				

Medication	Form	Dose	Frequency	Duration
GTN	: SL	: 1 PUFF	: AS REQUIRED	: INDEF

SOUTHERN GENERAL HOSPITAL

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION

SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF

TEL: 0141 201 1100

DOCTOR'S LETTER SHEET

3B

WARD 20 DISCHARGE LETTER

UNIT NUMBER

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET

GLASGOW
G41 2LN

DOB: 01/02/49
CHI: 0102496145
UNIT NO: SG00940779
ACCT NO: IP0060677/11
WARD: S20

GP: GRAEME G MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

CONSULTANT: SCOTT DAVIDSON
ADMITTED: 19/11/11

New Drug? N New Dose? N Comments:
Patient's Own Supply? Y Pharmacy Notes:

Supply:

Medication	Form	Dose	Frequency	Duration
New Drug?	New Dose?	Comments:		
Patient's Own Supply?	Pharmacy Notes:			

Supply:

Medication	Form	Dose	Frequency	Duration
New Drug?	New Dose?	Comments:		
Patient's Own Supply?	Pharmacy Notes:			

Supply:

Medication	Form	Dose	Frequency	Duration
New Drug?	New Dose?	Comments:		
Patient's Own Supply?	Pharmacy Notes:			

Supply:

Medication	Form	Dose	Frequency	Duration
New Drug?	New Dose?	Comments:		
Patient's Own Supply?	Pharmacy Notes:			

Supply:

Medication	Form	Dose	Frequency	Duration
New Drug?	New Dose?	Comments:		
Patient's Own Supply?	Pharmacy Notes:			

Supply:

SOUTHERN GENERAL HOSPITAL

3B

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION

SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF

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DOCTOR'S LETTER SHEET

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WARD: S20GP: GRAEME G MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQCONSULTANT: SCOTT DAVIDSON
ADMITTED: 19/11/11*PHARMACY USE ONLY* DISPENSED BY:
CLINICAL PHARMACIST CHECK:

DATE: CHECKED BY:

COLLECTED BY: _____

Medicine received on ward by: _____

Issued by: _____

Named Nurse: _____ Signature of Receipt: _____

Report Number: 2011-0004 Date(Time): 20/11/11 (1728 Hours) Status: Draft

DOCTOR'S LETTER SHEET

UNIT NUMBER

DEPARTMENT OF RESPIRATORY MEDICINE

DR DAVIDSON'S CLINIC

20.01.12.

Southern General Hospital
1345 Govan Road
Glasgow

G51 4TF

Switchboard: 0141 201 1100

Direct Dial: 0141 232 7976

Fax: 0141 201 1101

Scott.davidson@ggc.scot.nhs.uk

CHI: 0102496145

Clinic Date: 20.01.12.

Date Typed: 06.02.12.

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

Re: Catherine Honeyman, 10 Melville Street, Glasgow. G41 2LN. D.O.B. 01.02.49. (SG940779)

Mrs Honeyman was due to attend my clinic for routine follow up following discharge. She was unable to attend. I had not planned to send her a further appointment but she has been in touch saying that she simply forgot her reappointment and we will therefore send her out a routine appointment and I believe this has been done.

Yours Sincerely

Dr Scott Davidson
Consultant Chest Physician
(GMC4086305)

DEPARTMENT OF RESPIRATORY MEDICINE

DR DAVIDSON'S CLINIC

21.09.12.

Southern General Hospital
1345 Govan Road
Glasgow

G51 4TF

Switchboard: 0141 201 1100

Direct Dial: 0141 232 7976

Fax: 0141 201 1101

Scott.davidson@ggc.scot.nhs.uk

CHI: 0102496145

Clinic Date: 21.09.12.

Date Typed: 18.10.12.

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

Re: Catherine Honeyman, 10 Melville Street, Glasgow. G41 2LN. D.O.B. 01.02.49. (SG940779)

**Diagnosis: Hospital admission with viral respiratory tract infection November 2011
No evidence of pulmonary thromboembolism on CTPA
Arthritis**

I saw this patient on behalf of Dr Davidson in the respiratory clinic today. She was admitted to the Southern General Hospital with breathlessness thought secondary to a viral respiratory tract infection in November last year. She denies any respiratory symptoms now and I have reassured and discharged her from the clinic.

Yours Sincerely

Dr Gillian Tomlinson
SpR in Respiratory Medicine

SG00940779
HONEYMAN, CATHERINE
10 MELVILLE STREET

GLASGOW 01/02/1949
G41 2LN CHI 0102496145

**GYNAECOLOGY
SHEET**

DATE	Reason for Attendance	Diagnosis
		12/12/11
		Treatment: One-stop
	62yr P4 (4xVD)	(CA125 = 17) GP
	8/7 - "like a period"	
	PMB - 18/11 < 2nd episode '17. (HRT -> nil)	
	LMP - > 10 yrs ago	
	Cx-smears - prev (N) - d/crson awaits result	
	PMH: Angina	
	(1) BP d/crson	
	Cholecystectomy	
	Previous Illness	
	Numerous knee ops for replacement of knees // broken legs (last yr)	
	Operations	
	Parity	
	Menarche 9/11 - Well	Menopause
	L.M.P.	Contraception
	Urinary Symptoms	DF NAD
		NF
		Dysuria
	Spec -> NAD (nil PMB)	
	Examination By:	
	(TVS) - Uterus ~15 / AV	
	(1) ET - 4.1mm	
	(R) ovary not seen (? faecalith noted)	
	(L) ovary (N)	
	Nil cysts / free fluid	
	AI	

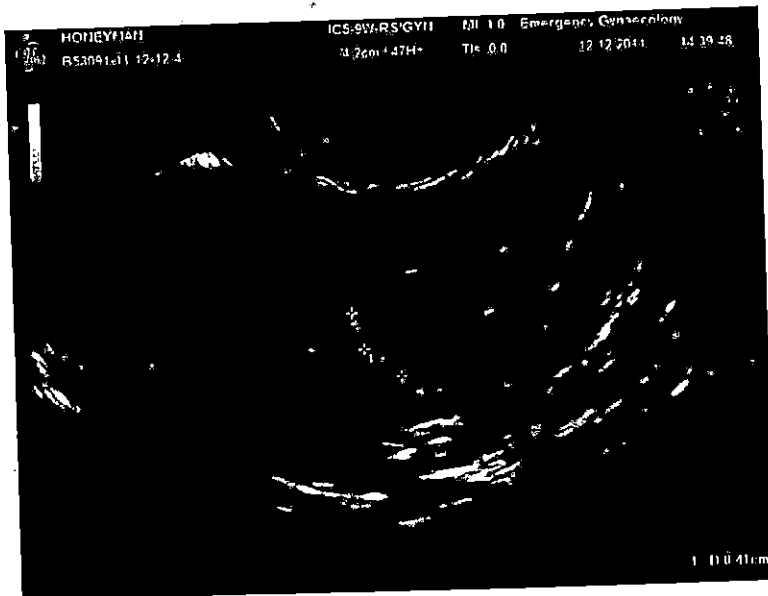
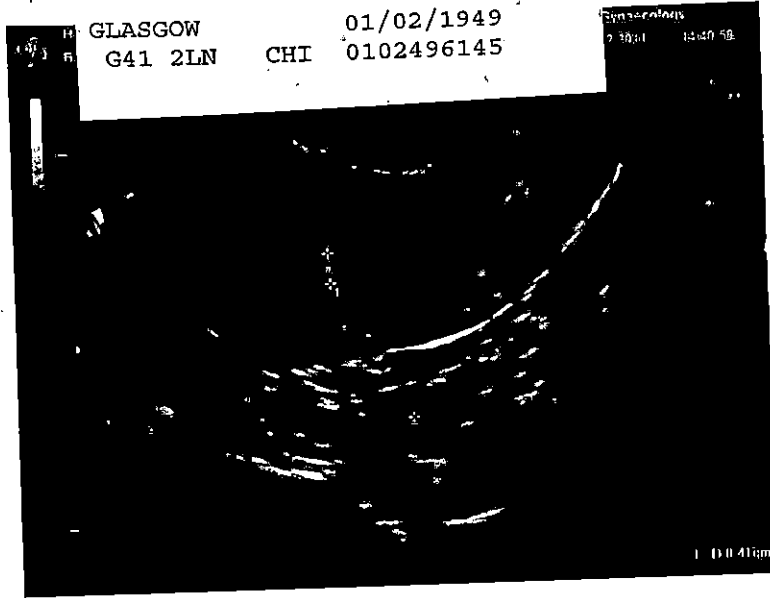
DATE



LOGY (continued)

SG00940779
HONEYMAN, CATHERINE
10 MELVILLE STREET

GLASGOW 01/02/1949
G41 2LN CHI 0102496145



CATHERINE HONEYMAN
940779

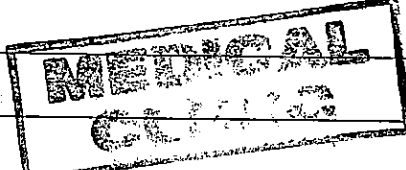
CLINICAL
NOTES

DATE	
Sl. 10/14	Chronic opel HE: 5ft 3"
	WE: 13st 11 1/2 lb / 87.7 kg
	Urine: NAD.
	Long-standing low back neck & knee
	pain many years
	Past 2 years pain in hip regions
	worse in last few months Pain
	at elbows (inner aspects) associated
	w/ swelling pain under toes & along
	sides of feet pain in ball thumbs
	itching of palms
	Paresthesiae palmar aspects fingers
	Pain in carpal regions
	M. exacerbated for 1/2 hour
	Weight normally 14 stone. ↓ sl.
	recently
	PMH. N.T. of note { Cerebral
	S.H. Housewife { Lobar
	4 children Non-smoker
	4 children Ovaries C2H5OH
	O/E
	Constitution } Mottled Red
	Muscle ✓ BP 140/90 } at rest
	HT ✓ RS ✓ AS ✓
	LMS: H.N. R) index finger
	Some discomfort on 1st CMC
	movement
	Tendr over medial epicondyle R > L
	Shoulders ✓
	C spine 2/3 normal

✓
 DATE _____ CLINICAL NOTES (Continued)
 1) / L spine - unchipped
 Limited lumbar flexion
 Hips / Knees ✓
 Ankle ✓
 FBC/ESR 6
 RF - Feet - ? ISMTP on tangerine
 AnF - ? GCA
 X-ray hands - Obesity
 feet - Atch. - w/ pain - refer to chetachin ✓
 L spine - Established diagnosis
 Return for steroid injection R)
 medial epicondyle region

28/10/94 (R) medial epicondyle injection
 with 25ml of Hydrocortisone
 D. 5 days

28/10/94 net - can't

29 DEC 1994


Still having pain in joints -
 knees R > L R) knee worse on
 stairs

Contacted CP dept 2/82 ago
 R recurrence of R) medial epicondyle
 pain Pain is present even at night
 X-ray hands - w/ area on medial aspect of elbow
 o/E R) Knee - st. loss of extension
 Tender over R) medial epicondyle

Catherine Freyman
Q40449CLINICAL
NOTES

DATE	
	Return for steroid inj R) medial epicondyle ✓
5/1/97	UAC OK
5/1/95	DIETITIAN: DINA. NO. FTM M. Stewart SRD
13/1/95	(R) Medial epicondyle injection with 1ml Hydrocortisone + 1% lignocaine
8/6/95	HT 5'3"
	WT 12st 7lb, 80.2Kgs URINE TRACE PROTEIN
	Over last 2 weeks of April severe pain in hands noted swelling of MC joints bilaterally pain exacerbated by movement Pain worse at knees are also causing a problem.
	OA 2nd + 3rd
	% Thickening of 2nd + 3rd MCP and MTP joints otherwise NO
	Imp ? Inflammatory OA ? early RA

DATE

CLINICAL NOTES (Continued)

Plan URE FBC
LFTs ESR
glucose CRP

new bands + flat

OT

chiropractic

No appointment given at present.

7 SEP 1995

RHEUMATOLOGY OPD

Zydol + Lodine

Has lost weight in recent weeks
P? cause. Head better good

Attending physician

No acute joint problem
OA - Adverse

4 NOV 1995

RHEUMATOLOGY OPD

Discharge

DR. J. L. L.

(R) epicondyle x2

Had "Steroid" injection into both elbows
NOT GOOD → helped for 8/52

shoulders

4/12 ↑ pain in both hands, forearms + (L) upper arm
knees - some
feet - some

Stiff → after sitting
Painful - all the time

Catherine Honeyman

940449

CLINICAL
NOTES

DATE	
11 JAN 1996	ADY OPD
	Ht 5' 4" 1.62m
	Wt 11st 3 1/2 lbs 71.2 kg
	Urine - unable to give a sample of urine.
	See previous page
	analgesics - takes edge off abs
	Medn - zycel 200mg? 4 tablets but been offered one but not accepted lodune + nalt.
	Has upset stomach with a lot of tablets.
	Postictal - has chills - helped - still all over
	Hands - paraesthesia - at night - awakened - goes off - recur - and - can occur during day
	hands - tender.
	CA changes → fracture
RSC/ESK	(R) 5th finger - some paraesthesia + fixed flexion otherwise pain across hand front, back + fingers
	8
	=
	toes neg
	phalanges neg.

/

DATE

CLINICAL NOTES (Continued)

Under both lateral epicondyles

→ bruised on ☹️ - why

Knees full on

no synovials

feet - com ☹️

no synovials

S/B DAP

? Acroangelic → x-ray skull

pit function tests → growth hormone

FBC / U&A growth hormone / ESR

Skull x-ray / hand x-ray

Ch

1 FEB 1996 RHEUMATOLOGY OPD

CATH HONEUMMAN
9140 779CLINICAL
NOTES

DATE	
	RHEUMATOLOGY OPD
10 APR 2000	
	LOSEL - duplicate - referred by MBZ in DOOTHIEPIN - June - also referred by GP TRAMADOL - in Oct - 2 appointments
	- stopped again due to dyspepsia
	- col pain in hands + knees
	RZL - also c/o unable to straighten fingers
	O/B - @ hand H+B nodes. in @ hand
	- mild synovitis of @ MCP + PIP jts
	- passive extension of jts
	- fixed flexion def of @ 5 th finger -> old (1996)
	- knees - good rom.
	- mild crepitus bilat.
	-> on dothiepin ... ? not for amitriptyline
	-> R - refer PT
	- did not find splints useful
	C. McQuigley

DATE	CLINICAL NOTES

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)						
DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY
18/11/11	GTN	2 Rtt	SL	0020		
18/11/11	Paracetamol	1g	Oral	0020		

DISCHARGE PRESCRIPTION PACKS						
DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	FREQUENCY	SIGNATURE	GIVEN BY

Southern General Hospital, Accident & Emergency Department, Glasgow G51 4TF
Tel Direct: 0141 201 1456/8 Switchboard: 0141 201 1100 Fax: 0141 201 2997

NAME: HONEYMAN, CATHERINE DATE: 18/11/11
AGE: 62 DOB: 01/02/49 CONSULTANT: NICOLA LITTLEWOOD TIME: 2045
UNIC: No: 500540773 Account: No: AT0093276/11 CHIR: 0102496145

GP Name: GRAEME C MARSHALL GP Phone No: 0141 531 0250
REASON FOR VISIT: SOB / CHEST TIGHT
ALERTS: (1) (2)
ALLERGIES: (1) NDA (2)
RELEVANT HISTORY:
MEDICATIONS:
TRIAGE CATEGORY: URGENT TRIAGE NURSE: PAUL MARTIN TRIAGE TIME: 1855

TRANSCRIBED ANALGESIA:
OBSERVATION TEXT:
HEEN SOB FOR PAST FEW DAYS - STATES WORSE TODAY SINCE TEA
TIME - KNOWN ANGINA - SOME CHEST TIGHTNESS NO RELIEF FROM
GTN

Enter/edic Vital Signs				Vital: Acuity	
DATE	TIME	COMPLETED BY	DATE	TIME	COMPLETED BY
18/11/11	2055	NU, MARU			

	Left-6m	Right-6m
T		
HR		
R		
BP		
SaO2		
EG		
PF		
EPP		

Correction Y/N
Weight (kg)
Breath Alcohol
Pain Score

10/11/11 0030

HONEYMAN, Catherine
Attend: 19/11/11 0003 DOB: 01/02/1949 Sex: F
Ref: Mr Malcolm Gordon - SGH CASUALTY DEPARTMENT
XR Chest

DISCHARGE CODES: Please Circle
1. Admission 2. Discharge 3. Refer to GP 4. Tran
5. Died 6. Refer to O.P. Clinic (see below) 7. In

Ward No. (if admitted) 20 Transfer
CRIS: 65569 E-26183461 ChiNo: 0102493145

Follow Up Not arranged Arranged To be arranged
Clinic AF Head below End of the Day Others Specify

Please affix patient ID label here

CATERINE

NORRIS

Please affix patient ID label here

1/2/49
SG 0940779

Initial Assessment

Seen by (print): NORRIS

Time seen: 2315

Any other issues (continued):

Presenting Complaint

62 ♀ SOB + chest tightness

History of Presenting Complaint

3/2 Hx of SOB + central chest tightness
lightheaded + dizzy.
Cough - non productive. No fevers.
Chest heaviness worse ~ 2100h = 3 AM
Not relieved by GDN. Not similar to angina.
Not worsened by inspiration.
Uses GDN 2-3 x / week. Prior 2-3 days, 2-3 x / day.
Same @ leg cramps post 1-2 days. Denies recent travel

Past Medical History

Recent postmenopausal
bleeding
→ urgent ref to gyn
made by GP

Hx

GAD

Inten TLB

Systemic Enquiry

CVS

At chx

RESP

At chx

GI

CNS/PNS

GU

At p. p.m.x

Musculoskeletal

Any Questions please contact:

Signature:

Print:

Doctor Completing Initial Assessment

Name (print):	<i>Howan</i>	Signature:		Designation:	<i>CT</i>
Page No.					

Senior Doctor Review
Seen by (print):
Time seen:

Please affix patient ID label here

Note Study

- driver ↑ ⇒ Lx for PE
- changed LHS
 - without states
 - check MS.

Wait for
↑ PV
beating /
No ↓

Done.

Continuing Management Plan	Done/ Ordered

Signature: _____ Designation: _____ Page No.: _____

Date: Time

19/11/11

AM

Dyspnea / chest discomfort

Recent no symptoms

11th

GORD

BKA + TKR

G2yo P admitted with long history of breathlessness and accompanying chest tightness.

Has lost weight + flushed

No significant sputum but slight cough

PBM Sat 96% on an EL18

Chest clear

Hx no SOB

Haemodynamically stable

No acute JVT

CXR nil focal

↑ adimmer

COP = 3

Note at(2) LFTs

ECG incomplete RBBB

Ap 1 ? viral

2 ? PTE

Suggest 1) alkalemia + CMA

2) watch for blood

3) Stop statin meantime

3) Paracetamol sat > 96%

Repeat ECG + troponin

SA
 P. H. J. J.
 Consultant

Ple:

HONEYMAN, CATHERINE

S200940779 01/02/19

CHI: 0102496145

el here



Continuation Sheet

Date: Time

19/11/11

Saturating well P 99% on air RR 18

Chest clear LFTs ↓

Note CMA

Continue as is - ? viral

Rpt LFTs / CRP am

SA
 P. H. J. J.
 Consultant

N.B. On commencing radiology I thought CRP 20 not 25 o/A
 My comm remains viral
 Continue and review am

SA
 P. H. J. J.
 Consultant

20/11/11

This am remains breathless tho better

↓ cough but still present

O2 sat 96% on air

Chest entirely clear to auscultation

Apyrexial

I think we do need to repeat the CMA as no temperature and no other 'firm' diagnosis.

troponin < 0.04. ECG incomplete RBBB

Repeat LFTs

SA
 P. H. J. J.
 Consultant

Date: Time

20/11/11

subtotal
CTPA reports - no evidence large PE. Viscer still
suboptimal & a small subsegmental PE cannot be
entirely excluded

Corcoran
ES

20/11/11

PM.

Symptomatically improved.

Remains a little more dyspnoeic than usual

LFT improved

? all viral

I think we can allow home

- to remain at status & rest in
light of repeat LFTs later in weekKnows to attend if any worsening or
recurrence of symptoms

SJ
H. Vignani
Consultant

PLEASE DO NOT WRITE HERE

Attach GP Letter, Results or
Emergency Care Summary

CRIS: 86569 Patient Details Address GP
406473 SG00940779
P:0102496145
Hospital No **V:0102496145**
SXR0033659
VXR0048163
Chi No. **0102496145**
Surname **HONEYMAN**
Forenames **CATHERINE**
DoB **01/02/1949** Female
Film Location **VIFILE**

10 MELVILLE STREET
GLASGOW
G41 2LN

Dr Graeme Marshall
45 PINE PLACE
GLASGOW

Report

[*Search](#) [*Enquire](#) [*Result](#) [*Log off](#)

Attended	Ward	Referrer
20/11/2011 @ 1159	G405HW20	Dr Scott Davidson

Verified Report

Clinical History :

Shortness of breath and pleuritic chest pain. Suboptimal CT PA yesterday. Ongoing symptoms today.

Reported	Typed	Verified
By: Dr Daniel Kusuma (SpR), Dr Keith Osborne On: 20/11/2011 At: 1107	By: Dr Daniel Kusuma (SpR) On: 20/11/2011 At: 1226	By: Dr Keith Osborne On 20/11/2011 At: 1406

Verified Report

CT Angiogram pulmonary :

There is again suboptimal opacification of the pulmonary arteries. However, the lower lobe vasculature is slightly better visualised on the current scan. While no obvious filling defects are seen within the pulmonary trunk, lobar and segmental vessels, subsegmental thrombus cannot be excluded. The lung bases are completely clear which would suggest PE is most unlikely.

Both lungs are clear. No evidence of mediastinal lymphadenopathy. No destructive bony lesions.

Provisional report issued to Dr. Ricketts (medical registrar).

Reported	Typed	Verified
By: Dr Daniel Kusuma (SpR), Dr Keith Osborne On: 20/11/2011 At: 1107	By: Dr Daniel Kusuma (SpR) On: 20/11/2011 At: 1226	By: Dr Keith Osborne On 20/11/2011 At: 1406

Southern General Hospital
HONEYMAN, Catherine
 10 Melville Street, Glasgow, G41 2LN
 Referrer: Dr Scott Davidson - SGH WARD 20

Diagnostic Imaging Report
 DoB: 01/02/1949
 Chi No: 0102496145
 CRIS No: 86569
 Hosp No: SG00940779

SYNTAX CHECKED by: Dr Keith Osborne 20/11/11 1406 Report By: Dr Daniel Kusuma (SpR) 20/11/11 and: Dr Keith Osborne.

Clinical History:
 Shortness of breath and pleuritic chest pain. Suboptimal CT PA yesterday. Ongoing symptoms today.

CT Angiogram pulmonary:
 There is again suboptimal opacification of the pulmonary arteries. However, the lower lobe vasculature is slightly better visualised on the current scan. While no obvious filling defects are seen within the pulmonary trunk, lobar and segmental vessels, subsegmental thrombus cannot be excluded. The lung bases are completely clear which would suggest PE is most unlikely.

Both lungs are clear. No evidence of mediastinal lymphadenopathy. No destructive bony lesions.

Provisional report issued to Dr. Ricketts (medical registrar).

Ref. Src: Southern General Hospital, 1345 Govan Road, Glasgow, G51 4TF
 Exams: CT Angiogram pulmonary
 Exam Date: 20/11/11 Event: E-26184424

Page 1 of 1

Southern General Hospital
HONEYMAN, Catherine
 10 Melville Street, Glasgow, G41 2LN
 Referrer: Dr Scott Davidson - SGH WARD 20

Diagnostic Imaging Report
 DoB: 01/02/1949
 Chi No: 0102496145
 CRIS No: 86569
 Hosp No: SG00940779

regarding PTE is low, hence this study has not been repeated. If there is continued clinical concern then a repeat examination with a reduced breath hold could be performed.

Ref. Src: Southern General Hospital, 1345 Govan Road, Glasgow, G51 4TF
 Exams: CT Angiogram pulmonary
 Exam Date: 19/11/11 Event: E-26183777

Page 2 of 2

CRIS: 86569 Patient Details Address GP

406473 SG00940779
 P:0102496145
 Hospital No V:0102496145
 SXR0033659
 VXR0048163

10 MELVILLE STREET
 GLASGOW
 G41 2LN

Dr Graeme Marshall
 45 PINE PLACE
 GLASGOW

Chi No: 0102496145
 Surname: HONEYMAN
 Forenames: CATHERINE
 DoB: 01/02/1949 Female
 Film Location: VIFILE

Search Enquire Result Log off

Attended 19/11/2011 @ 0903 Ward G405HWCAS Referrer Mr Malcolm Gordon

Verified Report
 No history available

Reported By: Dr Keith Osborne On: 20/11/2011 At: 1128
 Typed By: Dr Keith Osborne On: 20/11/2011 At: 1247
 Verified By: Dr Keith Osborne On: 20/11/2011 At: 1247

Verified Report
 The heart is not enlarged. The mediastinal and hilar contours are within normal limits. Allowing for patient build there is no obvious active pulmonary disease.

Southern General Hospital
HONEYMAN, Catherine
 10 Melville Street, Glasgow, G41 2LN
 Referrer: Dr Scott Davidson - SGH WARD 20

Diagnostic Imaging Report
 DoB: 01/02/1949
 Chi No: 0102496145
 CRIS No: 86569
 Hosp No: SG00940779

SYNTAX CHECKED by: Dr Keith Osborne 19/11/11 1444 Report By: Dr Bappa Sarker (SpR) 19/11/11 and: Dr Keith Osborne.

Clinical History: SOB for a week. Chest tightness. No significant sputum but a cough. No acute DVT. Increased D-dimer 400+, CRP 20. Not on dalteparin as is awaiting treatment for significant PV bleeding ?PE

CT Angiogram pulmonary:
 Unfortunately contrast opacification of the pulmonary arterial tree is suboptimal with apparent preferential flow to the upper lobes.
 No definite PTE is apparent, though this is not excluded within the lower lobes.
 The lungs appear clear with no focal active pathology or features to suggest infarction.
 No significant hilar or mediastinal lymphadenopathy.

A locule of gas is noted within the pulmonary trunk, presumed secondary to injection. The visualised upper abdominal viscera and skeleton appear normal.

Upon discussion with Dr Davidson, I understand the degree of clinical suspicion

Ref. Src: Southern General Hospital, 1345 Govan Road, Glasgow, G51 4TF
 Exams: CT Angiogram pulmonary
 Exam Date: 19/11/11

X-RAY REPORTS.

96001825 V

11/01/96

XR 0033659

0940779

X-RAY REPORT

HONEYMAN, Catherine

46Y

F

D A, PITKEATHLY OPGMEDA

10 MELVILLE ST, GLASGOW

SKULL

NORMAL APPEARANCES.

BOTH HANDS

NO CHANGE SINCE 8.6.95.

*DR. G. URQUHART/AR

12/01/96

12/01/96 - SKULL, HANDS/BOTH

SOUTHERN GENERAL HOSPITAL NHS TRUST
DEPARTMENT OF RADIOLOGY

SOUTHERN

X-RAY REPORTS

95027202 X

08/06/95

XR 0033659

X-RAY REPORT

HONEYMAN, Catherine

46Y

F

0940779

SM, FRASER

OPGMEDA

10 MELVILLE ST, GLASGOW

BOTH HANDS

THERE HAS BEEN NO CHANGE SINCE THE EXAMINATION OF 5/10/94. THERE IS NO EVIDENCE OF EROSION DISEASE.

FEET

THERE HAS BEEN NO CHANGE SINCE THE EXAMINATION OF 5/10/94. AGAIN NO EROSION CHANGES ARE PRESENT.

*Dr. C CAMPBELL/JM

09/06/95

09/06/95 - HANDS/BOTH, FEET

SOUTHER

94059844 X

28/12/94

XR 0033659

X-RAY REPORT

0940779

HONEYMAN, Catherine

45Y

F

SM, FRASER

OPGMEDA

10 MELVILLE ST, GLASGOW

BOTH KNEES

EARLY DEGENERATIVE CHANGES ARE PRESENT BILATERALLY WITH
OSTEOPHYTIC LIPPING OF THE MEDIAL TIBIAL AND FEMORAL CONDYLES.
NO OTHER ABNORMALITY IS DEMONSTRATED.

*Dr. C CAMPBELL/JM

29/12/94

29/12/94 - KNEE - BOTH

94046707 R

05/10/94

XR 0033659

X-RAY REPORT

HONEYMAN, Catherine

45Y

F

0940779

SM, FRASER

OPGMEDA

10 MELVILLE ST, GLASGOW

BOTH HANDS

THERE IS A CYSTIC LESION AT THE BASE OF THE LEFT INDEX FINGER PROXIMAL PHALANX WHICH MAY REPRESENT A GEODE. NO DEFINITE EROSION CHANGES ARE DEMONSTRATED. MINOR DEGENERATIVE CHANGES ARE DEMONSTRATED AT THE D.I.P. JOINTS. THERE IS DEFORMITY OF THE RIGHT 5TH METACARPAL PRESUMABLY RELATED TO PREVIOUS TRAUMA.

FEET

EARLY DEGENERATIVE CHANGES ARE SEEN AT THE 1ST M.T.P. JOINT. NO EROSION CHANGES IDENTIFIED.

LUMBAR SPINE

THERE IS MARKED LOSS OF DISC HEIGHT AT THE L.4/5 LEVEL WITH ASSOCIATED NEW BONE FORMATION. NO OTHER ABNORMALITY IS DEMONSTRATED.

*Dr. P. DUFFY/JM

06/10/94

PATHOLOGY REPORTS

LOCATION/ REPORT ADDRESS MEDICAL UNIT A SOUTHERN GENERAL CONSULTANT FRASER	SURNAME HONEYMAN		SEX Female
	FORENAME CATHERINE		
	D.O.B./AGE 01/02/1949 50 Yrs		HOSPITAL No. SG940779
	SAMPLE DATE 23/11/99	DATE RECEIVED 23/11/99	REPORT DATE 15/12/1999

TEST NAME	RESULTS	UNITS	NORMAL RANGE
ANA Screen	NEG		

[Signature]

NO TESTS WILL BE PERFORMED ON SAMPLES WITH INCOMPLETE OR ILLEGIBLE REQUEST FORMS

	CLINICAL IMMUNOLOGY LABORATORY NORTH GLASGOW HOSPITALS GLASGOW G11 6NT Consultant: Dr. A.M. Farrell		LAB No. 0542730
			AUTHORISED BY Auto

PATHOLOGY REPORTS

IN/ ADDRESS MEDICAL UNIT A SOUTHERN GENERAL TANT FRASER	SURNAME HONEYMAN		
	FORENAME CATHERINE		SEX Female
	D.O.B./AGE 01/02/1949 50 Yrs		HOSPITAL No. SG940770
	SAMPLE DATE 23/11/99	DATE RECEIVED 23/11/99	REPORT DATE 23/11/1999

TEST NAME	RESULTS	UNITS	NORMAL RANGE
Rheumatoid Factor	<22	IU/ml	(0 - 22)

87

TESTS WILL BE PERFORMED ON SAMPLES WITH INCOMPLETE OR ILLEGIBLE REQUEST FORMS.

CLINICAL IMMUNOLOGY LABORATORY
NORTH GLASGOW HOSPITALS
GLASGOW
G11 6NT

Consultant: Dr. A.M. Farrell



LAB No.
0542730

AUTHORISED BY
Auto

PATHOLOGY REPORTS

GREATER GLASGOW HEALTH BOARD

Lab. No.: 94/31560

Name: HONEYMAN Catherine

Hosp. No.: 0940779

Initialed as seen: *Am*

Phys/Surg.: Dr Fraser Med Unit AVSGL

Rheumatoid Factor = Negative
Antinuclear Factor = Negative

A M Farrell

JMcC913668

Date

Date Received:

Date of
Report:

05 10 94

06 10 94

20 10 94
Affix to Mount Sheet 'B'

SOUTHERN GENERAL HOSPITAL

BACTERIOLOGY DEPARTMENT

↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE	↑↑ 11	←
↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE	↑↑ 10	←
↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE	↑↑ 9	←
↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE	↑↑ 8	←
↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE	↑↑ 7	←
↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE	↑↑ 6	←
↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE	↑↑ 5	←
↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE	↑↑ 4	←
↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE	↑↑ 3	←
↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE	↑↑ 2	←

LIFT TAB AND PEEL OFF STRIP FROM THIS SIDE

SGH 115A

BACTERIOLOGY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST

TEL: 0141 201 1703/4/5 GLASGOW

Name: HONEYMAN CATHERINE
Address: 10 MELVILLE ST GLASGOW
Consultant/GP: Dr. D.A. Pitkeathly
Ward: Medical Unit A OPD
Specimen: VENOUS BLOOD

UNIT No.: 0940779
D.O.B. 01.02.49 Sex: F
Report to: Medical Unit A OPD
Date collected: 08.06.95
Date received: 08.06.95

REPORT:

Serology:-

C-REACTIVE PROTEIN <10 mg/l.

(Normal Value: <10 mg/l).

Comment:-

↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE ↑↑ 9 ←

↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE ↑↑ 8 ←

↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE ↑↑ 7 ←

STRIP FROM THIS SIDE

BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW

(0141) 201 1681



A

Name **HONEYMAN CATHERINE**

CHI Number **0102496145**

Location **Ward 20 SGH**

Unit No. **SG00940779**

Lab Number **R,11.1387316.M**

Consultant **Dr.Scott.Davidson**

D.O.B. **01.02.49**

Sex **F**

Received **20.11.11 at 11:08**

Prov. Diagnosis **Not given**

Withdrawal		Na	K	Cl	HCO ₃	Urea	Creat	eGFR	Glucose	*	CRP	Amylase	Magnesium	Urate
		135-145	3.5-5.0	98-108	23-30	2.5-7.0	40-130				<10	<100	0.70-1.00	0.15-0.35
Date	Time	mmol/L					umol/L	mL/min	mmol/L		mg/L	U/L	mmol/L	
28.06.11	10:10	140	3.6	100	26	3.7	67	>60						
01.07.11	09:50	136	4.0	97	27	4.2	79	>60			60			
24.10.11	13:00	140	4.4	101	24	6.1	74	>60	6.5	N				
11.11.11	23:46	138	4.0	100	22	9.1	78	>60			<3	30		
19.11.11	09:30	140	3.4	99	22	9.5	95	52	6.1	Y	4	28		
20.11.11	08:00	142	3.6	102	28	6.3	73	>60			5			

Withdrawal		T.Protein	Albumin	Globulins	Bilirubin	Alk. Phos.	AST	ALT	GGT	CK	Calcium	Adj Ca	Phosphate
		60-80	32-45	23-38	<20	35-135	<40	<50	<40	<170		2.10-2.60	0.70-1.40
Date	Time	g/L			umol/L	U/L					mmol/L		
29.03.11	10:00	65	32	33	16	170	38	102					
30.03.11	09:00	64	29	35	11	162	19	70					
24.10.11	13:00	80	45	35	9	171	26	25					
18.11.11	23:46	79	42	37	12	229	43	119					
19.11.11	09:30	77	43	34	13	222	26	100					
20.11.11	08:00	71	39	32	11	185	18	70					

* Fasting: Y = Yes, N = No



Accredited Medical Laboratory
Reference No: 2923

Report authorised by Computer validation

un No: 697

Issued 20.11.11 at 12:20

Specimen type: Blood

BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW

(0141) 201 1688



A

Name **HONEYMAN CATHERINE**

CHI Number **0102496145**

Location **Ward 20 SGH**

Unit No. **SG00940779**

Lab Number **R.11.1386979.P**

Consultant **Dr.Scott.Davidson**

D.O.B. **01.02.49** Sex **F**

Received **19.11.11 at 10:52**

Prov. Diagnosis

Withdrawal		Na	K	Cl	HCO ₃	Urea	Creat	eGFR	Glucose	*	CRP	Amylase	Magnesium	Urate
		135-145	3.5-5.0	98-108	23-30	2.5-7.0	40-130				<10	<100	0.70-1.00	0.15-0.35
Date	Time	mmol/L					umol/L	mL/min	mmol/L		mg/L	U/L	mmol/L	
27.06.11	09:00	139	3.7	98	29	3.6	66	>60						
28.06.11	10:10	140	3.6	100	26	3.7	67	>60			60			
01.07.11	09:50	136	4.0	97	27	4.2	79	>60						
24.10.11	13:00	140	4.4	101	24	6.1	74	>60	6.5	N	<3	30		
18.11.11	23:46	138	4.0	100	22	9.1	78	>60						
19.11.11	09:30	140	3.4	99	22	9.5	95	52	6.1	Y	4	28		

Withdrawal		T.Protein	Albumin	Globulins	Bilirubin	Alk. Phos.	AST	ALT	GGT	CK	Calcium	Adj Ca	Phosphate
		60-80	32-45	23-38	<20	35-135	<40	<50	<40	<170		2.10-2.60	0.70-1.40
Date	Time	g/L			umol/L	U/L			mmol/L				
28.03.11	08:00	75	39	36	35	216	168	208					
29.03.11	10:00	65	32	33	16	170	38	102					
30.03.11	09:00	64	29	35	11	162	19	70					
24.10.11	13:00	80	45	35	9	171	26	25					
18.11.11	23:46	79	42	37	12	229	43	119					
19.11.11	09:30	77	43	34	13	222	26	100					

Time of sample collection estimated

* Fasting: Y = Yes, N = No



Accredited Medical Laboratory
Reference No: 2923

Report authorised by Computer validation

Run No: 692

Issued 20.11.11 at 09:34

Specimen type: Blood

BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW

(0141) 201 1681



A

Name: **HONEYMAN CATHERINE** CHI Number: **0102496145** Location: **Ward 20 SGH**
 Unit No: **SG00940779** Lab Number: **R,11.1386979.P** Consultant: **Dr.Scott.Davidson**
 D.O.B: **01.02.49** Sex: **F** Received: **19.11.11 at 10:52** Prov. Diagnosis:

Withdrawal		Na	K	Cl	HCO ₃	Urea	Creat	eGFR	Glucose	*	CRP	Amylase	Magnesium	Urate
		135-145	3.5-5.0	98-108	23-30	2.5-7.0	40-130				<10	<100	0.70-1.00	0.15-0.35
Date	Time	mmol/L				umol/L	umol/L	mL/min	mmol/L		mg/L	U/L	mmol/L	
27.06.11	09:00	139	3.7	98	29	3.6	66	>60						
28.06.11	10:10	140	3.6	100	26	3.7	67	>60						
01.07.11	09:50	136	4.0	97	27	4.2	79	>60			60			
24.10.11	13:00	140	4.4	101	24	6.1	74	>60	6.5	N				
18.11.11	23:46	138	4.0	100	22	9.1	78	>60			<3	30		
19.11.11	09:30	140	3.4	99	22	9.5	95	52	6.1	Y	4			

Withdrawal		T.Protein	Albumin	Globulins	Bilirubin	Alk. Phos.	AST	ALT	GGT	CK	Calcium	Adj Ca	Phosphate
		60-80	32-45	23-38	<20	35-135	<40	<50	<40	<170		2.10-2.60	0.70-1.40
Date	Time	g/L			umol/L	U/L					mmol/L		
28.03.11	08:00	75	39	36	35	216	168	208					
29.03.11	10:00	65	32	33	16	170	38	102					
30.03.11	09:00	64	29	35	11	162	19	70					
24.10.11	13:00	80	45	35	9	171	26	25					
18.11.11	23:46	79	42	37	12	229	43	119					
19.11.11	09:30	77	43	34	13	222	26	100					

* of sample collection estimated

* Fasting: Y = Yes, N = No



Accredited Medical Laboratory
Reference No: 2923

Report authorised by Computer validation

Run No: 691 Issued 19.11.11 at 12:05 Specimen type: Blood

BIOCHEMISTRY DEPARTMENT

**SOUTHERN GENERAL HOSPITAL
- GLASGOW**

A

Name **HONEYMAN CATHERINE**

Sex F

D.O.B.

01.02.49

Hospital

SGH

Ward

MEDA

Address 10 MELVILLE ST GLASG

Consultant Dr S.Fraser

Consultant -
Received DATE: 22.11.99

Reg. Number 0940779
TIME: 1749

Lab. Number

R,99.0143260,H

Prov. Diagnosis ^{OA}

Prov. Diagnosis

OA

Lab. Number

Withdrawal		Sod. 135 - 145	Pot. 3.5 - 5.0	Chlor. 101 - 111	Tot.CO ₂ 23 - 30	Urea 2.5 - 7.5	Creat. 40 - 130 μmol/l	H + 36 - 43 nmol/l	Pco ₂ 4.8 - 6.0	PO ₂ 10.5 - 13.5	Bicarb. 23 - 30 mmol/l	Glucose 3.3 - 5.6 mmol/l Fasting	Pl.Osm. 275 - 295	Urine Osmol.	Bili (Paed.) μmol/l
Date	Time	mmol/l							kPa				mmol/kg		
22.11.99	16:00	139	4.0	105	23	7.0	70								

Withdrawal		Calc. 2.12 - 2.62	Phos. 0.70 - 1.40	T. Prot. 62 - 82	Alb. 35 - 50	Glob. 20 - 35	Bili. 5 - 20 (μmol/l)	Alk. Phos. 70 - 350	AsT. <40	AIT <40	LDH 240 - 525	CK <170	GGT M <50 F <35
Date	Time	mmol/l		g/l				IU/l					
22.11.99	16:00	2.46	1.15	77	48	29	4	235	29	38			

COMMENT

Reference ranges may vary with age and sex. Quoted ranges are for guidance only. Issued: 23.11.99 3:17 PM

Page No: 1 FIRST COPY: FILE TEMPORARILY

Page No: 1

↑↑ REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE ↑↑ 2 ←

RUN 42
SGH 365

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL
NHS TRUST - GLASGOW

A

Name HONEYMAN CATHERINE Sex F D.O.B. 01.02.49 Hospital SGH Ward MEDA

Address 10 MELVILLE ST GLASG Consultant Dr D.A.Pitkeathly Reg. Number 0940779

Prov. Diagnosis POLYARTHRALGIA Received DATE: 08.06.95 TIME: 1540 Lab. Number R,95.0052604.L

Withdrawal		Sod. 135 - 145	Pot. 3.5 - 5.0	Chlor. 101 - 111	Tot.CO ₂ 23 - 30	Urea 2.5 - 7.5	Creat. 40 - 130 μmol/l	H + 36 - 43 nmol/l	Pco ₂ 4.6 - 6.0	Po ₂ 10.5 - 13.5	Bicarb. 23 - 30 mmol/l	Glucose 3.3 - 5.6 mmol/l Fasting	Pl.Osm. 275 - 295	Urine Osmol.	Bili (Paed.) μmol/l
Date	Time	mmol/l							kPa				mmol/kg		
08.06.95	15:00	138	NA	106	20	4.9	80								

Withdrawal		Calc. 2.12 - 2.62	Phos. 0.70 - 1.40	T. Prot. 62 - 82	Alb. 35 - 50	Glob. 20 - 35	Bili. 5 - 20 (μmol/l)	Alk. Phos. 70 - 350	AsT. <40	AIT <40	LDH 240 - 525	CK <170	GGT M <50 F <35
Date	Time	mmol/l		g/l							IU/l		
08.06.95	15:00	2.34	0.81	72	45	27	9	169	24	23			

COMMENT (NA) Specimen haemolysed, result invalid

QC

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↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE ↑↑ 5 ←

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B AND PEEL OFF STRIP FROM THIS S

BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681

**C**

Name **HONEYMAN CATHERINE** CHI Number **0102496145** Location **Ward 20 SGH**

Unit No. **SG00940779** Lab Number **R,11.1386979.P** Consultant **Dr.Scott.Davidson**

D.O.B. **01.02.49** Sex **F** Received **19.11.11 at 10:52** Prov. Diagnosis

TROPONIN I

Ref Range		(<0.04)					
Units		ug/L					
Date	Time	Tnl					
12.02.08	08:00	<0.04					
18.11.11	23:46	<0.04					
19.11.11	09:30	<0.04					

Time of sample collection estimated
Troponin negative. No evidence of recent myocyte necrosis
assuming sample taken at least 12h after onset of symptoms
Troponin Ref Range: Less than 0.04 ug/L



Accredited Medical Laboratory
Reference No: 2923

Report authorised by Computer validation

Run No: 999

Issued 20.11.11 at 09:34

Specimen type: Blood

PUN 2811

CHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

HONEYMAN CATHERINE

Sex F

D.O.B. 01.02.49

Hospital SGH

Ward MEDA

10 MELVILLE ST GLASG

Consultant Dr S. Fraser

Reg. Number 0940779

Received DATE: 22.11.99

TIME: 1749

Diagnosis OA

Lab. Number R, 99.0143260.H

THYROID FUNCTION TESTS

Reference Range	Units	55 to 145 nmol/l	0.50 to 4.00 mU/l	10.0 to 18.0 pmol/l	0.9 to 2.5 nmol/l	3.5 to 10.5 pmol/l	
Date	Time	TT4	TSH	FT4	TT3	Free T3	
22.11.99	1600		<u>5.85</u>				

COMMENT

PLEASE NOTE REVISED REFERENCE RANGES (5/2/99)
Borderline TSH.
Possible developing hypothyroidism.
Suggest repeat thyroid function tests in three months.

As follows in E plan

[Signature]

Reference ranges may vary with age and sex. Quoted ranges are for guidance only. Issued: 23.11.99 12:58 PM

JOHN MCCORMICK & CO LTD. 18/0141-429 4222 RO/194/798

RUN 6073

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

Name HONEYMAN CATHERINE Sex F D.O.B. 01.02.49 Hospital SGH Ward MEDA
Address 10 MELVILLE ST. GLASG Consultant Dr D.A.Pitkeathly Reg. Number 0940779
Received DATE: 11.01.96 TIME: 1622
Prov. Diagnosis ? ACROMEGALY Lab. Number R,96.0003699.F

HUMAN GROWTH HORMONE

Reference	0.0					
Range	to					
Units	10.0 mU/l					
Date	Time	GH				
11.01.96	1500	1.4				

COMMENT

88

REMOVE PROTECTIVE STRIP FROM HERE → 9

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HIS LINE

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME HONEYMAN	FORENAMES CATHERINE	SEX F	D.O.B. 01.02.49	HOSP. No. 0940779
DOCTOR S.M. FRASER.		WARD, HOSPITAL OR G.P. ADDRESS Secretary Medical Unit A.		

REPORT
ERYTH SED RATE

ESR 8 mm fall in first hour.



DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
23-NOV-99	X10 ⁹ /L						Marie Esenkan		
DATE OF SAMPLE	LAB. No.	W.B.C. X10 ⁹ /L	PLAT. X10 ⁹ /L	R.B.C. X10 ¹² /L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10 ⁹ /L
22-Nov-99	149501	ERYTH SED RATE							

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME
HONEYMAN
DOCTOR
S. M. FRASER
REPORT

FORENAMES
CATHERINE
WARD, HOSPITAL OR G.P. ADDRESS
Secretary Medical Unit A.

SEX
F

D.O.B.
01.02.49

HOSP. No.
0940779

TO THE RIGHT

87

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
23-NOV-99	X10 ⁹ /L	2.8	1.52	0.36	0.03	0.04	Marie Esenkan		
DATE OF SAMPLE	LAB. No.	W.B.C. X10 ⁹ /L	PLAT. X10 ⁹ /L	R.B.C. X10 ¹² /L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10 ⁹ /L
22-Nov-99	149501	4.8	216	4.67	137	0.409	88	29.4	

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

OTHER TO THE RIGHT

SURNAME HONEYMAN	FORENAMES CATHERINE	SEX F	D.O.B. 01.02.49.	HOSP. No. 0940779
DOCTOR D. A. PITKEATHLY		WARD, HOSPITAL OR G.P. ADDRESS Secretary Medical Unit A.		
REPORT FBC REPORT				

No diagnosis/clinical details supplied with this request.

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
12-JAN-96	X10 ⁹ /L	2.6	1.33	0.40	0.08	0.03	Ross Gilbert.		
DATE OF SAMPLE	LAB. No.	W.B.C. X10 ⁹ /L	PLAT. X10 ⁹ /L	R.B.C. X10 ¹² /L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10 ⁹ /L
11-Jan-96	3553	4.5	291	4.34	132	0.384	89	30.4	

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME HONEYMAN	FORENAMES CATHERINE	SEX F	D.O.B. 01.02.95	HOSP. No. ZH95105588
DOCTOR D.A. PITKEATHLY	WARD, HOSPITAL OR G.P. ADDRESS Secretary Medical Unit A.			

REPORT
FBC REPORT

No Unit Number supplied. Computer number allocated.

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
8-JUN-95	X10 ⁹ /L	2.5	1.36	0.45	0.10	0.05	Marie Esenkan		
DATE OF SAMPLE	LAB. No.	W.B.C. X10 ⁹ /L	PLAT. X10 ⁹ /L	R.B.C. X10 ¹² /L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10 ⁹ /L
8-Jun-95	50664	4.4	257	4.80	143	0.426	89	29.8	

ALL REPORTS ARE NO FURTHER TO THE RIGHT

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME HONEYMAN	FORENAMES CATHERINE	SEX F	D.O.B. 01.02.49	HOSP. No. 0940779
DOCTOR D.A.PITKEATHLY	WARD, HOSPITAL OR G.P. ADDRESS Secretary Medical Unit A.			

REPORT

FBC REPORT

There is a lymphopenia which is an acute phase reaction.

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
7-OCT-94	X10 ⁹ /L	4.0	0.96	0.56	0.21	0.04	Dr James Whitelaw		
DATE OF SAMPLE	LAB. No.	W.B.C. X10 ⁹ /L	PLAT. X10 ⁹ /L	R.B.C. X10 ¹² /L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10 ⁹ /L
5-Oct-94	80746	5.8	232	4.29	129	0.377	88	30.0	

NURSING PROFILE

Name: CATHERINE HONEYMAN

Unit No: SG00940779

Acct No: IP0060677/11

Address: 10 MELVILLE STREET

Consultant: DAVIDSON, SCOTT

Ward: S20

GLASGOW

DOB: 01/02/49 Age: 62

Date: 19/11/11

G41 2LN

CHI: 0102496145

Time: 0137

Tel: 0414221580

Rel:

Marital Status: MAR

Next of Kin: HONEYMAN, RAYMOND

GP: MARSHALL, GRAEME G

Address: 10 MELVILLE STREET

Practice Address: GORBALS HEALTH CENTRE

GLASGOW

GLASGOW

Tel: 0414221580

Tel: 0141 531 8250

Relationship: HUS

Other Contact:

Tel:

Relationship:

REASON FOR ADMISSION:- SOB / CHEST TIGHT

SHORT SUMMARY:- 3/7 Hx OF INCREASED SOB AND CENTRAL CHEST TIGHTNESS, LIGHTEADED + DIZZY
COUGH - NON PRODUCTIVE, NO FEVER. CHEST HEAVINESS WORSE @ 2100HRS ATTENDED A+E NOT RELIEVED BY GTN SPRAY. NOT SIMILAR TO ANGINA. NOT WORSENER BY INSPIRATION. USES GTN 2-3 TIMES PER WEEK. PAST 2-3 DAYS 2-3 TIMES PER DAY USING GTN SPRAY. SOME R LEG CRAMPS ALSO IN PAST 1-2 DAYS. DENIES ANY RECENT TRAVEL.

PAST MEDICAL HISTORY

MEDICATIONS ON ADMISSION

- RECENT POST MENOPAUSAL BLEEDING
- IHD
- GORD
- BILATERAL TKR
- Angina

- 1) GTN
- 2) BFZ
- 3) ATENOLOL
- 4) SIMVASTATIN
- 5) OMPERAZOLE
- TRAMADOL
- ASPRIN
- CETIRIZINE
- FLUCLOXETINE

***** Allergies *****
*
* NKDA
*
*

N U R S I N G P R O F I L E

Name: CATHERINE HONEYMAN

Unit No: SG00940779

Acct No: IP0060677/11

GENERAL ASSESSMENT

> WELL KEMPT LADY
ALERT AND ORIENTATED ON ARRIVAL
MAINTAINING OWN AIRWAY
VITAL SIGNS STABLE
IV ACCESS
COMPLAINING OF CHEST TIGHTNESS GIVEN GTN SPRAY ON ARRIVAL
24% O2 THERAPY INSITU

SOCIAL/HOME BACKGROUND

> LIVES WITH HUSBAND AND DAUGHTER
NON SMOKER
SOCIAL ALCOHOL
INDEPENDANT

RELATIVES AWARE OF ADM Y/N?:- Y Comment: HUSBAND

ACTIVITIES OF DAILY LIVING

MAINTAINING SAFE ENVIRONMENT: Orientated to Area on ADM
Maintain Own Safety

COMMUNICATING: Communicates Freely

BREATHING: Can Maintain Airway
Satis Colour/Perfusion

EATING/DRINKING: Good Appetite
Normal Diet

ELIMINATING: Normal Bowel Function

CLEANSING/DRESSING: No Assistance

TEMPERATURE: Apyrexial

MOBILISING: Independent

WORKING/PLAYING: Active Socially
Employed

SLEEPING: Good Sleep Pattern

N U R S I N G P R O F I L E

Name: CATHERINE HONEYMAN

Unit No: SG00940779

Acot No: IP0060677/11

Good Sleep Pattern

DYING: Not Appropriate Discuss

SKIN CONDITION: SKIN INTACT

Does patient smoke? N

Does patient want to stop smoking NOW?

Has patient been referred to 'Stop Smoking Service'?

