

Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN



MMA Legal
43-59 Princes Street
Stockport
SK1 1RY

Date: 14th May 2026
Your Ref: 100325
Our Ref: LAT/ACCESS/ES
Enquiries to: Emily Svensson
Direct Line: 0141 211 3020
Email: Emily.svensson@nhs.scot

Re: Subject Access Request under the General Data Protection Regulation

PATIENT: JACQUELINE GOODWIN

D.O.B: 23/04/1973

Thank you for your request received **23RD 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/ NEW VICTORIA HOSPITAL/ WEST AMBULATORY CARE HOSPITAL/ GARTNAVEL GENERAL HOSPITAL

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

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

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

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

- Complaints files
- Emails

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team



ELECTRONIC PATIENT RECORDS

①

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

☐

WARNING: Please note that the Patient documents in the Clinical Information Summary are for a restricted date period. To see all documents [click here](#)

Goodwin , Jacqueline

Demographics		GP Details	
Sex	Female	Practice Name	Pinecroft Medical Practice
Date of Birth	23/04/1973	Practice ID	49106
Address	Flat 0/1 38 Dougrie Drive Glasgow Lanarkshire G45 9BB	Name (ID)	KATE LEVINE (6166033)
Phone	0141 583 2305	Telephone	0141 201 5130
Other Identifiers			
CHI(s)	2304736009		
North Glasgow	70654323B		
South Glasgow	SG99835706		
Other CRNs	51318572B		

Flexible Cystoscopy

New Victoria ACH

9

NHS
Greater Glasgow
and Clyde



2304736009
GOODWIN
Jacqueline
Flat 0/1
38 Dougrie Drive
Glasgow, Lanarkshire
G45 9BB

Consultant:

Mollison

Date:

01/11/18

Contact name:

Contact number:

Admission Observations

BP 143/85

Pulse 99

SaO2 97%

Urinalysis

Leucocytes

Nitrite

Blood

Protein

N/A

Relevant Medical History

emphysema

Current Medication

Quetiapine
bupropion
ranitidine
esomeprazole
Amitriptyline

propranolol
bicalutamide
fostair
bratrus /INH
zonda
salbutamol

Pre-procedure checklist

Admission Nurse

Treatment Room Nurse

Consent signed:

✓

Yes

Identification band:

✓

Yes

Confirm procedure:

✓

Yes

Any known allergies:

N/A

N/A

Any implants/ metalwork:

NO

none

Signature:

KMO

Fme

Procedure:

Flexible cystoscopy - N/A

Comments:

N.F.U.

LOT 834510



OLY_CVF-8_WS05519

Discharge Criteria

Passed Urine:

Yes

Verbal information given

Yes

Written information given

Yes

Discharged by:

OK MARR

Time discharged:

1145

NEWS – National Early Warning Score

Name 
Address 2304736009
GOODWIN
Jacqueline F
68 CASTLEMILK DRIVE 23/04/1973
FLAT 3/1
Glasgow, Lanarkshire
CHI N
DoB G45 9TW

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8	92-93 Yes	9-11	12-20		21-24	≥25
Oxygen Saturations	≤91		94-95	≥96			
Any Supplemental Oxygen				No			
Temperature	≤35.0°	91-100	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		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.

NEW

DATE: 24/1/20

TIME: 17:40

0 1

Resp. Rate
35
30
25
20
15
10
5
0

Mark: ✓

SPO₂
100
95
90
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0

Enter Value: 94.55

Any Supt O₂: 5.91

Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
34.5°
34°
33.5°
33°
32.5°
32°
31.5°
31°
30.5°
30°
29.5°
29°
28.5°
28°
27.5°
27°
26.5°
26°
25.5°
25°
24.5°
24°
23.5°
23°
22.5°
22°
21.5°
21°
20.5°
20°
19.5°
19°
18.5°
18°
17.5°
17°
16.5°
16°
15.5°
15°
14.5°
14°
13.5°
13°
12.5°
12°
11.5°
11°
10.5°
10°
9.5°
9°
8.5°
8°
7.5°
7°
6.5°
6°
5.5°
5°
4.5°
4°
3.5°
3°
2.5°
2°
1.5°
1°
0.5°
0°

Mark: X

Pulse
100
90
80
70
60
50
40
30
20
10
0

Mark: •

Blood Pressure
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
0

Mark: ◇

NEWS CORE
110
100
90
80
70
60
50
40
30
20
10
0

NEWS
110
100
90
80
70
60
50
40
30
20
10
0

NEWS
110
100
90
80
70
60
50
40
30
20
10
0

NEWS
110
100
90
80
70
60
50
40
30
20
10
0

NEWS
110
100
90
80
70
60
50
40
30
20
10
0

NEWS
110
100
90
80
70
60
50
40
30
20
10
0

NEWS
110
100
90
80
70
60
50
40
30
20
10
0

NEWS
110
100
90
80
70
60
50
40
30
20
10
0

[illegible]

[illegible]

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

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

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

[illegible]

Write or al
Name: 2304736009
Address: GOODWIN
CHI: Jacqueline
DOB: 23/04/1972
Hospital: 68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow, Lanarkshire
G45 9TW

Peripheral Vascular Cannula(PVC) Insertion & Maintenance

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 or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis: Remove & resite cannula
All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula
As above including: palpable venous cord	4	Phlebitis/Thrombophlebitis: Remove & resite cannula
As above including pyrexia	5	Phlebitis/Thrombophlebitis: Remove & resite cannula

NHS
Greater Glasgow
and Clyde

Insertion - Complete all sections

PVC inserted ED Theatre Ward <u>S 144</u>	Date inserted <u>24.4.17</u>	Insertion site <u>L. IF</u>	Colour of PVC <u>Pink</u>	Inserted by: Name & Designation <u>[Signature]</u>
Clinical indication	IV Fluids/IV Medication ☐	Urgent access ☒	Interventional procedures ☐	Other Please state:
Insertion Criteria (If no: please explain in comments below)	Clean field used Yes ☒ No ☐ Unknown ☐	Hand hygiene Yes ☒ No ☐ Unknown ☐	Skin asepsis Yes ☒ No ☐ Unknown ☐	Dressing affixed Yes ☒ No ☐ Unknown ☐
				Non touch technique (do not re-contaminate cleaned skin) Yes ☒ No ☐ Unknown ☐

Maintenance - To be completed daily

PVC 1	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date removed _____ Reason for PVC removal _____ Reason PVC in greater than 72 hours _____

Date & time	PVC no.	Comments	Signature

CHI:	Modified V.I.P (V.....nfusion 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 or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis: Remove & resite cannula
All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula
As above including: palpable venous cord	4	Seek further advice
As above including : pyrexia	5	

Insertion – Complete all sections					
PVC inserted ED Theatre Ward	Date inserted	Insertion site	Colour of PVC	Inserted by: Name & Designation (only if inserted in ward)	
Clinical Indication	IV Fluids/IV Medication ☐	Urgent access ☐	Interventional procedures ☐	Other Please state:	
Insertion Criteria (If no: please explain in comments below)	Clean field used Yes ☐ No ☐ Unknown ☐	Hand hygiene Yes ☐ No ☐ Unknown ☐	Skin asepsis Yes ☐ No ☐ Unknown ☐	Dressing affixed Yes ☐ No ☐ Unknown ☐	Non touch technique (do not re- contaminate cleaned skin) Yes ☐ No ☐ Unknown ☐

Maintenance – To be completed daily							
PVC 2	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date & time	PVC no.	Comments	Signature

Date removed _____ Reason for PVC removal _____ Reason PVC in greater than 72 hours _____

Nursing Admission & Assessment

1. Admission



Hospital: <u>QEH</u>	Ward: <u>ARUS</u>
Date of admission: <u>21/4/17</u>	Time: <u>2130</u>
Admitting Consultant: <u>GIBSON</u>	Admitting Nurse: <u>RMulvey</u>
Expected date of discharge: <u>1 / 1</u>	

Name:
 Address: 2304736009
 GOODWIN
 Jacqueline 23/04/1973
 68 CASTLEMILK DRIVE
 DoB: FLAT 3/1
 CHI number: Glasgow, Lanarkshire
 G45 9TW

1. Patient Details

Preferred name: <u>JACKIE</u>	Next of Kin (NoK): <u>KEVIN ANNE GOODWIN</u>
Age: <u>43</u>	Relationship: <u>daughter</u>
Religion: <u>NONE</u>	NoK Address: <u>/</u>
Telephone: <u>/</u>	NoK Telephone: <u>/</u>
GP: <u>Dr. L Wright</u> <u>Drs McEvinney wright mclaughlin</u> <u>44 Croftfoot Road</u> <u>Glasgow</u> <u>G44 5JT</u>	NoK Aware of admission: ☒ Yes ☐ No Consent for information to be given to relative/carer/friend: ☒ Yes ☐ No Nominated relative/carer/friend contact: <u>/</u>
GP address: <u>/</u>	Telephone - Day: <u>/</u> Telephone - Evening: <u>/</u>

Is the patient a carer? ☐ Yes ☒ No If 'Yes' refer to Duty Social Worker if required: ☐ Referred ☒ Not required

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 'Yes' obtain a copy and file with patient notes.

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

2. Presenting Complaint / Diagnosis

Have treatment / investigations:

RUQ pain + vomiting

Why does the patient think they are in hospital? Use patients own words:

3. Allergies (including food allergies)

No known allergies: ☒

4. Observations

Cannard	Waterlow	MUST	Pulse	BP	Resp	SaO ₂	Temp
	<u>Fluora</u>		<u>100</u>	<u>156/90</u>	<u>18</u>	<u>100%</u>	<u>35.8C</u>
Urinalysis: <u>REQD</u>			BM	NEWS Score	Weight Patient reported for weight / Actual	Height Patients reported height / Actual	BMI
				<u>2</u>			

5. Current Medication

6. Relevant Past Medical History

ANXIETY
GASTROITIS
DEPRESSION
HIATUS HERNIA

7. Risk Assessment

MUST Screening Tool

- Is the patient's BMI:
> 20 Score 0
18.5-20 Score 1
<18.5 Score 2
Score ☐
- Has the patient had unplanned weight loss in the past 3-6 months?
< 5% Score 0
5-10% Score 1
>10% Score 2
Score ☐
- 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
Score ☐

MUST Score: ☐

If score 1 or more, complete full Nutrition Profile Swallow Risk Assessment

Has the patient had, or is suspected of having, a stroke, a TIA or is suspected of having a swallowing difficulty? ☐ Yes ☐ No

If YES complete a STOPSS screening tool.

STOPSS completed ☐ Yes ☐ No

Name: 
Address: 2304736009
GOODWIN F
Jacqueline 23/04/1973
DoB: 68 CASTLEMILK DRIVE
FLAT 3/1
CHI num: Glasgow, Lanarkshire
G45 9TW

8. Cognitive Impairment / Delirium

Think Delirium

Do 4AT on all patients over 65 yrs
and

on patients of any age with one or more of the following:

- existing cognitive impairment
- previous delirium
- current hip fracture
- severe illness

9. MRSA Screening / CJD / Healthcare outside Scotland

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

- Has the patient ever had a previous positive MRSA result? ☐ Yes ☒ No ☐ Not known
- Has the patient been admitted from a Care Home/ institutional setting or another hospital? ☐ Yes ☒ No ☐ Not known
- 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 speciality' 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: ☐

Healthcare outside Scotland

Has the patient been transferred from, or received health care in, a hospital outside of Scotland in the last 12 months:

☐ Yes ☒ No If 'Yes' obtain rectal swab and send to microbiology for CPE screen.

Rectal swab taken ☒ Patient refused ☐

Lifestyle

Smoking:

Are you a smoker ☒ ex-smoker ☐ never smoked ☐

If ex-smoker when did they stop? 10-15

If smoker how many cigarettes per day 10-15

If smoker, or recent ex-smoker, would they like to use nicotine replacement therapy to prevent withdrawal discomfort while in hospital? ☐ Yes ☒ No

If smoker, would they like to stop now with the support from stop smoking service? ☐ Yes ☒ No

If Yes refer to Smoking Cessation Service

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

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 FAST 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 FAST Tool.

Admission Documentation Completed By

Name (Please PRINT): Rebecca Mulvey

Signature: 

Designation: STAFF NURSE

Date: 22/04/17

Nursing Admission & Assessment

2. Assessment

Name: 2304736009
 Address: GOODWIN
 Jacqueline
 68 CASTLEMILK DRIVE
 FLAT 3/1
 Glasgow, Lanarkshire
 CHI num
 23/04/1973
 G45 9TW

Hospital: <u>QEH</u>	Ward: <u>ARUS</u>
Date of Assessment: <u>21/4/17</u>	Time: <u>0140</u>

1. Breathing and Circulation

Breathing:

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

Circulation:

- ☒ No symptoms
☐ known high blood pressure ☐ known angina ☐ current chest pain

Problem identified: ☒ Yes ☐ No If 'Yes' please describe

Initial

RM

2. Communication

Assessment of ability to communicate:

What language does the patient speak?:

English

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:

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:

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. Cognitive Status

Cognitive Status:

- ☒ Orientated
☐ Confused
☐ Distressed
☐ Aggressive / Abusive
☐ Known dementia
☐ Unconscious

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

RM

5. Hydration and Nutrition

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

Nutrition Profile completed ☒ Yes ☐ No
If 'Yes' 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: / /

5a 1. Food likes / dislikes:

5a 2. Fluid likes / dislikes:

5c. Help needed with eating and drinking:

☐ Yes ☒ No

If 'Yes' provide details:

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

☒ Yes ☐ No

If 'Yes' specify diet needed:

Vegetarian

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 ☐

Problem identified: ☐ Yes ☒ No If 'Yes' please describe

Initial

RM

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 is it urethral ☐ suprapubic ☐

If 'Yes' - Size:fg Make:

Date catheter last changed: / /

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:

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

2-3/7

Initial

RM

Name		.....
2304736009		
Address	GOODWIN	F
	Jacqueline	23/04/1973
	68 CASTLEMILK DRIVE	.....
DoB:	FLAT 3/1	.....
	Glasgow, Lanarkshire	.....
CHI n	G45 9TW	.....
<i>NHS patient data label</i>		

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

Does the patient have a sore mouth ☐ Yes ☒ No

Does the patient have a non healing mouth ulcer ☐ Yes ☒ No

If the patient has a sore mouth or non healing mouth ulcer, refer to dentist (See StaffNet for dentist referral pathway).

Dentures:

Does the patient wear a denture plate?

☒ Yes ☐ No

If yes complete the following:

☒ Full set ☐ Upper set ☐ Lower 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:

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:

Problem identified: ☐ Yes ☒ No If 'Yes' please describe

Initial

Em

8. Mobility

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

☐ Limited mobility

☐ Mobile with aid – Specify:

☐ Prosthesis – Specify:

Moving and Handling Plan commenced:

☐ Yes ☒ No

Problem identified: ☐ Yes ☒ No If 'Yes' please describe

Initial

Rm

9. Maintaining a Safe Environment

Pain status:

Does the patient have pain? ☐ Yes ☒ No

If 'Yes' record Pain Score on NEWS chart.

What makes their pain better? Please provide brief details:

Bed rail assessment completed: ☐ Yes ☐ No

Bed rails required:

☐ Required ☐ Not required

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

Em

Name: 2304736009
 Address: GOODWIN
 Jacqueline F
 68 CASTLEMILK DRIVE 23/04/1973
 FLAT 3/1
 Glasgow, Lanarkshire
 CHI r G45 9TW

0. 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

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

RM

Name:

Address:..... 2304736009

GOODWIN

F

..... Jacqueline

23/04/1973

DoB:..... 68 CASTLEMILK DRIVE

FLAT 3/1

CHI number: Glasgow, Lanarkshire

G45 9TW

1. Social Circumstances

- ☐ Employed ☐ Unemployed ☐ Retired
☐ Health problems at work
☒ Lives alone
☐ Lives with Family
☐ Friend
☐ Dependants
☐ Other: ☐ Nursing Home ☐ Residential

Current Care / Support arrangements:

☐ Social Services

Unpaid carer ☐ Yes ☒ No

If Yes are they Partner / Friend / Son / Daughter

What kind of care do they provide?:

- ☐ Private Carers
☒ None

If support services in place, please provide details:

Does the patient have any money worries? ☐ Yes ☒ No

If Yes would the patient like to be referred to a money advice service that can offer confidential advice / support?

☐ Yes ☒ No

If Yes please identify date patient referred:...../...../.....

Would the patient like a referral to a service that can support them with employment / education/training/skills /volunteering

☐ Yes ☒ No

If Yes please identify date patient referred:...../...../.....

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

RM

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
(This section is for patients thought to be in the last year of life, where appropriate and relevant)

Appropriate ☐ Not appropriate ☒

Name: 
 Address: 2304736009
 GOODWIN
 Jacqueline 23/04/1973
 DoB: 68 CASTLEMILK DRIVE
 FLAT 3/1
 CHI in Glasgow, Lanarkshire
 G45 9TW

Is the patient aware of their:

Diagnosis? ☐ Yes ☐ No

Prognosis? ☐ Yes ☐ No

Is the patient's family aware of their:

Diagnosis? ☐ Yes ☐ No

Prognosis? ☐ Yes ☐ No

Preferred place of care:

Home: ☐ Hospital ☐ Hospice ☐

Preferred place of death:

Home: ☐ Hospital ☐ Hospice ☐

Current treatment – please identify (e.g. chemotherapy/radiotherapy):

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

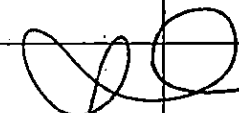
Name (Please PRINT): Rebecca Mulvey

Signature: 

Designation: STAFF NURSE

Date: 21/04/17

Clinical Notes

Date and Time	Notes	Name, Signature and Designation
21/04/17 23 ⁰⁰	43yr old woman from E overleaf.	
	Patient self discharged prior	
	to nursing documentation	
	being completed. irregular	
	discharge form signed by	
	Dr. Davis (Surg SHO) +	
	patient. 1 	

Clinical Notes continue on next page

2304736009

2304736009

GOODWIN
Jacqueline

68 CASTLEMILK DRIVE

FLAT 3/1

Glasgow, Lanarkshire

G45.9TW

[illegible]



2304736009
GOODWIN F
Jacqueline
23/04/1973
68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow, Lanarkshire

G45 9TW

Care Plan

Care discussed with patient Unable		☐ Yes	☐ No	☐	If unable, give reason:	
Care discussed with family Unable		☐ Yes	☐ No	☐	If unable, give reason:	
Date commenced & signature	1. Breathing and circulation	Date discontinued & signature	Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature	
21/4/17			21/4/17			
				5. Hydration and Nutrition		
			21/4/17			
	2, 3. Communication and senses					
21/4/17						
				6. Elimination		
	4. Cognitive status		21/4/17			
21/4/17						



2304736009
GOODWIN
Jacqueline F
23/04/1973
68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow, Lanarkshire
G45 9TW

Care Plan

Date Commenced and Signature	7. Personal Hygiene, oral care, skin care and wound care	Date Discontinued and Signature	Date Commenced and Signature	9. Maintaining a safe environment, Technical Care	Date Discontinued and Signature
21/4/17			21/4/17		
				10. Sleep and Rest	
			21/4/17		
	8. Mobility				
21/4/17				12. Privacy, dignity and sexuality	
			21/4/17		
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	
			21/4/17		

Date: 21/4/17

Attach Addressograph



2304736009
GOODWIN
Jacqueline
68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow, Lanarkshire

NHS
Greater Glasgow
and Clyde

Ward:

ARUS

G45.9TW

1. Signed..... Name: Designation

2. Signed..... Name: Designation

3. Signed..... Name: Designation

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]

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]

Write or affix
Name: 
Address: 2304736009
GOODWIN F
CHI: Jacqueline 23/04/1973
DOB: 68 CASTLEMILK DRIVE
Hospital & FLAT 3/1
Glasgow, Lanarkshire
G45 9TW

Peripheral Vascular Cannula(PVC) Insertion & Maintenance

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 or more of the following are evident: pain, redness, swelling	2	Early stage of phlebitis: Remove & re-site cannula
All of the following are evident: pain, redness, hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & re-site cannula
As above including: palpable venous cord	4	Seek further advice
As above including :pyrexia	5	

Insertion - Complete all sections

PVC inserted ED Theatre Ward <u>ARJS</u>	Date inserted <u>21/4/17</u>	Insertion site	Colour of PVC	Inserted by: Name & Designation (only if inserted in ward)
Clinical indication	IV Fluids/IV Medication ☒	Urgent access ☐	Interventional procedures ☐	Other Please state:
Insertion Criteria (If no: please explain in comments below)	Clean field used Yes ☐ No ☐ Unknown ☒	Hand hygiene Yes ☐ No ☐ Unknown ☒	Skin asepsis Yes ☐ No ☐ Unknown ☒	Dressing affixed Yes ☐ No ☐ Unknown ☒
				Non touch technique (do not re- contaminate cleaned skin) Yes ☐ No ☐ Unknown ☒

Maintenance - To be completed daily

PVC 1	Has the PVC been used in the past 24 hours?	Absence of inflammation and/or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date removed: Reason for PVC removal: Reason PVC in greater than 72 hours:

Date & time	PVC no.	Comments	Signature

CHI:	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 or more of the following are evident: pain, redness, swelling	2	Early stage of phlebitis: Remove & resite cannula
	All of the following are evident: pain, redness, hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula Seek further advice
	As above including: palpable venous cord	4	
	As above including :pyrexia	5	

Insertion – Complete all sections					
PVC inserted ED Theatre Ward _____	Date inserted	Insertion site	Colour of PVC	Inserted by: Name & Designation <i>[only if inserted in ward]</i>	
Clinical Indication	IV Fluids/IV Medication ☐	Urgent access ☐	Interventional procedures ☐	Other Please state:	
Insertion Criteria (If no: please explain in comments below)	Clean field used Yes ☐ No ☐ Unknown ☐	Hand hygiene Yes ☐ No ☐ Unknown ☐	Skin asepsis Yes ☐ No ☐ Unknown ☐	Dressing affixed Yes ☐ No ☐ Unknown ☐	Non touch technique (do not re- contaminate cleaned skin) Yes ☐ No ☐ Unknown ☐

Maintenance -- To be completed daily							
PVC 2	Has the PVC been used in the past 24 hours?	Absence of inflammation and/or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 _/_/_	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date & time	PVC no.	Comments	Signature

Date removed _____ Reason for PVC removal _____ Reason PVC in greater than 72 hours _____

Cannard Falls Risk Assessment Pack

Patient name:	2304736009 GOODWIN Jacqueline 23/04/1973
Ward:	68 CASTLEMILK DRIVE FLAT 3/1 Glasgow, Lanarkshire
CHI number:	G45 9TW.umber

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.

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

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

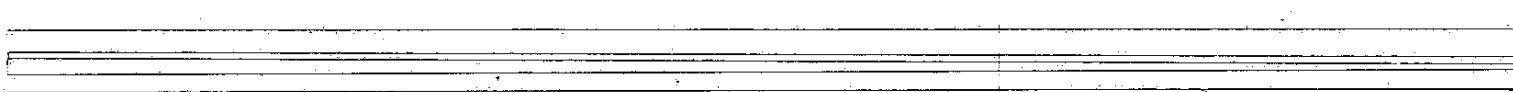
Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
 2. Second or subsequent fall.
- 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



NEWS – National Early Warning Score

Name	
Address	2304736009 GOODWIN Jacqueline 23/04/1973 68 CASTLEMILK DRIVE FLAT 3/1 Glasgow, Lanarkshire G45 9TW
CHI No.	
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8	92-93 Yes	9-11	12-20		21-24	≥25
Oxygen Saturations	≤91		94-95	≥96		≥39.1°	
Any Supplemental Oxygen				No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°		
Pulse	≤40	91-100	41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90		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: 1/14/15		TIME: 2:30 PM		NEW	
				0	1
Resp. Rate Mark: *	35				
	30				
	25				
	20				
	16				
	12				
	8				
SpO ₂ (Enter Value)	2.96				
	94.95				
	92.93				
	5.91				
	%				
Temp. Mark: X	39°				
	38.5°				
	38°				
	37.5°				
	36.9°				
	36°				
	35.9°				
	35°				
Pulse Mark: *	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
	90				
	80				
Blood Pressure Mark: ◇	220				
	210				
	200				
	190				
	180				
	170				
	160				
	150				
	140				
	130				
NEWS CORE using Systolic BP	12.4				
	12				
	11				
	10				
	9				
	8				
	7				
	6				
	5				
	4				
Conscious Verbal Level Mark: *	Alert				
	Verbal				
	Pain				
	Unresp				
	NEWS SCORE				
Total NEWS (with all obs)	BM				
	Pain				
	Nausea				
	Urine output				
Obs due Initials	Obs due				
	Initials				

[illegible]

	
2304736009	
GOODWIN	F
Jacqueline	23/04/1973
Flat 0/1	
38 Dougrie Drive	
Glasgow, Lanarkshire	
G45 9BB	

Date: 11/9/23 Consultant / Endoscopist: SR BOND

Patient liked to be known as: JACKIE

Procedure

Gastroscopy ☒	E.R.C.P ☐	EBUS ☐
Colonoscopy ☐	E.U.S ☐	Enteroscopy ☐
Sigmoidoscopy ☐	Bronchoscopy ☐	Thoracoscopy ☐

Discharge Arrangements

Name of Escort /contact <u>KELLY KEY</u>	Escort Required Yes ☒ No ☐	Overnight supervision arranged Yes ☒ No ☐
Relationship <u>DAUGHTER</u>	Escort to be contacted Yes ☒ No ☐	Overnight stay in ward Yes ☐ No ☒
Contact tel no <u>07718 498 617</u>		

Have you received Patient Information and understood it: Yes ☒ No ☐

Medical History and Pre Procedure check

Condition	Yes	No	Details
Diabetes		☒	Type 1 ☐ Type 2 ☐
Angina/ Ischaemic heart Disease		☒	
Hypertension	☒	☐	
Myocardial Infarction		☒	Date:
Artificial valves		☒	
Pacemaker		☒	
CABG		☒	
Coronary artery stent		☒	
Stroke/TIA		☒	
Asthma		☒	
COPD	☒	☐	
Epilepsy		☒	
Liver disease	☒	☐	
Arthritis		☒	
Orthopaedic implants		☒	Specify:
Glaucoma		☒	
Anaemia		☒	
Recent surgery		☒	
Previous endoscopy	☒	☐	
CJD/VCJD risk		☒	
Other		☐	



2304736009

GOODWIN

Jacqueline

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire

23/04/1973

G45 9BB

Presenting complaint	Yes	No	Detail other illness or complaint
Reflux	☒	☐	
Dysphagia	☐	☐	
Barretts	☒	☐	
Oesophageal/Gastric Varices	☐	☐	
Gastric ulcer	☐	☐	
Altered bowel habit	☐	☐	
PR bleeding	☐	☐	
Crohns disease	☐	☐	
Ulcerative colitis	☐	☐	
Surveillance colonoscopy	☐	☐	
Screening programme	☐	☐	
Other:	☐	☐	

Mobility AssessmentIndependent Yes ☒ No ☐ If No, complete all questionsAids and/ or assistance required Yes ☐ No ☒Walking stick ☐ Zimmer ☐ Wheelchair ☐ Other ☐ SpecifySight impairment Yes ☒ No ☐ if yes specify UNIFOCAL**Communication Needs** (answer only applicable question)Hearing impairment Yes ☒ No ☒Hearing aid Yes ☒ No ☐ right ear ☐ left ear ☒ both ears ☐Sign Interpreter required Yes ☐ No ☒Lip reads Yes ☐ No ☒Interpreter Required Yes ☐ No ☒ LanguageInterpreter present Yes ☐ No ☒Relative / friend present Yes ☐ No ☐

The use of relatives and friends as interpreters is discouraged unless it is the patient's choice to use them.

Learning Disability Yes ☐ No ☒ Carer present Yes ☐ No ☒Dementia Yes ☐ No ☒ Incapacity form completed Yes ☐ No ☒**Current Medication** (list below and tick those taken today)

RAMIPRIL	AMTRIPHYLIN	NE	ESOMEPRAZOLE	
FAMOTIDINE	PROPRANOLOL	TAKEN	LOFEPRAMINE	
QUETIAPINE		ON 31/8/23	FOSTAIR	
			BRALUS	

ANTICOAGULANT THERAPY Yes ☐ No ☒ If yes current medication

When was this medication last taken Specify

INR Result

 2304736009 GOODWIN Jacqueline Flat 0/1 38 Dougrie Drive Glasgow, Lanarkshire G45 9BB		F 23/04/1973
---	--	-----------------

Admission Observations

BP 126/82 Pulse 92 Oxygen Saturation 96%
 BM (if applicable) Respirations (if applicable) REG
 Fasted since 22.00 31/8/23

Bowel Prep	Klean Prep	Moviprep	Picolax	Enema / home	Enema / dept	Other
No of sachets						
Result- Good / Poor						

Patient Requests

Throat Spray ☐ IV Sedation ☒ No Sedation ☐ Not Applicable ☐

IV Cannulation

R Hand	L Hand	R Arm	L Arm	Other	Time	Inserted by (please print)

Dentures removed (if applicable) Yes ☐ No ☒
 Crowns Yes ☐ No ☐ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐
 Bridgework Yes ☐ No ☐ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐
 Identiband details checked Yes ☒ No ☐
 Consent form signed Yes ☒ No ☐
 Consent form countersigned Yes ☒ No ☐
 Underwear removed (if applicable) Yes ☐ No ☐
 Jewellery removed Yes ☐ No ☐

ALLERGIES Yes ☐ if yes detail below No ☒

Details

Name of Admission Nurse (Print) F. ALI

Signature of Admission Nurse F. ALI

Patient's Declaration

I have read and understood the warnings regarding the after effects of sedation.