BP:140/91 mmHG Pulse: 83 /min Resp: 18 /min SpO2: 100% Temp: 36.3 C
Weight: Kg Height: ft. in / Metric: cm BM: BMI:
Waterlow Score: Urinalysis:

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Completed By (Sign): _____

Completed by: ANGELA MCNEE

on/at 19/11/11 0139

Report Number: 1911-0004



SG00940779
HONEYMAN, CATHERINE
CHI: 0102496145

CLINICAL NOTES - NURSING

Date & Time		Signature, Print Name & Designation
19/11/11 0140	patient Admitted from A&E as per front profile. Alert & orientated on arrival vital Signs stable as per JENB complaining of chest tightness on arrival given 2 puff GTN with good effect, also given lung tramadol as per cardex inw/ ? P.E ? Unstable Angina ?? Viral infection plan IV access + Bloods Try GTN + Simple Analgesia O₂ 12 hr trap 0900hrs NB Blood Glucose 9.5 ↳ fast Blood Glucose Hold off LMWH until D-dimer back. IF	
0700	18,000 units Dalteparin given as	Atkinson C

Date & Time		Signature, Print Name & Designation
	Requested By Medics, D-Dimer 476	
	Requires new IV access - C Pettigrew	
W/R	Seen by Dr Davidson	
	- Stop statin	
	- CIPA	
	- Dalteparin	
	- Ward	Glen H. Hobbs ⁵ / Eileen Zidd
	Repeat ECG / Inl	Glen H. Hobbs ⁵ / E Zidd
11 ³⁵	Patient appears to have had a settled morning. Independent with personal care; mobile independently. Observations stable and charted. Tolerating oral diet and fluids. All medications given as per Kardex.	Glen H. Hobbs ⁵ / E Zidd
13 ³⁰	Attendee for CIPA this afternoon.	Glen H. Hobbs ⁵ / E Zidd
W/R	Seen by Dr Davidson	
	- Monitor CRP + LFT's in AM	Glen H. Hobbs ⁵ / E Zidd
18 ⁴⁵	Patient appears to have had a settled afternoon. CIPA - not able to exclude PE. No complaints of any pain this afternoon.	Glen H. Hobbs ⁵ / E Zidd
22 ³⁰	Patient remains settled. Independent around ward area. vital signs stable	

CLINICAL NOTES - NURSING

GLASGOW

01/02/1949

G41 2LN

CHI 0102496145

Date & Time		Signature, Print Name & Designation
	prior to Settling no new issues raised	Almesne (S)
20/11/11 0500	patient did not sleep at all due to noise level in ward otherwise settled mobilising freely around ward area had anxiety attack earlier in evening due to patient on ward but no	
	Settled had cup of tea this am	Almesne (S)
0650	vital signs remain stable	Almesne (S)
W/R	Seen by Dr Davidson	
	- For CIPA - repeat	
	Repeat LF1's	Glen Hlob / E Z100
11 ²⁵	patient appears to have had a settled morning independent with ADL's. Observations stable and charted. Tolerating oral diet and fluids. All medications given as per kardex.	Glen Hlob / E Z100
W/R	Seen by Dr Davidson	
	- CIPA -ve no PE / DVT	
	O/P appointment at Dr Davidson's clinic 6-8 weeks	Glen Hlob / E Z100

[illegible]

Nutrition Profile

Name:	SG00940779		Date of admission:	19/11/11
Address:	HONEYMAN, CATHERINE 10 MELVILLE STREET		Time:	01/02/1949
DoB:	GLASGOW	CHI num:	G41 2LN	CHI 0102496145
Affix patient data label			Ward:	20

To be recorded within 24 hours of admission*

Height: 5'4" ☒ Actual ☐ Patient/carer reported ☐ Alternative measurement ☐

Weight: 15.8 ☒ kg/stones ☐ Actual ☐ Patient/carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☒

If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months

Is there evidence of recent weight loss?
No ☒ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Eating and drinking likes and dislikes (including appetite and/or NBM status):

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☒
Please state:

Are there any contributing factors that may affect food intake such as physical (e.g. swallowing difficulties), physiological (e.g. nausea), psychological (e.g. dementia), social or environmental? Yes ☐ No ☒
Please specify all factors:

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☒
Please state:

Profile completed by: Name (PRINT): KIRSTY D LANE Signature: *[Signature]* Date: 19/11/11

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Step 1 - BMI Score

Height (feet and inches)

Weight (kg)	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"	6'7"	6'8"	6'9"	6'10"	6'11"	7'0"	7'1"	7'2"	7'3"	7'4"	7'5"	7'6"	7'7"	7'8"	7'9"	7'10"	7'11"	8'0"	8'1"	8'2"	8'3"	8'4"	8'5"	8'6"	8'7"	8'8"	8'9"	8'10"	8'11"	9'0"	9'1"	9'2"	9'3"	9'4"	9'5"	9'6"	9'7"	9'8"	9'9"	9'10"	9'11"	10'0"	10'1"	10'2"	10'3"	10'4"	10'5"	10'6"	10'7"	10'8"	10'9"	10'10"	10'11"	11'0"	11'1"	11'2"	11'3"	11'4"	11'5"	11'6"	11'7"	11'8"	11'9"	11'10"	11'11"	12'0"	12'1"	12'2"	12'3"	12'4"	12'5"	12'6"	12'7"	12'8"	12'9"	12'10"	12'11"	13'0"	13'1"	13'2"	13'3"	13'4"	13'5"	13'6"	13'7"	13'8"	13'9"	13'10"	13'11"	14'0"	14'1"	14'2"	14'3"	14'4"	14'5"	14'6"	14'7"	14'8"	14'9"	14'10"	14'11"	15'0"	15'1"	15'2"	15'3"	15'4"	15'5"	15'6"	15'7"	15'8"	15'9"	15'10"	15'11"	16'0"	16'1"	16'2"	16'3"	16'4"	16'5"	16'6"	16'7"	16'8"	16'9"	16'10"	16'11"	17'0"	17'1"	17'2"	17'3"	17'4"	17'5"	17'6"	17'7"	17'8"	17'9"	17'10"	17'11"	18'0"	18'1"	18'2"	18'3"	18'4"	18'5"	18'6"	18'7"	18'8"	18'9"	18'10"	18'11"	19'0"	19'1"	19'2"	19'3"	19'4"	19'5"	19'6"	19'7"	19'8"	19'9"	19'10"	19'11"	20'0"	20'1"	20'2"	20'3"	20'4"	20'5"	20'6"	20'7"	20'8"	20'9"	20'10"	20'11"	21'0"	21'1"	21'2"	21'3"	21'4"	21'5"	21'6"	21'7"	21'8"	21'9"	21'10"	21'11"	22'0"	22'1"	22'2"	22'3"	22'4"	22'5"	22'6"	22'7"	22'8"	22'9"	22'10"	22'11"	23'0"	23'1"	23'2"	23'3"	23'4"	23'5"	23'6"	23'7"	23'8"	23'9"	23'10"	23'11"	24'0"	24'1"	24'2"	24'3"	24'4"	24'5"	24'6"	24'7"	24'8"	24'9"	24'10"	24'11"	25'0"	25'1"	25'2"	25'3"	25'4"	25'5"	25'6"	25'7"	25'8"	25'9"	25'10"	25'11"	26'0"	26'1"	26'2"	26'3"	26'4"	26'5"	26'6"	26'7"	26'8"	26'9"	26'10"	26'11"	27'0"	27'1"	27'2"	27'3"	27'4"	27'5"	27'6"	27'7"	27'8"	27'9"	27'10"	27'11"	28'0"	28'1"	28'2"	28'3"	28'4"	28'5"	28'6"	28'7"	28'8"	28'9"	28'10"	28'11"	29'0"	29'1"	29'2"	29'3"	29'4"	29'5"	29'6"	29'7"	29'8"	29'9"	29'10"	29'11"	30'0"	30'1"	30'2"	30'3"	30'4"	30'5"	30'6"	30'7"	30'8"	30'9"	30'10"	30'11"	31'0"	31'1"	31'2"	31'3"	31'4"	31'5"	31'6"	31'7"	31'8"	31'9"	31'10"	31'11"	32'0"	32'1"	32'2"	32'3"	32'4"	32'5"	32'6"	32'7"	32'8"	32'9"	32'10"	32'11"	33'0"	33'1"	33'2"	33'3"	33'4"	33'5"	33'6"	33'7"	33'8"	33'9"	33'10"	33'11"	34'0"	34'1"	34'2"	34'3"	34'4"	34'5"	34'6"	34'7"	34'8"	34'9"	34'10"	34'11"	35'0"	35'1"	35'2"	35'3"	35'4"	35'5"	35'6"	35'7"	35'8"	35'9"	35'10"	35'11"	36'0"	36'1"	36'2"	36'3"	36'4"	36'5"	36'6"	36'7"	36'8"	36'9"	36'10"	36'11"	37'0"	37'1"	37'2"	37'3"	37'4"	37'5"	37'6"	37'7"	37'8"	37'9"	37'10"	37'11"	38'0"	38'1"	38'2"	38'3"	38'4"	38'5"	38'6"	38'7"	38'8"	38'9"	38'10"	38'11"	39'0"	39'1"	39'2"	39'3"	39'4"	39'5"	39'6"	39'7"	39'8"	39'9"	39'10"	39'11"	40'0"	40'1"	40'2"	40'3"	40'4"	40'5"	40'6"	40'7"	40'8"	40'9"	40'10"	40'11"	41'0"	41'1"	41'2"	41'3"	41'4"	41'5"	41'6"	41'7"	41'8"	41'9"	41'10"	41'11"	42'0"	42'1"	42'2"	42'3"	42'4"	42'5"	42'6"	42'7"	42'8"	42'9"	42'10"	42'11"	43'0"	43'1"	43'2"	43'3"	43'4"	43'5"	43'6"	43'7"	43'8"	43'9"	43'10"	43'11"	44'0"	44'1"	44'2"	44'3"	44'4"	44'5"	44'6"	44'7"	44'8"	44'9"	44'10"	44'11"	45'0"	45'1"	45'2"	45'3"	45'4"	45'5"	45'6"	45'7"	45'8"	45'9"	45'10"	45'11"	46'0"	46'1"	46'2"	46'3"	46'4"	46'5"	46'6"	46'7"	46'8"	46'9"	46'10"	46'11"	47'0"	47'1"	47'2"	47'3"	47'4"	47'5"	47'6"	47'7"	47'8"	47'9"	47'10"	47'11"	48'0"	48'1"	48'2"	48'3"	48'4"	48'5"	48'6"	48'7"	48'8"	48'9"	48'10"	48'11"	49'0"	49'1"	49'2"	49'3"	49'4"	49'5"	49'6"	49'7"	49'8"	49'9"	49'10"	49'11"	50'0"	50'1"	50'2"	50'3"	50'4"	50'5"	50'6"	50'7"	50'8"	50'9"	50'10"	50'11"	51'0"	51'1"	51'2"	51'3"	51'4"	51'5"	51'6"	51'7"	51'8"	51'9"	51'10"	51'11"	52'0"	52'1"	52'2"	52'3"	52'4"	52'5"	52'6"	52'7"	52'8"	52'9"	52'10"	52'11"	53'0"	53'1"	53'2"	53'3"	53'4"	53'5"	53'6"	53'7"	53'8"	53'9"	53'10"	53'11"	54'0"	54'1"	54'2"	54'3"	54'4"	54'5"	54'6"	54'7"	54'8"	54'9"	54'10"	54'11"	55'0"	55'1"	55'2"	55'3"	55'4"	55'5"	55'6"	55'7"	55'8"	55'9"	55'10"	55'11"	56'0"	56'1"	56'2"	56'3"	56'4"	56'5"	56'6"	56'7"	56'8"	56'9"	56'10"	56'11"	57'0"	57'1"	57'2"	57'3"	57'4"	57'5"	57'6"	57'7"	57'8"	57'9"	57'10"	57'11"	58'0"	58'1"	58'2"	58'3"	58'4"	58'5"	58'6"	58'7"	58'8"	58'9"	58'10"	58'11"	59'0"	59'1"	59'2"	59'3"	59'4"	59'5"	59'6"	59'7"	59'8"	59'9"	59'10"	59'11"	60'0"	60'1"	60'2"	60'3"	60'4"	60'5"	60'6"	60'7"	60'8"	60'9"	60'10"	60'11"	61'0"	61'1"	61'2"	61'3"	61'4"	61'5"	61'6"	61'7"	61'8"	61'9"	61'10"	61'11"	62'0"	62'1"	62'2"	62'3"	62'4"	62'5"	62'6"	62'7"	62'8"	62'9"	62'10"	62'11"	63'0"	63'1"	63'2"	63'3"	63'4"	63'5"	63'6"	63'7"	63'8"	63'9"	63'10"	63'11"	64'0"	64'1"	64'2"	64'3"	64'4"	64'5"	64'6"	64'7"	64'8"	64'9"	64'10"	64'11"	65'0"	65'1"	65'2"	65'3"	65'4"	65'5"	65'6"	65'7"	65'8"	65'9"	65'10"	65'11"	66'0"	66'1"	66'2"	66'3"	66'4"	66'5"	66'6"	66'7"	66'8"	66'9"	66'10"	66'11"	67'0"	67'1"	67'2"	67'3"	67'4"	67'5"	67'6"	67'7"	67'8"	67'9"	67'10"	67'11"	68'0"	68'1"	68'2"	68'3"	68'4"	68'5"	68'6"	68'7"	68'8"	68'9"	68'10"	68'11"	69'0"	69'1"	69'2"	69'3"	69'4"	69'5"	69'6"	69'7"	69'8"	69'9"	69'10"	69'11"	70'0"	70'1"	70'2"	70'3"	70'4"	70'5"	70'6"	70'7"	70'8"	70'9"	70'10"	70'11"	71'0"	71'1"	71'2"	71'3"	71'4"	71'5"	71'6"	71'7"	71'8"	71'9"	71'10"	71'11"	72'0"	72'1"	72'2"	72'3"	72'4"	72'5"	72'6"	72'7"	72'8"	72'9"	72'10"	72'11"	73'0"	73'1"	73'2"	73'3"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Malnutrition Universal Screening Tool ('MUST')									
Date	19/ 6/11								
Initials	Lb								
Height (see page 1)	5ft 4"	Weight	158lb 87lb						
Oedema or ascites present Y/N	N								
BMI	36								

Step 1: BMI Score (refer to chart on page 4)

>20 (>30 = Obese) 0

18.5 - 20 1

<18.5.....2

Step 2: Weight Loss Score

Unplanned weight loss in past 3-6 months:

<5% 0

5-10% ***** 1

>10% 2

Step 3: Acute Disease Effect Score

If patient is acutely ill and there has been or is likely to be no or virtually no food intake for > 5 days.....Score 2

Not applicable Score 0

Step 4: Overall Risk of Malnutrition	Total
High	10
Medium	10
Low	10
Total	30

Step 5: Management Guidelines

Score of Overall Risk of Malnutrition	Action Required
0	LOW RISK - Routine Clinical Care Repeat screening. Hospital AcuteWeekly Hospital RehabilitationMonthly
1	MEDIUM RISK - Observe - Document dietary intake for 3 days on a Food Record Chart. - If no improvement in intake: - Encourage oral intake. - Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. - Repeat screening weekly.
2 or more	HIGH RISK - Treat* - Refer to Dietitian and document food intake for 3 days on a Food Record Chart. - Encourage oral intake. - Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. - Monitor and review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

FOR ALL PATIENTS

FOR ALL PATIENTS

- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake (e.g. nausea, vomiting, constipation, diarrhoea and/or pain).
- Refer to dietitian if any specialist advice is required.
- Complete nursing checklist for swallowing difficulties if appropriate.
- Use a recognised system to identify when equipment or assistance is required at mealtimes (e.g. red mats, coloured napkins).

Referral Services

Dietitian	Date: / /	Outcome:
Speech and Language Therapy	Date: / /	Outcome:
Occupational Therapy	Date: / /	Outcome:
Dental Service	Date: / /	Outcome:

Multidisciplinary Nutrition Care Plan

[illegible]

N.B. Ensure discharge plan includes most recent 'MUST' score and any necessary follow-up requirements.

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

SIGHT DEFICIT means patient cannot see well even when wearing glasses or is registered blind.

HEARING DEFICIT means person has hearing problems even with a hearing aid or has hearing problems and does not wear a hearing aid.

BALANCE DEFICIT means person is unable to stand without the support of another person or a walking frame.

MEDICINES FOR SOME MENTAL ILLNESSES include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camcolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevin), antidepressants, Diazepam, Lorazepam and Amitriptyline.

CARDIOVASCULAR SYSTEM MEDICATION all antihypertensive medication and inotropes including Captopril, atenolol and many others.

WATER TABLETS (DIURETICS) are such as Bendroflumethiazide, Furosemide and Co-amlofruse.

SEDATIVES / ANALGESIA AT NIGHT include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane) Morphine PCA, Fentanyl, Tramadol and Oxycodone.

INABILITY TO CO-OPERATE includes failure to use walking aids or putting themselves in situations with a high risk of falling (usually due to mental impairment).

RESTRICTED MOBILITY means the person requires supervision and/or help to walk (i.e. is not safe to walk alone even with an aid).

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

POOR TRANSFER means the person requires help and is not safe to do the following alone - get in or out of bed, on or off a chair, move from chair to standing.

Acute Services Division

Hospital / Department

Cannard Falls Risk Assessment Pack

SG00940779			
Patient name:	HONEYMAN, CATHERINE		
	10 MELVILLE STREET		
Ward:	GLASGOW	01/02/1949	
CHI number:	G41 2LN	CHI 0102496145	It/Hospital number:

Contents

1. Cannard Falls Risk Assessment Scoring Form
2. Falls Assessment Care Plan
3. Glossary of terms used in risk assessment

Notes: Risk assessment should be completed within 24 hours of admission to each ward.

Assessment Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
2. Second or subsequent fall
3. Significant Injury caused by a fall. (Significant Injury defined as any fracture, significant bruising or laceration to head or body.)

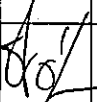
The patient should be referred with any of the above criteria.

General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive impairment unattended on commodes, in toilets, baths and showers.
- Patients with poor mobility, who are known not to ask for assistance, should not be left unattended on commodes, toilets, baths and showers.
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to the ward environment

Cannard Falls Risk Assessment

Must be completed within 24 hours of admission to each ward

CORE/ALL OPTIONS THAT APPLY IN EACH SECTION						Date: 17/11	Date:	Date:	Date:	Date:	Date:	Date:
						Ward: 20	Ward:	Ward:	Ward:	Ward:	Ward:	Ward:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			0						
	Male 1	Female 2				2						
	13-59 0	60-70 1	71-80 2	81+ 1		1						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		2						
Medication type	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		1						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1							
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chair-bound / wheel-chair 1		2						
	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
TOTAL SCORE						9						
ACTION(S) TAKEN						1, 3						
Enter action code(s) from Care Plan below												
SCORE 13+ = HIGH RISK patient unconscious score as N/A until patient status improves.						NURSE SIGNATURE 						

Please see back page for glossary of terms relating to the assessment above.

Falls Assessment Care Plan

Please tick all applicable nursing interventions

NURSING INTERVENTIONS		Date: 17/11	Date:	Date:	Date:	Date:	Date:
		Ward: 20	Ward:	Ward:	Ward:	Ward:	Ward:
1	Falls prevention and general safety precautions discussed with patient and family.	✓					
2	Move to more observable area of ward to optimise supervision.						
3	Advise patient they may experience dizziness when they mobilise initially.	✓					
4	Requires assistance with mobilisation.						
5	Observe trip hazard due to invasive lines, drains and catheters.						
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.						
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.						
8	Monitor lying and standing / sitting BP and pulse.						
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.						
10	Commence continence assessment, follow Local Guidelines.						
11	Refer to Occupational Therapist.						
12	Select suitable seating (refer to policy).						
13	Non slip mat on chair / floor following advice from therapists.						
14	Refer to Physiotherapist.						
15	Review Transfer techniques.						
16	Request medication review.						
17	Bed/chair monitor in use.						
18	Falls map in use for seven days for patient who has second or subsequent falls.						
19	Bed rails/bumpers to be used (refer to policy).						
20	Patient requires low bed / mattress on the floor (refer to policy.)						
21	Patient requires one to one nursing care.						
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).						
23	Other interventions.						

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.



SG00940779
HONEYMAN, CATHERINE
10 MELVILLE STREET

GLASGOW 01*/02/1949
G41 2LN CHI 0102496145

ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

More than one score/category can be used: 10+= 'At Risk': 15+= 'High Risk': 20+= 'Very High Risk'

Complete assessment on admission/1st visit, if there is a change in individuals condition and repeat regularly according to local protocol

[illegible]



H GLASGOW HOSPITALS

G AND HANDLING RISK ASSESSMENT



SG00940779
HONEYMAN, CATHERINE
10 MELVILLE STREET

GLASGOW 01/02/1949
G41 2LN CHI 0102496145

If patient is totally independent, tick here and go to date box ☒

Obese	Tall
Above average	Medium
Average	Short
Below Average	Weight:

RISK OF FALLS

High

Low

Problems with comprehension, behaviour, co-operation (specify)

Handling constraints, e.g. disability, weakness, pain, skin lesions
infusions (specify)

INTO BATH OR SHOWER

HANDLING AID	WHICH BATH
Hoist (Specify)	Parker
Shower chair	Variable height
	Standard
	Any

ASSISTANCE	SUPERVISION	INDEPENDENT
Staff required:		

TRANSFERS (including to/from: bed, wheelchair, commode, toilet)

HOIST	MANUAL SUPPORT
Which hoist?	Staff required:
Sling type?	Specify support given
Sling size?	

ASSISTANCE	SUPERVISION	INDEPENDENT
Additional Information		

TOILETING

HOIST	MANUAL SUPPORT
Which hoist?	Staff required:
Sling type?	Specify support given
Sling size?	

ASSISTANCE	SUPERVISION	INDEPENDENT
Additional Information		

WALKING

NO WALKING	ASSISTANCE
Staff required:	
Walking Aid	

SUPERVISION	INDEPENDENT
Distance walked / additional information	

MOVE UP/DOWN BED

HOIST	MANUAL SUPPORT
Which hoist?	Sliding aid
Sling type?	Rope ladder
Sling size?	Hand blocks
	Monkey poles

ASSISTANCE	SUPERVISION	INDEPENDENT
Additional Information (include details of any therapy beds used)		
Staff required:		

SIT UP OVER SIDE OF BED

Rope ladder	Sliding aid	ASSISTANCE	SUPERVISION	INDEPENDENT
-------------	-------------	------------	-------------	-------------

MOVE ON/OFF BED PAN

Hoist	Roll Patient	Patient bridges	Monkey pole	Not used
-------	--------------	-----------------	-------------	----------

TRANSFER TO/FROM TROLLEY (or bed etc)

Sliding aid (rigid)	Sliding aid (fabric)	Transfer aid (specify)	Staff required (specify)	INDEPENDENT
---------------------	----------------------	------------------------	--------------------------	-------------

Date assessed: 19/11/11 Assessors signature: *Pettigrew*

Date reviewed									
Assessors signature									

THERAPEUTIC HANDLING INSTRUCTIONS

Date	Instruction	Therapist's Name

		DATE	19 20																
		MONTH	U 11																
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N					RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)														
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N																			
SIGNATURE OF ASSESSOR																			
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N																			
Parenteral Drugs : Regular Prescription																			
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐		A		DRUG		DOSE		ROUTE		DATE		DATE		STOPPED INITIALS:		Other time 0700-0900 1200-1400 1600-1800 2200-2400 Other time		Patient Own Medication For Use Y/N City: Date: Assessor: Ordered from Pharmacy	
		DALTEPARIN		18 000		SC		19/11											
				PRESCRIBER (PRINT & SIGN)															
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY															
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐		B		DRUG		DOSE		ROUTE		DATE		DATE		STOPPED INITIALS:		Other time 0700-0900 1200-1400 1600-1800 2200-2400 Other time		Patient Own Medication For Use Y/N City: Date: Assessor: Ordered from Pharmacy	
				PRESCRIBER (PRINT & SIGN)															
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY															
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐		C		DRUG		DOSE		ROUTE		DATE		DATE		STOPPED INITIALS:		Other time 0700-0900 1200-1400 1600-1800 2200-2400 Other time		Patient Own Medication For Use Y/N City: Date: Assessor: Ordered from Pharmacy	
				PRESCRIBER (PRINT & SIGN)															
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY															

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription												DATE												Patient Own Medication For Use Y/N City: Date: Assessor: Ordered from Pharmacy	
												MONTH													
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐		D		DRUG		DOSE		ROUTE		DATE		DATE		STOPPED INITIALS:		Other time 0700-0900 1200-1400 1600-1800 2200-2400 Other time		Patient Own Medication For Use Y/N City: Date: Assessor: Ordered from Pharmacy							
				PRESCRIBER (PRINT & SIGN)																					
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																					
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐		E		DRUG		DOSE		ROUTE		DATE		DATE		STOPPED INITIALS:		Other time 0700-0900 1200-1400 1600-1800 2200-2400 Other time		Patient Own Medication For Use Y/N City: Date: Assessor: Ordered from Pharmacy							
				PRESCRIBER (PRINT & SIGN)																					
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																					
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐		F		DRUG		DOSE		ROUTE		DATE		DATE		STOPPED INITIALS:		Other time 0700-0900 1200-1400 1600-1800 2200-2400 Other time		Patient Own Medication For Use Y/N City: Date: Assessor: Ordered from Pharmacy							
				PRESCRIBER (PRINT & SIGN)																					
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																					
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐		G		DRUG		DOSE		ROUTE		DATE		DATE		STOPPED INITIALS:		Other time 0700-0900 1200-1400 1600-1800 2200-2400 Other time		Patient Own Medication For Use Y/N City: Date: Assessor: Ordered from Pharmacy							
				PRESCRIBER (PRINT & SIGN)																					
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																					

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name <u>Christine NORTON</u> CHI No <u>0102496145</u>		Drug Allergies / Sensitivities None Known ☒ Yes ☐ (provide details below)	
--	--	--	--

Oral and Other Drugs: Regular Prescription				DATE	18	19	20																	
				MONTH	4	11	11																	
BEFORE ADMISSION	☒	H	DRUG	BENROFLUAZIDE			DATE:																	
NEW DOSE	☐	DOSE	2.5mg	ROUTE	oral	DATE	17/11	STOPPED	DATE:															
NEW MEDICATION	☐	PREScriBER (PRINT & SIGN)				INITIALS:																		
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																								
BEFORE ADMISSION	☒	J	DRUG	ADENOCAL			DATE:																	
NEW DOSE	☐	DOSE	25mg	ROUTE	oral	DATE	17/11	STOPPED	DATE:															
NEW MEDICATION	☐	PREScriBER (PRINT & SIGN)				INITIALS:																		
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																								
BEFORE ADMISSION	☒	K	DRUG	SIMVASTATIN			DATE:																	
NEW DOSE	☐	DOSE	40mg	ROUTE	oral	DATE	17/11	STOPPED	DATE:															
NEW MEDICATION	☐	PREScriBER (PRINT & SIGN)				INITIALS:																		
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																								
BEFORE ADMISSION	☒	L	DRUG	OMEPRAZOLE			DATE:																	
NEW DOSE	☐	DOSE	20mg	ROUTE	oral	DATE	17/11	STOPPED	DATE:															
NEW MEDICATION	☐	PREScriBER (PRINT & SIGN)				INITIALS:																		
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																								

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription				DATE	18	19	20																	
				MONTH	11	11	11																	
BEFORE ADMISSION	☒	M	DRUG	METFORMIN			DATE:																	
NEW DOSE	☐	DOSE	1000mg	ROUTE	oral	DATE	17/11	STOPPED	DATE:															
NEW MEDICATION	☐	PREScriBER (PRINT & SIGN)				INITIALS:																		
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																								
BEFORE ADMISSION	☒	N	DRUG	ASPIRIN			DATE:																	
NEW DOSE	☐	DOSE	75mg	ROUTE	oral	DATE	17/11	STOPPED	DATE:															
NEW MEDICATION	☐	PREScriBER (PRINT & SIGN)				INITIALS:																		
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																								
BEFORE ADMISSION	☒	P	DRUG	CETIRIZINE			DATE:																	
NEW DOSE	☐	DOSE	10mg	ROUTE	oral	DATE	17/11	STOPPED	DATE:															
NEW MEDICATION	☐	PREScriBER (PRINT & SIGN)				INITIALS:																		
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																								
BEFORE ADMISSION	☒	R	DRUG	FLUOXETINE			DATE:																	
NEW DOSE	☐	DOSE	20mg	ROUTE	oral	DATE	17/11	STOPPED	DATE:															
NEW MEDICATION	☐	PREScriBER (PRINT & SIGN)				INITIALS:																		
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																								

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name	CHRISTINE HONEYMAN	Drug Allergies / Sensitivities	None Known ☒ Yes ☐ (provide details below)
CHI No	010724961105		

Oral and Other Drugs: Regular Prescription				DATE	10	19	20
				MONTH	4	11	11
BEFORE ADMISSION	☒	H	DRUG	AMINOFLUAZIDE			
DOSE	2.5mg	ROUTE	am	DATE	4/11	STOPPED DATE: 4/11	
NEW DOSE	☐	PRESCRIBER (PRINT & SIGN)		INITIALS: E2 E7			
NEW MEDICATION	☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					
BEFORE ADMISSION	☒	J	DRUG	ATENOLOL			
DOSE	25mg	ROUTE	am	DATE	4/11	STOPPED DATE: 4/11	
NEW DOSE	☐	PRESCRIBER (PRINT & SIGN)		INITIALS: F2 E7			
NEW MEDICATION	☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					
BEFORE ADMISSION	☒	K	DRUG	SIMVASTATIN			
DOSE	40mg	ROUTE	am	DATE	4/11	STOPPED DATE: 4/11	
NEW DOSE	☐	PRESCRIBER (PRINT & SIGN)		INITIALS: A79			
NEW MEDICATION	☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					
BEFORE ADMISSION	☒	L	DRUG	AMEPRAZOLE			
DOSE	20mg	ROUTE	am	DATE	4/11	STOPPED DATE: 4/11	
NEW DOSE	☐	PRESCRIBER (PRINT & SIGN)		INITIALS: E2 E7			
NEW MEDICATION	☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

[illegible]

Name <u>Chasline Noriman</u> CHI No <u>0102496115</u>	Drug Allergies / Sensitivities None Known ☒ Yes ☐ (provide details below)
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Discharge Checklist

SG00940779

HONEYMAN, CATHERINE
10 MELVILLE STREETGLASGOW 01/02/1949
G41 2LN CHI 0102496145

Ward:

Discharge destination:

Estimated Discharge Date (1) / /

Estimated Discharge Date (2) / /

Final date of discharge : / /

Checklist

	Yes	N/A	Initials	Comments
Patient informed	✓			
Relative/carer informed	✓			
Others informed: Care Home		✓		
Transport arranged				
Own transport (preferred option)	✓			
Ambulance-1 man/ 2 man am/pm		✓		
Other: Flight, Air ambulance etc.		✓		
Discharge medication				
Discharge prescription completed		✓		
Compliance aids e.g. Dosette Box (involve pharmacist)		✓		
Medication received		✓		
Medication explained to patient and/or relative/carer		✓		
Own medication returned to patient		✓		
Dressings/continence aids (7 day supply, ensure District Nurse referral completed)		✓		
Informed of discharge				
Social work/ Other agencies/Home help		✓		
Physiotherapist		✓		
Occupational Therapist		✓		
Dietician		✓		
Speech and Language Therapist		✓		
Clinical Nurse specialist e.g. Care Home Liaison		✓		
Liaison/ District Nurse/Practice Nurse		✓		
Other discharge items				
Access arrangements (e.g. keys, door entry)		✓		
Patients clothing available for day of discharge	✓			
Valuables e.g. cashier		✓		
Intravenous cannula removed	✓			
Equipment ordered (inc. walking aids) in place for discharge		✓		
Part 2 Discharge letter - Required		✓		
- Completed		✓		
Out patient clinic appointment e.g. Anticoagulation clinic				
Arranged / To follow		✓		
If unknown at time of discharge state reason		✓		
Additional information / leaflets / factsheets				
Time of Discharge: 1849				
Nurse's signature: 186/06				
Designation: SN				
Date: 20/11/11				

Integrated Care Pathway Gynaecological Surgery - Minor Operations

Patient Details



Name:

30275453M
HONEYMAN F
CATHERINE 01/02/1949
0/2 10 Melville Street

Age: 62

Parity: 4⁺0

GLASGOW G41 2LN
CHI-0102496145

Date of Pre-assessment: / /

Presenting Condition:

Date of Admission 22/12/11 (1)

PMB for hysteroscopy

Relevant PMH:

Allergies:

Surgery Performed:

Date of Surgery 22/12/11

Hysteroscopy + endometrial polypectomy

Consultant: DR PRINGLE

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Gynaecology

Greater Glasgow
and Clyde

Hospital Name

Southern General

Patient Details

Name HONEYMAN, CATHERINE
Address 10 Melville Street
GLASGOW
G41 2LN

Correspondance Address

Correspondance Postcode

Telephone 01414221580

Patient Contact Number 422 1580

CHI Number 0102496145

Sex Female

Date of Birth 01/02/1949

GP Details

Name MARSHALL, GRAEME
Address DRS MILLS

Telephone

CRN Number 30275453M, SG00940779,
SG99406473

Consent Yes

Sensitivity Sensitive

Consultant Name DR PRINGLE

Requires Transport No

Religion Jehovah's Witness

Next of Kin / Person to Notify

Next of Kin

Person to Notify

Name RAYMOND

GP-0141 531 8250

Address S/A

Landline A/A

WK=RETIRED

Mobile

Relationship HUSBAND

Assessment Details

Assessor GILLIAN HILL

Grade

5

Date

20/12/2011

Surgery / Procedure Attending For

62 yr old PMB listed for hysteroscopy (PMB)

TH 22/12/11

EDD 23/12/11

para 4 + 0

Short Notice Availability Yes/No Details

Available at short notice?

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	
Previous LA	Yes	
Detention Risk	Yes	UPPER FRONT RIGHT X 1 CAP.
Neck/Jaw Stiffness	No	
Other Risk	No	
Heartburn	Yes	Relieved by meds; Has acid reflux; Occurs: weekly
Sickle Cell Disease	No	Risk factors for sickle cell disease: No
Sleep Apnoea Score	2	

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	No	
Relevant details of surgical history		Other total prosthetic replacement of knee joint (Right) 2nd stage 22-Jun-2011 Revision of total RIGHT knee replacement 1st & 2nd Knee 20-May-2011 Removal of prosthetic RIGHT knee joint 27-Mar-2011 Closed reduction of fracture of tibia and or fibula undisplaced right distal tibia 14-Oct-2010 Knee joint operations 2010 Right Removal of patellar button May-2010 Primary total knee replacement Left 27-Jan-2010 Other total prosthetic replacement of knee joint Right 2005 Total cholecystectomy 1992
Any serious surgical or anaesthetic complication	No	

Cardiovascular	Yes/No	Details/Problems
Hypertension	Yes	On treatment for high blood pressure.
Arrhythmias		
Angina	Yes	Frequency: Monthly; Caused by: Walking more than 100yds, climbing flights of stairs, emotional stress.;
Heart Attack	No	
Murmur	No	
Blackouts	No	
Heart Failure	No	

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Respiratory

Yes/No Details/Problems

Asthma/Bronchitis/COPD/Emphysema No

URTI No

Neurological

Yes/No Details/Problems

Stroke No

Epilepsy No

Neurological Disease No

Physical Disability Yes Reduced normal activity; OSTEOARTHRITIS BILATERAL KNEE REPLACEMENTS WALKS WITH 2 STICKS, HUSBAND ASSISTS WITH DRESSING PRN

Haematological

Yes/No Details/Problems

Bleeding Disorder No

Previous DVT No

Anaemia No

Miscellaneous

Yes/No Details/Problems

Kidney disease No

Liver disease/jaundice No

Diabetes No

Arthritis Yes

CJD Risk No

Any serious illness not already mentioned? Yes SCIATICA STARTED LAST WED BILAT- ATTENDING PRIVATE OSTEOPATH ;

Exercise Tolerance

Yes/No

Yes/No

Yes/No

Climbs stairs without stopping No Climbs stairs with stopping Yes Cannot climb stairs No

Social

Yes/No

Alcohol (units/week) 10

Smoker No

Ex Smoker Yes STOPPED 1973

IV drug abuser No

Methadone Req:

Pregnant No LMP Could Be Pregnant: No

Drug History

List of all drugs (including herbal remedies and complimentary medicine)

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

PATIENT TELEPHONED TO ATTEND POA AND WAS NOT TOLD TO BRING LIST OF MEDS TO POA BELOW LIST FROM PATIENTS MEMORY

Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose) 2 Puffs prn - LAST USED 2 DAYS AGO

=Bendroflumethiazide Tablets 2.5 mg 1 Tab In the morning

=Atenolol Tablets 25 mg 1 Tab In the morning

=Omeprazole Capsules (Gastro-Resistant) 20 mg 1 TAB In the morning

= Tramadol Hydrochloride Capsules 50 mg 4 Caps Twice daily

=Aspirin Dispersible tablets 75 mg 1 Tab In the morning

- Dermol 500 Lotion TO BE USED TWICE A DAY

- Cetirizine Hydrochloride Tablets 10 mg ONE TO BE TAKEN EACH DAY

Dermol 500 Lotion TO BE USED TWICE A DAY

Diprobase Cream apply As directed

Patient takes the following drugs

Asprin; Diuretics;

Taking herbal remedies or complimentary medicine

No

Oral Steroids in past year No

Does patient have any allergies?

Yes

Current Drug Allergies and Adverse Reactions

Category	Central nervous system	Drug	NSAID'S	Reaction(s)	Other - See notes, Nausea
Notes	HEADACHE				

Current Non-Drug Allergies and Sensitivities

Prosthesis/Implants Yes/No

Pacemaker

No

Date of last Check

Date of Insertion

Reason for insertion

Other Reason

Prosthesis/Other

Yes

BILATERAL KNEE REPLACEMENTS, X 2 METAL PLATES RIGHT THIGH & LOWER RIGHT SHIN

Examination

Weight (kg) 99.7 Height (m) 1.61 BMI 38 Temp

Pulse (bpm) 82 Regular Regular BP 117/74

SaO2 (%) 97

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Investigations

The below investigations are required.

20/12/2011

FBC *bloods taken by S140*

Group & Save

U&Es

LFTs

ECG

VTE Risk

Is patient at risk of VTE? ☒ Yes Do they require prophylaxis? ☒ Yes

MRSA Screening

Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours) ☒ Yes

Has the patient ever had a previous positive MRSA result? ☒ No

Has the patient been admitted from a care home/institutional setting or another hospital? ☒ No

Does the patient have a wound/ulcer or invasive device which was present prior to admission? ☒ No

Has patient is to be admitted to any of the following:

Orthopaedics ☒ No Vascular ☒ No Renal ☒ No Critical Care ☒ No

MRSA Lab Test Results

Nose ☒ No Perineum ☒ No Throat ☒ No Other ☒ No Patient refused ☒ No

Other details:

Admission Criteria

Appropriate admission based on nursing assessment ☒ SDA

20/12/11

877 MWH, An

free of assessment for hysterectomy
on 22/12/11

RMMH - Angina
MVA
SA

SMH - Molexystectomy 15 yrs ap
B12 free replacement
Impetigo x3

med - see handover

NKDA

SMH - Jehovah's witness

S/S

MS (SM & O)
chest clear

ECG incomplete
RBBB

9) Bloods in bag

handover

Consent on nursing of procedure

has signed form refusing blood products

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Pre-operative Assessment Summary

Assessor:

GILLIAN HILL

Grade: 5

lives with HUSBAND & DAUGHTER (45YRS)

SEXUALLY ACTIVE (OVER 53 YRS)

Ted's = L-REG

MINOR BUT cleaxnae required AS BMI 38 - ON OMEPRAZOLE

previous GHS = no problems

PMH:

JEHOVAH'S WITNESS

SCIATICA STARTED LAST WED BILAT- ATTENDING PRIVATE OSTEOPATH

AVOIDS STAIRS DUE TO DECREASED MOBILITY NOT SOB CAN CLIMB 10 STAIRS AT HER DAUGHTERS WITH STOPPING

ANGINA, Ischaemic heart disease 2007, PATIENT LAST USED GTN SPRAY 2 DAYS AGO PRIOR TO THAT 1 WEEK AGO

Essential hypertension 2005,

Osteoarthritis 1989 (BILATERAL KNEE REPLACEMENTS) ATTENDS ORTHO OPD 6/12

Admitted: 19 November 2011 Discharged: 20 November 2011

Diagnosis: Viral respiratory tract infection

Deranged liver function test, 3 day history of increasing shortness of breath and central chest tightness. She appeared reasonably well on examination and there was nil of note to find. Normal chest x-ray. CTPA suggested no evidence of a pulmonary thromboembolism. statin was stopped because of her deranged liver function tests and these improved prior to discharge. GP asked to review statin use.

Recommended Admission Pathway

Referral by nurse to:

Nurse to arrange the attendance of:

Nurse to:

Referral by Anaesthetist to:

Type of admission to be decided by:

Type of Admission:

Admission Deferred:

No

Anaesthetic Assessment

Anaesthetist:

Grade:

Integrated Care Pathway
Gynaecological Surgery - Minor Operations

Date 22/12/11 Ward 72

Patient name _____

Hospital number _____

Use addressog _____



30275453M
HONEYMAN
CATHERINE 01/02/1949
0/2 10 Melville Street
GLASGOW G41 2LN
CHI-0102496145

Obtain: G.P. Contact Details

Name:	Dr. G MARSHALL
Surgery:	DRS. MILLS & MARSHALL PRACT GORBALS HEALTH CENTRE 45 PINE PLACE GLASGOW G5 0BQ
Telephone:	

Confirm: Home Circumstances / Social Support

Lives with:	<u>husband</u>
Has transport on discharge:	Yes ☒ No ☐
Support required on discharge:	Yes ☒ No ☒
Requirements needed	

Nursing Admission Checklist

	Yes	No	Comments	Staff Initials	Time
Medical History completed	☒			<u>g</u>	10 ⁰⁰
Allergies checked	☒			<u>g</u>	10 ⁰⁰
Consented	☒			<u>g</u>	10 ⁰⁰
Drug Kardex complete	☒			<u>g</u>	10 ⁰⁰
DVT Prophylaxis prescribed	☒			<u>g</u>	10 ⁰⁰
TEDS required	☒		Calf: _____ Length: _____ Size: _____		
Baseline vital signs obtained & written in SEWS Chart	☒			<u>g</u>	10 ⁰⁰
Urinanalysis	☒			<u>g</u>	10 ⁰⁰
MSU required		☒		<u>g</u>	10 ⁰⁰
Pregnancy test		☒		<u>g</u>	10 ⁰⁰
Cannard completed	☒			<u>g</u>	10 ⁰⁰
MUST completed	☒			<u>g</u>	10 ⁰⁰
Moving and Handling risk	☒			<u>g</u>	10 ⁰⁰
Waterlow Score	☒			<u>g</u>	10 ⁰⁰
Aware of Smoking Policy	☒			<u>g</u>	10 ⁰⁰
Fasted	☒			<u>g</u>	10 ⁰⁰
Theatre Checklist completed	☒			<u>g</u>	10 ⁰⁰
Pre-med given	☒			<u>g</u>	10 ⁰⁰
Anaesthetic Sheet completed	☒			<u>g</u>	10 ⁰⁰

Integrated Care Pathway
Gynaecological Surgery - Minor Operations

Date 22/12/11 Ward 72

Patient name _____

Hospital number _____

Use addressograph



30275453M
HONEYMAN
CATHERINE
01/02/1949
0/2 10 Melville Street
GLASGOW
CHI-0102496145
G41 2LN

Nursing Immediate Post-operative Care

Time returned to ward: 13⁰⁰

Clinical Assessment on return from Theatre

	Yes	No	Comments	Staff Initials	Time
Conscious Level	✓		AWAKE		
Temperature	✓		36.6°C		
Heart Rate	✓		68		
Blood Pressure	✓		104/67		
Respirations	✓		16		
Oxygen Therapy		✓			
SEWS Score	✓		0		
Pain Score: Out of 10		✓			
Wound		✓			
PV Loss	✓		slight		
Vaginal Packing		✓			
Urinary Output		✓	N/A		
Intravenous Fluid Regime	✓		last bag		
Nausea / Vomiting		✓			
Analgesia Prescribed	✓		Paracetamol		
Intra Operative Drugs given					
Other, Please specify:					

Serial Blood Results		Date:	18/11	19/11	20/11					
		Time:								
		Signature:								
Sodium		135 - 145	138	140	142					
Potassium		3.5 - 5.0	4.0	3.4	3.6					
Chloride		96 - 105	100	99	102					
Bicarbonate		24 - 29	22	22	28					
Urea		2.5 - 6.5	9.1	9.5	6.3					
Creatinine		55 - 120	78	95	73					
Glucose		3.5 - 5.5								
Magnesium		0.8 - 1.0								
Phosphate		0.2 - 1.4								
Calcium		2.2 - 2.6								
Estimated GFR										
CRP		<10	>60	52	>60					
			<3	4	5					
Cerebral Enzymes & Liver Function Tests		Normal Values								
Protonin		<0.04	<0.04	<0.04						
CK		<150								
amylase		0 - 100								
total Protein		60 - 80	79	77	71					
albumin		35 - 50	42	43	39					
globulins		20 - 35	37	34	32					
total Bilirubin		0 - 20	12	13	11					
alk Phos		90 - 350	229	222	185					
AST		0 - 40	43	20	18					
ALT		0 - 50	119	108	70					
Coagulation & Clotting Screen		Normal Values								
white cell count		4.0 - 11.0	7.4	6.2	5.2					
(sex dependent)		130 - 180	134	152	124					
WBC		0.370 - 0.470								
Hb		76 - 100		85	87.9					
platelet count		150 - 400	240	229	209					
reticulophils		2.0 - 7.5		3.7	2.9					
thrombocytes		1.5 - 4.0		2.0	1.8					
PT		10 - 13		6.5						
APTT		21 - 33								
D-dimer		0.8 - 5.0								
arterial Blood Gas		Normal Values								
pH		7.35 - 7.45	7.38							
PaO2		8.5 - 10.5	5.2							
PaCO2		35 - 45	27.6							
HCO3-		22 - 28	20							
base deficit		20 - 28	27.1							
lactate		0 - 2	1.2							
anion gap			47.6							

Any other Issues (continued):

Patient Sample Report

Patient

ID: SG00940779
 Last Name: HONEYMAN
 First Name: CATHERINE
 Status: ACCEPTED
 Analyzed: 18 11 2011 23:55 21
 Arterial

GEM® Premier 4000
 SCHIAVE
 RESUS
 06090172

Measured (37.0°C)

pH	7.358	nmol/L
pCO ₂	5.2	kPa
pO ₂	17.6	kPa
Na ⁺	136	mmol/L
K ⁺	3.4	mmol/L
Cl ⁻	99	mmol/L
Glu	9.5	mmol/L
Lac		mmol/L

CO ₂	14.1	g/dL
CO ₂	10.5	%
CO ₂	10.0	%
MethHb		%
HHb		%
SO ₂	96.5	%

Derived

BE(B)	3.0	mmol/L
HCO ₃ ⁻ (C)	22.1	mmol/L

Operator: Entered

Temp: °C

O2 and ventilation

FIO₂: %

Range

SOUTHERN GENERAL HOSPITAL

Radiology Report

Patient Name:	HONEYMAN CATHERINE MS	Report Date:	19-Nov-2011 14:44
Patient ID:	0102496145	Accession No.:	G405H26390180
Patient Birth Date:	01-Feb-1949	Report Status:	F
Referring Physician:	Dr Scott Davidson	Reason For Study:	

[Report Summary]

Clinical History : SOB for a week. Chest tightness. No significant sputum but a cough. No acute DVT. Increased D-dimer 400+, CRP 20. Not on dalteparin as is awaiting treatment for significant PV bleeding ?PE

[CT Angiogram pulmonary]

CT Angiogram pulmonary :

Unfortunately contrast opacification of the pulmonary arterial tree is suboptimal with apparent preferential flow to the upper lobes.

No definite PTE is apparent, though this is not excluded within the lower lobes.

The lungs appear clear with no focal active pathology or features to suggest infarction.

No significant hilar or mediastinal lymphadenopathy.

A locule of gas is noted within the pulmonary trunk, presumed secondary to injection.

The visualised upper abdominal viscera and skeleton appear normal.

Upon discussion with Dr Davidson, I understand the degree of clinical suspicion regarding PTE is low, hence this study has not been repeated. If there is continued clinical concern then a repeat examination with a reduced breath hold could be performed.

Reported by : Dr Bappa Sarkar (SpR)

2nd Report by :

Verified by : Dr Keith Osborne

Produced by Carestream Health PACS

MRSA Screening:**A: Clinical Risk Assessment (CRA)- for patients >23 hours****YES** **NO**

1. Has the patient ever had a previous positive MRSA result? ☐ YES ☒ NO
2. Has the patient been admitted from a care home/institutional setting or another hospital? ☒ YES ☐ NO
3. Does the patient have a wound/ulcer or invasive device which was present prior to admission? ☐ YES ☒ NO

If 'Yes' to any question or if the patient is within (or admitted to) a High Impact Speciality* complete section B ['Not known' = 'No']

*Orthopaedics / Vascular / Renal / Critical Care [please circle]

B: MRSA Lab Test:Nose ☐Perineum ☐

Other (s)

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

Ward:

Patient refused ☐

To order more copies please contact :

MRSA Project Team

Level 11, Western Infirmary

Glasgow, G11 6NT

Tel: 0141 211 2127

E Mail: MRSA.ProjectTeam@ggc.scot.nhs.uk



SG00940779

HONEYMAN, CATHERINE

10 MELVILLE STREET

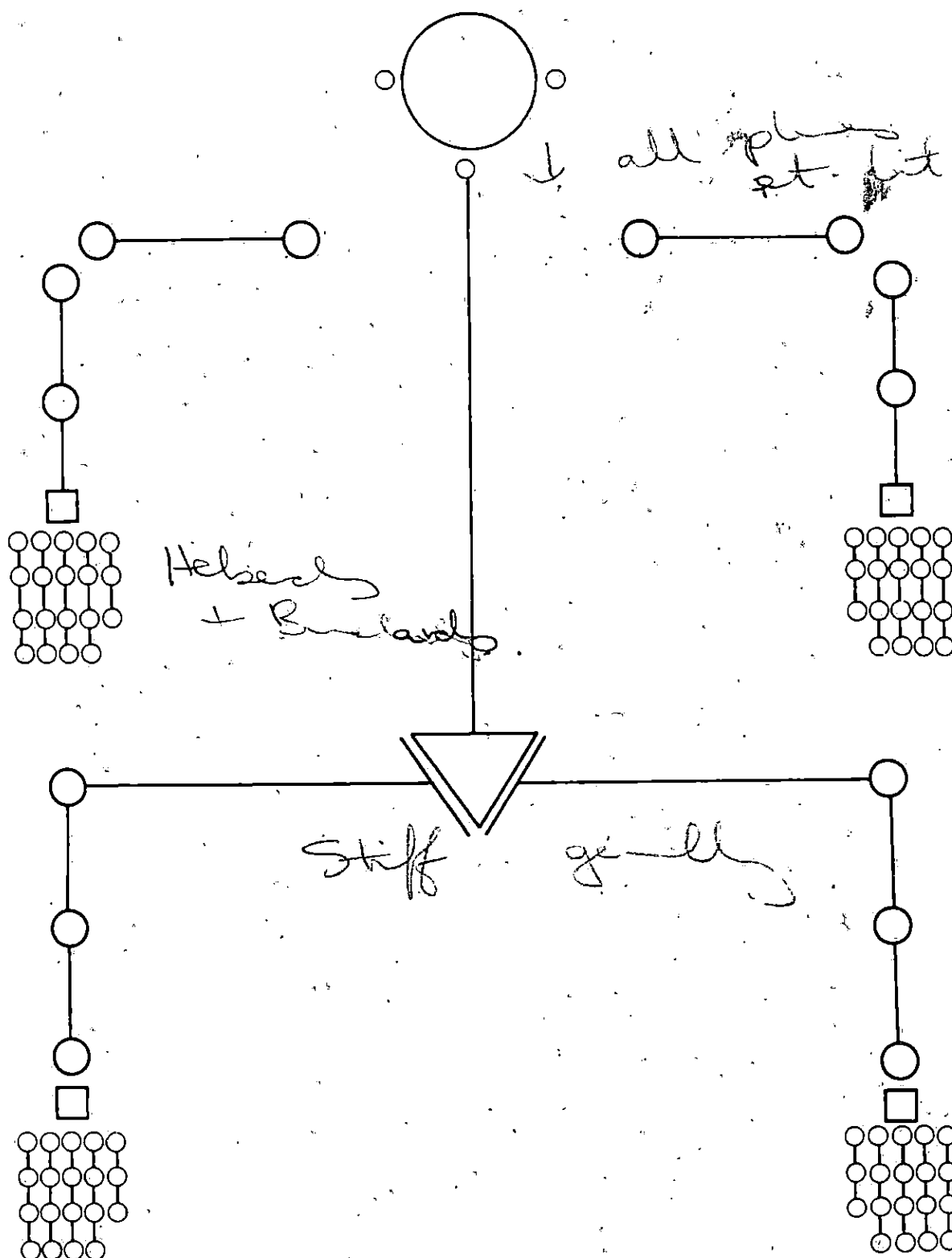
GLASGOW

01/02/1949

G41 2LN

CHI 0102496145

MUSCULO-SKELETAL



RITCHIE INDEX:

S.L.R.:

L.

R.

SPONDYLOMETRY:

CHEST EXPANSION:

EXAMINATION

HEIGHT: 1.62m
WEIGHT 83.8kg
URINALYSIS: WED

GENERAL

Overweight

SKIN: /

NAILS: /

HAIR: /

EYES: /

TOPHI: /

ANAEMIA: /

MOUTH: /

NODULES: /

LYMPHADENOPATHY: /

VASCULITIS: /

C.V.S.

PULSE

70/1

B.P.

180/100

HEART

Normal

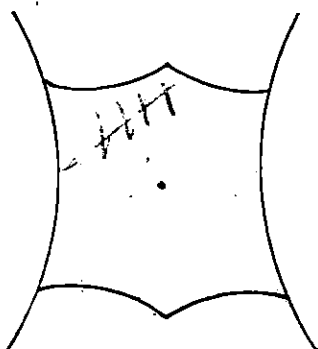
PERIPH.PULSES

All present

R.S.

clear

ABDOMEN



P.R.

C.N.S.

FUNDI:

REFLEXES:

CRANIAL NERVES:

SENSATION:

POWER:

Normal

How to score pain:			
Pain Score:	Action:		
0 NONE	Continue to assess pain with every set of observations (must be at least daily).		
1-3 MILD	Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review.		
4-6 MODERATE	Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review.		
7-10 SEVERE	Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review.		

The SEWS system uses the AVPU scoring system for conscious level. AVPU is an acronym for Alert, Verbal Pain, Unresponsive. The AVPU system relates to the previous sedation scale as follows:

Sedation	Descriptor	AVPU
0	Awake	A
1	Asleep, roused by speech	V
2	Physical stimulation (eg shaking) required to waken	P
3	Not roused by speech or shaking	U

Is now recorded as 0 for no nausea or vomiting, N for nausea and V for vomiting
For persistent nausea and/or vomiting see clinical handbook or acute pain manual.

If Temp>38
If Systolic BP<100
Consider:
If Pulse>130
If O₂ sats <93%
If RR>24
If responds to pain only
or unresponsive
If BM<4

blood cultures ☐ other cultures ☐ Start antibiotic therapy if indicated
Review monitoring (cardiac/oximetry/urine output/invasive BP etc)
IV Access
Review patient/drug kardex. Consider fluid challenge → Definitive Therapy
Hypovolaemia Cardiac Obstructive Distributive
Dehydration Arrhythmia PE Sepsis
Blood loss Pump failure Tamponade Anaphylaxis
Review monitoring
IV Access
Review patient/ECG/electrolytes → Definitive Therapy.
Review probe ? accurate
Review patient → prescribe oxygen on kardex if indicated.
Review patient/CXR +/- gases/PEF etc → Definitive Therapy
Assess airway, BM GCS, consider neuro obs chart, review patient/kardex.
Check urgent blood glucose/IV dextrose or oral carbohydrate.

	Date	Ward	Consultant
Admitted			
Transferred			
Transferred			
Transferred			

This is Chart Number _____ during this admission

All seven parameters must be assessed with each set of observations to obtain an accurate SEWS score. If a patient has abnormal vital signs please pay particular attention to scoring for urine output.

- 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.
- Respiratory rate Write numerical value in appropriate box
- Saturation SpO2 Write numerical value in appropriate box
- Inspired Oxygen If the patient's saturation is recorded on air please write A in appropriate box. If patient is on oxygen therapy, please document the amount in appropriate box.
- Temperature Write numerical value in appropriate box
- Blood pressure Write numerical values for systolic and diastolic pressure in appropriate boxes. Remember only the systolic value is considered for the SEWS Score.
- Heart rate Write numerical value in appropriate box
- Neuro Response Record patient's best response. If the patient is asleep or demonstrates new confusion, award the same score as verbal response.
- Urine Output Check that patient has voided urine recently. If yes write PU in box provided. If no write NPU in box provided.
- Urine Output Check if the patient has passed the equivalent of or more than 30mls/hour for the last three consecutive hours. If yes score 0 in box provided. If no score 3 in box provided and add to total SEWS score.
- SEWS Score Add up scores for all 7 parameters and write in box provided. If the patient merits an aggregate score of 0 please write 0 in the SEWS score box. Action as per guidelines below.

0	1	2	3

SEWS 0-1: Routine observations
SEWS 2-3: Hourly observations and inform nurse in charge
SEWS 4+: Contact PRHO immediately. SHO or more senior doctor must be informed by Junior Doctor. Please record action taken in Nursing Notes

- In the event of a sudden worrying *Change*
- If there is a worsening *Trend*
- If concerned the patient looks *Unwell*

The frequency of SEWS scoring is determined by the previous SEWS Score. If the patient continually scores 0-1, the nurse caring for the patient should determine frequency of observations.

A full set of observations and SEWS score should still be carried out.

if SEWS continually 0-1 frequency of observations:

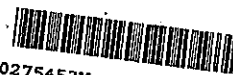
Integrated Care Pathway
Gynaecological Surgery - Minor Operations

Date 22/12/11 Ward 72

Patient name _____

Hospital number _____

Use address _____



30275453M

HONEYMAN

CATHERINE

0/2 10 Melville Street

01/02/1949

GLASGOW

CHI-0102496145

G41 2LN

Nursing Theatre Day Progress					
Time returned to ward: <u>1300</u>					
Clinical Assessment on return from Theatre					
	Yes	No	Comments	Staff Initials	Time
Vital signs - Measure & Record					
SEWS Scoring - Report scores as per local guidelines	✓		Sews 0	JP	1700
Urinary Output					
Must void urine spontaneously within 6 hours post op.	✓		PU spontaneously		
Pain Control					
Oral analgesia prescribed	✓				
Oral analgesia given		✓	declined.		
Oral analgesia effective		✓			
Follow acute pain guidelines		✓			
Nausea and Vomiting					
If yes, treatment		✓			
Wound Check (if applicable)		✓			
Vaginal Bleeding	✓		slight		
Hydration / Nutrition					
Intravenous fluids	✓		discontinued		
Venflon insitu	✓		removed x1		
Tolerating Oral Fluids & Diet	✓				
Mobility					
TEDS	✓				
Clexane		✓			
Independant	✓				
If no; comment					
Personal Hygiene					
Independant shower wash	✓				
Post-op wash given					
Progress					
Well, PU bleeding slight - for home JP					

Integrated Care Pathway
Gynaecological Surgery - Minor Operations

Date / / Ward

Patient name

Hospital number

Use addressograph



30275453M
HONEYMAN
CATHERINE 01/02/1949
0/2 10 Melville Street
GLASGOW G41 2LN
CHI-0102496145

Night Shift Review	Comments	Staff Initials	Time
Vital Signs			
SEWS			
Intravenous Fluids			
tolerating Oral Fluids & Diet			
Urinary Output			
Pain			
Wound / Perineum Check (if applicable)			
Vaginal Packing			
Nausea / Vomiting			
Sleeping Pattern			

Additional Comments

Integrated-Care Pathway
Gynaecological Surgery - Minor Operation

Date / / Ward

Patient name

Hospital number

Use add



30275453M

HONEYMAN

CATHERINE

0/2 10 Melville Street

01/02/1949

GLASGOW

G41 2LN

CHI-0102496145

Nursing Post-op Day					
	Yes	No	Comments	Staff Initials	Time
Vital signs - Measure & Record					
SEWS Scoring - Report scores as per local guidelines					
Urinary Output					
Must void urine spontaneously within 6 hours post op.					
If catheter insitu > 30mls / hour					
Pain Control					
Oral analgesia prescribed					
Oral analgesia given					
Oral analgesia effective					
Follow acute pain guidelines					
Sub-cutaneous Morphine					
Nausea and Vomiting					
If yes, treatment					
Wound Check (if applicable)					
Vaginal Bleeding					
Hydration / Nutrition					
Venflon insitu					
Tolerating Fluids					
Tolerating Diet					
Mobility					
TEDS					
Clexane					
Independant					
If no; comment					
Personal Hygiene					
Independant shower					
Post-op wash given					
Progress / Plan of Care					

Adult Peripheral Venous Cannulation (PVC) Chart

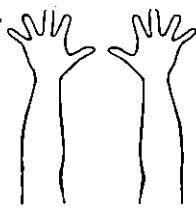
Please use 1 chart per PVC

PVC Insertion Information

Affix patient label

Name: 30275453M
HONEYMAN
Address: CATHERINE 01/02/1949 F
0/2 10 Melville Street
D.O.B:
CHI number: GLASGOW G41 2LN
CHI-0102496145
Hospital: Ward:

Ensure the PVC dressing has date and time of insertion written on it. This implies that appropriate technique has been used for insertion.



Date: _____ (See IV Dressing)

Time: _____

Reason for Insertion: _____

Flushed on insertion ☐ (if known)

Other Site: _____

PVC Maintenance Information

Modified V.I.P (Visual Infusion Phlebitis) Score

IV site appears healthy	0	No Phlebitis	Observe Cannula
ONE of the following is evident: - slight pain or redness near site	1	Possible first signs	Observe Cannula
TWO of the following are evident: - pain - redness - swelling	2	Early stage of phlebitis	Re-site Cannula
ALL of the following are evident: - pain - redness - hardening of the surrounding tissue	3	Phlebitis / Thrombophlebitis Re-site Cannula & Seek Further Advice	
As above including: - palpable venous cord	4		
As above including: - pyrexia	5		

Day 1 (24 hours after insertion)

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? Yes / No ☐
2. VIP Score? ☐
3. PVC Dressing dry & intact? Yes / No
4. Was PVC dressing renewed? Yes / No / NA
5. Was PVC Removed? Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: _____ Initials: _____

Day 2

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? Yes / No ☐
2. VIP Score? ☐
3. PVC Dressing dry & intact? Yes / No
4. Was PVC dressing renewed? Yes / No / NA
5. Was PVC Removed? Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: _____ Initials: _____

After Day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain insitu:

Day 3

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? Yes / No ☐
2. VIP Score? ☐
3. PVC Dressing dry & intact? Yes / No
4. Was PVC dressing renewed? Yes / No / NA
5. Was PVC Removed? Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: _____ Initials: _____

Day 4

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? Yes / No ☐
2. VIP Score? ☐
3. PVC Dressing dry & intact? Yes / No
4. Was PVC dressing renewed? Yes / No / NA
5. Was PVC Removed? Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: _____ Initials: _____

How to score pain:

Guidelines

Acute pain: Score current pain on movement e.g. deep breathing
PERSISTENT SEVERE PAIN (7 OR ABOVE), WHICH DISTRESSES THE PATIENT:
 Use Acute Pain Manual - distributed to all Operating Theatres areas and Surgical wards throughout Division. Also accessible on Intranet (via anaesthetic department homepage)
 If no improvement in pain score contact CNS Pain Management on page 1186/1157 at SGH and page 3404/3101 at VL. On Call anaesthetist page 1658 at SGH and 3004 at VL.

Measuring Sedation

The SEWS system uses the AVPU scoring system for conscious level. AVPU is an acronym for Alert, Verbal Pain, Unresponsive. The AVPU system relates to the previous sedation scale as follows:

Session	Descriptor	AVPU
0	Awake	A
1	Asleep, roused by speech	V
2	Physical stimulation (eg shaking) required to waken	P
3	Not roused by speech or shaking	U

Measuring Nausea

Is now recorded as 0 for no nausea or vomiting, N for nausea and V for vomiting
For persistent nausea and/or vomiting see clinical handbook or acute pain manual.

NB: Review Treatment Plan

If Temp>38	blood cultures ☐	other cultures ☐	Start antibiotic therapy if indicated
If Systolic BP<100	Review monitoring (cardiac/oxygenometry/urine output/invasive BP etc)		
	IV Access		
	Review patient/drug karex. Consider fluid challenge → Definitive Therapy		
Consider:	Hypovolaemia	Cardiac	Obstructive
	Dehydration	Arrhythmia	PE
	Blood loss	Pump failure	Tamponade
			Distributive Sepsis Anaphylaxis
If Pulse>130	Review monitoring		
	IV Access		
	Review patient/ECG/electrolytes → Definitive Therapy		
If O ₂ sat<93%	Review probe ? accurate		
	Review patient → prescribe oxygen on karex if indicated.		
If RR>24	Review patient/CXR +/- gases/PEF etc → Definitive Therapy		

If responds to pain only or unresponsive Assess airway, BM GCS, consider neuro obs chart, review patient/kardex.

Name
Address
30275453H
HOSSEYMAN
CATHERINE 11 01/82/1948 F
0/2 10 Melville Heresid 11
Hospital No.
GLASGOW 041 2LN
CHI-0102496145
DOB

	Date	Ward	Consultant
Admitted	22/12/11	72	Pringle
Transferred			
Transferred			
Transferred			

This is Chart Number 1 during this admission

All seven parameters must be assessed with each set of observations to obtain an accurate SEWS score.
If a patient has abnormal vital signs please pay particular attention to scoring for urine output.

How to calculate SEWS Score

- | How to calculate SEWS Score | |
|---|--|
| • 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. | |
| • Respiratory rate | Write numerical value in appropriate box |
| • Saturation SpO2 | Write numerical value in appropriate box |
| • Inspired Oxygen | If the patient's saturation is recorded on air please write A in appropriate box. If patient is on oxygen therapy, please document the amount in appropriate box. |
| • Temperature | Write numerical value in appropriate box |
| • Blood pressure | Write numerical values for systolic and diastolic pressure in appropriate box. Remember only the systolic value is considered for the SEWS Score. |
| • Heart rate | Write numerical value in appropriate box |
| • Neuro Response | Record patient's best response. If the patient is asleep or demonstrates new confusion, award the same score as verbal response. |
| • Urine Output | Check that patient has voided urine recently. If yes write PU in box provided. If no write NPU in box provided. |
| • Urine Output | Check if the patient has passed the equivalent of or more than 30mls/hour for the last three consecutive hours. If yes score 0 in box provided. If no score 3 in box provided and add to total SEWS score. |
| • SEWS Score | Add up scores for all 7 parameters and write in box provided. If the patient merits an aggregate score of 0 please write 0 in the SEWS score box. Action as per guidelines below. |

SEWS KEY

0	1	2	3
---	---	---	---

SEWS 0-1: Routine observations
SEWS 2-3: Hourly observations and inform nurse in charge
SEWS 4+: Contact PRHO immediately. SHO or more senior doctor must be informed by junior Doctor. Please record action taken in Nursing Notes

FURTHER SEWS SCORE SHOULD BE CHECKED

- In the event of a sudden worrying *Change*
- If there is a worsening *Trend*
- If concerned the patient looks *Unwell*

The frequency of SEWS scoring is determined by the previous SEWS Score. If the patient continually scores 0-1, the nurse caring for the patient should determine frequency of observations.

A full set of observations and SEWS score should still be carried out.

If SEWS continually 0-1 frequency of observations:

[illegible]

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

SIGHT DEFICIT means patient cannot see well even when wearing glasses or is registered blind.

HEARING DEFICIT means person has hearing problems even with a hearing aid or has hearing problems and does not wear a hearing aid.

BALANCE DEFICIT means person is unable to stand without the support of another person or a walking frame.

MEDICINES FOR SOME MENTAL ILLNESSES include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camcolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevrin), antidepressants, Diazepam, Lorazepam and Amitriptyline.

CARDIOVASCULAR SYSTEM MEDICATION all antihypertensive medication and inotropes including Captopril, atenolol and many others.

WATER TABLETS (DIURETICS) are such as Bendroflumethiazide, Furosemide and Co-amlofruse.

SEDATIVES / ANALGESIA AT NIGHT include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane) Morphine PCA, Fentanyl, Tramadol and Oxycodone.

INABILITY TO CO-OPERATE includes failure to use walking aids or putting themselves in situations with a high risk of falling (usually due to mental impairment).

RESTRICTED MOBILITY means the person requires supervision and/or help to walk (i.e. is not safe to walk alone even with an aid).

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

POOR TRANSFER means the person requires help and is not safe to do the following alone - get in or out of bed, on or off a chair, move from chair to standing.

Acute Services Division

Hospital / Department

CER

WB 72

Cannard Falls Risk Assessment Pack

30275453M	
Patient name: HONEYMAN	01/02/1949
Ward: 0/2 10 Malville Street	GLASGOW
CHI number: CH1-0102496145	Unit/Hospital number

Contents

1. Cannard Falls Risk Assessment Scoring Form
2. Falls Assessment Care Plan
3. Glossary of terms used in risk assessment

Notes: Risk assessment should be completed within 24 hours of admission to each ward.

Assessment Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
2. Second or subsequent fall
3. Significant Injury caused by a fall. (Significant Injury defined as any fracture, significant bruising or laceration to head or body.)

The patient should be referred with any of the above criteria.

General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive impairment unattended on commodes, in toilets, baths and showers.
- Patients with poor mobility, who are known not to ask for assistance, should not be left unattended on commodes, toilets, baths and showers.
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to ward environment

Cannard Falls Risk Assessment

(Must be completed within 24 hours of admission to each ward)

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						Date: 22/11/17	Date:	Date:	Date:	Date:	Date:	Date:
						Ward:	Ward:	Ward:	Ward:	Ward:	Ward:	Ward:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			0						
Sex	Male 1	Female 2				2						
Age	13-59 0	60-70 1	71-80 2	81+ 1		1						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		0						
Medication type	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		1						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	0						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chair-bound / wheel-chair 1		2						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
TOTAL SCORE						7						
ACTION(S) TAKEN						1						
Enter action code(s) from Care Plan below:												
SCORE 13+ = HIGH RISK If patient unconscious score as N/A until patient status improves.						NURSE SIGNATURE						

Please see back page for glossary of terms relating to the assessment above.

Falls Assessment Care Plan

Please tick all applicable nursing interventions

NURSING INTERVENTIONS		Date: 22/11/17	Date:	Date:	Date:	Date:	Date:	Date:
		Ward:	Ward:	Ward:	Ward:	Ward:	Ward:	Ward:
Action code:								
1	Falls prevention and general safety precautions discussed with patient and family.	☒						
	Move to more observable area of ward to optimise supervision.							
	Advise patient they may experience dizziness when they mobilise initially.							
4	Requires assistance with mobilisation.							
5	Observe trip hazard due to invasive lines, drains and catheters.							
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.							
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
8	Monitor lying and standing / sitting BP and pulse.							
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.							
10	Commence continence assessment, follow Local Guidelines.							
11	Refer to Occupational Therapist.							
12	Select suitable seating (refer to policy).							
13	Non slip mat on chair / floor following advice from therapists.							
14	Refer to Physiotherapist.							
15	Review Transfer techniques.							
16	Request medication review.							
17	Bed/chair monitor in use.							
18	Falls map in use for seven days for patient who has second or subsequent falls.							
19	Bed rails/bumpers to be used (refer to policy).							
20	Patient requires low bed / mattress on the floor (refer to policy.)							
21	Patient requires one to one nursing care.							
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).							
23	Other interventions.							

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.

Nutrition Profile

Name:	10275453H HONNYMAN CATHERINE 01/02/1949 0/2-10 Melville Street	Date of admission: 22/12/11
Address:	012500W CHT-0102496145	Time:
DoB:	0412-21M	HOSPITAL:
CHI number:		Ward:
Affix patient data label		

To be recorded within 24 hours of admission*	
Height:	1.61 m/ft Actual ☒ Patient/carer reported ☐ Alternative measurement ☐
Weight:	99.7 kg/stones Actual ☒ Patient/carer reported ☐ Alternative measurement ☐
Recent unplanned weight loss: Yes ☐ No ☒	
If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months	
Is there evidence of recent weight loss? No ☒ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐	
Eating and drinking likes and dislikes (including appetite and/or NBM status): No dislikes FOOD ALLERGIES YES/NO	
Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☒ Please state:	
Are there any contributing factors that may affect food intake such as physical (e.g. swallowing difficulties), physiological (e.g. nausea), psychological (e.g. dementia), social or environmental? Yes ☐ No ☒ Please specify all factors:	
Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☒ Please state:	
Profile completed by: Name (PRINT): GLOAN Signature: Date: 22/12/11	
NOTE: This is ADM N DATA - please refer to changes in Care Plan.	

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Step 1 - BMI Score

Height (feet and inches)

Step 2 - Weight Loss Score

Weight (stones and pounds)

Weight (kg)	Height (feet and inches)
100	6'0"
95	5'11"
90	5'10"
85	5'9"
80	5'8"
75	5'7"
70	5'6"
65	5'5"
60	5'4"
55	5'3"
50	5'2"
45	5'1"
40	5'0"
35	4'11"
30	4'10"
25	4'9"
20	4'8"
15	4'7"
10	4'6"
5	4'5"
0	4'4"

Weight (stones and pounds)	Score 1	Score 2	Score 3
14.0	1	1	1
13.5	1	1	1
13.0	1	1	1
12.5	1	1	1
12.0	1	1	1
11.5	1	1	1
11.0	1	1	1
10.5	1	1	1
10.0	1	1	1
9.5	1	1	1
9.0	1	1	1
8.5	1	1	1
8.0	1	1	1
7.5	1	1	1
7.0	1	1	1
6.5	1	1	1
6.0	1	1	1
5.5	1	1	1
5.0	1	1	1
4.5	1	1	1
4.0	1	1	1
3.5	1	1	1
3.0	1	1	1
2.5	1	1	1
2.0	1	1	1
1.5	1	1	1
1.0	1	1	1
0.5	1	1	1
0.0	1	1	1

STORES ORDER CODE 41250

Malnutrition Universal Screening Tool ('MUST')									
Date	22/11								
Initials									
Height (see page 1)	1.61	Weight	99.7						
Oedema or ascites present Y/N									
BMI	38								
'MUST'									
Step 1: BMI Score (refer to chart on page 4)									
>20 (>30 = Obese)	0								
18.5 - 20	1								
<18.5	2								
Step 2: Weight Loss Score									
Unplanned weight loss in past 3-6 months:									
<5%	0								
5-10%	1								
>10%	2								
Step 3: Acute Disease Effect Score									
If patient is acutely ill and there has been or is likely to be no or virtually no food intake for > 5 days.....Score 2									
Not applicable.....Score 0									
Step 4: Overall Risk of Malnutrition									
Total:	0								
Step 5: Management Guidelines									
Score of Overall Risk of Malnutrition	Action Required								
0	LOW RISK - Routine Clinical Care • Repeat screening. Hospital Acute.....Weekly Hospital Rehabilitation.....Monthly								
1	MEDIUM RISK - Observe • Document dietary intake for 3 days on a Food Record Chart. • If no improvement in intake: - Encourage oral Intake. - Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. • Repeat screening weekly.								
2 or more	HIGH RISK - Treat* • Refer to Dietitian and document food intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. • Monitor and review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.								

- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietician if any specialist advice is required.
- Complete nursing checklist for swallowing difficulties if appropriate.
- Use a recognised system to identify when equipment or assistance is required at mealtimes (e.g. red mats, coloured napkins).

Dietitian	Date: / /	Outcome:
Speech and Language Therapy	Date: / /	Outcome:
Occupational Therapy	Date: / /	Outcome:
Dental Service	Date: / /	Outcome:

[illegible]

ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

WF
Sur
Fore
DoB
Loca

30275453M
HONEYMAN
CATHERINE
0/2 10 Melville Street
GLASGOW
CHI-0102496145

F
01/02/1949
G41 2LN

.....
.....
.....
.....

More than one score/category can be used: 10+= 'At Risk': 15+= 'High Risk': 20+= 'Very High Risk'

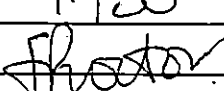
Complete assessment on admission/1st visit, if there is a change in individuals condition and repeat regularly according to local protocol

[illegible]

Ensure plan of care is implemented / reviewed for all identified areas of concern.

Discharge Checklist

Patient's name:		Ward:	72	
Unit number:	30275453M HONEYMAN CATHERINE 01/02/1949 F	Discharge destination:	HOME	
CHI number:	0/2 10 Melville Street GLASGOW G41 2LN CHI-0102496145	Estimated Discharge Date (1)	/ /	
		Estimated Discharge Date (2)	/ /	
		Final date of discharge:	22/12/11	

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓			
Relative/carer informed	✓			
Others informed: Care Home		✓		
Transport arranged				
Own transport (preferred option)	✓			
Ambulance-1 man/ 2 man am/pm		✓		
Other: Flight, Air ambulance etc.		✓		
Discharge medication				
Discharge prescription completed	✓			
Compliance aids e.g. Dossette Box (involve pharmacist)		✓		
Medication received		✓		declined
Medication explained to patient and/or relative/carer		✓		
Own medication returned to patient		✓		
Dressings/continence aids (7 day supply, ensure District Nurse referral completed)		✓		
Informed of discharge				
Social work/ Other agencies/Home help		✓		
Physiotherapist		✓		
Occupational Therapist		✓		
Dietician		✓		
Speech and Language Therapist		✓		
Clinical Nurse specialist e.g. Care Home Liaison		✓		
Liaison/ District Nurse/Practice Nurse		✓		
Other discharge items				
Access arrangements (e.g. keys, door entry)	✓			
Patients clothing available for day of discharge	✓			
Valuables e.g. cashier		✓		
Intravenous cannula removed	✓			
Equipment ordered (inc. walking aids) in place for discharge		✓		
Part 2 Discharge letter - Required		✓		
- Completed		✓		
Out patient clinic appointment e.g. Anticoagulation clinic				
Arranged / To follow	✓			
If unknown at time of discharge state reason		✓		
Additional information / leaflets / factsheets		✓		
Time of Discharge:	1730			
Nurse's signature:			Designation:	SN
			Date:	22/12/11

		DATE											
		MONTH											
RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)													
IS DRUG THROMBOPROPHYLAXIS INDICATED?		Y / N											
ARE ANTIEMETIC STOCKINGS INDICATED?		Y / N											
SIGNATURE OF ASSESSOR													
ARE ANTIEMETIC STOCKINGS ON PATIENT? RECORD DAILY AT 1600 DRUG ROUND WITH Y OR N													
Parenteral Drugs : Regular Prescription													
BEFORE ADMISSION ☐	NEW DOSE ☐	NEW MEDICATION ☐	A DRUG		DOSE		ROUTE	DATE	STOPPED INITIALS	Other time			
			PRESCRIBER (PRINT & SIGN)										
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										
☐	☐	☐	B DRUG		DOSE		ROUTE	DATE	STOPPED INITIALS	Other time			
			PRESCRIBER (PRINT & SIGN)										
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										
☐	☐	☐	C DRUG		DOSE		ROUTE	DATE	STOPPED INITIALS	Other time			
			PRESCRIBER (PRINT & SIGN)										
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

		DATE											
		MONTH											
Parenteral Drugs: Regular Prescription													
BEFORE ADMISSION ☐	NEW DOSE ☐	NEW MEDICATION ☐	D DRUG		DOSE		ROUTE	DATE	STOPPED INITIALS	Other time			
			PRESCRIBER (PRINT & SIGN)										
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										
☐	☐	☐	E DRUG		DOSE		ROUTE	DATE	STOPPED INITIALS	Other time			
			PRESCRIBER (PRINT & SIGN)										
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										
☐	☐	☐	F DRUG		DOSE		ROUTE	DATE	STOPPED INITIALS	Other time			
			PRESCRIBER (PRINT & SIGN)										
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										
☐	☐	☐	G DRUG		DOSE		ROUTE	DATE	STOPPED INITIALS	Other time			
			PRESCRIBER (PRINT & SIGN)										
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name _____ CHI No _____	Drug Allergies / Sensitivities None Known ☐ Yes ☐ (provide details below) _____ _____ _____
----------------------------	--

[illegible]

Oral and Other Drugs: Regular Prescription				DATE	22
				MONTH	12
BEFORE ADMISSION ☐	M	DRUG CETIRIZINE		Other time	
NEW DOSE ☐	DOSE 10mg	ROUTE PO	DATE 22/12/11	0700-0900 ☒	5
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) <i>[Signature]</i>		STOPPED DATE: INITIALS:	1200-1400 1600-1800 2200-2400 Other time	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					
BEFORE ADMISSION ☐	N	DRUG DANOLIN		Other time	
NEW DOSE ☐	DOSE T	ROUTE PO	DATE 22/12/11	0700-0900 ☒	5
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) <i>[Signature]</i>		STOPPED DATE: INITIALS:	1200-1400 1600-1800 2200-2400 Other time	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					
BEFORE ADMISSION ☐	P	DRUG PARACETAMOL		Other time	
NEW DOSE ☐	DOSE 1gm	ROUTE PO	DATE 22/12	0700-0900 ☒	1
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) <i>[Signature]</i>		STOPPED DATE: INITIALS:	1200-1400 1600-1800 2200-2400 Other time	3 3
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					
BEFORE ADMISSION ☐	R	DRUG		Other time	
NEW DOSE ☐	DOSE	ROUTE	DATE	0700-0900	
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		STOPPED DATE: INITIALS:	1200-1400 1600-1800 2200-2400 Other time	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

Drug Allergies / Sensitivities None Known ☒ Yes ☐ (provide details below)

All Routes: As Required Prescriptions

BEFORE ADMISSION ☐	LL	DRUG GOD	DATE:
NEW DOSE ☐	DOSE	ROUTE 8/L	INDICATION Chetper
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) <i>[Signature]</i>		MAX.FREQ. 4
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	
TIME	
DOSE	
GIVEN BY	

BEFORE ADMISSION ☐	MM	DRUG TRAMADOL	DATE:
NEW DOSE ☐	DOSE 100 mg	ROUTE O	INDICATION PAIN
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) <i>[Signature]</i>		MAX.FREQ. 4
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY Maximum Dose 400 mg in 24 hours			

DATE	
TIME	
DOSE	
GIVEN BY	

BEFORE ADMISSION ☐	NN	DRUG ONDANSETRON	DATE:
NEW DOSE ☐	DOSE 4 mg	ROUTE o/iv	INDICATION N/V
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) <i>[Signature]</i>		MAX.FREQ. 8
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	
TIME	
DOSE	
GIVEN BY	

BEFORE ADMISSION ☐	PP	DRUG	DATE:
NEW DOSE ☐	DOSE	ROUTE	INDICATION
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	
TIME	
DOSE	
GIVEN BY	

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

BEFORE ADMISSION ☐	RR	DRUG	DATE:
NEW DOSE ☐	DOSE	ROUTE	INDICATION
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	
TIME	
DOSE	
GIVEN BY	

BEFORE ADMISSION ☐	SS	DRUG	DATE:
NEW DOSE ☐	DOSE	ROUTE	INDICATION
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	
TIME	
DOSE	
GIVEN BY	

BEFORE ADMISSION ☐	TT	DRUG	DATE:
NEW DOSE ☐	DOSE	ROUTE	INDICATION
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	
TIME	
DOSE	
GIVEN BY	

BEFORE ADMISSION ☐	VV	DRUG	DATE:
NEW DOSE ☐	DOSE	ROUTE	INDICATION
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	
TIME	
DOSE	
GIVEN BY	

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name	
CHI No	

Drug Allergies / Sensitivities None Known ☐ Yes ☐ (provide details below)

Glasgow Royal Infirmary
Glasgow G4 0SF
Telephone: 0141 211 4000

219277

[illegible]

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

CHI Number: 0102496145

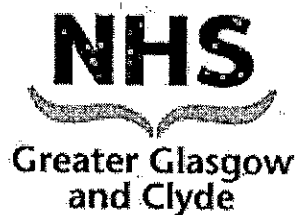
Patient Name: Honeyman, Catherine

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Trauma and Orthopaedic Surgery



Hospital Name	Southern General
---------------	------------------

Patient Details		GP Details	
Name	Honeyman, Catherine	Name	Marshall, Graeme
Address	10 MELVILLE STREET 0/2 Glasgow Lanarkshire G41 2LN	Address	Gorbals Health Centre 45 Pine Place Glasgow
Correspondance Address		Telephone	
Correspondance Postcode		CRN Number	30275453M, SG00940779, SG99406473
Telephone		Consent	Yes
Patient Contact Number	01414221580	Sensitivity	Sensitive
CHI Number	0102496145	Consultant Name	MR MARTIN
Sex	Female	Requires Transport	No
Date of Birth	01/02/1949	Religion	Jehovah's Witness

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	RAYMOND HONEYMAN	
Address	S/A	
Landline	S/A	
Mobile	07887671326	
Relationship	HUSBAND	

Assessment Details			
Assessor	ANNE MCINALLY	Grade	6
Date	04/09/2013		

Surgery / Procedure Attending For
L SHOULDER REPLACEMENT

Short Notice Availability Yes/No Details
Available at short notice?

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	Other - BREATHLESS FOLLOWING A LUMPECTOMY 15 YRS AGO VIG. NO PROBLEMS SINCE.
Previous LA	Yes	
Detention Risk	Yes	FRONT UPPER CAP
Neck/Jaw Stiffness	No	
Other Risk	No	
Heartburn	Yes	Relieved by meds; Has hiatus hernia; Occurs: less often than monthly
Sickle Cell Disease	No	Risk factors for sickle cell disease: No
Sleep Apnoea Score		

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	Yes	
Relevant details of surgical history		INCISION & DRAINAGE OF GROIN ABSCESS 8 YRS OLD CHOLECYSTECTOMY 17 YRS AGO VIG X 3 LUMPECTOMIES- BENIGN VIG POLYPS REMOVED FROM UTERUS VIG. R KNEE REPLACEMENT 7 YRS AGO SGH REVISION R KNEE 3 YRS AGO SGH L KNEE REPLACEMENT 3 YRS AGO HYSTEROSCOPY MAR 2013
Any serious surgical or anaesthetic complication	Yes	

Cardiovascular	Yes/No	Details/Problems
Hypertension	Yes	On treatment for high blood pressure.
Arrhythmias		
Angina	Yes	Frequency: Weekly; Caused by: Climbing one flight of stairs or after having a bath and getting dressed;
Heart Attack		
Murmur	No	
Blackouts	No	
Heart Failure	No	

Respiratory	Yes/No	Details/Problems
Asthma/Bronchitis/COPD/Emphysema	No	
URTI	No	

Neurological	Yes/No	Details/Problems
Stroke	No	
Epilepsy	No	
Neurological Disease	No	

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Physical Disability: Yes

Reduced normal activity; WALKS WITH AID OF 1 STICK.

Haematological Yes/No Details/Problems

Bleeding Disorder No

Previous DVT No

Anaemia No

Miscellaneous Yes/No Details/Problems

Kidney disease No

Liver disease/jaundice No

Diabetes No

Arthritis Yes

CJD Risk No

Any serious illness not already mentioned? Yes DEPRESSION;

Exercise Tolerance Yes/No Yes/No Yes/No

Climbs stairs without stopping No Climbs stairs with stopping Yes Cannot climb stairs No

Social Yes/No

Alcohol (units/week) 20

Smoker No

Ex Smoker Yes STOPPED SMOKING 1973

IV drug abuser Methadone Req:

Pregnant LMP Could Be Pregnant:

Drug History

List of all drugs (including herbal remedies and complimentary medicine)

FLUOXETINE 20MGS DAILY
BENDROFLUMETHIAZIDE 2.5MGS DAILY
ASPIRIN 75MGS DAILY
ATENOLOL 25MGS DAILY
OMEPRazole 20MGS DAILY
TRAMADOL 50MGS X 2 QID
GTN spray PRN

Patient takes the following drugs

Taking herbal remedies or complimentary medicine No

Oral Steroids in past year No

Does patient have any allergies? Yes

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Current Drug Allergies and Adverse Reactions

Category	Central nervous system	Drug	NSAID'S	Reaction(s)	Other - See notes, Nausea
Notes	HEADACHE				

Prosthesis/Implants	Yes/No
Pacemaker	No
Implanting/follow up hospital	
Date of implant	
Reason for implant	
Other reason for implant	
Type of pacemaker/implantable defibrillator	
Device manufacturer	
Model No.	
Serial No.	
Further details	

Examination

Weight (kg)	92.2	Height (m)	1.59	BMI	36	Temp
Pulse (bpm)	79	Regular	Regular	BP	137/76	
SaO2 (%)	96					

Investigations

The below investigations are required.

04/09/2013

FBC

U&Es

LFTs

ECG

Chest X-Ray

MRSA Screen

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

VTE Risk

Is patient at risk of VTE?	No	Do they require prophylaxis?	No
----------------------------	----	------------------------------	----

MRSA Screening

Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)							Yes
Has the patient ever had a previous positive MRSA result?							No
Has the patient been admitted from a care home/institutional setting or another hospital?							No
Does the patient have a wound/ulcer or invasive device which was present prior to admission?							No
Has patient is to be admitted to any of the following:							
Orthopaedics	Yes	Vascular	No	Renal	No	Critical Care	No

MRSA Lab Test Results

Nose	Yes	Perineum	Yes	Throat	Yes	Other	Yes	Patient refused	No
Other details:	AXILLA								

Admission Criteria

Appropriate admission based on nursing assessment IP

AHP USE ONLY: Is OT/Physio assessment required:

An OT/Physio assessment is not required

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Pre-operative Assessment Summary Assessor: ANNE MCINALLY Grade: 6

ATTENDED PRE ASSESSMENT TODAY. FOR ADMISSION TO SGH.

PREVIOUS SURGERY AS LISTED ABOVE.

PATIENT ALSO ON TREATMENT FOR HYPERTENSION & DEPRESSION. HAS ANGINA & PATIENT FEELS SHE HAS USED HER GTN SPRAY MORE FREQUENTLY LATELY.

ALSO HAS CHRONIC BACKPAIN.

SEEN BY FY2 & PHYSIOTHERAPIST TODAY & CONSENTED FOR THEATRE BY MR MARTIN.

DR HAMILTON E MAILED RE HEALTH HISTORY.

PATIENT IS A JEHOVAH'S WITNESS & HAS A DIRECTIVE IN CASE NOTES FOR REFUSAL OF BLOOD PRODUCTS. GROUP & SAVE NOT OBTAINED.

BLOODS, ECG, C X RAY & MRSA SCREEN OBTAINED.

03/09/13.

Patient attended pre assessment again today. Surgery cancelled previously as patient was referred to cardiology for increasing angina pain. Seen by Dr Davie at cardiology & referred for coronary angiography @ Golden jubilee which showed mild diffuse coronary disease (letter in notes). No changes to medication.

Patient states she still requires her GTN spray approximately weekly but mainly climbing stairs or on exertion.

Consented for surgery by Mr Martin. Patient is Jehovah's witness & has signed refusal for blood products on consent form.

Bloods, ECG, L shoulder x ray & MRSA screen obtained.

Recommended Admission Pathway

Referral by nurse to:

Nurse to arrange the attendance of:

Nurse to:

Referral by Anaesthetist to:

Type of admission to be decided by:

Type of Admission: IP

Admission Deferred: No

Anaesthetic Assessment

Anaesthetist:

Grade:

Clinical Notes		
Date and Time	Notes	Name, signature and Designation
	Checklist complete	
	Consent signed and limb marked	
	For usual morning meds on	
	per anaesthetist instructions	
13/09/13	Baseline Obs recorded	L. Jones
(11)	Patient returned to ward from theatre at 13:00 after Left shoulder replacement under G+A	
	scalene block. Patient alert and comfortable on return.	
	PCA, IV, O ₂ in situ. Observations stable, CGM altered at present.	
	Wound dressing dry and intact, subcut sutures, glue + Tegaderm dressing. Arm in brachial polysling.	
	Patient tolerating clear fluids at present.	H. Anderson

Acute Services Division

Nursing Admission & Assessment



1. Admission

Hospital: SGH	Ward: 5
Date of admission: 12/09/13	Time: 15:00
Admitting Consultant: Mr. Morton	Admitting Nurse: H. Anderson

Name: HONEYMAN, Catherine	01/02/1949
Address: 10 MELVILLE STREET	Glasgow, Lanarkshire
CHI no: 02	G41 2LN

1. Patient Details

Preferred name: Cathy	Next of Kin (NoK): Raymond Honeyman
Age: 64	Relationship: Husband
Religion: Jehovah's Witness	NoK Address: S/A
Telephone: 0141 4221580	NoK Telephone: 07887671326
GP: Dr. G Marshall Drs Mills & Marshall Practice Gorbals Health Centre 45 Pine Place Glasgow G5 0BQ	NoK Aware of admission: ☒ Yes ☐ No
GP address:	Consent for information to be given to relatives: ☒ Yes ☐ No
GP telephone:	Nominated family contact: ☐ Yes ☐ No
	Telephone - Day:
	Telephone - Evening:

Does the patient have an appointed Welfare Guardian / Power of Attorney? ☐ Yes ☐ No ☒ N/A

a. If 'Yes' please provide - Name: Relationship:

Contact telephone number:

b. If 'Yes' does the patient have an 'Adult with Incapacity Section 47' certificate in place? ☐ Yes ☐ No ☒

If 'No' to 'b' please inform medical staff. Name of doctor informed:

2. Presenting Complaint / Diagnosis

Left Shoulder Replacement

3. Allergies (including food allergies)

No known allergies: ☐ NSAIDs - nausea + headache

4. Observations

Cannard (if required)	Waterlow	MUST	Pulse	BP	Resp	SaO ₂	Temp
Urinalysis:	AMT4 Score	BM	EWS Score	Weight	Height	BMI	
				92.2	1.59	36	

5. Current Medication

See kortex	Hypertension Angina Hiatal hernia RTKR, LTKR Rev RTKR Hysteroscopy cholecystectomy	drainage of groin abscess OA depression
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Risk Assessment

MUST

1. Is the patient's BMI: > 20 Score 0
18.5-20 Score 1
<18.5 Score 2

2. Has the patient had unplanned weight loss in the past 3-6 months?
< 5% Score 0
5-10% Score 1
>10% Score 2

3. If the patient is acutely unwell and there has been or is likely to be no food intake for > 5 days:
Score = 2
Not applicable: Score = 0

MUST Score: 0 If score 1 or more, complete full Nutrition Profile

Cannard
Has the patient fallen in the last 6 months?
☐ Yes ☒ No
If 'Yes' complete a full Cannard Screening Tool.

8. Cognitive Impairment
For all patients ≥ 65 years, ask the following 4 AMT questions:
1. How old are you? years
2. What is your date of birth? / /
3. What is this place?
4. What year is it?
If the patient does not answer all questions correctly then refer to medical staff.
AMT Score: out of 4
Name of Doctor informed (if required)
Grade:

MRSA Screening / CJD

Will the patient be an inpatient > 23 hours? ☐ Yes ☐ No If 'Yes' complete the following section.

1. Has the patient ever had a previous positive MRSA result? ☐ Yes ☒ No ☐ Not known

2. Has the patient been admitted from a Care Home/ Institutional setting or another hospital? ☐ Yes ☒ No ☐ Not known

3. Does the patient have a wound / ulcer or invasive device which was present prior to this admission? ☐ Yes ☒ No ☐ Not known

If 'Yes' to any of the above questions OR if the patient is admitted to a 'high impact specialty' e.g. Orthopaedics, Vascular, Renal Unit, Critical Care – then obtain MRSA Swabs:
☒ Nasal ☒ Perineum ☒ Other - Specify: ☐ Patient refused

CJD: Has the patient ever been contacted by Public Health and told that they are possibly at risk of CJD:
☐ Yes ☒ No If 'Yes' contact Infection Control Team. Infection Control Team contacted:

10. Lifestyle

Smoking:
Does the patient smoke?
☐ Yes ☒ No
If 'Yes' how many per day:
Does the patient use nicotine replacement therapy?
☐ Yes ☒ No
Does the patient wish referral to Smoking Cessation Service?
☐ Yes ☒ No If 'Yes', date of referral: / /

Alcohol (Men):
How often do you have 8 or more drinks on one occasion:
☐ Never ☐ Less than monthly
☒ Monthly ☐ Weekly
☐ Daily or almost daily
If 'Monthly' or more then complete GMAWS Tool.

Alcohol (Women):
How often do you have 6 or more drinks on one occasion:
☐ Never ☐ Less than monthly
☐ Monthly ☒ Weekly
☐ Daily or almost daily
If 'Monthly' or more then complete GMAWS Tool.

Drugs:
Does the patient use recreational drugs?
☐ Yes ☒ No
If 'Yes' please specify:

11. Admission Documentation Completed By

Name (Please PRINT): H. ANDERSON Signature: *[Signature]*
Designation: S/N Date: 12/09/13

Acute Services Division

Nursing Admission & Assessment

2. Assessment

Hospital: SGH Ward: 5
Date of Assessment: 12/09/13 Time: 15.00

Name:
Address:
DoB:
Chi number:
Affix patient data label

1. Breathing and Circulation

Breathing:
☒ No symptoms or history of respiratory problems ☐ Productive / non-productive cough evident
☐ Dyspnoeic at rest ☐ Normally receives oxygen therapy
☐ Dyspnoeic on minimal exertion If 'Yes' provide details:
☐ Dyspnoeic on maximum exertion

Circulation:
☒ No symptoms ☐ Known cardiac or circulatory problems

Immediate Action Taken

Initial

2. Communication

Assessment of ability to communicate:
What language does the patient speak?:
Interpreter: Required ☐ Not required ☒
If required, provide details and arrangement made:
Does the patient have:
a. Speech difficulties? ☐ Yes ☒ No
b. A learning disability e.g. Down's Syndrome? ☐ Yes ☒ No
If 'Yes' please specify:

3. Senses

Senses:
Eyesight
☐ Normal vision
☐ Glasses – ☒ Distance ☒ Reading
☐ Prosthesis – ☐ Left ☐ Right
☐ Contact lenses
☐ Registered blind.
Hearing
☒ Normal
☐ Hearing impaired
☐ Hearing aid – ☐ Left ☐ Right

4. Mental Status

If 'Yes' contact Liaison Learning Disability Team.
Liaison Learning Disability Team contacted:
☐ Yes ☒ No
c. A learning difficulty e.g. dyslexia, dyspraxia?
☐ Yes ☒ No
If 'Yes' please specify:

Mental Status:
☒ Orientated
☐ Confused
☐ Distressed
☐ Aggressive / Abusive
☐ Unconscious

Immediate Action Taken

Initial

5. Hydration and Nutrition

MUST Score: If score is 1 or more, complete a Nutrition Profile.

Nutrition Profile completed ☒ Yes ☐ No

Do not complete sections 5a to 5d.

If score is 0, reassess / screen patient in 7 days. Complete sections 5a to 5d.

Date of reassessment:

5a1. Food likes / dislikes:

Does not eat black pudding

5a2. Fluid likes / dislikes

Drinks tea + coffee

5b. Cultural or religious diet needed (e.g. vegetarian, vegan, halal, kosher etc):

☐ Yes ☒ No

If 'Yes' specify diet needed:

5c. Help needed with eating and drinking:

☐ Yes ☒ No

If 'Yes' provide details:

5d. Texture Modified Diet needed?

☐ Yes ☒ No

If 'Yes' specify texture: A ☐ B ☐ C ☐ D ☐ E ☐

Thickened Fluids required? ☐ Yes ☐ No

If 'Yes' specify stage required: 1 ☐ 2 ☐ 3 ☐

Immediate Action Taken

Initial

6. Elimination

Continent:

☒ Bladder

☒ Bowel

Incontinent:

☐ Bladder

☐ Bowel

NHS GGC Stool Chart commenced:

☐ Required ☐ Not required

Long-term urinary catheter in situ? ☐ Yes ☒ No

If 'Yes' - Size: fg Make:

Continence assessment commenced:

☐ Yes ☐ No ☒ Not applicable

Containment products in use? Please specify:

☐ Bowels regular

☒ Constipated

☐ Diarrhoea / loose stools

Stoma: ☐ Yes ☒ No

If 'Yes' please specify and list appliances used:

Immediate Action Taken

Initial

7. Personal Hygiene, Oral Health and Skin Assessment

Personal hygiene:

☐ Self-caring and independent

☒ Requires assistance

Specify assistance if required:

Oral health:

Self-caring and independent ☒ Yes ☐ No

Evidence of oral ulceration, infection, dry mouth ☐ Yes ☒ No

Requires assistance ☐ Yes ☒ No

If assistance required or evidence of ulceration etc, implement Oral Care Bundle.

Oral Hygiene Care Bundle:

☐ Required ☒ Not required

Dentures:

☐ Not worn

☒ Upper set

☐ Lower set

☐ Full set

☐ Dentures with patient on admission

Skin assessment:

☐ Skin healthy with no evidence of damage

☒ Skin broken ☐ Skin oedematous ☐ Skin discoloured ☐ Skin clammy

If 'Yes' to any of the above, describe skin condition:

Misquito bites

Wound Assessment Chart completed: ☐ Yes ☐ No ☒ Not applicable

Pressure ulcer evident: ☐ Yes ☒ No

If 'Yes' please identify Grade and record on Pressure Ulcer record sheet - Grade:

Immediate Action Taken

Initial

8. Mobility

Patient fully mobile / independent? ☐ Yes ☐ No If 'No' complete Moving and Handling Assessment.

☒ Limited mobility

☒ Mobile with aid - Specify: x1 stick

☐ Prosthesis - Specify:

Moving and Handling Plan commenced:

☒ Yes ☐ No

Immediate Action Taken

Initial

9. Maintaining a Safe Environment

Pain status:

Does the patient have pain? ☒ Yes ☐ No

If 'Yes' record Pain Score on EWS chart.

What makes their pain better? Please provide brief details:

Bed rail assessment completed: ☐ Yes ☒ No

Bed rails required:

☐ Required ☒ Not required

Immediate Action Taken

Initial

10. Sleep and Rest

Sleep habits:
☒ Less than 8 hours ☐ Afternoon nap
☐ Morning nap
 Sleep difficulties:
☐ None ☒ Disturbed
☐ Early waking e.g. nocturia, insomnia

Medication required: ☐ Yes ☐ No

Immediate Action Taken

	Initial
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11. Social Circumstances

☐ Employed ☐ Unemployed ☒ Retired
☐ Lives alone ☒ Lives with Family
☐ Friend
☐ Dependents
☐ Other: ☐ Nursing Home ☐ Residential
 Current Care / Support Service arrangement:
☐ Social Services
☐ Private Carers
☒ None
 If support services in place, please provide details:
 Current Care / Support arrangements suspended:
☐ Yes ☐ No ☒ Not applicable

Immediate Action Taken

	Initial
--	---------

12. Privacy, Dignity and Sexuality

Does the patient have issues related to privacy, dignity and/or sexuality that are relevant to admission?
☐ Yes ☒ No
 If 'Yes' please provide brief details:

13. Spiritual Care

Is there anything with regard to faith or culture that we can support the patient with during their stay in hospital (e.g. prayer, meditation)?
☐ Yes ☒ No
 If 'Yes' please provide brief details:
 Is there anything causing the patient a lot of anxiety at the time of admission that staff should be aware of?
☐ Yes ☒ No
 If 'Yes' please provide brief details:
 Ask the patient:
 "Would you like the ward staff to arrange for a Hospital Chaplain to visit you while in hospital?"
☐ Yes ☐ No ☒ Not at this time
 If 'Yes' please specify faith group:

14. Anticipatory Care (where appropriate and relevant)

☐ Appropriate ☒ Not appropriate

Is the patient aware of their:
 Diagnosis? ☐ Yes ☐ No
 Prognosis? ☐ Yes ☐ No
 Preferred place of care:
 Home: ☐ Hospital ☐ Hospice ☐
 Current treatment - please identify (e.g. chemotherapy/radiotherapy):
 Is the patient's family aware of their:
 Diagnosis? ☐ Yes ☐ No
 Prognosis? ☐ Yes ☐ No
 Preferred place of death:
 Home: ☐ Hospital ☐ Hospice ☒
 Other agencies involved in patient's care - please identify (e.g. Marie Curie, MacMillan Nurses):
 DNACPR order in place: ☐ Yes ☐ No
 If 'Yes' are the patient's family and next of kin aware? ☐ Yes ☐ No

15. Admission Assessment Completed By

Name (Please PRINT): H. Anderson
 Signature: [Signature]
 Designation: S/N Date: 12/09/13

Clinical Notes

Date and Time	Notes	Name, Signature and Designation
12/09/13 0/A	Patient admitted and orientated to ward. Consented, limb marked. Seen by anaesthetist, to fast from midnight.	
13/09/13 0/A	Conduction satisfactory. Showed independently. Settled and slept for short spells. Independent with posture. Chaggy. Fasted from midnight for rate 1st on lock.	H. Anderson [Signature]



CLINICAL NOTES - NURSING

Date & Time		Signature, Print Name & Designation
2.5.13	Surgery delayed by Dr Hamilton PA Patient for review by cardiology prior to surgery due to increasing angina episodes. Referral letter to cardiology sent by FY2. Patient's secretary informed.	Amcnelly SSJ
6.9.13	Blood results satisfactory. MRSA screen -ive	Amcnelly SSJ
13/01/13 18:00	Observations remain stable. CSM intact. Diet and fluids taken. Patient transferred onto commode, has passed urine. Seen by Mr Branche Martin on ward round. For cheek bloods tomorrow. Cheek Xray on Monday prior to discharge. PCA used with good effects.	H. Anderson
06.00 14.9.13	Slept very little. Obs satisfactory. Neurovascularly intact. Venflon dislodged x 2 - PCA discontinued and oramorph given x 2 with good effect. Up to toilet independantly.	SH McCracken SH McCracken
1600	Washed with minimal assistance. Eating & drinking well. Obs satisfactory. Check bloods Taken sodium 126 repeated sodium 131. Rt ClO pain seen by the FY2 who advised to give	

Date & Time		Signature, Print Name & Designation
	omorph 10mg hourly if needed - same done pt more comfortable. There's a lot of bruising around the wound. For check blood tomorrow.	RACHEL SINKALA RN (CN)
0600 15.9.13	Sleep for short periods. Vital obs satisfactory. Actively sick x1 overnight - feeling better this AM. Ondansetron given at 0700 and omorph for pain.	SNMCRACKON SNMcrackon
1800	Washed with minimal assistance. Eating & drinking well. Obs satisfactory. C/O pain omorph given as requested. For check x-ray tomorrow. Then home. Wound dressing remains intact.	RACHEL SINKALA RN (CN)
0600 16.9.13	Sleep for long periods. Obs satisfactory. CSM intact. Regular analgesia and omorph as required. For pain 'k good effect. Remains independent & mobile. For x-ray today.	SNMCRACKON SNMcrackon
16/9/13 12.15.	Patient has had check x-ray. Mr. Martin happy for the patient to go home. Patient home own transport. Discharge medication given.	

NHS GREATER GLASGOW & CLYDE

PATIENT NAME: CATHERINE HONEYMAN

CHI: 0102496145

CLINICAL NOTES - AHP

Date & Time		Signature, Print Name & Designation
14/09/13	S/PC (L) SH. REPLACEMENT 13/09/13	
	PMH HYPERTENSION, ANGINA, HIATUS HERNIA, (R) TKR, (L) TKR,	
	REV (R) TKR, HYSTEROSCOPY, CHOLECYSTECTOMY, ORNAGE	
	OF CROHN ABCESS, OA, DEPRESSION	
	DH SEE KARDOK.	
	SH LIVES IN FAMILY, (N) MOBILE IN 1 STICK.	
	Consent ✓	
	of Pt lying in bed, clo pain ++ this am, sling off as arm too warm.	
	Explained precautions + HEP, pt given written note of this	
	OPPT referral to SCH made, pt happy in above.	
	Rx HEP - pendular exst active assisted pulley ex's advised	
	Precautions discussed	
	A/ Pt happy in above	
	Pt d/c PT in OPPT ref made	(SIGNATURE/SAPT)

NAME: Catherine Honeyman WARD: 5

DATE OF
ADMISSION: 12/09/13

Form 0164411

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

SIGHT DEFICIT means patient cannot see well even when wearing glasses or is registered blind.

HEARING DEFICIT means person has hearing problems even with a hearing aid or has hearing problems and does not wear a hearing aid.

BALANCE DEFICIT means person is unable to stand without the support of another person or a walking frame.

MEDICINES FOR SOME MENTAL ILLNESSES include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camecolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevin), antidepressants, Diazepam, Lorazepam and Amitriptyline.

CARDIOVASCULAR SYSTEM MEDICATION all antihypertensive medication and inotropes including Captopril, atenolol and many others.

WATER TABLETS (DIURETICS) are such as Bendroflumethiazide, Furosemide and Co-amlofruse.

SEDATIVES / ANALGESIA AT NIGHT include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane) Morphine PCA, Fentanyl, Tramadol and Oxycontin.

INABILITY TO CO-OPERATE includes failure to use walking aids or putting themselves in situations with a high risk of falling (usually due to mental impairment).

RESTRICTED MOBILITY means the person requires supervision and/or help to walk (i.e. is not safe to walk alone even with an aid).

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

POOR TRANSFER means the person requires help and is not safe to do the following alone: get in or out of bed, on or off a chair, move from chair to standing.

Acute Services Division

Hospital / Department

SGH Orthopaedics

Cannard Falls Risk Assessment Pack

Patient name	0102496145 HONEYMAN Catherine	F
Ward	10 MELVILLE STREET 0/2 Glasgow, Lanarkshire	01/02/1949
CHI number		ipital number G41 2LN

Contents

1. Cannard Falls Risk Assessment Scoring Form
2. Falls Assessment Care Plan
3. Glossary of terms used in risk assessment

Notes: Risk assessment should be completed within 24 hours of admission to each ward.

Assessment Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+
2. Second or subsequent fall
3. Significant injury caused by a fall, (Significant injury defined as any fracture, significant bruising or laceration to head or body)

The patient should be referred with any of the above criteria.