Patient's signature J. Goodwin



2304736009

GOODWIN

F

Jacqueline

23/04/1973

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire

G45 9BB

Intra ProcedureEndoscopist (print) Sr BoydEndoscopy Room Nurses (print) Sw Rathey, Sw WoodsSurgical Pause carried out Yes ☒ No ☐**Medication Administered Pre, Intra and Post Procedure**

Drug	Yes	No	Time	Dose	Route	Given/Sign/Dr/Nurse
Xylocaine spray	☒		14.05		oral	Sr Boyd
Midazolam	☒		14.05	3 mg	IV	" "
Midazolam				mg		
Midazolam				mg		
Pethidine				mg		
Pethidine				mg		
Pethidine				mg		
Fentanyl				mcg		
Fentanyl				mcg		
Fentanyl				mcg		
Buscopan				mg		
Buscopan				mg		
Buscopan				mg		
Antibiotics						
				mg		
				mg		
				mg		
Reversal Agents						
				mg		
				mg		
Local anaesthetic						
				mg		
				mg		
Other						
Botox				mg		
Prescribed by	<u>A. Boyd</u>					

Endoscopist Signature A. BoydStart Time 14.00 Finish Time 14.10Patient position Left Lateral ☒ Supine ☐ Prone ☐ All ☐Oxygen therapy Yes ☒ No ☐ nasal sponge ☐ cannula ☐ mask ☐ rate 4L



2304736009

GOODWIN

F

Jacqueline

23/04/1973

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire

G45 9BB

Observations during procedure

Time	14.00					
Pulse	87					
SpO2	99%					
BP	nd					
Resps	Reg					

Procedure (please tick all relevant)

Gastroscopy	☒	Biopsy		Varices		Adrenaline	
Colonoscopy		Hot Biopsy		Gastric Ulcer		Spot Dye	
Sigmoidoscopy		Snare Polypectomy		Duodenal Ulcer		Indigo Carmine	
E.R.C.P.		Balloon dilatation		Oesophagus		Gelofusine	
E.U.S		Injection		Duodenum		Normal Saline	
Bronchoscopy		Laser		Biliary		Haemospray	
E.B.U.S		Heater Probe		Pancreatic			
Thoracoscopy		Endo clip		Haemorrhoids			
Enteroscopy		Insertion of Stent		Rectum			
		EMR		Sigmoid			
		PEG		Descending			
		Needle Aspiration		Splenic flexure			
		Brushings		Transverse			
		Washings		Hepatic flexure			
		Banding		Ascending			
		Insert of NJ tube		Caecum			
		Gastric Pacing Wire		Terminal Ileum			

Other

Sedation score	Tick	Comfort Score	Tick
Asleep		None, resting comfortably	
Drowsy		One or two episodes of mild discomfort, well tolerated	
Awake		More than two episodes of discomfort, adequately tolerated.	
		Significant discomfort experienced several times	
		Extreme discomfort frequently during procedure	

Comments MONITORED AT ALL TIMES

Specimens Yes ☐ No ☒Pathology ☐ No of pots H pylori test ☐ bacteriology ☐ cytology ☐ mytology ☐





Greater Glasgow & Clyde Endoscopy Care Plan



2304736009

GOODWIN

Jacqueline

Flat D/1

38 Dougrie Drive

Glasgow, Lanarkshire

23/04/1973

G45 9BB

Date: 13/1/2021 Consultant / Endoscopist: SR CRAIG

Patient liked to be known as:

Procedure

Gastroscopy ☒ E.R.C.P. ☐ EBUS ☐
Colonoscopy ☐ E.U.S. ☐ Enteroscopy ☐
Sigmoidoscopy ☐ Bronchoscopy ☐ Thoracoscopy ☐

Discharge Arrangements

Name of Escort /contact Pauline	Escort Required Yes ☒ No ☐	Overnight supervision arranged Yes ☒ No ☐
Relationship Friend	Escort to be contacted Yes ☐ No ☐	Overnight stay in ward Yes ☐ No ☐
Contact tel no 07506 166 155		

Have you received Patient Information and understood it: Yes ☒ No ☐

Medical History and Pre Procedure check

Condition	Yes	No	Details
Diabetes		☒	Type 1 ☐ Type 2 ☐
Angina/ Ischaemic heart Disease		☒	
Hypertension		☒	
Myocardial Infarction		☒	Date:
Artificial valves		☒	
Pacemaker		☒	
CABG		☒	
Coronary artery stent		☒	
Stroke/TIA		☒	
Asthma		☒	
COPD	☒		
Epilepsy		☒	
Liver disease	☒		FATTY LIVER
Arthritis		☒	
Orthopaedic implants		☒	Specify:
Glaucoma		☒	
Anaemia		☒	
Recent surgery		☒	
Previous endoscopy	☒		
CJD/VCD risk		☒	
Other			



2304736009

GOODWIN

Jacqueline

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire

23/04/1973

F

el

G45 9BB

Presenting complaint-	Yes	No	Detail other illness or complaint
Reflux	☒	☐	
Dysphagia	☒	☐	+ REGURGITATION
Barretts	☒	☐	
Oesophageal/Gastric Varices	☐	☐	
Gastric ulcer	☐	☐	
Altered bowel habit	☐	☐	
PR bleeding	☐	☐	
Crohns disease	☐	☐	
Ulcerative colitis	☐	☐	
Surveillance colonoscopy	☐	☐	
Screening programme	☐	☐	
Other: HIAHUS HERNIA	☒	☐	

Mobility AssessmentIndependent Yes ☒ No ☐ If No, complete all questionsAids and/ or assistance required Yes ☐ No ☐Walking stick ☐ Zimmer ☐ Wheelchair ☐ Other ☐ SpecifySight impairment Yes ☐ No ☒ if yes specify**Communication Needs** (answer only applicable question)Hearing impairment Yes ☒ No ☐Hearing aid Yes ☒ No ☐ right ear ☐ left ear ☒ both ears ☐Sign Interpreter required Yes ☐ No ☒Lip reads Yes ☐ No ☒Interpreter Required Yes ☐ No ☒ LanguageInterpreter present Yes ☐ No ☒Relative / friend present Yes ☐ No ☒

The use of relatives and friends as interpreters is discouraged unless it is the patient's choice to use them:

Learning Disability Yes ☐ No ☒ Carer present Yes ☐ No ☐Dementia Yes ☐ No ☒ Incapacity form completed Yes ☐ No ☐**Current Medication** (list below and tick those taken today)

BRALUS	quetiapine		
FOSAIR	amitriptyline		
RANITIDINE	esomeprazole		
lfepramine	salbutamol		
propranolol	FOLIC ACID		

ANTICOAGULANT THERAPY Yes ☐ No ☐ If yes current medication

When was this medication last taken Specify

INR Result



2304736009

GOODWIN

Jacqueline

Flat 0/1

38 Dougrie Drive

Glasgow Lanarkshire

23/04/197 label

G45 9BB

Admission ObservationsBP 141/89 Pulse 92 Oxygen Saturation 96

BM (if applicable) Respirations (if applicable)

Fasted since Don last night

Bowel Prep	Klean Prep	Moviprep	Picolax	Enema / home	Enema / dept	Other
No of sachets						
Result- Good / Poor						

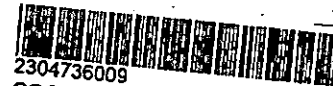
Patient RequestsThroat Spray ☐ IV Sedation ☒ No Sedation ☐ Not Applicable ☐**IV Cannulation**

R Hand	L Hand	R Arm	L Arm	Other	Time	Inserted by (please print)

Dentures removed (if applicable) Yes ☒ No ☐Crowns Yes ☐ No ☐ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐Bridgework Yes ☐ No ☐ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐Identiband details checked Yes ☒ No ☐Consent form signed Yes ☒ No ☐Consent form countersigned Yes ☒ No ☐Underwear removed (if applicable) Yes ☐ No ☒Jewellery removed Yes ☐ No ☒**ALLERGIES**Yes ☐ if yes detail below No ☒**Details**Name of Admission Nurse (Print) ABankSignature of Admission Nurse ABank**Patient's Declaration**

I have read and understood the warnings regarding the after effects of sedation.

Patient's signature J. Jones



2304736009

GOODWIN

Jacqueline

Flat 0/1

38 Dougrie Drive
Glasgow, LanarkshireF
23/04/1973el

G45 9BB

Intra ProcedureEndoscopist(print) SK CraigEndoscopy Room Nurses (print) SN BEADLEY / SN DEEGANSurgical Pause carried out: Yes ☒ No ☐**Medication Administered Pre, Intra and Post Procedure**

Drug	Yes	No	Time	Dose	Route	Given/Sign/Dr/Nurse
Xylocaine spray	☒		0925		oral	PP M Craig
Midazolam	☒		0925	2 mg	IV	PP M Craig
Midazolam				mg		
Midazolam				mg		
Pethidine				mg		
Pethidine				mg		
Pethidine				mg		
Fentanyl				mcg		
Fentanyl				mcg		
Fentanyl				mcg		
Buscopan				mg		
Buscopan				mg		
Buscopan				mg		
Antibiotics						
				mg		
				mg		
				mg		
Reversal Agents						
				mg		
				mg		
Local anaesthetic						
				mg		
				mg		
Other						
Botox				mg		
Prescribed by.....						

Endoscopist Signature PP M CraigStart Time 0925 Finish Time 0935Patient position Left Lateral ☒ Supine ☐ Prone ☐ All ☐Oxygen therapy Yes ☒ No ☐ nasal sponge ☐ cannula ☒ mask ☐ rate 4L O2



2304735009
GOODWIN
Jacqueline
Flat 0/1
38 Dougie Drive
Glasgow, Lanarkshire

Fabel
23/04/1975

G45 9BB

Observations during procedure

Time	0925				
Pulse	93				
SpO2	98% 4L				
BP					
Resps					

Procedure (please tick all relevant)

Gastroscopy	☒	Biopsy	☐	Varices	☒	Adrenaline	☐
Colonoscopy	☐	Hot Biopsy	☐	Gastric ulcer	☒	Spot Dye	☐
Sigmoidoscopy	☐	Snare Polypectomy	☐	Duodenal Ulcer	☐	Indigo Carmine	☐
E.R.C.P.	☐	Balloon dilatation	☐	Oesophagus	☒	Gelofusine	☐
E.U.S	☐	Injection	☐	Duodenum	☐	Normal Saline	☐
Bronchoscopy	☐	Laser	☐	Biliary	☐	Haemospray	☐
E.B.U.S	☐	Heater Probe	☐	Pancreatic	☐		☐
Thoracoscopy	☐	Endo clip	☐	Haemorrhoids	☐		☐
Enteroscopy	☐	Insertion of Stent	☐	Rectum	☐		☐
	☐	EMR	☐	Sigmoid	☐		☐
	☐	PEG	☐	Descending	☐		☐
	☐	Needle Aspiration	☐	Splenic flexure	☐		☐
	☐	Brushings	☐	Transverse	☐		☐
	☐	Washings	☐	Hepatic flexure	☐		☐
	☐	Banding	☐	Ascending	☐		☐
	☐	Insert of NJ tube	☐	Caecum	☐		☐
	☐	Gastric Pacing Wire	☐	Terminal Ileum	☐		☐

Other

Sedation score	Tick	Comfort Score	Tick
Asleep	☐	None, resting comfortably	☐
Drowsy	☐	One or two episodes of mild discomfort, well tolerated	☒
Awake	☒	More than two episodes of discomfort, adequately tolerated.	☐
	☐	Significant discomfort experienced several times	☐
	☐	Extreme discomfort frequently during procedure	☐
Comments	Monitored + reassured throughout.		

Specimens Yes ☒ No ☐

Pathology ☒ No of pots 2 H pylori test ☐ bacteriology ☐ cytology ☐ mytology ☐





2304736009

GOODWIN

Jacqueline

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire

23/04/1973

F

Ref

G45 9BB

Diathermy Yes ☐ No ☒ Type mono ☐ Argon ☐Site of diathermy pad leg ☐ back ☐ R side ☐ L side ☐ Upper ☐ Lower ☐

Other

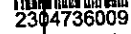
Condition of skin post diathermy normal ☐ other ☐ comment below**Recovery Room Instructions (if applicable)**Oxygen 4 litres per minute if SpO2 drops below 95% ☐Oxygen 4 litres per minute until fully awake ☐Oxygen per minute via until ☐Normal Diet ☐ Fluids only ☐ Soft Diet ☐ Nil orally till further medical instructions ☒To be seen by endoscopist before discharge ☐Further Instructions Nil orally until 10.25, discharge as per
sedation protocolEndoscopy Room Nurse Signature M. L.**Recovery care****Post endoscopy observations**

Time	09.45									
Blood pressure	119/81									
Pulse	92									
O2 Saturation	98									
Respiratory Rate	REG									
Sedation score	0									
Pain score	0									
Oxygen	AID									
IV Cannula	✓									
BM										
Nurse initials										

Pain score 0 = no pain, 1 = minimal, 2 = mild, 3 = moderate, 4 = severe

Sedation score A - Asleep 0 - Alert 1 - Responds to verbal command

2 - Responds to painful stimuli 3 - Unresponsive



F

23/04/1973

38 Dougrie Drive

Glasgow, Lanarkshire

G45 9BB

[illegible]



2304736009

GOODWIN

Jacqueline

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire

23/04/1973

F

21

G45 9BB

Discharge Criteria

Stable vital signs

Yes

No

☒☐

Alert and Orientated

☒☐

Pain score is 2 or below

☒☐

Diet and fluids taken

☒☐

IV Cannula removed

☒☐

Received written instructions regarding sedation

☒☐

Received verbal and written aftercare instructions

☒☐

Patient Advice Leaflet given (if applicable)

☒☐

Received Endoscopy Report/ Patient letter

Yes ☒No ☐

If no

Verbal report by endoscopist ☐

Follow up appointment indicated on report

Yes ☒No ☐

Follow up appointment (if given in department) time

Comments.....

.....

.....

.....

I confirm patient is satisfactory for discharge

Print Name A Bonls Signature A BonlsDischarged at 11-15 to 2nd to care of RecoveryIrregular discharge Reason Patient left 2nd Recovery, withoutWaiting. Reception staff said her friend collected
her from Reception

Patients' Signature Nurses Signature

Greater Glasgow & Clyde Endoscopy Care Plan

2304735009
GOODWIN
Jacqueline
68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow, Lanarkshire
G45 9TW

23/04/1973
F

Date: 5/5/17 Consultant / Endoscopist: Mr Das

Patient liked to be known as: Jackie

Procedure

Gastroscopy ☒ SED. E.R.C.P. ☐ EBUS ☐
Colonoscopy ☐ E.U.S. ☐ Enteroscopy ☐
Sigmoidoscopy ☐ Bronchoscopy ☐ Thoracoscopy ☐

Discharge Arrangements

Name of Escort /contact Sister	Escort Required Yes ☒ No ☐	Overnight supervision arranged Yes ☒ No ☐
Relationship Karen	Escort to be contacted Yes ☐ No ☒	Overnight stay in ward Yes ☐ No ☒
Contact tel no 07716 501616		

Have you received Patient Information and understood it: Yes ☒ No ☐

Medical History and Pre Procedure check

Condition	Yes	No	Details
Diabetes		☒	Type 1 ☐ Type 2 ☐
Angina/ Ischaemic heart Disease		☒	
Hypertension		☒	
Myocardial Infarction		☒	Date:
Artificial valves		☒	
Pacemaker		☒	
CABG		☒	
Coronary artery stent		☒	
Stroke/TIA		☒	
Asthma		☒	
COPD		☒	
Epilepsy		☒	
Liver disease		☒	
Arthritis		☒	
Orthopaedic implants		☒	Specify:
Glaucoma		☒	
Anaemia		☒	
Recent surgery		☒	
Previous endoscopy	☒	☒	243agp
CJD/VCJD risk		☒	
Other			

2304736009
 GOODWIN
 Jacqueline
 68 CASTLEMILK DRIVE
 FLAT 3/1
 Glasgow, Lanarkshire
 G45 9TW
 F
 23/04/1973

Presenting complaint	Yes	No	Detail other illness or complaint
Reflux			
Dysphagia	✓		
Barretts			
Oesophageal/Gastric Varices			
Gastric ulcer			
Altered bowel habit			
PR bleeding			
Crohns disease			
Ulcerative colitis			
Surveillance colonoscopy			
Screening programme			
Other:	✓		WAT LOSS

Mobility Assessment

Independent Yes ☐ No ☐ If No, complete all questions

Aids and/ or assistance required Yes ☐ No ☐

Walking stick ☐ Zimmer ☐ Wheelchair ☐ Other ☐ Specify

Sight impairment Yes ☐ No ☐ if yes specify

Communication Needs (answer only applicable question)

Hearing impairment Yes ☐ No ☒

Hearing aid Yes ☐ No ☒ right ear ☐ left ear ☐ both ears ☐

Sign Interpreter required Yes ☐ No ☒

Lip reads Yes ☐ No ☒

Interpreter Required Yes ☐ No ☒ Language

Interpreter present Yes ☐ No ☒

Relative / friend present Yes ☐ No ☒

The use of relatives and friends as interpreters is discouraged unless it is the patient's choice to use them.

Learning Disability Yes ☐ No ☒ Carer present Yes ☐ No ☒

Dementia Yes ☐ No ☒ Incapacity form completed Yes ☐ No ☒

Current Medication (list below and tick those taken today)

Amitriptyline					
Quetiapine					
Isordrone					
Carbamazepine					
Esomeprazole - only stopped 2 days					

ANTICOAGULANT THERAPY Yes ☐ No ☐ If yes current medication NIA

When was this medication last taken Specify

INR Result

2304736009
GOODWIN
Jacqueline
68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow, Lanarkshire
G45 9TW

23/04/1973

Admission Observations

BP 145/82 Pulse 100 Oxygen Saturation 99% A

BM (if applicable) N/A Respirations (if applicable) N/A

Fasted since 0730 5/5/17

Bowel Prep	Klean Prep	Moviprep	Picolax	Enema / home	Enema / dept	Other
No of sachets						
Result- Good / Poor		N/A	A			

Patient Requests

Throat Spray ☐ IV Sedation ☒ No Sedation ☐ Not Applicable ☐

IV Cannulation

R Hand	L Hand	R Arm	L Arm	Other	Time	Inserted by (please print)

Dentures removed (if applicable) Yes ☒ No ☐

Crowns Yes ☐ No ☐ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐

Bridgework Yes ☐ No ☐ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐ N/A

Identiband details checked Yes ☒ No ☐

Consent form signed Yes ☒ No ☐

Consent form countersigned Yes ☒ No ☐

Underwear removed (if applicable) Yes ☐ No ☐

Jewellery removed Yes ☐ No ☐

ALLERGIES

Yes ☐ if yes detail below No ☒

Details N/A

Name of Admission Nurse (Print) L McCONNACHIE

Signature of Admission Nurse L McConnachie

Patient's Declaration

I have read and understood the warnings regarding the after effects of sedation.

Patient's signature A. Jacqueline Goodwin



2304736009

GOODWIN

F

Jacqueline

23/04/1973

68 CASTLEMILK DRIVE

FLAT 3/1

Glasgow, Lanarkshire

G45 9TW

Intra ProcedureEndoscopist(print) Mr DASEndoscopy Room Nurses (print) Sn Woods / SN FoxSurgical Pause carried out Yes ☒ No ☐**Medication Administered Pre, Intra and Post Procedure**

Drug	Yes	No	Time	Dose	Route	Given/Sign/Dr/Nurse
Xylocaine spray						
Midazolam	✓		1540	2 mg	IV	Mr DAS
Midazolam				mg		
Midazolam				mg		
Pethidine				mg		
Pethidine				mg		
Pethidine				mg		
Fentanyl				mcg		
Fentanyl				mcg		
Fentanyl				mcg		
Buscopan				mg		
Buscopan				mg		
Buscopan				mg		
Antibiotics						
				mg		
				mg		
				mg		
Reversal Agents						
				mg		
				mg		
Local anaesthetic						
				mg		
				mg		
Other						
Botox				mg		
Prescribed by <u>Mr DAS</u>						

Endoscopist Signature Mr DASStart Time 1540 Finish TimePatient position Left Lateral ☒ Supine ☐ Prone ☐ All ☐Oxygen therapy Yes ☒ No ☐ nasal sponge ☐ cannula ☒ mask ☐ rate 4L/min



2304736009

GOODWIN

Jacqueline

23/04/1973

68 CASTLEMILK DRIVE

FLAT 3/1

Glasgow, Lanarkshire

G45 9TW

Observations during procedure

Time	1540					
Pulse	110					
SpO2	100%					
BP						
Resps						

Procedure (please tick all relevant)

Gastroscopy	☒	Biopsy	☒	Varices		Adrenaline	
Colonoscopy		Hot Biopsy		Gastric Ulcer		Spot Dye	
Sigmoidoscopy		Snare Polypectomy		Duodenal Ulcer		Indigo Carmine	
E.R.C.P.		Balloon dilatation		Oesophagus		Gelofusine	
E.U.S		Injection		Duodenum		Normal Saline	
Bronchoscopy		Laser		Biliary		Haemospray	
E.B.U.S		Heater Probe		Pancreatic			
Thoracoscopy		Endo clip		Haemorrhoids			
Enteroscopy		Insertion of Stent		Rectum			
		EMR		Sigmoid			
		PEG		Descending			
		Needle Aspiration		Splenic flexure			
		Brushings		Transverse			
		Washings		Hepatic flexure			
		Banding		Ascending			
		Insert of NJ tube		Caecum			
		Gastric Pacing Wire		Terminal Ileum			

Other

Sedation score	Tick	Comfort Score	Tick
Asleep		None, resting comfortably	
Drowsy		One or two episodes of mild discomfort, well tolerated	
Awake		More than two episodes of discomfort, adequately tolerated.	
		Significant discomfort experienced several times	
		Extreme discomfort frequently during procedure	
Comments			
Tolerated well. Attempted to pull scope out at end of test. Coughing +++ on extubation.			

Specimens Yes ☒ No ☐Pathology ☒ No of pots 2 H pylori test ☐ bacteriology ☐ cytology ☐ mytology ☐

2304736009
 GOODWIN F
 Jacqueline 23/04/1973
 68 CASTLEMILK DRIVE
 FLAT 3/1
 Glasgow, Lanarkshire
 G45 9TW

Diathermy Yes ☐ No ☐ Type mono ☐ Argon ☐
 Site of diathermy pad leg ☐ back ☐ R side ☐ L side ☐ Upper ☐ Lower ☐
 Other
 Condition of skin post diathermy normal ☐ other ☐ comment below

Recovery Room Instructions (if applicable)

Oxygen 4 litres per minute if SpO2 drops below 95% ☐
 Oxygen 4 litres per minute until fully awake ☐
 Oxygen per minute via until ☐
 Normal Diet ☒ Fluids only ☐ Soft Diet ☐ Nil orally till further medical instructions ☐

To be seen by endoscopist before discharge ☐

Further Instructions

 Endoscopy Room Nurse Signature *C. Jacobs*

Recovery care

Post endoscopy observations

Time	15:55																			
Blood pressure	121/38																			
Pulse	107																			
O2 Saturation	96%																			
Respiratory Rate	20.9																			
Sedation score	0																			
Pain score																				
Oxygen	AIR																			
IV Cannula	1N																			
BM																				
Nurse initials	EM																			

Pain score 0 = no pain, 1 = minimal, 2 = mild, 3 = moderate, 4 = severe

Sedation score A - Asleep 0 - Alert 1 - Responds to verbal command

2 - Responds to painful stimuli 3 - Unresponsive



2304736009

GOODWIN

Jacqueline

68 CASTLEMILK DRIVE

FLAT 3/1

Glasgow, Lanarkshire

F
23/04/1973

G45 9TW

Nurses notes

Lined area for nurses notes, consisting of multiple horizontal dotted lines.

2304736009
 GOODWIN
 Jacqueline
 68 CASTLEMILK DRIVE
 FLAT 3/1
 Glasgow, Lanarkshire
 23/04/1973
 G45 9TW

Discharge Criteria

- Stable vital signs
- Alert and Orientated
- Pain score is 2 or below
- Diet and fluids taken
- IV Cannula removed
- Received written instructions regarding sedation
- Received verbal and written aftercare instructions
- Patient Advice Leaflet given (if applicable)

Yes	No
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐

Received Endoscopy Report/ Patient letter
 If no

Yes ☒ No ☐

Verbal report by endoscopist ☐

Follow up appointment indicated on report

Yes ☐ No ☐

Follow up appointment (if given in department)time

Comments.....

I confirm patient is satisfactory for discharge

Print Name WANNAN BOWY Signature [Signature]

Discharged at 16.15 to care of SISTER

Irregular discharge Reason

Patients' Signature Nurses Signature

Acute Services Division
New Victoria Hospital

Theatre N°: 4	Bed N°: 17-16
---------------	---------------

Endoscopy Unit Care Plan

Patient Details		Outpatient
Name:		Consultant: Sr Byrd
Date of Birth:		Date: 6/10/15
Unit No:		Time of admission: 1330
Address: 2304736009 GOODWIN F Jacqueline 23/04/1973 68 CASTLEMILK DRIVE FLAT 3/1 Glasgow, Lanarkshire G45 9TW		Procedure: Endo
Telephone:		
Use address label		

Unit Philosophy

- The nursing staff within the GI Centre will strive to provide a high standard of quality care to all our clients.
- We believe that the care that each person receives should be centred around their own needs, and that they should be valued as an individual.
- We believe that each person has the right to be treated with dignity.
- We will ensure that the values, customs and spiritual beliefs that are held by each individual will be respected.
- We will endeavour to provide a standard of excellence in all areas of care and we are open to any suggestions that you might have to enable us to accomplish this.

New Victoria Hospital
55 Grange Road
Glasgow
G42 8LF

JG

PEN_EG-2990K_A120213 - Gastroscope
Endoscopy EG-2990K PENTAX
VIC - Endoscopy

2015-10-03

Non-UV Expiry: 2015-10-03 12:53
PEN_EG-2990K_A120213 Production ID: 508290

- AER 2b cycle: 62072

STORE IN A CLEAN AND DRY ENVIRONMENT

Endoscopy Unit, New Victoria Hospital
Telephone 0141 347 8305

Admission profile (tick as appropriate)

Medical and Nursing Assessment

Information read and understood Yes ☒ No ☐

Notes available Yes ☐ No ☒

Identification band applied Yes ☒ No ☐

X-rays Yes ☐ No ☒

Baseline observations (see page 4) Yes ☒ No ☐

Dentures/loose teeth *TOP* Yes ☒ No ☐

Orientation/Psychological Support

Oriente to area Yes ☒ No ☐

Oriente to staff Yes ☒ No ☐

Patient understands explanation of procedure Yes ☒ No ☐

Patient understands explanation of sedation policy Yes ☒ No ☐

Comment: Yes ☒ No ☐

Time allowed for patient's questions Yes ☒ No ☐

Fasting

Fasted from: *9am*

Fluids only Yes ☐ No ☐

Bowel Preparation

Klean Prep: sachets taken

Picolax: sachets taken

Enema - Result: Good ☐ Fair ☐ Poor ☐

Moving and Handling Assessment

Patient independent Yes ☒ No ☐

Aids and/or assistance required:

Walking stick ☐ Zimmer ☐ Wheelchair ☐

Other ☐ (specify):

Prosthesis ☐ (specify):

Special communication needs

Hearing impairment Yes ☐ No ☒

Hearing aid Yes ☐ No ☒

Sight impairment Yes ☐ No ☒

Interpreter/Guide Communicator required Yes ☐ No ☐

Language:

Interpreter present: Yes ☐ No ☐

Family or friend interpreter* Yes ☐ No ☐

* The use of family and friends as interpreters is discouraged unless it is the patient's choice to use them as interpreters.

Past Medical History

Ischaemic Heart Disease - Please specify

☒ None ☐ Hypertension

☐ Angina ☐ Artificial valves

☐ MI Date: ☐ Pacemaker

Asthma/Bronchitis/COPD *DOB* Yes ☒ No ☐

Epilepsy. Yes ☐ No ☒

Liver Disease Yes ☐ No ☒

Diabetes Yes ☐ No ☒

Type I ☐ Type II ☐ BM:

Orthopaedic Implants Yes ☐ No ☒

Specify:

Other (please specify):

Anxiety

Medication

Quetiapine

Amisulpride

Esomeprazole - stopped 2 days

Cefepime

Ranitidine

Allergies: *NIL*

Venflon inserted Yes ☐ No ☐

INR Date: Result: Yes ☐ No ☐ (initial)

Discharge Plan

Details of person collecting patient

Name *Karen @ 4pm*

Telephone:

Mobile 'phone: *07716501610*

Irregular discharge documentation completed if applicable ☐

Name of admitting nurse: *SMACIE*

Signature: *S*

Intra Procedure				
Procedure: <u>Endo.</u>			Intra Procedure Assessment	
Consent obtained Yes ☒ No ☐			<u>MR</u> Monitored throughout sedation.	
Endoscopist: <u>SR Boyd</u>				
Endoscopy Nurses				
1. <u>SW Milligan</u>				
2. <u>SW S. Fox</u>				
3.				
Oxygen administered				
Rate: <u>4L</u>				
Medication administered				
☒ Xylocaine throat spray Time: <u>1435</u>				
☒ Midazolam Time: <u>1440</u> Dose: <u>3gs</u> Route: <u>IV</u>				
☐ Time: Dose: Route:				
☐ Time: Dose: Route:				
☐ Pethidine Time: Dose: Route: IV				
☐ Time: Dose: Route:				
☐ Time: Dose: Route:				
☐ Buscopan Time: Dose: Route: IV				
☐ Time: Dose: Route:				
☐ Fentanyl Time: Dose: Route: IV				
☐ Time: Dose: Route:				
☐ Lidocaine 2% Time: Dose: Route:				
☐ Lidocaine 4% Time: Dose: Route:				
☐ Antibiotics:				
☐ Time: Dose: Route: IV				
☐ Time: Dose: Route:				
☐ Time: Dose: Route:				
☐ Reversal Agent:				
☐ Time: Dose: Route: IV				
☐ Time: Dose: Route:				
☐ Time: Dose: Route:				
☐ Other (specify)				
☐ Time: Dose: Route:				
☐ Time: Dose: Route:				
Procedure				
CLO ☒				
Biopsy ☐				
Variceal Banding ☐				
Dilatation: Balloon/bougie ☐				
PEG insertion ☐				
Hot Biopsy ☐				
Snare polypectomy ☐				
Endomucosal resection ☐				
Haemorrhoidal banding ☐				
Washings ☐				
Brushings ☐				
Thermal cauterisation ☐				
Argon laser ☐				
Other (specify)				
Assessment of discomfort (tick as appropriate)				
None/minimal ☒				
Mild ☐				
Moderate ☐				
Severe ☐				
Comment:				
Recovery Instructions				
<u>MR</u> until 15:35. Bed Rest until patient has fully recovered.				
Patient advice leaflet to be given Yes ☐ No ☐				
Leaflet:				
Large print ☐				
Follow up instructions				
Signature: <u>CMilligan</u>				
Friend or relative informed of discharge time: ☐				

Post Procedure

Recovery Area

Nursing assessment post procedure:

Observations

	Pre Procedure		Intra Procedure		Post Procedure	
Time	1330		1440		1500	
SaO2	97		100% 40% ²		96% AIR	
Pulse	103		P100		91 bpm	
BP	123/81				125/82	
BM						
Temp						

Discharge criteria

1. Vital signs of BP, Pulse, Oxygen saturations are stable.
2. Correct orientation as to time, place and person.
3. Can walk unaided (where appropriate).
4. No complaints of pain or discomfort.
5. Discharged into the care of a relative or friend if sedation administered.

If ALL five criteria are met the patient can be safely discharged after one hour unless otherwise indicated.

- Venflon removed ☒ Initials: *CM*
- Patient letter given ☒
- Patient aftercare leaflet given ☒
- Patient advice leaflet given ☒ Not required ☐

Discharge assessment

I confirm that this patient is satisfactory for discharge.