General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive impairment unattended on commodes, in toilets, baths and showers.
- Patients with poor mobility, who are known not to ask for assistance, should not be left unattended on commodes, toilets, baths and showers.
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to the ward environment

Cannard Falls Risk Assessment

(Must be completed within 24 hours of admission to each ward)

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION					Date: 7/13 Ward: 5	Date: 14/9 Ward: 5	Date: 15/9 Ward: 5	Date: 16/9 Ward: 5	Date:	Date:	Date:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0		0	0	0	0			
Gender	Male 1	Female 2			2	2	2	2			
Age	13-59 0	60-70 1	71-80 2	81+ 1	1	1	1	1			
Sight deficit	Sight* 2	Hearing* 1	Balance* 2	None 0	0	0	0	0			
Medication type	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0	1	1	1	1			
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent* 1	0	0	0	0			
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chair-bound / wheel chair 1	2	2	2	2			
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3	1	1	1	1			
TOTAL SCORE					7	7	7	7			
ACTION(S) TAKEN Enter action code(s) from Car Plan below					See Below	SEE	Below				
SCORE IS HIGH RISK If patient unobtainable score as N/A until patient's status improves					NURSE SIGNATURE	HA	NM	NM	NM		

Please see back page for glossary of terms relating to the assessment above.

Falls Assessment Care Plan

Please tick all applicable nursing interventions

NURSING INTERVENTIONS		Date: 7/13 Ward: 5	Date: 14/9 Ward: 5	Date: 15/9 Ward: 5	Date: 16/9 Ward: 5	Date:	Date:	Date:
1	Falls prevention and general safety precautions discussed with patient and family.	✓	✓	✓	✓			
	Move to more observable area of ward to optimise supervision.							
3	Advise patient they may experience dizziness when they mobilise initially.		✓	✓	✓			
4	Requires assistance with mobilisation.							
5	Observe trip hazard due to invasive lines, drains and catheters.							
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.							
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
8	Monitor lying and standing / sitting BP and pulse.							
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.							
10	Commence continence assessment, follow Local Guidelines.							
11	Refer to Occupational Therapist.	✓	✓	✓	✓			
12	Select suitable seating (refer to policy).	✓	✓	✓	✓			
13	Non-slip mat on chair / floor following advice from therapists.							
14	Refer to Physiotherapist.	✓	✓	✓	✓			
15	Review Transfer techniques.	✓	✓	✓	✓			
16	Request medication review.							
17	Bed/chair monitor in use.							
18	Falls map in use for seven days for patient who has second or subsequent falls.							
19	Bed rails/bumpers to be used (refer to policy).							
20	Patient requires low bed / mattress on the floor (refer to policy.)							
21	Patient requires one to one nursing care.							
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).							
23	Other interventions.	call buzzer	✓	✓	✓	✓		
		HA	NM	NM	NM			

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.

Client Specific (Inpatient) Moving and Handling Risk Assessment Form

Patient's name:	Catherine Honeyman	Named Nurse:	Lin Falls	If Patient is totally independent, tick here and go to date box		Risk: Low ☒ Medium ☐ High ☐
BODY BUILD Obese: ☒ Above average: ☐ Average: ☐ Below average: ☐ Tall: ☐ Medium: ☒ Short: ☐			Problems with comprehension, behaviour, co-operation (specify): 			
RISK OF FALLS High: ☐ Low: ☒			Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify): 			
Transfers (Including To/From: Bed; Wheelchair; Commode; Toilet)						
HOIST/STANDAID (Specify)	ASSISTANCE		SUPERVISION		INDEPENDENT ☒	
Model:	People: 1	2	3	Additional Information:		
Sling type:	Walking aid (specify)					
Sling size:						
Toileting						
HOIST/STANDAID	ASSISTANCE		SUPERVISION		INDEPENDENT ☒	
	People: 1	2	3	Additional Information:		
Move on / off bed pan						
HOIST	MANOEUVRE	ASSISTANCE	SUPERVISION		IN/A ☒	
	Roll patient	People: 1	Additional Information:			
	Monkey pole	People: 2				
	Patient bridges	People: 3				
Move up / down bed						
HOIST	HANDLING AIDS	ASSISTANCE	SUPERVISION		INDEPENDENT ☒	
	Sliding sheet	People: 1	Additional Information:			
	Monkey pole	People: 2				
	Rope ladder	People: 3				
Transfer to / from trolley (or bed etc.)						
HOIST	HANDLING AIDS	ASSISTANCE	SUPERVISION		INDEPENDENT ☒	
	Pat slide	People: 1	Additional Information:			
	Other	People: 2				
	Fabric sliding aid	People: 3				
Sit up over side of bed						
BED REST	ASSISTANCE		SUPERVISION		INDEPENDENT ☒	
	People: 1	2	3	Additional Information (e.g. equipment to be used – swivel cushion):		
Into Bath or Shower						
WHICH BATH	HANDLING AID	ASSISTANCE	SUPERVISION		INDEPENDENT ☒	
Shower	Shower chair	People: 1	Additional Information:			
Variable height bath	Bathing Hoist e.g. Alenti	People: 2				
Bed bath	Sling lifting Hoist	People: 3				
Walking						
NO WALKING	WALKING AID (specify)	ASSISTANCE	SUPERVISION		INDEPENDENT ☐	
	X 4 stick	People: 1	Distanced walked / Additional Information:			
		People: 2				
		People: 3				
Other Instructions						
Recording Symbol:	/	X	*			
Date Assessed:	12/09/13	14.9.13	15.9.13			
Assessor's signature:	<i>[Signature]</i>	N Mcracken	N Mcracken			
Proposed Review date:	13/09/13	15.9.13	16.9.13			

Continuation Sheet

Transfers (Including To/From: Bed; Wheelchair; Commode; Toilet)

HOIST/STANDAID (Specify)	ASSISTANCE	SUPERVISION	INDEPENDENT ☒	
Model:	People: 1 ☐ 2 ☐ 3 ☐	Additional Information:		
Sling type:	Walking aid (specify)			
Sling size:				

Toileting

HOIST/STANDAID	ASSISTANCE	SUPERVISION	INDEPENDENT ☒	
	People: 1 ☐ 2 ☐ 3 ☐	Additional Information:		

Move on / off bed pan

HOIST	MANOEUVRE	ASSISTANCE	SUPERVISION	INDEPENDENT ☒	
	Roll patient	People: 1 ☐	Additional Information:		
	Monkey pole	People: 2 ☐			
	Patient bridges	People: 3 ☐			

Move up / down bed

HOIST	HANDLING AIDS	ASSISTANCE	SUPERVISION	INDEPENDENT ☒	
	Sliding sheet	People: 1 ☐	Additional Information:		
	Monkey pole	People: 2 ☐			
	Rope ladder	People: 3 ☐			

Transfer to / from trolley (or bed etc.)

HOIST	HANDLING AIDS	ASSISTANCE	SUPERVISION ☒	INDEPENDENT ☐	
	Palslide	People: 1 ☐	Additional Information:		
	Other	People: 2 ☐			
	Fabric sliding aid	People: 3 ☐			

Sit up over side of bed

BED REST	ASSISTANCE	SUPERVISION	INDEPENDENT ☒	
	People: 1 ☐ 2 ☐ 3 ☐	Additional Information (e.g. equipment to be used – swivel cushion):		

Into Bath or Shower

WHICH BATH	HANDLING AID	ASSISTANCE	SUPERVISION ☒	INDEPENDENT ☐	
Shower	Shower chair	People: 1 ☐	Additional Information:		
Variable height bath	Bathing Hoist e.g. Alenti	People: 2 ☐			
Bed bath	Sling lifting Hoist	People: 3 ☐			

Walking

NO WALKING	WALKING AID (specify)	ASSISTANCE	SUPERVISION	INDEPENDENT ☒	
		People: 1 ☐	Distanced walked / Additional Information:		
		People: 2 ☐			
		People: 3 ☐			

Other Instructions

Recording Symbol:	1	X	*	
Date Assessed:	16.9.13			
Assessor's signature:	N. McCracken			
Proposed Review date:	17.9.13			

Nutrition Profile

Name:	0102498145 HONEYMAN Catharina 10 MELVILLE STREET 02 Glasgow, Lanarkshire G41 2LN	Date of admission: 12/09/13
Address:		Time: 11:00
DoB:	01/02/1949	HOSPITAL: SGL
CHI number:		Ward: 5

Affix patient data label

To be recorded within 24 hours of admission*

Height: metres Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐

Weight: kg Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☐

If 'Yes' how much?: kg Over what period of time?: weeks/months

Is there evidence of recent weight loss?
No ☐ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☐

Please state:

Food Allergies: Yes ☐ No ☐ If 'Yes' please state:

Eating likes and dislikes (including appetite):

Drinking likes and dislikes:

Patient NBM
Yes ☐ No ☐
If 'Yes' why?:

Are there any contributing factors that may affect food intake such as physical (e.g. swallowing difficulties, loose teeth), physiological (e.g. nausea), psychological (e.g. dementia), social or environmental? Yes ☐ No ☐

Please specify all factors:

Is the patient on oral nutritional supplements? Yes ☐ No ☐

If 'Yes' please state:

Is the patient experiencing oropharyngeal swallowing problems (excluding oesophageal issues e.g. GORD, Stricture)? Yes ☐ No ☐

If 'Yes' please complete Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS). If oesophageal problem present please discuss with medical staff.

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☐

If 'Yes' please state:

Has this patient received written information about inpatient food (e.g. "Food in Hospitals" leaflet)?
Yes ☐ No ☐ Not applicable (received on previous admission) ☐

Profile completed by: Name (PRINT): Signature: Date:

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

Step 1 - BMI Score

Height (feet and inches)

Step 2 - Weight Loss Score

Weight (kg)	Weight (stones and pounds)
14.0	2.1
14.5	2.2
15.0	2.3
15.5	2.4
16.0	2.5
16.5	2.6
17.0	2.7
17.5	2.8
18.0	2.9
18.5	3.0
19.0	3.1
19.5	3.2
20.0	3.3
20.5	3.4
21.0	3.5
21.5	3.6
22.0	3.7
22.5	3.8
23.0	3.9
23.5	4.0
24.0	4.1
24.5	4.2
25.0	4.3
25.5	4.4
26.0	4.5
26.5	4.6
27.0	4.7
27.5	4.8
28.0	4.9
28.5	5.0
29.0	5.1
29.5	5.2
30.0	5.3
30.5	5.4
31.0	5.5
31.5	5.6
32.0	5.7
32.5	5.8
33.0	5.9
33.5	6.0
34.0	6.1
34.5	6.2
35.0	6.3
35.5	6.4
36.0	6.5
36.5	6.6
37.0	6.7
37.5	6.8
38.0	6.9
38.5	7.0
39.0	7.1
39.5	7.2
40.0	7.3
40.5	7.4
41.0	7.5
41.5	7.6
42.0	7.7
42.5	7.8
43.0	7.9
43.5	8.0
44.0	8.1
44.5	8.2
45.0	8.3
45.5	8.4
46.0	8.5
46.5	8.6
47.0	8.7
47.5	8.8
48.0	8.9
48.5	9.0
49.0	9.1
49.5	9.2
50.0	9.3
50.5	9.4
51.0	9.5
51.5	9.6
52.0	9.7
52.5	9.8
53.0	9.9
53.5	10.0
54.0	10.1
54.5	10.2
55.0	10.3
55.5	10.4
56.0	10.5
56.5	10.6
57.0	10.7
57.5	10.8
58.0	10.9
58.5	11.0
59.0	11.1
59.5	11.2
60.0	11.3
60.5	11.4
61.0	11.5
61.5	11.6
62.0	11.7
62.5	11.8
63.0	11.9
63.5	12.0
64.0	12.1
64.5	12.2
65.0	12.3
65.5	12.4
66.0	12.5
66.5	12.6
67.0	12.7
67.5	12.8
68.0	12.9
68.5	13.0
69.0	13.1
69.5	13.2
70.0	13.3
70.5	13.4
71.0	13.5
71.5	13.6
72.0	13.7
72.5	13.8
73.0	13.9
73.5	14.0
74.0	14.1
74.5	14.2
75.0	14.3
75.5	14.4
76.0	14.5
76.5	14.6
77.0	14.7
77.5	14.8
78.0	14.9
78.5	15.0
79.0	15.1
79.5	15.2
80.0	15.3
80.5	15.4
81.0	15.5
81.5	15.6
82.0	15.7
82.5	15.8
83.0	15.9
83.5	16.0
84.0	16.1
84.5	16.2
85.0	16.3
85.5	16.4
86.0	16.5
86.5	16.6
87.0	16.7
87.5	16.8
88.0	16.9
88.5	17.0
89.0	17.1
89.5	17.2
90.0	17.3
90.5	17.4
91.0	17.5
91.5	17.6
92.0	17.7
92.5	17.8
93.0	17.9
93.5	18.0
94.0	18.1
94.5	18.2
95.0	18.3
95.5	18.4
96.0	18.5
96.5	18.6
97.0	18.7
97.5	18.8
98.0	18.9
98.5	19.0
99.0	19.1
99.5	19.2
100.0	19.3

Weight (kg)	Weight (stones and pounds)	Score 1	Score 2
31.4g	<1.7g	1.7/3.4g	<1.4g
38.9g	<1.8g	1.8/3.6g	<1.6g
40.7g	<1.9g	1.9/3.8g	<1.7g
42.5g	<2.0g	2.0/4.0g	<1.8g
44.3g	<2.1g	2.1/4.2g	<1.9g
46.1g	<2.3g	2.3/4.6g	<2.0g
48.0g	<2.4g	2.4/4.8g	<2.1g
50.9g	<2.5g	2.5/5.0g	<2.2g
52.8g	<2.6g	2.6/5.2g	<2.3g
54.7g	<2.7g	2.7/5.4g	<2.4g
56.6g	<2.8g	2.8/5.6g	<2.5g
58.5g	<2.9g	2.9/5.8g	<2.6g
60.4g	<3.0g	3.0/6.0g	<2.7g
62.3g	<3.1g	3.1/6.2g	<2.8g
64.2g	<3.2g	3.2/6.4g	<2.9g
66.1g	<3.3g	3.3/6.6g	<3.0g
68.0g	<3.4g	3.4/6.8g	<3.1g
70.0g	<3.5g	3.5/7.0g	<3.2g
71.9g	<3.6g	3.6/7.2g	<3.3g
73.8g	<3.7g	3.7/7.4g	<3.4g
75.7g	<3.8g	3.8/7.6g	<3.5g
77.6g	<3.9g	3.9/7.8g	<3.6g
79.5g	<4.0g	4.0/8.0g	<3.7g
81.4g	<4.1g	4.1/8.2g	<3.8g
83.3g	<4.2g	4.2/8.4g	<3.9g
85.2g	<4.3g	4.3/8.6g	<4.0g
87.1g	<4.4g	4.4/8.8g	<4.1g
89.0g	<4.5g	4.5/9.0g	<4.2g
90.9g	<4.6g	4.6/9.2g	<4.3g
92.8g	<4.7g	4.7/9.4g	<4.4g
94.7g	<4.8g	4.8/9.6g	<4.5g
96.6g	<4.9g	4.9/9.8g	<4.6g
98.5g	<5.0g	5.0/10.0g	<4.7g
100.4g	<5.1g	5.1/10.2g	<4.8g
102.3g	<5.2g	5.2/10.4g	<4.9g
104.2g	<5.3g	5.3/10.6g	<5.0g
106.1g	<5.4g	5.4/10.8g	<5.1g
108.0g	<5.5g	5.5/11.0g	<5.2g
109.9g	<5.6g	5.6/11.2g	<5.3g
111.8g	<5.7g	5.7/11.4g	<5.4g
113.7g	<5.8g	5.8/11.6g	<5.5g
115.6g	<5.9g	5.9/11.8g	<5.6g
117.5g	<6.0g	6.0/12.0g	<5.7g
119.4g	<6.1g	6.1/12.2g	<5.8g
121.3g	<6.2g	6.2/12.4g	<5.9g
123.2g	<6.3g	6.3/12.6g	<6.0g
125.1g	<6.4g	6.4/12.8g	<6.1g
127.0g	<6.5g	6.5/13.0g	<6.2g
128.9g	<6.6g	6.6/13.2g	<6.3g
130.8g	<6.7g	6.7/13.4g	<6.4g
132.7g	<6.8g	6.8/13.6g	<6.5g
134.6g	<6.9g	6.9/13.8g	<6.6g
136.5g	<7.0g	7.0/14.0g	<6.7g
138.4g	<7.1g	7.1/14.2g	<6.8g
140.3g	<7.2g	7.2/14.4g	<6.9g
142.2g	<7.3g	7.3/14.6g	<7.0g
144.1g	<7.4g	7.4/14.8g	<7.1g
146.0g	<7.5g	7.5/15.0g	<7.2g
147.9g	<7.6g	7.6/15.2g	<7.3g
149.8g	<7.7g	7.7/15.4g	<7.4g
151.7g	<7.8g	7.8/15.6g	<7.5g
153.6g	<7.9g	7.9/15.8g	<7.6g
155.5g	<8.0g	8.0/16.0g	<7.7g
157.4g	<8.1g	8.1/16.2g	<7.8g
159.3g	<8.2g	8.2/16.4g	<7.9g
161.2g	<8.3g	8.3/16.6g	<8.0g
163.1g	<8.4g	8.4/16.8g	<8.1g
165.0g	<8.5g	8.5/17.0g	<8.2g
166.9g	<8.6g	8.6/17.2g	<8.3g
168.8g	<8.7g	8.7/17.4g	<8.4g
170.7g	<8.8g	8.8/17.6g	<8.5g
172.6g	<8.9g	8.9/17.8g	<8.6g
174.5g	<9.0g	9.0/18.0g	<8.7g
176.4g	<9.1g	9.1/18.2g	<8.8g
178.3g	<9.2g	9.2/18.4g	<8.9g
180.2g	<9.3g	9.3/18.6g	<9.0g
182.1g	<9.4g	9.4/18.8g	<9.1g
184.0g	<9.5g	9.5/19.0g	<9.2g
185.9g	<9.6g	9.6/19.2g	<9.3g
187.8g	<9.7g	9.7/19.4g	<9.4g
189.7g	<9.8g	9.8/19.6g	<9.5g
191.6g	<9.9g	9.9/19.8g	<9.6g
193.5g	<10.0g	10.0/20.0g	<9.7g
195.4g	<10.1g	10.1/20.2g	<9.8g
197.3g	<10.2g	10.2/20.4g	<9.9g
199.2g	<10.3g	10.3/20.6g	<10.0g
201.1g	<10.4g	10.4/20.8g	<10.1g
203.0g	<10.5g	10.5/21.0g	<10.2g
204.9g	<10.6g	10.6/21.2g	<10.3g
206.8g	<10.7g	10.7/21.4g	<10.4g
208.7g	<10.8g	10.8/21.6g	<10.5g
210.6g	<10.9g	10.9/21.8g	<10.6g
212.5g	<11.0g	11.0/22.0g	<10.7g
214.4g	<11.1g	11.1/22.2g	<10.8g
216.3g	<11.2g	11.2/22.4g	<10.9g
218.2g	<11.3g	11.3/22.6g	<11.0g
220.1g	<11.4g	11.4/22.8g	<11.1g
222.0g	<11.5g	11.5/23.0g	<11.2g
223.9g	<11.6g	11.6/23.2g	<11.3g
225.8g	<11.7g	11.7/23.4g	<11.4g
227.7g	<11.8g	11.8/23.6g	<11.5g
229.6g	<11.9g	11.9/23.8g	<11.6g
231.5g	<12.0g	12.0/24.0g	<11.7g
233.4g	<12.1g	12.1/24.2g	<11.8g
235.3g	<12.2g	12.2/24.4g	<11.9g
237.2g	<12.3g	12.3/24.6g	<12.0g
239.1g	<12.4g	12.4/24.8g	<12.1g
241.0g	<12.5g	12.5/25.0g	<12.2g
242.9g	<12.6g	12.6/25.2g	<12.3g
244.8g	<12.7g	12.7/25.4g	<12.4g
246.7g	<12.8g	12.8/25.6g	<12.5g
248.6g	<12.9g	12.9/25.8g	<12.6g
250.5g	<13.0g	13.0/26.0g	<12.7g
252.4g	<13.1g	13.1/26.2g	<12.8g
254.3g	<13.2g	13.2/26.4g	<12.9g
256.2g	<13.3g	13.3/26.6g	<13.0g
258.1g	<13.4g	13.4/26.8g	<13.1g
260.0g	<13.5g	13.5/27.0g	<13.2g
261.9g	<13.6g	13.6/27.2g	<13.3g
263.8g	<13.7g	13.7/27.4g	<13.4g
265.7g	<13.8g	13.8/27.6g	<13.5g
267.6g	<13.9g	13.9/27.8g	<13.6g
269.5g	<14.0g	14.0/28.0g	<13.7g
271.4g	<14.1g	14.1/28.2g	<13.8g
273.3g	<14.2g	14.2/28.4g	<13.9g
275.2g	<14.3g	14.3/28.6g	<14.0g
277.1g	<14.4g	14.4/28.8g	<14.1g
279.0g	<14.5g	14.5/29.0g	<14.2g
280.9g	<14.6g	14.6/29.2g	<14.3g
282.8g	<14.7g	14.7/29.4g	<14.4g
284.7g	<14.8g	14.8/29.6g	<14.5g
286.6g	<14.9g	14.9/29.8g	<14.6g
288.5g	<15.0g	15.0/30.0g	<14.7g
290.4g	<15.1g	15.1/30.2g	<14.8g
292.3g	<15.2g	15.2/30.4g	<14.9g
294.2g	<15.3g	15.3/30.6g	<15.0g
296.1g	<15.4g	15.4/30.8g	<15.1g
298.0g	<15.5g	15.5/31.0g	<15.2g
299.9g	<15.6g	15.6/31.2g	<15.3g
301.8g	<15.7g	15.7/31.4g	<15.4g
303.7g	<15.8g	15.8/31.6g	<15.5g
305.6g	<15.9g	15.9/31.8g	<15.6g
307.5g	<16.0g	16.0/32.0g	<15.7g
309.4g	<16.1g	16.1/32.2g	<15.8g
311.3g	<16.2g	16.2/32.4g	<15.9g
313.2g	<16.3g	16.3/32.6g	<16.0g
315.1g	<16.4g	16.4/32.8g	<16.1g
317.0g	<16.5g	16.5/33.0g	<16.2g
318.9g	<16.6g	16.6/33.2g	<16.3g
320.8g	<16.7g	16.7/33.4g	<16.4g
322.7g	<16.8g	16.8/33.6g	<16.5g
324.6g	<16.9g	16.9/33.8g	<16.6g
326.5g	<17.0g	17.0/34.0g	<16.7g
328.4g	<17.1g	17.1/34.2g	<16.8g
330.3g	<17.2g	17.2/34.4g	<16.9g
332.2g	<17.3g	17.3/34.6g	<17.0g
334.1g	<17.4g	17.4/34.8g	<17.1g
336.0g	<17.5g	17.5/35.0g	<17.2g
337.9g	<17.6g	17.6/35.2g	<17.3g
339.8g	<17.7g	17.7/35.4g	<17.4g
341.7g	<17.8g	17.8/35.6g	<17.5g
343.6g	<17.9g	17.9/35.8g	<17.6g
345.5g	<18.0g	18.0/36.0g	<17.7g
347.4g	<18.1g	18.1/36.2g	<17.8g
349.3g	<18.2g	18.2/36.4g	<17.9g
351.2g	<18.3g	18.3/36.6g	<18.0g
353.1g	<18.4g	18.4/36.8g	<18.1g
355.0g	<18.5g	18.5/37.0g	<18.2g
356.9g	<18.6g	18.6/37.2g	<18.3g
358.8g	<18.7g	18.7/37.4g	<18.4g
360.7g	<18.8g	18.8/37.6g	<18.5g
362.6g	<18.9g	18.9/37.8g	<18.6g
364.5g	<19.0g	19.0/38.0g	<18.7g
366.4g	<19.1g	19.1/38.2g	<18.8g
368.3g	<19.2g	19.2/38.4g	<18.9g
370.2g	<19.3g	19.3/38.6g	<19.0g
372.1g	<19.4g	19.4/38.8g	<19.1g
374.0g	<19.5g	19.5/39.0g	<19.2g
375.9g	<19.6g	19.6/39.2g	<19.3g
377.8g	<19.7g	19.7/39.4g	<19.4g
379.7g	<19.8g	19.8/39.6g	<19.5g
381.6g	<19.9g	19.9/39.8g	<19.6g
383.5g	<20.0g	20.0/40.0g	<19.7g
385.4g	<20.1g	20.1/40.2g	<19.8g
387.3g	<20.2g	20.2/40.4g	<19.9g
389.2g	<20.3g	20.3/40.6g	<20.0g
391.1g	<20.4g	20.4/40.8g	<20.1g
393.0g	<20.5g	20.5/41.0g	<20.2g
394.9g	<20.6g	20.6/41.2g	<20.3g
396.8g	<20.7g	20.7/41.4g	<20.4g
398.7g	<20.8g	20.8/41.6g	<20.5g
400.6g	<20.9g	20.9/41.8g	<20.6g
402.5g	<21.0g	21.0/42.0g	<20.7g
404.4g	<21.1g	21.1/42.2g	<20.8g
406.3g	<21.2g	21.2/42.4g	<20.9g
408.2g	<21.3g	21.3/42.6g	<21.0g
410.1g	<21.4g	21.4/42.8g	<21.1g
412.0g	<21.5g	21.5/43.0g	<21.2g
413.9g	<21.6g	21.6/43.2g	<21.3g
415.8g	<21.7g	21.7/43.4g	<21.4g
417.7g	<21.8g	21.8/43.6g	<21.5g
419.6g	<21.9g	21.9/43.8g	<21.6g
421.5g	<22.0g	22.0/44.0g	<21.7g
423.4g	<22.1g	22.1/44.2g	<21.8g
425.3g	<22.2g	22.2/44.4g	<21.9g
427.2g	<22.3g	22.3/44.6g	<22.0g
429.1g	<22.4g	22.4/44.8g	<22.1g
431.0g	<22.5g	22.5/45.0g	<22.2g
432.9g	<22.6g	22.6/45.2g	<22.3g
434.8g	<22.7g	22.7/45.4g	<22.4g
436.7g	<22.8g	22.8/45.6g	<22.5g
438.6g	<22.9g	22.9/45.8g	<22.6g
440.5g	<23.0g	23.0/46.0g	<22.7g
442.4g	<23.1g	23.1/46.2g	<22.8g
444.3g	<23.2g	23.2/46.4g	<22.9g
446.2g	<23.3g	23.3/46.6g	<23.0g
448.1g	<23.4g	23.4/46.8g	<23.1g
450.0g	<23.5g	23.5/47.0g	<23.2g
451.9g	<23.6g	23.6/47.2g	<23.3g
453.8g	<23.7g	23.7/47.4g	<23.4g
455.7g	<23.8g	23.8/47.6g	<23.5g
457.6g	<23.9g	23.9/47.8g	<23.6g
459.5g	<24.0g	24.0/48.0g	<23.7g
461.4g	<24.1g	24.1/48.2g	<23.8g
463.3g	<24.2g	24.2/48.4g	<23.9g
465.2g	<24.3g	24.3/48.6g	<24.0g
467.1g	<24.4g	24.4/48.8g	<24.1g
469.0g	<24.5g	24.5/49.0g	<24.2g
470.9g	<24.6g	24.6/49.2g	<24.3g
472.8g	<24.7g	24.7/49.4g	<24.4g
474.7g	<24.8g	24.8/49.6g	<24.5g
476.6g	<24.9g	24.9/49.8g	<24.6g
478.5g	<25.0g	25.0/50.0g	<24.7g
480.4g	<25.1g	25.1/50.2g	<24.8g
482.3g	<25.2g		

Is your patient on the Liverpool Care Pathway (LCP)? Yes ☐ No ☒
If 'Yes' please follow LCP advice as screening for malnutrition may not be appropriate.

Malnutrition Universal Screening Tool ('MUST')

[illegible]

'MUST'

Step 1: BMI Score (refer to chart on page 4)

>20 (>30 = Obese)0

18.5 - 20 1

195 2

Step 2: Weight Loss Score

Unplanned weight loss in past 3-6 months:

594

6.100%

521070 *****

>10%

Step 3: Acute Disease Effect Score

If patient is acutely ill and there has been or is likely to be no, or virtually no, food intake for

> 5 days..... Score 2

Not applicable Score 0

Step 4: Overall Risk of Malnutrition **Total:**

Step 5: Management Guidelines

Score of Overall Risk of Malnutrition	Action Required
0	LOW RISK – Routine Clinical Care • Repeat screening. Hospital Acute Weekly Hospital Rehabilitation Monthly
1	MEDIUM RISK – Observe • Document dietary intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. • Repeat screening weekly.
2 or more	HIGH RISK – Treat* • Refer to Dietitian and document food intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. • Monitor and review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. Imminent death.

Management Plan

FOR ALL PATIENTS

- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Use a recognised system to identify when equipment or assistance is required at mealtimes (e.g. red mats, coloured napkins).
- **REMEMBER TO CONSIDER YOUR PATIENT'S HYDRATION REQUIREMENTS.**
- Ensure Discharge Plan includes most recent 'MUST' Score and any necessary follow-up requirements.

Referral Services

Nutritional Support Team	Date Referred / /			
Dietitian	Date Referred: / /			
Speech and Language Therapy	Date Referred: / /			
Occupational Therapy	Date Referred . / . /			
Dental Service	Date Referred / /			

Multidisciplinary Nutrition Care Plan

[illegible]

WRITE



Surname: 0102496145
HONEYMAN F
Forename: Catherine 01/02/1949
10 MELVILLE STREET
DoB: 0/2
Glasgow, Lanarkshire
Location: G41 2LN

ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

More than one score/category can be used: 10+= 'At Risk': 15+= 'High Risk': 20+= 'Very High Risk'
Complete assessment on admission/1st visit, if there is a change in individuals condition and repeat regularly according to local protocol

Sex							
Male	1						
Female	2	2	2	2	2	2	2
Age							
14 -49	1						
50 -64	2	2	2	2	2	2	2
65 - 74	3						
75 - 80	4						
81+	5						
Build/Weight for Height (BMI=weight in Kg/height in m²)							
Average - BMI 20-24.9	0						
Above average - BMI 25-29.9	1						
Obese - BMI > 30	2	2	2	2	2	2	2
Below average - BMI < 20	3						
Continence							
Complete/catheterised	0	0	0		0	0	0
Incontinent urine	1						
Incontinent faeces	2						
Doubly incontinent (urine & faeces)	3						
Skin Type - Visual Risks Area							
Healthy	0	0	0		0	0	0
Tissue paper (thin/fragile)	1						
Dry (appears flaky)	1						
Oedematous (puffy)	1						
Clammy (moist to touch)/pyrexia	1						
Discoloured (bruising/mottled)	2						
Broken (established ulcer)	3						
Mobility							
Fully mobile	0	0	0				
Restless/fidgety	1						1
Apathetic (sedated/depressed/reluctant to move)	2						
Restricted (restricted by sever pain or disease)	3			3	3	3	
Bedbound (unconscious/unable to change position/traction)	4						
Chairbound (unable to leave chair without assistance)	5						
Nutritional Element							
Unplanned weight loss in past 3-6 months.							
<5% Score 0, 5-10% Score 1, >10% Score 2	0-2						
BMI > 20 Score 0, BMI 18.5-20 Score 1, BMI < 18.5 Score 2	0-2						
Patient acutely ill or no nutritional intake > 5 days	2		0		0	0	0
Special Risks - Tissue Malnutrition							
Multiple organ failure/terminal cachexia	8						
Single organ failure e.g. cardiac, renal, respiratory	5						
Peripheral vascular disease	5						
Anaemia = Hb < 8	2						
Smoking	1		0		0	0	0
Special Risks - Neurological Deficit							
Diabetes/MS/CVA/motor/sensory/paraplegia Max 6	4-6		0		0	0	0
Special Risks - Surgery/Trauma							
On table > 6 hours	8						
Orthopaedic/below waist/spinal (up to 48 hours post op)	5						
On table > 2 hours (up to 48 hours post op)	5		0		0	0	0
Special Risks - Medication							
Cytotoxic, anti-inflammatory, long term/high dose steroid Max 4	4		0		0	0	0
Total Score		6	6	9	9	9	7
Date		15/3/13	13/3/13	14/3/13	15/3/13	16/3/13	
Initials		AMY HA	12	NM	NM	NM	
Time		0/A	12	W/S	N/P	N/P	

Ensure plan of care is implemented / reviewed for all identified areas of concern.

NHS
Greater Glasgow
and Clyde

ACTIONS:

Date / Time	Concern being reported	Who reported to	Action taken	Sign

Ward:

G41 2LN

W. Signed Name Designation.....

2. Signed Name Designation.....

Signed [Signature] Name Lyn Davis Designation S/O

USE FOLLOWING CODE:

= Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

Individual patient needs: Red mat required: ☒ / ☒ Bed rails: ☒ / ☒
'Must do's' for me. Ask the patient if there is anything they want specifically done today:

Pre Op Care

...Pre Up. Ck

[illegible]

Date: 13/09/2014 9.13

Date: 13/09/2014 9.13

1. Signed Etaw Name L. Faires Designation Sys
 2. Signed Name Designation
 3. Signed Name Designation

0102496145
HONEYMAN
Catherine
10 MELVILLE STREET
0/2
Glasgow, Lanarkshire

Ward: 5

Individual patient needs: Red mat required: Y/N Bed rails: Y/N
'Must do's' for me. Ask the patient if there is anything they want specifically done today:

The Post Op Care

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

[illegible]

1. Signed [Signature] Name RACHEL SINKALA Designation CN

2. Signed Name Designation

3. Signed Name Designation

Ward: 5

Individual patient needs: Red mat required: Y / N Bed rails: Y / N
'Must do's' for me. Ask the patient if there is anything they want specifically done today:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

[illegible]



0102496145
HONEYMAN
Catherine

01/02/1949

Date: 15.9.13

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr 4hr **6r**

1. Signed N McCracken Name N McCracken Designation Rm

2. Signed Name Designation

3. Signed Name Designation.....

Ward: 5

Individual-patient needs: Red mat required: Y ☒ Bed rails: Y ☒
'Must do's' for me. Ask the patient if there is anything they want specifically done today:

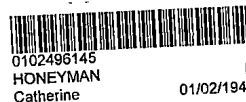
USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

[illegible]

Date: 16.9.13

Attach Addressogra



NHS
Greater Glasgow
and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr 4hr or

1. Signed Nucera Name Nucera Designation PN

2. Signed Name Designation

3. Signed Name Designation

Ward: 5.

Individual patient needs: Red mat required: Y / N Bed rails: Y / N
'Must do's' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

[illegible]

DATE 13/14/15 MONTH 9/9/9		RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)	
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y/N			
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y/N			
SIGNATURE OF ASSESSOR			
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N			
Parenteral Drugs : Regular Prescription			
BEFORE ADMISSION ☐	A DRUG Cefuroxime		Other time
NEW DOSE ☐	DOSE 40mg	ROUTE IV	DATE 13/9/15
NEW MEDICATION ☐	PREScriBER (PRINT & SIGN) J. Adams	DATE	DATE
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	STOPPED INITIALS: C	DATE
		Other time	Other time
BEFORE ADMISSION ☐	B DRUG Morphine		Other time
NEW DOSE ☐	DOSE 1mg	ROUTE IV	DATE 13/9/15
NEW MEDICATION ☐	PREScriBER (PRINT & SIGN) J. Adams	DATE	DATE
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	STOPPED INITIALS: J	DATE
		Other time	Other time
BEFORE ADMISSION ☐	C DRUG Cefuroxime		Other time
NEW DOSE ☐	DOSE 150mg	ROUTE IV	DATE 13/9/15
NEW MEDICATION ☐	PREScriBER (PRINT & SIGN) J. Adams	DATE	DATE
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	STOPPED INITIALS: J	DATE
		Other time	Other time

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

DATE 13/14/15 MONTH 9/9/9		Parenteral Drugs: Regular Prescription	
BEFORE ADMISSION ☐	D DRUG Cefuroxime		Other time
NEW DOSE ☐	DOSE 150mg	ROUTE IV	DATE 13/9/15
NEW MEDICATION ☐	PREScriBER (PRINT & SIGN) J. Adams	DATE	DATE
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	STOPPED INITIALS: J	DATE
		Other time	Other time
BEFORE ADMISSION ☐	E DRUG		Other time
NEW DOSE ☐	DOSE	ROUTE	DATE
NEW MEDICATION ☐	PREScriBER (PRINT & SIGN)	DATE	DATE
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	STOPPED INITIALS:	DATE
		Other time	Other time
BEFORE ADMISSION ☐	F DRUG		Other time
NEW DOSE ☐	DOSE	ROUTE	DATE
NEW MEDICATION ☐	PREScriBER (PRINT & SIGN)	DATE	DATE
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	STOPPED INITIALS:	DATE
		Other time	Other time
BEFORE ADMISSION ☐	G DRUG		Other time
NEW DOSE ☐	DOSE	ROUTE	DATE
NEW MEDICATION ☐	PREScriBER (PRINT & SIGN)	DATE	DATE
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	STOPPED INITIALS:	DATE
		Other time	Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name	HONEYMAN Catherine	01/02/1949
CHI No	10 MELVILLE STREET	0/2
	Glasgow, Lanarkshire	G41 2LN

Drug Allergies / Sensitivities None Known ☐ Yes ☒ (provide details below)

DICLOFENAC - NAUSEA

[illegible]

Oral and Other Drugs: Regular Prescription				DATE	12	13	14	15	16													Patient's Own Medicine
				MONTH	7	9	9	9	9													For Use Y/N
BEFORE ADMISSION ☒	M	DRUG <u>ORALPHOSOL</u>		Other time																		
NEW DOSE ☐	DOSE <u>20mg</u>	ROUTE <u>O</u>	DATE <u>12/9/13</u>	DATE:	0700-0900	X													Qty:			
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) <u>[Signature]</u>			STOPPED	1200-1400														Date:			
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				INITIALS:	1500-1800														Assessed by			
					2200-2400														Ordered from Pharm			
					Other time																	
BEFORE ADMISSION ☒	N	DRUG <u>TRAMADOL</u>		Other time																		
NEW DOSE ☐	DOSE <u>100mg</u>	ROUTE <u>O</u>	DATE <u>12/9/13</u>	DATE:	0700-0900	X													For Use Y/N			
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) <u>[Signature]</u>			STOPPED	1200-1400	X													Qty:			
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				INITIALS:	1500-1800	X													Date:			
					2200-2400	X													Assessed by			
					Other time																	
BEFORE ADMISSION ☐	P	DRUG <u>PANACELUMOL</u>		Other time																		
NEW DOSE ☐	DOSE <u>1g</u>	ROUTE <u>PO</u>	DATE <u>12/7/13</u>	DATE:	0700-0900	X													For Use Y/N			
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) <u>[Signature]</u>			STOPPED	1200-1400	X													Qty:			
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				INITIALS:	1500-1800	X													Date:			
					2200-2400	X													Assessed by			
					Other time																	
BEFORE ADMISSION ☐	R	DRUG		Other time																		
NEW DOSE ☐	DOSE	ROUTE	DATE	DATE:	0700-0900														For Use Y/N			
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)			STOPPED	1200-1400														Qty:			
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				INITIALS:	1500-1800														Date:			
					2200-2400														Assessed by			
					Other time																	

Name	HONEYMAN	F
	Catherine	01/02/1949
CHI No	10 MELVILLE STREET	
	0/2	
	Glasgow, Lanarkshire	G41 2LN

Discharge Checklist

Patient's name: 
 Unit number: 0102496145
 CHI number: HONEYMAN F
 Catherine 01/02/1949
 10 MELVILLE STREET
 0/2
 Glasgow, Lanarkshire
 G41 2LN

Ward: 5

Discharge destination:

Estimated Discharge Date (1) 16/9/13

Estimated Discharge Date (2) 16/9/13

Final date of discharge: 16/9/13

Checklist

	Yes	N/A	Initials	Comments
Patient informed	☒			
Relative/carer informed	☒			
Others informed: Care Home		☒		
Transport arranged				
Own transport (preferred option)	☒			
Ambulance-1 man/ 2 man am/pm		☒		
Other: Flight, Air ambulance etc.		☒		
Discharge medication				
Discharge prescription completed	☒			
Compliance aids e.g. Dosette Box (involve pharmacist)		☒		
Medication received	☒			
Medication explained to patient and/or relative/carer	☒			
Own medication returned to patient	☒			
Dressings/continence aids (7 day supply, ensure District Nurse referral completed)		☒		
Informed of discharge				
Social work/ Other agencies/Home help		☒		
Physiotherapist	☒			
Occupational Therapist	☒			
Dietician		☒		
Speech and Language Therapist		☒		
Clinical Nurse specialist e.g. Care Home Liaison		☒		
Liaison/ District Nurse/Practice Nurse		☒		
Other discharge items				
Access arrangements (e.g. keys, door entry)		☒		
Patients clothing available for day of discharge	☒			
Valuables e.g. cash		☒		
Intravenous cannula removed	☒			
Equipment ordered (inc. walking aids) in place for discharge		☒		
Part 2 Discharge letter - Required	☒			
- Completed	☒			
Out patient clinic appointment e.g. Anticoagulation clinic				
Arranged / To follow	☒			OPR 2/52
If unknown at time of discharge state reason				
Additional information / leaflets / factsheets				
Time of Discharge: 13.30				
Nurse's signature: J Duncanson				
Designation: STAFF NURSE				Date: 16/9/13

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

☐

BEATSON HOSPITAL

☐

CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☐

GLASGOW ROYAL INFIRMARY

☐

INVERCLYDE ROYAL HOSPITAL

☐

MATERNITY

☐

NEW VICTORIA ACH

☐

PRINCESS ROYAL MATERNITY

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☐

MATERNITY

☐

ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY

☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☐

VALE OF LEVEN

☐

MATERNITY

☐

WEST AMBULATORY CARE HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

Including:

PADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☐

WEST MARC

☐

LABS

☐

1

Oral and Other Drugs: Regular Prescription										DATE													Patient's Own Medicine	
										MONTH														
BEFORE ADMISSION ☒	H	DRUG	ASPIRIN							Other time													For Use Y/N	
NEW DOSE ☐		DOSE	45MGs		ROUTE	ORAL		DATE	15/9/14	DATE:	0700-0900													Qty:
NEW MEDICATION ☐		PREScriBER (PRINT & SIGN)	MKEITH MKEITH							INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY								STOPPED	1600-1800													Assessed by:
										Other time	2200-2400													Ordered from Pharm.
BEFORE ADMISSION ☒	J	DRUG	ATENOLOL							Other time													For Use Y/N	
NEW DOSE ☐		DOSE	25MGs		ROUTE	ORAL		DATE	15/9/14	DATE:	0700-0900													Qty:
NEW MEDICATION ☐		PREScriBER (PRINT & SIGN)	MKEITH MKEITH							INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY								STOPPED	1600-1800													Assessed by:
										Other time	2200-2400													Ordered from Pharm.
BEFORE ADMISSION ☒	K	DRUG	BENDROFLUMETHAZIDE							Other time													For Use Y/N	
NEW DOSE ☐		DOSE	2.5MGs		ROUTE	ORAL		DATE	15/9/14	DATE:	0700-0900													Qty:
NEW MEDICATION ☐		PREScriBER (PRINT & SIGN)	MKEITH MKEITH							INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY								STOPPED	1600-1800													Assessed by:
										Other time	2200-2400													Ordered from Pharm.
BEFORE ADMISSION ☒	L	DRUG	FLUOXETINE							Other time													For Use Y/N	
NEW DOSE ☐		DOSE	20MGs		ROUTE	ORAL		DATE	15/9/14	DATE:	0700-0900													Qty:
NEW MEDICATION ☐		PREScriBER (PRINT & SIGN)	MKEITH MKEITH							INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY								STOPPED	1600-1800													Assessed by:
										Other time	2200-2400													Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription				DATE MONTH													Patient's Own Medicine For Use Y/N
BEFORE ADMISSION ☒	M	DRUG OMEPRazole		Other time 0700-0900	17 18 9 9												
NEW DOSE ☐	DOSE 20mg	ROUTE ORAL	DATE 15/9/14	DATE: 1200-1400													
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) MROTH MRETTIE		INITIALS: STOPPED	1600-1800													
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2200-2400													
				Other time													
BEFORE ADMISSION ☒	N	DRUG TRAMADOL		Other time 0700-0900	17 18 9 9												
NEW DOSE ☐	DOSE 50mg	ROUTE ORAL	DATE 15/9/14	DATE: 1200-1400													
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) MROTH MRETTIE		INITIALS: STOPPED	1600-1800													
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2200-2400													
				Other time													
BEFORE ADMISSION ☐	P	DRUG		Other time 0700-0900													
NEW DOSE ☐	DOSE	ROUTE	DATE	DATE: 1200-1400													
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		INITIALS: STOPPED	1600-1800													
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2200-2400													
				Other time													
BEFORE ADMISSION ☐	R	DRUG		Other time 0700-0900													
NEW DOSE ☐	DOSE	ROUTE	DATE	DATE: 1200-1400													
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		INITIALS: STOPPED	1600-1800													
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2200-2400													
				Other time													

Patient's Own Medicine

[illegible]

NEWS – National Early Warning Score

Name	 0102496145 01/02/1949 HONEYMAN Catherine
Address	
CHI No.	
DoB	

	Date	Ward
Admitted	9/9/14	
Transferred		
Transferred		

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

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

See NEWS Actions Reference Tool for local escalation policy

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

Date:

1. Signed [Signature] Name [Name] Designation [Designation]
2. Signed Name Designation
3. Signed Name Designation

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

0102496145
HONEYMAN
Catherine
10 MELVILLE STREET
0/2
Glasgow, Lanarkshire

G41 2LN

Individual patient needs: 2LN Mat required: Y / N Bed rails: Y / N
'Must do's' for me. Ask the patient if there is anything they want specifically done today:

[illegible]

Ward:

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

[illegible]

NHS Greater Glasgow and Clyde Active Care Checklist

Date: 10/09/14

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr 4hr **6hr**

1. Signed [Signature] Name [Name] Designation [Designation]

2. Signed Name Designation

3. Signed Name Designation.....

USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

Attach Address

102496145
HONEYMAN

Catherine

TO MELVIL
2/2

Glasgow, I

30W, L

01/03/10 F

01/02/1949
EET

re

Ward:

G41 2LN

Individual patient needs: Red mat required: Y / N Bed rails: Y / N
'Must do's' for me. Ask the patient if there is anything they want specifically done today:

[illegible]

[illegible]

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

All Routes: As Required Prescriptions										Patient's Own Medicine								
BEFORE ADMISSION	LL	DRUG	PARACETAMOL		DATE:						DATE						For Use Y/N	
☐		DOSE	1g	ROUTE	ORAL	INDICATION	Pain	STOPPED INITIALS:		TIME						Qty:		
NEW DOSE	☐	PRESCRIBER (PRINT & SIGN)	[Signature]		MAX.FREQ.	4-6	DATE:	9/9		DOSE						Date:		
NEW MEDICATION	☒	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										GIVEN BY						Assessed by:
		Max 4g/d																Ordered from Pharm.
BEFORE ADMISSION	MM	DRUG	IBUPROFEN		DATE:						DATE						For Use Y/N	
☐		DOSE	400mg	ROUTE	ORAL	INDICATION	Pain	STOPPED INITIALS:		TIME						Qty:		
NEW DOSE	☐	PRESCRIBER (PRINT & SIGN)	[Signature]		MAX.FREQ.	6-8	DATE:	9/9		DOSE						Date:		
NEW MEDICATION	☒	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										GIVEN BY						Assessed by:
		Max TID																Ordered from Pharm.
BEFORE ADMISSION	NN	DRUG	TRAMADOL		DATE:						DATE						For Use Y/N	
☐		DOSE	50-100mg	ROUTE	PO	INDICATION	PAIN	STOPPED INITIALS:		TIME						Qty:		
NEW DOSE	☐	PRESCRIBER (PRINT & SIGN)	[Signature]		MAX.FREQ.	4	DATE:	9/9		DOSE						Date:		
NEW MEDICATION	☒	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										GIVEN BY						Assessed by:
		MAX 400mg/24 hrs.																Ordered from Pharm.
BEFORE ADMISSION	PP	DRUG			DATE:						DATE						For Use Y/N	
☐		DOSE		ROUTE		INDICATION		STOPPED INITIALS:		TIME						Qty:		
NEW DOSE	☐	PRESCRIBER (PRINT & SIGN)			MAX.FREQ.		DATE:			DOSE						Date:		
NEW MEDICATION	☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										GIVEN BY						Assessed by:
																		Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

NEWS – National Early Warning Score



Name
Address

CHI No.
DoB

0102496145
HONEYMAN
Catherine
10 MELVILLE STREET
0/2
Glasgow, Lanarkshire
01/02/1949
F
G41 2LN

	Date	Ward
Admitted	17/9/14	5
Transferred		
Transferred		

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

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

See NEWS Actions Reference Tool for local escalation policy

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



NAME: 0102496145 F
HONEYMAN
Catherine 01/02/1949
10 MELVILLE STREET
D 0/2
& t Glasgow, Lanarkshire

WARD: 5

DATE OF
ADMISSION: 17-9-14

[illegible]

N U R S I N G P R O F I L E

Name: CATHERINE HONEYMAN

Unit No: SG00940779

Acct No: IP0060677/11

Address: 10 MELVILLE STREET

Consultant: DAVIDSON, SCOTT

Ward: S20

GLASGOW

DOB: 01/02/49 Age: 62

Date: 19/11/11

G41 2LN

CHI: 0102496145

Time: 0137

Tel: 0414221580

Rel:

Marital Status: MAR

Next of Kin: HONEYMAN, RAYMOND

GP: MARSHALL, GRAEME G

Address: 10 MELVILLE STREET

Practice Address: GORBALS HEALTH CENTRE

GLASGOW

GLASGOW

Tel: 0414221580

G5 0BQ

Tel: 0141 531 8250

Relationship: HUS

Other Contact:

Tel:

Relationship:

REASON FOR ADMISSION:- SOB / CHEST TIGHT

SHORT SUMMARY:- 3/7 Hx OF INCREASED SOB AND CENTRAL CHEST
TIGHTNESS, LIGHTEADED + DIZZY
COUGH - NON PRODUCTIVE, NO FEVER. CHEST HEAVINESS
WORSE @ 2100HRS ATTENDED A+E NOT RELIEVED BY GTN
SPRAY. NOT SIMILAR TO ANGINA. NOT WORSENER BY
INSPIRATION. USES GTN 2-3 TIMES PER WEEK. PAST 2-3
DAYS 2-3 TIMES PER DAY USING GTN SPRAY. SOME R LEG
CRAMPS ALSO IN PAST 1-2 DAYS. DENIES ANY RECENT
TRAVEL.

PAST MEDICAL HISTORY

MEDICATIONS ON ADMISSION

- RECENT POST MENOPAUSAL BLEEDING
- IHD
GORD
BILATERAL TKR

1) GTN
2) BFZ
3) ATENOLOL
4) SIMVASTATIN
5) OMPERAZOLE
- TRAMADOL
ASPRIN
CETIRIZINE
FLUCLOXETINE

***** Allergies *****

*

*

NKDA

*

*

*

SOUTH GLASGOW HOSPITALS DIVISION

SOUTHERN GENERAL HOSPITAL

NURSING PROFILE

Name: CATHERINE HONEYMAN

Unit No: SG00940779

Acct No: IP0060677/11

ESTIMATED DATE OF DISCHARGE:

N U R S I N G P R O F I L E

Name: CATHERINE HONEYMAN

Unit No: SG00940779

Acct No: IP0060677/11

GENERAL ASSESSMENT

> WELL KEMPT LADY
ALERT AND ORIENTATED ON ARRIVAL
MAINTAINING OWN AIRWAY
VITAL SIGNS STABLE
IV ACCESS
COMPLAINING OF CHEST TIGHTNESS GIVEN GTN SPRAY ON ARRIVAL
24% O2 THERAPY INSITU

SOCIAL/HOME BACKGROUND

> LIVES WITH HUSBAND AND DAUGHTER
NON SMOKER
SOCIAL ALCOHOL
INDEPENDANT

RELATIVES AWARE OF ADM Y/N?:- Y Comment: HUSBAND

ACTIVITIES OF DAILY LIVING

MAINTAINING SAFE ENVIRONMENT: Orientated to Area on ADM
Maintain Own Safety

COMMUNICATING: Communicates Freely

BREATHING: Can Maintain Airway
Satis Colour/Perfusion

EATING/DRINKING: Good Appetite
Normal Diet

ELIMINATING: Normal Bowel Function

CLEANSING/DRESSING: No Assistance

TEMPERATURE: Apyrexial

MOBILISING: Independent

WORKING/PLAYING: Active Socially
Employed -

SLEEPING: Good Sleep Pattern

N U R S I N G P R O F I L E

Name: CATHERINE HONEYMAN

Unit No: SG00940779

Acct No: IP0060677/11

Good Sleep Pattern

DYING: Not Appropriate Discuss

SKIN CONDITION: SKIN INTACT

Does patient smoke? N

Does patient want to stop smoking NOW?

Has patient been referred to 'Stop Smoking Service'?

BP:140/91 mmHG Pulse: 83 /min Resp: 18 /min SpO2: 100% Temp: 36.3 C
Weight: Kg Height: ft. in / Metric: cm BM: BMI:
aterlow Score: Urinalysis:

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Completed By (Sign): _____

Completed by: ANGELA MCNEE

on/at 19/11/11 0139

Report Number: 1911-0004

N U R S I N G P R O F I L E

Name: CATHERINE HONEYMAN

Unit No: SG00940779

Acct No: IP0016709/11

Address: 10 MELVILLE STREET

Consultant: HULLIN, MIKE

Ward: S03

GLASGOW

DOB: 01/02/49 Age: 62

Date: 27/03/11

G41 2LN

CHI: 0102496145

Time: 0645

Tel: 0414221580

Rel:

Marital Status: MAR

Next of Kin: HONEYMAN, RAYMOND

GP: MARSHALL, GRAEME G

Address: 10 MELVILLE STREET

Practice Address: GORBALS HEALTH CENTRE

GLASGOW

GLASGOW

Tel: 0414221580

Tel: 0141 531 8250

Relationship: HUS

Other Contact:

Tel:

Relationship:

REASON FOR ADMISSION:- RIGHT KNEE PAIN

SHORT SUMMARY:- LONGSTANDING HX OF PAIN IN R KNEE, INCREASING IN SEVERITY, NOW UNABLE TO WEIGHTBEAR. JOINT ERYTHEMATOUS, CELLULITIC AROUND SCAR. HAD LTKR AND R PATELLA RESURFACING 2010, REVISION R PATELLA MAY 2010 THEN READMITTED WITH HAEMATOMA AND INFECTION

PAST MEDICAL HISTORY

MEDICATIONS ON ADMISSION

- AS ABOVE
- ANGINA
- ARTHRITIS

- 1) SIMVASTATIN
- 2) ATENOLOL
- 3) TRAMADOL
- 4) ASPIRIN
- 5) BENDROFLUAZIDE
- FLUOXETINE
- LOSEC

***** Allergies *****

* NKDA * VOLTAROL *

ESTIMATED DATE OF DISCHARGE:

NURSING PROFILE

Name: CATHERINE HONEYMAN

Unit No: SG00940779

Acct No: IP0016709/11

GENERAL ASSESSMENT

> IN PAIN, HAD COCODAMOL IN CASUALTY, REQUIRED MORPHINE ON ARRIVAL TO WARD.
ASSISTED WITH TRANSFER.

SOCIAL/HOME BACKGROUND

> LIVES WITH HUSBAND AND DAUGHTER. NON SMOKER, SELDOM ALCOHOL. DOESNT GET OUT
MUCH, SCARED OF FALLING.

RELATIVES AWARE OF ADM Y/N?:- Y Comment:

ACTIVITIES OF DAILY LIVING

MAINTAINING SAFE ENVIRONMENT: Risk of Falls
Requires Supervision

COMMUNICATING: Communicates Freely

BREATHING: Can Maintain Airway

EATING/DRINKING: Good Appetite

ELIMINATING: Normal Bowel Function
Normal Bladder Function

CLEANSING/DRESSING: Assistance

TEMPERATURE: Apyrexial

MOBILISING: Risk of Falls
Walking Aid(See Note)

WORKING/PLAYING: Housebound
Non Active Socially

SLEEPING: Good Sleep Pattern

DYING: Not Appropriate Discuss

N U R S I N G P R O F I L E .

Name: CATHERINE HONEYMAN

Unit No: SG00940779

Acct No: IP0016709/11

SKIN CONDITION: SKIN BROKEN

Does patient smoke? N

Does patient want to stop smoking NOW?

Has patient been referred to 'Stop Smoking Service'?

BP:143/81 mmHG Pulse: 115/min Resp: 16 /min SpO2: 96 % Temp: 36 C
Weight:95 Kg Height:5 ft.4 in / Metric: cm BM: BMI: 35
Waterlow Score: 8 Urinalysis:

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Completed By (Sign): _____

Completed by: CLARE SANTIAGO

on/at 27/03/11 0646

Report Number: 2703-0005

7	Commence Continence assessment - follow local guidelines	
Environment		
8	Observe and remove trip hazards - drip stands, drains, catheters etc	17/09/2014
9	DO NOT leave patient unattended when using toilet, shower or bath	
10	Non slip mat on chair or floor - follow advice from therapists	
11	Move to more observable area of the ward to optimise supervision	
12	Patient's level of supervision to be reviewed frequently	
13	Patient requires one to one nursing care	
Documentation		
14	Update falls risk assessment and care plan after a fall or change in condition	17/09/2014
15	Complete a Bedrail risk assessment	
16	Undertake a pain assessment	17/09/2014
17	Document in nursing notes alternative safety measures, if bedrails not used	17/09/2014
18	Document in nursing notes episodes of risk taking activity	
19	Investigate triggers for risk taking using a chart to monitor behaviour	
20	Record patients bowel activity	17/09/2014
21	Assess patients bowel activity to exclude constipation	
22	Review the continence management programme	
23	Use Falls Map if patient has 2nd or subsequent falls - see policy	
24	Record fluid intake / output	
25	Patient/relatives/carers given inpatient falls prevention leaflet	
Seating and Bed		
26	Select most suitable seating - refer to Falls Policy	
27	Refer to Occupational Therapist for seating and transfer advice	
28	Bed rails or bumpers to be used - refer to Falls Policy	
29	Patient requires low bed or mattress on the floor- strict policy adherence	
30	Bed or chair monitor to be used - refer to Falls Policy	
31	When bed / chair monitor removed - patient supervision should be increased	
32	Bed to be placed against wall to allow only one exit	
Mobilisation		
33	Advise patient that they may experience dizziness on initial mobilisation	17/09/2014
34	Monitor pulse & lying and standing Blood Pressures (see instructions)	
35	Review need for assistance when mobilising	17/09/2014
36	Refer to Physiotherapist for transfer and mobility advice	
Investigation		
37	Exclude delirium - check infection, pain, constipation, medication	
38	Assess cognitive ability using AMT4	
39	Request a review of medications	
40	Ensure medical staff and multidisciplinary team are aware of falls	
Referrals		
41	Refer to Hospital Falls Prevention Coordinator - see criteria	

42	Complete MUST - refer to dietician if appropriate	
Other		
		Date of podiatry referral:
		Actioned by: Debbie Sweeney

Further Investigations

If any intervention above has not been effective for the patient, please describe what action you have taken to address the situation.

	Date:	Actioned by:
Falls Coordinator Only:		
Instructions to Nursing Staff:		
	Date:	Name:

Clinical Notes

Name:	Michael Mines	Designation:	Registered Nurse	Date:	17/09/2014	Time:	05:56
Clinical Note	Pre-admission details filled in for patient to be admitted this afternoon for theatre on 18/9/14.						
Name:	Debbie Sweeney	Designation:	Registered Nurse	Date:	17/09/2014	Time:	15:47
Clinical Note	Admitted for theatre tomorrow. please fast from 12 MN but give clear fluids overnight. Pt Jehovah's witness and does not wish blood/blood products. Orientated to Ward. News 0 on admission. Still to be consented, marked and reviewed by anaesthetist.						
Name:	Michael Mines	Designation:	Registered Nurse	Date:	18/09/2014	Time:	04:41
Clinical Note	Patient fasted from midnight. Clear fluids until 0600 hrs. Consented and limb marked. Awaiting Anaesthetic review before theatre.						
Name:	Karen Palmer1	Designation:	Registered Nurse	Date:	18/09/2014	Time:	11:12
Clinical Note	Patient taken to theatre, however reviewed by anaesthetist and procedure cancelled. Patient has ongoing angina - has been using GTN spray at rest, most recent episode 17/8/14. Patient advised safest option was to refer to cardiology for review. Referral made and patient to be contacted at home. Procedure to be carried out after cardiology investigations. Discharged from ward.						

Waterlow

Date:	17/09/2014	Time:	15:51	Score:	8	Risk:		Nurse:	Debbie Sweeney
Sex:	Female	Age:	65	Build/W eight	Obese	Continence:	Complete/cathet erised		
Skin Type - Visual Risk Area				Healthy	Yes				
				Tissue Paper (thin/fragile):	No				
				Dry (appears flaky):	No				
				Oedematous (puffy):	No				
				Clammy pyrexia:	No				
				Discoloured:	No				
				Mobility:	Fully mobile				
Nutritional Elements				Unplanned Weight Loss:	< 5				
				BMI:	> 20				

	No nutrition > 5 days:	No
Tissue Malnutrition :	Multiple Organ Failure:	No
	Single Organ Failure:	No
	Periph. Vasc. Disease:	No
	Anaemia = Hb<8:	No
	Smoking:	No
Neurological Deficit:	Diabetes/MS/CVA/motor:	
Surgery\Trauma	On table > 6 hours:	No
	Orthopaedic (up to 48 hrs):	No
	On table > 2 hrs:	No
Medication	Cytotoxic (max score =4):	1
	TOTAL SCORE :	8
	Date :	17/09/2014
	Name :	Debbie Sweeney
	Time :	15:51
	Review Date :	2014-09-18

There is no further information for this patient

Waterlow

Date:	09/09/2014	Time:	06:04	Score:	6	Risk:		Nurse:	Jodie Reilly
Sex:	Female	Age:	65	Build/W eight	Above average	Continence:			
Skin Type - Visual Risk Area				Healthy	Yes				
				Tissue Paper (thin/fragile):	No				
				Dry (appears flaky):	No				
				Oedematous (puffy):	No				
				Clammy pyrexia:	No				
				Discoloured:	No				
					No				
				Mobility:	Fully mobile				
Nutritional Elements				Unplanned Weight Loss:					
				BMI:					
				No nutrition > 5 days:	No				
Tissue Malnutrition :				Multiple Organ Failure:	No				
				Single Organ Failure:	No				
				Periph. Vasc. Disease:	No				
				Anaemia = Hb<8:	No				
				Smoking :	No				
Neurological Deficit:				Diabetes/MS/CVA/motor :					
Surgery\Trauma				On table > 6 hours:	No				
				Orthopaedic (up to 48 hrs):	No				
				On table > 2 hrs:	No				
Medication				Cytotoxic (max score =4):					
				TOTAL SCORE :	6				
				Date :	09/09/2014				
				Name :	Jodie Reilly				
				Time :	06:04				
				Review Date :					

There is no further information for this patient

Previous Patient Notes for (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		Historical Note
Date/Time: 10-Sep-2014 10:28	Created By: Consultant in Geriatric Medicine - James Reid2	Role:
Specialty:	Organisation:	Sensitive
Note: Patient was indepdent with a basin wach this morning. Mobilising independently to the toilet and reports passing urine. MSU awaited. GCS 15/15 - pupils equal and responsive, limbs equal and no weakness noted. LP performed - results awaited. news 0. Analgesia given. Patient eating and drinking independently.		

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
PLASTER ROOM REPORT

CONSULTANT: MR MIKE HULLIN

DATE: 20/05/11

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49 UNIT NO: SG00940779
ACCT NO: OP0226775/11
CHI NO: 0102496145
GP: DR GRAEME G MARSHALL

Type of Cast: REMOVAL OF CAST

Instructions given for care of Plaster: N

Walking Aids: NOT APPLICABLE

Instructions given for Walking Aids: N

Other: NOT APPLICABLE

Further information: RIGHT CYLINDER CAST REMOVED AND REPLACED WITH GENURANGE
SPLINT WITH HINGES LOCKED. ADVISED IF UNABLE TO COPE IN
SPLIT TO RETURN MONDAY WITH A VIEW TO HAVE CYLINDER
CAST REAPPLIED.

SIGNED: PLA.GILVA GILLESPIE, VALERIE DATE: 20/05/11

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
TREATMENT ROOM REPORT

CONSULTANT: MR. MIKE HULLIN

DATE: 20/05/11

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49 UNIT NO: SG00940779
ACCT NO: OP0226775/11
CHI NO: 0102496145
GP: DR GRAEME G. MARSHALL

Procedure: BLOOD INVESTIGATIONS

Dressings: NOT APPLICABLE

Further information: FBC, ESR, CRP U E. R ARM

SIGNED: NU.LAUMA MCLAUGHLIN, MARY

DATE: 20/05/11

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
TREATMENT ROOM REPORT

CONSULTANT: MR MIKE HULLIN

DATE: 06/05/11

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49 UNIT NO: SG00940779
ACCT NO: OP0205558/11
CHI NO: 0102496145
GP: DR GRAEME G MARSHALL

Procedure: BLOOD INVESTIGATIONS

Dressings: NOT APPLICABLE

Further information: INFECTION SCREEN, R ARM

SIGNED: NU.LAUMA MCLAUGHLIN, MARY

DATE: 06/05/11

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
PLASTER ROOM REPORT

CONSULTANT: MR MIKE HULLIN

DATE: 15/04/11

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49 UNIT NO: SG00940779
ACCT NO: OP0196871/11
CHI NO: 0102496145
GP: DR GRAEME G MARSHALL

Type of Cast: LONG LEG LW

Instructions given for care of Plaster: Y

Walking Aids: NOT APPLICABLE

Instructions given for Walking Aids: N

Other: NOT APPLICABLE

Further information: RIGHT LONG LEG CAST APPLIED.

SIGNED: PLA.GILVA GILLESPIE, VALERIE DATE: 15/04/11

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
PLASTER ROOM REPORT

CONSULTANT: MR MIKE HULLIN

DATE: 19/01/11

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49

UNIT NO: SG00940779
ACCT NO: OP0055238/11
CHI NO: 0102496145

GP: DR GRAEME G MARSHALL

Type of Cast: REMOVAL OF CAST

Instructions given for care of Plaster: N

Walking Aids: NOT APPLICABLE

Instructions given for Walking Aids: N

Other: NOT APPLICABLE

Further information: RIGHT BELOW KNEE CAST REMOVED TODAY

SIGNED: NU.CALJA MCCALMAN, JACQUELINE DATE: 19/01/11

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
PLASTER ROOM REPORT

CONSULTANT: MR MIKE HULLIN

DATE: 10/12/10

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49 UNIT NO: SG00940779
ACCT NO: OP0430139/10
CHI NO: 0102496145
GP: DR GRAEME G MARSHALL

Type of Cast: REMOVAL OF CAST Instructions given for care of Plaster: N

Walking Aids: NOT APPLICABLE Instructions given for Walking Aids: N

Other: NOT APPLICABLE

Further information: RIGHT LONG LEG CAST APPLIED.

SIGNED: PLA.GILVA GILLESPIE, VALERIE DATE: 10/12/10

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
TREATMENT ROOM REPORT

CONSULTANT: MR MIKE HULLIN

DATE: 08/10/10

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49 UNIT NO: SG00940779
ACCT NO: OP0360830/10
CHI NO: 0102496145
GP: DR GRAEME G MARSHALL

Procedure: BLOOD INVESTIGATIONS

Dressings: NOT APPLICABLE

Further information: CRP,ESR,FBC,

SIGNED: NU.LAUMA MCLAUGHLIN,MARY

DATE: 08/10/10

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
PLASTER ROOM REPORT

CONSULTANT: MR MIKE HULLIN

DATE: 10/09/10

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49 UNIT NO: SG00940779
ACCT NO: OP0346506/10
CHI NO: 0102496145
GP: DR GRAEME G MARSHALL

Type of Cast: REMOVAL OF CAST

Instructions given for care of Plaster: N

Walking Aids: NOT APPLICABLE

Instructions given for Walking Aids: N

Other: NOT APPLICABLE

Further information: RIGHT BELOW KNEE CAST REMOVED.

SIGNED: PLA.GILVA GILLESPIE, VALERIE DATE: 10/09/10

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
PLASTER ROOM REPORT

CONSULTANT: MR MIKE HULLIN

DATE: 27/08/10

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49 UNIT NO: SG00940779
ACCT NO: OP0322814/10
CHI NO: 0102496145
GP: DR GRAEME G MARSHALL

Type of Cast: BELOW KNEE WALK CAST LW Instructions given for care of Plaster: Y

Walking Aids: NOT APPLICABLE Instructions given for Walking Aids: N

Other: NOT APPLICABLE

Further information: RIGHT BELOW KNEE WALKING CAST REMOVED FOR EXAMINATION
BY DR AND REAPPLIED.

SIGNED: PLA.GILVA GILLESPIE, VALERIE DATE: 27/08/10

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
PLASTER ROOM REPORT

CONSULTANT: MR MIKE HULLIN

DATE: 06/08/10

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49

UNIT NO: SG00940779
ACCT NO: OP0278507/10
CHI NO: 0102496145

GP: DR GRAEME G MARSHALL

Type of Cast: BELOW KNEE WALK CAST LW Instructions given for care of Plaster: Y

Walking Aids: NOT APPLICABLE

Instructions given for Walking Aids: N

Other: NOT APPLICABLE

Further information: LEFT BELOW KNEE CAST REMOVED FOR EXAMINATION BY DR,
BK WALKING CAST APPLIED.

SIGNED: PLA.GILVA GILLESPIE, VALERIE , DATE: 06/08/10

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
PLASTER ROOM REPORT

CONSULTANT: MR SANJEEV PATIL

DATE: 14/07/10

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49 UNIT NO: SG00940779
ACCT NO: IP0036481/10
CHI NO: 0102496145
GP: DR GRAEME G MARSHALL

Type of Cast:

Instructions given for care of Plaster:

Walking Aids:

Instructions given for Walking Aids:

Other:

Further information:

SIGNED:

DATE:

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
TREATMENT ROOM REPORT

CONSULTANT: MR MIKE HULLIN

DATE: 04/06/10

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49 UNIT NO: SG00940779
ACCT NO: OP0226235/10
CHI NO: 0102496145
GP: DR GRAEME G MARSHALL

Procedure: BLOOD INVESTIGATIONS

Dressings: NOT APPLICABLE

Further information: ESR CRP FBC

SIGNED: NU.COREL MCCORMICK, ELIZABETH

DATE: 04/06/10

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GLASGOW
G51 4TF
TEL: 0141 201 1100

DEPARTMENT OF ORTHOPAEDICS
TREATMENT ROOM REPORT

CONSULTANT: MR MIKE HULLIN

DATE: 12/02/10

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN

DOB: 01/02/49 UNIT NO: SG00940779
ACCT NO: OP0111428/10
CHI NO: 0102496145
GP: DR GRAEME G MARSHALL

Procedure: WOUND ASSESSMENT

Dressings: ALLEVYN
AQUACELL
AQUACELL

Further information: WOUND SLOUGHY HAS IMPROVED RETURNING 2
WEEKS

SIGNED: NU.WILMR WILLIAMS, MARGARET

DATE: 12/02/10

Affix Label



CHI: 0102496145

Queen Elizabeth University Hospital

Total Att: 3

12 Mth Att: 0

Title: MRS

HONEYMAN

Catherine

DOB: 01/02/1949

Age: 77y

Sex: Female

FLAT 0-2
10 MELVILLE ST
Glasgow
Lanarkshire
G41 2LN
01414221580

Next of kin: HONEYMAN, Raymond
Relationship: Husband
01414221580

GP: G Marshall
0141 201 5111

Attendance Date: 16/04/2026

Arrival Time: 14:51

Registration Time: 14:51

Date of Incident: 16/04/2026

Major Incident Desc:

Reason for Attendance: falls head inj.

Nursing Assessment

Alerts: Not Recorded

Triage Category: 4

Allergies: None Known

Pain Score:

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 16/04/2026 15:24

Nurse name: Nurse Karen Hughes

RR	14	bpm
Oxygen		%
Air or O2		
SpO2	97	%
HR	78	bpm
BP	120/65	mmHg
CRT		
MAP	83	mmHg
AVPU		
Temp	35.6	C
EWS Total		

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils-Right	Pupils-Left
Size (mm) 3	Size (mm) 3
Reaction Y	Reaction Y

Nursing Notes: mechanical fall in bathroom struck head frontal haematoma no loc peri alert oaf not anti coagulated

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Patient Lab

0102496145
HONEYMAN
Catherine

01/02/1949

Queen Elizabeth
University HospitalNHS
Greater Glasgow
and Clyde

Adult Head Injury Worksheet

Seen by

C. [signature]

Date

16/04/26

Time

Description of and Mechanism of Injuries

At home, at toilet, hadn't locked door, door opened, jumped up falling forward, struck head on floor. Remembers all events, denies LOC, No vomiting, No visual disturbance. No anti-coags, bright and alert, walked into MIV with daughter. Has developed mild headache, has haematoma noted to forehead. Given paracetamol.

Continue on ED card if necessary

	Yes	No	Details if yes
Evidence of alcohol ingestion		☒	
Evidence of other drug use		☒	
Loss of consciousness		☒	
Post-traumatic amnesia		☒	
Headache	☒		mild - no analgesia prior to rdv.
Vomiting		☒	
Visual disturbance		☒	
Seizure since injury		☒	
Other neurological symptoms		☒	

Past Medical History

Spinal stenosis
Awaiting hip replacement

Drug History

Allergies:

NIL

Tetanus status:

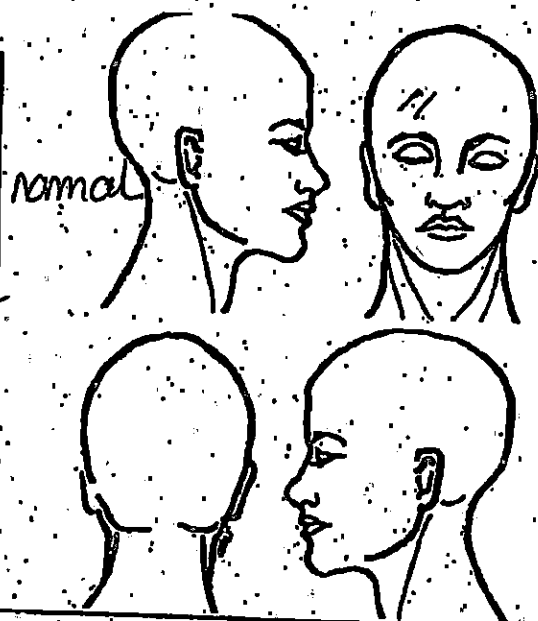
Anticoagulants

	Yes	No	
Warfarin		☒	INR:
Other anticoagulants		☒	Name:

Examination Findings

HR	78	RR	14	GCS	Score	Pupils	Left	Right
BP	120/85	SpO ₂	97%	E	4	Size	3	3
DM		Temp	35.6	M	5	Reactive	+	+
				V	6	Eye movements	Normal	Normal
				Total	15/15	Tympanic membranes	Intact	Intact

Neurological Examination				
	RUL	LUL	RLL	LRL
Sensation	✓	✓	✓	✓
Tone				
Power	S/S	S/S	S/S	S/S
Reflexes	✓	✓	✓	✓



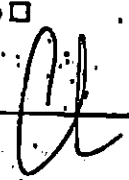
Examination Findings			
	Yes	No	
Palpable or visible skull fracture		✓	Details
Evidence of Basal Skull fracture		✓	Specify
Evidence of injury to neck		✓	Details

Investigations			
	Yes	No	Result
C-spine X-ray		✓	
CT Brain		✓	
Bloods		✓	
Facial Views		✓	

Impression	Treatment
Haematoma forehead No C-spine, facial BT	Dis home with daughter who will stay overnight with pt. Head injury advice leaflet given and explained with strict worsening advice to return to ED with worsening symptoms

Disposal	Yes	No	Time
Home with responsible adult with head injury advice card	✓		
Concussion advice discussed	✓		
Admit to ED head injury ward		✓	
Admitted to surgical HDU under ED		✓	
Discussed with Neurosurgical SpR at QEUH, no transfer		✓	
Transferred to care of Neurosurgeons at QEUH		✓	

Additional notes on ED card? Yes ☐ No ☐

Signed: 

Print name: enl

Grade: _____

Af



CHI: 0102496145

Queen Elizabeth University Hospital

Title: MRS

HONEYMAN

DOB: 01/02/1949

10 MELVILLE STREET
0/2Glasgow
Lanarkshire

G41 2LN

01414221580

Age: 66y

Catherine

Sex: Female

 Next of kin: HONEYMAN, Raymond
 Relationship: Husband
 01414221580

 GP: G Marshall
 0141 531 8250

Total Att: 2

12 Mth Att: 0

Attendance Date: 04/01/2016

Registration Time: 16:50

Major Incident Desc:

Arrival Time: 16:50

Date of Incident: 04/01/2016

Reason for Attendance: unwell headache dizzy

Nursing Assessment

Alerts: Not Recorded

Triage Category: 3

Allergies: None Known

Pain Score:

Tetanus up to date/fully immunised:

Presenting Complaint: General

Observation Date: 04/01/2016 17:30

Nurse name: Nurse Julie Anthoney

Temp	36	C
HR	89	bpm
BP	156/78	mmHg
MAP	104.00	mmHg
RR	12	bpm
SpO2	98	%
Oxygen		%

BM	8.6	mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils-Right		Pupils-Left	
Size (mm)	4	Size (mm)	4
Reaction	Y	Reaction	Y

Nursing Notes: hx dizzy/headaches for few days

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

0102496145 01/02/1949
HONEYMAN
Catherine

DO NOT WRITE
HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
4/1/18	STEMETIL	5mg	po	1930	<i>ne</i>	<i>R</i>

Date

CLINICAL NOTES

Seen by (Dr)

Cather (CH)

Time seen

4/1/16

66
+

PC: Dizzy / Light headedness

HPC: 3/7 Hz of dizziness

- No systemic upset
- No collapse
- No chest pain
- well on herself
- headache

PMH: TBP

Drugs:

Angina

NAD

Rx: - orientated TTP

- CN II - XII intact
- PEARE
- TM (L) + (R) NAD

- moving all 4 limbs - No neurological defect.

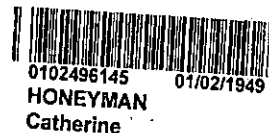
imp likely vertigo ECG - NAD.

D Amitel

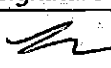
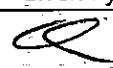
OLC

worsening col-ice

mel
C (CH)



Date	CLINICAL NOTES	
	 0102496145 01/02/1949 HONEYMAN Catherine	

Discharge Codes (Please CIRCLE)						Discharge date	
1. Admission		2. Discharge		3. Refer to GP		4. Transfer to other (see below)	
5. Died		6. Refer to OP Clinic (see below)		7. Irregular Discharge		8. D.O.A.	
Discharge time							
Ward number (if admitted):			Transfer to hospital:			Consultant (if admitted):	
Follow up		Arranged		Not arranged		To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT Others (specify):
Discharge Prescription Packs							
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By	
4/1/16	PROCTODOL-RAZME	SNY	PO	TDS			

Final Discharge Letter



Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY
0141 201 6000

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141-347-8278
Nancy.Burns@ggc.scot.nhs.uk
18/09/2014
AG/nb
17/09/2014
18/09/2014

Dear Dr. G Marshall,

Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
1 MELVILLE STREET, 0/2, Glasgow, Lanarkshire, G41 2LN

Admission: Specialty - General Medicine; Ward - VIC Ward 14 - General Medicine
Consultant - Dr Andrew Gallagher; Date of Admission - 09/09/2014
Date of Discharge - 10/09/2014; Discharged to - Private Residence - no additional detail added

Follow Up: Nil

Clinical Comments:

Diagnosis:

Occipital headache.

This lady was admitted with occipital headache radiating to her right post auricular area. The onset was some two days before coming into hospital and whilst abating it had not fully settled by the time I saw her in the post receiving ward round. There was nothing on thorough examination, neurological assessment and fundoscopy was normal. We proceeded to do a CT scan of brain which was fine as was a lumbar puncture. She was given reassurance and was allowed home on the above date.

Yours sincerely

Dr Andrew Gallagher
Consultant Physician

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Victoria Infirmary Glasgow

Langside Road

Glasgow

G42 9TY

Main Switchboard: 0141 201 6000

Date of Completion: 10/09/2014

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr G Marshall,

Name	CHI	DoB	Address
Catherine Honeyman	0102496145	01/02/1949	10 MELVILLE STREET Glasgow G41 2LN

Admitted	Type	Discharged	Destination
09/09/2014 05:10	In Patient	10/09/2014	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Andrew Gallagher	VIC Ward 14 - General Medicine	0141 201 5064

Reason for Admission and Presenting Complaints	Admission Category
	Acute Admission no additional detail added

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,
Mrs Honeyman attended following a sudden onset severe headache.
A CT head was performed which found no pathology, therefore a lumbar
puncture was done. CSF was clear with no xanthochromia, therefore we
have discharged her home.
Kind regards,
Ward 14, Victoria Infirmary

Treatments:

None recorded.

Follow-up arranged:

Nil

Planned Outpatient

Nil

Investigations:

Final Discharge letter Yes
to follow:

Medication Info:

Allergies: No Allergy**Height:** cm**Weight:** kg**Discharge Medication:**

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Aspirin Dispersible Tablets	Oral	75	mg	ONCE a Day	Indefinite	
Atenolol Tablet	Oral	25	mg	ONCE a Day	Indefinite	
Bendroflumethiazide Tablets	Oral	2.5	mg	ONCE a Day	Indefinite	
Fluoxetine Hydrochloride Capsules	Oral	20	mg	ONCE a Day	Indefinite	
Glyceril trinitrate 400micrograms/dose Sublingual spray	Sublingual	2	dose(s)	As Required	Indefinite	
Omeprazole Capsules	Oral	20	mg	ONCE a Day	Indefinite	
Tramadol Capsule	Oral	50	mg	As Required	Indefinite	

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Dr Emma Lindell
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,

Dispensed Medications Checked by Pharmacy: ,

Nurse discharging patient: Emma Lindell, Doctor

Affix Label



CHI: 0102496145

Victoria Infirmary Glasgow

Total Att: 1

12 Mth Att: 0

Title: MRS

HONEYMAN

Catherine

DOB: 01/02/1949

Age: 65y

Sex: Female

10 MELVILLE STREET

0/2

Glasgow

Lanarkshire

G41 2LN

01414221580

Next of kin: HONEYMAN, Raymond

Relationship: Husband

01414221580

GP: G Marshall

0141 531 8250

Attendance Date: 09/09/2014

Arrival Time: 00:30

Registration Time: 00:30

Date of Incident: 09/09/2014

Major Incident Desc:

Reason for Attendance: medical receiver

Affix Label

Nursing Assessment

Alerts: Not Recorded

Allergies: None Known

Pain Score:

Triage Category: 4

Tetanus up to date/fully immunised:

Presenting Complaint: Neurological Headache

Observation Date: 09/09/2014 00:52

Nurse name: Nurse Robert Burns

Temp	35.9	C
HR	68	bpm
BP	144/75	mmHg
MAP	98.00	mmHg
RR	15	bpm
SpO2	99	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils Right		Pupils Left	
Size (mm)	4	Size (mm)	4
Reaction	Y	Reaction	Y

Nursing Notes: GP ref for medics headaches

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)								Discharge date		
1. Admission 2. Discharge 3. Refer to GP 4. Transfer to other (see below) 5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.								Discharge time		
Ward number (if admitted):				Transfer to hospital:				Consultant If admitted):		
Follow up		Arranged			Not arranged			To be arranged		
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):		
Discharge Prescription Packs										
Date Given	DRUG (BLOCK CAPITALS)			Dose	Method of Administration		Frequency	Signature	Given By	

South Glasgow Hospitals
Unified Case Record - Core Document



Patient Name CATHERINE HAMILTON Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Address _____ Ward A/E Date 1 / 1

Unit Number _____

Telephone Number _____ Date of Birth 1 / 1 Age 65

Presenting Complaint

Diagnosis

1 <u>HEADACHE</u>	1
2	2
3	3

Episode Information

Admission Date: _____ Admission Time: _____ Admitting Consultant: Dr Gaugler
Admitting Ward: _____ Admitted From: _____ Admitting Nurse: _____
Ready for Discharge Date: _____ Actual Discharge Date: _____

Consultant / Named Nurse Transfer

Date: _____	Consultant: _____	Ward: _____	Named Nurse: _____
Date: _____	Consultant: _____	Ward: _____	Named Nurse: _____
Date: _____	Consultant: _____	Ward: _____	Named Nurse: _____
Date: _____	Consultant: _____	Ward: _____	Named Nurse: _____

Name of G.P. _____ **Address** _____ **Telephone No.** _____

Allergies	Special Notes / Alert	CPR (see page 8)	
		Status: _____	Date: _____
		Status: _____	Date: _____

Chaplain Visited? Yes ☐ No ☐ Date: _____ Religion: _____

Next of Kin Details

Patient lives with: _____ Patient or dependents require care? Yes ☐ No ☐

Current care / support arrangements: _____

Commence 'Social Assessment Record' if any care / support issues are identified - Commenced ☐ Not applicable ☐

Other Family Details

Next of Kin: _____	Alternative Next of Kin / Carer: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Telephone No: _____	Telephone No: _____
Relative/Carer present Yes ☐ No ☐ If answer 'No' then →	Name of Relative / Carer contacted: _____
Name of person present on admission: _____	Telephone No: _____
1 st Language (e.g. English, Urdu) _____	Name and Contact No of CPN: _____

Patient name:	D.O.B:	Unit number:	
Nursing Admission Profile			
Specific Observations			
BM:	Weight:	Pregnancy Test (please tick) N/A ☐ Negative ☐ Positive ☐	
Peak Flow:	Height:	Previous MRSA Yes ☐ No ☐ Unknown ☐	
Body Mass Index:			
Mental Status	Cardiovascular System	Musculoskeletal System	GI System
Alert ☐ Co-operative ☐ Calm ☐ Lethargic ☐ Withdrawn ☐ Confused / Agitated ☐ Anxious ☐ Aggressive ☐ Orientated to Time ☐ Place ☐ Person ☐ Action Taken:	No problem identified ☐ Known cardiac symptoms ☐ Action Taken:	No problem identified ☐ Known musculoskeletal symptoms ☐ Action Taken:	No problem identified ☐ Known gastric symptoms ☐ Action Taken: Last BO / / Stools per day: Stools per week: Incontinence of faeces ☐ Stoma ☐ Action Taken:
Neurological Systems	Respiratory System	Physical Activity	Mouth and Throat
No problem identified ☐ Known neurological symptoms ☐ Action Taken: Swallowing deficit Refer to S.A.L.T. if deficit evident ☐ Aphasic* ☐ Expressive dysphasia* ☐ Receptive dysphasia* ☐ *Note possible consideration for consent /AWI Consider use of ward consent / AWI resource pack	No problem identified ☐ Known respiratory symptoms ☐ Action Taken: Speech Normal ☐ Clear ☐ Dysarthric ☐ Hesitant ☐ Hoarse ☐ Action Taken:	No limitations ☐ Walks with supervision ☐ Walks with assistance ☐ Uses walking aid ☐ Chair Fast ☐ Walking stick ☐ Zimmer ☐ Rolator ☐ Crutches ☐ Wheelchair independent ☐ Wheelchair outside only ☐ Falls Risk Assessment, if required ☐ Hip protectors required ☐ Other ☐ Action Taken:	No problem identified ☐ Dentures ☐ Sores / plaque on tongue ☐ Gum swelling / bleeding ☐ Sore throat ☐ Diminished taste ☐ Action Taken:

Dietary Status	Ears	Reproductive System	Rest Pattern
Normal diet ☐ Special diet ☐ Specify: Diabetic ☐ Low fat ☐ Vegetarian / vegan ☐ Kosher / Halal ☐ Gluten free ☐ High protein / fortified ☐ Stage A ☐ Pureed fruit ☐ Stage B ☐ Stage C ☐ Stage D ☐ Stage E ☐ Low sodium ☐ Low residue ☐ Other ☐ Supplements used: M.U.S.T. Assessment ☐ Referred to dietitian ☐ Action Taken:	Normal ☐ Known auditory problems ☐ Hearing aid L / R ☐ Digital Hearing Aid insitu ☐ Action Taken: Eyes Normal vision ☐ Glasses ☐ Contact lenses ☐ Blind ☐ Prosthesis ☐ Action Taken: Genito-urinary System Normal ☐ Frequency ☐ Urgency ☐ Dysuria ☐ Urinary incontinence ☐ Nocturia ☐ Catheter insitu ☐ Type of catheter: Date of last change / / Action Taken:	Female LMP date: / / Irregular ☐ Discharge ☐ Vaginal infections ☐ Menopause ☐ HRT ☐ Other ☐ Action Taken: Reproductive System Male Prostate problems ☐ Lesion ☐ Other ☐ Action Taken: Pain Status No problems identified ☐ Known pain problems ☐ Action Taken: Commence Pain Assessment chart if in pain on admission. Commence ICP for Cancer Pain if appropriate.	Sleep habits Less than 8 hours ☐ 8 hours ☐ More than 8 hours ☐ Morning nap ☐ Afternoon nap ☐ Sleep Difficulties None ☐ Early awakening ☐ Unrefreshing sleep ☐ Nightmares ☐ Insomnia ☐ Disturbed - nocturia ☐ Disturbed - dyspnoea ☐ Disturbed - pain ☐ Action taken: Valuables Valuables with patient on admission ☐ Specify: Hospital Policy explained to: Patient ☐ Relatives ☐ Valuables taken home by relatives/carer ☐ Valuables stored in Hospital safe ☐ Specify:
Self Care Ability	Pre Admission	Current Status	Change in Health Status
	1 2 3	1 2 3	1 2 3
Dressing and grooming			Mental status
Eating and drinking			Sleep pattern
Toileting			Appetite
Transferring			Bowel habit
Walking			Urinary continence
			Pain
			Activity tolerance
1. Independent 2. Assistance of Carer 3. Assistance of aid			1. No change 2. Experienced change in last week 3. Change related to current illness
Admitting Nurse's Signature: _____ Date: _____ Name: _____ Grade: _____			

Referral From

GP ☐ Specify other referral: A&E ☐ Other ☐

Presenting Complaint

65⁺ - HEADACHE

History of Presenting Complaint

ONSET SEVERE @ OCCIPITAL/TEMPORAL HEADACHE
 WAKE UP PAIN, GRADUALLY WORSE
 SEVERE "STARS" IN BACK OF HEAD + BETTING @
 EYE. ° NAUSEA/PHOTOPHOBIA
 UNLIKE ANY HEADACHE IN PAST - 10/10 PAIN.
 ° AURA/VISUAL DEFECT.
 ° JAW CLAUDICATION/TEMPORAL PAIN.
 ° FACE/ARTICLES WEAKNESS.
 PAIN UNRELIABLE & CO-CO) AFFL/TEMPORAL
 HEADACHE ° POSITIONAL.

Past Medical History

OA.
 IHD
 HTN
 GOR
 DEPRESSION
 PREV. ANTERIOR UVEITIS

Systematic Enquiry

CVS ☒

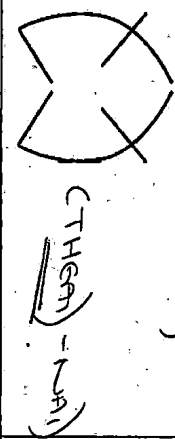
RESP ☒

GU ☒

GI ☒

CNS/PNS ☒

Other ☐

		This section to be completed only by a Doctor	
Patient name:	DOB:	Unit number:	
Initial Investigation Requested (refer to protocol if appropriate)			
☐ ECG ☐ CXR ☐ ABG's	☐ FBC ☐ ESR ☐ Clotting factors	☐ U&E ☐ Glucose ☐ CRP ☐ LFT's	☐ Troponin ☐ Cholesterol ☐ TSH ☐ Calcium
CXR Comments: <u>Asymptotic</u>  <u>(CT Head) - (N/A)</u>		ECG Interpretation: <u>Normal sinus (only)</u> <u>63 bpm SE.</u>	
Impression and Differential Diagnosis			
1. Severe head pain? Cause - Rule out SAH - ? Migraine - ? Cluster headache - ? Acute otitis media pathologist - ? BPH.			
Management Plan (refer to protocol or integrated Care Pathway if appropriate)			
1. Anti-emetic 2. CT Head 3. IV fluids + analgesia for functional symptoms 4. Appropriate communication 5. ? LP + analgesia 6. ? 100% O2 + CO2 7. Cere 8. ? Neurological assessment			
Is DVT Prophylaxis indicated? Yes ☐ No ☐ Any contra-indications to this? Yes ☐ No ☐ Prescribed? Yes ☐ No ☐			
Does patient need to be admitted? Yes ☐ No ☐ Is Outpatient / Ambulatory Care an option? Yes ☐ No ☐ If 'Yes', discuss with SHO or other senior colleagues.			
House Officer's Signature: <u>[Signature]</u> Date: <u>9/9/14</u> Name: <u>C. Jones</u> Grade: <u>CT2</u> Page No: <u>6104</u>			

Serial Blood Results		Patient name:						Do not enter data in this column
	Date & Time:	9/9						
	Signature:							
Electrolytes & Glucose	Normal Values							
Sodium	135 - 145	136						
Potassium	3.5 - 5.0	4.1						
Chloride	96 - 105	101						
HCO ₃	24 - 29							
Urea	2.5 - 6.5	9.7						
Creatinine	55 - 120	79						
Glucose	3.5 - 5.5	7.7						
Magnesium	0.8 - 1.0							
CRP	<10	<1						
Cardiac Enzymes & Liver Function Tests	Normal Values	GFR 260						
Troponin	<0.04							
CK	<150							
LDH	195 - 415							
AST	<37	20						
ALT	<40	22						
Gamma GT F	<30 M<45							
Alk Phos	60 - 260	116						
Bilirubin	F,17 M<21	4						
Total protein	62 - 82							
Albumin	38 - 53	40						
Calcium	2.2 - 2.6	2.36						
Haematology & Clotting Screen	Normal Values							
Hb Sex dependent		146						
White count	4.0 - 11.0	6.1						
Platelets	150 - 440	222						
ESR	0 - 7							
PT	0.9 - 1.1							
Fibrinogen	1.5 - 3.8							
APTT	0.77 - 1.23							
INR								
MCV	74 - 99							
Arterial Blood Gas	Normal Values							
H+	36 - 43							
PCO ₂	4.5 - 6							
PO ₂	10.5 - 13.5							
Base excess	+/- 2.5							
Bicarbonate	20 - 28							
FiO ₂	3.5 - 5.5							
Other								

Senior House Officer / Registrar Review

Outcome

- ☐ Pending Investigations ☐ Discharge ☐ Follow-up:
☐ Admit CCU ☐ Admit ITU ☐ Admit Medicine ☐ Admit DoME

CPR / ITU Status on Admission

Does CPR or ITU status need to be addressed? Yes ☐ No ☐

If there is a resuscitation issue please describe in more details:

Discussed with consultant Yes ☐ No ☐

Discussed with patient Yes ☐ No ☐

Discussed with relatives Yes ☐ No ☐

Comments:

Adults With Incapacity (AWI) Status ☐ For Consultant review ☐ AWI Form completed

Signature: _____ Date: _____

Name: _____ Page No: _____

Patient name:	DoB:	Unit number:
Initial Nursing notes		
Consultant's review		
9/9/14 Occipital headache → (R) post auricular area Coccyx Anket Sit. Shaking but not falling. Nil on exam Finger: Normal digits. (N) venous pulsation CT brain all Needs LP. Hopefully home soon —		

Progress Notes (Please indicate in margin what profession you represent e.g. Nursing / Medical)

Date and Time

9/9/14
16-02

F11
Po for LP. For Coag. Screen.
Samples taken

Worries F22.

10/9/14
0400

Pt complaining of admission symptoms and additional ear pain. "shooting pain into the ear".
Not relieved by paracetamol.
Took tramadol & ibuprofen, self-medically, @ around 8pm.
For further analgesia. O/E: tender in submandibular & ant. chain nodes.
? ENT input tomorrow. No otoscope to examine ear properly.

Copy F11.

10/9/14
04:25

F12 Admission note

65 year old female
A/w severe headache

- OA - IHD - HTN

- GORD - depression - Previous earb. necrosis

CT Head - NAD.

Copy 9/9/14

Pt 10

Abuse noted.

APT 29

bedding - ongoing headache over @
occipital region. 4/10. Manageable with
simple analgesia.

T1 15

Pt 222

No other new complaints.

Requires LP today.

Consented - verbal + written obtained.

James Atkins F12.

10/9/14.
1000

LP - Wriston mount, 9ml 1% lidocaine used, asepti-

- Difficult procedure

- 2x attempts L4/5 in @ lateral

- Resistance and pt mount ++

- 2x attempts in sitting position L4/5

- Bld strand CSF on 2nd pass

- No pressure obtained 2° position

- Bld No immediate complications

- Samples sent - 1 part, ESR, Fibrin, Xanthochromia

RE 10
ST 14 6/14

FAC Physicians: 09/09/2014 @ 00:05.

Victoria / Drumchapel / Easterhouse / Western Infirmary / Stobhill / Southern General / RAH / Inverclyde / Lomond
House-visit / Primary Care Centre ✓



Dr Peter Livingstone MB ChB DGM DRCOG MRCGP

Caledonia House, 140 Fifty Pitches, Glasgow, G51 4ED
Tel (0141) 636 8412 Email peter.livingstone@nhs.net

NHS Out-of-hours advice
24 08454 24 24 24
www.nhs24.com

Re: Catherine Hancynom - Flat 0/2, 10 Melville Street, Glasgow, G41 2LN.

DOB: 01/02/1949

CHI: 0102496145

Dear Colleague,

I would be extremely grateful for your assessment & advice of this 65-year old lady who has presented for a second time to the A&E with a headache in the past 24 hours. The pain is in the occipital region, sharp in nature & there is no relief. There are no exacerbating or relieving factors. She has been taking tramadol / paracetamol & ibuprofen. It has also been affecting her right eye with pain behind it. Deterioration symptoms of N&V, altered vision or slurred speech.

PMHx - 1 HD
- Osteoarthritis

Medication
See sheet.

O/E: BP: 140/80

P: 68

Temp: 35.4°C

PaO₂: 97% Air

CET < 2 sec.

HS I+II+0.

PerseL: ✓

Speech: ok.

Eye movements: (N)



(hunk clear) ✓

No cranial / neck tenderness: ✓

Line.	(2) VL	(2) VL	(2) LL	(2) LL
	(2)	(2)	(2)	(2)

Power	S/S	S/S	S/S	S/S.
	+	++	++	+

Reflexes

Special Link platform.

Δ: Headache - why?

In light of two presentation in the past 24 hours & the fact that her headache has not responds to tramadol, paracetamol & ibuprofen, I recommend you further assessment.

Yours faithfully,

Caru Dineanu

MISys

MRN
Name
Encounter Number

null
Honeyman, Catherine

Gender
Date Of Birth

Female
01-Feb-1949

COPY ONLY DO NOT FILE

SOPRANO

CT Head

Time Collected
Time Reported
Status

09-Sep-2014 04:11
09-Sep-2014 05:49
Final

Time Received
Order Number

09-Sep-2014 05:51
G405H29450603

Results

CT Head

Catherine Honeyman
Clinical History:

Final

sudden onset headache, photophobia, stabbing pain behind eye, occiput

CT Head:

Unenhanced volume acquisition.
No previous relevant cross-sectional imaging available for comparison.

There is no evidence of acute intracerebral haemorrhage, extra-axial collection, recent territorial infarction or space-occupying lesion.

No definite intra or extra-axial haemorrhage demonstrated.

CSF spaces are unremarkable.

The skull vault, base of skull and visualised sinuses are unremarkable.

Reported by: Dr Gemma McGivern (SpR) and Dr Michal Gronski
Verified by: Dr Michal Gronski

Prepared for Iziengbe Osazuwa (Iziengbe Osazuwa) on 09 September 2014 15:45:57

ADMISSIONS

RELIGION:

CONSENT:

PC:

ALLERGIES:

NOK:

POA:

HEIGHT: 5'3 1/2 WEIGHT: 315 lb

P: 63 BP: 135 R: 18 SpO2: 97 T: 36 NEWS: 0

CANNARD: 76 W/Low: MUST:

AMT:

SMOKE: +

MRSA: +

REC DRUGS: + DRINK: OCC

LANGUAGE: ENG

EYES: ✓

EARS: +

MENTAL STATUS: A

FOODS - LIKES: NO FCSU DISLIKES: Red

DIETARY REQ: +

BLADDER: ✓

CATHETER: +

BOWEL: ✓

STOMA: ✓

REG:

INDEP: ✓

DENTURES:

ASSIST: ✓

SKIN: INT

MOBILITY: STICK

BEDRAILS: +

M&H:

SLEEP: DB+

SOCIAL: UNEMPLOYED
HCEB-7

VENFLON: X

VALUABLES:

6. I consent to my relevant medical records and the details of my condition being shared with the Emergency Contact below and/or with member(s) of the Hospital Liaison Committee for Jehovah's Witnesses.

7. Catherine Honeyman
Signature

19. 12 2011
Date

Address

8. **STATEMENT OF WITNESSES:** The person who signed this document did so in my presence. He or she appears to be of sound mind and free from duress, fraud, or undue influence. I am 18 years of age or older.

P. Hunter

Signature of witness

PAUL HUNTER SALESMAN

Name

Occupation

37 LEMONDSIDE AVE

Address

CLARKSTON G76 7UP

0145777431 07773041770
Telephone Mobile

Signature of witness

JAMES O'NEILL

Name

Occupation

8 RUTHVICK AVE

Address

GLASGOW G46 6PQ

0145712557 07816988899
Telephone Mobile

9. **EMERGENCY CONTACT:**

Name

Raymond Honeyman

Address

10 Melville ST G41 2LN

0141 422.1580 0797809369
Telephone Mobile

10. **GENERAL PRACTITIONER CONTACT**

DETAILS: A copy of this document is lodged with the Registered General Medical Practitioner whose details appear below.

Name

Dr. Graham Marshall

Address

Pine Tree General Health Centre

GLASGOW

Telephone Number(s)

0141 531 8250

Page 2 of 2



NO BLOOD

(signed document inside)
**Advance Decision to Refuse
Specified Medical Treatment**

**Advance Decision to Refuse
Specified Medical Treatment**

(signed document inside)

NO BLOOD



Advance Decision to Refuse Specified Medical Treatment

1. I, CATHERINE HONEYMAN (print or type full name),
born 1 2 1949 (date) complete this document to set
forth my treatment instructions in case of my incapacity. **The refusal of specified
treatment(s) contained herein continues to apply to that/those treatment(s) even if
those medically responsible for my welfare and/or any other persons believe that
my life is at risk.**

2. I am one of Jehovah's Witnesses with firm religious convictions. With full realization
of the implications of this position I direct that **NO TRANSFUSIONS OF BLOOD
or primary blood components (red cells, white cells, plasma or platelets)** be
administered to me in any circumstances. I also refuse to predonate my blood for later
infusion.

3. **Regarding minor fractions of blood** (for example: albumin, coagulation factors,
immunoglobulins): [Initial **one** of the three choices below.]

(a) ☐ I refuse all

(b) ☒ I accept all

(c) ☐ I want to qualify either (3a) or (3b) above and my treatment choices are as follows:

4. **Regarding autologous procedures** (involving my own blood, for example: haemodilution,
heart bypass, dialysis, intraoperative and postoperative blood salvage):
[Initial **one** of the three choices below.]

(a) ☐ I refuse all such procedures or therapies

(b) ☒ I am prepared to accept any such procedure

(c) ☐ I want to qualify either (4a) or (4b) above and my treatment choices are as follows:

but would want to know of any of
my Blood being used for any other purpose

I am prepared to accept diagnostic procedures, such as blood samples for testing.

5. **Regarding other welfare instructions** (such as current medications, allergies, and
medical problems):

Angina High Blood pressure

REFLUX OMEPRAZOL

Aspirin Atenolol Bendroflumetazide

OSTEOARTHRITIS

TRAMADOL

Page 1 of 2

FLUOXETINE - NITRO GLYCEROL
SPRAY.

Printed in Britain

eMedicines Reconciliation Form - v1.2

CHI Number: 0102496145

Patient Name: Catherine Honeyman



Hospital Name:	Victoria Infirmary
Consultant's Name:	Datta
Ward:	14
Specialty:	Gastroenterology

Patient Details		Sources Checked					
Name:	Honeyman, Catherine	ECS	X	Patient	X	Carer	
Address:	10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire,	Relative		GP Surgery		GP Printout	
Postcode:	G41 2LN	Patients own drugs		Other			
CHI Number:	0102496145	Other Details					
CRN:	30275453M, SG00940779, SG99406473						
D.B:	01/02/1949						
Gender:	Female						

Active

Source	Date Started	Last Issued	Drug	Formulation	Dose	Frequency
ECS	11/07/2011	28/07/2014	Aspirin	75 mg Dispersible tablets	N/A	1 Tab In the morning
ECS	27/04/2011	28/07/2014	Atenolol	25 mg Tablets	N/A	1 Tab In the morning
ECS	23/02/2011	28/07/2014	Bendroflumethiazide	2.5 mg Tablets	N/A	1 Tab In the morning
ECS	12/03/2012	08/09/2014	Fluoxetine Hydrochloride	20 mg Capsules	N/A	1 Cap In the morning
ECS	23/02/2011	28/02/2014	Glyceryl Trinitrate	400 micrograms/dose (200 dose) Cfc-free pump spray	N/A	ONE OR TWO SPRAYS UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN
ECS	22/06/2011	20/08/2014	Omeprazole	20 mg Capsules (Gastro-Resistant)	N/A	1 TAB In the morning
S	29/07/2014	20/08/2014	Tramadol Hydrochloride	50 mg Capsules	N/A	ONE OR TWO CAPSULES UP TO FOUR TIMES A DAY

Ibuprofen 400mg PRN
Paracetamol 1Gm PRN

Allergies - ECS Summary		
No ECS Allergies Found		
Additional Allergy Notes		
No Allergies Added		
Prescriber Sign Off		
Signed off by	Grade	Sign off date
Andrew Noble	FY1	10/09/2014 08:09
Andrew Noble	FY1	10/09/2014 08:09

Last signed off by: Andrew Noble 10/09/2014 08:09

THEATRE CARE PLAN

Theatre:

157/75 97% 68
14 36



WARD NAME	0102496145 HONEYMAN	DATE	18/9/14
PATIENT'S N	Catherine 10 MELVILLE STREET 01/02/1949	WARD	5
D.O.B.	0/2 Glasgow, Lanarkshire	UNIT NO.	

G41 2LN

PROPOSED OPERATION

Right Shoulder Resurfacing

PRE-OPERATIVE CARE PLAN

1. Obtain and record baseline vital signs	BP-165/82 PR-88 RR-17 T-36.4 Sats-97%
2. Note and record significant past medical history	see below
3. Capped/loose teeth-number and position	crown fell out yesterday
4. Pre-op teaching carried out	✓
5. Pre-op investigations carried out i.e. ECG, Bloods, X Rays	✓
6. Skin shave and preparation required	limb marked
7. Remove make-up nail, varnish	X
8. Remove prosthesis, dentures, hair pieces, lenses	Top Cap ? Loose
9. Jewellery - Tape rings	NO
10. Ensure patient has fasted (No less than 6 hours)	FFMN
11. Identification band	✓
12. Empty bladder/catheter in situ	✓
13. Naso-Gastric Tube	X
14. Blood in Theatre Fridge	X
15. Case Notes	✓
Drugs kardex/charts	✓
X Rays	✓
16. Theatre gown & cap	✓
17. Premedication given	NOT PRESCRIBED
18. Consent form signed	✓
19. Allergies	Voltaire - nausea and vomited
20. Waterlow Score	Vd 1m1

RELEVANT INFORMATION - Left shoulder Resurfacing

- bilateral knee replacement, revision right knee,
- hypertension, Angina, OA, GORD Cholecystectomy
- hysterectomy, breast lumpectomy

Ward Nurse Sig

Theatre Nurse Sig

Lrh

NAMED NURSES

NAMED ANAESTHETIC NURSE

K CHAT

NAMED THEATRE NURSE

NAMED RECOVERY NURSE

INTRA-OPERATIVE CARE PLAN

TIME OF ARRIVAL IN ANAESTHETIC ROOM

--	--	--	--

TIME OF ARRIVAL IN THEATRE

--	--	--	--

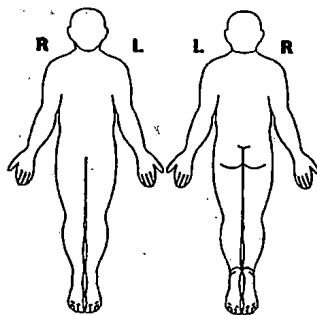
THEATRE	ANAESTHETIST	ASSISTANT	ANAE. NURSE

SURGEON	IST ASSISTANT	SCRUB NURSE	CIRCUL. NURSE

I.V. INFUSIONS		ARTERIAL LINE		CVP-MONITORING	
COMMENCED	IN-SITU	COMMENCED	IN-SITU	COMMENCED	IN-SITU
AIRWAY MANAGEMENT		SYRINGE/PCA PUMP			
GENERAL ETT		COMMENCED	IN-SITU	COMMENCED	IN-SITU
LM					
FM					
SPINAL					
EPIDURAL		COMMENCED	IN-SITU	COMMENCED	IN-SITU
REGIONAL					
LOCAL					

PATIENT MONITORING

PERIPHERAL I.V.I	X
IV CANNULAE	C
ECG ELECTRODES	
C.V.P.	Z
ARTERIAL LINE	A
BP/MANUAL/AUTO	B
PULSE OXIMETER	.
DIATHERMY PLATE	Δ
SKIN CONDITION	S



POSITION	Supine	Prone	Lithotomy	Right Lateral	Left Lateral	Jack Knife	Other
RIGHT ARM	At Side		On Board	Across Chest			Other
LEFT ARM	At Side		On Board	Across Chest			Other
PATIENT PROTECTION SAFETY	Padding	Pillows	Gel Pad	Warming blanket	Other		

TOURNIQUET			SWAB/NEEDLE/INSTRUMENT COUNT	
Arm	Leg	Ankle	Correct	
Right		Left	Incorrect	
Inflated	Hrs	Pressure	MM	
Deflated	Hrs		Appropriate Action Taken	

IMPLANTS	BATCH NO.	SERIAL NO.