Name: *CM*

Signature: *CM*

Date: *6-10-16* Time: *15-50*

Previous Patient Notes for Gastroenterology (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		Outpatient Note
Date/Time: 01-Sep-2023 14:22	Created By: Specialist Nurse - Annrose Boyd	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive
Note: This lady does not need Barrett's surveillance. Four previous sets of oesophageal biopsies have not revealed IM. Today, she has an irregular z line at most.		

Previous Patient Notes for Infectious Diseases (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		Outpatient Note
Date/Time: 28-Jul-2020 20:40	Created By: Consultant - David Bell	Role: Doctor - GGC
Specialty: Infectious Diseases	Organisation: Queen Elizabeth University Hospital	Sensitive
Note:		
EDL 30/6/20, no FDL required		



CHI: 2304736009

New Victoria Hospital

Title: MRS

Total Att: 8

12 Mth Att: 1

GOODWIN

Jacqueline

DOB 23/04/1973

Age: 50y

Sex: Female

Flat 0/1
38 Dougrie Drive
Glasgow
Lanarkshire
G45 9BB
0141 583 2305

Next of kin: GOODWIN, Kelly Anne
Relationship: Daughter
07718498617

GP: K Levine
0141 201 5130

Attendance Date: 16/08/2023

Arrival Time: 12:38

Registration Time: 12:38

Date of Incident: 15/08/2023

Major Incident Desc:

Reason for Attendance: parrot bite left ear

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category:

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 16/08/2023 12:40

Nurse name:

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes:

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

2304736009 23/04/1973
GOODWIN
Jacqueline

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
16/8/73	TEVAXIS	X12AP	Im	1445	PGD	AJ

2304736009
GOODWIN
23/04/1973
Jacqueline

16/8/73

Seen by (Dr) A.M. Ginnery

Time seen

12/25

CLINICAL NOTES

Emt: HTN, cold, depressed
Boritt's, asphyxia

Off: pos pharynx, no ECG

Mark ATT?

50% ♀ Bill's 5 part 1/2 of

(HPC)

16w

Flag to Felix, leaving slowly

(CE)

M. sons of right. Flag with program.

M. M.

would be worried. No damage to collies

IM: parol 5k

Clear Nick, close blue, strips, Abx, Revaxi
Injection with 20 above

AN

Date	CLINICAL NOTES



Discharge Codes (Please CIRCLE)						Discharge date		16/8/23
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			Discharge time		1455
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge			8. D.O.A.		
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		
16/8/23	CO-AMOXICLAV	625mg	PO	TID	PAD	AM		

Affix Label



CHI: 2304736009

Queen Elizabeth University Hospital

Total Att: 6

12 Mth Att: 0

Title: MRS

GOODWIN

Jacqueline

DOB 23/04/1973

Age: 47y

Sex: Female

Flat 0/1
38 Dougrie Drive
Glasgow
Lanarkshire
G45 9BB
07342792807

Next of kin: GOODWIN, Kelly Anne
Relationship: Daughter
07718498617

GP: Wright
0141 201 5130

Attendance Date: 30/06/2020

Arrival Time: 19:22

Registration Time: 19:22

Date of Incident: 30/06/2020

Major Incident Desc:

Reason for Attendance: SATA (own transport) worsening sob, cough, joint pain, RR 30 known COPD

Affix Label

Nursing Assessment

Alerts: Yes

Allergies: Not Recorded

Pain Score:

Triage Category: 2

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 30/06/2020 19:28

Nurse name: Nurse Claire Ferry

Temp	36.8	C
HR	111	bpm
BP	149/90	mmHg
MAP	109.67	mmHg
RR	32	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	
Motor	
Verbal	
Total	

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes: "news 5/ sore body, dec mobility, inc sob. gen unwell. history copd. history anxiety. daughter with pt. "

JACQUELINE
GODWIN
2304756009

Date	Emergency Department Notes	J Carlsson ST6	30.6.20
Ambulance Proforma reviewed Yes / No	Seen by (Doctor)		Time seen 2020.

~~20/06/2020~~
~~20/06/2020~~
~~20/06/2020~~

47 ↑ Emphysema on CT
 Spirometry OK.
 Anxiety
 Depression.
 Barrett's oesophagus

↑ SOB over last week
 SOB OE ↓ ET
 chronic cough - not productive
 Aches and pains all over
 No chest pain
 Swelling and pain @ leg around calf.
 Occ wheeze
 usually sleeps upright due to GOLD so unsure re orthopnoea.
 No unwell contacts although recently stopped shielding as per governments advice.



2304736009

GOODWIN

F

Jacqueline

23/04/1973

Flat 0/1

38 Dougie Drive

Glasgow, Lanarkshire

G45 9BB

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen
	ECG, sinus tachy, QTC OK O/E +HS I+II+III NP OK No oedema (R) calf tender but not obviously swollen Abdo SNT Imp/ rule out PE. △ID dear nowhere	

Differential Diagnosis/Problem List

Significant mental health issues - does not want to stay in if possible

NEWS

☐

0-7

RED FLAG

☐

(Tick)

SEPSIS

☐

CURB 65

☐

Done/ completed	Immediate Management Plan
Plan /	- CXR
	- bloods
	- add d-dimer
	- Reassess with all above
	→ if all OK → home.
30/06/20 2139	C SACT - ST3 WCCM HAN (SATA) GMC 7460816
	CXR - Nil focal. Old emphysema + soft tissue artefact. AP.
	Bloods - Entirely (N) CRP 2. Neut 47. Lymph 27.
	D-dimer inserted ☒ < 150 → (H) No F/U.
Signature: Worsewicz advice given. C SACTSD	Designation:
Page No:	

NEWS – National Early Warning Score

Name _____


2304736009 23/04/1973
GOODWIN
Jacqueline

CHI No. _____

DoB _____

	Date	Ward
Admitted		
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: 06/19/23		DATE: 06/19/23		NEW	
TIME: 03		TIME: 03		01	
Resp. Rate	35				
Mark: •	35				
	30				
	25				
	20				
	16				
	12				
	8				
SpO ₂	2.96				
(Enter Value)	94.95				
	92.93				
Any Suppl O ₂	≤ 91				
Room air	%				
Temp.	39°				
Mark: X	38.5°				
	38°				
	37.5°				
	37°				
	36.5°				
	36°				
	35.5°				
	35°				
Pulse	170				
Mark: •	160				
	150				
	140				
	130				
	120				
	110				
	100				
	90				
	80				
	70				
	60				
	50				
	40				
	30				
	20				
	10				
	0				
Blood Pressure	220				
Mark: ◇	210				
	200				
	190				
	180				
	170				
	160				
	150				
	140				
NEWS SCORE	130				
using	120				
Systolic	110				
BP	100				
	90				
	80				
	70				
	60				
	50				
Conscious Level	Alert				
Mark: •	Verbal				
	Pain				
	Unresp				
Total NEWS SCORE	5				
(with all obs)	BM				
	NA				
	Pain				
	NA				
	U/O				
	Obs due				
	Initials				

[illegible]



IAU - for SATA
Cough ? Coughing

Significant History

07/04/2020 Risk of exposure to communicable disease (situation) High risk category for developing complications from Covid-19 infection - Added at NSS request Dr L Wright
 18/07/2018 Chronic obstructive airways disease NOS review today following switch to fostair. patient is managing well and is no longer breathless. sats = 98%. has felt a big difference since commencing fostair inhaler. advised to continue requested fry powder form of this inhaler as patient has oral thrush. encouraged to take nystatin as prescribed. patient seen gp 05/07/18 regarding propanolol and patient was still wheezy at this point. gp advised to see me for review and if wheeze had settled then commence propanolol. request made via gp action list. Mrs Jennifer Rodger.
 11/03/2016 Hiatus hernia 2cm & Mild Gastritis
 06/10/2015 Gastritis unspecified
 06/10/2015 Hiatus hernia
 04/07/2008 Barrett's oesophagus Dr Lindsey McKenna
 24/06/2008 Exercise tolerance test NEGATIVE
 01/01/2002 Anxiety with depression admitted: PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/2001 Benign naevus of skin removed from left breast: PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/2000 Colposcopy cautery of cervical ectopy: PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/2000 Psychotic episode NOS Thioridazine: PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/1996 Back pain, unspecified PRIORITY=High Dr Staff Unknown Member Of Staff
 04/01/1994 Suicide+self-inflict.inj.-SII PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/1994 Cold coagulation lesion cervix PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/1992 Psychiatric referral depression: PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/1990 Reactive depressive psychosis PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/1990 Sexual abuse PRIORITY=High Dr Staff Unknown Member Of Staff
 [X]Depression NOS PRIORITY=High Dr Staff Unknown Member Of Staff
 05/08/2003 Notes summary on computer PRIORITY=Low Dr Staff Unknown Member Of Staff

? COVID
No GERM

Recent History

30/06/2020 Emergency appointment Taken to practice by daughter as concerned with progressive SOB, now at rest, hard to speak in full sentences, mild cough. Has COPD and smoker, no prod cough, no pleuritic pain, no fevers. No sore throat or URTI, sinusitis symptoms.

No history of heart failure or Cor pulmonale. Harder to lie flat at times with SOB. Struggling with ADLs today

No GI upset.

No pleuritic pain or anginal symptoms

Feels intermittent joint pains, myalgia and feels legs swollen more

Friend recently had COVID 19-has been out of her house in last few weeks and had contact.

O/E Dyspnoic, RR 28. sO2 99%, HR 98 sr. Apyrexial

Calves SNT, no overt oedema but she does state legs, ankles more swollen than normal. No rashes.

Chest -mild bibasal crackles, but good air entry, no dullness. Good expansion, no wheeze

HS-possible third beat? tachycardic -no overt high grade murmur. Normal JVP.

Despite normal sats does appear to be struggling with SOB and advised SATA review. Discussed with unit IAU and referral accepted. Daughter will take directly.

CD Dr Ciaran Doyle

17/06/2020 Administration NOS Ranitidine found at Houlihans Pharmacy - script issued Dr L Wright

17/06/2020 Telephone encounter -Lansoprazole not controlling her symptoms. She feels that the only combination which did was Esomeprazole and Ranitidine. Practice pharmacists tryin to source Ranitidine and I will issue a 4 week script for Esomeprazole 40mgs bd and for tel review in 4 weeks Dr L Wright

Repeat Medication

Repeat Propranolol 10mg tablets Last issued: 29/06/2020 Issued: 1 maximum 2 allowed Supply: (56) tablet 20MG DAILY FOR ANXIETY Dr L Wright

Repeat Amitriptyline 10mg tablets Last issued: 29/06/2020 Issued: 1 maximum 4 allowed Supply: (28) tablet 1 TABLET(S) AT NIGHT FOR NERVE FOR FOR PAIN Dr L Wright

Repeat Benzydamine 0.15% mouthwash sugar free Last issued: 01/06/2020 maximum 3 allowed Supply: (200) ml GARGLE 15ML EVERY 1.5 TO 3 HOURS AS DIRECTED BY HOSPITAL Dr Sylvia Rafter

Repeat Cimetidine 200mg/5ml oral solution Last issued: 01/06/2020 maximum 1 allowed Supply: (1200) ml TAKE 10ML FOUR TIMES A DAY FOR DYSPEPSIA

Notes for patient: this is a 30 days script Dr Rachel Poole

Repeat Salbutamol 100micrograms/dose inhaler CFC free Last issued: 29/06/2020 Issued: 2- maximum 12 allowed Supply: (200) dose 2 PUFFS AS REQD FOR WHEEZE Dr Rachel Poole

Repeat Folic acid 5mg tablets Last issued: 29/06/2020 Issued: 3 maximum 3 allowed Supply: (28) tablet 1 EVERY DAY FOR VITAMIN DEFICIENCY Dr L Wright

Repeat Quetiapine 300mg tablets Last issued: 29/06/2020 Issued: 3 maximum 3 allowed Supply: (56) tablet 1 TABS TWICE DAILY Dr L Wright

Repeat Propranolol 10mg tablets Last issued: 29/06/2020 Issued: 3 maximum 3 allowed Supply: (28) tablet 1 TABLET WHEN REQUIRED FOR ANXIETY Dr L Wright

Repeat Lofepramine 70mg tablets Last issued: 29/06/2020 Issued: 3 maximum 6 allowed Supply: (84) tablet 1 TABLET(S) IN THE MORNING AND 2 TABS AT NIGHT FOR LOW MOOD Dr L Wright

Repeat Quetiapine 150mg tablets Last issued: 29/06/2020 Issued: 3 maximum 6 allowed Supply: (28) tablet 1 TABLET AT NIGHT FOR TOTAL DOSE 300MG MORNING AND 450MG AT NIGHT Dr Kate Levine

Repeat Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd) Last issued: 29/06/2020 Issued: 4 maximum 4 allowed Supply: (30) capsule INHALE ONE CAPSULE ONCE A DAY Dr Caitriona Gormley

Repeat Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd) Last issued: 29/06/2020 Issued: 4 maximum 4 allowed Supply: (120) dose 2 PUFFS TWICE A DAY Dr Caitriona Gormley

Lifestyle and examination

05/04/2019 15:58.00 BP 120 / 70 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading Dr Caitriona Gormley

07/06/2018 Weight: 74 kgs BMI: 28.9 O/E - weight Dr Rachel Poole

29/04/2020 Smoker Cigarettes: 6 Cigarette smoker Sister Louise Duffin

02/03/2016 Current drinker units per week: 12 Alcohol consumption Dr L Wright

22/03/2018 reported 22/03/2018 Cervical smear: negative Dr L Wright

09/10/2019 FLU Stage: 0 Given Routine Measure Due 09/10/2020 Batch: T3G683V exp 06/2020 Sister Louise Duffin

05/10/2018 FLU Stage: 0 Given Routine Measure Due 05/10/2019 Batch: R04X Dr L Wright

11/01/2018 FLU Stage: 0 Given Routine Measure Due 11/01/2019 Batch: N22N Exp 6/18 Dr M J McLaughlin

21/09/1993 TETANUS Stage: B Given Due 21/09/2003 ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter Dr L Wright



2304736009

GOODWIN

Jacqueline

F 23/04/1973

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire

G45 9BB

FOR OFFICIAL USE ONLY: THIS DOCUMENT IS UNCLASSIFIED

DEUW

SATA Unit

#2 Cough-19

Mr. H. Doyle

In-Patient Admission Notes

P 
2304736009
GOODWIN F
Jacqueline 23/04/1973
Flat 0/1
38 Dougrie Drive
Glasgow, Lanarkshire
G45 9BB

Seen By:

Print:

Time Seen:

19.10.

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	
History of presenting complaint	

Past Medical History / Review of portal

Systemic Enquiry

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history (>1 source preferred) ☐ Patient/Relative/carer ☐ GP Phone call ☐ ECS
☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary

- ☐ Patient/Relative/carer ☐ GP Phone call ☐ ECS
☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary
☐ Repeat Prescription

Other (please specify) _____

[illegible]

Allergies

List any over-the-counter or alternative medicines:

Do medicines need further clarification? ☐ Yes ☐ No

List collected by :

Plan approved by : _____

Designation :

Date : _____

Designation :

Date : _____

Pharmacy review

Compliance aid : ☐ Yes ☐ No

☐ Yes ☐ No

Community pharmacist Phone

Phone

Reviewed by :

Designation :

Date : _____

P

2304736009

GOODWIN

Jacqueline

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire

23/04/1973

G45 9BB

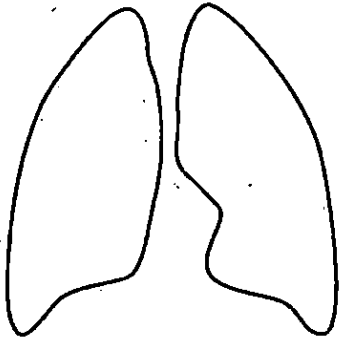
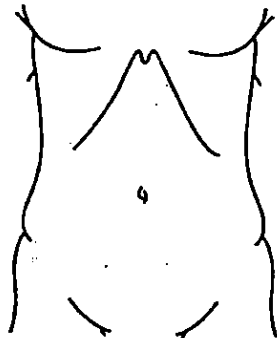
Social History \ Family History

Smoking History Ex-smoker/Smoker _____ cpd _____ yrs ☐ Never smoked

Alcohol History _____ Units/week FAST score if excess _____

Recreational Drugs **Driving Status**

Social Circumstances (home, supports, functional status, occupation, travel)

General Examination		General Appearance:
Temp:	RR:	
Pulse:	CBG:	
SpO ₂ :	Weight:	
BP:	Urinalysis:	
Respiratory	Gastrointestinal System	
		
Cardiovascular	Locomotor	

Patient ID label

Neurological system

GCS: /15 E: /4 M: /6 V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Pat	
2304736009	
GOODWIN	
Jacqueline	F
Flat 0/1	23/04/1973
38 Dougrie Drive	
Glasgow, Lanarkshire	
	G45 9BB

Key Results	
CXR	ECG
(Differential) diagnosis	
NEWS ☐ Red Flag ☐ Sepsis ☐ CURB 65 ☐	
Management Plan	
☐ Thromboprophylaxis assessed ☐ Antimicrobial ☐ Medicine Reconciliation ☐ 4AT/TIME	
Signature:	PRINT NAME PRINT GRADE
	Page:

Patient ID label

Resuscitation Decision

Resuscitation status: **FOR RESUSCITATION** / **DNA CPR**,
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

2304736009
 GOODWIN
 Jacqueline F
 Flat 0/1
 38 Dougrie Drive
 Glasgow, Lanarkshire
 23/04/1973
 G45 9BB

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

Is the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days

☐ Yes

☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment	Use of oestrogen containing contraceptive
Age > 60	Hormone replacement therapy
Dehydration	Pregnancy or <6 weeks post partum (seek specialist advice)
Known thrombophilia	Critical care admission
BMI >30	Varicose veins with phlebitis
Personal/1st degree relative history of VTE	Current significant medical condition e.g. infection, inflammation, cardio resp disease
Hip fracture	

☐ Yes

☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding	Untreated inherited bleeding disorder
Acquired bleeding disorder	Thrombocytopenia $<75 \times 10^9/l$
Thyroid, spinal, posterior eye or neurosurgery	Other procedure with high bleeding risk (discuss with senior)
Concurrent use of anticoagulants e.g. warfarin with INR >2	Uncontrolled hypertension ($>230/120$)
Acute stroke	Varicose veins
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic	
Other - Document	

☐ No

☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A

(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____

Lymph 2.6

Results

Date		30/06/20							
Time									
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165	136							
WCC	4.0 - 11.0								
Plts	150 - 450								
MCV	80 - 100	96.8							
Neut	2.0 - 7.5	4.2							
PT	9.0 - 13.0	13							
APTT	27.0 - 38.0	31							
Fibrinogen	1.7 - 4.0								
INR	()								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146	140							
K+	3.5 - 5.3	3.8							
Cl-	95 - 108	107							
HCO3-	22 - 29	22							
Urea	2.5 - 7.8	68							
Creat	40 - 130	260							
eGFR									
Glucose	3.5 - 6.0	(6.6)							
Protein	60 - 80								
Albumin	35 - 50	37							
AlkP	30 - 130	(131)							
Bil	<20	4							
ALT	<50	19							
AST	<40	17							
GGT	Male: <70 Female: <40								
ESR	Male: 1 - 10 Female: 1 - 12								
CRP	<10	2							
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60	2.38							
PO4-	0.8 - 1.5	1.37							
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 - 2.0								

Patient ID: 
 2304736009
 GOODWIN F
 Jacqueline 23/04/1973
 Flat 0/1
 38 Dougrie Drive
 Glasgow, Lanarkshire
 G45 9BB

Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

Summary

Temp: _____

Pulse: _____

BP: _____

SpO₂: _____

FiO₂: _____

RR: _____

Diagnosis:

Plan:

Recommended Destination: _____

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Patient ID label

[illegible][illegible]

Patient ID label

G45 9BB

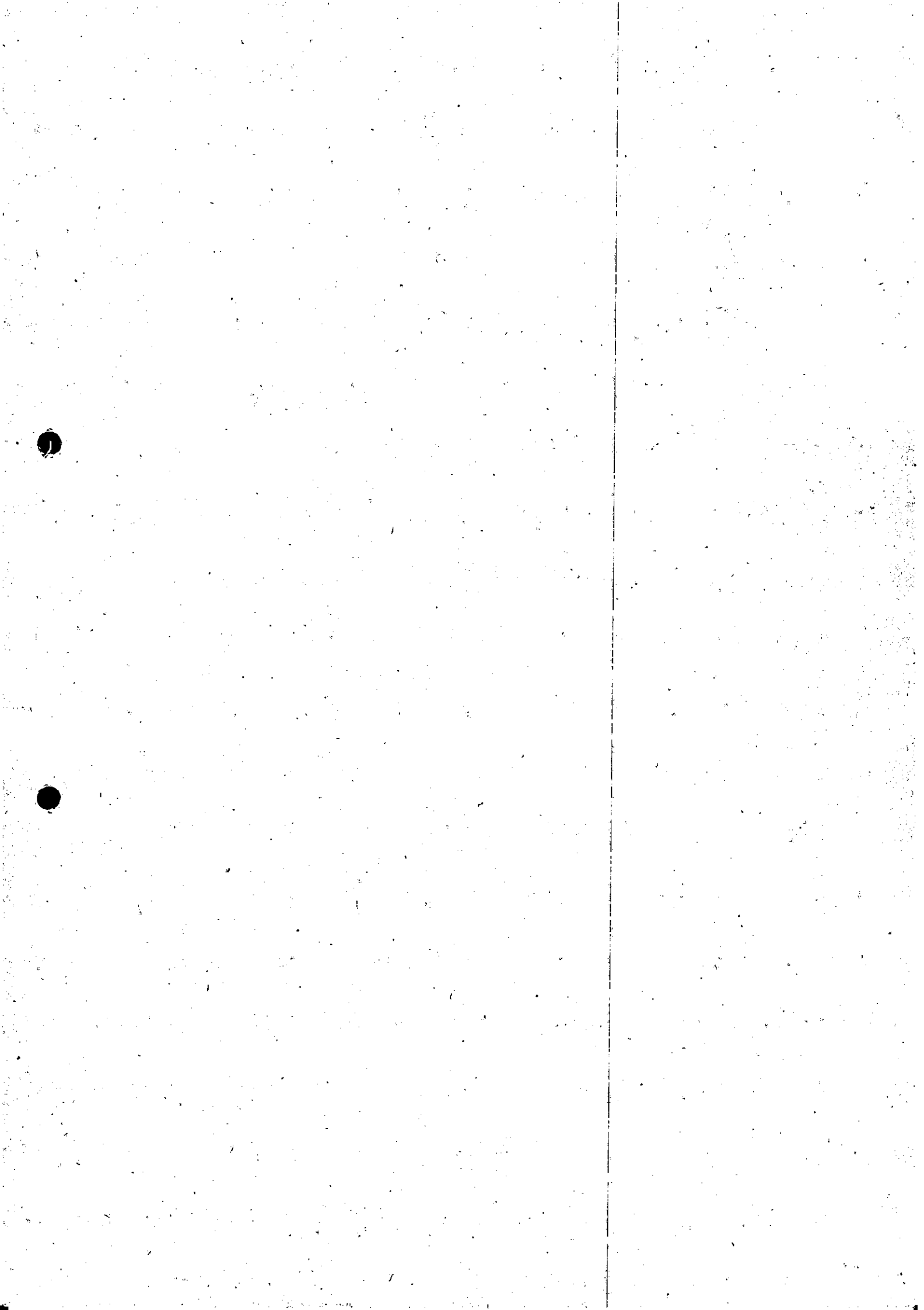
15

Patient ID label

Continuation Sheet:

Date: Time:

[illegible]



Ident ID Label

GOODWIN

F
23/04/1973

38 Dougrie Drive

G45 9BB_

THE UNIVERSITY OF CHICAGO PRESS

[illegible]

Blank lined paper.

Patient ID label.

Done/ Time

[illegible]

Once only prescriptions (including tetanus prophylaxis)

[illegible]

Discharge prescription packs	
------------------------------	--

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by

DISCHARGE CODES: Please Circle								Time Ready to Depart		
1. Admission		2. Discharge		3. Refer to G.P.		4. Transfer to other hospital (see below)			Discharge Time	
5. Died		6. Refer to O.P. Clinic (see below)		7. Irregular Discharge		8. D.O.A.				
Ward No. (if admitted)				Transfer to Hospital				Consultant (if admitted)		
Outpatient clinic specialty						Admission or specialty clinic consultant				
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify		



2304736009

GOODWIN

Jacqueline

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire.

F
23/04/1973

G45 9BB

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



CHI: 2304736009

New Victoria Hospital

Title: **MRS**

GOODWIN

DOB: 23/04/1973

38 DOUGRIE DRIVE

Glasgow
Lanarkshire

G45 9AA
07980036339

Age: 44y

Jacqueline

Sex: Female

Next of kin: **GOODWIN, Kelly Anne**
Relationship: **Daughter**
07718498617

GP: **L Wright**
0141 634 6333

Total Att: 5

12 Mth Att: 4

Attendance Date: 29/03/2018

Arrival Time: 17:53

Registration Time: 17:53

Date of Incident: 29/03/2018

Major Incident Desc:

Reason for Attendance: **Leg inj**

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category:

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date:

Nurse name:

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GES	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes:

Ⓛ tibia/fib

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


2304736009 23/04/1973
GOODWIN
Jacqueline

X-Ray and Other Reports to be filed on this side (if the patient is not being

**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	
29/3/18	Seen by (Dr) W CONNING ENP	Time seen 19 ²³
<u>PC</u>	44 yr old female Ⓛ lower leg injury	<u>DH</u> see ECS
		<u>PMH</u> COPD
<u>HPC</u>	On a roundabout at Park tonight and fell off, approx 1ft high and landed on Ⓛ lower leg Has had analgesia & taken used ice packs	
<u>O/E</u>	Weightbearing tender over proximal $\frac{1}{3}$ fibula Ⓛ lower leg & medial gastrocnemius no wounds or bruising noted or swelling non-tender over patella, tibia, med/lat Malleoli, base 5th MT achilles tendon intact - calf squeeze test normal FROM in knee & ankle, pain over gastrocnemius on pld dorsiflexion	
<u>Plan</u>	xray Ⓛ tibia & fibula to exclude #	
<u>Result</u>	no # seen	
<u>Imp</u>	Contusion Ⓛ lower leg & calf muscle injury	
<u>Tx</u>	Advised re analgesia & crutches to mobilise May take 2/sz to settle	
	W Conning ENP	

2304736009 23/04/1973
GOODWIN
Jacqueline

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)								Discharge date		29/3/18	
1. Admission		2. Discharge		3. Refer to GP		4. Transfer to other (see below)		Discharge time		1950	
5. Died		6. Refer to OP Clinic (see below)		7. Irregular Discharge		8. D.O.A.					
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	

Affix Label

IRH	RAH	RHC	GRI	WEST MIU	VIMIU	Stob	VOL	QEUH
-----	-----	-----	-----	----------	-------	------	-----	------



CHI: 2304736009

Queen Elizabeth University Hospital

Total Att: 4

12 Mth Att: 3

Title: MRS

GOODWIN

Jacqueline

DOB: 23/04/1973

Age: 44y

Sex: Female

38 DOUGRIE DRIVE

Next of kin: GOODWIN, Kelly Anne
Relationship: Daughter

07718498617

Glasgow
Lanarkshire
G45 9AAGP: L Wright
0141 634 6333

Attendance Date: 15/02/2018

Arrival Time: 19:13

Registration Time: 19:13

Date of Incident: 15/02/2018

Major Incident Desc:

Reason for Attendance: INCREASING SOB TACHY PLEURITIC CHEST PAIN ? PE ? PNEMOTHORAX

Affix Label

Nursing Assessment

Alerts:

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 2

Tetanus up to date/fully immunised:

Presenting Complaint: General Generally Unwell

Observation Date: 15/02/2018 19:34

Nurse name: Nurse Helen Thomson1

Temp	36.0	C
HR	110	bpm
BP	153/100	mmHg
MAP	117.67	mmHg
RR	28	bpm
SpO2	100	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: "INCREASING SOB TACHY PLEURITIC CHEST PAIN " ? PE ? PNEMOTHORAX

Date	Emergency Department Notes		
16/2/18 1AU	Ambulance Proforma reviewed, Yes / No	Seen by (Doctor)	Time seen
<u>R/W</u> 44♀: HT — Anxiety / Depression COPD Smokes Been unwell with viral URT Sx for last few days. Runny nose/blocked. Frontal headache. Fever. No rigors. No myalgia/arthritis. Has developed dry cough with pleuritic left side chest pain (24hrs). Not exertional. No autonomic fx. No radiation. Mild SOB/OE but (I). Was remaining mobile. No haemoptysis. No recent travel. No contact unwell. No weight loss/night sweats. OE Comfortable Chatty (I) Mobile on ward. — Chest: RVL reduced AG + ↑VR (left) US 1+11+0 TVP → oedema calves SNT = Abdo SNT BSW. Oropharynx - NAD. Blds - CRP 15 TnI-NS-1 D-dimer -ve. CXR - nil focal. ECG - ST nil acute. Imp - Viral pleurisy. <u>Plan</u> - (H) - worsening advice.			

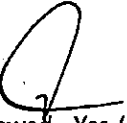
✓

FARMER
ST3 ID/MM
85628

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

	
2304736009	F
GOODWIN	23/04/1973
Jacqueline	
38 DOUGRIE DRIVE	
Glasgow, Lanarkshire	G45 9AA

Seen By: 
PRF Reviewed Yes / No

Print: *CARNE*

Time Seen: 21-00 Pg. No: 8828

Presenting Complaint(s)	
Presenting complaint	
History of presenting complaint	

Past Medical History / Review of portal

Systemic Enquiry

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec.