SPECIMENS TAKEN

[illegible]

POST OPERATIVE CARE PLAN

SPECIFIC PRE/INTRA & POST OPERATIVE COMPLICATIONS

[illegible]

NURSING REPORT

[illegible]

POST RECOVERY TRANSFER REPORT

CONSCIOUS LEVEL	OXYGEN	I.V. ACCESS	DRAINS	PAIN LEVEL
A). Unconscious B). Conscious/Drowsy C). Conscious/ Responsive D). Ventilated	A). Hudson Mask B). Nasal Canulae C). Other	A). Infusion Running B). Capped Can in SITU C). Discontinued	A). Patent B). Blocked C). Drainage in Mls D). Irrigation	A). Pain free B). Mild C). Moderate D). Severe
WOUND	CVP MONITORING	ARTERIAL LINE	SYRINGE PCA PUMP	WATERLOW SCORE PLEASE SPECIFY AMOUNT
A). Dry B). Slight Staining C). Heavy Staining	A). Commenced B). In Situ	A). Commenced B). In Situ	A). Commenced B). In Situ	A). 10+ At Risk B). 15+ High Risk C). 20+ Very High Risk

RECOVERY NURSES SIGNATURE _____

WARD NURSE SIGNATURE

61763

Faxed 23/9/14

Orthopaedics
Ward 5
SGH
23/09/14

Dear Dr Davie,

I write regarding the following patient:

Catherine Honeyman 0102496145

Mrs Honeyman was last seen by cardiology last year, regarding anginal symptoms, before undergoing an orthopaedic procedure under the care of Mr Martin. An angiogram on 22/5/13 demonstrated mild diffuse coronary disease, with it being unclear as to whether she had angina or not. On 18/9/14, Mrs Honeyman was due to undergo right shoulder resurfacing. However, once taken down for theatre, it became clear that she had been experiencing her anginal symptoms at rest, with the most recent episode occurring the previous day. Indeed, these episodes had been occurring for more than 3 months, with the discomfort being relieved by GTN spray. In light of these symptoms, it was decided that it would be unsafe to perform the operation.

We would be grateful if you could review this lady prior to any further orthopaedic procedures being performed and please don't hesitate to contact us should you have any further questions.

Regards,
Dr Chris Pemberton,
Ortho SHO #7555

SGH Patient Clinical Examination

Abnormal Chest Percussion

Yes ☒ No ☒

Additional comments

Abnormal Chest Sounds

Yes ☐ No ☒

Additional comments

(15) chest clear.

Abnormal heart sounds

Yes ☐ No ☒

Additional comments

HS I+II = 0.

Abdominal masses

Yes ☐ No ☐

Additional comments

Distal pulses

Yes ☒ No ☐

Additional comments

Breast
infection
cholecystectomy
17yrs ago.

Distal oedema

Yes ☒ No ☐

Additional comments

Right side following fib/fib # 2012.

Restricted Neck Extension

Yes ☐ No ☒

Restricted mouth opening

Yes ☐ No ☒

Signed

M. K. H.

(Dr)

Date

15.9.14.



0102496145

HONEYMAN

Catherine

01/02/1949

10 MELVILLE STREET

0/2

Glasgow, Lanarkshire

G41 2LN

Once only prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Time for administration	Prescribers signature (full)	Administered by	Time given

At
N: 0102496145
D HONEYMAN
Catherine 01/02/1949
10 MELVILLE STREET,
0/2
P Glasgow, Lanarkshire
G41 2LN
Valid only on the
following date: / /

As required prescriptions - Other medicines, including oxygen where flow rate, concentration and type of mask must be specified

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hours)	Max. 24 hour dose	Prescribers signature (full)	Administered by	Time given
15/3/13	Co-Codamol 30/500	ii	PO	Pain	6 ^o	8 tablets	<i>W.D.D.</i>		

As required prescriptions - Injections

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hours)	Max. 24 hour dose	Prescribers signature (full)	Administered by	Time given
15/3	Cyclizine	50mg	IV	N+U	8 ^o	150mg	<i>W.D.D.</i>		
15/3	Ondansetron	4mg	IV	N+U	8 ^o	12mg	<i>W.D.D.</i>		

Discharge prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hours)	Number of days supply	Prescribers signature (full)	Issued by
15/3	Co-Codamol 30/500	ii	PO	Pain	6 ^o	1 pack	<i>W.D.D.</i>	<i>mhes</i>

If medicine discontinued because of adverse reaction, enter below

Medicine	Adverse reaction
1.	
2.	

Known medicine sensitivities

1.
2.

Ward	Name of patient	Age / DOB	Height	Weight	Unit number	Consultant

Day Surgery Unit, ACH

General Anaesthetic / Sedation Patient Care Plan

Note: Please complete this section when referring a patient. Use addressograph label  0102496145 F HONEYMAN 01/02/1949 Catherine 10 MELVILLE STREET 0/2 Glasgow, Lanarkshire G41 2LN Telep Mobile:		ORSOS No.:	
☐ Pending ☐ ECG ☐ Bloods ☐ Other (state):		☐ Rejected ☐ BMI ☐ BP / ☐ ECG ☐ Other (state): ☐ Letter sent to Consultant re:	
☐ Accepted Date: Cancellation? ☐ Yes ☐ No Holiday dates:			
Consultant: <i>DR GUERRERO</i>		Contact Name	
Planned operation (please PRINT): <i>HYSTEROSCOPY</i>		Relationship:	
☒ General Anaesthetic ☐ Sedation		Escort Name <i>Raymond</i>	
Proposed date: <i>15 03 03</i> ☐ TBA		Relationship: <i>husband</i>	
Referring Surgeon (please PRINT)		Telephone: <i>422 1580</i> <i>07 882 767 1326</i>	
GP Address		Interpreter: ☐ N/A ☐ Yes	
		Language:	
		Organised for (date): / /	
		Time from: hrs until: hrs	
		☐ GIS ☐ Global ☐ Other (state):	
		Company Ref or Reject No:	

Additional Requirements / Comments

Admission Observations and Pre-operative Instructions

Name  0102496145 HONEYMAN F Catherine 01/02/1949 10 MELVILLE STREET 012 Unit 1 Glasgow, Lanarkshire G41 2L Use addressograph label	Observations	Time	08:35
	% Sat O ₂		95.1
	BP		123/79
	Pulse rate Regular / Irregular		68
	Temp 36.2°	Signature	
	Locker number:		
Any change in health / circumstances since pre-assessment?			
☒ No ☐ Yes (State):			
Date of last menstrual period			
N/A			
Are you or could you be pregnant?			
Pregnancy test performed in DSU			
Result:			
Blood Group			

Pre-operative Checklist	Admit Nurse	Anaest Nurse	Comments
Pre-op questionnaire signed			
Escort arranged	yes		
Carer arranged for 24 hours	yes	yes	Husband
Patient last ate: 21:00 hours	✓	21:00	State:
Patient last drank: 07:15 hours	✓	07:15	State: Sip water
Consent form signed	* ✓	yes	
Identification band	yes	yes	
Confirm operation and site (state)	yes	yes	Hysteroscopy
Operation site marked	NO	✓	
Wound Site prepped	NO	✓	
Has passed urine	yes	yes	
Any known allergies (list)	NK	None known	Does not take NSAIDS
Premedication given	NO	NO	
Dentures	NO	NO	
Any caps, crowns, loose teeth, etc (list)	yes	Secure	upper right 2. +
Contact lenses, glasses	NO	NO	
Artificial aids (specify)	yes	yes	Knee replacement x 2.
Make-up, nail polish	NO	✓	
Jewellery/piercings removed/ wedding ring taped	NO	✓	
Diathermy / IV sites may be shaved			
Signature		Date 15/3/13	

Intra-operative Information

Name  0102496145 HONEYMAN Catherine 01/02/1949 10 MELVILLE STREET 0/2 Glasgow, Lanarkshire G41 2L Use addressograph label	ALLERGIES NKDA		DOES Not take NSAIDS	
	Surgeon(s)	Dr Guerrero		
	Anaesthetist(s)	Dr O'Connor		
	Scrub nurse(s)	SW Sheldon		
	Anaes. nurse(s)	SW Connell		

Patient position	Left arm secured	Right arm secured	Eyes taped	Warming blanket
☐ Supine	☐ On board	☐ On board	☒ Yes	☐ Yes (Temp:)
☐ Prone	☒ Across	☐ Across	☐ No	☒ No
☒ Lithotomy	☐ At side	☒ At side		

☐ Other (specify):				
Tourniquet	Time on	Time off	Site satisfactory	Comments
Site:			☐ Yes ☐ No	
Site:			☐ Yes ☐ No	
Diathermy sites/s (state):			☐ Yes ☐ No	☐ Mono ☐ Bi
			☐ Yes ☐ No	
Pressure Area Policy followed			☒ Yes ☐ No	

Operation Performed	Hypocost	- no specimen
---------------------	-----------------	----------------------

☒ GA	☐ LA	☐ Sedation:	☐ Regional block:
Specimens:			
Sutures:			
Dressings:			
Packing:			
Follow-up	☒ N/A	☐ Required (state):	☐ Organised
DSU discharge prescription	☐ N/A	☐ Prescribed	

Primary Recovery	Time	0932	0935	10 ⁰⁰	10 ⁰⁵	10 ¹⁵
BP		122/82	118/77	133/62	120/56	109/57
Pulse rate: Regular/Irregular		94	72	60	59	58
ECG rhythm		S.R.	S.R.	SR	SR	SR
Respiratory rate		18	18	12	13	16
Airway		LMA	OWN	OWN	OWN	OWN
Oxygen		15L	6L	6L	6L	WIR
% Sat O ₂		99.6	98.2	99	99	96
Colour: Satis / Pale / Cyanosed		SAT.	SAT.	Satis	Satis	Satis
Sedation score 0 / 1 / 2 / 3		3	0-1	0	0	0
Nausea score S / 0 / 1 / 2 / 3		5	0	0	0	0
Pain score S / 0 - 10		5	0	0	0	0
PV bleeding			NIL			NIL
1. Wound (site:)						
1. Colour/Sensitivity/Movement						
2. Wound (site:)						
2. Colour/Sensitivity/Movement						
Temperature			35.3			
Signature						

Discharge Criteria

Vital Signs Pre-Mobilisation

Name



0102496145

HONEYMAN

Catherine

01/02/1949

10 MELVILLE STREET

G2

Glasgow, Lanarkshire

G41 2LN

Unit No

Use addressograph label

Time

11.10

BP

113/64

Pulse (Regular / Irregular)

67

1. Wound site

96%

2. Wound site

Signature

J. McLeish

Time 11.50 hours

Yes

N/A

Comments

Stable vital signs

BP 116/62

Pulse

71

Pain score satisfactory (score)

✓

Sedation score satisfactory (alert / orientated)

✓

Nausea score satisfactory (score)

✓

1. Wound site satisfactory (site)

✓

2. Wound site satisfactory (site)

✓

PV bleeding satisfactory

✓

Tolerating light diet

✓

Tolerating oral fluids

✓

Voided urine postoperatively

✓

Advice given if not passed urine

✓

Anti-D given

✓

ECG electrodes and ID Bracelet removed

✓

IV cannula removed

✓

Packing / dressing removed

✓

Follow-up arranged

✓

☐ By post

☐ Given

District Nurse arranged

✓

Letter to GP given

✓

Discharge medication given

✓

Verbal and written post-op instructions given

✓

Responsible adult escort

✓

Patient discharged by:

J. McLeish

at:

11.55

hrs

Patient left DSU at:

hrs

Destination:

home

Discharged into the care of:

husband

Relationship:

Patient Agreement to Investigation or Treatment

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

Hospital/Clinic/GP Practice



0102496145

HONEYMAN

F

Patient's surname/family name :....

Catherine

01/02/1949

10 MELVILLE STREET

0/2

Patient's first name(s):

Glasgow, Lanarkshire

G41 2LN

Date of Birth ____/____/____

Gender: Male ☐ Female ☒

NHS/ CHI Number

Special requirements (e.g. other language/communication method)

Responsible practitioner:

D. C. Genero

Job title:

Consultant

STATEMENT FOR PRACTITIONER

(to be filled in by practitioner with appropriate knowledge of proposed procedure- see guidance notes)

Describe proposed operation, investigation or other treatment.

Where appropriate specify site or side: (WRITTEN IN FULL)

Myelography, D & C

1/- Polypectomy

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above).

Signature of practitioner:

Name/Designation (Print)

Genero

Date *15.3.13*

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below any procedures which I do NOT wish to be carried out without further discussion.

I agree -

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- to the emergency administration of blood or blood products

Additionally you have to agree or disagree the following:-

that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, to improve the quality of patient care.

Agree

Disagree

☐☐

that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.

☐☐

PATIENT REFUSAL FOR BLOOD PRODUCTS

Please sign here if you refuse to consent to the emergency administration of blood or blood products. Even if this results in death.

Signature:

Date/...../.....

Practitioner Signature:

Date/...../.....

PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: Catherine Honeyman

Date 15/3/2013

Name (Print): CATHERINE HONEYMAN

THE VICTORIA INFIRMARY

OPERATION SHEET

SURNAME (Block Letters)

FIRST NAMES (Block Letters)



0102496145

HONEYMAN

Catherine

10 MELVILLE STREET

G2

Glasgow, Lanarkshire

OPERATION PERFORMED

01/02/1949

Hysteroscopy
D & C

AGE

REGISTRATION NUMBER

G41 2LN

ASSISTANT

ANAESTHETIST

Guerrero

O'Connor

15/3/13

Findings - healthy uterine cavity
- atrophic cavity
| other 2
no Coens

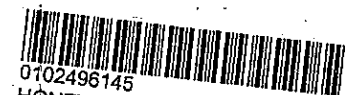
Procedure

8Fenst4 Forward
direct visual entry saline
hysteroscopy

radial curette (no c
clitator needed)
→ no curettings

Plc! - ROP

Guerrero



0102496145
HONEYMAN

Catherine
10 MELVILLE STREET

Glasgow, Lanarkshire

01/02/1949

G41 2LN

VICTORIA HOSPITAL
Day Surgery Unit
Pre-operative patient Questionnaire

For the attention of patients receiving a general anaesthetic/ sedation

Have you arranged a carer for 24hrs at home?	Yes/No
Do you have a <u>cough</u> cold or nose trouble?	Yes/No
What time did you last have something to eat?	8-9 PM
What time did you last have something to drink?	11-30 PM
Have you had any alcohol in the last 24hrs? If yes how much?	Yes/No
Are you or could you be pregnant	Yes/No/ Not sure

Patient Agreement

I understand that following day surgery I must

- Have a carer for the next 24 hrs

I understand that following day surgery I **MUST NOT**:

- Drive a vehicle or ride a bicycle for 24 hrs
- Drink any alcohol for 24 hrs
- Be alone in charge of a baby or child for 24 hrs
- Operate machinery, use a cooker or kettle for 24hrs
- Climb a ladder or work at heights for 24 hrs
- Sign any important documents for 24 hrs

I certify that I understand and will comply with these
Restrictions

Patient's signature: Catherine Honeyman Date: 15.3.2013

Nurse's signature: M. West Date: 15/3/13

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Exercise Tolerance:

31. What best describes your level of fitness? Climbs stairs with stopping

Social History

32. How many units of alcohol each week? 0.00 units/week

33. Smoker

Do you smoke? No

Are you an ex-smoker? Yes

Ex-smoker details Stopped smoking 1973

34. Drug Abuse

Do you currently or have you ever used intravenous or recreational drugs? No

35. Pregnant

LMP

Are you pregnant?

Could you be pregnant?

Details

36. Language

Can the patient speak English? Yes

Drug History**37. Drugs**

List all drugs (including herbal remedies and complimentary medicines)

Aspirin 75mgs daily
 Atenolol 25mgs bd
 Bendroflumethiazide 2.5mgs daily
 Fluoxetine 20mgs daily
 GTN spray s/l PRN
 Tramadol 50mgs x 2 QID
 Ibuprofen 400mgs PRN
 Paracetamol 1 GM PRN
 omeprazole 20mg daily
 Ramapril 2.5mg bd
 simvastatin 40mg at night

Does the patient take any of the following?

Anticoagulants No

Clopidogrel No

Aspirin No

OCP No

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Weight (kg)	94.8		
Height (m)	1.58	BMI	38

45. Risk of sleep apnoea	
Do you suffer from daytime sleepiness, restless sleep or witnessed breath holding during sleep?	No
How likely are you to fall asleep or doze in the following situations?	
a) Sitting and reading	
b) Watching TV	
c) Sitting inactive in a public place	
d) As a passenger in a car for an hour without a break	
e) Lying down to rest in the afternoon when circumstances permit	
f) Sitting and talking to someone	
g) Sitting quietly after lunch without alcohol	
h) In a car while stopped for a few minutes in traffic	
Status based on sleep apnoea score	Score

46. Blood Pressure	
Systolic/Diastolic BP	121 / 75

47. Pulse	
Pulse Rate	77 / min
Rhythm	Regular

48. Oxygen Saturation	97	%
------------------------------	----	---

49. Urine/Analysis	
Result	
Details	Unable to provide a urine sample at pre assessment. Universal container given to patient to bring in sample on admission.

50. VTE Risk	
Is patient at risk of VTE?	No
Do they require prophylaxis?	No

Patient Name: Honeyman, Catherine

Investigations Required						
Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
C-Spine X-Ray	No	No		No	No	
Chest X-Ray	No	No		No	No	
Pregnancy Test	No	No		No	No	
Temperature	No	No		No	No	
FBC	Yes	Yes	09/09/2014	No	No	
Glucose	Yes	Yes	09/09/2014	No	No	
U&Es	Yes	Yes	09/09/2014	No	No	
LFTs	Yes	Yes	09/09/2014	No	No	
CRP	Yes	Yes	09/09/2014	No	No	
ECG	Yes	Yes	15/09/2014	No	No	
MRSA Screen	Yes	Yes	15/09/2014	No	No	
Pre-op Assessment Summary						
Assessor	Anne McNally					
Grade	6					
Summary						

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Attended pre assessment today. For admission to ward 5 17/09/14 surgery on the 18th.

Previous surgery as listed above. No previous problems with anaesthetics.

Past medical history includes;

Hypertension

Angina. GTN spray required approximately weekly, on exertion, climbing stairs etc. Angiogram obtained 2013.

Osteoarthritis.

GORD.

BMI 38.

Patient admitted to VIG 09/09/14 with a severe headache. All investigations including lumbar puncture, CT scan & blood results satisfactory (results on portal). Bloods glucose was slightly raised. BM at pre assessment 6.2mmols. Headache now resolving.

Patient is Jehovah's witness & has an advance directive in case notes for refusal of blood & blood products. Case notes not available at pre assessment. Patient will bring a new directive on admission. Please scan on portal. G&R not obtained.

Allergic to NSAID's.

MRSA screen & ECG obtained.

Clinical examination carried out by Sister Rettie- NAD.

Information leaflets issued to patient.

Pre & post op care discussed.

Requires consent for surgery.

17/09/14 - MRSA screen -ve

Reassessed 25/11/14 P Campbell

Patient cancelled previously by Anaesthetics. Referred back to Cardiology. Seen by Cardiologist who has suggested some changes to medication.

Investigations done

Bloods G+S

MRSA screen

ECG

Urinalysis-ve

Medical clerk-in

TCI TBC Day before admission

Consent form signed

Echo Ordered as not done. Awaiting date

01/12/14

Echo date 07/01/14. Secretary aware Given date for TCI 14/01/15 Th 15/01/15 P Campbell

15/12/14

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

2. What is your place of birth?	01/02/49
3. What is this place?	SGH
4. What year is it?	2014
AMT4 Score	4

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	
Previous LA	Yes	
Detention Risk	Yes	Partial denture top
Neck/Jaw Stiffness	No	
Other Risk	No	
Heartburn	Yes	Relieved by meds; Has hiatus hernia; Occurs: less often than monthly
Sickle Cell Disease	No	Risk factors for sickle cell disease: No
Sleep Apnoea Score		

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	No	
Relevant details of surgical history		L shoulder resurfacing 2013 @ SGH. Bilateral knee replacements 2005 & 2010 @ SGH. Revision R knee 2011. Cholecystectomy 1992. Hysteroscopy @ GRI. x 3 benign breast lumpectomies @ VIG.
Any serious surgical or anaesthetic complication	No	

Cardiovascular	Yes/No	Details/Problems
Hypertension	Yes	On treatment for high blood pressure.
Arrhythmias		
Angina	Yes	Frequency: Monthly; Caused by: Climbing one flight of stairs or after having a bath and getting dressed;
Heart Attack	No	
Murmur	No	
Blackouts	No	
Heart Failure	No	

Respiratory	Yes/No	Details/Problems
Asthma/Bronchitis/COPD/Emphysema	No	
URTI	No	

Neurological	Yes/No	Details/Problems
Stroke	No	

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Epilepsy	No
Neurological Disease	No
Physical Disability	Yes Reduced normal activity; Walks with aid of 1 stick.
Haematological	Yes/No Details/Problems
Bleeding Disorder	No
Previous DVT	No
Anaemia	No
Miscellaneous	Yes/No Details/Problems
Kidney disease	No
Liver disease/jaundice	No
Diabetes	No
Arthritis	Yes
CJD Risk	No
Any serious illness not already mentioned?	No
Exercise Tolerance	Yes/No
Climbs stairs without stopping	No
Climbs stairs with stopping	Yes
Cannot climb stairs	No
Social	Yes/No
Alcohol (units/week)	0
Smoker	No
Ex Smoker	Yes Stopped smoking 1973
IV drug abuser	No
Pregnant	LMP
Methadone Req:	
Could Be Pregnant:	
Drug History	
List of all drugs (including herbal remedies and complimentary medicine)	
Aspirin 75mgs daily Atenolol 25mgs bd Bendroflumethiazide 2.5mgs daily Fluoxetine 20mgs daily GTN spray s/l PRN Tramadol 50mgs x 2 QID Ibuprofen 400mgs PRN Paracetamol 1 GM PRN omeprazole 20mg daily Ramapril 2.5mg bd simvastatin 40mg at night	
Patient takes the following drugs	
Taking herbal remedies or complimentary medicine	No

CHI Number: 0102496145.

Patient Name: Honeyman, Catherine

Oral Steroids in past year No

Does patient have any allergies? Yes

Current Drug Allergies and Adverse Reactions

Category	Central nervous system	Drug	NSAID'S	Reaction(s)	Other - See notes, Nausea
Notes	HEADACHE				

Prosthesis/Implants Yes/No

Pacemaker	No
Implanting/follow up hospital	
Date of implant	
Reason for implant	
Other reason for implant	
Type of pacemaker/implantable defibrillator	
Device manufacturer	
Model No.	
Serial No.	
Further details	

Examination

Weight (kg)	94.8	Height (m)	1.58	BMI	38	Temp	
Pulse (bpm)	77	Regular	Regular	BP	121/75		
SaO2 (%)	97						

Investigations

The below investigations are required.

15/09/2014

FBC

Glucose

U&Es

LFTs

CRP

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

ECG

MRSA Screen

VTE Risk

Is patient at risk of VTE?	No	Do they require prophylaxis?	No
----------------------------	----	------------------------------	----

MRSA Screening

Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)	Yes
---	-----

Has the patient ever had a previous positive MRSA result?	No
---	----

Has the patient been admitted from a care home/institutional setting or another hospital?	No
---	----

Does the patient have a wound/ulcer or invasive device which was present prior to admission?	No
--	----

Has patient is to be admitted to any of the following:
--

Orthopaedics	Yes	Vascular	No	Renal	No	Critical Care	No
--------------	-----	----------	----	-------	----	---------------	----

MRSA Lab Test Results

Nose	Yes	Perineum	Yes	Throat	Yes	Other	Yes	Patient refused	No
------	-----	----------	-----	--------	-----	-------	-----	-----------------	----

Other details:	axilla
----------------	--------

Admission Criteria

Appropriate admission based on nursing assessment	IP
---	----

AHP USE ONLY: Is OT/Physio assessment required:**An OT/Physio assessment is not required****Pre-operative Assessment Summary**

Assessor: Anne McNally

Grade: 6

Attended pre assessment today. For admission to ward 5 17/09/14 surgery on the 18th.

Previous surgery as listed above. No previous problems with anaesthetics.

Past medical history includes;

Hypertension

Angina. GTN spray required approximately weekly, on exertion, climbing stairs etc. Angiogram obtained 2013.

Osteoarthritis.

GORD.

BMI 38.

Patient admitted to VIG 09/09/14 with a severe headache. All investigations including lumbar puncture, CT scan & blood results satisfactory (results on portal). Bloods glucose was slightly raised. BM at pre assessment 6.2mmol/L. Headache now resolving.

Patient is Jehovah's witness & has an advance directive in case notes for refusal of blood & blood products. Case notes not available at pre assessment. Patient will bring a new directive on admission. Please scan on portal. G&R not obtained.

Allergic to NSAID's.

THE VICTORIA INFIRMARY

SURGERY DEPARTMENT

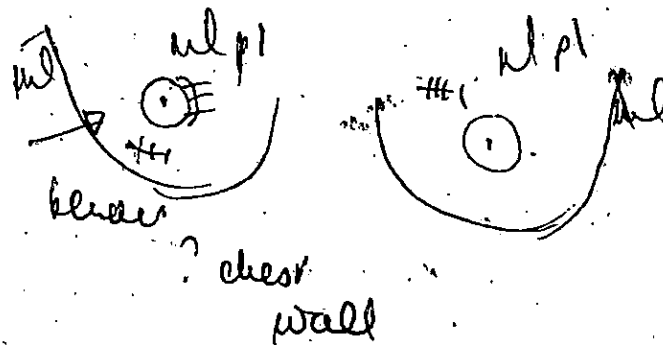
930

Name	 0102496145 HONEYMAN Catherine 10 MELVILLE STREET 0/2 Glasgow, Lanarkshire G41 2LN	Unit Number	Surgeon <u>Miss W...</u>				
				Date of Birth 01/02/1949	Sex F		
Address		Occupation	BOOK <table border="1"> <tr> <td>VICTORIA</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> SOON URGENT Booked by.....	VICTORIA			
VICTORIA							
Diagnosis							

O.P. Treatment

Date	History and Clinical Findings
13.8.14	② breast mass, few months, painful + hot inside - lumpy lateral ① mass - no axilla - OA ② shoulder. awaiting shoulder replacement 3x knee replacement - last MHAs few yrs ago - Lupus x 2 ② ① benign
Flu	no BI ca.
Pf	Angina. aspirin. no HET.

AE



→ MHAs

61

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Investigations Required						
Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
Pregnancy Test	No	No		No	No	
Temperature	No	No		No	No	
FBC	Yes	Yes	04/09/2013	No	No	
U&Es	Yes	Yes	04/09/2013	No	No	
LFTs	Yes	Yes	04/09/2013	No	No	
ECG	Yes	Yes	04/09/2013	No	No	
Chest X-Ray	Yes	Yes	04/09/2013	No	No	
MRSA Screen	Yes	Yes	04/09/2013	No	No	

Pre-op Assessment Summary

Assessor: ANNE MCINALLY

Grade: 6

Summary

ATTENDED PRE ASSESSMENT TODAY. FOR ADMISSION TO SGH.

PREVIOUS SURGERY AS LISTED ABOVE.

PATIENT ALSO ON TREATMENT FOR HYPERTENSION & DEPRESSION. HAS ANGINA & PATIENT FEELS SHE HAS USED HER GTN SPRAY MORE FREQUENTLY LATELY.

ALSO HAS CHRONIC BACKPAIN.

SEEN BY FY2 & PHYSIOTHERAPIST TODAY & CONSENTED FOR THEATRE BY MR MARTIN.

DR HAMILTON E MAILED RE HEALTH HISTORY.

PATIENT IS A JEHOVAH'S WITNESS & HAS A DIRECTIVE IN CASE NOTES FOR REFUSAL OF BLOOD PRODUCTS. GROUP & SAVE NOT OBTAINED.

BLOODS, ECG, C X RAY & MRSA SCREEN OBTAINED.

03/09/13.

Patient attended pre assessment again today. Surgery cancelled previously as patient was referred to cardiology for increasing angina pain. Seen by Dr Davie at cardiology & referred for coronary angiography @ Golden jubilee which showed mild diffuse coronary disease (letter in notes). No changes to medication.

Patient states she still requires her GTN spray approximately weekly but mainly climbing stairs or on exertion.

Consented for surgery by Mr Martin. Patient is Jehovah's witness & has signed refusal for blood products on consent form.

Bloods, ECG, L shoulder x ray & MRSA screen obtained.

Referrals and Type of admission - Recommended Admission pathway

Referral by Nurse to:	Anaesthetist	No
	Surgeon	No

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Trauma and Orthopaedic Surgery



Hospital Name		Southern General	
Patient Details		GP Details	
Name	Honeyman, Catherine	Name	Marshall, Graeme
Address	10 MELVILLE STREET 0/2 Glasgow Lanarkshire G41 2LN	Address	Gorbals Health Centre 45 Pine Place Glasgow
Correspondance Address		Telephone	
Correspondance Postcode		CRN Number	30275453M, SG00940779, SG99406473
Telephone		Consent	Yes
Patient Contact Number	01414221580	Sensitivity	Sensitive
CHI Number	0102496145	Consultant Name	MR MARTIN
Sex	Female	Requires Transport	No
Date of Birth	01/02/1949	Religion	Jehovah's Witness

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	RAYMOND HONEYMAN	
Address	S/A	
Landline	S/A	
Mobile	07887671326	
Relationship	HUSBAND	

Assessment Details			
Assessor	ANNE MCINALLY	Grade	6
Date	04/09/2013		

Surgery / Procedure Attending For
L SHOULDER REPLACEMENT

Short Notice Availability	Yes/No	Details
Available at short notice?		

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	Other - BREATHLESS FOLLOWING A LUMPECTOMY 15 YRS AGO VIG. NO PROBLEMS SINCE.
Previous LA	Yes	
Detention Risk	Yes	FRONT UPPER CAP
Neck/Jaw Stiffness	No	
Other Risk	No	
Heartburn	Yes	Relieved by meds; Has hiatus hernia; Occurs: less often than monthly
Sickle Cell Disease	No	Risk factors for sickle cell disease: No
Sleep Apnoea Score		

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	Yes	
Relevant details of surgical history		INCISION & DRAINAGE OF GROIN ABSCESS 8 YRS OLD CHOLECYSTECTOMY 17 YRS AGO VIG X 3 LUMPECTOMIES- BENIGN VIG POLYPS REMOVED FROM UTERUS VIG. R KNEE REPLACEMENT 7 YRS AGO SGH REVISION R KNEE 3 YRS AGO SGH L KNEE REPLACEMENT 3 YRS AGO HYSTEROSCOPY MAR 2013
Any serious surgical or anaesthetic complication	Yes	

Cardiovascular	Yes/No	Details/Problems
Hypertension	Yes	On treatment for high blood pressure.
Arrhythmias		
Angina	Yes	Frequency: Weekly; Caused by: Climbing one flight of stairs or after having a bath and getting dressed;
Heart Attack		
Murmur	No	
Blackouts	No	
Heart Failure	No	

Respiratory	Yes/No	Details/Problems
Asthma/Bronchitis/COPD/Emphysema	No	
URTI	No	

Neurological	Yes/No	Details/Problems
Stroke	No	
Epilepsy	No	
Neurological Disease	No	

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Physical Disability	Yes	Reduced normal activity; WALKS WITH AID OF 1 STICK.
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Haematological	Yes/No	Details/Problems
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Bleeding Disorder	No
-------------------	----

Previous DVT	No
--------------	----

Anaemia	No
---------	----

Miscellaneous	Yes/No	Details/Problems
---------------	--------	------------------

Kidney disease	No
----------------	----

Liver disease/jaundice	No
------------------------	----

Diabetes	No
----------	----

Arthritis	Yes
-----------	-----

CJD Risk	No
----------	----

Any serious illness not already mentioned?	Yes	DEPRESSION;
--	-----	-------------

Exercise Tolerance	Yes/No	Yes/No	Yes/No
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Climbs stairs without stopping	No	Climbs stairs with stopping	Yes	Cannot climb stairs	No
--------------------------------	----	-----------------------------	-----	---------------------	----

Social	Yes/No
--------	--------

Alcohol (units/week)	20
----------------------	----

Smoker	No
--------	----

Ex Smoker	Yes	STOPPED SMOKING 1973
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IV drug abuser		Methadone Req:
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Pregnant	LMP	Could Be Pregnant:
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Drug History

List of all drugs (including herbal remedies and complimentary medicine)
--

FLUOXETINE 20MGS DAILY
BENDROFLUMETHIAZIDE 2.5MGS DAILY
ASPIRIN 75MGS DAILY
ATENOLOL 25MGS DAILY
OMEPRAZOLE 20MGS DAILY
TRAMADOL 50MGS X 2 QID
GTN spray PRN

Patient takes the following drugs

Taking herbal remedies or complimentary medicine	No
--	----

Oral Steroids in past year	No
----------------------------	----

Does patient have any allergies?	Yes
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CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Current Drug Allergies and Adverse Reactions

Category	Central nervous system	Drug	NSAID'S	Reaction(s)	Other - See notes, Nausea
Notes:	HEADACHE				

Prosthesis/Implants Yes/No

Pacemaker	No
Implanting/follow up hospital	
Date of implant	
Reason for implant	
Other reason for implant	
Type of pacemaker/implantable defibrillator	
Device manufacturer	
Model No.	
Serial No.	
Further details	

Examination

Weight (kg)	92.2	Height (m)	1.59	BMI	36	Temp	
Pulse (bpm)	79	Regular	Regular	BP	137/76		
SaO2 (%)	96						

Investigations

The below investigations are required.

04/09/2013

FBC

U&Es

LFTs

ECG

Chest X-Ray

MRSA Screen

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

VTE Risk

Is patient at risk of VTE?	No	Do they require prophylaxis?	No
----------------------------	----	------------------------------	----

MRSA Screening

Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)							Yes
Has the patient ever had a previous positive MRSA result?							No
Has the patient been admitted from a care home/institutional setting or another hospital?							No
Does the patient have a wound/ulcer or invasive device which was present prior to admission?							No
Has patient is to be admitted to any of the following:							
Orthopaedics	Yes	Vascular	No	Renal	No	Critical Care	No

MRSA Lab Test Results

Nose	Yes	Perineum	Yes	Throat	Yes	Other	Yes	Patient refused	No
Other details:	AXILLA								

Admission Criteria

Appropriate admission based on nursing assessment	IP
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AHP USE ONLY: Is OT/Physio assessment required:**An OT/Physio assessment is not required**

CHI Number: 0102496145

Patient Name: Honeyman, Catherine

Pre-operative Assessment Summary

Assessor: ANNE MCINALLY Grade: 6

ATTENDED PRE ASSESSMENT TODAY. FOR ADMISSION TO SGH.

PREVIOUS SURGERY AS LISTED ABOVE.

PATIENT ALSO ON TREATMENT FOR HYPERTENSION & DEPRESSION. HAS ANGINA & PATIENT FEELS SHE HAS USED HER GTN SPRAY MORE FREQUENTLY LATELY.

ALSO HAS CHRONIC BACKPAIN.

SEEN BY FY2 & PHYSIOTHERAPIST TODAY & CONSENTED FOR THEATRE BY MR MARTIN.

DR HAMILTON E MAILED RE HEALTH HISTORY.

PATIENT IS A JEHOVAH'S WITNESS & HAS A DIRECTIVE IN CASE NOTES FOR REFUSAL OF BLOOD PRODUCTS. GROUP & SAVE NOT OBTAINED.

BLOODS, ECG, C X RAY & MRSA SCREEN OBTAINED.

03/09/13.

Patient attended pre assessment again today. Surgery cancelled previously as patient was referred to cardiology for increasing angina pain. Seen by Dr Davie at cardiology & referred for coronary angiography @ Golden jubilee which showed mild diffuse coronary disease (letter in notes). No changes to medication.

Patient states she still requires her GTN spray approximately weekly but mainly climbing stairs or on exertion.

Consented for surgery by Mr Martin. Patient is Jehovah's witness & has signed refusal for blood products on consent form.

Bloods, ECG, L shoulder x ray & MRSA screen obtained.

Recommended Admission Pathway

Referral by nurse to:

Nurse to arrange the attendance of:

Nurse to:

Referral by Anaesthetist to:

Type of admission to be decided by:

Type of Admission:

IP

Admission Deferred:

No

Anaesthetic Assessment

Anaesthetist:

Grade:

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Gynaecology



Hospital Name		Southern General	
Patient Details		GP Details	
Name	HONEYMAN, CATHERINE	Name	MARSHALL, GRAEME
Address	10 Melville Street GLASGOW G41 2LN	Address	DRS MILLS
Correspondance Address		Telephone	
Correspondance Postcode		CRN Number	30275453M, SG00940779, SG99406473
Telephone	01414221580	Consent	Yes
Patient Contact Number	422 1580	Sensitivity	Sensitive
CHI Number	0102496145	Consultant Name	DR PRINGLE/ DR. RICHMOND
Sex	Female	Requires Transport	No
Date of Birth	01/02/1949	Religion	Jehovah's Witness

Next of Kin / Person to Notify		Next of Kin	Person to Notify
Name	RAYMOND		GP-0141 531 8250
Address	S/A		
Landline	A/A		WK=RETIRED
Mobile			
Relationship	HUSBAND		

Assessment Details

Assessor	GILLIAN HILL	Grade	5	Date	20/12/2011
Ward	Gyn POA SGH pt for ward 72 GRI				

Surgery / Procedure Attending For

62 yr old PMB listed for hysteroscopy (PMB)

TH 22/12/11 EDD 23/12/11 para 4 + 0

=====

=====

RE ATTENDED PRE ASSESSMENT CLINIC FOR HYSTEROSCOPY 15/3/13 8/4/13 AT DSU- S/N LINDSAY

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Availability	
Are you available at short notice?	
Period of unavailability	
Reasons for unavailability	
Details	

Anaesthetic History	
1. Previous GA	
Have you had a General Anaesthetic before?	Yes
Were there any problems?	No

2. Previous LA	
Have you had a Local Anaesthetic before?	Yes
Were there any problems?	No

3. Dentition Risk	
Do you have any loose teeth, caps or dentures?	Yes
Details	UPPER FRONT RIGHT X 1 CAP

4. Reduced neck movement	
Do you have any neck or jaw stiffness?	No

5. Other Risk	
Has anybody in your family had a serious reaction to an anaesthetic?	No

6. Heartburn	
Do you suffer from heartburn or indigestion?	Yes
Is it relieved by medication?	Yes
Do you have a hiatus hernia?	No
Do you have acid reflux?	Yes
How often does it occur?	weekly

7. Sickle Cell Disease (risk factor)	
Do you have sickle cell disease?	No

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Are there risk factors for sickle cell disease? No

Surgical History**8. Affects suitability for DSU or SDA**

Have you ever had surgery? Yes

Details of relevant surgical history

Other total prosthetic replacement of knee joint (Right) 2nd stage 22-Jun-2011

Revision of total RIGHT knee replacement 1st & 2nd Knee 20-May-2011

Removal of prosthetic RIGHT knee joint 27-Mar-2011

Closed reduction of fracture of tibia and or fibula undisplaced right distal tibia 14-Oct-2010

Knee joint operations 2010

Right Removal of patellar button May-2010

Primary total knee replacement Left 27-Jan-2010

Other total prosthetic replacement of knee joint Right 2005

Total cholecystectomy 1992

Will this affect the suitability for DSU? No

Have you ever had a serious surgical or anaesthetic complication? No

Cardiovascular**9. Hypertension**

Do you have high blood pressure? Yes

Are you on treatment for high blood pressure? Yes

10. Arrhythmias

Symptoms: Irregular heartbeat No Palpitations No Atrial Fibrillation No

How often does it occur?

Are they associated with exercise?

Does it cause you to faint?

11. Angina

Do you suffer from Angina? Yes

11a. Is your angina worsening? No

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

11b. How often do you get angina?	Monthly
11c. What level of exertion causes angina?	Walking more than 100yds, climbing flights of stairs, emotional stress.
11d. Have you had Coronary artery/stents inserted?	No

12. Heart Attack

Have you had a heart attack? No

13. Heart Murmur

Do you have a heart murmur? No

14. Blackouts

Do you suffer from blackouts? No

15. Heart Failure

Have you been diagnosed with heart failure? No

Respiratory

16. Asthma / Bronchitis / COPD / Emphysema

Do you have asthma, bronchitis, COPD, or emphysema? No

17. URTI (Upper Respiratory Tract Infection)

Have you recently had a cold? No

Neurological

18. Stroke

Have you had a stroke or TIA? No

19. Epilepsy

Do you have epilepsy? No

20. Neurological Disease

Do you have any neurological or muscular disease? No

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

21. Physical Disability

Do you have a physical disability?

Yes

Further Details:

OSTEOARTHRITIS BILATERAL KNEE REPLACEMENTS WALKS WITH 2 STICKS, HUSBAND ASSISTS WITH DRESSING PRN

Do you have reduced normal activity?

Yes

Do you have to use a wheelchair?

No

Haematological

22. Bleeding Disorder

Do you suffer from prolonged bleeding or excessive bruising?

No

23. Previous DVT

Have you had a DVT?

No

24. Anaemia

Do you suffer from anaemia?

No

Miscellaneous

25. Kidney Disease

Do you have renal failure?

No

26. Liver Disease

Do you have liver disease or suffer from jaundice?

No

27. Diabetes

Do you have diabetes?

No

28. Arthritis

Do you have arthritis?

Yes

28a. Do you have rheumatoid arthritis?

No

28b. Is this associated with reduced neck movement?

No

28c. Do you have restricted movement of your jaw?

No

29. CJD

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Has the patient ever been notified that they are at increased risk of CJD or vCJD for public health purposes? No

30. Other

Do you have any serious physical / psychiatric illness or learning difficulty not already Yes

30a. Details

SCIATICA STARTED LAST WED BILAT- ATTENDING PRIVATE
OSTEOPATH

30b. Do you require a carer? No

Exercise Tolerance

31. What best describes your level of fitness? Climbs stairs with stopping

Social History

32. How many units of alcohol each week? 10.00 units/week

33. Smoker

Do you smoke? No

Are you an ex-smoker? Yes

Ex-smoker details STOPPED 1973

34. Drug Abuse

Do you currently or have you ever used intravenous or recreational drugs? No

35. Pregnant

LMP

Are you pregnant? No

Could you be pregnant? No

Details

36. Language

Can the patient speak English? Yes

Drug History

37. Drugs

List all drugs (including herbal remedies and complimentary medicines)

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

PATIENT TELEPHONED TO ATTEND POA AND WAS NOT TOLD TO BRING LIST OF MEDS TO POA BELOW LIST FROM PATIENTS MEMORY

Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose) 2 Puffs prn - LAST USED 2-DAYS AGO

=Bendroflumethiazide Tablets 2.5 mg 1 Tab In the morning

=Atenolol Tablets 25 mg 1 Tab In the morning

=Omeprazole Capsules (Gastro-Resistant) 20 mg 1 TAB In the morning

= Tramadol Hydrochloride Capsules 50 mg 4 Caps Twice daily

=Aspirin Dispersible tablets 75 mg 1 Tab In the morning

Dermol 500 Lotion TO BE USED TWICE A DAY

=Cetirizine Hydrochloride Tablets 10 mg ONE TO BE TAKEN EACH DAY

Dermol 500 Lotion TO BE USED TWICE A DAY

Diprobace Cream apply As directed

=====

UPDATE MEDICATIONS 8/4/13 -

FLUOXETINE 20MG AM

ASPRIN 75MG AM

ATENOLOL 25MG AM

BENDROFLUAZIDE 2.5 MG AM

ZYDOL X4 BD

GTN SPRAY PRN - S/N LINDSAY

Does the patient take any of the following?	
Anticoagulants	No
Clopidogrel	No
Aspirin	Yes
OCP	No
Digoxin	No
Amlodarone	No
Lithium	No
Diuretics	Yes
MAOIs	No

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

38. Herbal Remedies

Are you taking any herbal remedies or complimentary medicine? No

39. Steroids

Have you taken regular oral steroids in the last year? No

40. Allergies

Does patient have any allergies? Yes

Current Drug Allergies and Adverse Reactions

Category	Central nervous system	Drug	NSAID'S	Reaction(s)	Other - See notes, Nausea
Notes	HEADACHE				

Implants

41. Pacemaker

Do you have a pacemaker? No

42. Prosthesis

Do you have any implants? Yes

43. Coronary stents

Have you had coronary artery stents inserted? No

Details: BILATERAL KNEE REPLACEMENTS, X 2 METAL PLATES RIGHT THIGH & LOWER RIGHT SHIN

Examination

44. Age (years)	62		
Weight (kg)	99.7		
Height (m)	1.61	BMI	38

45. Risk of sleep apnoea

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Do you suffer from daytime sleepiness, restless sleep or witnessed breath holding during sleep?		Yes
How likely are you to fall asleep or doze in the following situations?		
a) Sitting and reading	No Chance	
b) Watching TV	No Chance	
c) Sitting inactive in a public place	No Chance	
d) As a passenger in a car for an hour without a break	No Chance	
e) Lying down to rest in the afternoon when circumstances permit	Moderate Chance	
f) Sitting and talking to someone	No Chance	
g) Sitting quietly after lunch without alcohol	No Chance	
h) In a car while stopped for a few minutes in traffic	No Chance	
Status based on sleep apnoea score	No risk of sleep apnoea	Score 2

46. Blood Pressure		
Systolic/Diastolic BP	117	/ 74

47. Pulse		
Pulse Rate	82	/ min
Rhythm	Regular	

48. Oxygen Saturation		
	97	%

49. Urine Analysis		
Result		
Details	UNABLE TO PU AT POA	

50. VTE Risk			
Is patient at risk of VTE?	Yes	Do they require prophylaxis?	Yes

Day Surgery Criteria	
51. Day Surgery Criteria	
Is the procedure suitable for day surgery?	No

52. Admission Criteria	
Appropriate admission based on nursing assessment	SDA

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

AHP USE ONLY: Is OT/Physio assessment required:**An OT/Physio assessment is not required****53. MRSA Screening**

Does the Patient require a Clinical Risk Assessment? (for patients > 23 hours)	Yes
Has the patient ever had a previous positive MRSA result?	No
Has the patient been admitted from a care home/institutional setting or another hospital?	No
Does the patient have a wound/ulcer or invasive device which was present prior to admission?	No
Has patient is to be admitted to any of the following:	
Orthopaedics	
Vascular	
Renal	
Critical Care	
MRSA Lab Test Results	
Nose	
Perineum	
Throat	
Other	
Patient refused	
Other details:	

Investigations Required

Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
Ferritin	No	No		No	No	
Folate	No	No		No	No	
B12	No	No		No	No	
HbA1c	No	No		No	No	
Glucose	No	No		No	No	
Cross Matching	No	No		No	No	
Coagulation Screen	No	No		No	No	
Thrombophilia Screen	No	No		No	No	
Sickle Dex Test	No	No		No	No	
Hb Electrophoresis	No	No		No	No	
TFT	No	No		No	No	
Lithium level	No	No		No	No	
Digoxin level	No	No		No	No	
Amylase	No	No		No	No	
CRP	No	No		No	No	
Calcium/Bone	No	No		No	No	
ECHO	No	No		No	No	
PEFR	No	No		No	No	
PFT	No	No		No	No	
C-Spine X-Ray	No	No		No	No	
Chest X-Ray	No	No		No	No	
MRSA Screen	No	No		No	No	
Pregnancy Test	No	No		No	No	
Temperature	No	No		No	No	
FBC	Yes	Yes	20/12/2011	No	No	
Group & Save	Yes	Yes	20/12/2011	No	No	

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Investigations Required					
Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required Re-Test Required
U&Es	Yes	Yes	20/12/2011	No	No
LFTs	Yes	Yes	20/12/2011	No	No
ECG	Yes	Yes	20/12/2011	No	No

Pre-op Assessment Summary	
Assessor	GILLIAN HILL
Grade	5
Summary	

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

lives with HUSBAND & DAUGHTER (45YRS)

SEXUALLY ACTIVE (OVER 53 YRS)

Ted's = L-REG

MINOR BUT cleaxnae required AS BMI 38 - ON OMEPRAZOLE

PMH:

JEHOVAH'S WITNESS

SCIATICA STARTED LAST WED BILAT- ATTENDING PRIVATE OSTEOPATH

AVOIDS STAIRS DUE TO DECREASED MOBILITY NOT SOB CAN CLIMB 10 STAIRS AT HER DAUGHTERS WITH STOPPING

ANGINA, Ischaemic heart disease 2007, PATIENT LAST USED GTN SPRAY 2 DAYS AGO PRIOR TO THAT 1 WEEK AGO

Essential hypertension 2005,

Osteoarthritis 1989 (BILATERAL KNEE REPLACEMENTS) - ATTENDS ORTHO OPD 6/12

Admitted: 19 November 2011 Discharged: 20 November 2011

Diagnosis: Viral respiratory tract infection

Deranged liver function test, 3 day history of increasing shortness of breath and central chest tightness. She appeared reasonably well on examination and there was nil of note to find. Normal chest x-ray. CTPA suggested no evidence of a pulmonary thromboembolism. statin was stopped because of her deranged liver function tests and these improved prior to discharge. GP asked to review statin use.

=====

ATTENDED PRE ASSESSMENT CLINIC 8/3/13 FOR HYSTEROSCOPY AT DSU 15/3/13

PMB - X2 EPISODES PMB

HAD BIOPSY AS OP 7/1/13 - REPORT STATES SUGGEST REPEAT

NO CHANGE TO PMH AS ABOVE EXCEPT ANTERIOR UVEITIS BOTH EYES

MEDICATIONS UPDATED AS ABOVE

STATINS NOT REPLACED DUE TO DERANGED LIVER FUNCTION

ANGINA, EXACERBATED WITH CLEANING HOUSE, IF GOING OUT RE ? EXCITEMENT/ANXIETY

LAST USED GTN SPRAY - X2 LAST WEEK - PRIOR TO TRAVELLING ON FLIGHT FROM LONDON

RECENT FLU LAST WEEK

HAS COUGH - HAD DARK GREEN SPUTUM LAST WEEK BUT CLEARING

WILL CONTACT GP TODAY TO ARRANGE URGENT APPOINTMENT TO HAVE CHEST SOUNDED

PT INFORMED SURGERY WILL NOT PROCEED IF CHEST INFECTION PRESENT & TO AWAIT GPS ADVICE

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

AND CONTACT DSU IF TO ARRANGE ANOTHER APPOINTMENT

PFR - 300,300,330

BP - 139/73

P -- 71

SATS - 96 %

WT - 91.1

BMI NOW 35 - PT HAS BEEN WATCHING WEIGHT

BLOODS OBTAINED FOR FBC,U&E,L

ATTENDED FOR ECG - NORMAL ECG

ADVISED TO TAKE ROUTINE MEDS AM - ADVISED TO INFORM ANAESTHETIST IF HAD ANALGESIA AM

FOR ANAESTHETIC REVIEW OF ASSESSMENT RE SUITABLE TO PROCEED DSU RE ANGINA

APPEARS WELL

10/3/13 -

NO BLOOD RESULTS AVAILABLE ON PORTAL - CONTACTED LABS

NO BLOODS ARRIVED AT LABS

CONTACTED PT - HAD ATTENDED GP EARLY AM TODAY - CHEST CLEAR

WILL RETURN FOR BLOODS 0930 TUESDAY 11/3/13 - S/N LINDSAY

NO

12/3/13

bloods obtained kv

13/3/13 - ASSESSMENT NOT REVIEWED BY DR DEL ROSARIO AS NO BLOOD RESULTS AVAILABLE

BLOODS RESULTS NOW AVAILABLE ON PORTAL

EMAIL TO DR O'CONNOR ANAESTHETIST DOING THEATRE LIST

13/3/13-

email from dr o'connor - not ideal candidate for dsu but tci as planned for dsu re pmb

pt informed tci as planned - s/n lindsay

Referrals and Type of admission - Recommended Admission pathway

Referral by Nurse to:	Anaesthetist	No
	Surgeon	No
	Haematologist	No

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

	Cardiologist	No
	GP	No
	Cardiac Technician Pace Reset	No
	Cardiac Technician Pace Check	No
Nurse to arrange the attendance of:	Carer	No
	Interpreter	No
Nurse to:	Inform ward staff regarding the risk of alcohol withdrawal	No
Referral by Anaesthetist to:	Surgeon	No
	Haematologist	No
	Cardiologist	No
	Cardiac Technician	No
	GP	No
Type of admission to be decided by:		
Type of Admission:		
Admission Deferred:	No	

Advise to take usual anti-reflux medication	Yes
Dispensed Ranitidine as per PGD directive	No
Refer to smoking cessation clinic	No
Advise not to take intravenous or recreational drug(s) during the 24 hours before surgery (related to 33 Drug Abuse)	No
Anticoagulant advice	No
Clopidogrel advice	No
Aspirin advice	No
OCP advice	No
Provide Herbal Medicine Advice	No
Arrange for dialysis the day before surgery	No
Ensure facilities for dispensing methadone are available, if the patient is taking methadone	No
Print PEFR Advice Sheet	No
Print ECG Advice Sheet	No

Anaesthetist Assessment	
Anaesthetist:	
Grade	
Summary	

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Gynaecology



Hospital Name		Southern General	
Patient Details		GP Details	
Name	HONEYMAN, CATHERINE	Name	MARSHALL, GRAEME
Address	10 Melville Street GLASGOW G41 2LN	Address	DRS MILLS
Correspondance Address		Telephone	
Correspondance Postcode		CRN Number	30275453M, SG00940779, SG99406473
Telephone	01414221580	Consent	Yes
Patient Contact Number	422 1580	Sensitivity	Sensitive
CHI Number	0102496145	Consultant Name	DR PRINGLE/ DR RICHMOND
Sex	Female	Requires Transport	No
Date of Birth	01/02/1949	Religion	Jehovah's Witness

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	RAYMOND	GP-0141 531 8250
Address	S/A	
Landline	A/A	WK=RETIRED
Mobile		
Relationship	HUSBAND	

Assessment Details					
Assessor	GILLIAN HILL	Grade	5	Date	20/12/2011

Surgery / Procedure Attending For	
62 yr old PMB listed for hysteroscopy (PMB)	
TH 22/12/11	EDD 23/12/11 para 4 + 0
=====	
==	
RE ATTENDED PRE ASSESSMENT CLINIC FOR HYSTEROSCOPY 15/3/13 8/4/13 AT DSU- S/N LINDSAY	

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Short Notice Availability Yes/No Details

Available at short notice?