Source of medication history
(>1 source preferred)

- ☐ Patient/Relative/carer ☐ GP Phone call ☐ ECS
☐ Patient own drugs ☐ Com. Pharmacist. ☐ GP letter/summary
☐ Repeat Prescription

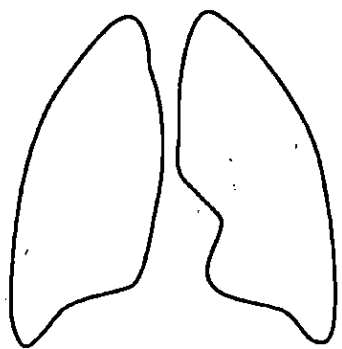
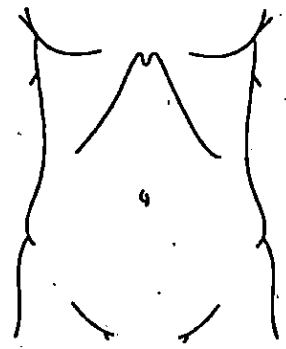
Other (please specify)

[illegible]

Pharmacy review	Comments
Compliance aid : ☐ Yes ☐ No	Community pharmacist Phone
Reviewed by :	Designation : Date :

	
F 2304736009 GOODWIN Jacqueline 38 DOUGRIE DRIVE Glasgow, Lanarkshire	F 23/04/1972 G45 9AA

Social History \ Family History	
Smoking History Ex-smoker/Smoker _____ cpd _____ yrs ☐ Never smoked	
Alcohol History _____ Units/week FAST score if excess _____	
Recreational Drugs	Driving Status
Social Circumstances (home, supports, functional status, occupation, travel)	

General Examination		General Appearance:
Temp:	RR:	
Pulse:	CBG:	
SpO ₂ :	Weight:	
BP:	Urinalysis:	
Respiratory	Gastrointestinal System	
		
Cardiovascular	Locomotor	

Patient ID label

Neurological system

GCS: /15 E: /4 M: /6 V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

**Cerebellar and
extrapyramidal:**

Cranial Nerves:

Neck:

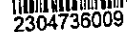
Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other



GOODWIN
Jacqueline
38 DOUGRIE DRIVE
Glasgow, Lanarkshire

F
23/04/1973

G45 9AA

CXR

ECG

(Differential) diagnosis

NEWS

7

Red Flag

7

Sepsis

7

CURB 65

1

Management Plan

- ☐ Thromboprophylaxis assessed
☐ Antimicrobial

- ☐
- Medicine Reconciliation

- ☐
- 4AT/TIME.

Signature:

PRINT NAME

PRINT GRADE

Page:

Patient ID label

Resuscitation Decision

Resuscitation status: **FOR RESUSCITATION** / **DNA CPR**
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient

2304736009

GOODWIN

Jacqueline

38 DOUGRIE DRIVE

Glasgow, Lanarkshire

23/04/1973

G45 9AA

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☐ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment	Use of oestrogen containing contraceptive
Age > 60	Hormone replacement therapy
Dehydration	Pregnancy or <6 weeks post partum (seek specialist advice)
Known thrombophilia	Critical care admission
BMI >30	Varicose veins with phlebitis
Personal/1st degree relative history of VTE	Current significant medical condition e.g. infection, inflammation, cardio resp disease
Hip fracture	

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding	Untreated inherited bleeding disorder
Acquired bleeding disorder	Thrombocytopenia <75 x10 ⁹ /l
Thyroid, spinal, posterior eye or neurosurgery	Other procedure with high bleeding risk (discuss with senior)
Concurrent use of anticoagulants e.g. warfarin with INR >2	Uncontrolled hypertension (>230/120)
Acute stroke	Varicose veins
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic	
Other - Document	

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet).
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)

If N/A why? _____

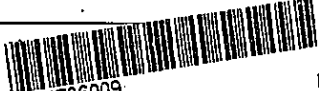
Assessed by _____

Date _____

Results

Date									
Time									
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165								
WCC	4.0 - 11.0								
Plts	150 - 450								
MCV	80 - 100								
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	()								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146								
K+	3.5 - 5.3								
Cl-	95 - 108								
HCO3-	22 - 29								
Urea	2.5 - 7.8								
Creat	40 - 130								
eGFR									
Glucose	3.5 - 6.0								
Protein	60 - 80								
Albumin	35 - 50								
AlkP	30 - 130								
Bil	<20								
ALT	<50								
AST	<40								
GGT	Male: <70 Female: <40								
ESR	Male: 1 - 10 Female: 1 - 12								
CRP	<10								
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 - 2.0								

P



2304736009
GOODWIN
Jacqueline
38 DOUGRIE DRIVE
Glasgow, Lanarkshire
G45 9AA

F
23/04/1973

Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

Summary Temp: _____ Pulse: _____ BP: _____ SpO₂: _____ FiO₂: _____ RR: _____	
Diagnosis:	
Plan:	
Recommended Destination: _____ Suitable to board if required ☐ Yes ☐ No Expected Date of Discharge: _____	Signature: _____ Designation: _____ Bleep Number: _____

Patient ID label

Continuation Sheet

Date: _____ Time: _____

[illegible]

Patient ID label



2304736009

23/04/1973

GOODWIN

Jacqueline

Continuation Sheet

Date: Time

Patient ID label

Continuation Sheet

Date: _____ Time: _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

label

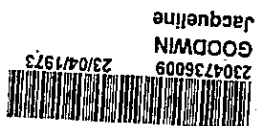
23/04/1973

23/04/1973

Jacqueline

Date: Time

[illegible]



2304736009
23/04/1973
GOODWIN
Jacqueline*Ear Island*
Accepted over phone
*Dear Dr.***Significant History**

11/03/2016 Hiatus hernia 2cm & Mild Gastritis
 06/10/2015 Gastritis unspecified
 06/10/2015 Hiatus hernia
 04/07/2008 Barrett's oesophagus Dr Lindsey McKenna
 24/06/2008 Exercise tolerance test NEGATIVE
 01/01/2002 Anxiety with depression admitted: PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/2001 Benign naevus of skin removed from left breast: PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/2000 Psychotic episode NOS Thioridazine: PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/2000 Colposcopy cautery of cervical ectopy: PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/1996 Back pain, unspecified PRIORITY=High Dr Staff Unknown Member Of Staff
 04/01/1994 Suicide+self-inflict.inj.-SII PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/1994 Cold coagulation lesion cervix PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/1992 Psychiatric referral depression: PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/1990 Reactive depressive psychosis PRIORITY=High Dr Staff Unknown Member Of Staff
 01/01/1990 Sexual abuse PRIORITY=High Dr Staff Unknown Member Of Staff
 X Depression NOS PRIORITY=High - Dr Staff Unknown Member Of Staff
 05/08/2003 Notes summary on computer PRIORITY=Low Dr Staff Unknown Member Of Staff

*My Partner**Island***Recent History**

15/02/2018 Emergency appointment Dry cough since last night(recent head cold) . Non productive, no haemoptysis, Smoker, none for 24 hrs.

Today increased difficult getting deepm breaths comfortably-sudden worsening since yesterday evening.
 'feels 'cant catch breath' and 'sharp twinge on a deep breath'-possible pleuritic pain, no central heavy pain. No limb swelling or pain. Known COPD

Denies recent anxiety

BP 140/80 HR 90 (was 120) sO2 98%, RR 24. Speaking in short sentences. Apyrexial. No audible wheeze.

Chest clear, and no overt wheeze. possible rub in left upper zone vs transmitted sound ? HS normal. Calves SNT
 Not in keeping with obvious COPD exacerbation

ΔΔ I+D+G

Possible PTX, VTE-PERC Score 1 on arrival(although HR now better).

Overall feel she needs review.

Plan IUA review-possible bloods/ CXR and assessment.

Patient not wanting ambulance transfer as sister can take her directly. Happy for her to go this way. WSG. CD Dr Ciaran Doyle

23/01/2018 Had a chat to patient Read that her Fluconazole can interact with Amitriptyline. Cause prolonged QTc. Not wanting to take it. Not willing to w/h TCA while on Fluconazole for two weeks. Advised an alternative neuropathic agent could take up to two weeks to take effect? Advised to drop medication back to Chemist. To continue Folate and B12-then follow up for review / repeat bloods. wsg. CD Dr Ciaran Doyle

11/01/2018 Had a chat to patient re letter from oral med. Satrted on Fe and gelclair. has f/u with them this month> Asking if she can have flu vac. Note previous CT said emphysematous change. MM Dr M J McLaughlin

Repeat Medication

Repeat Quetiapine 300mg tablets Last issued: 14/02/2018 Issued: 1 maximum 3 allowed Supply: (56) tablet 1 TABS TWICE DAILY Dr L Wright

Repeat Folic acid 5mg tablets Last issued: 19/01/2018 Issued: 1 maximum 3 allowed Supply: (28) tablet 1 EVERY DAY FOR VITAMIN DEFICIENCY Dr Neida Bahja

Repeat Lofepiramine 70mg tablets Last issued: 14/02/2018 Issued: 3 maximum 6 allowed Supply: (84) tablet 1 TABLET(S) IN THE MORNING AND 2 TABS AT NIGHT FOR LOW MOOD Dr L Wright

Repeat Quetiapine 150mg tablets Last issued: 14/02/2018 Issued: 4 maximum 6 allowed Supply: (28) tablet 1 TABLET AT NIGHT FOR TOTAL DOSE 300MG MORNING AND 450MG AT NIGHT Dr Kate Levine

Repeat Esomeprazole 40mg gastro-resistant tablets Last issued: 14/02/2018 Issued: 4 maximum 6 allowed Supply: (28) tablet 1 EVERY DAY FOR DYSPEPSIA Dr P J McEvinney

Repeat Amitriptyline 10mg tablets Last issued: 14/02/2018 Issued: 4 maximum 4 allowed Supply: (28) tablet 1 TABLET(S) AT NIGHT FOR NERVE FOR FOR PAIN Dr L Wright

Repeat Ranitidine 150mg tablets Last issued: 16/01/2018 Issued: 3 maximum 12 allowed Supply: (60) tablet 1 TWICE A DAY FOR DYSPEPSIA Dr M J McLaughlin

Lifestyle and examination

17/08/2017 17:11.00 BP 138 / 92 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading Dr Kathleen Sweeney

18/04/2017 Weight: 66 kgs BMI: 25.7 O/E - weight Dr Niall Sweeney

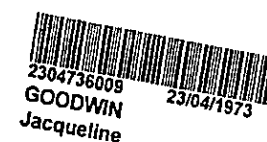
18/04/2017 Smoker Cigarettes: 10 Cigarette smoker Dr Niall Sweeney

02/03/2016 Current drinker units per week: 12 Alcohol consumption Dr L Wright

23/10/2014 reported 23/10/2014 Cervical smear: negative Dr L Wright

11/01/2018 FLU Stage: 0 Given Routine Measure Due 11/01/2019 Batch: N22N Exp 6/18 Dr M J McLaughlin

21/09/1993 TETANUS Stage: B Given Due 21/09/2003 ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter Dr L Wright



IAN - good place
Cotton

1. Admission

Hospital: <u>Glen</u>	Ward: <u>PAU</u>
Date of admission: <u>15/2/18</u>	Time: <u>20¹⁰</u>
Admitting Consultant:	Admitting Nurse: <u>CMaher</u>
Expected date of discharge: <u>/ /</u>	

Name	2304736009	.....
Address	GOODWIN Jacqueline 38 DOUGRIE DRIVE Glasgow, Lanarkshire	F 23/04/1973 G45 9AA
DoB:		.....
CHI n		.....

Attach patient data cover

1. Patient Details

Preferred name:	Next of Kin (NoK): <u>Kelly ANN GOODWIN</u>
Age: <u>44</u>	Relationship: <u>DAUGHTER</u>
Religion:	NoK Address:
Telephone:	NoK Telephone: <u>07718498617</u>
GP: <u>Dr. L Wright</u>	NoK Aware of admission: ☒ Yes ☐ No
GP address: <u>Drs Mcevinney wright mclaughlin</u> <u>44 Croftfoot Road</u> <u>Glasgow</u> <u>G44 5JT</u>	Consent for information to be given to relative/carer/friend: ☒ Yes ☐ No Nominated relative/carer/friend contact:
GP telephone:	Telephone - Day: Telephone - Evening:

Is the patient a carer? ☐ Yes ☒ No If 'Yes' refer to Duty Social Worker if required: ☐ Referred ☒ Not requiredDoes 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 'Yes' obtain a copy and file with patient notes.

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

2. Presenting Complaint / Diagnosis

Have treatment / investigations:

PINK @ ARM

Why does the patient think they are in hospital? Use patients own words:

SOB/TACHY/Pleuritic CP.

3. Allergies (including food allergies)

No known allergies: ☒

4. Observations

Cannard	Waterlow	MUST	Pulse	BP	Resp	SaO ₂	Temp
			<u>110</u>	<u>153/100</u>	<u>28</u>	<u>100</u>	<u>36</u>
Urinalysis:			BM	NEWS Score	Weight Patient reported for weight / Actual	Height Patients reported height / Actual	BMI

5. Current Medication

6. Relevant Past Medical History

Hiatus Hernia.
GASTRITIS.
DEPRESSION.

7. Risk Assessment

MUST Screening Tool

- Is the patient's BMI:
 > 20Score 0
 18.5-20Score 1
 <18.5Score 2
 Score
- Has the patient had unplanned weight loss in the past 3-6 months?
 < 5%Score 0
 5-10%Score 1
 >10%Score 2
 Score
- 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
 Score

MUST Score:

If score 1 or more, complete full Nutrition Profile Swallow Risk Assessment

Has the patient had, or is suspected of having, a stroke, a TIA or is suspected of having a swallowing difficulty? ☐ Yes ☐ No

If YES complete a STOPSS screening tool.

STOPSS completed ☐ Yes ☐ No

Ni 
 Ac 2304736009
 GOODWIN F.....
 Jacqueline 23/04/1973
 38 DOUGRIE DRIVE
 Do Glasgow, Lanarkshire G45 9AA
 CH

8. Cognitive Impairment / Delirium

Think Delirium

Do 4AT on all patients over 65 yrs

and

on patients of any age with one or more of the following:

- existing cognitive impairment
- previous delirium
- current hip fracture
- severe illness

9. MRSA Screening / CJD / Healthcare outside Scotland

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

- Has the patient ever had a previous positive MRSA result? ☐ Yes ☒ No ☐ Not known
- Has the patient been admitted from a Care Home/ institutional setting or another hospital? ☐ Yes ☒ No ☐ Not known
- 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 speciality' 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: ☐

Healthcare outside Scotland

Has the patient been transferred from, or received health care in, a hospital outside of Scotland in the last 12 months:

☐ Yes ☒ No If 'Yes' obtain rectal swab and send to microbiology for CPE screen.

Rectal swab taken ☐ Patient refused ☐

0. Lifestyle

Smoking:

Are you a smoker ☒ ex-smoker ☐ never smoked ☐

If ex-smoker when did they stop?

If smoker how many cigarettes per day.....

10 A DAY.

If smoker, or recent ex-smoker, would they like to use nicotine replacement therapy to prevent withdrawal discomfort while in hospital? ☐ Yes ☐ No ?

If smoker, would they like to stop now with the support from stop smoking service? ☐ Yes ☐ No

If Yes refer to Smoking Cessation Service

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

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 FAST 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 FAST Tool.

1. Admission Documentation Completed By

Name (Please PRINT): CMaher

Signature: CMaher

Designation: SN

Date: 15/2/10

Nursing Admission & Assessment

2. Assessment

Hospital: <u>Qeuh</u>	Ward: <u>APU</u>
Date of Assessment: <u>19/2/18</u>	Time: <u>20¹⁰</u>

Nar		.....
Ado	2304736009	F:
	GOODWIN	23/04/1973
	Jacqueline	.....
	38 DOUGRIE DRIVE	.....
DoB	Glasgow, Lanarkshire	G45 9AA
CHI		.....

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 | <u>COPD</u> |

Circulation:

- ☒ No symptoms
- ☐ known high blood pressure ☐ known angina ☐ current chest pain

Problem identified: ☒ Yes ☐ No If 'Yes' please describe

Requiring O₂ therapy to maintain sats
Tachy at triage - pt. reports tachycardia at times

Initial
CM

2. Communication

Assessment of ability to communicate:

What language does the patient speak?:

english

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:

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:

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. Cognitive Status

Cognitive Status:

- ☒ Orientated
- ☐ Confused
- ☐ Distressed
- ☐ Aggressive / Abusive
- ☐ Known dementia
- ☐ Unconscious

Problem identified: ☐ Yes ☒ No If 'Yes' please describe

Initial

5. Hydration and Nutrition

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

Nutrition Profile completed ☐ Yes ☐ No
If 'Yes' 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: / /

5a 1. Food likes / dislikes:

Vegetarian

5a 2. Fluid likes / dislikes:

5c. Help needed with eating and drinking:

☐ Yes ☒ No

If 'Yes' provide details:

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

☐ Yes ☒ No

If 'Yes' specify diet needed:

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 ☐

Problem identified: ☐ Yes ☒ No If 'Yes' please describe

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 is it urethral ☐ suprapubic ☐

If 'Yes' - Size:fg Make:.....

Date catheter last changed: / /

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:

Problem identified: ☒ Yes ☐ No If 'Yes' please describe

Pt. reports ↑ urine frequency.

Initial

CM

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 Does the patient have a sore mouth ☐ Yes ☒ No Does the patient have a non healing mouth ulcer ☐ Yes ☒ No If the patient has a sore mouth or non healing mouth ulcer, refer to dentist (See StaffNet for dentist referral pathway).	Dentures: Does the patient wear a denture plate? ☐ Yes ☐ No If yes complete the following: ☒ Full set ☐ Upper set ☐ Lower 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:	
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:	
Problem identified: ☒ Yes ☐ No If 'Yes' please describe	
Pt. reports that she picks at her scalp due to nerves.	
Initial cm	
8. Mobility	
Patient fully mobile / independent? ☒ Yes ☐ No If 'No' complete Moving and Handling Assessment.	
☐ Limited mobility	
☐ Mobile with aid – Specify:	
☐ Prosthesis – Specify:	
Moving and Handling Plan commenced: ☐ Yes ☒ No	
Problem identified: ☐ Yes ☒ No If 'Yes' please describe	
Initial	
9. Maintaining a Safe Environment	
Pain status: Does the patient have pain? ☐ Yes ☒ No If 'Yes' record Pain Score on NEWS chart.	What makes their pain better? Please provide brief details:
Bed rail assessment completed: ☐ Yes ☒ No	Bed rails required: ☐ Required ☒ Not required
Problem identified: ☐ Yes ☒ No If 'Yes' please describe	
Initial	

 2304736009 GOODWIN Jacqueline 38 DOUGRIE DRIVE Glasgow, Lanarkshire		F 23/04/1973 G45 9AA
Affix patient data label		

0. Sleep and Rest

Sleep habits:

- ☐ Less than 8 hours ☐ Afternoon nap
☐ Morning nap

Sleep difficulties:

- ☒ None ☐ Disturbed
e.g. nocturia, insomnia
☐ Early waking

Medication required: ☐ Yes ☒ No

Problem identified: ☐ Yes ☒ No If 'Yes' please describe:

Initial

1. Social Circumstances

- ☒ Employed ☐ Unemployed ☐ Retired
☐ Health problems at work
☒ Lives alone
☐ Lives with Family
☐ Friend
☐ Dependants
☐ Other: ☐ Nursing Home ☐ Residential

Current Care / Support arrangements:

☐ Social Services

Unpaid carer ☐ Yes ☐ No

If Yes are they Partner / Friend / Son / Daughter

What kind of care do they provide?:

- ☐ Private Carers
☒ None

If support services in place, please provide details:

Does the patient have any money worries? ☐ Yes ☐ No

If Yes would the patient like to be referred to a money advice service that can offer confidential advice / support?

☐ Yes ☐ No

If Yes please identify date patient referred:/...../.....

Would the patient like a referral to a service that can support them with employment / education/training/skills /volunteering

☐ Yes ☐ No

If Yes please identify date patient referred:/...../.....

Problem identified: ☐ Yes ☒ No If 'Yes' please describe

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:

Name: 
Addr: 2304736009
GOODWIN
..... Jacqueline 23/04/1973
DoB: 38 DOUGRIE DRIVE
Glasgow, Lanarkshire
CHI n G45 9AA

14. Anticipatory Care
(This section is for patients thought to be in the last year of life, where appropriate and relevant)

Appropriate ☐ Not appropriate ☒

Is the patient aware of their:

Diagnosis? ☐ Yes ☐ No

Prognosis? ☐ Yes ☐ No

Is the patient's family aware of their:

Diagnosis? ☐ Yes ☐ No

Prognosis? ☐ Yes ☐ No

Preferred place of care:

Home: ☐ Hospital ☐ Hospice ☐

Preferred place of death:

Home: ☐ Hospital ☐ Hospice ☐

Current treatment – please identify (e.g. chemotherapy/radiotherapy):

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

Nat: 
Ad: 2304736009
GOODWIN F
..... Jacqueline 23/04/1973
38 DOUGRIE DRIVE
Do Glasgow, Lanarkshire
CH: G45 9AA

15. Admission Assessment Completed By

Name (Please PRINT): C MAHER

Signature: CMaher

Designation: SN

Date: 15/2/18

Clinical Notes

Date and Time	Notes	Name, Signature and Designation
15/2/18	Await medics to review. Tea and cake	
20 ¹⁵	given to patient. _____	SN maher
	Discharged home. Cannula removed. _____	SN maher

Clinical Notes continue on next page

NEWS – National Early Warning Score

Name
Add
2304736009
GOODWIN
Jacqueline
38 DOUGRIE DRIVE
Glasgow, Lanarkshire
CHI N
DoB

23/04/1973
F
G45 9AA

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8	92-93 Yes	9-11	12-20		21-24	≥25
Oxygen Saturations	≤91		94-95	≥96			
Any Supplemental Oxygen				No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40	91-100	41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90		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: 5/11/20		TIME: 10:25		NEW	
				0	1
Resp. Rate Mark: •	35				
	30				
	25				
	20				
	16				
	12				
	8				
SpO ₂ (Enter Value)	≥ 96	100	100		
	94-95				
	92-93				
	≤ 91				
Any Suppl O ₂ Room air:	%				
		A			
Temp. Mark: X	39°				
	38.5°				
	38°				
	37.5°				
	37°				
	36.5°				
	36°				
	35.5°				
Pulse Mark: •	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
	90				
	80				
	70				
	60				
	50				
	40				
	30				
	230				
Blood Pressure Mark: ◇	220				
	210				
	200				
	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
	90				
	80				
	NEWS SCORE using Systolic BP	103			
100					
90					
80					
70					
60					
50					
Conscious Level Mark: •	Alert	A			
	Verbal				
	Pain				
	Unresp				
Total NEWS (with all obs)	3				
BM Pain Nausea Urine output	BM				
	Pain	0			
	Nausea	0			
	Urine output	APL			
Obs due Initials					

[illegible]

Affix Label



CHI: 2304736009

New Victoria Hospital

Total Att: 3

12 Mth Att: 2

Title: MRS

GOODWIN

Jacqueline

DOB: 23/04/1973

Age: 44y

Sex: Female

68 CASTLEMILK DRIVE

FLAT 3/1

Glasgow

Lanarkshire

G45 9TW

01415878636

Next of kin: GOODWIN, Kelly Anne

Relationship: Daughter

07718498617

GP: L Wright

0141 634 6333

Attendance Date: 13/09/2017

Arrival Time: 16:16

Registration Time: 16:16

Date of Incident: 12/09/2017

Major Incident Desc:

Reason for Attendance: toe inj right foot

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category:

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date:

Nurse name:

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

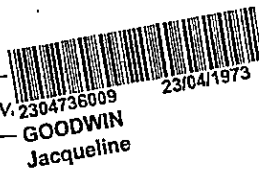
GGC	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes:

Child Assessment Questionnaire

		YES	NO
Previous attendance (consider any relevant presentations)	us 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

Seen by (Dr) Annus (60)

Time seen 1735

13/9/17

44 year old female

PC - injury to toe (2nd) @ foot

Hx - Dropped handbag on foot 1/2 ago
Swelling & bruising to 2nd toe

PMH - emphysema

fibroids

stomach problem

foster 2nd toe

DH -

amprolone

Oxycodone

Amoxicillin

10 Reproductive

Sedation

Anno's medicine

Quercetin

Cocodol

Hx -

O/E - WNL

WNL

Bruising & swelling to 2nd toe -

mild bruising across of foot

Tender ++ over head of 5th toe

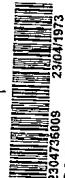
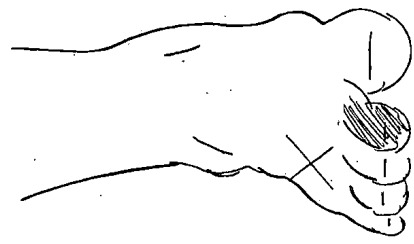
WNL & toe

WNL intact

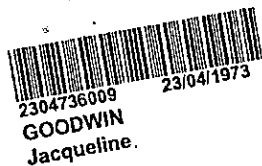
Plan - x-ray

Results - no injury

In advice

230473608
GOODWIN
Jacqueline

Date	CLINICAL NOTES



Discharge Codes (Please CIRCLE)								Discharge date		13/9/17
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)					Discharge time		1731
5. Died	6. Refer to OP Clinic (see below)	7. Irregular Discharge		8. D.O.A.						
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	

Hospital Use only	Clinic	Day Date	Time	Hospital No:
----------------------	--------	-------------	------	-----------------

Ambulance required?

~ REFERRAL LETTER ~

- Medical in Confidence -

REFERRAL TO:

Hosp email:	
CHI NO: 2304736009	

URGENCY OF REFERRAL:

--

PATIENT DETAILS:

Goodwin	68 Castlemilk Drive Glasgow G45 9TW
Jacqueline	
Previous surnames:	
Title: Mrs	

REFERRING PRACTITIONER DETAILS:

	Drs Willox, McEvinney, Wright. McLaughlin 44 Croftfoot Road Glasgow G44 5JT
Tel: 0141 634 6333	
Fax: 0141 634 6575	

REGISTERED GP DETAILS:

Dr L Wright	Drs Willox, McEvinney, Wright. McLaughlin 44 Croftfoot Road Glasgow G44 5JT
Practice No: 49106	
GP No:	
Fax: 0141 634.6575	Tel: 0141 634 6333

History of Presenting Complaint

Thank you for your review of this 43 year-old lady who represents with ongoing abdominal pain and feeling generally unwell. She was seen on 18/4/17 complaining of foul-smelling urine with no dysuria or frequency. She was treated with trimethoprim and her urine culture subsequently grew coliforms sensitive to this. Additionally, during assessment she had a palpable mass at the lateral aspect of her liver edge which was slightly uncomfortable to examine, but nothing palpable along the rest of her liver. She had some mild left hypochondrium tenderness. Bloods showed normal LFTs and a WCC of 21.

On further review today, she states that she still feels generally unwell and felt hot and cold at home with sweats at times. Since her last review, she complains of dull pain now at her RIF and RUQ – this is constant and worse on movement. She denies any vomiting or bowel habit change. On examination she is tender over her RUQ and RIF, with percussion tenderness over her RIF but with no guarding. She does not have any flank or renal angle tenderness. She is slightly tachycardic (110bpm) with a normal blood pressure (136/80).

I wonder if she has subacute appendicitis, with the symptoms having been masked by her recent UTI, and would be grateful for your assessment and further management.

(For further information, she also complained about recent weight loss and food sticking in her throat at our last consultation, for which she has had an urgent referral to surgical outpatients sent. Given the palpable mass, she also had a referral arranged for an outpatient ultrasound to assess this – can you please include the results of any ultrasound done during your assessment?)

Reason for Referral (& Expectation of Outcome)

As above – assessment, bloods, AUSS, management as indicated

Past Medical History

[X] Depression NOS

01/01/1990 Sexual abuse

01/01/1990 Reactive depressive psychosis

30/06/1990 Pat. GP7B/GP8B card from HB

01/01/1992 Psychiatric referral

05/11/1992 House Visit

01/01/1994 Cold coagulation lesion cervix

04/01/1994 Suicide $\frac{3}{4}$ inflict inj. - SII

24/03/1994 DNA

04/05/1994 House Visit

05/08/1994 DNA

18/11/1994 House Visit

24/11/1994 DNA

08/02/1995 DNA

30/03/1995 DNA

01/01/1996 Back pain, unspecified

29/08/1996 DNA

11/09/1996 Referral to Physiotherapy

07/10/1996 Referral to Physiotherapy

17/10/1997 DNA

20/05/1998 DNA

10/06/1998 DNA

21/07/1998 DNA

29/07/1998 DNA

19/08/1998 DNA

05/10/1998 House Visit

19/02/1999 DNA

26/07/1999 DNA

26/08/1999 DNA

08/09/1999 DNA

22/09/1999 DNA
01/01/2000 Psychotic episode NOS
01/01/2000 Colposcopy
01/01/2001 Benign naevus of skin
01/01/2002 Anxiety with depression
14/10/2002 GP22-practice changed-moved
07/07/2003 Patient reg. form sent to HB
07/07/2003 Patient de-reg.- GP22 from HB
24/06/2008 Exercise tolerance test
04/07/2008 Barrett's oesophagus
06/10/2015 Hiatus hernia
06/10/2015 Gastritis unspecified
11/03/2016 Hiatus hernia

Current Medication

Esomeprazole 40mg gastro-resistant tablets 1 EVERY DAY FOR DYSPEPSIA
Ranitidine 150mg tablets 1 TWICE A DAY FOR DYSPEPSIA
Lofepamine 70mg tablets 1 TABLET(S) IN THE MORNING AND 2 TABS AT NIGHT FOR LOW MOOD
Quetiapine 150mg tablets 1 TABLET AT NIGHT FOR TOTAL DOSE 300MG MORNING AND 450MG AT NIGHT
Quetiapine 300mg tablets 1 TABS TWICE DAILY
Amitriptyline 10mg tablets 1 TABLET(S) AT NIGHT FOR NERVE FOR FOR PAIN

Clinical Warnings (eg allergies blood-borne viruses)

Additional Relevant Information

Smoking

Alcohol

Yours sincerely

21 April 2017

Hospital Use only	Clinic	Day Date	Time	Hospital No:
----------------------	--------	-------------	------	-----------------

Ambulance required?

~ REFERRAL LETTER ~

- Medical in Confidence -

REFERRAL TO:

Hosp email:	
CHI NO: 2304736009	

URGENCY OF REFERRAL:

--

PATIENT DETAILS:

Goodwin	68 Castlemilk Drive Glasgow G45 9TW
Jacqueline	
Previous surnames:	
Title: Mrs	

REFERRING PRACTITIONER DETAILS:

Tel: 0141 634 6333	Drs Willox, McEvinney, Wright. McLaughlin 44 Croftfoot Road Glasgow G44 5JT
Fax: 0141 634 6575	

REGISTERED GP DETAILS:

Dr L Wright	Drs Willox, McEvinney, Wright. McLaughlin 44 Croftfoot Road Glasgow G44 5JT
Practice No: 49106	
GP No:	
Fax: 0141 634 6575	Tel: 0141 634 6333

History of Presenting Complaint

Thanks for seeing this lady, who was referred for a review on Friday but self-discharged (?prior to being seen). Please see attached her previous referral letter. She complains of ongoing right sided abdominal pain that has not improved over the weekend and still feels systemically unwell. Her bloods last week showed a WCC of 21.9.

Reason for Referral (& Expectation of Outcome)

As previously, thanks for your review of her regarding possible subacute appendicitis.