Anaesthetic

Yes/No Details/Problems

Previous GA

Yes

Previous LA

Yes

Detention Risk

Yes

UPPER FRONT RIGHT X 1 CAP

Neck/Jaw Stiffness

No

Other Risk

No

Heartburn

Yes

Relieved by meds; Has acid reflux; Occurs: weekly

Sickle Cell Disease

No

Risk factors for sickle cell disease: No

Sleep Apnoea Score

2

Surgical History

Yes/No

Details/Problems

Affects suitability for DSU

No

Relevant details of surgical history

Other total prosthetic replacement of knee joint (Right) 2nd stage 22-Jun-2011

Revision of total RIGHT knee replacement 1st & 2nd Knee 20-May-2011

Removal of prosthetic RIGHT knee joint 27-Mar-2011

Closed reduction of fracture of tibia and or fibula undisplaced right distal tibia 14-Oct-2010

Knee joint operations 2010

Right Removal of patellar button May-2010

Primary total knee replacement Left 27-Jan-2010

Other total prosthetic replacement of knee joint Right 2005

Total cholecystectomy 1992

Any serious surgical or anaesthetic complication

No

Cardiovascular

Yes/No

Details/Problems

Hypertension

Yes

On treatment for high blood pressure.

Arrhythmias

Angina

Yes

Frequency: Monthly; Caused by: Walking more than 100yds, climbing flights of stairs, emotional stress.;

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Heart Attack	No
Murmur	No
Blackouts	No
Heart Failure	No

Respiratory	Yes/No	Details/Problems
Asthma/Bronchitis/COPD/Emphysema	No	
URTI	No	

Neurological	Yes/No	Details/Problems
Stroke	No	
Epilepsy	No	
Neurological Disease	No	
Physical Disability	Yes	Reduced normal activity; OSTEOARTHRITIS BILATERAL KNEE REPLACEMENTS WALKS WITH 2 STICKS, HUSBAND ASSISTS WITH DRESSING PRN

Haematological	Yes/No	Details/Problems
Bleeding Disorder	No	
Previous DVT	No	
Anaemia	No	

Miscellaneous	Yes/No	Details/Problems
Kidney disease	No	
Liver disease/jaundice	No	
Diabetes	No	
Arthritis	Yes	
CJD Risk	No	

Any serious illness not already mentioned?	Yes	SCIATICA STARTED LAST WED BILAT- ATTENDING PRIVATE OSTEOPATH ;
--	-----	--

Exercise Tolerance	Yes/No	Yes/No	Yes/No
Climbs stairs without stopping	No	Climbs stairs with stopping	Yes
		Cannot climb stairs	No

Social	Yes/No	
Alcohol (units/week)		10
Smoker	No	
Ex Smoker	Yes	STOPPED 1973
IV drug abuser	No	Methadone Req:
Pregnant	No	LMP
		Could Be Pregnant: No

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Drug History

List of all drugs (including herbal remedies and complimentary medicine)

PATIENT TELEPHONED TO ATTEND POA AND WAS NOT TOLD TO BRING LIST OF MEDS TO POA BELOW LIST FROM PATIENTS MEMORY

Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose) 2 Puffs prn - LAST USED 2 DAYS AGO

=Bendroflumethiazide Tablets 2.5 mg 1 Tab In the morning

=Atenolol Tablets 25 mg 1 Tab In the morning

=Omeprazole Capsules (Gastro-Resistant) 20 mg 1 TAB In the morning

=Tramadol Hydrochloride Capsules 50 mg 4 Caps Twice daily

=Aspirin Dispersible tablets 75 mg 1 Tab In the morning

Dermol 500 Lotion TO BE USED TWICE A DAY

=Cetirizine Hydrochloride Tablets 10-mg ONE TO BE TAKEN EACH DAY

Dermol 500 Lotion TO BE USED TWICE A DAY

Diprobase Cream apply As directed

=====

==

UPDATE MEDICATIONS 8/4/13 -

FLUOXETINE 20MG AM

ASPRIN 75MG AM

ATENOLOL 25MG AM

BENDROFLUAZIDE 2.5 MG AM

ZYDOL X4 BD

GTN SPRAY PRN - S/N LINDSAY.

Patient takes the following drugs

Asprin; Diuretics;

Taking herbal remedies or complimentary medicine No

Oral Steroids in past year No

Does patient have any allergies? Yes

Current Drug Allergies and Adverse Reactions

Category	Drug	Reaction(s)
Central nervous system	NSAID'S	Other - See notes, Nausea
Notes	HEADACHE	

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Prosthesis/Implants	Yes/No
Pacemaker	No
Implanting/follow up hospital	
Date of implant	
Reason for implant	
Other reason for implant	
Type of pacemaker/implantable defibrillator	
Device manufacturer	
Model No.	
Serial No.	
Further details	

Examination

Weight (kg)	99.7	Height (m)	1.61	BMI	38	Temp	
Pulse (bpm)	82	Regular	Regular	BP	117/74		
SaO2 (%)	97						

Investigations

The below investigations are required.

20/12/2011

FBC

Group & Save

U&Es

LFTs

ECG

VTE Risk

Is patient at risk of VTE?

Yes

Do they require prophylaxis?

Yes

MRSA Screening

Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)

Yes

Has the patient ever had a previous positive MRSA result?

No

Has the patient been admitted from a care home/institutional setting or another hospital?

No

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Does the patient have a wound/ulcer or invasive device which was present prior to admission?										No
Has patient is to be admitted to any of the following:										
Orthopaedics	No	Vascular	No	Renal	No	Critical Care	No			
MRSA Lab Test Results										
Nose	No	Perineum	No	Throat	No	Other	No	Patient refused	No	
Other details:										

Admission Criteria

Appropriate admission based on nursing assessment SDA

AHP USE ONLY: Is OT/Physio assessment required:

An OT/Physio assessment is not required

Pre-operative Assessment Summary

Assessor: GILLIAN HILL

Grade: 5

lives with HUSBAND & DAUGHTER (45YRS)

SEXUALLY ACTIVE (OVER 53 YRS)

Ted's = L-REG

MINOR BUT cleaxnae required AS BMI 38 - ON OMEPRAZOLE

PMH:

JEHOVAH'S WITNESS

SCIATICA STARTED LAST WED BILAT- ATTENDING PRIVATE OSTEOPATH

AVOIDS STAIRS DUE TO DECREASED MOBILITY NOT SOB CAN CLIMB 10 STAIRS AT HER DAUGHTERS WITH STOPPING

ANGINA, Ischaemic heart disease 2007, PATIENT LAST USED GTN SPRAY 2 DAYS AGO PRIOR TO THAT 1 WEEK AGO

Essential hypertension 2005,

Osteoarthritis 1989 (BILATERAL KNEE REPLACEMENTS) ATTENDS ORTHO OPD 6/12

Admitted: 19 November 2011 Discharged: 20 November 2011

Diagnosis: Viral respiratory tract infection

Deranged liver function test, 3 day history of increasing shortness of breath and central chest tightness. She appeared reasonably well on examination and there was nil of note to find. Normal chest x-ray. CTPA suggested no evidence of a pulmonary thromboembolism. statin was stopped because of her deranged liver function tests and these improved prior to discharge. GP asked to review statin use.

=====

====

ATTENDED PRE ASSESSMENT CLINIC 8/3/13 FOR HYSTEROSCOPY AT DSU 15/3/13

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

PMB - X2 EPISODES PMB

HAD BIOPSY AS OP 7/1/13 - REPORT STATES SUGGEST REPEAT

NO CHANGE TO PMH AS ABOVE EXCEPT ANTERIOR UVEITIS BOTH EYES

MEDICATIONS UPDATED AS ABOVE

STATINS NOT REPLACED DUE TO DERANGED LIVER FUNCTION

ANGINA EXACERBATED WITH CLEANING HOUSE, IF GOING OUT RE ? EXCITEMENT/ANXIETY

LAST USED GTN SPRAY - X2 LAST WEEK - PRIOR TO TRAVELLING ON FLIGHT FROM LONDON

RECENT FLU LAST WEEK

HAS COUGH - HAD DARK GREEN SPUTUM LAST WEEK BUT CLEARING

WILL CONTACT GP TODAY TO ARRANGE URGENT APPOINTMENT TO HAVE CHEST SOUNDED

PT INFORMED SURGERY WILL NOT PROCEED IF CHEST INFECTION PRESENT & TO AWAIT GPS ADVICE
AND CONTACT DSU IF TO ARRANGE ANOTHER APPOINTMENT

PFR - 300,300,330

BP - 139/73

P - 71

SATS - 96 %

WT - 91.1

BMI NOW 35 - PT HAS BEEN WATCHING WEIGHT

BLOODS OBTAINED FOR FBC, U&E, L

ATTENDED FOR ECG - NORMAL ECG

ADVISED TO TAKE ROUTINE MEDS AM - ADVISED TO INFORM ANAESTHETIST IF HAD ANALGESIA AM
FOR ANAESTHETIC REVIEW OF ASSESSMENT RE SUITABLE TO PROCEED DSU RE ANGINA

APPEARS WELL

10/3/13 -

NO BLOOD RESULTS AVAILABLE ON PORTAL - CONTACTED LABS

NO BLOODS ARRIVED AT LABS

CONTACTED PT - HAD ATTENDED GP EARLY AM TODAY - CHEST CLEAR

WILL RETURN FOR BLOODS 0930 TUESDAY 11/3/13 - S/N LINDSAY

NO

12/3/13

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

bloods obtained kv

13/3/13 - ASSESSMENT NOT REVIEWED BY DR DEL ROSARIO AS NO BLOOD RESULTS AVAILABLE

BLOODS RESULTS NOW AVAILABLE ON PORTAL*

EMAIL TO DR O'COONOR ANAESTHETIST DOING THEATRE LIST

13/3/13-

email from dr o'connor - not ideal candidate for dsu but tci as planned for dsu re pmb

pt informed tci as planned - s/n lindsay

Recommended Admission Pathway

Referral by nurse to:	
Nurse to arrange the attendance of:	
Nurse to:	
Referral by Anaesthetist to:	
Type of admission to be decided by:	
Type of Admission:	
Admission Deferred:	No

Anaesthetic Assessment

Anaesthetist:

Grade:

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Gynaecology



Hospital Name		Southern General	
Patient Details		GP Details	
Name	HONEYMAN, CATHERINE	Name	MARSHALL, GRAEME
Address	10 Melville Street GLASGOW G41 2LN	Address	DRS MILLS
Correspondance Address		Telephone	
Correspondance Postcode		CRN Number	30275453M, SG00940779, SG99406473
Telephone	01414221580	Consent	Yes
Patient Contact Number	422 1580	Sensitivity	Sensitive
CHI Number	0102496145	Consultant Name	DR PRINGLE/DR RICHMOND
Sex	Female	Requires Transport	No
Date of Birth	01/02/1949	Religion	Jehovah's Witness

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	RAYMOND	GP-0141 531 8250
Address	S/A	
Landline	A/A	WK=RETIRED
Mobile		
Relationship	HUSBAND	

Assessment Details			
Assessor	GILLIAN HILL	Grade	5
Date	20/12/2011		

Surgery / Procedure Attending For			
62 yr old PMB listed for hysteroscopy (PMB)			
TH 22/12/11	EDD 23/12/11	para 4 + 0	
=====			
==			
RE ATTENDED PRE ASSESSMENT CLINIC FOR HYSTEROSCOPY 15/3/13 8/4/13 AT DSU- S/N LINDSAY			

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Short Notice Availability Yes/No Details

Available at short notice?

Anaesthetic Yes/No Details/Problems

Previous GA Yes

Previous LA Yes

Detention Risk Yes UPPER FRONT RIGHT X 1 CAP

Neck/Jaw Stiffness No

Other Risk No

Heartburn Yes Relieved by meds; Has acid reflux; Occurs: weekly

Sickle Cell Disease No Risk factors for sickle cell disease: No

Sleep Apnoea Score 2

Surgical History Yes/No Details/Problems

Affects suitability for DSU No

Relevant details of surgical history

Other total prosthetic replacement of knee joint (Right) 2nd stage 22-Jun-2011

Revision of total RIGHT knee replacement 1st & 2nd Knee 20-May-2011

Removal of prosthetic RIGHT knee joint 27-Mar-2011

Closed reduction of fracture of tibia and or fibula undisplaced right distal tibia 14-Oct-2010

Knee joint operations 2010

Right Removal of patellar button May-2010

Primary total knee replacement Left 27-Jan-2010

Other total prosthetic replacement of knee joint Right 2005

Total cholecystectomy 1992

Any serious surgical or anaesthetic complication No

Cardiovascular Yes/No Details/Problems

Hypertension Yes On treatment for high blood pressure.

Arrhythmias

Angina Yes Frequency: Monthly; Caused by: Walking more than 100yds, climbing flights of stairs, emotional stress.

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Heart Attack	No
Murmur	No
Blackouts	No
Heart Failure	No

Respiratory	Yes/No	Details/Problems
Asthma/Bronchitis/COPD/Emphysema	No	
URTI	No	

Neurological	Yes/No	Details/Problems
Stroke	No	
Epilepsy	No	
Neurological Disease	No	
Physical Disability	Yes	Reduced normal activity; OSTEOARTHRITIS BILATERAL KNEE REPLACEMENTS WALKS WITH 2 STICKS, HUSBAND ASSISTS WITH DRESSING PRN

Haematological	Yes/No	Details/Problems
Bleeding Disorder	No	
Previous DVT	No	
Anaemia	No	

Miscellaneous	Yes/No	Details/Problems
Kidney disease	No	
Liver disease/jaundice	No	
Diabetes	No	
Arthritis	Yes	
CJD Risk	No	

Any serious illness not already mentioned?	Yes	SCIATICA STARTED LAST WED BILAT- ATTENDING PRIVATE OSTEOPATH ;
--	-----	--

Exercise Tolerance	Yes/No	Yes/No	Yes/No
Climbs stairs without stopping	No	Climbs stairs with stopping	Yes
		Cannot climb stairs	No

Social	Yes/No	
Alcohol (units/week)	10	
Smoker	No	
Ex Smoker	Yes	STOPPED 1973
IV drug abuser	No	Methadone Req:
Pregnant	No	LMP
		Could Be Pregnant: No

CHI Number: 0102496145 -

Patient Name: HONEYMAN, CATHERINE

Drug History

List of all drugs (including herbal remedies and complimentary medicine)

PATIENT TELEPHONED TO ATTEND POA AND WAS NOT TOLD TO BRING LIST OF MEDS TO POA BELOW LIST FROM PATIENTS MEMORY

Glyceryl Trinitrate Cfc-free pump spray 400 microgramis/dose (200 dose) 2 Puffs prn - LAST USED 2 DAYS AGO

=Bendroflumethiazide Tablets 2.5 mg 1 Tab In the morning

=Atenolol Tablets 25 mg 1 Tab In the morning

=Omeprazole Capsules (Gastro-Resistant) 20 mg 1 TAB In the morning

= Tramadol Hydrochloride Capsules 50 mg 4 Caps Twice daily

=Aspirin Dispersible tablets 75 mg 1 Tab In the morning

Dermol 500 Lotion TO BE USED TWICE A DAY

=Cetirizine Hydrochloride Tablets 10 mg ONE TO BE TAKEN EACH DAY

Dermol 500 Lotion TO BE USED TWICE A DAY

Diprobase Cream apply As directed

=====

==

UPDATE MEDICATIONS 8/4/13 -

FLUOXETINE 20MG AM

ASPRIN 75MG AM

ATENOLOL 25MG AM

BENDROFLUAZIDE 2.5 MG AM

ZYDOL X4 BD

GTN SPRAY PRN - S/N LINDSAY

Patient takes the following drugs

Asprin; Diuretics;

Taking herbal remedies or complimentary medicine

No

Oral Steroids in past year

No

Does patient have any allergies?

Yes

Current Drug Allergies and Adverse Reactions

Category

Central nervous system

Drug

NSAID'S

Reaction(s)

Other - See notes, Nausea

Notes

HEADACHE

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Prosthesis/Implants Yes/No	
Pacemaker	No
Implanting/follow up hospital	
Date of implant	
Reason for implant	
Other reason for implant	
Type of pacemaker/implantable defibrillator	
Device manufacturer	
Model No.	
Serial No.	
Further details	

Examination						
Weight (kg)	99.7	Height (m)	1.61	BMI	38	Temp
Pulse (bpm)	82	Regular	Regular	BP	117/74	
SaO2 (%)	97					

Investigations	The below investigations are required.
20/12/2011	
FBC	
Group & Save	
U&Es	
LFTs	
ECG	

VTE Risk			
Is patient at risk of VTE?	Yes	Do they require prophylaxis?	Yes

MRSA Screening	
Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)	Yes
Has the patient ever had a previous positive MRSA result?	No
Has the patient been admitted from a care home/institutional setting or another hospital?	No

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

Does the patient have a wound/ulcer or invasive device which was present prior to admission?										No
Has patient is to be admitted to any of the following:										
Orthopaedics	No	Vascular	No	Renal	No	Critical Care	No			
MRSA Lab Test Results										
Nose	No	Perineum	No	Throat	No	Other	No	Patient refused	No	
Other details:										

Admission Criteria

Appropriate admission based on nursing assessment SDA

AHP USE ONLY: Is OT/Physio assessment required:

An OT/Physio assessment is not required

Pre-operative Assessment Summary

Assessor: GILLIAN HILL Grade: 5

lives with HUSBAND & DAUGHTER (45YRS)

SEXUALLY ACTIVE (OVER 53 YRS)

Ted's = L-REG

MINOR BUT cleaxnae required AS BMI 38 - ON OMEPRAZOLE

PMH:

JEHOVAH'S WITNESS

SCIATICA STARTED LAST WED BILAT- ATTENDING PRIVATE OSTEOPATH

AVOIDS STAIRS DUE TO DECREASED MOBILITY NOT SOB CAN CLIMB 10 STAIRS AT HER DAUGHTERS WITH STOPPING

ANGINA, Ischaemic heart disease 2007, PATIENT LAST USED GTN SPRAY 2 DAYS AGO PRIOR TO THAT 1 WEEK AGO

Essential hypertension 2005,

Osteoarthritis 1989 (BILATERAL KNEE REPLACEMENTS) ATTENDS ORTHO OPD 6/12

Admitted: 19 November 2011 Discharged: 20 November 2011

Diagnosis: Viral respiratory tract infection

Deranged liver function test, 3 day history of increasing shortness of breath and central chest tightness. She appeared reasonably well on examination and there was nil of note to find. Normal chest x-ray. CTPA suggested no evidence of a pulmonary thromboembolism. statin was stopped because of her deranged liver function tests and these improved prior to discharge. GP asked to review statin use.

=====

ATTENDED PRE ASSESSMENT CLINIC 8/3/13 FOR HYSTEROSCOPY AT DSU 15/3/13

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

PMB - X2 EPISODES PMB

HAD BIOPSY AS OP 7/1/13 - REPORT STATES SUGGEST REPEAT

NO CHANGE TO PMH AS ABOVE EXCEPT ANTERIOR UVEITIS BOTH EYES

MEDICATIONS UPDATED AS ABOVE

STATINS NOT REPLACED DUE TO DERANGED LIVER FUNCTION

ANGINA EXACERBATED WITH CLEANING HOUSE, IF GOING OUT RE ? EXCITEMENT/ANXIETY

LAST USED GTN SPRAY - X2 LAST WEEK - PRIOR TO TRAVELLING ON FLIGHT FROM LONDON

RECENT FLU LAST WEEK

HAS COUGH - HAD DARK GREEN SPUTUM LAST WEEK BUT CLEARING

WILL CONTACT GP TODAY TO ARRANGE URGENT APPOINTMENT TO HAVE CHEST SOUNDED

PT INFORMED SURGERY WILL NOT PROCEED IF CHEST INFECTION PRESENT & TO AWAIT GPS ADVICE
AND CONTACT DSU IF TO ARRANGE ANOTHER APPOINTMENT

PFR - 300,300,330

BP - 139/73

P - 71

SATS - 96 %

WT - 91.1

BMI NOW 35 - PT HAS BEEN WATCHING WEIGHT

BLOODS OBTAINED FOR FBC, U&E, L

ATTENDED FOR ECG - NORMAL ECG

ADVISED TO TAKE ROUTINE MEDS AM - ADVISED TO INFORM ANAESTHETIST IF HAD ANALGESIA AM

FOR ANAESTHETIC REVIEW OF ASSESSMENT RE SUITABLE TO PROCEED DSU RE ANGINA

APPEARS WELL

10/3/13 -

NO BLOOD RESULTS AVAILABLE ON PORTAL - CONTACTED LABS

NO BLOODS ARRIVED AT LABS

CONTACTED PT - HAD ATTENDED GP EARLY AM TODAY - CHEST CLEAR

WILL RETURN FOR BLOODS 0930 TUESDAY 11/3/13 - S/N LINDSAY

NO

12/3/13

CHI Number: 0102496145

Patient Name: HONEYMAN, CATHERINE

bloods obtained kv

13/3/13 - ASSESSMENT NOT REVIEWED BY DR DEL ROSARIO AS NO BLOOD RESULTS AVAILABLE

BLOODS RESULTS NOW AVAILABLE ON PORTAL

EMAIL TO DR O'CONNOR ANAESTHETIST DOING THEATRE LIST

13/3/13-

email from dr o'connor - not ideal candidate for dsu but tci as planned for dsu re pmb

pt informed tci as planned - s/n lindsay

Recommended Admission Pathway

Referral by nurse to:

Nurse to arrange the attendance of:

Nurse to:

Referral by Anaesthetist to:

Type of admission to be decided by:

Type of Admission:

Admission Deferred: No

Anaesthetic Assessment

Anaesthetist:

Grade:

F2

CL 10

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ



0102496145
0102496145

HONEYMAN
CATHERINE
01 Feb 1949
07 Jan 2013

PMB 1 63-8

Calls 11, 14/12

Polyp removal benign 10/12
FRANCIS

Seen for PMB in 01/2012

Unit No
Name
Mr name
Address 1
Address 2
Address 3
Postcode

GP initials
GP surname
GP address
GP address 2
GP address 3
GP address 4
GP postcode

Is this a new appt or a FU? ☒ NEW

Date of referral

Date of 1st appt

Date of present appt

Date of 2nd appt

Weight Parity LMP

Cervical smear

Result 1st 2-3/12
2nd April 12
Nil since

Reason for referral

No. episodes of PMB

Is patient ☒ blood treated with back pain

Diabetes ☐

HT ☒

IHD ☒

Prev. Breast Ca ☒

Thyroid disease ☒

Depression ☒

Statin ☒

Inhalers ☒

Is charge

Are you on HRT?

Which HRT?

Any missed tablets?

Rx 1
Rx 2
Rx 3
Rx 4
Rx 5
Rx 6
Rx 7

Other illnesses

Allergies

Other symptoms

Prev. Surgery

Social history

nutrition

RENAL

COUL
normal

WHITE CROWNED

DOES ANYONE WANT TO GET

100-10111

24125

$$V/V|C \otimes N \oplus \text{Pip}$$

—(see personnel file)

SECRET
E.O. 12812

5010 10 11

॥ ॥

156

3-51CM

ended

X.95.77

WOLK

X-10-1

1000

2010

51051

SUBSYSTEM
LEAD IN

LEAD 7

12044

120125

25

341 2LN

Glasgow, Lanarkshire

0/2

10 MELVILLE STREET

CAUTION

MONET IN AIN
CATHERINE

1/02/1949

0102930149
HONEYMAN

1. *Introduction*



0.9140

NO PRINT

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 16/04/2026

Consultant: Dr Jason Long

G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
Glasgow
G5 9AB

Dear G Marshall

Re: Honeyman Catherine
FLAT 0-2
Glasgow G41 2LN

DOB: 01/02/1949

CHI: 0102496145

Attended on: 16/04/2026 at 14:51 hrs.

Departed on: at hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 0

Presenting complaint
falls head inj

Nursing Assessment:

mechanical fall in bathroom struck head frontal haematoma no loc perl alert oa/ not anti coagulated

Investigations in ED: None

Diagnosis:

Diagnosis	Side	Site
Superficial Injury of Other Parts of Head		

Procedures: None

Immunisations: None

Dispensed Medication: Please see Clinician Notes

Clinician Notes:

Presents to MIU with daughter, mechanical fall today in bathroom, struck head on ground. No LOC, remembers all events, no vomiting or visual disturbance, or severe headache, no C-SPINE BT and denies other injury. On exam haematoma noted to forehead, no wounds, no facial BT/ Epistaxis. Walked into MIU, bright and alert. GCS 15, PEARL +. Normal neuro exam noted. IMP: Minor head injury, haematoma to forehead. D/C home with strict worsening head injury advice, advice leaflet explained to patient and daughter. Present to ED with any worsening symptoms or concerns. Daughter will be staying with patient at home.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Cara Loomes

Charge Nurse

Copies to:

1. G Marshall (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 06/01/2016

Consultant: Dr Tim Parke

G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
Glasgow
G5 0BQ

Dear G Marshall

Re: **Honeyman Catherine**
10 MELVILLE STREET
Glasgow G41 2LN

DOB: 01/02/1949

CHI: 0102496145

Attended on: 04/01/2016 at 16:50 hrs.

Departed on: 04/01/2016 at 20:49 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 0

Presenting complaint
unwell headache dizzy

Nursing Assessment:
hx dizzy/headaches for few days

Investigations in ED: None

Diagnosis:

Diagnosis	Side	Site
Dizziness and giddiness		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

Feeling light headed and dizzy. ECG normal no neuro deficit, discharged.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Andrew Clark
Doctor

Copies to:

1. G Marshall (GP)

School Address:

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW G51 4TF
Accident & Emergency Dept
Phone (0141) 201 1456 Fax (0141) 201 2997

DR. GRAEME G MARSHALL
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8250

Dear Dr. GRAEME G MARSHALL,

Your Patient Name : CATHERINE HONEYMAN
DOB : 01/02/1949
Address : 10 MELVILLE STREET

GLASGOW
LANARKSHIRE
G41 2LN

Consultant : DR. NICOLA LITTLEWOOD

Account # : AE0099270/11 Unit # : SG00940779 CHI # : 010

Attended at : 2045 on 18/11/2011
Left A&E at : 0044 on 19/11/2011

Reason for Visit : SOB / CHEST TIGHT

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS

DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up : ADMITTED WD 20

Yours sincerely

DR:

If you require any further information please quote this attendance number: AE00

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW G51 4TF
Accident & Emergency Dept
Phone (0141) 201 1456 Fax (0141) 201 2997

DR. GRAEME G MARSHALL
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8250

Dear Dr. GRAEME G MARSHALL,

Your Patient Name : CATHERINE HONEYMAN
DOB : 01/02/1949
Address : 10 MELVILLE STREET

GLASGOW
LANARKSHIRE
G41 2LN

Consultant : DR NICOLA LITTLEWOOD

Account # : AE0099270/11 Unit # : SG00940779 CHI # : 010

Attended at : 2045 on 18/11/2011
Left A&E at : 0044 on 19/11/2011

Reason for Visit : SOB / CHEST TIGHT

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS

DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up : ADMITTED WD 20

Yours sincerely

DR.

If you require any further information please quote this attendance number: AE00

SOUTHERN GENERAL HOSPITAL.
1345 GOVAN ROAD
GLASGOW G51 4TF
Accident & Emergency Dept
Phone (0141) 201 1456 Fax (0141) 201 2997

DR. GRAEME G MARSHALL
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8250

Dear Dr. GRAEME G MARSHALL,

Your Patient	Name	:	CATHERINE HONEYMAN
	DOB	:	01/02/1949
	Address	:	10 MELVILLE STREET

GLASGOW
LANARKSHIRE
G41 2LN

Consultant : DR JASON LONG

Account # : AE0025431/11 Unit # : SG00940779 CHI # : 010

Attended at : 0323 on 27/03/2011
Left A&E at : 0605 on 27/03/2011

Reason for Visit : RIGHT KNEE PAIN

Diagnosis : See Additional Notes : RIGHT : Knee

Investigations :

Treatments :

Prescribed Drugs : DRUGS

DIRECTIONS

Tetanus Given :

Additional Notes:
PREV TKR
WITH CELLULITIS OVER KNEE AND RED ROM
REFERRED ORTHO

Follow Up : WARD 3

Yours sincerely

DR. DEBORAH FERGUSON

If you require any further information please quote this attendance number: AE00

VICTORIA INFIRMARY
 LANGSIDE ROAD
 GLASGOW G42 9TY
 Accident & Emergency Dept
 Phone (0141) 201 5130 Fax (0141) 636 5608

DR. GRAEME G MARSHALL
 GORBALS HEALTH CENTRE
 45 PINE PLACE
 GLASGOW

G5 OBO
 0141 531 8250

Dear Dr. GRAEME G MARSHALL,

Your Patient	Name	:	CATHERINE HONEYMAN
	DOB	:	01/02/1949
	Address	:	10 MELVILLE STREET
			0/2
			GLASGOW
			LANARKSHIRE
			G41 2LN

Consultant : DAVID RITCHIE

Account # : AE0086713/10 Unit # : SG99406473 CHI # : 010

Attended at : 1954 on 14/10/2010
 Left A&E at : 2250 on 14/10/2010

Reason for Visit : ANKLE INJ

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS

DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

If you require any further information please quote this attendance number: AE00

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW G51 4TF
Accident & Emergency Dept
Phone (0141) 201 1456 Fax (0141) 201 2997

DR. GRAEME G MARSHALL
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8250

Dear Dr. GRAEME G MARSHALL,

Your Patient Name : CATHERINE HONEYMAN
DOB : 01/02/1949
Address : 10 MELVILLE STREET

GLASGOW
LANARKSHIRE
G41 2LN

Consultant : DR NICOLA LITTLEWOOD

Account # : AE0036502/10 Unit # : SG00940779 CHI # : 010

Attended at : 2246 on 05/05/2010
Left A&E at : 0230 on 06/05/2010

Reason for Visit : POST OP KNEE PROBLEMS

Diagnosis :

Investigations - :

Treatments :

Prescribed Drugs : DRUGS

DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up : WARD

Yours sincerely

DR.

If you require any further information please quote this attendance number: AE00

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW G51 4TF
Accident & Emergency Dept
Phone (0141) 201 1456 Fax (0141) 201 2997

DR. GRAEME G MARSHALL
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5' 0BQ
0141 531 8250

Dear Dr. GRAEME G MARSHALL,

Your Patient	Name	:	CATHERINE HONEYMAN
	DOB	:	01/02/1949
	Address	:	10 MELVILLE STREET

GLASGOW
LANARKSHIRE
G41 2LN

Consultant : MR MALCOLM W G GORDON

Account # : AE0031017/10 Unit # : SG00940779 CHI # : 010

Attended at : 1122 on 18/04/2010
Left A&E at : 1428 on 18/04/2010

Reason for Visit : RIGHT KNEE REPLACEMENT PROBLEMS

Diagnosis : See Additional Notes : RIGHT : Knee

Investigations : Knee X-Ray

Treatments :

Prescribed Drugs : DRUGS

DIRECTIONS

Tetanus Given :

Additional Notes:
 PATELLA RESURFACING PROSTHESIS HAS SLIPPED. INCREASED PAIN AND BRUISING.

Follow Up :

Yours sincerely

DR. JOANNE MITCHELL

If you require any further information please quote this attendance number: AE00

Clinical letter - GP:



West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000
Orthopaedics
0141 451 5953

Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

14/04/2026
NC/TD
16/03/2026
13/04/2026

Dear Doctor,

**Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN**

I reviewed this lady today. She had an MRI scan in April 2022 but did not feel that, at the time, when I saw her after this that she could go ahead with surgery because her husband had recently had a stroke and he now has carers in three times a day.

Unfortunately, she has put on weight with her height of 160cm and a weight of 97kg, giving her a body mass index 37.9. I have told her that she needs to get her BMI down to 35 or below for surgery, particularly as she is a Jehovah's Witness and may not accept any blood products, even from herself via self-salvage or pre-donation. She is on iron tablets anyway, having been anaemic recently.

It has been almost four years since her MRI scan and I think it would be reasonable to repeat it.

I will review her with the result and we will check her height and weight again to see whether or not she can go on the waiting list urgently for bilateral L3/4 and L4/5 decompression, unless any other levels are now affected.

Kind regards.

Yours sincerely,

Mr. Niall Craig

Consultant Orthopaedic Spinal Surgeon

Electronically Signed: Mr Niall Craig, Consultant

cc.

Clinical letter - GP:



West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141 211 2000
Orthopaedics
0141 451 5953

14/04/2026
NC/TD
16/03/2026
13/04/2026

Dear Doctor,

**Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN**

I reviewed this lady today. She had an MRI scan in April 2022 but did not feel that, at the time, when I saw her after this that she could go ahead with surgery because her husband had recently had a stroke and he now has carers in three times a day.

Unfortunately, she has put on weight with her height of 160cm and a weight of 97kg, giving her a body mass index 37.9. I have told her that she needs to get her BMI down to 35 or below for surgery, particularly as she is a Jehovah's Witness and may not accept any blood products, even from herself via self-salvage or pre-donation. She is on iron tablets anyway, having been anaemic recently.

It has been almost four years since her MRI scan and I think it would be reasonable to repeat it.

I will review her with the result and we will check her height and weight again to see whether or not she can go on the waiting list urgently for bilateral L3/4 and L4/5 decompression, unless any other levels are now affected.

Kind regards.

Yours sincerely,

Mr. Niall Craig

Consultant Orthopaedic Spinal Surgeon

Electronically Signed: Mr Niall Craig, Consultant

cc.

Clinical letter - GP: Discharge Letter



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
MSK Physiotherapy

Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

07/08/2024

07/08/2024

Dear ,

**Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN**

GP Action Required: Nil

Presenting Condition: Left hip pain

Physiotherapy Comments:

Onset of symptoms - 2 year history

Mechanism of onset - Insidious

Diagnosis - Greater trochanteric pain syndrome

Treatment -Advice and education, exercise therapy

Further Info -Mrs Honeyman attended for the complaint above, they presented with worsening pain and were mobilising using elbow crutches due pain in hip and lower back. They were only able to walk for 5 mins at a time, and struggled to stand for long periods. They attended 2 appointments over a 2 month period and struggled to engage with rehab due ongoing pain and family/personal circumstances. They requested to be placed on hold 6 weeks until they were ready to engage with physio, however they did not contact to arrange another appointment.

Discharge Outcome:

The patient completed a course of treatment and symptoms are now: Unchanged.

The patient has an exercise programme to continue with self management.

They were advised to contact us if further help was required and have not.

This patient has now been discharged from our care.

Yours sincerely

Jordan Chung

Physiotherapist

Electronically Signed: ,

cc.

Clinical letter - GP:



Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000
Trauma & Orthopaedics
0141 201 0751
Emma.Lindsay@ggc.scot.nhs.uk
18/12/2023
NC/CS
11/12/2023
15/12/2023

Dear Dr Marshall,

**Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN**

This lady underwent ultrasound guided injection of her left trochanter on 11/12/2023.

I will arrange to review her in a few weeks by telephone to assess the effect of the injection on her symptoms.

Kind regards.

Yours sincerely,

Mr Niall Craig

Consultant Orthopaedic Spinal Surgeon

Electronically Signed: Mr Niall Craig, Consultant

cc.

Clinical letter - GP: Clinic Letter

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
New Victoria
0141 347 8685

Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

31/05/2023

Dear Dr Marshall,

**Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN**

I was asked to review Mrs Honeyman on behalf of one of my physiotherapy colleagues due to her ongoing persistent low back pain with bilateral L5/S1 radicular leg pain, indicative of degenerative changes +/- disc impinging the L5 and/or S1 nerve root.

Due to the duration of the symptoms and failure to improve with conservative management I arranged a MRI of the lumbar spine please see the results below. Spinal surgical opinion was recommended and I have currently discharged her from Physiotherapy as she is under the Care of the Orthopaedic Spinal Team.

Clinical History : 18/12 history of persistent low back pain with worsening bilateral leg pain. No reported CES symptoms. Lower limb ankle and knee reflexes were absent bilaterally. Unsteady gait with reduced balance and stenotic features. PMH of bilateral TKJR and previous Left shoulder surgery.

MRI Spine lumbar :

The lowest fully formed intervertebral disc is referenced L5-S1 - see saved key image.

Normal vertebral body heights. Minor degenerative lumbar levoscoliosis. Grade 1 degenerative L4-L5 anterolisthesis with minor degenerative anterolisthesis at the L2-L3 and L3-L4 levels. No pars defects. Fatty degenerative endplate marrow changes associated with severe disc degeneration L4-L5 level. No sinister marrow pathology.

Normal conus.

Multilevel degenerative changes in the form of disc bulging, facet arthrosis and ligamentum flavum thickening (posterior element degeneration most pronounced at the L3-L4 and L4-L5 levels), combined with the degenerative malalignment described above, producing the following:

L2-L3 - mild central canal stenosis but no focal nerve root impingement.

L3-L4 - moderate to severe central canal stenosis with essentially complete CSF effacement and marked crowding of the cauda equina nerve roots. There is preservation of the posterior epidural fat. Right more than left impingement of the traversing L4 nerve roots. Mild to moderate right-sided and mild left-sided foraminal stenosis.

L4-L5 - severe central canal stenosis with complete CSF effacement and partial effacement of the posterior epidural fat. Impingement of the cauda equina nerve roots present. Mild to moderate bilateral foraminal stenosis.

No significant neural compromise at the other levels. Upstream redundancy of the cauda equina nerve roots noted above the L3-L4 level. No other significant abnormality.

Conclusion: Multilevel degenerative changes with severe central canal stenosis at L4-L5 and moderate to severe central canal stenosis also at the L3-L4 level.

Yours Sincerely,

Morven Smith

Advanced Practise Physiotherapist in Low Back Pain

Electronically Signed: ,

cc.

Clinical letter - Others:



West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Mr Colin Walker
Consultant Orthopaedic Surgeon
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141 211 2000
Orthopaedics
0141 201 0751
Secretary
01/08/2022
NC/GM
21/07/2022
01/08/2022

Dear Mr Walker,

**Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN**

Thank you very much for asking me to review this lady's scans. She does have severe central stenosis at L4/5 and less severe changes at L3/4 as you say. I will arrange to see her in the outpatient clinic in due course.

Kind regards.

Yours sincerely,

Mr Niall Craig

Consultant Orthopaedic Spinal Surgeon

Electronically Signed:

cc. Dr G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Clinical letter - GP: d/c



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
MSK Physiotherapy; New
Gorbals H&CC
0141 201 5020

Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated Date:

Transcribed Date:

26/01/2022

23/11/2021

12/01/2022

Dear Dr Marshall/ H Crockett,

**Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN**

This patient was referred to Physiotherapy on: 20.04.21

Via: GP Referral

Presenting Condition: LBP and bilateral sciatica

She received treatment(s) from 09.06.21 to 23.11.21 (colleague and myself laterally)

GP Action Required: Follow up post urology appointment. (Discussed with GM in September.)

Discharge Outcome:

- Completed course of treatment – LBP relatively unchanged
- Has an exercise programme to continue with self management
- Referred elsewhere – GBPS

Additional Physiotherapy Comments:

Some flexibility progress with hips but patient still struggling in walking. Back and thigh symptoms demonstrate stenotic behaviour as well as lumbar spondylosis. Denies any other CES signs but has ongoing urinary problems.

This patient has now been discharged from our care.

Yours sincerely

Mandy Lewis

Senior MSK Physiotherapist

Electronically Signed: ,

cc.

Clinical letter - GP: DC Letter



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department:

0141 201 1100
NHS Louisa Jordan MSK
Physiotherapy

Contact Tel:

0141 304 7424

Enquiries to:

Lyndsay Skilling

Letter Date:

16/03/2021

Reference:

Dictated Date:

16/03/2021

Transcribed Date:

Dear Dr Marshall,

**Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN**

GP Action Required: Nil.

Presenting Condition: LBP with bilateral referral to posterior calves.

Physiotherapy Comments:

Onset of symptoms - Sept 2020.

Mechanism of onset - Sudden, insidious. Previous "Sciatica" 2 years prior - self resolved. -
with longstanding LBP.

Diagnosis - Lumbar stenosis with longstanding mechanical LBP.

Treatment - Lumbar flexion based program with pacing advice.

Further Info - Pt advised no red flags or CES symptoms but thought she may have
fibromyalgia and was requesting a MRI. Advised this was not indicated at present and
advised on evidence based treatment.

Discharge Outcome:

The patient failed to attend her review appointment(s) with no further contact.

This patient has now been discharged from our care.

Yours sincerely

Lyndsay Skilling

MSK Physiotherapist

Electronically Signed: ,

cc.

Clinical letter - GP: MKSK Physiotherapy Discharge



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main
Switchboard:
Department: Physiotherapy Department, Gorbals Health
Centre, 45 Pine Place, Glasgow
Contact Tel: 01415318218
Enquiries to:
Letter Date: 26/10/2016
Reference:
Dictated 26/10/2016
Date:
Transcribed
Date:

Dear Dr Marshall,

Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire, G41 2LN

This patient was referred to Physiotherapy via : Self GP Orthopaedic Referral

Presenting Condition: Reduced mobility/ back and knee pain.

Discharge Outcome:

- Unknown- Failed to attend or cancelled review appointment(s) on 10/10/2016
- Provided with a walking aid or appliance
- Has an exercise programme to continue with self management

This patient has now been discharged from our care.

Yours sincerely

Rachel Dutton

Specialist MSK Physiotherapist

NHSGGC South Sector.

Electronically Signed: ,

cc.

Clinical letter - GP: MKSK Physiotherapy Discharge



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main
Switchboard:
Department: Physiotherapy Department, Gorbals Health
Centre, 45 Pine Place, Glasgow
Contact Tel: 01415318218

Enquiries to:
Letter Date: 26/10/2016
Reference:
Dictated 26/10/2016
Date:
Transcribed
Date:

Dear Dr Marshall,

**Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire, G41 2LN**

This patient was referred to Physiotherapy via : Self GP Orthopaedic Referral

Presenting Condition: Reduced mobility/ back and knee pain..

Discharge Outcome:

- Unknown- Failed to attend or cancelled review appointment(s) on 10/10/2016
- Provided with a walking aid or appliance
- Has an exercise programme to continue with self management

This patient has now been discharged from our care:

Yours sincerely

Rachel Dutton

Specialist MSK Physiotherapist

NHSGGC South Sector.

Electronically Signed: ,

cc.

Clinic Letter

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard:

0141 201 1100

Department:

Cardiology

Contact Tel:

0141 201 1765

Enquiries to:

letitia.caw@ggc.scot.nhs.uk

Letter Date:

09/10/2014

Reference:

APD/MM

Dictated Date:

09/10/2014

Transcribed Date:

09/10/2014

Dear Dr. G Marshall,

Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire, G41 2LN

Attendance: Specialty - Cardiology; Clinic - SGADCA7-DR DAVIE CARDIAC THURSDAY AM
Date and Time of Appointment - 09/10/2014 10:05

Diagnosis:

Chest pain, unspecified (ICD10: R07.4)

Requested Out-patient Investigations:

ECG, Echocardiogram

Follow Up: None**Medication Note:**

Increase Atenolol to 25 mg bd, Add Ramipril 2.5 mg bd, Consider adding Simvastatin 40 mg

Clinical Comments:

I was surprised to be asked to see Mrs Honeyman again with a view to assessing her fitness for *right* shoulder resurfacing. Last year we did an angiogram to help assess her fitness for *left* shoulder resurfacing. Her angiogram was reassuring, her operation went ahead and there were no problems. Her symptoms of chest pain have not changed since. She continues to get chest pain sometimes as often as 2-3 times a day, sometimes as seldom as once every 2-3 weeks, usually related to exertion and always promptly relieved by GTN. Apparently it was suggested to her that we might do another angiogram. I certainly could not justify the risks of another angiogram so soon after her first one when her symptoms have not changed. On the other hand, if she does have angina, she is not optimally treated. I have suggested an increase in her Atenolol and the addition of Ramipril. She told me that she previously had problems with Simvastatin but I would recommend consideration of another trial of this, at least perioperatively.

Best wishes,

Yours sincerely

Dr Andrew P Davie
Consultant Cardiologist
Southern General Hospital

Electronically Signed: Dr Andrew Davie, Consultant

cc. Mr David J Martin
Consultant Orthopaedic Surgeon
Department of Orthopaedic Surgery
Southern General Hospital

Clinical letter - GP:



Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141 201 1100
ORTHOPAEDICS
0141 201 1189
Myra McKellar
23/09/2014
DJM/MM
18/09/2014
22/09/2014

Dear Dr Marshall,

**Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire, G41 2LN**

This lady was cancelled by Dr Hannah (senior-on consultant anaesthetist) this morning. The anaesthetic registrar covering the list had some concerns about administering a GA and had spoken to Dr Hannah over the phone. She has asked for a Cardiology review due to her symptoms of angina.

My Registrar has dictated a letter to the cardiology department - Mrs Honeyan is known to them.

We have asked Mrs Honeyman to let us know when this has occurred but if you hear anything I would be grateful if you could let us know. I have apologised for the delay in surgery although Mrs Honeyman understands the need for caution.

Yours sincerely

David J Martin FRCS
Consultant Orthopaedic Surgeon

Electronically Signed: Mr David Martin, Consultant

cc. Mrs Catherine Honeyman
Flat 0/2
10 Melville Street
GLASGOW G41 2LN

Clinical letter - Others:



Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr Andrew Davie
Consultant Cardiologist
Cardiology Department
Southern General Hospital

Main Switchboard:
Department:

0141 201 1100
ORTHOPAEDIC
DEPARTMENT
0141 201 1189

Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

MR MARTIN'S SECRETARY
07/10/2014
AK/MB
18/09/2014
03/10/2014

Dear Dr Andrew,

Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire, G41 2LN

I am writing to ask if you would kindly review this 64 year old lady in your clinic. You saw this lady last year, with regards to her angina. She had been put on the waiting list under the care of Mr Martin at SGH for a right shoulder resurfacing and attended on 18th September for her surgery.

However, following review by the anaesthetic team, her operation was cancelled. She is known to have angina and had coronary angiography performed in May 2013, which showed mild diffuse coronary disease. Following this she underwent a left shoulder resurfacing under general anaesthetic with no problems. However, there was growing concern by the anaesthetist as she is having increasing breathlessness at rest and is having to use her GTN spray more regularly recently.

In terms of cardiac medication, she is on Asprin, Atenolol, Bendrofluothiazide and takes GTN spray as required. The anaesthetist asked if we would kindly have her reviewed by a cardiologist to see whether she can be optimised further, prior to her operation.

Thank you very much for your help in managing this lady. Please contact the orthopaedic team at the Southern General should there be any further concerns.

Kind regards
Yours sincerely

Mr Andrew Ker
Orthopaedic Registrar

Electronically Signed: Dr Andrew Ker, Doctor

cc.

Clinic Letter



Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
ORTHOPAEDICS
0141 201 1137

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

20/08/2014
FN/MD
29/08/2014
04/09/2014

Dear Dr. G Marshall,

Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire, G41 2LN

Attendance: Specialty - Orthopaedics ; Clinic - SGFNOR6-SIS NICOL ARTHROPLASTY WED PM
Date and Time of Appointment - 20/08/2014 14:15

Clinical Comments:

I reviewed this patient in our Upper Limb Arthroplasty Clinic. She has had resurfacing of her left shoulder one year ago and bilateral total knee joint replacements 4 years ago, the right having been revised for infection. She returns today complaining of severe pain in her right shoulder and has a very limited range of movement. X-rays confirm quite marked degenerative changes and were reviewed by Mr Martin who is happy to put her back on his waiting list for a resurfacing of this shoulder or possibly a replacement to be decided when he speaks to her at the Pre-assessment Clinic.

I have therefore added her name to his waiting list for this.

Yours sincerely

FIONA NICOL

CLINICAL NURSE SPECIALIST

Electronically Signed: Nurse Fiona Nicol, Nurse Practitioner

cc.

Clinic Letter



Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard: 0141 201 6000
Department: General Surgery - Breast
Contact Tel: 0141 347 8046
Enquiries to: rosemary.turner@ggc.scot.nhs.uk
Letter Date: 13/08/2014
Reference: LMac/SH
Dictated Date: 13/08/2014
Transcribed Date: 14/08/2014

Dear Dr. G Marshall,

Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire, G41 2LN

Attendance: Specialty - General Surgery; Clinic - VIAWGS5-MS WINTER ONE STOP BREAST CLINIC

Date and Time of Appointment - 13/08/2014 09:30

Follow Up: None

Clinical Comments:

Thank you for referring this 65 year old lady to Miss Winter's breast clinic. She has noted a lumpy area in the right breast superior to the nipple for the last few months which has been painful and hot. She has not noticed any other breast symptoms at all and has had no nipple symptoms. She has osteoarthritis of her right shoulder and is awaiting shoulder replacement on the right having had shoulder replacement on the left and knee replacement in the past. It is a few years since her last mammograms. She has had benign surgery on the right in the past. She has no family history of note. She has angina and is on Aspirin, she is not on HRT.

On examination today there was evidence of her previous surgery in the right and although her breasts were a little nodular, particularly above the nipple area, I could detect no mass and no discrete lump and I felt her breast tissue was normal and symmetrical today. She was a bit tender but I felt this was more over the lateral chest wall than over the breast tissue itself on the right. Mammograms were benign R2.

I have reassured her today. I think her discomfort is coming more from the chest wall, maybe related to her shoulder. I have reassured her today and discharged her from the breast clinic.

Yours sincerely

Dr-Laura Macdonald

Speciality Doctor Breast

Electronically Signed: Dr Laura Macdonald, Doctor

cc.

Clinic Letter

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100
Email Inquiries to:
Contact Tel Details:

Dictated Date: 30/12/2013

By: J Gillespie

Transcribed Date: 07/01/2014

By: Sinead Pearson

Dear Dr. G Marshall,

Patient

Name: Honeyman Catherine
CHI: 0102496145
DOB: 01 Feb 1949

Address: 10 MELVILLE STREET
Glasgow
G41 2LN

Attendance

Attended: 30/12/2013 13:15
New/Return: S R UPPER LIMB
Referral Source: Consultant at this
Health Board/ Health
Care Provider
Consultant: Mr David Martin
Specialty: Orthopaedics
Clinic: SGDMOR2-MR
MARTIN ORTHO RET
MON PM

Clinical Comments:

This lady is 3 months following her left shoulder resurfacing and is pleased with the results. Generally speaking the shoulder is relatively pain free although she did a little more exercise yesterday than normal. She is able to externally rotate to 40 degrees, abduction is limited to around 50 degrees which she puts down to the overexertion from yesterday. The right shoulder is causing her some problems but she would of course want to fully recuperate from left shoulder surgery before looking into the right shoulder. We will see her in 6 months time at the arthroplasty clinic for x-rays of her left shoulder on arrival.

Yours sincerely

James Gillespie

Orthopaedic Registrar

REF:SP

Electronically Signed: Dr James Gillespie , Doctor

cc.

Clinic Letter

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100

Email Inquiries to:

Contact Tel Details:

Dictated Date: 25/09/2013

By: D Martin

Transcribed Date: 26/09/2013

By: Sinead Pearson

Dear Dr. G Marshall,

Patient

Name: Honeyman Catherine
CHI: 0102496145
DOB: 01 Feb 1949

Address: 10 MELVILLE STREET
Glasgow
G41 2LN

Attendance

Attended: 25/09/2013 14:15
New/Return: S R FRACTURE
Referral Source: Consultant at this
Health Board/ Health
Care Provider

Consultant: Mr David Martin
Specialty: Orthopaedics
Clinic: SGDMOR6-MR
MARTIN FRACTURE
WED PM

Clinical Comments:

This lady attended the clinic today. She is 10 days following resurfacing of her left shoulder. Her wound looks healthy. The ends of the stitches have been removed. Check x-rays are satisfactory. Unfortunately she has not had any physiotherapy as an outpatient yet but has an appointment booked for next week. I have given her advice with regards to mobilising exercises and will see her in 3 months time for clinical review. Hopefully we will be able to follow her up in the arthroplasty outcomes clinic thereafter.

Yours sincerely

David Martin

Consultant Orthopaedic Surgeon

REF: SP

Electronically Signed: Mr David Martin, Consultant

cc,

Clinic Letter

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100

Email Inquiries to:
Contact Tel Details:

Dictated Date: 04/09/2013

By: D Martin

Transcribed Date: 06/09/2013

By: Melissa Cushley

Dear Dr. G Marshall,

Patient

Name: Honeyman Catherine
CHI: 0102496145
DOB: 01 Feb 1949

Address: 10 MELVILLE STREET
Glasgow
G41 2LN

Attendance

Attended: 04/09/2013 14:25
New/Return: S R CONSENT
Referral Source: Consultant at this
Health Board/ Health
Care Provider
Consultant: Mr David Martin
Specialty: Orthopaedics
Clinic: SGDMOR6-MR
MARTIN CONSENT
WED PM

Clinical Comments:

This lady attends the pre-operative assessment clinic today. She feels her shoulder pain has deteriorated. She is very keen for surgery. Check x-rays show progression of the arthritic changes in her shoulder and after discussing the risks and complications she is keen to proceed with shoulder arthroplasty. She had a number of chronic skin markings which she related to previous mosquito bites. She has tried various creams to improve these, and although they are better there is a slightly increased risk of infection due to their presence. Nevertheless I don't think it is possible to improve the situation very much from what it is at the moment and she accepts the slightly increased risk of infection associated with this. A consent form has been signed today after discussion of all relevant risks and complications.

Yours Sincerely
Mr David Martin
Consultant Orthopaedic Surgeon

Ref: MC

Electronically Signed: Mr David Martin, Consultant

cc.

Clinical letter - GP:



Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100

Department:
Tel: 0141 232 7839
Enquiries to:

Letter Date: 20/05/2013

Reference:

Dictated Date: 15/05/2013

Transcribed Date: 16/05/2013

Dear Dr Marshall,

Name: Honeyman Catherine
CHI: 0102496145
DOB: 01/02/1949
Address: 10 MELVILLE STREET
0/2
Glasgow
Lanarkshire
G41 2LN

This lady was due to come in for surgery to her shoulder but on review at the pre assessment clinic she was noted to have increasing symptoms of angina. She was referred to the Cardiologists and I understand they are going to organise coronary angiography prior to surgery. I would be grateful if you could let us know when she is considered fit so that we can arrange another date for her. I hope this is satisfactory.