Past Medical History

[X]Depression NOS

01/01/1990 Sexual abuse

01/01/1990 Reactive depressive psychosis

30/06/1990 Pat. GP7B/GP8B card from HB

01/01/1992 Psychiatric referral

05/11/1992 House Visit

01/01/1994 Cold coagulation lesion cervix

04/01/1994 Suicide~~in~~inflict.inj.-SII

24/03/1994 DNA

04/05/1994 House Visit

05/08/1994 DNA

18/11/1994 House Visit

24/11/1994 DNA

08/02/1995 DNA

30/03/1995 DNA

01/01/1996 Back pain, unspecified

29/08/1996 DNA

11/09/1996 Referral to Physiotherapy

07/10/1996 Referral to Physiotherapy

17/10/1997 DNA

20/05/1998 DNA

10/06/1998 DNA

21/07/1998 DNA

29/07/1998 DNA

19/08/1998 DNA

05/10/1998 House Visit

19/02/1999 DNA

26/07/1999 DNA

26/08/1999 DNA

08/09/1999 DNA

22/09/1999 DNA

01/01/2000 Psychotic episode NOS

01/01/2000 Colposcopy

01/01/2001 Benign naevus of skin

01/01/2002 Anxiety with depression

14/10/2002 GP22-practice changed-moved

07/07/2003 Patient reg. form sent to HB

07/07/2003 Patient de-reg.- GP22 from HB

24/06/2008 Exercise tolerance test

04/07/2008 Barrett's oesophagus

06/10/2015 Hiatus hernia

06/10/2015 Gastritis unspecified

11/03/2016 Hiatus hernia

Current Medication

Esomeprazole 40mg gastro-resistant tablets 1 EVERY DAY FOR DYSPEPSIA

Ranitidine 150mg tablets 1 TWICE A DAY FOR DYSPEPSIA

Lofepamine 70mg tablets 1 TABLET(S) IN THE MORNING AND 2 TABS AT NIGHT FOR LOW MOOD

Quetiapine 150mg tablets 1 TABLET AT NIGHT FOR TOTAL DOSE 300MG MORNING AND

450MG AT NIGHT

Quetiapine 300mg tablets 1 TABS TWICE DAILY

Amitriptyline 10mg tablets 1 TABLET(S) AT NIGHT FOR NERVE FOR PAIN

Clinical Warnings (eg allergies blood-borne viruses)

Additional Relevant Information

Smoking

Alcohol

Yours sincerely

Dr Niall Sweeney

GPST1.2

24 April 2017



Queen Elizabeth University Hospital

CHI: 2304736009

Total Att: 2

12 Mth Att: 1

Title: MRS

GOODWIN

Jacqueline

DOB: 23/04/1973

Age: 44y

Sex: Female

68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow
Lanarkshire
G45 9TW
01415878636

Next of kin: GOODWIN, Kelly Anne
Relationship: Daughter
07718498617

GP: L Wright
0141 634 6333

Attendance Date: 24/04/2017

Arrival Time: 16:55

Registration Time: 16:55

Date of Incident: 24/04/2017

Major Incident Desc:

Reason for Attendance: SURGICAL GP - recent self d/c Friday with uti symptoms. Ongoing R abdominal pain ?appendix

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 24/04/2017 17:08

Nurse name: Nurse Karin McInness

Temp	36	C
HR	96	bpm
BP	135/84	mmHg
MAP	101.00	mmHg
RR	18	bpm
SpO2	100	%
Oxygen		%

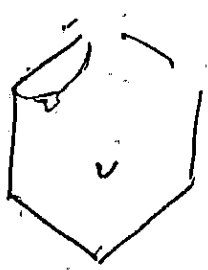
BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes:

Pat	2304736009
	GOODWIN
	Jacqueline
	23/04/1973
	68 CASTLEMILK DRIVE
	FLAT 3/1
	Glasgow, Lanarkshire
	G45 9TW

Date	Emergency Department Notes
24/4/17 1751	<u>CT2 Hurley</u> - 1/2 unwell, shivery, aching all over - foul-smelling urine, ↑ frequency treated w/ trimethoprim 18/4/17 - sensitive to coliforms - worsened w/ this - lost - abdo pain since 18/4/17 ~ 1 week ago - @ hand side - RIF/NU ↳ radiates to epigastrium ↳ constant ↳ worse on movement ↳ 7/10 at the moment ↳ ferensh - last weight over last 6 1/2 weeks - 1 stone 7 lb - appetite poor. → referred to endoscopy - c/o food sticking GP phoned today - ongoing pain → re-referred Attended 21/4/17 and self-discharged <u>O/E</u> -  soft ↳ ? live edge <u>Imp</u> - gallstones ? biliary colic UTI bowels opening OPR bleeding ovary Sx currently menstruates SE - colic + SOB CXR - (N) SH → 10-15 day since 8 y.o → menstrual → not w/ in victim upper

Last w/c 8.5
CRP 193

RAH
- Hx of haemorrhage
on OAD 2015

2304736009
 GOODWIN
 Jacqueline
 23/04/1973
 68 CASTLEMILK DRIVE
 FLAT 3/1
 Glasgow, Lanarkshire
 G45 9TW

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen
	Plan - urine Me + S - - check bloods - AUSS → ? CT. Wb 113 Plts 480	

Differential Diagnosis/Problem List	
Gallstones ? biliary colic ? UTI ? cholecystitis	NEWS ☐ 0-7 RED FLAG ☐ (Tick) SEPSIS ☐ CURB 65 ☐

Done/ completed	Immediate Management Plan
°	Await bloods
°	Urine Me + S
°	Urine dipstick
°	AUSS

Signature:	Designation:	Page No:
	CT2	

PLEASE DO NOT WRITE HERE

Page 3 of 3

Page 3 of 3

In-Patient Admission Notes

Patient ID label

Seen By:

Print:

Time Seen:

Pg. No:

PRF Reviewed Yes / No

Presenting Complaint(s)

Presenting complaint

History of presenting complaint

Past Medical History / Review of portal

Systemic Enquiry

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history
(**>1 source preferred**)

- ☐ Patient/Relative/carer ☐ GP Phone call ☐ ECS
☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary
☐ Repeat Prescription

Other (please specify)

[illegible]

Allergies

List any over-the-counter or alternative medicines

Do medicines need further clarification ? ☐ Yes ☐ No

List collected by :

Plan approved by :

Designation :

Date :

Designation :

Date :

Pharmacy review	Comments
-----------------	----------

Compliance aid : ☐ Yes ☐ No

Community pharmacist	Phone
----------------------	-------

Reviewed by :

Designation :

Date :

Patient ID label

Social History \ Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs

☐ Never smoked

Alcohol History

_____ Units/week

FAST score if excess _____

Recreational Drugs

Driving Status

Social Circumstances (home, supports, functional status, occupation, travel)

General Examination

Temp:

RR:

Pulse:

CBG:

SpO₂:

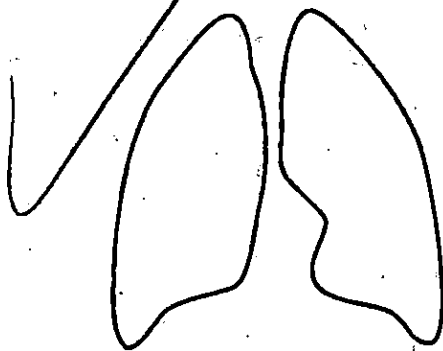
Weight:

BP:

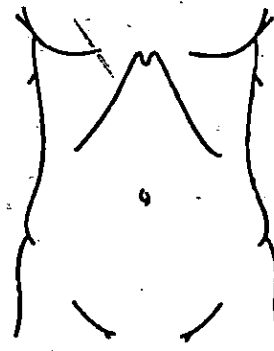
Urinalysis:

General Appearance:

Respiratory



Gastrointestinal System



Cardiovascular

Locomotor

Patient ID label

Neurological system

GCS: /15

E: /4

M: /6

V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Patient ID label

Key Results

CXR

ECG

(Differential) diagnosis

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation

☒ 4AT/TIME

Signature:

PRINT NAME

PRINT GRADE

Page:

Patient ID label



Resuscitation Decision

Resuscitation status: FOR RESUSCITATION / DNA CPR
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

Surgical ST KNIGHT 24/4/17 1850.

44 ♀ self referred 18/4/17 E 6.52 weight loss, ↓ appetite + dysphagia
attended A&ES 21/4/17 E abdominal pain but self -
discharged.

Ongoing abdominal pain - generalised.

Eating small amounts.

No vomiting.

Opening bowels daily - no alteration.

No urinary symptoms (H&S 21/4 +ve for coliform bacteria
- treated E oral cephalexin).

Weight loss 1.5 stone in 6.52 - unintentional.

PMH - hiatus hernia

- depression + anxiety.

① Well.

Abdo. soft

non-tender

no masses

Obs satisfactory.

Appetised.

Bloods - Hb 113 (was 116) CRP 22.

Imp - ongoing weight loss / abdo pain

- Offered admission for GGD tomorrow - declined as has
GGD as of 5/5/17 + USS abdomen this week.

② Home.

CT abdo/pelvis for weight loss.

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

KNIGHT
STG

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label**Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED**

Is the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days

☐ Yes

☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment		Use of oestrogen containing contraceptive	
Age > 60		Hormone replacement therapy	
Dehydration		Pregnancy or < 6 weeks post partum (seek specialist advice)	
Known thrombophilia		Critical care admission	
BMI > 30		Varicose veins with phlebitis	
Personal/1st degree relative history of VTE		Current significant medical condition e.g. infection, inflammation, cardio resp disease	
Hip fracture			

☐ Yes

☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding		Untreated inherited bleeding disorder	
Acquired bleeding disorder		Thrombocytopenia $< 75 \times 10^9/l$	
Thyroid, spinal, posterior eye or neurosurgery		Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR > 2		Uncontrolled hypertension ($> 230/120$)	
Acute stroke		Varicose veins	
Recent (< 4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic			
Other - Document			

☐ No

☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50 kg or eGFR < 30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____

Patient ID label

Results

Date									
Time									
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165								
WCC	4.0 - 11.0								
Plts	150 - 450								
MCV	80 - 100								
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	()								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146								
K+	3.5 - 5.3								
Cl-	95 - 108								
HCO3-	22 - 29								
Urea	2.5 - 7.8								
Creat	40 - 130								
eGFR									
Glucose	3.5 - 6.0								
Protein	60 - 80								
Albumin	35 - 50								
AlkP	30 - 130								
Bil	<20								
ALT	<50								
AST	<40								
GGT	Male: <70 Female: <40								
ESR	Male: 1 -10 Female: 1 - 12								
CRP	<10								
Troponin hs.I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 - 2.0								

Patient ID label

Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

Summary

Temp:

Pulse:

BP:

SpO₂:

FI02:

RR:

Diagnosis:

Plan:

Recommended Destination: _____

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Patient ID label

Continuation Sheet

Date: Time

Patient ID label

Continuation Sheet

Date: Time

Patient ID label

Continuation Sheet

Date: Time:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

Patient ID label

Continuation Sheet

Date: Time

[illegible]

Patient ID label

Nursing Documentation

Done/ Time

[illegible]

Once only prescriptions (including tetanus prophylaxis)

[illegible]

Discharge prescription packs

Date Given	Drug (Block Capitals)	Dose	Method of administration.	Frequency	Signature	Given by

DISCHARGE CODES: Please Circle								Time Ready to Depart		
1. Admission		2. Discharge		3. Refer to G.P.		4. Transfer to other hospital (see below)			Discharge Time	
5. Died		6. Refer to O.P. Clinic (see below)		7. Irregular Discharge		8. D.O.A.				
Ward No. (If admitted)				Transfer to Hospital				Consultant (if admitted)		
Outpatient clinic specialty						Admission or specialty clinic consultant				
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify		



CHI: 2304736009

Queen Elizabeth University Hospital

UH.

Title: MRS

Total Att: 1

12 Mth Att: 0

GOODWIN

Jacqueline

DOB: 23/04/1973

Age: 43y

Sex: Female

68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow
Lanarkshire
G45 9TW
01415878636

Next of kin: GOODWIN, Kelly Anne
Relationship: Daughter
07718498617

GP: L Wright
0141 634 6333

Attendance Date: 21/04/2017

Arrival Time: 15:16

Registration Time: 15:16

Date of Incident: 21/04/2017

Major Incident Desc:

Reason for Attendance: SURGICAL- RIF/RUQ pain

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 21/04/2017 15:34

Nurse name: Nurse Michael Nellany

Temp	36.3	C
HR	97	bpm
BP	124/76	mmHg
MAP	92.00	mmHg
RR	18	bpm
SpO2	100	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes:

Patient ID label

Date	Emergency Department Notes			
	Ambulance Proforma reviewed	Yes / No	Seen by (Doctor)	Time seen

Patient ID label

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

Differential Diagnosis/Problem List

NEWS

0-7

RED FLAG

(Tick)

SEPSIS

CURB 65

Done/ completed	Immediate Managment Plan

Signature:

Designation:

Page No:

PLEASE DO NOT WRITE HERE

Seen By:

Print:

Time Seen:

Pg. No:

PRF Reviewed Yes / No

Strachan 1603

Presenting Complaint(s)

Presenting complaint

NCC 21 GP felt palpable
Dysphagia + mass at lateral
aspect of liver edge.

History of presenting complaint

Initially
have bilateral
loin pain.
Started
18/4/17. Non
having right
sided abdo
pain dull
ache, radiating
to alleviating
lying on
side makes
it worse.
Constant.
No analgesia
Pain 3/10.
Had a cough
3-4 weeks
spit 500
on minimum
excretion &
Nheezy

43 year old GP referred
seen by GP 18/4/17. With
foul-smelling urine with no
dysuria or frequency. No micro
on portal treated with
trimethoprim. During exam found
found a palpable mass at lateral
aspect of her liver edge. LFTs normal
NCC 21. Today not sure why here.
Bones - bones normally move
every 2-3 days so change in blood
Urinary - commenced on trimethoprim
18/4/17. Stopped last night.
Height loss - 1 1/2 stone - 2 months
LOA - 2 months - no reason,
doesn't feel hungry. Dysphagia
for about 2 weeks, feels food is sticking
Waiting imaging for abdo
mass possibly representing
her liver edge.
Nausea
Vomiting. Fevers & chills since 18/4/17
Smear update
LMP: unsure - on depo

Past Medical History / Review of portal

Hiatus hernia & mild gastritis Endoscopy
Mammogram - normal.
Anxiety
Depression

Systemic Enquiry

chest pain / palpitations / SOB / ankle
Cough / spit / wheeze / oedema
dyspepsia / dysphagia / reflux
headaches / faints / fits / seizures
Joint pain

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history (>1 source preferred)	☒ Patient/Relative/carer	☐ GP Phone call	☒ ECS
	☐ Patient own drugs	☐ Com. Pharmacist	☒ GP letter/summary
	☐ Repeat Prescription		
Other (please specify)			

Source of medication history (>1 source preferred)	☒ Patient/Relative/carer	☐ GP Phone call	☒ ECS
	☐ Patient own drugs	☐ Com. Pharmacist	☒ GP letter/summary
	☐ Repeat Prescription		
Other (please specify)			

Source of medication history (>1 source preferred)	☒ Patient/Relative/carer	☐ GP Phone call	☒ ECS
	☐ Patient own drugs	☐ Com. Pharmacist	☒ GP letter/summary
	☐ Repeat Prescription		
Other (please specify)			

[illegible]

Allergies		List any over-the-counter or alternative medicines	
N.I.		N.I.	
		Do medicines need further clarification? ☐ Yes ☐ No	
List collected by: J Strachan		Plan approved by:	
Designation: SWP		Date: 2/1/4/17	Designation: Date:

Allergies		List any over-the-counter or alternative medicines	
N.I.		N.I.	
		Do medicines need further clarification? ☐ Yes ☐ No	
List collected by: J Strachan		Plan approved by:	
Designation: SWP		Date: 2/1/4/17	Designation: Date:

Allergies		List any over-the-counter or alternative medicines	
N.I.		N.I.	
		Do medicines need further clarification? ☐ Yes ☐ No	
List collected by: J Strachan		Plan approved by:	
Designation: SWP		Date: 2/1/4/17	Designation: Date:

Allergies		List any over-the-counter or alternative medicines	
N.I.		N.I.	
		Do medicines need further clarification? ☐ Yes ☐ No	
List collected by: J Strachan		Plan approved by:	
Designation: SWP		Date: 2/1/4/17	Designation: Date:

Allergies		List any over-the-counter or alternative medicines	
N.I.		N.I.	
		Do medicines need further clarification? ☐ Yes ☐ No	
List collected by: J Strachan		Plan approved by:	
Designation: SWP		Date: 2/1/4/17	Designation: Date:

List collected by: J Strachan	Plan approved by:
Designation: SWP	Date: 21/4/77
Designation:	Date:

List collected by: J Strachan	Plan approved by:
Designation: SWP	Date: 21/4/77
Designation:	Date:

List collected by: J Strachan	Plan approved by:
Designation: SWP	Date: 21/4/77
Designation:	Date:

Designation : SNP Date : 31/4/23 Designation : _____ Date : _____

Designation : SNP Date : 31/4/23 Designation : _____ Date : _____

Designation : SNP Date : 31/4/23 Designation : _____ Date : _____

Designation : SNP Date : 31/4/23 Designation : _____ Date : _____

Designation : SNP Date : 31/4/23 Designation : _____ Date : _____

Designation : SNP Date : 31/4/23 Designation : _____ Date : _____

Pharmacy review	Comments

Pharmacy review	Comments

Compliance aid : ☐ Yes ☐ No	Community pharmacist Phone
---	---------------------------------

Compliance aid : ☐ Yes ☐ No	Community pharmacist Phone
---	---------------------------------

Compliance aid : ☐ Yes ☐ No	Community pharmacist Phone
---	---------------------------------

Compliance aid : ☐ Yes ☐ No	Community pharmacist Phone
---	---------------------------------

Reviewed by :	Designation :	Date :
---------------	---------------	--------

Reviewed by :	Designation :	Date :
---------------	---------------	--------

Reviewed by :	Designation :	Date :
---------------	---------------	--------

Social History \ Family History

Smoking History

10-13 - 30 years
 Ex-smoker/Smoker _____ cpd _____ yrs ☐ Never smoked

Alcohol History

Occasional
 _____ Units/week FAST score if excess _____

Recreational Drugs

Driving Status

N/A

Social Circumstances (home, supports, functional status, occupation, travel)

Lives alone, Mobile, Nil travel
 ATOO - Nil support, social services.
 Victim

General Examination

Temp: 36.3°C

RR: 18

Pulse: 97

CBG:

SpO₂: 100% on air

Weight:

BP: 124/86

Urinalysis: neg -ve

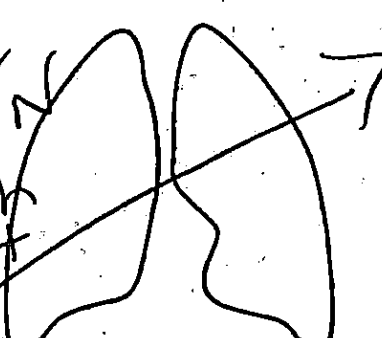
HCG -ve

General Appearance:

Unsure
 why
 here

Respiratory

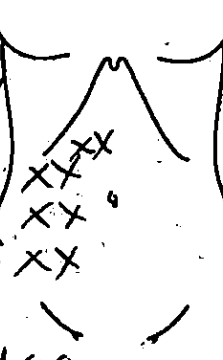
Chest clear
 L = R =
 dry cough
 o.s.p.



Gastrointestinal System

Abdo
 mildly
 tender

RUQ
 Right
 sided
 of abdo
 er if e



epigastric

o guarding
 o peritonism
 I
 unable to
 feel mass
 OK K S
 Bowel
 sounds
 present

Cardiovascular

HS 1+1+0

JVP not seen

o ankle

oedema

C-SNT

Locomotor

Patient ID label

Neurological system

GCS: /15 E: /4 M: /6 V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Key Results

CXR

ECG

(Differential) diagnosis

NEWS ☐Red Flag ☐Sepsis ☐CURB 65 ☐

? biliary colic

? appendicitis

? UTI

? underlying pathology

Management Plan

Bloods

U analysis / HCG

Senior review.

~~#~~+/- u/s - GP referred for u/s
due to ? palpable mass & liver edge.+/- rpt scope - GP sent for urgent
referral

+/- CXR

ECG

☐ Thromboprophylaxis assessed
☐ Antimicrobial☐ Medicine Reconciliation☐ 4AT/TIME

Signature:

PRINT NAME

PRINT GRADE

Page:

Patient ID label

Resuscitation Decision

Resuscitation status: **FOR RESUSCITATION** / **DNA CPR**
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

- | | | |
|--|--|---|
| ☐ Thromboprophylaxis assessed | ☐ Medicine Reconciliation | ☐ 4AT/TIME |
| ☐ Antimicrobial | ☐ DNACPR | ☐ AWI if appropriate |

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☐ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment	Use of oestrogen containing contraceptive	
Age > 60	Hormone replacement therapy	
Dehydration	Pregnancy or < 6 weeks post partum (seek specialist advice)	
Known thrombophilia	Critical care admission	
BMI > 30	Varicose veins with phlebitis	
Personal/1st degree relative history of VTE	Current significant medical condition e.g. infection, inflammation, cardio resp disease	
Hip fracture		

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding	Untreated inherited bleeding disorder	
Acquired bleeding disorder	Thrombocytopenia $< 75 \times 10^9/l$	
Thyroid, spinal, posterior eye or neurosurgery	Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR > 2	Uncontrolled hypertension ($> 230/120$)	
Acute stroke	Varicose veins	
Recent (< 4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic		
Other - Document		

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50 kg or eGFR < 30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____

Results

Date									
Time									
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165								
WCC	4.0 - 11.0								
Plts	150 - 450								
MCV	80 - 100								
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	()								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146								
K+	3.5 - 5.3								
Cl-	95 - 108								
HCO3-	22 - 29								
Urea	2.5 - 7.8								
Creat	40 - 130								
eGFR									
Glucose	3.5 - 6.0								
Protein	60 - 80								
Albumin	35 - 50								
AlkP	30 - 130								
Bil	<20								
ALT	<50								
AST	<40								
GGT	Male: <70 Female: <40								
ESR	Male: 1 - 10 Female: 1 - 12								
CRP	<10								
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 - 2.0								

Patient ID label

Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

Summary

Temp: _____

Pulse: _____

BP: _____

SpO₂: _____

FiO₂: _____

RR: _____

Diagnosis:

Plan:

Recommended Destination: _____

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

2304736009
 GOODWIN F
 Jacqueline 23/04/1973
 68 CASTLEMILK DRIVE
 FLAT 3/1
 Glasgow, Lanarkshire
 G45 9TW

Continuation Sheet

Date: Time

21/4/17

Ph CHEUNG ARUN

(43)
 F

PL: malaise + abdominal pain

HPL: - Vague abdominal pain,
 malaise

Seen 18/4/17 GP → UCI

fever sweating trimethoprim
 urine (shoes)
 3 days

GP referral

palpable mass at
 the lateral aspect
 of the mid edge

Weight loss 1.5 stone or 2 months, Lymphatic
 nodes

o nausea, o vomiting, o some dysphagia

ROS → cough for past 3/12

WtL o dysuria, o haematuria
 CVS - nil

PMH - Histiocytosis (sliding) Feb 2015
 Gastritis
 Anxiety
 Depression

SHx - Smoker 10-15/30 yrs

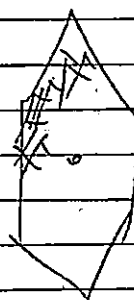
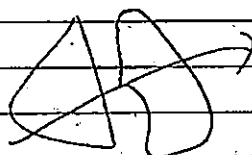
Alcohol 2/10/14

Nil recent travel drug use now.

Previously 20 cigarettes

o/c Appearances

NEWS 2, Hx 97, 3p 12/4/86, Sp 109,
 KRI 8



Nil of pain

Gastritis

pan.

B3 ✓

guarding

unable to palpate

liver mass

Continuation Sheet

Date: Time

21/4/17

FY2 CHEUNG

Bloods - urea (N)

LFT (N)

Albumin 29

CRP 19.3

Amylase 25

WCC 8.5

Hb 106

X-ray chest

No pneumonia

27. cholestasis present

(P)

Pain + AIG

p/w Surg. Mx

J. Cheung
GP

21/04/17

22:00

OT2 Entry DAVIS

Patient willing to leave against medical advice. Explained unclear source of information we should investigate. Advised to leave. Given advice to return if worsening symptoms. - decided this understands who.

SOUTHERN GENERAL HOSPITAL

Against Advice

SURNAME (Block Letters)

GOODWIN

FIRST NAMES (Block Letters)

JACQUELINE

UNIT NUMBER

This is to certify that I go out/take out

Jacqueline Goodwin

on my own responsibility, having been warned by the medical staff of the risk involved.

Witnessed S. Davis

Signature

Designation OT2

Address

Date 21/04/17

AGAINST ADVICE

Patient ID label

Continuation Sheet	

Date: Time

[illegible]

Patient ID label

Continuation Sheet

Date: Time

[illegible]

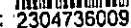
Patient ID label

Done/ Time

[illegible][illegible]

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by

DISCHARGE CODES: Please Circle							Time Ready to Depart		
1. Admission		2. Discharge		3. Refer to G.P.		4. Transfer to other hospital (see below)			
5. Died		6. Refer to O.P. Clinic (see below)		7. Irregular Discharge		8. D.O.A.			
Ward No. (If admitted)				Transfer to Hospital				Consultant (If admitted)	
Outpatient clinic specialty						Admission or specialty clinic consultant			
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify	



GOODWIN

Jacqueline

23/04/1973

68 CASTLEMILK DRIVE

66 CAST
FLAT 3/1

Glasgow, Lanarkshire

G45 9TW

NAME

CHI

211417

[illegible]

History of Presenting Complaint

Thank you for your review of this 43 year-old lady who represents with ongoing abdominal pain and feeling generally unwell. She was seen on 18/4/17 complaining of foul-smelling urine with no dysuria or frequency. She was treated with trimethoprim and her urine culture subsequently grew coliforms sensitive to this. Additionally, during assessment she had a palpable mass at the lateral aspect of her liver edge which was slightly uncomfortable to examine, but nothing palpable along the rest of her liver. She had some mild left hypochondrium tenderness. Bloods showed normal LFTs and a WCC of 21.

On further review today, she states that she still feels generally unwell and felt hot and cold at home with sweats at times. Since her last review, she complains of dull pain now at her RIF and RUQ – this is constant and worse on movement. She denies any vomiting or bowel habit change. On examination she is tender over her RUQ and RIF, with percussion tenderness over her RIF but with no guarding. She does not have any flank or renal angle tenderness. She is slightly tachycardic (110bpm) with a normal blood pressure (136/80).

I wonder if she has subacute appendicitis, with the symptoms having been masked by her recent UTI, and would be grateful for your assessment and further management.

(For further information, she also complained about recent weight loss and food sticking in her throat at our last consultation, for which she has had an urgent referral to surgical outpatients sent. Given the palpable mass, she also had a referral arranged for an outpatient ultrasound to assess this – can you please include the results of any ultrasound done during your assessment?)

Reason for Referral (& Expectation of Outcome)

As above – assessment, bloods, AUSS, management as indicated

Past Medical History

[X]Depression NOS

01/01/1990 Sexual abuse
01/01/1990 Reactive depressive psychosis
30/06/1990 Pat. GP7B/GP8B card from HB
01/01/1992 Psychiatric referral
05/11/1992 House Visit
01/01/1994 Cold coagulation lesion cervix
04/01/1994 Suicide~~by~~inflict.inj.-SII
24/03/1994 DNA
04/05/1994 House Visit
05/08/1994 DNA
18/11/1994 House Visit
24/11/1994 DNA
08/02/1995 DNA
30/03/1995 DNA
01/01/1996 Back pain, unspecified
29/08/1996 DNA
11/09/1996 Referral to Physiotherapy
07/10/1996 Referral to Physiotherapy
17/10/1997 DNA
20/05/1998 DNA
10/06/1998 DNA
21/07/1998 DNA
29/07/1998 DNA
19/08/1998 DNA
05/10/1998 House Visit
19/02/1999 DNA
26/07/1999 DNA
26/08/1999 DNA
08/09/1999 DNA

22/09/1999 DNA
01/01/2000 Psychotic episode NOS
01/01/2000 Colposcopy
01/01/2001 Benign naevus of skin
01/01/2002 Anxiety with depression
14/10/2002 GP22-practice changed-moved
07/07/2003 Patient reg. form sent to HB
07/07/2003 Patient de-reg.- GP22 from HB
24/06/2008 Exercise tolerance test
04/07/2008 Barrett's oesophagus
06/10/2015 Hiatus hernia
06/10/2015 Gastritis unspecified
11/03/2016 Hiatus hernia

Current Medication

Esomeprazole 40mg gastro-resistant tablets 1 EVERY DAY FOR DYSPEPSIA
Ranitidine 150mg tablets 1 TWICE A DAY FOR DYSPEPSIA
Lofepamine 70mg tablets 1 TABLET(S) IN THE MORNING AND 2 TABS AT NIGHT FOR LOW MOOD
Quetiapine 150mg tablets 1 TABLET AT NIGHT FOR TOTAL DOSE 300MG MORNING AND 450MG AT NIGHT
Quetiapine 300mg tablets 1 TABS TWICE DAILY
Amitriptyline 10mg tablets 1 TABLET(S) AT NIGHT FOR NERVE FOR PAIN

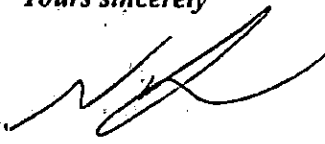
Clinical Warnings (eg allergies blood-borne viruses)

Additional Relevant Information

Smoking

Alcohol

Yours sincerely

 Dr. Sweeney GPST 1.2

21 April 2017

Hospital Use only	Clinic	Day Date	Time	Hospital No:
----------------------	--------	-------------	------	-----------------

Ambulance required?

~ REFERRAL LETTER ~
- Medical in Confidence -

REFERRAL TO:

Hosp email:	
CHI NO: 2304736009	

URGENCY OF REFERRAL:

--

PATIENT DETAILS:

Goodwin	68 Castlemilk Drive Glasgow G45 9TW
Jacqueline	
Previous surnames:	
Title: Mrs	

REFERRING PRACTITIONER DETAILS:

	Drs Willox, McEvinney, Wright. McLaughlin 44 Croftfoot Road Glasgow G44 5JT
Tel: 0141 634 6333	
Fax: 0141 634 6575	

REGISTERED GP DETAILS:

Dr L Wright	Drs Willox, McEvinney, Wright. McLaughlin 44 Croftfoot Road Glasgow G44 5JT
Practice No: 49106	
GP No:	
Fax: 0141 634 6575	Tel: 0141 634 6333

N
Mrs J Goodwin
88 CASTLEMILK DRIVE
FLAT 3/1
Glasgow
Lanarkshire
G45 9TW

SGOW & CLYDE

ES - MEDICAL
NURSING

☐
☐

Please tick ☒ appropriate directorate



2304736009

GOODWIN

Jacqueline

23/04/1973

88 CASTLEMILK DRIVE

FLAT 3/1

Glasgow, Lanarkshire

G45 9TW

Date & Time		Signature, Print Name & Designation
24/9/17	WEIGHT - 67.2Kg	SN
	weight loss faster this year	
	flu-like symptoms	
	sweating, off food	
	fatig → wt. ↑	
	dull nagging pain (RUG)	
	no obvious trigger	
	Reflux symptoms → controlled	
	OGD / CT abd + chest (N)	
	1st Enoxaparin Anastrozole	
	2nd Enox - 8/day	
	ETOH - social	
	O/E MD of note	

[illegible]

Emergency Attendance Letter



Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 16/08/2023

Consultant: Dr Malcolm Gordon

K Levine

Drs Mcevinney mclaughlin levine &
44 Croftfoot Road
Glasgow
Glasgow
G44 5JT

Dear K Levine

Re: **Goodwin Jacqueline**
Flat 0/1
Glasgow G45 9BB

DOB: **23/04/1973**

CHI: **2304736009**

Attended on: **16/08/2023 at 12:38 hrs.**

Departed on: **at hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **1**

Presenting complaint
parrot bite left ear

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Open Wound of Ear		

Procedures: **None**Immunisations: **None**Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

Bitten by parrot on R ear 1/7. Wound cleansed and glued. Given co-amoxiclav 625mg TID and revaxis booster. Worsening infection return advice.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Alex McGuinness
Nurse

Copies to:

1. K Levine (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: 15/08/2023

Consultant: GGC ED Virtual Consultant

K Levine

Drs Mcevinney mclaughlin levine &
44 Croftfoot Road
Glasgow
Glasgow
G44 5JT

Dear K Levine

Re: **Goodwin Jacqueline**
Flat 0/1
Glasgow G45 9BB

DOB: **23/04/1973**

CHI: **2304736009**

Attended on: **15/08/2023 at 18:36 hrs.**

Departed on: **15/08/2023 at 18:48 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Not known**

Previous ED Attendance in last 12 months: **0**

Presenting complaint

Virtual from NHS 24 - PET PARROT BIT EAR 2 HOURS AGO

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Open Wound of Ear	Left	Ear

Procedures: None

Immunisations: None

Dispensed Medication: Any medication dispensed or changed is recorded in this letter in the free text below

Clinician Notes:

Patient presented for virtual consultation. Presenting complaint: Parrot bite L ear. History Presenting Complaint: 50 year old female, bitten on the L ear 1610 this afternoon by pet parrot. Wound bled, patient cleaned the wound with water. Past Medical History: Patient has mental health illness, chronic kidney disease stage 3. Drug History: Benzydamine, quetiapine, amitriptyline, propranolol, famotidine, esomeprazole, fostair, braltus, Ramipril. Allergies: Social History: Other Relevant Information: Plan: Video consultation with patient and daughter who is speaking on her mother's behalf. Partial thickness skin flap to the pinna of the L ear, approximately 1 cm in length, not actively bleeding at the moment. I advised that wound should be examined this evening, will most likely require antibiotics. Daughter had phoned VIC MIU who have a waiting time of 4 hrs, QEUH ED has a waiting time of 3 hrs. Patient's daughter is going to contact Hairmyres ED, may attend there, advised that there is no need to contact NHS24 again once decision is made.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Lizzie Dougan

Nurse

Copies to:

1. K Levine (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: 02/07/2020

Consultant: Dr David Bell

Wright
Drs Mcevinney wright mclaughlin &
44 Croftfoot Road
Glasgow
Glasgow
G44 5JT

Dear Wright

Re: **Goodwin Jacqueline**
Flat 0/1
Glasgow G45 9BB

DOB: **23/04/1973**

CHI: **2304736009**

Attended on: **30/06/2020 at 19:22 hrs.**

Departed on: **30/06/2020 at 22:39 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint

SATA (own transport) worsening sob, cough, joint pain, RR 30 known COPD

Nursing Assessment:

news 5/ sore body, dec mobility, inc sob, gen unwell, history copd, history anxiety, daughter with pt.

Investigations in ED:

1. Full Blood Count
4. Glucose
7. CRP
10. Urea and Electrolytes
13. Bone Profile
16. Coagulation screen
19. LFT
22. XR Chest

2. Coagulation screen
5. LFT
8. Full Blood Count
11. Glucose
14. CRP
17. Urea and Electrolytes
20. Bone Profile
23. D - Dimer

3. Urea and Electrolytes
6. Bone Profile
9. Coagulation screen
12. LFT
15. Full Blood Count
18. Glucose
21. CRP

Diagnosis:

Diagnosis	Side	Site
Dyspnoea		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Attended with 1/52 increased SOB/EOE. Note hx of COPD and anxiety. Reports right leg pain, no swelling noted on examination. No unwell contacts. Bloods unremarkable. D-dimer negative. CXR: nil acute. No evidence PTE. Discharged with worsening advice.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Ilesha Ewart
Doctor

Copies to:

1. Wright (GP)

School Address:

Emergency Attendance Letter



Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 29/03/2018

Consultant: Dr Jonny Gordon

L Wright

Drs Mcevinney wright mclaughlin
44 Croftfoot Road
Glasgow
Glasgow
G44 5JT

Dear L Wright

Re: Goodwin Jacqueline
38 DOUGRIE DRIVE
Glasgow G45 9AA

DOB: 23/04/1973

CHI: 2304736009

Attended on: 29/03/2018 at 17:53 hrs.

Departed on: 29/03/2018 at 19:47 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 4

Presenting complaint

l leg inj

Nursing Assessment:

Investigations in ED:

1. XR Tibia and fibula Lt

Diagnosis:

Diagnosis	Side	Site
Contusion of lower leg		
Sprain and strain of calf		

Procedures: 1. Crutches

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Injury L lower leg tonight after falling from roundabout, tender over proximal 1/3 fibula and over medial aspect gastrocnemius, achilles tendon intact, xray L tibia and fib-no fracture seen, crutches to partially weight bear, advised re use of analgesia and ice application

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Wilma Conning
Nurse

Copies to:

1. L Wright (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel: 0141 452 2338 (82338)

Fax: Patient Attended

Email: QEUH Assessment Unit

Date Completed: 17/02/2018

Consultant: Prof David Marshall

L Wright
Drs Mcevinney wright mclaughlin
44 Croftfoot Road
Glasgow
Glasgow
G44 5JT

Dear L Wright

Re: **Goodwin Jacqueline**
38 DOUGRIE DRIVE
Glasgow G45 9AA

DOB: 23/04/1973

CHI: 2304736009

Attended on: 15/02/2018 at 19:13 hrs.

Departed on: 15/02/2018 at 22:50 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 3

Presenting complaint

INCREASING SOB TACHY PLEURITIC CHEST PAIN ? PE ? PNEMOTHORAX

Nursing Assessment:

INCREASING SOB TACHY PLEURITIC CHEST PAIN ? PE ? PNEMOTHORAX

Investigations in ED:

1. Full Blood Count

2. Coagulation screen

3. Urea and Electrolytes

4. Glucose

5. LFT

6. Bone Profile

7. CRP

8. D - Dimer

9. Troponin I hs

10. Troponin I hs

11. XR Chest

Diagnosis:

Diagnosis	Side	Site
Viral infection, unspecified		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

SHORT FORMAT IDL Dear doctor, Your patient was admitted to the QEUH on 15/02/18. Presenting complaint: Viral upper respiratory tract infections Investigations: Nil of note Diagnosis: Viral pleurisy Management: Nil Changes to medications: Nil Follow up: Nil Patient went home with worsening advice. Kind regards, Dr. Yohan Mackay FY1 General Medicine

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Yohan Mackay

Doctor

Copies to:

1. L Wright (GP)

School Address:

Emergency Attendance Letter



Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 13/09/2017

Consultant: Dr Jonny Gordon

L Wright
Drs Mcevinney wright mclaughlin
44 Croftfoot Road
Glasgow
Glasgow
G44 5JT

Dear L Wright

Re: **Goodwin Jacqueline**
68 CASTLEMILK DRIVE
Glasgow G45 9TW

DOB: **23/04/1973**

CHI: **2304736009**

Attended on: **13/09/2017 at 16:16 hrs.**

Departed on: **13/09/2017 at 17:31 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **2**

Presenting complaint
toe inj right foot

Nursing Assessment:

Investigations in ED:

1. XR Foot Rt

Diagnosis:

Diagnosis	Side	Site
Contusion of foot		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

Jacqueline attended the MIU with a foot injury after dropping a hairdye on her foot and toes. Xray shows no bony injury.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Anne Miller

Nurse

Copies to:

1. L Wright (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax: Patient attended

Email: Surgical GP Referrals unit

Date Completed: 24/04/2017

Consultant: Dr Alisdair MacConnachie

L Wright

Drs Mcevinney wright mclaughlin
44 Croftfoot Road
Glasgow
Glasgow
G44 5JT

Dear L Wright

Re: **Goodwin Jacqueline**
68 CASTLEMILK DRIVE
Glasgow G45 9TW

DOB: 23/04/1973

CHI: 2304736009

Attended on: 24/04/2017 at 16:55 hrs.

Departed on: at hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 1

Presenting complaint

✓ **SURGICAL GP - recent self d/c Friday with uti symptoms. Ongoing R abdominal pain
?appendix**

Nursing Assessment:

Investigations in ED:

1. Coagulation screen
4. Full Blood Count
7. Amylase

2. Glucose
5. LFT
8. US Abdomen and pelvis

3. Urea and Electrolytes
6. CRP

Diagnosis:

Diagnosis	Side	Site
Abdominal pain - Unspecified		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

This lady presented with on-going abdominal pain, weight loss and intermittent dysphagia. She has an outpatient OGD and ultrasound arranged for next week. Examination revealed a soft, non-tender abdomen. Bloods were within normal limits aside from a CRP of 22. She has recently been treated for a UTI but denied ongoing urinary symptoms. She has been reassured and discharged with plans for an outpatient CT to investigate her weight loss. Yours sincerely Katrina Knight ST6

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Katrina Knight
Doctor

Copies to:

1. L Wright (GP)

School Address:

VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
Accident & Emergency Dept
Phone (0141) 201 5130 Fax (0141) 636 5608

DR. DAVID DG WILLOX
44 CROFTFOOT ROAD
GLASGOW

G44 5JT
0141 634 6333

Dear Dr. DAVID DG WILLOX,

Your Patient	Name	:	JACQUELINE GOODWIN
	DOB	:	23/04/1973
	Address	:	68 CASTLEMILK DRIVE FLAT 3/1 GLASGOW LANARKSHIRE G45 9TW

Consultant : SUSAN DAISLEY

Account # : AE0074517/11 Unit # : SG99835706 CHI # : 230

Attended at : 2214 on 30/08/2011
Left A&E at : 0125 on 31/08/2011

Reason for Visit : CHEST PAIN

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

Clinical letter - GP:



New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000
General Surgery

Dr. K Levine
Drs Mcevinney mclaughlin levine &
44 Croftfoot Road
Glasgow
G44 5JT

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Ms Watson secretary
04/08/2022

03/08/2022
03/08/2022

Dear Dr Levine,

Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
Flat 0/1, 38 Dougrie Drive, Glasgow, Lanarkshire, G45 9BB

I reviewed Jacqueline on behalf of Ms Watson today in clinic. She was seen back in January 2022 with a diagnosis of gallstones and at the time was 86kg with a BMI of 34. At the time lap chole was discussed and she was keen to pursue conservative management with diet. Today her weight is 80.7kg and she is pleased with this, although reports putting a bit of weight on during a period of labyrinthitis recently which left her unable to exercise.

In terms of her RUQ pain, she feels although this is improving, it is still pretty constant and bothering her enough to keep her awake at night at times. She has multiple episodes a week, often lasting hours. She has had no obvious symptoms of obstructive jaundice. She is also troubled by reflux symptoms, although reports this may have improved with her weight loss.

I discussed the option of surgical management today again, and she was keen to pursue a lap chole. I discussed risks such as inpatient stay, bile leak, CBD injury (1/400), iatrogenic injury to liver, stomach, SB or colon, chronic diarrhoea, bleeding pain infection, collection and return to theatre and conversion to open. I also discussed risks surrounding the anaesthetic. She is keen to pursue this option as her symptoms are still bothering her and she wants to avoid an admission with acute cholecystitis.

I have added her to the waiting list today and she will be seen in due course.

Many thanks

Yours sincerely

Kiara Paramjothy

CT1 General Surgery to Ms Watson

Electronically Signed: Dr Kaira Paramjothy, Doctor

cc. Jacqueline Goodwin
Flat 0/1
38 Dougrie Drive
Glasgow
G45 9BB

Clinical letter - GP: dietetic clinic



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
nutrition & dietetics
0141 531 8562

Dr. L Wright
Drs Mcevinney wright mclaughlin
44 Croftfoot Road
Glasgow
G44 5JT

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

01/06/2020
SV
01/06/2020
01/06/2020

Dear Dr Wright,

Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
Flat 0/1, 38 Dougrie Drive, Glasgow, Lanarkshire, G45 9BB

Thank you for referring the above patient to the nutrition & dietetic clinic.

I have carried out one telephone assessment with Ms Goodwin and it appears her main focus is for weight loss. As she is currently open to a CMHT, I have transferred her care to the dietitian who works within the mental health service for further support.

Please do get in contact if you wish to discuss further.

Yours sincerley

Sally Vercosa

Community Dietitian

Electronically Signed: ,

cc.

Clinical letter - GP:



New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000
Gastroenterology
0141 451 6054
Sister Mary Craig
11/02/2020
MC/BEO
06/02/2020
10/02/2020

Dr. L Wright
Drs Mcevinney wright mclaughlin
44 Croftfoot Road
Glasgow
G44 5JT

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Dr Wright,

Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
Flat 0/1, 38 Dougrie Drive, Glasgow, Lanarkshire, G45 9BB

Jacqueline attended for gastroscopy on the 13th of January 2020. She was referred due to dysphagia and regurgitation ? previous Barrett's. There was Grade A reflux oesophagitis noted and biopsies were taken to exclude Barrett's. Three small healed erosions evident in the stomach of the antrum. Biopsies were taken to exclude gastritis. D2 was normal.

Biopsies from the lower oesophagus show squamous epithelium in continuity with columnar lined oesophagus overlying antral type glandular inflamed lamina propria. On the levels investigated there is no intestinal metaplasia. Provided biopsy from the gastro-oesophageal is excluded the morphological features are in keeping with biopsy from columnar lined oesophagus (Barrett's oesophagus). There is no dysplasia or malignancy.

The biopsies from the stomach show features of reactive gastritis. There is no intestinal metaplasia, dysplasia or malignancy.

I would be grateful if she could continue on 40 mg of Omeprazole twice a day for 8 weeks, then reduce back down to 20 mg according to her symptoms. She should have repeat scope done in 2 years' time.

Yours sincerely

Sister Mary Craig

IBD CNS

Electronically Signed: Nurse Mary Craig, Consultant

cc. Sister G Rice
Benign Upper GI CNS
Surgical Department
Level 1, Office Block

QEUH

Clinical letter - GP:



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. L Wright
Drs Mcevinney wright mclaughlin
44 Croftfoot Road
Glasgow
G44 5JT

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: loraine.gillespie@ggc.scot.nhs.uk
Letter Date: 13/07/2017
Reference: KK/BB
Dictated 26/06/2017
Date:
Transcribed 10/07/2017
Date:

Dear Dr Wright,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
68 CASTLEMILK DRIVE, FLAT 3/1, Glasgow, Lanarkshire, G45 9TW**

This lady underwent an Outpatient CT on 22 May following review in the Acute Surgical Receiving Unit.

She presented with a 1.5 stone weight loss over a six week period associated with vomiting and dysphagia. Fortunately, her CT has not shown any evidence of malignancy. She does have a degree of emphysema noted in her lung apices. There was an incidental finding of a gallbladder calculus. There is no further abnormality noted. I note she has also undergone an Outpatient endoscopy which was normal.

Gastroenterology are arranging routine clinic follow-up. She does not require further surgical follow-up.

Yours sincerely

Katrina Knight
ST6

Electronically Signed: Mr Dominique Byrne, Consultant

cc.

Clinical letter - Others:



New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Mr Rajiva Das
Consultant Surgeon
Department of General Surgery
Level 1
Office Block
Queen Elizabeth University Hospital

Main
Switchboard:
Department: Gastroenterology, Zone 1, Area 1, Level 2,
Office Block
Contact Tel: 0141 451 6153
Enquiries to: Dr Lassman's Secretary
Letter Date: 22/05/2017
Reference: DL/BEO
Dictated: 09/05/2017
Date:
Transcribed: 11/05/2017
Date:

Dear Mr Das,

Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
68 CASTLEMILK DRIVE, FLAT 3/1, Glasgow, Lanarkshire, G45 9TW

Thanks for your referral regarding this lady who was referred direct to test under General Surgery for dysphagia. I note her gastroscopy was normal, biopsies are pending.

I have arranged a New Patient Clinic appointment in one of our Gastroenterology Clinics.

Yours sincerely

Dr D J Lassman
Consultant Gastroenterologist

Electronically Signed: Dr Dan Lassman, Consultant

cc. 49106/1, Dr L J Wright, Drs McEvinney Wright & McLaughlin, 44 Croftfoot Road, Glasgow, G44 5JT

Clinical letter - GP:



Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY
0141 201 6000

Dr. L Wright
Drs Willox mcevinney wright & mcl
44 Croftfoot Road
Glasgow
G44 5JT

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Gastroenterology
0141-451 6144 (9.30 am - 2.00 pm)
Susan Baxter
23/03/2016
SD/SB
11/03/2016
16/03/2016

Dear Dr Wright,

Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
68 CASTLEMILK DRIVE, FLAT 3/1, Glasgow, Lanarkshire, G45 9TW

I apologise in the delay in getting back to you regarding this patient's endoscopy report.

It has only come to me very recently although it was carried out on 6th October 2015.

She has a history of a possible short segment of Barrett's oesophagus in the past but looking back through her records, the biopsies did not confirm this and Mr Glen who had carried out the endoscopy at the time wondered if this might be a gastric fold that he was visualising related to hiatus hernia rather than Barrett's oesophagus. On the repeat endoscopy this is what was confirmed to be a 2 cm hiatus hernia with no evidence of Barrett's. She had some mild gastritis but H. pylori was negative.

No further follow-up has been arranged.

Yours sincerely

SHOUREN DATTA

CONSULTANT GASTROENTEROLOGIST

Electronically Signed: Dr Shouren Datta, Consultant.

cc.

GASTROENTEROLOGY DEPARTMENT

Dr Boulton-Jones' Secretary
Direct Tel: 0141 201 5389
Direct Fax: 0141 201 5919
Email: alison.hannigan2@ggc.scot.nhs.uk

Victoria Hospital
Langside Road
Glasgow
G42 9TY

RBJ/ASH

Typed: 09/11/10
Dictated: 09/11/10

DR WILLOX
44 CROFTFOOT ROAD

G44 5JT

Dear Dr Willox

JACQUELINE GOODWIN DOB: 23/04/73 (SG99835706) CHI: 2304736009
68 CASTLEMILK DRIVE, FLAT 3/1 GLASGOW, G45 9TW

You will have a copy of this lady's endoscopy report. There was a suggestion of 1cm of short segment Barrett's. Biopsies have shown a mildly inflamed gastric type mucosa. Helicobacter pylori were not identified. There was no intestinal metaplasia, dysplasia or malignancy.

I do wonder therefore whether this merely represented a short hiatus hernia with gastric mucosa above the diaphragmatic hiatus. Certainly I do not think there is any need for further screening given the very short length reported and the fact that there is no intestinal metaplasia.

These results would be consistent with the clinical impression of gastroesophageal reflux disease and I would suggest she continues with symptomatic treatment.

Your referral requested endoscopy and so at this stage I have not arranged any routine follow up. We would of course be happy to see her at any time at your request if we can be of further assistance.

Yours sincerely

Dr R Boulton-Jones
Consultant in Gastroenterology

Clinic Letter

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. CE Doyle
Drs Mcevinney mclaughlin levinie &
44 Croftfoot Road
Glasgow
G44 5JT

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: Carol.Patterson@ggc.scot.nhs.uk
Letter Date: 26/01/2022
Reference: CW/EJ
Dictated 26/01/2022
Date:
Transcribed 09/02/2022
Date:

Dear Dr. CE Doyle,

Jacqueline Goodwin; D.O.B: 23 Apr 1973; CHI: 2304736009
Flat 0/1, 38 Dougrie Drive, Glasgow, Lanarkshire, G45 9BB

Attendance: Specialty - General Surgery; Clinic - SUCWGS6-MS C WATSON GENERAL SURGICAL
WED PM CLINIC (NO OVERBOOKINGS TO BE ADDED)
Date and Time of Appointment - 26/01/2022 13:50

Clinical Comments:

Many thanks for referring this 48 year old lady to the General Surgical Clinic today. As you are aware, Jacqueline had an emergency admission back in 2017 under my colleague Mr Dominique Byrne's care with epigastric pain and a raised CRP. Before she had any investigations she self-discharged against medical advice, however, has continued to have occasional, episodic epigastric and right upper quadrant pain. She is known to have Barrett's oesophagus and occasionally has reflux, but more recently has noticed pain following eating fatty meals. Jacqueline is a vegetarian and so usually eats very well, however she does explain that over the pandemic she has not had such a healthy diet and has put on a significant amount of weight. She does explain that she has never had severe pain, and is going to try and lose some weight and adhere to a diet this Year.

She had an ultrasound scan back in September 2020 which has shown multiple calculi within a thin walled gallbladder and her liver function tests have never been deranged.

We had a long conversation in clinic today regarding conservative management versus laparoscopic cholecystectomy, and we both agreed that it was reasonable to have a period of time to see if her symptoms could be managed with diet. Jacqueline is going to try this over the next few months and return to clinic in six months time where we will make an informed decision on whether a laparoscopic cholecystectomy is a viable option or not.

At clinic today Jacqueline weighed 86kg, giving her a BMI of approximately 34.

Many thanks.

Yours sincerely

Ms Carol Watson

Consultant Endocrine and General Surgeon

Electronically Signed: Ms Carol Watson, Consultant

cc.

Clinic Letter

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. L Wright
Drs Mcevinney wright mclaughlin
44 Croftfoot Road
Glasgow
G44 5JT

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Gastroenterology
0141 451-6175
connie.miller@ggc.scot.nhs.uk
24/09/2017
MZ/CM
24/09/2017
28/09/2017

Dear Dr. L Wright,

Jacqueline Goodwin; D.O.B: 23 Apr 1973; CHI: 2304736009
68 CASTLEMILK DRIVE, FLAT 3/1, Glasgow, Lanarkshire, G45 9TW

Attendance: Specialty - Gastroenterology; Clinic - GGMZGAI-DR ZAHID GASTRO MEDINET CLINIC
Date and Time of Appointment - 24/09/2017 15:30

Clinical Comments:**Diagnoses:**

1. Transient weight loss
2. Normal CT chest, abdomen, pelvis
3. Normal gastroscopy
4. Emphysema
5. Active smoking habit

I reviewed this lady in the Gastroenterology Clinic today. She has been referred to us from the Acute Surgical Unit where she was admitted at the turn of the year. She had a short period of illness with flu like symptoms of sweating, tiredness, anorexia. She was completely off her food at that time and lost about a stone and a half during that period. Since then she has thoroughly investigated including a gastroscopy and a CT chest, abdomen and pelvis which did not reveal any significant findings. She was expectantly found to have mild gastritis on gastric biopsies, however there was no evidence of H. pylori or coeliac disease.

Since that time she is beginning to recover. She has regained her appetite and is eating much better now. Her weight seems to be going up and was 67.2kgs in the clinic today. She still complains of rather vague upper abdominal pain and intermittent reflux symptoms which are well controlled with Esomeprazole. She was noted to have some small gallstones without any ductal abnormality on the previous abdominal scans, but I don't feel that clinically this is the cause of any of her symptoms.

On examination she has stigmata of emphysema. Her abdomen was soft and non tender and there were no palpable masses.

Impression and Plan: Her symptoms were likely secondary to a self-resolving illness and seem to have resolved altogether. I strongly advised her to stop smoking completely which she is working towards. She should continue on long term PPI's which can be titrated according to her response. I have not organised any further follow-up at present, but if there are any outstanding issues please feel free to contact us.

Yours sincerely

Dr Muhammad Ali Zahid

Consultant Gastroenterologist (Medinet)

Electronically Signed: ,

cc.

Dr Alison Winter
Consultant Surgeon
Department of Surgery

Clinic: 02/05/12
Dictated: 02/05/12
Typed: 14/05/12

The New Victoria Hospital
Grange Road
Glasgow
G42 9LF

e-mail: amanda.colquhoun@ggc.scot.nhs.uk
e-mail: rosemary.turner@ggc.scot.nhs.uk
Tel: 0141 347 8720

DR DAVID DG WILLOX
44 CROFTFOOT ROAD

14 5JT

Dear Dr Willox

JACQUELINE GOODWIN DOB: 23/04/73 (SG99835706) CHI: 2304736009
68 CASTLEMILK DRIVE, FLAT 3/1, GLASGOW, G45 9TW

Mrs Goodwin was reviewed at the One Stop Breast Clinic today. She is a 39 year old lady who has had pain affecting her right breast. She has also been aware of an intermittent swelling in this area for the last 4 to 6 weeks. She has got no history of any breast problems and no family history.

On clinical examination today there was no palpable lumps in either breast or axilla. On palpation she has a slight tenderness at 3 o'clock in her right breast but certainly there was nothing suspicious on examination. We performed a mammogram today which was normal. I have therefore reassured her and discharged her back to your care.

Yours sincerely

ENNY CAMPBELL
14 TO MISS A. WINTER

Final Discharge Letter



New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. L Wright
Drs McEvinney wright mclaughlin
44 Croftfoot Road
Glasgow
G44 5JT

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: lynne.thomas@ggc.scot.nhs.uk
Letter Date: 22/11/2018
Reference: lm/pam
Dictated: 01/11/2018
Date:
Transcribed /
Date: 21/11/2018

Dear Dr. L Wright,

Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
Flat 0/1, 38 Dougrie Drive, Glasgow, Lanarkshire, G45 9BB

Admission: Specialty - Urology; Ward - VIC ACH Day Surgery Treatment

Consultant - Mr Lindsay Morrison; Date of Admission - 01/11/2018

Date of Discharge - 01/11/2018; Discharged to - Private Residence - living with relatives or friends

Follow Up: No follow up

Clinical Comments:

This patient attended for cystoscopic examination as part of investigations for an episode of haematuria. This revealed a healthy bladder with no evidence of urethral stenosis. Her ultrasound showed no significant abnormality.

Investigation was satisfactory and I have discharged her from follow up. She knows to attend again should the bleeding recur.

Yours sincerely

Lindsay Morrison

Associate Specialist in Urology

Electronically Signed: Mr Lindsay Morrison, Consultant

cc.

Final Discharge Letter



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. L Wright
Drs Mcevinney wright mclaughlin
44 Croftfoot Road
Glasgow
G44 5JT

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

General Surgery
0141 451 5946
Loraine.Gillespie@ggc.scot.nhs.uk
23/06/2017
KK/RM
09/06/2017
15/06/2017

Dear Dr. L Wright,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
68 CASTLEMILK DRIVE, FLAT 3/1, Glasgow, Lanarkshire, G45 9TW**

Admission: Specialty - General Surgery; Ward - QEUH ARU5 General Surgery
Consultant - Mr Dominique Byrne; Date of Admission - 21/04/2017
Date of Discharge - 21/04/2017; Discharged to - Private Residence - no additional detail added

Follow Up: Nil

Clinical Comments:

There is no further clinical information to add to this lady's Immediate Discharge Letter of 21 April 2017.

Yours sincerely

Katrina Knight

SPR in Surgery

Electronically Signed: Dr Katrina Knight, Doctor

cc.

HRD/AMF

e-mail: hazel.purdie@gvic.scot.nhs.uk

Tel: 0141 201 5465

Fax: 0141 201 5483

Dictated: 08/02/10

Typed: 09/02/10

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

DR DAVID DG WILLOX

44 CROFTFOOT ROAD

G44 5JT

Dear Dr Willox

ACQUELINE GOODWIN DOB: 23/04/73 (SG99835706) CHI: 2304736009
68 CASTLEMILK DRIVE, FLAT 3/1, GLASGOW, G45 9TW

Date of Admission: 22/01/10

Date of Discharge: 23/01/10

Diagnosis: Musculoskeletal pain

The above patient was admitted with a 2 week history of right iliac fossa pain that was worse since doing sit-ups at the gym. Bowels were working although slightly constipated. Abdomen was soft and non-tender with mild right iliac fossa tenderness. Observations were normal and bloods revealed a CRP of 7, WCC 10.3, normal U Es and LFTs.

The pain settled with regular analgesia and she was discharged home with no routine follow-up.

Yours sincerely

ss Joanna Gray

15 to Miss Helen Dorrance

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Date of Completion: 07/05/2017

Dr. L Wright
Drs Mcevinney wright mclaughlin
44 Croftfoot Road
Glasgow
G44 5JT

Dear Dr L Wright,

Name	CHI	DoB	Address
Jacqueline Goodwin	2304736009	23/04/1973	68 CASTLEMILK DRIVE Glasgow G45 9TW

Admitted	Type	Discharged	Destination
21/04/2017 20:52	In Patient	21/04/2017	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Dominique Byrne	QEUH ARU5 General Surgery	01414522316 / 01414522317

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: **Diagnosis: Unspecified Abdominal Pain**
43 year old presented following a several day hx of abdominal pain and malaise on a background of ?recent weight loss. Bloods revealed a CRP of 193 but the pt subsequently discharged herself against medical advice prior to further investigation.
Best Wishes
Gillian Souter
FY2

Treatments: None recorded.

Follow-up arranged: Nil

**Planned Outpatient
Investigations:** Nil

Final Discharge letter N
to follow:

Medication Info:**Allergies:****Height:** cm**Weight:** kg**Discharge Medication:**

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
----------	-------	------	-----	-----------	----------	---------------------

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Dr Gillian Souter
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,

Dispensed Medications Checked by Pharmacy: ,

Nurse discharging patient: Gillian Souter, Doctor

Letter to Patient:

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Jacqueline Goodwin
Flat 0/1
38 Dougie Drive
Glasgow
Lanarkshire
G45 9BB

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141 201 6000
Gastroenterology
0141 451 6054
Sister Mary Craig
11/02/2020
MC/BEO
06/02/2020
10/02/2020

Dear Jacqueline,

Thank you for attending for your camera test into the stomach. There was inflammation evident in your stomach and possibly a condition called Barrett's. This is nothing to worry about, it is usually a condition where there is a change in the lining of the gullet. This is normally monitored by doing 2 yearly repeat camera tests into the stomach. I have taken the liberty of booking this in advance for you.

I would be grateful if you could try Omeprazole 40 mg twice a day for 8 weeks and then reduce to 20 mg a day. You may wish to discuss this with your GP as to whether this helps settle your symptoms.