Yours Sincerely
Mr David Martin
Consultant Orthopaedic Surgeon

Electronically Signed: Mr David Martin, Consultant

cc. Mrs Catherine Honeyman, Flat 0/2, 10 Melville Street, Glasgow, G41 2LN

Clinic Letter

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100
Email Inquiries to:
Contact Tel Details: 0141 201 1461

Highly Sensitive: No

Dictated Date: 25/03/2013

By: Mr V Paode

Consent for Sharing Withheld: No

Transcribed Date: 03/04/2013

By: Christine Howe

Dear Dr. G Marshall,

Patient

Name: Honeyman Catherine
CHI: 0102496145
DOB: 01 Feb 1949
Address: 10 MELVILLE STREET
Glasgow
G41 2LN

Attendance

Attended: 25/03/2013 10:30
New/Return: S N ORTHO
Referral Source: General Practitioner
Consultant: Mr David Martin
Specialty: Orthopaedics
Clinic: SGDMOR1-MR
MARTIN ORTHO NEW
MON AM

Long Term Condition:

Clinical Comments:

I reviewed this pleasant lady who has come to us complaining of pain over both the shoulder, her left being worse than the right, for the last 3 years. She has not been able to sleep properly in spite of taking Tramadol. She is not able to lie on the left side. It is affecting her activities of daily life. She complains of pain in the neck and is getting occipital headache type of symptoms as well. She has had bilateral knee joint replacement arthroplasty which has been infected but is now well. She is a Jehovah Witness therefore she will not be undergoing any blood transfusions which she is very adamant about.

On examination the range of movement of the neck is within normal limits with no tenderness over the cervical spine. The left shoulder is tender over the acromioclavicular joint. Forward flexion is to 40 degrees and abduction is to 35 degrees. Hawkins test is strongly positive. Scarf test is present.

X-rays show degenerative changes in the acromioclavicular joint and the glenohumeral joint also.

A CT scan has been arranged to rule out any glenoid version and the same for her shoulder replacement arthroplasty. I have discussed the prognosis and management of arthritis of the shoulder and she understands the procedure and its complications. She understands the pain will be reduced but her range of movement may not be drastically improved. She understands about complications involving the scar, stiffness, physiotherapy, injury to the neurovascular structures, infection and upper limb thrombosis. The revision rate and main survival rates have also been discussed. Her name has been put on the waiting list.

Ref:CH

Yours sincerely,
Dr Vikram Paode
Doctor

cc. 1. Dr G Marshall

Clinic LetterGreater Glasgow
and ClydeSouthern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. G Marshall

Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard: 0141 201 1100

Email Inquiries to:

Contact Tel Details: 0141 201 1461

Highly Sensitive: No

Dictated Date: 25/03/2013

By: Mr V Paode

Consent for Sharing Withheld: No

Transcribed Date: 03/04/2013

By: Christine Howe

Dear Dr. G Marshall,

PatientName: Honeyman Catherine
CHI: 0102496145
DOB: 01 Feb 1949
Address: 10 MELVILLE STREET
Glasgow
G41 2LN**Attendance**Attended: 25/03/2013 10:30
New/Return: S N ORTHO
Referral Source: General Practitioner
Consultant: Mr David Martin
Specialty: Orthopaedics
Clinic: SGDMOR1-MR
MARTIN ORTHO NEW
MON AM

Long Term Condition:

Clinical Comments:

I reviewed this pleasant lady who has come to us complaining of pain over both the shoulder, her left being worse than the right, for the last 3 years. She has not been able to sleep properly in spite of taking Tramadol. She is not able to lie on the left side. It is affecting her activities of daily life. She complains of pain in the neck and is getting occipital headache type of symptoms as well. She has had bilateral knee joint replacement arthroplasty which has been infected but is now well. She is a Jehovah Witness therefore she will not be undergoing any blood transfusions which she is very adamant about.

On examination the range of movement of the neck is within normal limits with no tenderness over the cervical spine. The left shoulder is tender over the acromioclavicular joint. Forward flexion is to 40 degrees and abduction is to 35 degrees. Hawkins test is strongly positive. Scarf test is present.

X-rays show degenerative changes in the acromioclavicular joint and the glenohumeral joint also.

A CT scan has been arranged to rule out any glenoid version and the same for her shoulder replacement arthroplasty. I have discussed the prognosis and management of arthritis of the shoulder and she understands the procedure and its complications. She understands the pain will be reduced but her range of movement may not be drastically improved. She understands about complications involving the scar, stiffness, physiotherapy, injury to the neurovascular structures, infection and upper limb thrombosis. The revision rate and main survival rates have also been discussed. Her name has been put on the waiting list.

Ref:CH

Yours sincerely,
Dr Vikram Paode
Doctor

cc. 1. Dr G Marshall

Clinic Letter

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard: 0141 201 1100
Email Inquiries to: Letitia.Caw@ggc.scot.nhs.uk
Contact Tel Details: 0141-201-1765

Highly Sensitive: No

Dictated Date: 09/05/2013

By: Dr Andrew P Davie

Consent for Sharing Withheld: No

Transcribed Date: 10/05/2013

By: Letitia Caw

Dear Dr. G Marshall,

Patient

Name: Honeyman Catherine
CHI: 0102496145
DOB: 01 Feb 1949

Address: 10 MELVILLE STREET
Glasgow
G41 2LN

Attendance

Attended: 09/05/2013 11:15
New/Return: S N CARDIOLOGY
Referral Source: Other (includes Armed Forces)

Consultant: Dr Andrew Davie
Specialty: Cardiology
Clinic: SGADCA7-DR DAVIE
CARDIAC THURSDAY
AM

Long Term Condition:

Diagnosis:

Diagnosis	Code
Angina pectoris, unspecified	I20.9

Clinical Comments:

Thank you, Mr. Martin, for asking me to see Mrs. Honeyman. She gives a history suggestive of more angina recently. That said, her symptoms are not entirely typical and the diagnosis was made on the basis of a myoview scan only 6 years ago. That said, she has a CT scan from 18 months ago showing significant coronary calcification. I don't know whether she has angina or not, let alone how severe it is. I think coronary angiography is indicated before surgery can go ahead. I've provisionally arranged this for 22/05/13.

Requested Outpatient Investigations:

ECG

Medication Note: As at present

Follow-up arranged: Coronary angiography

Yours sincerely,
Dr Andrew Davie
Consultant

cc. 1. Dr G Marshall
Mr. David Martin, Department of Orthopaedics, SGH

Clinic Letter**Greater Glasgow
and Clyde**Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. G Marshall

Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard: 0141 201 1100

Email Inquiries to:

Contact Tel Details: 0141 201 1461

Highly Sensitive: No

Dictated Date: 01/05/2013

By: Mr D Martin

Consent for Sharing Withheld: No

Transcribed Date: 02/05/2013

By: Christine Howe

Dear Dr. G Marshall,

PatientName: Honeyman Catherine
CHI: 0102496145
DOB: 01 Feb 1949

Address: 10 MELVILLE STREET

Glasgow
G41 2LN**Attendance**Attended: 01/05/2013 13:00
New/Return: R PRE ASS ORTHO
Referral Source: Consultant at this
Health Board/ Health
Care Provider
Consultant: SG Ortho Pre Ass
Clinic
Specialty: Pre-Assessment
Clinic: SGPROP56-
ORTHO PRE ASS
WEDNESDAY

Long Term Condition:

Clinical Comments:

This lady attends the clinic today. She continues to have significant pain in her left shoulder and I have discussed treatment options once more. She is happy to proceed with left shoulder arthroplasty. The risks and complications have been fully discussed and consent has been signed today. Of note she is a Jehovah Witness and has signed that she would not wish a blood transfusion under any circumstances.

Ref: CH

Yours sincerely,
Mr David Martin
Consultant

cc. 1. Dr G Marshall

Clinical letter - GP:



Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY
Main Switchboard: 0141 201 6000

Department: URO-GYNAECOLOGY
Tel: 0141 201 2237
Enquiries to: DR KAREN GUERRERO

Highly Sensitive: N
Consent for sharing withheld: N

Letter Date: 01/05/2013
Reference: KG/SB
Dictated Date: 15/03/2013
Transcribed Date: 25/03/2013

Dear ,

Name: Honeyman Catherine
CHI: 0102496145
DOB: 01/02/1949
Address: 10 MELVILLE STREET
0/2
Glasgow
Lanarkshire
G41 2LN

This lady had a hysteroscopy & D&C done today as a follow up from the PMB clinic where she was found to have a thickened endometrium.

Findings were of an atrophic cavity with no polyp or cause for concern seen. Curettage was done but there were no samples obtainable for histology.

She has been discharged from the service but should she continue to have problems please do not hesitate to refer her back.

Kind regards..

Yours sincerely,

Dr Karen Guerrero
Consultant

cc.

Dr Catriona Hardie Consultant Gynaecologist Southern General Hospital 1345 Govan Road GLASGOW

Clinic Letter**Greater Glasgow
and Clyde**Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TYDr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard: 0141 201 6000

Email Inquiries to:

Contact Tel Details:

Highly Sensitive: No

Dictated Date:

By:

Consent for Sharing Withheld: No

Transcribed Date:

By: Elizabeth Spencer

Dear Dr. G Marshall,

PatientName: Honeyman Catherine
CHI: 0102496145
DOB: 01 Feb 1949
Address: 10 MELVILLE STREET
Glasgow
G41 2LN**Attendance**Attended: 07/01/2013 10:50
New/Return: S N UR POST MENO
BLEED
Referral Source: General Practitioner
Consultant: Dr Catriona Hardie
Specialty: Gynaecology
Clinic: VICHGY1-DR HARDIE
GYN-PMB MON AM

Long Term Condition:

Clinical Comments:

Many thanks for referring this 63 year old Para 4, who has suffered two episodes of PMB recently. Trans vaginal scan today showed an anteverted uterus measuring 7.04 x 4.96 x 3.51cm, with an endometrial thickness of 0.41cm which is above the cut off of normal.

Vulva, vagina and cervix looked normal and a PIPELLE SAMPLE was taken.

I will be in touch with the results in due course.

With Kind Regards

Yours sincerely

Dr Catriona Hardie
Consultant Obstetrics & Gynaecology

Yours sincerely,

cc. 1. Dr G Marshall

Southern General Hospital
1345 Govan Road
Glasgow G51 4TF

CONSULTANT
Dr Catriona Hardie

DR HARDIE'S SECRETARY
Tel: Liz - 0141 201 2353
email: liz.spencer@ggc.scot.nhs.uk

Date Dictated:
Date Typed: 06/11/12
Clinic Date: 09/11/12
Ref: CH/ES /CHI No: 0102496145

PMB CLINIC - 5TH NOVEMBER 2012

DR Marshall
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Marshall

CATHERINE HONEYMAN DOB: 01/02/49 (SG00940779)
10 MELVILLE STREET, GLASGOW, G41 2LN

This lady did not attend the PMB Clinic today and will be sent out one further appointment.

With best wishes
Yours sincerely

DR CATRIONA HARDIE
CONSULTANT IN GYNAECOLOGY AND OBSTETRICS

DEPARTMENT OF ORTHOPAEDIC SURGERY

MR MARC BRANSBY-ZACHERY FRCS
Orthopaedic Hand Upper Limb Service

Our Ref: MB-Z/HAC
Enquiries To: Helen Carlisle

09/05/12

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Direct Tel: 0141 201 1473

DR GRAEME G MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
S5 0BQ

Dear Dr

CATHERINE HONEYMAN DOB: 01/02/49 (SG00940779)
10 MELVILLE STREET, GLASGOW, G41 2LN

Many thanks for asking us to see this 63 year old lady today. She is well known to Mr Hullin having had a left knee replacement and numerous operations on the right and a revision on the right due to previous infection. She attends today with bilateral shoulder pain for several years, but she is struggling to cope. Due to her knee pain, she walks with 2 elbow crutches.

Catherine says she has pain night and day from her shoulders, the left is worse. She wakes at night with pain. She has pain with rest and activity and struggles with daily activities. She has pain in the upper part of both arms.

On examination, she is over weight, her neck is not tender with good movements. She is tender over both acromionae. Left active elevation is 100 with a little more passively, there is a bit more on the right. Impingement signs are negative. External rotation is reduced, worse on the left.

-rays show bilateral glenohumeral changes, worse on the left.

I think with her pain, the only reasonable treatment is a shoulder replacement, however, due to her size and previous infections, I am not sure if she is a good candidate. We discussed the option of surgery today and she would like to consider things. I feel this is wise and she should see one of the surgeons for further assessment and management.

She is aware there is an increased risk with surgery. She will therefore attend Mr Martin's clinic in a few months.

Yours sincerely
Karen Shields
Extended Scope Practitioner

WARD 20: ACUTE MEDICAL RECEIVING UNIT

Date Typed: 09/12/11

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

DR GRAEME G MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Marshall

CATHERINE HONEYMAN DOB: 01/02/49 (SG00940779) CHI: .0102496145
10 MELVILLE STREET, GLASGOW, G41 2LN

Admitted: 19 November 2011 Discharged: 20 November 2011
Diagnosis: Viral respiratory tract infection
Deranged liver function test
Discharge medications: As per immediate discharge letter
Follow up: Nil arranged

This 62 year old lady presented to the Southern General Hospital with a 3 day history of increasing shortness of breath and central chest tightness. She appeared reasonably well on examination and there was nil of note to find. She was afebrile. Her other observations were normal and her blood tests were unremarkable other than a mild derangement in transaminases. Her PO2 on air was 7.6. She had a normal chest x-ray.

We wondered whether she may have a PE, therefore, we did a CTPA. The initial TPA was unfortunately not adequate to exclude a PE so she had a repeat CTPA, which fortunately suggested no evidence of a pulmonary thromboembolism. It was thought, therefore, that most of her symptoms were likely to be secondary to a viral infection.

Her statin was stopped because of her deranged liver function tests and these improved prior to discharge. I would be grateful if you could repeat them in the community and review the use of her statin.

Yours sincerely

CLARE RICKETTS
CMT1

SCOTT DAVIDSON
Consultant Physician

ORTHOPAEDIC DEPARTMENT
VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
TEL: 0141 201 5025
FAX: 0141 201 5082

PC/SMD/SG99406473
CHI NUMBER: 0102496145

MR. P. CHAN'S ORTHOPAEDIC UNIT

DICTATED: 15/10/10
TYPED: 19/10/10

MR M HULLEN
CONSULTANT ORTHOPAEDIC SURGEON
SOUTHERN GENERAL HOSPITAL
GLASGOW

Dear Mike,

CATHERINE HONEYMAN DOB: 01/02/49
10 MELVILLE STREET, 0/2 GLASGOW, G41 2LN
DIAGNOSIS: 1. UNDISPLACED RIGHT DISTAL TIBIAL #
2. INFECTED RIGHT KNEE REPLACEMENT
(UNDER CARE OF MR HULLEN)

Just a quick note to let you know this lady was admitted to the Victoria yesterday with an undisplaced right distal tibial fracture which I intend to treat conservatively. I gather she is well known to yourselves for an infected knee and is awaiting a date for what sounds like the first stage of a two stage revision.

This is also on a background of a lateral malleolar fracture for which she came out of cast for 4 weeks ago.

My intention is to treat her in an above knee cast and hopefully she will get home.

She will be followed up at the fracture clinic.

Yours sincerely

Mr Peter Chan
Consultant Orthopaedic Surgeon

Clinic Letter

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Orthopaedics
0141 201 0751

27/05/2024

NC/TD

27/05/2024

18/06/2024

Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed:
Date:

Dear Dr. G Marshall,

Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN

Attendance: Specialty - Orthopaedics ; Clinic - VINCOR1-DR CRAIG ORTHO MON AM CLINIC
Date and Time of Appointment - 27/05/2024 11:15

Clinical Comments:

I reviewed this lady at the outpatient clinic today. She was walking with crutches. She has had a fairly tough time of it at home since her husband's recent stroke. Her daughter, who is a police constable, is caring for him as she is not able to do this and this is putting a strain on her. Her walking distance remains very limited by pain in her back and legs although there has been some improvement in the trochanteric pain following injections and she has her own physiotherapist for this. She has managed to lose some weight since I saw her last but she remains overweight with a BMI of 36.7 and needs to get this to 35 or below before we can operate on her.

She politely asked today if she could postpone surgery for herself because of her husband's current issues and I said this is entirely reasonable.

I have not arranged to review her routinely at present but she knows that she can get in touch with me at any point and I will put her on the waiting list for urgent surgery for the L3/4 and L4/5 spinal stenosis.

Kind regards.

Yours sincerely,

Mr Niall Craig

Consultant Orthopaedic Spinal Surgeon

Electronically Signed: Mr Niall Craig, Consultant

cc.

Clinic Letter



New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 08/01/2024
Reference: NC/MS
Dictated: 08/01/2024
Date:
Transcribed: 10/01/2024
Date:

Dear Dr. G Marshall,

Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN

Attendance: Specialty - Orthopaedics ; Clinic - VINCOR1-DR CRAIG ORTHO MON AM CLINIC
Date and Time of Appointment - 08/01/2024 10:15

Clinical Comments:

I reviewed this lady by telephone today. She said that the ultrasound guided injection to the left hip helped her pain significantly for five days. It then returned. I think that she would benefit from physiotherapy to the area for which I have referred her now. She has an appointment with me in June and hopefully she will have lost some weight by then although she said that she has not really managed to lose very much so far and has been a bit up and down with her diet. Her HbA1c was also very high when it was last checked in the summer and we will check this again when she comes back to clinic if it has not been repeated in the meantime.

Kind regards.

Yours sincerely,

Mr Niall Craig

Consultant Orthopaedic Spinal Surgeon

Electronically Signed: Mr Niall Craig, Consultant

cc.

Clinic Letter

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Orthopaedics

20/11/2023

NC/MS

20/11/2023

28/11/2023

Dear Dr. G Marshall,

Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN

Attendance: Specialty - Orthopaedics ; Clinic - VINCOR2-DR CRAIG ORTHO MON PM
Date and Time of Appointment - 20/11/2023 13:30

Clinical Comments:

Diagnosis: Severe spinal stenosis L4-5 secondary to grade 1 degenerative spondylolisthesis and moderate to severe stenosis L3-4 with disc bulging compounding matters at this level.

Management: To be considered for weight loss advice and better diabetic control.

Review: Outpatient clinic six months.

This 74 year old lady who attended with her daughter today was referred by Mr Walker last year. She has had four operations on her right knee and knee replacement on the left. She still has some bother with the right knee. However, she complains of back pain radiating down both legs without numbness or tingling. The pain is worse on walking and she walks very slowly with elbow crutches. She has been diagnosed with a hip problem and she has some urinary hesitancy and incontinence when she stands up at times. She does not have any perineal numbness. Her current medications include Ramipril, Metformin, Fluoxetine, Tramadol, Aspirin, Omeprazole and Atorvastatin. She has no known drug allergies. She is a non-smoker and drinks no alcohol.

On examination today she was generally tender over the lower lumbar spine. On forward flexion she was able to touch her ankles. Lumbar extension was limited. Lateral flexion was to the knees bilaterally. Straight leg raise was 75° bilaterally. Neurological examination of the lower limbs revealed no focal abnormalities apart from absent reflexes although the knee jerk reflexes may have been absent due to scarring from her previous surgery. There was no clonus at either ankle and the plantar reflexes were down going. The foot pulses were present.

Given that her last HbA1c was 91 I do not think her diabetic control is very good and I would like to see it much closer to 70 before we consider elective spinal surgery. Her weight today was 95kg and her height 160cm giving her a body mass index of 37 and she requires to get this below 35 again for us to consider safe elective spinal surgery. She understands all of these things. I said that I would see her again in six months to check her weight and perhaps her HbA1c could be repeated before then.

In the meantime she complains of severe pain around the lateral aspect of the left hip and she was exquisitely tender over the greater trochanter and was Trendelenburg positive on the left. I think that she probably has trochanteric pain syndrome. To try and help this I have referred her for an ultrasound guided injection of the left hip and once I hear that this has been carried out I will arrange to review her a few weeks post injection to assess the effect on her symptoms there.

Kind regards.

Yours sincerely,

Mr Niall Craig

Consultant Orthopaedic Spinal Surgeon

Electronically Signed: Mr Niall Craig, Consultant

cc.

Clinic Letter



New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: susan.robertson@ggc.scot.nhs.uk
Letter Date: 01/11/2022
Reference: CRW/MM
Dictated: 01/11/2022
Date:
Transcribed: 02/12/2022
Date:

Dear Dr. G Marshall,

**Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN**

Attendance: Specialty - Orthopaedics ; Clinic - VICWOR4S1-MR WALKER KNEE CLINIC TUES PM
Date and Time of Appointment - 01/11/2022 14:40

Clinical Comments:

This lady's marrow scan suggests marrow impaction rather than infection. She awaits a spine clinic appointment having had her spine MRI scan reviewed by Mr Craig in July.

From the knee point of view, she does not require any specific input at the moment. We will obviously be happy to see her back in the future if required, but I look forward to Mr Craig's opinion.

Yours sincerely

Mr Colin Walker

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Colin Walker, Consultant

cc. Mr Niall Criag
Consultant Orthopaedic Spinal Surgeon
West Glasgow Ambulatory Care Hospital
Dalnair Street
Yorkhill
Glasgow
G3 8SJ

Clinic Letter



New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: susan.robertson@ggc.scot.nhs.uk
Letter Date: 31/05/2022
Reference: CRW/JW
Dictated: 01/06/2022
Date:
Transcribed: 16/06/2022
Date:

Dear Dr. G Marshall,

**Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN**

Attendance: Specialty - Orthopaedics ; Clinic - VICWOR4S1-MR WALKER KNEE CLINIC TUES PM
Date and Time of Appointment - 31/05/2022 13:50

Clinical Comments:

Mrs Honeyman seems to struggle with both knees and her lumbar spine. She has multi-level disc disease and evidence of central canal stenosis, so I have referred her to the spinal surgeons.

Regarding her knees, she continues complain definetly of bilateral knee pain. Her bone scan shows increased uptake in the right and they suggested a white cell scan, which I am arranging. The left looks well fixed and the bone scan did not show any particular abnormal uptake in this area.

I await the opinion of Mr Craig in the spine service and her will see her after her white cell scan has been carried out.

Yours sincerely

Mr Colin Walker

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Colin Walker, Consultant

cc.

Clinic Letter

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. G. Marshall
Dr C. Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Orthopaedics
0141 451 5881

03/05/2022

CRW/SFO

03/05/2022

17/05/2022

Dear Dr. G Marshall,

**Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN**

Attendance: Specialty - Orthopaedics ; Clinic - VICWOR4S1-MR WALKER KNEE CLINIC TUES PM
Date and Time of Appointment - 03/05/2022 15:00

Clinical Comments:

Mrs. Honeyman attended with her husband today. She had a revision right total knee replacement performed in 2011 by Mr. Hullin following infection. She has had no further episodes of infection since. She has always had some discomfort in the right knee and over the last year or two she has noticed it deteriorate. She also, however, is being investigated for spinal stenosis. She has severe low back pain radiating to both thighs. She has recently had an MRI scan and awaits the result.

On examination the right knee is causing increased discomfort walking. She had not noticed any swelling of the knee and full blood count ESR and CRP were all normal. She has 0° to about 60° flexion. No obvious swelling within the knee. Her X-ray shows some calcification adjacent to the recent medial femoral condyle but she has had no further knee X-rays over the last 10 years to compare. She does appear to have some loosening of her proximal tibia.

I am organising an Isotope bone scan to see if there anything to suggest loosening.

Currently her back symptoms seem to be worse on the left and there is not any significant bone loss. So I would suggest there is no infection currently. If the bone scan does suggest loosening then I will have to think long and hard before considering revision as her mobility is reduced mainly by her back more than her knee.

Yours sincerely,

Mr. Colin Walker

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Colin Walker, Consultant

cc.

Clinic Letter

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. G Marshall
Dr C.Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 29/03/2022
Reference: TR/AH
Dictated: 29/03/2022
Date:
Transcribed: 08/04/2022
Date:

Dear Dr. G Marshall,

Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
FLAT 0-2, 10 MELVILLE ST, Glasgow, Lanarkshire, G41 2LN

Attendance: Specialty - Orthopaedics ; Clinic - WITROR34-SISTER REYNOLDS ARTHROPLASTY
NURSE TUES ALL DAY

Date and Time of Appointment - 29/03/2022 14:30

Clinical Comments:

I reviewed Mrs Honeyman in the Arthroplasty Clinic today, she attended along with her husband, this was for further review of her 2-stage revised right knee, surgery was done on 23rd June 2011 under the care of Mr Hullin.

At the clinic Mrs Honeyman advised that she has always been troubled by pain and discomfort in her knee, this has been present since her surgery. She further reports that the pain which she is experiencing is affecting all activities of daily life.

On examination Mrs Honeyman attended the clinic in a porter chair, she was able to transfer out of the chair and walk into the clinic with the aid of 2 elbow crutches. She was also known to have a well-healed scar with no redness or erythema, she could obtain full extension and flex her knee to 90 degrees with no lag on straight leg raise. Mrs Honeyman's abilities were further compromised as she has had a recent diagnosis of spinal stenosis.

X-rays were taken and they appear to show some radiolucency around the tibial component, there is also some changes around the medial condyle on the femoral component and I am unsure when these changes occurred as we only have immediate post-op films for comparison and the quality of the x-ray is quite challenging. As there are these radiolucent lines, bloods have been taken as a precaution. I have also emailed one of our knee specialists Mr Colin Walker and asked him to review the X-rays and offer some advice. Mrs Honeyman is aware that I will contact her directly once I have the results of her bloods to hand as well as further discussion with Mr Walker.

Yours sincerely

Sister Tracey Reynolds

Arthroplasty Clinical Nurse Specialist

Electronically Signed: Nurse Tracey Reynolds, Nurse Practitioner

cc.

Clinic Letter



Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
ORTHOPAEDICS
0141 201 1189

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

20/01/2015
DJM/CIH
20/01/2015
21/01/2015

Dear Dr. G Marshall,

Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire, G41 2LN

Attendance: Specialty - Orthopaedics ; Clinic - SGDMAOR4-MR MARTIN CONSENT TUES PM
Date and Time of Appointment - 20/01/2015 14:25

Clinical Comments:

This lady was due to be admitted this week for right shoulder replacement. She attended the Clinic today as her skin has flared up. She was concerned about surgery given the increased risks of infection.

I discussed with Mrs Honeyman and said that I would be happy to proceed, but she feels that her skin is a little aggravated at the moment and would prefer to wait until this is more settled. She is planning to attend her GP to see if there is anything that can be done from this point of view.

She is due to go on holiday on 15 February for two weeks and it is likely that her shoulder surgery will be deferred until her return. She is happy with this plan today.

Yours sincerely

MR D J MARTIN - FRCS
Consultant Orthopaedic Surgeon

Electronically Signed: Mr David Martin, Consultant

cc.

Clinic Letter



Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
Orthopaedics

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

25/11/2014
DJM/MC
25/11/2014
26/11/2014

Dear Dr. G Marshall,

Catherine Honeyman; D.O.B: 01 Feb 1949; CHI: 0102496145
10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire, G41 2LN

Attendance: Specialty - Orthopaedics ; Clinic - SGDMAOR4-MR MARTIN CONSENT TUES PM
Date and Time of Appointment - 25/11/2014 14:25

Clinical Comments:

This lady reattended the Pre-Operative Assessment Clinic today. She has ongoing symptoms in her right shoulder. She has previously had a left shoulder resurfacing and had been down as far as the Anaesthetic Room for her right shoulder resurfacing when she was cancelled by Dr Hannah pending further cardiology review.

Mrs Honeyman has now had her cardiology review and from what I can see they are happy with her.

We have again discussed treatment options and she remains very keen to proceed with a right shoulder resurfacing as she has had a good result from this on the left side. She is a Jehovahs Witness and would refuse any blood products. A consent form has been signed today.

Yours sincerely
Mr David Martin
Consultant Orthopaedic Surgeon

Ref: DJM/MC

Electronically Signed: Mr David Martin, Consultant

cc.

**DEPARTMENT OF
DERMATOLOGY**

Allan Lvall Centre for Dermatology
Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF



Dear Red Cross Camouflage Team

Re: PATIENT DETAILS

CATHERINE HONEYMAN
10 MELVILLE ST
GLASGOW
G41 2LN

01/2/49
0102496145

I would be very grateful if you could see and advise this patient.

Diagnosis: SCARRING

Areas affected: ARMS

Allergies: NIL OFFERED

Contact telephone number: 0141 422 1580

I am very grateful for your help.

Kind regards.

ON BEHALF OF
GP

DR GRAHAM MARSHALL
GORBALS HC

(referred to Derm but not seen)

DEPARTMENT OF RESPIRATORY MEDICINE

DR DAVIDSON'S CLINIC

21.09.12.

Southern General Hospital
1345 Govan Road
Glasgow

G51 4TF

Switchboard: 0141 201 1100

Direct Dial: 0141 232 7976

Fax: 0141 201 1101

Scott.davidson@ggc.scot.nhs.uk

CHI: 0102496145

Clinic Date: 21.09.12.

Date Typed: 18.10.12.

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Marshall

Re: Catherine Honeyman, 10 Melville Street, Glasgow. G41 2LN. D.O.B. 01.02.49. (SG940779)

**Diagnosis: Hospital admission with viral respiratory tract infection November 2011
 No evidence of pulmonary thromboembolism on CTPA
 Arthritis**

I saw this patient on behalf of Dr Davidson in the respiratory clinic today. She was admitted to the Southern General Hospital with breathlessness thought secondary to a viral respiratory tract infection in November last year. She denies any respiratory symptoms now and I have reassured and discharged her from the clinic.

Yours Sincerely

Dr Gillian Tomlinson
SpR in Respiratory Medicine

DEPARTMENT OF RESPIRATORY MEDICINE

DR DAVIDSON'S CLINIC

20.01.12.

Southern General Hospital
1345 Govan Road
Glasgow

G51 4TF

Switchboard: 0141 201 1100

Direct Dial: 0141 232 7976

Fax: 0141 201 1101

Scott.davidson@ggc.scot.nhs.uk

CHI: 0102496145

Clinic Date: 20.01.12.

Date Typed: 06.02.12.

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Marshall

Re: Catherine Honeyman, 10 Melville Street, Glasgow. G41 2LN. D.O.B. 01.02.49. (SG940779)

Mrs Honeyman was due to attend my clinic for routine follow up following discharge. She was unable to attend. I had not planned to send her a further appointment but she has been in touch saying that she simply forgot her reappointment and we will therefore send her out a routine appointment and I believe this has been done.

Yours Sincerely

Dr Scott Davidson
Consultant Chest Physician
(GMC4086305)

DEPARTMENT OF ORTHOPAEDIC SURGERY

MR MICHAEL HULLIN MA MD FRCS
ORTHOPAEDIC RETURNS CLINIC

Our Ref: MGH/MD
Enquiries To: Kathryn Kingsmore

Southern General Hospital
1345 Govan Road
Glasgow

Direct Tel: 0141 232 7912

Seen Dict: 12/08/11
Typed: 22/08/11
CHI: 0102496145

DR GRAEME G MARSHALL
ORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Marshall

CATHERINE HONEYMAN DOB: 01/02/49 (SG00940779)
10 MELVILLE STREET, , GLASGOW, G41 2LN

I reviewed this patient in Mr Hullin's Arthroplasty Clinic today. It is now 6 weeks since she has had a 2nd stage revision of her left knee replacement. She is mobilising with 2 sticks and can flex her knee to 105 degrees and is already quite pleased with the result although still having some pain as you would expect. Her wound has healed satisfactorily.

She will be reviewed back in Mr Hullin's Clinic in 10 months time with x-rays on arrival and she knows she can contact me in the interim should she have any worries about her knee replacement.

Yours sincerely

FIONA NICOL
CLINICAL NURSE SPECIALIST

DEPARTMENT OF ORTHOPAEDIC SURGERY

MR MICHAEL HULLIN MA MD FRCS
ORTHOPAEDIC RETURNS CLINIC

Our Ref: MGH/MD
Enquiries To: Kathryn Kingsmore

Seen Dict: 12/08/11
Typed: 22/08/11
CHI: 0102496145

Southern General Hospital
1345 Govan Road
Glasgow

Direct Tel: 0141 232 7912

DR GRAEME G MARSHALL
ORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Marshall

CATHERINE HONEYMAN DOB: 01/02/49 (SG00940779)
10 MELVILLE STREET, , GLASGOW, G41 2LN

I reviewed this patient in Mr Hullin's Arthroplasty Clinic today. It is now 6 weeks since she has had a 2nd stage revision of her left knee replacement. She is mobilising with 2 sticks and can flex her knee to 105 degrees and is already quite pleased with the result although still having some pain as you would expect. Her wound has healed satisfactorily.

She will be reviewed back in Mr Hullin's Clinic in 10 months time with x-rays on arrival and she knows she can contact me in the interim should she have any worries about her knee replacement.

Yours sincerely

FIONA NICOL
CLINICAL NURSE SPECIALIST

DEPARTMENT OF ORTHOPAEDIC SURGERY

MR MICHAEL HULLIN MA MD FRCS
ORTHOPAEDIC RETURNS CLINIC

Our Ref: MGH/HAC
Enquiries To: Kathryn Kingsmore

Seen Dict: 19/01/11
Typed: 20/01/11
CHI: 0102496145

Southern General Hospital
1345 Govan Road
Glasgow

Direct Tel: 0141 232 7912

DR GRAEME G MARSHALL
ORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Marshall

CATHERINE HONEYMAN DOB: 01/02/49 (SG00940779)
10 MELVILLE STREET, , GLASGOW, G41 2LN

This lady's fracture has healed and she can mobilise out of cast. We will see her in 4 weeks with x-rays left knee on arrival as it has been causing her pain and discomfort.

Yours sincerely

Michael G Hullin FRCS
Consultant Orthopaedic Surgeon



Pat Togher
Chief Officer

Our Ref: AC/REHAB

Your Ref:

Date: 27/03/2026

PRIVATE & CONFIDENTIAL

Dr G Marshall
Dr C Mills & Partners
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Community Rehabilitation
Elderpark Clinic
20 Arklet Road
Glasgow

G51 3XR
0141 232 7174 EXT:
<https://www.nhsggc.scot/>

Dear Dr Marshall

Patient Name: Catherine Honeyman CHI No: 0102496145

Date of Admission to Rehabilitation Service: 23/12/2025

Date of Discharge from Rehabilitation Service: 27/03/2026

The above named patient was referred for Rehabilitation Service intervention and received input as below:

Summary of Service Input

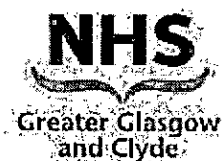
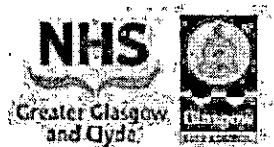
Reason for Referral
GP referral- review mobility

Summary of intervention(s) / Action(s) Taken

Catherine was assessed by physio on 12/01/2026. She was issued with home exercise plan and RSW issued wzf for indoor mobility as struggling to tolerate walking and standing due to OA hip and lumbar stenosis. She was also issued with a 4wheel walker to use outdoors with supervision of daughter. She was happy with equipment and declined further outdoor mob px. She awaits surgery for lumbar stenosis. A Wise, physiotherapist, 27/03/2026.

Patient Name: Catherine Honeyman

CHI: 0102496145





Pat Togher
Chief Officer

Discharge summary The Occupational Therapist provided a perch stool to enable patient to complete meal prep as she can struggle to stand for periods of time. Jill Harrison OT 17/3/26

Rockwood Clinical Frailty Score: 5

Follow Up Required / Onward Referral

n/a

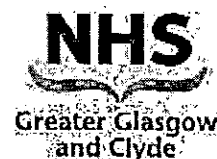
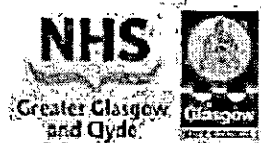
Yours sincerely

Amy Wise
Physiotherapist

Authorised on 27/03/2026 15:47:39 by Amy Wise.

Patient Name: Catherine Honeyman

CHI: 0102496145



Final Discharge Letter



Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY
0141 201 6000

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141-347-8278
Nancy.Burns@ggc.scot.nhs.uk
18/09/2014
AG/nb
17/09/2014
18/09/2014

Dear Dr. G Marshall,

Catherine Honeyman; D.O.B: 01/02/1949; CHI: 0102496145
10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire, G41 2LN

Admission: Specialty - General Medicine; Ward - VIC Ward 14 - General Medicine
Consultant - Dr Andrew Gallagher; Date of Admission - 09/09/2014
Date of Discharge - 10/09/2014; Discharged to - Private Residence - no additional detail added

Follow Up: Nil

Clinical Comments:

Diagnosis:

Occipital headache.

This lady was admitted with occipital headache radiating to her right post auricular area. The onset was some two days before coming into hospital and whilst abating it had not fully settled by the time I saw her in the post receiving ward round. There was nothing on thorough examination, neurological assessment and fundoscopy was normal. We proceeded to do a CT scan of brain which was fine as was a lumbar puncture. She was given reassurance and was allowed home on the above date.

Yours sincerely

Dr Andrew Gallagher
Consultant Physician

Electronically Signed: Dr Andrew Gallagher, Consultant

cc.

Final Discharge Letter



Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100

Date of Completion: 06/03/2014

Email Enquiries to:
Contact Tel Details:

Dictated:
Transcribed:

Dear Dr. G Marshall,

Patient

Name: Honeyman Catherine
CHI: 0102496145
DOB: 01/02/1949
Address: 10 MELVILLE STREET
Glasgow
G41 2LN

Admission

Admitted: 12/09/2013 14:47
Discharged: 16/09/2013 13:30
Admission Type: In Patient
Discharge to: Private Residence - no additional detail added
Consultant: Mr David Martin
Specialty: Orthopaedics

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

Procedures

Date	Procedures/Interventions/Operations	Code
13/09/2013	RESURFACING HEMIARTHROPLASTY OF HEAD OF HUMERUS NOT USING CEMENT	W50.4
13/09/2013	LEFT SIDED OPERATION	Z94.3

Clinical Comments:

Diagnosis: Left shoulder osteoarthritis

Procedure: Left shoulder resurfacing

Follow up 2 weeks

Follow-up arranged: 2/52 clinic - wound check

Electronically Signed: Dr Omar Al-Fakayh, Consultant

cc.

Southern General Hospital
1345 Govan Road
Glasgow G51 4TF
TEL: 0141-201-1100
FAX: 0141-201-2994

CONSULTANTS

Dr Stewart Pringle
Dr Valerie D Hood
Dr Robert JS Hawthorn
Dr Ian N Ramsay
Dr Janice Gibson
Dr John Tierney
Dr Christopher Hardwick
Dr Marco Gaudoin
Dr Hassan Ali
Dr Stein Bjornsson
SP/JR /CHI No: 0102496145
04/01/12

Dr Pringle's Secretary
Tel: 0141 201 1959
e:mail: june.reid@sgh.scot.nhs.uk

Dr Marshall
CORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Marshall

CATHERINE HONEYMAN DOB: 01/02/49 (SG00940779)
10 MELVILLE STREET, GLASGOW, G41 2LN

Catherine had a hysteroscopy performed on 22nd December as an inpatient. There was a tiny endometrial polyp which will hopefully turn out to be benign and this was removed.

Once we get the pathology report I will write back to you both.

Yours sincerely

STEWART PRINGLE
CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

ORTHOPAEDIC DEPARTMENT
VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
TEL: 0141 201 5025
FAX: 0141 201 5082

PC/SMD/SG99406473
CHI NUMBER: 0102496145

MR. P. CHAN'S ORTHOPAEDIC UNIT

DICTATED: 26/10/10
TYPED: 26/10/10

DR MILLS
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Mills,

CATHERINE HONEYMAN DOB: 01/02/49
10 MELVILLE STREET, 0/2 GLASGOW, G41 2LN

ADMITTED: 14/10/10
DISCHARGED: 15/10/10
DIAGNOSIS: UNDISPLACED RIGHT DISTAL TIBIAL #
FOLLOW UP: OUTPATIENT CLINIC

This lady, who is known to have recurrent falls, unfortunately sustained the above injury, despite coming out of a cast 4 weeks ago following a lateral malleolus fracture, also treated conservatively.

She is currently awaiting what sounds like the first stage of a 2 stage revision process for her right knee replacement under Mr Hullen.

In relation to her tibial fracture she has been placed in an above knee cast and discharged home. She will be followed up in clinic as planned.

Yours sincerely

DR DONALD HANSOM
ST1 IN ORTHOPAEDICS

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Southern General Hospital

1345 Govan Road

Glasgow

G51 4TF

Main Switchboard: 0141 201 1100

Date of Completion: 18/09/2014

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr G Marshall,

Name	CHI	DoB	Address
Catherine Honeyman	0102496145	01/02/1949	10 MELVILLE STREET Glasgow G41 2LN

Admitted	Type	Discharged	Destination
17/09/2014 14:30	In Patient	18/09/2014	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Orthopaedics	Mr David Martin	SGH Ward 5 - Orthopaedics	0141 201 1639

Reason for Admission and Presenting Complaints	Admission Category
Patient due to undergo right shoulder resurfacing on 18/9/14. However, it became apparent that Mrs Honeyman had been using GTN spray at rest, with the most recent episode on 17/8/14. Hence, it was decided that the safest course of action was to R/F to cardiology (Mr Davis) for a review (previously seen last year).	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side
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Date	Procedures/Interventions/Operations
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Clinical Comments:

Treatments: None recorded.

Follow-up arranged: Cardiology Review

Planned Outpatient nil

Investigations:

Final Discharge letter y
to follow:**Medication Info:**

Allergies: No Allergy

Height: cm

Weight: kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Aspirin Dispersible Tablets	Oral	75	mg	In the Morning	No duration defined	
Atenolol Tablet	Oral	25	mg	In the Morning	No duration defined	
Bendroflumethiazide Tablets	Oral	2.5	mg	In the Morning	No duration defined	
Fluoxetine Hydrochloride Capsules	Oral	20	mg	In the Morning	No duration defined	
Omeprazole Capsules	Oral	20	mg	In the Morning	No duration defined	
Tramadol Capsule	Oral	50	mg	FOUR Times a Day	No duration defined	

Discontinued Medication:

Drug Name	Dose	UOM	Reason
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Yours sincerely,
Dr Chris Pemberton
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Karen Palmer1, Nurse

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY
Main Switchboard: 0141 201 6000
Date of Completion: 10/09/2014

Dear Dr G Marshall,

Name	CHI	DoB	Address
Catherine Honeyman	0102496145	01/02/1949	10 MELVILLE STREET Glasgow G41 2LN

Admitted	Type	Discharged	Destination
09/09/2014 05:10	In Patient	10/09/2014	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Andrew Gallagher	VIC Ward 14 - General Medicine	0141 201 5064

Reason for Admission and Presenting Complaints	Admission Category
	Acute Admission no additional detail added

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,
Mrs Honeyman attended following a sudden onset severe headache.
A CT head was performed which found no pathology, therefore a lumbar
puncture was done. CSF was clear with no xanthochromia, therefore we
have discharged her home.
Kind regards,
Ward 14, Victoria Infirmary

Treatments: None recorded.

Follow-up arranged: Nil

Planned Outpatient Nil

Investigations:

Final Discharge letter Yes
to follow:

Medication Info:

Allergies: No Allergy**Height:** cm**Weight:** kg**Discharge Medication:**

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Aspirin Dispersible Tablets	Oral	75	mg	ONCE a Day	Indefinite	
Atenolol Tablet	Oral	25	mg	ONCE a Day	Indefinite	
Bendroflumethiazide Tablets	Oral	2.5	mg	ONCE a Day	Indefinite	
Fluoxetine Hydrochloride Capsules	Oral	20	mg	ONCE a Day	Indefinite	
Glyceryl trinitrate 400micrograms/dose Sublingual spray	Sublingual	2	dose(s)	As Required	Indefinite	
Omeprazole Capsules	Oral	20	mg	ONCE a Day	Indefinite	
Tramadol Capsule	Oral	50	mg	As Required	Indefinite	

Discontinued Medication:

Drug Name	Dose	UOM	Reason
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Yours sincerely,
Dr Emma Lindell
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,

Dispensed Medications Checked by Pharmacy: ,

Nurse discharging patient: Emma Lindell, Doctor

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Dr. G Marshall
 Drs Mills & Marshall Practice
 Gorbals Health Centre
 45 Pine Place
 Glasgow
 G5 0BQ

Southern General Hospital
 1345 Govan Road
 Glasgow
 G51 4TF
 Main Switchboard: 0141 201 1100
 Date of Completion: 16/09/2013

Dear Dr G Marshall,

Name	CHI	DoB	Address
Catherine Honeyman	0102496145	01/02/1949	10 MELVILLE STREET Glasgow G41 2LN

Admitted	Type	Discharged	Destination
12/09/2013 14:47	In Patient	16/09/2013	

Specialty	Consultant	Ward	Telephone
Orthopaedics	Mr David Martin	SGH Ward 5 - Orthopaedics	0141 201 1639

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

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,

Mrs Honeyman underwent a left shoulder resurfacing on the 13/9/13.

She has been well post-operatively, and post-op bloods have been satisfactory.

She will have a check x-ray today, and the physiotherapists will see her, and all being well she will be discharged later today.

She will return to clinic in 2 weeks time for a wound check.

We have not changed Mrs Honeyman's regular medications, however, she has been on tramadol and an SSRI long-term, and she is not keen to change to co-codamol, so I have advised her this is something that can be addressed in the community given the MHRA guidance on this combination.

Yours Sincerely
Gordon Carter
FY2 Orthopaedics

Treatments: None recorded.

Follow-up arranged: 2/52 clinic - wound check

Planned Outpatient nil

Investigations:

Final Discharge letter yes
to follow:

Medication Info:

Allergies:

Height: cm

Weight: kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Aspirin Dispersible Tablets	Oral	75	mg	ONCE a Day	No duration defined	POS
Atenolol Tablet	Oral	25	mg	ONCE a Day	No duration defined	POS
Bendroflumethiazide Tablets	Oral	2.5	mg	ONCE a Day	No duration defined	POS
Fluoxetine Hydrochloride Capsules	Oral	20	mg	ONCE a Day	No duration defined	POS
Glyceryl trinitrate 400micrograms/dose Sublingual spray	Sublingual	2	dose(s)	As Required	No duration defined	POS
Omeprazole Capsules	Oral	20	mg	ONCE a Day	No duration defined	POS
Paracetamol Tablets	Oral	1000	mg	FOUR Times a Day	No duration defined	
Tramadol Capsule	Oral	100	mg	FOUR Times a Day	No duration defined	POS

Medication Comment: please review use of tramadol and SSRI together - relative contraindication

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Dr Gordon Carter
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,

Dispensed Medications Checked by Pharmacy: ,

Nurse discharging patient: Gordon Carter, Doctor

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Southern General Hospital

1345 Govan Road

Glasgow

G51 4TF

Main Switchboard: 0141 201 1100

Date of Completion: 16/09/2013

Dr. G Marshall
Drs Mills & Marshall Practice
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr G Marshall,

Name	CHI	DoB	Address
Catherine Honeyman	0102496145	01/02/1949	10 MELVILLE STREET Glasgow G41 2LN

Admitted	Type	Discharged	Destination
12/09/2013 14:47	In Patient	16/09/2013	

Specialty	Consultant	Ward	Telephone
Orthopaedics	Mr David Martin	SGH Ward 5 - Orthopaedics	0141 201 1639

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

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,

Mrs Honeyman underwent a left shoulder resurfacing on the 13/9/13.

She has been well post-operatively, and post-op bloods have been satisfactory.

She will have a check x-ray today, and the physiotherapists will see her, and all being well she will be discharged later today.

She will return to clinic in 2 weeks time for a wound check.

We have not changed Mrs Honeyman's regular medications, however, she has been on tramadol and an SSRI long-term, and she is not keen to change to co-codamol, so I have advised her this is something that can be addressed in the community given the MHRA guidance on this combination.

Yours Sincerely
Gordon Carter
FY2 Orthopaedics

Treatments: None recorded.

Follow-up arranged: 2/52 clinic - wound check

Planned Outpatient Investigations: nil

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm

Weight: kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Aspirin Dispersible Tablets	Oral	75	mg	ONCE a Day	No duration defined	POS
Atenolol Tablet	Oral	25	mg	ONCE a Day	No duration defined	POS
Bendroflumethiazide Tablets	Oral	2.5	mg	ONCE a Day	No duration defined	POS
Fluoxetine Hydrochloride Capsules	Oral	20	mg	ONCE a Day	No duration defined	POS
Glyceryl trinitrate 400micrograms/dose Sublingual spray	Sublingual	2	dose(s)	As Required	No duration defined	POS
Omeprazole Capsules	Oral	20	mg	ONCE a Day	No duration defined	POS
Paracetamol Tablets	Oral	1000	mg	FOUR Times a Day	No duration defined	
Tramadol Capsule	Oral	100	mg	FOUR Times a Day	No duration defined	POS

Medication Comment: please review use of tramadol and SSRI together - relative contraindication

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Dr Gordon Carter
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,

Dispensed Medications Checked by Pharmacy: ,

Nurse discharging patient: Gordon Carter, Doctor

WARD 20 DISCHARGE LETTER

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET

GLASGOW
G41 2LN

DOB: 01/02/49
CHI: 0102496145
UNIT NO: SG00940779
ACCT NO: IP0060677/11
WARD: S20

GP: GRAEME G MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

CONSULTANT: SCOTT DAVIDSON
ADMITTED: 19/11/11

ADMISSION TYPE: AE - Referral
DISCHARGE TO: HOME

ADMIT DATE: 19/11/11
DISCHARGE DATE: 20/11/11

PRESENTATION: SOB +CHEST TIGHTNESS -
NO RELIEF FROM GTN

DISCHARGING CONSULTANT: DAVSC

MAIN DIAGNOSIS: LIKELY VIRAL ILLNESS

OTHER DIAGNOSIS: CURRENTLY BEING IX FOR
SIGNIFICANT PV BLEEDING

FURTHER INFO: 3/7 DAY HISTORY OF INCREASED SOB AND CENTRAL CHEST TIGHTNESS,
LIGHTEADED AND DIZZY. NON PRODUCTIVE COUGH.
TNI -VE, ECG OKAY, CHEST CLEAR. CTPA NEGATIVE. LIKELY VIRAL
ILLNESS. DERRANGED LFTS - SIMVASTATIN WITHHELD AND LEVELS
IMPROVING. LFTS TO BE RECHECKED IN THE COMMUNITY 7/7.
OP APT IN DR DAVIDSON CLINIC 6/8WEEKS.

INVESTIGATIONS: CTPA - NEGATIVE

INTERVENTIONS:

REPORTS/UPDATE:

REPORTS TO BE TRACKED? N

OP TESTS: N

LETTER TO FOLLOW: N

COMPLIANCE AID: N

DISCONTINUED DRUGS? Y

NEW MEDICATION? N

MEDICATION COMMENTS: SIMVASTATIN - DERRANGED LFTS

ALLERGIES: NKDA

FOLLOWUP? N DETAIL:

TIMESCALE:

SIGNED: FY1.DEAAL DEAN,ALYS
DESIGNATION: FOUNDATION DR YEAR 1

PAGE NUMBER: 7635

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF
TEL: 0141 201 1100

WARD 20 DISCHARGE LETTER

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET

GLASGOW
G41 2LN

DOB: 01/02/49
CHI: 0102496145
UNIT NO: SG00940779
ACCT NO: IP0060677/11
WARD: S20

GP: GRAEME G MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

CONSULTANT: SCOTT DAVIDSON
ADMITTED: 19/11/11

Medication	Form	Dose	Frequency	Duration
: BENDROFLUAZIDE	: OTAB	: 2.5MG	: IN THE MORNING	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes:				Supply:

Medication	Form	Dose	Frequency	Duration
: ATENOLOL	: OTAB	: 25MG	: IN THE MORNING	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes:				Supply:

Medication	Form	Dose	Frequency	Duration
: OMEPRAZOLE	: OTAB	: 20MG	: IN THE MORNING	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes:				Supply:

Medication	Form	Dose	Frequency	Duration
: TRAMADOL	: OTAB	: 100MG	: 4 TIMES A DAY	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes:				Supply:

Medication	Form	Dose	Frequency	Duration
: ASPRIN	: OTAB	: 75MG	: IN THE MORNING	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes:				Supply:

Medication	Form	Dose	Frequency	Duration
: CETIRIZINE	: OTAB	: 10MG	: IN THE MORNING	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes:				Supply:

Medication	Form	Dose	Frequency	Duration
: FLUOXETINE	: OTAB	: 20MG	: IN THE MORNING	: INDEF
New Drug? N New Dose? N Comments:				
Patient's Own Supply? Y Pharmacy Notes:				Supply:

Medication	Form	Dose	Frequency	Duration
: GTN	: SL	: 1 PUFF	: AS REQUIRED	: INDEF

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF
TEL: 0141 201 1100

WARD 20 DISCHARGE LETTER

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET

GLASGOW
G41 2LN

DOB: 01/02/49
CHI: 0102496145
UNIT NO: SG00940779
ACCT NO: IP0060677/11
WARD: S20

GP: GRAEME G MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

CONSULTANT: SCOTT DAVIDSON
ADMITTED: 19/11/11

New Drug? N New Dose? N Comments:
Patient's Own Supply? Y Pharmacy Notes:

Supply:

Medication	Form	Dose	Frequency	Duration
New Drug?	New Dose?	Comments:		
Patient's Own Supply?	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
New Drug?	New Dose?	Comments:		
Patient's Own Supply?	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
New Drug?	New Dose?	Comments:		
Patient's Own Supply?	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
New Drug?	New Dose?	Comments:		
Patient's Own Supply?	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
New Drug?	New Dose?	Comments:		
Patient's Own Supply?	Pharmacy Notes:			Supply:

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF
TEL: 0141 201 1100

WARD 20 DISCHARGE LETTER

PATIENT: CATHERINE HONEYMAN
10 MELVILLE STREET

GLASGOW
G41 2LN

DOB: 01/02/49
CHI: 0102496145
UNIT NO: SG00940779
ACCT NO: IP0060677/11
WARD: S20

GP: GRAEME G MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

CONSULTANT: SCOTT DAVIDSON
ADMITTED: 19/11/11

PHARMACY USE ONLY DISPENSED BY:
CLINICAL PHARMACIST CHECK:

Medicine received on ward by: _____

DATE: _____ CHECKED BY: _____

COLLECTED BY: _____

Issued by: _____

Named Nurse: _____ Signature of Receipt: _____

Report Number: 2011-0004 Date(Time): 20/11/11 (1728 Hours) Status: Signed