Yours sincerely

Sister Mary Craig

IBD CNS

Electronically Signed: Nurse Mary Craig, Consultant

cc. Sister G Rice
Benign Upper GI CNS
Surgical Department
Level 1, Office Block
QEUH

Case No 7433238

Case Active 29/09/2024 19:57

Case Type Ambulance

Patient Jacqueline Goodwin

Sex F **D.O.B** 23/04/1973 **Age** 51 years

Current Address

Home Address (if currently not at home)

0/1 38 Dougrie Drive
Glasgow

G45 9BB

Current Phone: 07718 498617

Home Phone:

CHI: 2304736009

Case Origin

Callers Name

Callers Tel:

Kelly

Own Doctor

Surgery Pinecroft Medical Practice

NHS24 Received By Evan McGill (Call Taker Si) ()

NHS24 Triage Start 20:02

NHS24 Triage By Evan McGill (Call Taker Si) ()

NHS24 Triage End 20:21

NHS24 Reported Condition

NHS24 Outcome EMGI

SAS Ref: 11353365 FEELING FAINT - 1 HOUR

NHS24 Recorded Allergies

NHS24 Recorded Medications

NHS24 Recorded Medical History

NHS24 Clinical Summary

Clinical summary created by: Evan McGill (Call Taker Si) () [29/09/2024 20:21:26]

Reason for call: SAS Ref: 11353365 FEELING FAINT - 1 HOUR

29:09:2024 19:59:27 MCGILLE.. FELT VERY UNWELL SUDDENLY, DESCRIBES NAUSEA, STRUGGLING TO MOBILISE DUE TO FEELING FAINT, BLURRED VISION, STRUGGLING TO FOCUS. ADVISED FEELS LIKE CONDITION WORSENING.. FLUCTUATING BETWEEN CLAMMINESS AND COLD SWEATS.. BLOOD PRESSURE HIGHER, READING TAKEN ON CALL AT 160/98.. DW EMMA CUMMINS - DIZZY WITH CHANGE TO VISION, FEELS FAINT, CLAMMY, BP AT 160/98, STRUGGLING TO FOCUS AND BLURRY VISION, CANNOT RULE OUT CARDIAC OR STROKE, 999..

29:09:2024 20:01:49 BOYLEJ.. ADVISED DIZZY AND VISION AS KEYWORDS... SUPPORT LINE: ADVISED TO SEEK FACE TO FACE SUPPORT ON THE FLOOR AND NOT 999...

Outcome: 999 contacted - For information only

NHS24 Disposition

999 - Ambulance (ASAP)

NHS24 Nurse Comments

Reported Condition **Received By**

Received

TAS Assessment **Assessed By**

TAS Assess Start

TAS Assess End

Consultation **Consult By**

Consult Start

Consult End

Examination Details

Clinical Codes

Diagnosis

Treatment

Prescriptions

Follow-up(s)

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

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	-------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO			
ECG GGC Direct Access ECG		Consultant / receiving practitioner and/or specialty clinic	
New Victoria Hospital 55 Grange Road Glasgow G42 9LF		Hospital and hospital address Hospital location code. G306H Email address	
Urgency of referral	Routine	Date sent	13-Jul-2023
Date of referral	13-Jul-2023		

PATIENT DETAILS		Patient's address
Surname	GOODWIN	38 DOUGRIE DRIVE GLASGOW G45 9BB Contact number(s) Voice: 01415832305 Voice: 07434851052
Forename(s)	JACQUELINE	
Title	MRS.	
Sex	Female	
Date of birth	23-Apr-1973	
CHI no.	2304736009	
Area of Residence		

101030176136T	Unique Care Pathway Number: 101030176136T
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr Ciaran Doyle	44 CROFTFOOT ROAD GLASGOW G44 5JT Contact number(s) Voice: 01416346333
GMC code	7133586 GP code 05037	
Practice name	Croftfoot Surgery	
Practice code	49106	

REFERRING GP DETAILS		Practice address
Name	Dr Kathleen Sweeney	44 CROFTFOOT ROAD GLASGOW G44 5JT Contact number(s) Voice: 01416346333
GMC code	7264833 GP code 00264	
Practice name	Croftfoot Surgery	
Practice code	49106	

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

Description: As per Indication for Referral

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>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Chronic kidney disease stage 3	3A	-	21-May-2021	21-May-2021
Essential hypertension NOS	-	-	22-Feb-2021	22-Feb-2021
Chronic obstructive airways disease NOS	[TRUNCATED]review today following switch to fostair. patient is managing well and is no longer breathless. sats = 98%. has felt a big difference since commencing fostair inhaler. advised to continue.	-	18-Jul-2018	18-Jul-2018
[X]Emotionally unstable personality disorder	-	-	29-Jun-2018	29-Jun-2018
Hiatus hernia	2cm & Mild Gastritis	-	11-Mar-2016	11-Mar-2016
Gastritis unspecified	-	-	06-Oct-2015	06-Oct-2015
Hiatus hernia	-	-	06-Oct-2015	06-Oct-2015
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide+self-inflict.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994
Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-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>
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	-	29-Apr-2019	11-Jul-2023
Famotidine 20mg tablets	28	tablet		-	07-Apr-2021	11-Jul-2023

Esomeprazole 40mg gastro-resistant capsules	56	capsule	ONE TABLET TO BE TAKEN EACH DAY 1 TWICE A DAY : THIS REPLACES [more]	07-Apr-2021	11-Jul-2023
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS TWICE A DAY	05-Apr-2019	11-Jul-2023
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	01-Aug-2008	11-Jul-2023
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	14-May-2015	11-Jul-2023
Braltus 10microgram inhalation powder capsules with Zonda Inhaler (Teva UK Ltd)	30	capsule	INHALE ONE CAPSULE ONCE A DAY	05-Apr-2019	11-Jul-2023
Benzylamine 0.15% mouthwash sugar free	200	ml	GARGLE 15ML EVERY 1.5 TO 3 HO [more]	12-Oct-2018	11-Jul-2023
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY		11-Jul-2023
Propranolol 10mg tablets	28	tablet	1 TABLET WHEN REQUIRED FOR ANXIETY	04-Apr-2019	11-Jul-2023
Ramipril 10mg capsules	28	capsule	1 EVERY DAY FOR BLOOD PRESSURE	21-May-2021	11-Jul-2023
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	24-Aug-2009	11-Jul-2023

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>
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	-	29-Apr-2019	14-Jun-2023
Famotidine 20mg tablets	28	tablet	ONE TABLET TO BE TAKEN EACH DAY	-	07-Apr-2021	16-May-2023
Esomeprazole 40mg gastro-resistant capsules	56	capsule	1 TWICE A DAY : THIS REPLACES [more]	-	07-Apr-2021	16-May-2023
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	-	29-Apr-2019	18-Apr-2023
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS TWICE A DAY	-	05-Apr-2019	16-May-2023
Benzylamine 0.15% mouthwash sugar free	200	ml	GARGLE 15ML EVERY 1.5 TO 3 HO [more]	-	12-Oct-2018	18-Apr-2023
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-		18-Apr-2023
Propranolol 10mg tablets	28	tablet	1 TABLET WHEN	-	04-Apr-2019	18-Apr-2023

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

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments Gastroenterology - 11022020 GP Letter 739093
--	--	---

Additional Support Needs:
No known ASN requirements

REFERRAL TO			
Gastroenterology GGC General Referral		Consultant / receiving practitioner and/or specialty clinic	
New Victoria Hospital 55 Grange Road Glasgow G42 9LF		Hospital and hospital address Hospital location code. G306H Email address	
Urgency of referral Date of referral		Routine 12-May-2023 Date sent 12-May-2023	

PATIENT DETAILS		Patient's address	
Surname	GOODWIN	38 DOUGRIE DRIVE	
Forename(s)	JACQUELINE	GLASGOW	
Title	MRS	G45 9BB	
Sex	Female	Contact number(s)	
Date of birth	23-Apr-1973	Voice: 01415832305	
CHI no.	2304736009	Voice: 07434851052	
Area of Residence			

101029573519Z	Unique Care Pathway Number: 101029573519Z
-----------------	---

REGISTERED GP DETAILS		Practice address .	
Name	Dr Claran Doyle	44 CROFTFOOT ROAD	
GMC code	7133586	GP code	05037
Practice name	Croftfoot Surgery	GLASGOW	
Practice code	49106	G44 5JT	
		Contact number(s)	
		Voice: 01416346333	

REFERRING GP DETAILS		Practice address	
Name	Dr Caitriona Gormley	44 CROFTFOOT ROAD	
GMC code	7411107	GP code	00914
Practice name	Croftfoot Surgery	GLASGOW	
Practice code	49106	G44 5JT	
		Contact number(s)	
		Voice: 01416346333	

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

Description: Sister Craig follow up

Comment: Dear Gastro,

This lady was under review by Dr Zahid and then Sister Craig for dysphagia and regurgitation and ?prev Barretts. The last clinic letter we received was 2020 which stated she needed repeat scope in 2 years but has not been recalled for this as yet. I am unclear from the wording of the last letter we received whether Jacqueline has Barrett's oesophagus or not, I have attached it for your reference.

I have tried leaving a few voicemails on Sister Craig's number to further discuss but have not heard back from her as yet. I wonder if someone could review this and see should Jacqueline be recalled for follow up?

Many thanks for your time.

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>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Chronic kidney disease stage 3	3A	-	21-May-2021	21-May-2021
Essential hypertension NOS	-	-	22-Feb-2021	22-Feb-2021
Chronic obstructive airways disease NOS	[TRUNCATED]review today following switch to fostair. patient is managing well and is no longer breathless. sats = 98%. has felt a big difference since commencing fostair inhaler. advised to continue.	-	18-Jul-2018	18-Jul-2018
[X]Emotionally unstable personality disorder	-	-	29-Jun-2018	29-Jun-2018
Hiatus hernia	2cm & Mild Gastritis	-	11-Mar-2016	11-Mar-2016
Gastritis unspecified	-	-	06-Oct-2015	06-Oct-2015
Hiatus hernia	-	-	06-Oct-2015	06-Oct-2015
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide+self-inflct.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994

Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-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>
Ramipril 10mg capsules	28	capsule	1 EVERY DAY FOR BLOOD PRESSURE	-	21-May-2021	18-Apr-2023
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	18-Apr-2023
Esomeprazole 40mg gastro-resistant capsules	56	capsule	1 TWICE A DAY : THIS REPLACES [more]	-	07-Apr-2021	18-Apr-2023
Famotidine 20mg tablets	28	tablet	ONE TABLET TO BE TAKEN EACH DAY	-	07-Apr-2021	18-Apr-2023
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	-	29-Apr-2019	18-Apr-2023
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS TWICE A DAY	-	05-Apr-2019	18-Apr-2023
Propranolol 10mg tablets	28	tablet	1 TABLET WHEN REQUIRED FOR ANXIETY	-	04-Apr-2019	18-Apr-2023
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	18-Apr-2023
Benzylamine 0.15% mouthwash sugar free	200	ml	GARGLE 15ML EVERY 1.5 TO 3 HO [more]	-	12-Oct-2018	18-Apr-2023
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE ONE CAPSULE ONCE A DAY	-	05-Apr-2019	18-Apr-2023
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	-	14-May-2015	18-Apr-2023
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	-	01-Aug-2008	18-Apr-2023
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS AS REQD FOR WHEEZE	-	14-Jun-2018	14-Jun-2022
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>
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	21-Mar-2023
Esomeprazole 40mg gastro-resistant capsules	56	capsule	1 TWICE A DAY : THIS REPLACES [more]	-	07-Apr-2021	21-Feb-2023
Famotidine 20mg tablets	28	tablet	ONE TABLET TO BE TAKEN EACH DAY	-	07-Apr-2021	21-Feb-2023
Propranolol 10mg tablets	56	tablet		-	29-Apr-2019	21-Feb-2023

Benzylamine 0.15% mouthwash sugar free	200	ml	20MG DAILY FOR ANXIETY GARGLE 15ML EVERY 1.5 TO 3 HO [more]	12-Oct-2018	08-Feb-2023
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	24-Aug-2009	28-Dec-2022
Propranolol 10mg tablets	28	tablet	1 TABLET WHEN REQUIRED FOR ANXIETY	04-Apr-2019	06-Feb-2023
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	31-Jan-2023
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	29-Apr-2019	10-Jan-2023
Famotidine 20mg tablets	28	tablet	ONE TABLET TO BE TAKEN EACH DAY	07-Apr-2021	30-Nov-2022
Esomeprazole 40mg gastro-resistant capsules	56	capsule	1 TWICE A DAY : THIS REPLACES [more]	07-Apr-2021	30-Nov-2022
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS TWICE A DAY	05-Apr-2019	06-Feb-2023
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE ONE CAPSULE ONCE A DAY	05-Apr-2019	06-Feb-2023
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	24-Aug-2009	30-Nov-2022
Ramipril 10mg capsules	28	capsule	1 EVERY DAY FOR BLOOD PRESSURE	21-May-2021	21-Mar-2023

Blood Pressure		
Date Recorded	Systolic	Diastolic
27-Apr-2023	124	81
05-May-2022	131	89
05-May-2022	154	94

Body Measurements			
Date Recorded	Height	Weight	BMI
27-Apr-2023	1.6	85	33.2
05-May-2022	1.6	83	32.4
30-Jul-2021	1.6	89	34.7

Lifestyle Risks and Alerts / Examinations and Investigations		
Description/Question	Result/Comment	Date
Ex smoker:	Smoking status on date of event: Ex-smoker.	27-Apr-2023
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 7.	05-May-2022
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	30-Jul-2021
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 6.	29-Apr-2020
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	09-Oct-2019
Drinks occasionally:	Drinking status on eventdate: Current drinker.	27-Apr-2023
Teetotaler:	Drinking status on eventdate: Life teetotaler.	05-May-2022
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	30-Jul-2021

Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 12.	02-Mar-2016
Drinks occasionally:	Drinking status on eventdate: Current drinker.	23-Oct-2014
Exercise grading:	Type of exercise: Gentle. NOTES: line dancing twice a week.	27-Apr-2023
Exercise grading:	Type of exercise: Gentle. NOTES: walking.	05-May-2022
Exercise grading:	Type of exercise: Inactive.	30-Jul-2021

Clinical warnings

Additional Support Needs

No known ASN requirements

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

Referred By:Referring GP

Electronic Attachment Present:Yes

Gastroenterology - 11022020 GP
Letter 739093

Signature of referring doctor (or other professional) Date

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

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	---	-------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO			
General Surgery GGC General Referral		Consultant / receiving practitioner and/or specialty clinic	
New Victoria Hospital 55 Grange Road Glasgow G42 9LF		Hospital and hospital address Hospital location code: G306H Email address:	
Urgency of referral	Routine	Date sent	24-Sep-2020
Date of referral			

PATIENT DETAILS		Patient's address
Surname	GOODWIN	38 DOUGRIE DRIVE GLASGOW G45 9BB Contact number(s) Voice: 07342792807
Forename(s)	JACQUELINE	
Title	MRS	
Sex	Female	
Date of birth	23-Apr-1973	
CHI no.	2304736009	
Area of Residence		

101021737347M	Unique Care Pathway Number: 101021737347M
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr L Wright	44 CROFTFOOT ROAD GLASGOW G44 5JT Contact number(s) Voice: 01416346333
GMC code	2936886 GP code 00477	
Practice name	Croftfoot Surgery	
Practice code	49106	

REFERRING GP DETAILS		Practice address
Name	Dr Caitriona Gormley	44 CROFTFOOT ROAD GLASGOW G44 5JT Contact number(s) Voice: 01416346333
GMC code	7411107 GP code 87157	
Practice name	Croftfoot Surgery	
Practice code	49106	

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

Description: Gallstones.

Comment: Dear Doctor

This 47Y female reports intermittent RUQ pain for over a year now which is troubling her. AUSS shows multiple gallstones in a thin walled gallbladder. She is very keen to consider cholecystectomy. I would be grateful if she could be added to the waiting list for OP clinic review for this. I have offered her dietary and weight loss advice in the interim, particularly as her US is also showing fatty liver.

Last recorded BMI 28.9.

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>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Chronic obstructive airways disease NOS	[TRUNCATED]review today following switch to fostair. patient is managing well and is no longer breathless. sats = 98%. has felt a big difference since commencing fostair inhaler. advised to continue.	-	18-Jul-2018	18-Jul-2018
Hiatus hernia	2cm & Mild Gastritis	-	11-Mar-2016	11-Mar-2016
Gastritis unspecified	-	-	06-Oct-2015	06-Oct-2015
Hiatus hernia	-	-	06-Oct-2015	06-Oct-2015
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide+self-inflict.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994
Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-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>
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE	-	01-Aug-2008	24-Sep-2020

Amitriptyline 10mg tablets	28	tablet	MORNING AN [more] 1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	24-Sep-2020
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	24-Sep-2020
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	-	14-May-2015	24-Sep-2020
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	-	29-Apr-2019	24-Sep-2020
Propranolol 10mg tablets	28	tablet	1 TABLET WHEN REQUIRED FOR ANXIETY	-	04-Apr-2019	24-Sep-2020
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS AS REQD FOR WHEEZE	-	14-Jun-2018	24-Sep-2020
Benzylamine 0.15% mouthwash sugar free	200	ml	GARGLE 15ML EVERY 1.5 TO 3 HO [more]	-	12-Oct-2018	24-Sep-2020
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS TWICE A DAY	-	05-Apr-2019	24-Sep-2020
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE ONE CAPSULE ONCE A DAY	-	05-Apr-2019	24-Sep-2020
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>
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	-	01-Aug-2008	24-Sep-2020
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	24-Sep-2020
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	24-Sep-2020
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	-	14-May-2015	24-Sep-2020
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	-	14-May-2015	24-Sep-2020
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	24-Sep-2020
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	-	29-Apr-2019	24-Sep-2020
Propranolol 10mg tablets	28	tablet	1 TABLET WHEN REQUIRED FOR ANXIETY	-	04-Apr-2019	24-Sep-2020
Famotidine 20mg tablets	28	tablet	ONE TABLET TO BE TAKEN EACH DAY	-	24-Sep-2020	24-Sep-2020
	56	capsule		-	24-Sep-2020	24-Sep-2020

Esomeprazole 40mg gastro-resistant capsules			1 TWICE A DAY : THIS REPLACES [more]		
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE ONE CAPSULE ONCE A DAY	05-Apr-2019	01-Sep-2020
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	29-Apr-2019	01-Sep-2020
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	01-Sep-2020
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	24-Aug-2009	01-Sep-2020
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	14-May-2015	01-Sep-2020
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	01-Aug-2008	01-Sep-2020
Ranitidine 300mg tablets	30	tablet	1 TABLET EVERY SECOND DAY	17-Sep-2020	17-Sep-2020
Ranitidine 150mg tablets	60	tablet	1 TWICE A DAY FOR DYSPEPSIA	17-Sep-2020	17-Sep-2020
Esomeprazole 40mg gastro-resistant capsules	56	capsule	1 TWICE A DAY : THIS REPLACES [more]	17-Sep-2020	17-Sep-2020
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	29-Apr-2019	01-Sep-2020
Esomeprazole 40mg gastro-resistant capsules	56	capsule	1 TWICE A DAY : THIS REPLACES [more]	29-Jul-2020	29-Jul-2020
Propranolol 10mg tablets	28	tablet	1 TABLET WHEN REQUIRED FOR ANXIETY	04-Apr-2019	01-Sep-2020
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS TWICE A DAY	05-Apr-2019	01-Sep-2020
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE ONE CAPSULE ONCE A DAY	05-Apr-2019	01-Sep-2020
Folic acid 5mg tablets	28	tablet	1 EVERY DAY FOR VITAMIN DEFICIENCY	19-Jan-2018	01-Sep-2020
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	01-Sep-2020
Benzylamine 0.15% mouthwash sugar free	200	ml	GARGLE 15ML EVERY 1.5 TO 3 HO[more]	12-Oct-2018	01-Sep-2020
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	24-Aug-2009	01-Sep-2020
Cimetidine 200mg/5ml oral solution	1200	ml	TAKE 10ML FOUR TIMES A DAY FO[more]	20-Apr-2020	01-Sep-2020

Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	-	29-Apr-2019	27-Jul-2020
Ranitidine 150mg tablets	120	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	17-Jun-2020	17-Jun-2020
Esomeprazole 40mg gastro-resistant capsules	56	capsule	1 TWICE A DAY : THIS REPLACES [more]	-	17-Jun-2020	17-Jun-2020
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS AS REQD FOR WHEEZE	-	14-Jun-2018	01-Sep-2020
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	-	01-Aug-2008	01-Sep-2020
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	-	14-May-2015	01-Sep-2020
Folic acid 5mg tablets	28	tablet	1 EVERY DAY FOR VITAMIN DEFICIENCY	-	19-Jan-2018	29-Jun-2020
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-		29-Jun-2020
Propranolol 10mg tablets	28	tablet	1 TABLET WHEN REQUIRED FOR ANXIETY	-	04-Apr-2019	29-Jun-2020
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	-	29-Apr-2019	01-Jun-2020
Cimetidine 200mg/5ml oral solution	1200	ml	TAKE 10ML FOUR TIMES A DAY FO [more]	-	20-Apr-2020	01-Jun-2020
Cimetidine 200mg/5ml oral solution	1200	ml	TAKE 10ML FOUR TIMES A DAY F [more]	-	17-Apr-2020	17-Apr-2020
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE ONE CAPSULE ONCE A DAY	-	05-Apr-2019	29-Jun-2020
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS TWICE A DAY	-	05-Apr-2019	29-Jun-2020
Benzydamine 0.15% mouthwash sugar free	200	ml	GARGLE 15ML EVERY 1.5 TO 3 HO [more]	-	12-Oct-2018	01-Jun-2020
Lansoprazole 30mg gastro-resistant capsules	28	capsule	ONE TO BE TAKEN TWICE DAILY	-	23-Mar-2020	01-Jun-2020
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	01-Jun-2020
Nizatidine 150mg capsules	56	capsule	TAKE ONE TWICE DAILY	-	16-Jan-2020	01-Jun-2020
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS AS REQD FOR WHEEZE	-	14-Jun-2018	27-Apr-2020

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
05-Apr-2019	120	70
05-Oct-2018	136	81

17-Aug-2017 138 92

Body Measurements

Date Recorded	Height	Weight	BMI
07-Jun-2018	1.6	74	28.9
18-Apr-2017	1.6	66	25.7
02-Mar-2016	1.6	71	27.7

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 6.	29-Apr-2020
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	09-Oct-2019
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	05-Oct-2018
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	18-Apr-2017
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	27-Jan-2017
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 12.	02-Mar-2016
Drinks occasionally:	Drinking status on eventdate: Current drinker.	23-Oct-2014
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	11-Jul-2013
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	10-Jan-2013
Drinks rarely:	Drinking status on eventdate: Current drinker. NOTES: -data in hosp letter.	29-Jul-2011

Clinical warnings**Additional Support Needs**

No known ASN requirements

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

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.
-------------------	--------	----------	------	--------------

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	--------------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO			
Gastroenterology GGC General Referral			Consultant / receiving practitioner and/or specialty clinic
New Victoria Hospital 55 Grange Road Glasgow G42 9LF			Hospital and hospital address Hospital location code. G306H Email address -
Urgency of referral Urgent		Date sent 24-Dec-2019	
Date of referral 20-Dec-2019			

PATIENT DETAILS		Patient's address
Surname	GOODWIN	38 DOUGRIE DRIVE GLASGOW G45 9BB Contact number(s) Voice: 07342792807
Forename(s)	JACQUELINE	
Title	MRS	
Sex	Female	
Date of birth	23-Apr-1973	
CHI no.	2304736009	
Area of Residence		

1010203138230	Unique Care Pathway Number: 1010203138230
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr L Wright	44 CROFTFOOT ROAD GLASGOW G44 5JT Contact number(s) Voice: 01416346333
GMC code	2936886	
GP code	00477	
Practice name	Croftfoot Surgery	
Practice code	49106	

REFERRING GP DETAILS		Practice address
Name	Dr. Roslyn Marshall	44 Croftfoot Road Glasgow G44 5JT Contact number(s) Voice: 0141 201 5130
GMC code	7528458	
GP code	99999	
Practice name	Drs McEvinney, Wright, McLaughlin (49106)	
Practice code	49106	

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

Description: Dysphagia and regurgitation

Comment: Dear Doctor

I would be grateful for your assessment of this 46 year old female who complains of dysphagia with a feeling of food getting stuck in her epigastric region. This occurs with solid foods and she has been eating rice and soft fruits to help with this. She has no difficulty with liquids. She also reports regurgitation of foodstuffs which she states she has had previously. She was reviewed by yourself and underwent investigations in 2017 for similar symptoms including CT scan and endoscopy and was diagnosed with mild gastritis and a hiatus hernia.

Over the past week she reports nausea but no vomiting and she denies any weight loss. Her appetite has been ok and she has been more fatigued recently. Bowel habit is normal. She has a significant smoking history with a 38 pack year history and is a current smoker of 10/day. O/E abdomen was soft, no masses felt.

She is on esomeprazole 40mg once daily and ranitidine BD.

I would be grateful for your review to investigate the possibility of new pathology and to help manage these symptoms.

Many thanks

Yours Sincerely
Roslyn Marshall
GPST1

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>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Chronic obstructive airways disease NOS	[TRUNCATED]review today following switch to fostair. patient is managing well and is no longer breathless. sats = 98%. has felt a big difference since commencing fostair inhaler. advised to continue.	-	18-Jul-2018	18-Jul-2018
Hiatus hernia	2cm & Mild Gastritis	-	11-Mar-2016	11-Mar-2016
Gastritis unspecified	-	-	06-Oct-2015	06-Oct-2015
Hiatus hernia	-	-	06-Oct-2015	06-Oct-2015
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide+self-inflict.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High.	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994
Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-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>
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE ONE CAPSULE ONCE A DAY	-	05-Apr-2019	29-Nov-2019
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS TWICE A DAY	-	05-Apr-2019	29-Nov-2019
Ranitidine 150mg tablets	60	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	27-Sep-2017	29-Nov-2019
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	-	01-Aug-2008	29-Nov-2019
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	-	29-Apr-2019	29-Nov-2019
Folic acid 5mg tablets	28	tablet	1 EVERY DAY FOR VITAMIN DEFICIENCY	-	19-Jan-2018	29-Nov-2019
Propranolol 10mg tablets	28	tablet	1 TABLET WHEN REQUIRED FOR ANXIETY	-	04-Apr-2019	29-Nov-2019
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	29-Nov-2019
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	29-Nov-2019
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	-	22-Nov-2012	29-Nov-2019
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	-	14-May-2015	29-Nov-2019
Benzylamine 0.15% mouthwash sugar free	200	ml	GARGLE 15ML EVERY 1.5 TO 3 HO[more]	-	12-Oct-2018	29-Nov-2019
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS AS REQD FOR WHEEZE	-	14-Jun-2018	29-Nov-2019

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>
Folic acid 5mg tablets	28	tablet	1 EVERY DAY FOR VITAMIN DEFICIENCY	-	19-Jan-2018	09-Sep-2019
Propranolol 10mg tablets	28	tablet	1 TABLET WHEN REQUIRED FOR ANXIETY	-	04-Apr-2019	09-Oct-2019
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	09-Oct-2019

Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	09-Oct-2019
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	-	22-Nov-2012	09-Oct-2019
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	-	14-May-2015	09-Oct-2019
Prednisolone 5mg tablets	30	tablet	6 DAILY	-	08-Oct-2019	08-Oct-2019
Amoxicillin 500mg capsules	15	capsule	1 CAP THREE TIMES A DAY	-	08-Oct-2019	08-Oct-2019
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	-	29-Apr-2019	09-Sep-2019
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE ONE CAPSULE ONCE A DAY	-	05-Apr-2019	05-Nov-2019
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS TWICE A DAY	-	05-Apr-2019	05-Nov-2019
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	09-Sep-2019
Benzydamine 0.15% mouthwash sugar free	200	ml	GARGLE 15ML EVERY 1.5 TO 3 HO[more]	-	12-Oct-2018	09-Sep-2019
Propranolol 10mg tablets	28	tablet	1 TABLET WHEN REQUIRED FOR ANXIETY	-	04-Apr-2019	09-Sep-2019
Folic acid 5mg tablets	28	tablet	1 EVERY DAY FOR VITAMIN DEFICIENCY	-	19-Jan-2018	09-Sep-2019
Propranolol 10mg tablets	56	tablet	20MG DAILY FOR ANXIETY	-	29-Apr-2019	08-Aug-2019
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	09-Sep-2019
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	-	01-Aug-2008	09-Sep-2019
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	-	14-May-2015	09-Sep-2019
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	-	22-Nov-2012	09-Sep-2019
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS TWICE A DAY	-	05-Apr-2019	12-Jul-2019
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE ONE CAPSULE ONCE A DAY	-	05-Apr-2019	12-Jul-2019
Ranitidine 150mg tablets	60	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	27-Sep-2017	09-Oct-2019
Blood Pressure						

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
05-Apr-2019	120	70
05-Oct-2018	136	81
17-Aug-2017	138	92

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
07-Jun-2018	1.6	74	28.9
18-Apr-2017	1.6	66	25.7
02-Mar-2016	1.6	71	27.7

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	09-Oct-2019
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	05-Oct-2018
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	18-Apr-2017
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	27-Jan-2017
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	03-Jun-2016
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 12.	02-Mar-2016
Drinks occasionally:	Drinking status on eventdate: Current drinker.	23-Oct-2014
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	11-Jul-2013
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	10-Jan-2013
Drinks rarely:	Drinking status on eventdate: Current drinker. NOTES: -data in hosp letter.	29-Jul-2011

Clinical warnings**Additional Support Needs**

No known ASN requirements

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

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.
-------------------	--------	----------	------	--------------

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	--------------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Audiology GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
New Victoria Hospital 55 Grange Road Glasgow G42 9LF	Hospital and hospital address Hospital location code: G306H Email address:
Urgency of referral Routine	Date sent 18-Jan-2019
Date of referral 18-Jan-2019	

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>GOODWIN</td></tr> <tr><td>Forename(s)</td><td>JACQUELINE</td></tr> <tr><td>Title</td><td>MRS</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>23-Apr-1973</td></tr> <tr><td>CHI no.</td><td>2304736009</td></tr> <tr><td>Area of Residence</td><td></td></tr> </table>	Surname	GOODWIN	Forename(s)	JACQUELINE	Title	MRS	Sex	Female	Date of birth	23-Apr-1973	CHI no.	2304736009	Area of Residence		<table border="1"> <tr><td>38 DOUGRIE DRIVE GLASGOW G45 9BB</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 07342792807</td></tr> </table>	38 DOUGRIE DRIVE GLASGOW G45 9BB	Contact number(s)	Voice: 07342792807
Surname	GOODWIN																	
Forename(s)	JACQUELINE																	
Title	MRS																	
Sex	Female																	
Date of birth	23-Apr-1973																	
CHI no.	2304736009																	
Area of Residence																		
38 DOUGRIE DRIVE GLASGOW G45 9BB																		
Contact number(s)																		
Voice: 07342792807																		

101017829121S	Unique Care Pathway Number: 101017829121S
-----------------	---

REGISTERED GP DETAILS	Practice address													
<table border="1"> <tr><td>Name</td><td>Dr L Wright</td></tr> <tr><td>GMC code</td><td>2936886</td><td>GP code</td><td>00477</td></tr> <tr><td>Practice name</td><td>Croftfoot Surgery</td></tr> <tr><td>Practice code</td><td>49106</td></tr> </table>	Name	Dr L Wright	GMC code	2936886	GP code	00477	Practice name	Croftfoot Surgery	Practice code	49106	<table border="1"> <tr><td>44 CROFTFOOT ROAD GLASGOW G44 5JT</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 01416346333</td></tr> </table>	44 CROFTFOOT ROAD GLASGOW G44 5JT	Contact number(s)	Voice: 01416346333
Name	Dr L Wright													
GMC code	2936886	GP code	00477											
Practice name	Croftfoot Surgery													
Practice code	49106													
44 CROFTFOOT ROAD GLASGOW G44 5JT														
Contact number(s)														
Voice: 01416346333														

REFERRING GP DETAILS	Practice address													
<table border="1"> <tr><td>Name</td><td>Dr. Niall Sweeney</td></tr> <tr><td>GMC code</td><td>7134324</td><td>GP code</td><td>99999</td></tr> <tr><td>Practice name</td><td>Drs McEvinney, Wright, McLaughlin (49106)</td></tr> <tr><td>Practice code</td><td>49106</td></tr> </table>	Name	Dr. Niall Sweeney	GMC code	7134324	GP code	99999	Practice name	Drs McEvinney, Wright, McLaughlin (49106)	Practice code	49106	<table border="1"> <tr><td>44 Croftfoot Road Glasgow G44 5JT</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 0141 634 6333</td></tr> </table>	44 Croftfoot Road Glasgow G44 5JT	Contact number(s)	Voice: 0141 634 6333
Name	Dr. Niall Sweeney													
GMC code	7134324	GP code	99999											
Practice name	Drs McEvinney, Wright, McLaughlin (49106)													
Practice code	49106													
44 Croftfoot Road Glasgow G44 5JT														
Contact number(s)														
Voice: 0141 634 6333														

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

Description: Hearing loss

Comment: Dear colleagues,

Many thanks for your further assessment of this lady who presents with a gradual reduction in her hearing in both ears over the last few years. She denies any associated symptoms. On examination her ears appear normal.

She previously attended audiology in 2016 - I do not have access to the records from then, but the patient tells me that she had some hearing loss at that time and was to be followed up in 3 years' time, or sooner if she developed any further hearing issues.

Kind regards,

Dr Niall Sweeney
GPST 3

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>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Chronic obstructive airways disease NOS	[TRUNCATED]review today following switch to fostair. patient is managing well and is no longer breathless. sats = 98%. has felt a big difference since commencing fostair inhaler. advised to continue.	-	18-Jul-2018	18-Jul-2018
Hiatus hernia	2cm & Mild Gastritis	-	11-Mar-2016	11-Mar-2016
Gastritis unspecified	-	-	06-Oct-2015	06-Oct-2015
Hiatus hernia	-	-	06-Oct-2015	06-Oct-2015
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide+self-inflict.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994
Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-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>
Folic acid 5mg tablets	28	tablet	1 EVERY DAY FOR VITAMIN DEFICIENCY	-	19-Jan-2018	14-Dec-2018
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE 1 CAPSULE ONCE A DAY	-	14-Jun-2018	15-Jan-2019
Benzydamine 0.15% mouthwash sugar free	200	ml	GARGLE 15ML EVERY 1.5 TO 3 HO[more]	-	12-Oct-2018	15-Jan-2019
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	15-Jan-2019
Ranitidine 150mg tablets	60	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	27-Sep-2017	15-Jan-2019
Propranolol 10mg tablets	56	tablet	20MGS DAILY FOR ANXIETY	-	20-Aug-2018	15-Jan-2019
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	-	14-May-2015	15-Jan-2019
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	-	22-Nov-2012	15-Jan-2019
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	15-Jan-2019
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	-	01-Aug-2008	15-Jan-2019
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS BD	-	14-Jun-2018	15-Jan-2019
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS AS REQD FOR WHEEZE	-	14-Jun-2018	14-Dec-2018

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>
Cerelle 75microgram tablets (Consilient Health Ltd)	84	tablet	1 TABLET ONCE A DAY	-	17-Jan-2019	17-Jan-2019
Nystatin 100,000units/ml oral suspension	60	ml	1ML DROPPED INTO THE MOUTH FO[more]	-	17-Jan-2019	17-Jan-2019
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	14-Dec-2018
Benzydamine 0.15% mouthwash sugar free	200	ml	GARGLE 15ML EVERY 1.5 TO 3 HO[more]	-	12-Oct-2018	14-Dec-2018
Cerelle 75microgram tablets (Consilient Health Ltd)	84	tablet	1 TABLET ONCE A DAY	-	05-Oct-2018	05-Oct-2018
Metronidazole 200mg tablets	42	tablet	2 THREE-TIMES DAILY	-	05-Oct-2018	05-Oct-2018
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE 1 CAPSULE ONCE A DAY	-	14-Jun-2018	14-Dec-2018
Metronidazole 500mg tablets	4	tablet	4 TABS IMMEDIATELY	-	30-Aug-2018	30-Aug-2018

Propranolol 10mg tablets	56	tablet	20MGs DAILY FOR ANXIETY	-	20-Aug-2018	22-Oct-2018
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	25-Sep-2018
Folic acid 5mg tablets	28	tablet	1 EVERY DAY FOR VITAMIN DEFICIENCY	-	19-Jan-2018	14-Dec-2018
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	25-Sep-2018
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE 1 CAPSULE ONCE A DAY	-	14-Jun-2018	11-Sep-2018
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D [more]	-	14-May-2015	25-Sep-2018
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	-	22-Nov-2012	25-Sep-2018
Ranitidine 150mg tablets	60	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	27-Sep-2017	19-Nov-2018

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
05-Oct-2018	136	81
17-Aug-2017	138	92
18-Apr-2017	132	83

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
07-Jun-2018	1.6	74	28.9
18-Apr-2017	1.6	66	25.7
02-Mar-2016	1.6	71	27.7

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	05-Oct-2018
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	18-Apr-2017
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	27-Jan-2017
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	03-Jun-2016
Light smoker - 1-9 cigs/day:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3.	26-Aug-2015
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 12.	02-Mar-2016
Drinks occasionally:	Drinking status on eventdate: Current drinker.	23-Oct-2014
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	11-Jul-2013
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	10-Jan-2013
Drinks rarely:	Drinking status on eventdate: Current drinker. NOTES: -data in hosp letter.	29-Jul-2011

Clinical warnings

Additional Support Needs
No known ASN requirements.

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

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.
-------------------	--------	----------	------	--------------

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	--------------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO			
Urology GGC General Referral			Consultant / receiving practitioner and/or specialty clinic
New Victoria Hospital 55 Grange Road Glasgow G42 9LF			Hospital and hospital address Hospital location code. G306H Email address
Urgency of referral		Urgent - Suspected Cancer	
Date of referral		Date sent	25-Oct-2018

PATIENT DETAILS		Patient's address
Surname	GOODWIN	38 DOUGRIE DRIVE GLASGOW G45 9BB Contact number(s) Voice: 07342792807
Forename(s)	JACQUELINE	
Title	MRS	
Sex	Female	
Date of birth	23-Apr-1973	
CHI no.	2304736009	
Area of Residence		

101017273038H	Unique Care Pathway Number: 101017273038H
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr L Wright	44 CROFTFOOT ROAD GLASGOW G44 5JT Contact number(s) Voice: 01416346333
GMC code	2936886	
GP code	00477	
Practice name	Croftfoot Surgery	
Practice code	49106	

REFERRING GP DETAILS		Practice address
Name	Dr. Niall Sweeney	44 Croftfoot Road Glasgow G44 5JT Contact number(s) Voice: 0141 634 6333
GMC code	7134324	
GP code	99999	
Practice name	Drs McEvinney, Wright, McLaughlin (49106)	
Practice code	49106	

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

Description: Visible haematuria

Comment: Many thanks for your input regarding this 45-year old lady who has presented following an episode of visible haematuria which occurred 3 days ago. She describes passing rosé-coloured urine with no visible clots or other abnormalities. Since then her urine has returned to being a normal colour. She has not been having any concurrent PV bleeding, or other bleeding.

She has been feeling generally well in herself and denies any weight loss.

On examination she had some mild suprapubic discomfort but an otherwise normal abdominal examination with no palpable masses.

She is a smoker and her grandmother had bladder cancer.

A urine dip today is completely normal, showing no signs of blood or infection. The urine is clear yellow.

Kind regards,

Dr Niall Sweeney
GPST 3

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>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Hiatus hernia	2cm & Mild Gastritis	-	11-Mar-2016	11-Mar-2016
Gastritis unspecified	-	-	06-Oct-2015	06-Oct-2015
Hiatus hernia	-	-	06-Oct-2015	06-Oct-2015
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide+self-inflict.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994
Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-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>
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	22-Oct-2018
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR	-	14-May-2015	22-Oct-2018

				TOTAL D [more]		
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	-	22-Nov-2012	22-Oct-2018
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	22-Oct-2018
Benzydamine 0.15% mouthwash sugar free	200	ml	GARGLE 15ML EVERY 1.5 TO 3 HO[more]	-	12-Oct-2018	13-Oct-2018
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE 1 CAPSULE ONCE A DAY	-	14-Jun-2018	05-Oct-2018
Propranolol 10mg tablets	56	tablet	20MGs DAILY FOR ANXIETY	-	20-Aug-2018	22-Oct-2018
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	-	01-Aug-2008	25-Sep-2018
Fostair NEXThaler 100micrograms/dose / 6micrograms/dose dry powder inhaler (Chiesi Ltd)	120	dose	2 PUFFS BD	-	14-Jun-2018	22-Oct-2018
Folic acid 5mg tablets	28	tablet	1 EVERY DAY FOR VITAMIN DEFICIENCY	-	19-Jan-2018	22-Oct-2018
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS AS REQD FOR WHEEZE	-	14-Jun-2018	25-Sep-2018
Ranitidine 150mg tablets	60	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	27-Sep-2017	22-Oct-2018

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>
Cerelle 75microgram tablets (Consilient Health Ltd)	84	tablet	1 TABLET ONCE A DAY	-	05-Oct-2018	05-Oct-2018
Metronidazole 200mg tablets	42	tablet	2 THREE TIMES DAILY	-	05-Oct-2018	05-Oct-2018
Metronidazole 500mg tablets	4	tablet	4 TABS IMMEDIATELY	-	30-Aug-2018	30-Aug-2018
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	25-Sep-2018
Propranolol 10mg tablets	28	tablet	1 TABLET(S) DAILY AND STOP IM[more]	-	18-Jul-2018	18-Jul-2018
Nystatin 100,000units/ml oral suspension	60	ml	1ML DROPPED INTO THE MOUTH FO [more]	-	05-Jul-2018	05-Jul-2018
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV[more]	-	24-Aug-2009	25-Sep-2018
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE 1 CAPSULE ONCE A DAY	-	14-Jun-2018	11-Sep-2018
Fostair 100micrograms/dose / 6micrograms/dose inhaler (Chiesi Ltd)	120	dose	2 PUFFS TWICE DAILY	-	14-Jun-2018	14-Jun-2018
Diazepam 2mg tablets	30	tablet		-	12-Jun-2018	12-Jun-2018

			1 TABLET(S) AS REQUIRED FOR A[more]		
Tranexamic acid 500mg tablets	18	tablet	2 TABLET(S) UPTO THREE TIMES [more]	07-Jun-2018	07-Jun-2018
Nystatin 100,000units/ml oral suspension	60	ml	1ML DROPPED INTO THE MOUTH FO [more]	07-Jun-2018	07-Jun-2018
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D[more]	14-May-2015	25-Sep-2018
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	22-Nov-2012	25-Sep-2018
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY		02-Jul-2018
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV[more]	24-Aug-2009	05-Jun-2018
Folic acid 5mg tablets	28	tablet	1 EVERY DAY FOR VITAMIN DEFICIENCY	19-Jan-2018	05-Jun-2018
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN[more]	01-Aug-2008	02-Jul-2018

Blood Pressure		
<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
05-Oct-2018	136	81
17-Aug-2017	138	92
18-Apr-2017	132	83

Body Measurements			
<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
07-Jun-2018	1.6	74	28.9
18-Apr-2017	1.6	66	25.7
02-Mar-2016	1.6	71	27.7

Lifestyle Risks and Alerts / Examinations and Investigations		
<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	05-Oct-2018
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	18-Apr-2017
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	27-Jan-2017
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	03-Jun-2016
Light smoker - 1-9 cigs/day:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3.	26-Aug-2015
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 12.	02-Mar-2016
Drinks occasionally:	Drinking status on eventdate: Current drinker.	23-Oct-2014
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	11-Jul-2013
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	10-Jan-2013
Drinks rarely:	Drinking status on eventdate: Current drinker. NOTES: -data in hosp letter.	29-Jul-2011

Clinical warnings**Additional Support Needs**

No known ASN requirements

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

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.
-------------------	--------	----------	------	--------------

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	-------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO		
General Surgery GGC General Referral		Consultant / receiving practitioner and/or specialty clinic
New Victoria Hospital 55 Grange Road Glasgow G42 9LF		Hospital and hospital address Hospital location code. G306H Email address
Urgency of referral	Urgent - Suspected Cancer	
Date of referral	18-Apr-2017	Date sent 18-Apr-2017

PATIENT DETAILS		Patient's address
Surname	GOODWIN	68 CASTLEMILK DRIVE GLASGOW G45 9TW Contact number(s) Voice: 587 8636
Forename(s)	JACQUELINE	
Title	MRS	
Sex	Female	
Date of birth	23-Apr-1973	
CHI no.	2304736009	
Area of Residence		

101013458069H	Unique Care Pathway Number: 101013458069H
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr L Wright	44 CROFTFOOT ROAD GLASGOW G44 5JT Contact number(s) Voice: 01416346333
GMC code	2936886	
GP code	00477	
Practice name	Croftfoot Surgery	
Practice code	49106	

REFERRING GP DETAILS		Practice address
Name	Dr. Niall Sweeney	44 Croftfoot Road Glasgow G44 5JT Contact number(s) Voice: 0141 634 6333
GMC code	7134324	
GP code	99999	
Practice name	Drs McEvinney, Wright, McLaughlin (49106)	
Practice code	49106	

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

Description: dysphagia, weight loss

Comment: Thank you for your urgent review of this lady who presents with a 6 week history of weight loss and feeling "off (her) food", with dysphagia over the last week. She has had intermittent regurgitation of food when eating and feels that her food gets stuck low in her oesophagus. She complains of an unintentional weight loss of 1.5 stones in this time.

Examination revealed a palpable abdominal mass possibly representing her liver edge, for which imaging has been arranged. Other than this, examination was unremarkable.

Thank you for your review to consider an urgent OGD for this lady.

Yours sincerely,

Niall Sweeney.
GPST 1.2

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>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Hiatus hernia	2cm & Mild Gastritis	-	11-Mar-2016	11-Mar-2016
Gastritis unspecified	-	-	06-Oct-2015	06-Oct-2015
Hiatus hernia	-	-	06-Oct-2015	06-Oct-2015
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide+self-inflict.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994
Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-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>
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	27-Mar-2017
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	27-Mar-2017
Quetiapine 150mg tablets	28	tablet	1 TABLET AT NIGHT FOR TOTAL D[more]	-	14-May-2015	27-Mar-2017

Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	-	01-Aug-2008	27-Mar-2017
Ranitidine 150mg tablets	56	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	29-Oct-2010	28-Feb-2017
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	-	22-Nov-2012	27-Mar-2017
Recent medication (Any medication issued within last 90 days not shown above)						
Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last Issued
Trimethoprim 200mg tablets	6	tablet	1 TWICE A DAY	-	18-Apr-2017	18-Apr-2017
Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	1	pre-filled disposable Injection	TO BE INJECTED AS CONTRACEPTION	-	03-Mar-2017	03-Mar-2017
Amoxicillin 500mg capsules	15	capsule	1 CAP THREE TIMES A DAY	-	27-Jan-2017	27-Jan-2017
Diazepam 2mg tablets	21	tablet	1 TABLET(S) THREE TIMES A DAY[more]	-	26-Jan-2017	26-Jan-2017
Pyridoxine 50mg tablets	56	tablet	1 TWICE A DAY FOR FLUSHES	-	25-Nov-2016	25-Nov-2016
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	28-Feb-2017
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	30-Jan-2017
Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	1	pre-filled disposable injection	TO BE INJECTED AS CONTRACEPTION	-	18-Nov-2016	18-Nov-2016
Blood Pressure						
Date Recorded	Systolic	Diastolic				
18-Apr-2017	132	83				
16-Dec-2016	140	72				
02-Mar-2016	134	80				
Body Measurements						
Date Recorded	Height	Weight	BMI			
18-Apr-2017	1.6	66	25.7			
02-Mar-2016	1.6	71	27.7			
23-Oct-2014	1.6	73	28.5			
Lifestyle Risks and Alerts / Examinations and Investigations						
Description/Question	Result/Comment				Date	
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.				18-Apr-2017	
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.				27-Jan-2017	
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.				03-Jun-2016	
Light smoker - 1-9 cigs/day:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3.				26-Aug-2015	
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.				02-Mar-2015	
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 12.				02-Mar-2016	
Drinks occasionally:	Drinking status on eventdate: Current drinker.				23-Oct-2014	

Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	11-Jul-2013
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	10-Jan-2013
Drinks rarely:	Drinking status on eventdate: Current drinker. NOTES: -data in hosp letter.	29-Jul-2011
Clinical warnings		
Additional Support Needs		
No known ASN requirements		
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		
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.
-------------------	--------	----------	------	--------------

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	--------------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO			
Audiology GGC General Referral			Consultant / receiving practitioner and/or specialty clinic
Victoria Infirmary 55 Grange Road Glasgow G42 9LF			Hospital and hospital address Hospital location code. G306H Email address
Urgency of referral	Routine	Date sent	08-Jun-2016
Date of referral	07-Jun-2016		

PATIENT DETAILS		Patient's address
Surname	GOODWIN	68 CASTLEMILK DRIVE GLASGOW G45 9TW Contact number(s) Voice: 587 8636
Forename(s)	JACQUELINE	
Title	MRS	
Sex	Female	
Date of birth	23-Apr-1973	
CHI no.	2304736009	
Area of Residence		

101011540336X	Unique Care Pathway Number: 101011540336X
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr L Wright	44 CROFTFOOT ROAD GLASGOW G44 5JT Contact number(s) Voice: 0141 634 6333 Facsimile: 0141 634 6575
GMC code	2936886	
GP code	00477	
Practice name	Croftfoot Surgery	
Practice code	49106	

REFERRING GP DETAILS		Practice address
Name	Dr. Kate Levine	44 Croftfoot Road Glasgow G44 5JT Contact number(s) Voice: 0141 634 6333 Facsimile: 0141 634 6575
GMC code	6166033	
GP code	02607	
Practice name	Drs McEvinney, Wright, McLaughlin (49106)	
Practice code	49106	

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

Description: HEARING LOSS

Comment:

Dear Colleague,

I would be grateful for your review of this lady who complains of a few months history of bilateral hearing loss.

There is nil to see on examination.

Yours sincerely,

Dr Kate Levine

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>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Hiatus hernia	2cm & Mild Gastritis	-	11-Mar-2016	11-Mar-2016
Gastritis unspecified	-	-	06-Oct-2015	06-Oct-2015
Hiatus hernia	-	-	06-Oct-2015	06-Oct-2015
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide+self-inflict.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994
Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-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>
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	-	22-Nov-2012	16-May-2016
Quetiapine 150mg tablets	30	tablet	1 TABLET AT NIGHT FOR TOTAL D[more]	-	14-May-2015	16-May-2016

Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	16-May-2016
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	16-May-2016
Lofepramine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	-	01-Aug-2008	16-May-2016
Ranitidine 150mg tablets	56	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	29-Oct-2010	16-May-2016
Recent medication (Any medication issued within last 90 days not shown above)						
Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS AS REQD FOR WHEEZE	-	03-Jun-2016	03-Jun-2016
Metronidazole 200mg tablets	21	tablet	1 TABLET THREE TIMES DAILY	-	29-Jan-2016	29-Jan-2016
Naproxen 250mg tablets	56	tablet	1 TABLET TWICE DAILY	-	29-Jan-2016	29-Jan-2016
Co-codamol 30mg/500mg tablets	60	tablet	1 -2 4 HOURLY AS REQD FOR FOR[more]	-	26-Jan-2016	26-Jan-2016
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	21-Mar-2016
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	-	22-Nov-2012	21-Mar-2016
Quetiapine 150mg tablets	30	tablet	1 TABLET AT NIGHT FOR TOTAL D[more]	-	14-May-2015	21-Mar-2016
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV[more]	-	24-Aug-2009	14-Jan-2016
Blood Pressure						
Date Recorded	Systolic	Diastolic				
02-Mar-2016	134	80				
23-Oct-2014	140	80				
23-Jul-2013	122	68				
Body Measurements						
Date Recorded	Height	Weight	BMI			
02-Mar-2016	1.6	71	27.7			
23-Oct-2014	1.6	73	28.5			
23-Jul-2013	1.6	69	26.9			
Lifestyle Risks and Alerts / Examinations and Investigations						
Description/Question	Result/Comment	Date				
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	03-Jun-2016				
Light smoker - 1-9 cigs/day:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3.	26-Aug-2015				
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	02-Mar-2015				
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	23-Oct-2014				
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3.	11-Jul-2013				
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 12.	02-Mar-2016				
Drinks occasionally:	Drinking status on eventdate: Current drinker.					

Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	23-Oct-2014
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	11-Jul-2013
Drinks rarely:	Drinking status on eventdate: Current drinker. NOTES: -data in hosp letter.	10-Jan-2013
		29-Jul-2011
Clinical warnings		
Additional Support Needs		
No known ASN requirements		
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		
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.
----------------------	--------	-------------	------	-----------------

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	--------------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO			
Gastroenterology, GGC General Referral			Consultant / receiving practitioner and/or specialty clinic
Victoria Infirmary 55 Grange Road Glasgow G42 9LF			Hospital and hospital address Hospital location code. G306H Email address
Urgency of referral	ROUTINE	Date sent	28-Aug-2015
Date of referral	27-Aug-2015		

PATIENT DETAILS		Patient's address
Surname	GOODWIN	68 CASTLEMILK DRIVE GLASGOW G45 9TW Contact number(s) Voice: 587 8636
Forename(s)	JACQUELINE	
Title	MRS	
Sex	Female	
Date of birth	23-Apr-1973	
CHI no.	2304736009	
Area of Residence		

101009853146D	Unique Care Pathway Number: 101009853146D
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr L Wright	44 CROFTFOOT ROAD GLASGOW G44 5JT Contact number(s) Voice: 0141 634 6333 Facsimile: 0141 634 6575
GMC code	2936886 GP code 00477	
Practice name	Croftfoot Surgery	
Practice code	49106	

REFERRING GP DETAILS		Practice address
Name	Dr. Sylvia Rafters	44 Croftfoot Road Glasgow G44 5JT Contact number(s) Voice: 0141 634 6333 Facsimile: 0141 634 6575
GMC code	2829748 GP code 02950	
Practice name	Drs Willox, McEvinney, Wright & McL (49106)	
Practice code	49106	

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

Description: gastroenterology review

Comment:

Dear Doctor,

I would be grateful for a review of this patient who last attended Gastroenterology in 2010 when she was found to have possibly a short segment of Barrett's Oesophagus.

Generally her symptoms are fairly well controlled on Esomeprazole and Ranitidine however she did miss her Esomeprazole for a couple of days recently and developed very marked heartburn with a small amount of haematemesis (it seems to be mostly mucus which was bloodstained).

She is very concerned about this and worried whether something more sinister going on. She has since reestablished her medication and her symptoms have settled gradually for the next couple of weeks.

However in view of her concern I would be grateful for your assessment as to whether she requires further investigation especially due to her previous finds.

Yours sincerely,

Dr Sylvia Rafters
GP Locum

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>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide+self-inflict.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994
Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-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>
	28	tablet		-	22-Nov-2012	30-Jul-2015

Esomeprazole 40mg gastro-resistant tablets			1 EVERY DAY FOR DYSPEPSIA			
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	30-Jul-2015
Ranitidine 150mg tablets	56	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	29-Oct-2010	30-Jul-2015
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	30-Jul-2015
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	-	01-Aug-2008	30-Jul-2015
Quetiapine 150mg tablets	30	tablet	1 TABLET AT NIGHT FOR TOTAL D[more]	-	14-May-2015	30-Jul-2015

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>
AeroChamber Plus (GlaxoSmithKline UK Ltd)	1	device	AS DIRECTED	-	17-Jul-2015	17-Jul-2015
Doxycycline 100mg capsules	8	capsule	1 TWICE A DAY ON DAY 1 THEN O[more]	-	17-Jul-2015	17-Jul-2015
Prednisolone 5mg tablets	30	tablet	6 DAILY	-	17-Jul-2015	17-Jul-2015
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS AS REQD FOR WHEEZE	-	17-Jul-2015	17-Jul-2015
Diazepam 5mg tablets	28	tablet	1 TAB TWICE DAILY FOR PANIC	-	14-May-2015	14-May-2015
Diazepam 5mg tablets	28	tablet	1 TAB TWICE DAILY FOR PANIC	-	23-Apr-2015	23-Apr-2015
Zopiclone 7.5mg tablets	14	tablet	1 AT NIGHT FOR POOR SLEEP, US [more]	-	17-Apr-2015	17-Apr-2015
Diazepam 5mg tablets	14	tablet	1 TAB TWICE DAILY AS REQ FOR PANIC	-	10-Apr-2015	10-Apr-2015
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV[more]	-	24-Aug-2009	02-Jul-2015
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	15-May-2015
Prednisolone 5mg tablets	30	tablet	6 DAILY	-	13-Mar-2015	13-Mar-2015
Doxycycline 100mg capsules	8	capsule	1 TWICE A DAY ON DAY 1 THEN O[more]	-	13-Mar-2015	13-Mar-2015
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	-	22-Nov-2012	02-Jul-2015
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN[more]	-	01-Aug-2008	30-Mar-2015
Ranitidine 150mg tablets	56	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	29-Oct-2010	15-May-2015

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
23-Oct-2014	140	80
23-Jul-2013	122	68
02-Feb-2012	142	86

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
23-Oct-2014	1.6	73	28.5
23-Jul-2013	1.6	69	26.9
02-Feb-2012	1.6	67	26.1

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Light smoker - 1-9 cigs/day:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3.	26-Aug-2015
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	02-Mar-2015
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	23-Oct-2014
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3.	11-Jul-2013
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 4.	10-Jan-2013
Drinks occasionally:	Drinking status on eventdate: Current drinker.	23-Oct-2014
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	11-Jul-2013
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	10-Jan-2013
Drinks rarely:	Drinking status on eventdate: Current drinker. NOTES: -data in hosp letter.	29-Jul-2011
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 1.	01-Mar-2010

Clinical warnings**Additional Support Needs**

No known ASN requirements

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.
-------------------	--------	----------	------	--------------

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	--------------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO			
Spirometry GG Direct Access Spirometry		Consultant / receiving practitioner and/or specialty clinic	
Respiratory Direct Access Services NHS Greater Glasgow & Clyde		Hospital and hospital address Hospital location code. G035G Email address	
Urgency of referral ROUTINE		Date sent 13-Mar-2015	
Date of referral 13-Mar-2015			

PATIENT DETAILS		Patient's address
Surname	GOODWIN	68 CASTLEMILK DRIVE GLASGOW G45 9TW Contact number(s) Voice: 5878636
Forename(s)	JACQUELINE	
Title	MRS	
Sex	Female	
Date of birth	23-Apr-1973	
CHI no.	2304736009	
Area of Residence		

1010088809804	Unique Care Pathway Number: 1010088809804
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr L Wright	44 CROFTFOOT ROAD GLASGOW G44 5JT Contact number(s) Voice: 01416346333
GMC code	2936886 GP code 00477	
Practice name	Croftfoot Surgery	
Practice code	49106	

REFERRING GP DETAILS		Practice address
Name	Dr. David Willox	44 Croftfoot Road Glasgow G44 5JT Contact number(s) Voice: 0141 634 6333
GMC code	2555454 GP code 02356	
Practice name	Drs Willox, McEvinney, Wright & McL (49106)	
Practice code	49106	

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: COPD

Comment: Recurrent chest infection/rhonchi in longstanding smoker

?? COPD

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Modifier	Date of onset	Date recorded
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide+self-inflict.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994
Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-1992

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	-	22-Nov-2012	02-Mar-2015
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY	-	-	02-Mar-2015
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	02-Mar-2015
Lofepamine 70mg tablets	84	tablet	1 TABLET(S) IN THE MORNING AN [more]	-	01-Aug-2008	02-Mar-2015
Ranitidine 150mg tablets	56	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	29-Oct-2010	02-Feb-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Prednisolone 5mg tablets	30	tablet	6 DAILY	-	13-Mar-2015	13-Mar-2015
	8	capsule		-	13-Mar-2015	13-Mar-2015

Doxycycline 100mg capsules			I TWICE A DAY ON DAY 1 THEN O [more]		
Piroxicam 0.5% gel	60	gram	USE TWICE DAILY FOR PAIN/INFL [more]	02-Mar-2015	02-Mar-2015
Amoxicillin 500mg capsules	15	capsule	1 CAP THREE TIMES A DAY	02-Mar-2015	02-Mar-2015
Quetiapine 300mg tablets	56	tablet	1 TABS TWICE DAILY		01-Dec-2014
Amitriptyline 10mg tablets	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	24-Aug-2009	31-Oct-2014
Esomeprazole 40mg gastro-resistant tablets	28	tablet	1 EVERY DAY FOR DYSPEPSIA	22-Nov-2012	01-Dec-2014

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
23-Oct-2014	140	80
23-Jul-2013	122	68
02-Feb-2012	142	86

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
23-Oct-2014	1.6	73	28.5
23-Jul-2013	1.6	69	26.9
02-Feb-2012	1.6	67	26.1

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Weight (kg):	73	-
Height (m):	1.6	-
BMI (Weight / Height):	28.5	-
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	02-Mar-2015
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	23-Oct-2014
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3.	11-Jul-2013
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 4.	10-Jan-2013
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 4.	02-Feb-2012
Drinks occasionally:	Drinking status on eventdate: Current drinker.	23-Oct-2014
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	11-Jul-2013
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	10-Jan-2013
Drinks rarely:	Drinking status on eventdate: Current drinker. NOTES: -data in hosp letter.	29-Jul-2011
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 1.	01-Mar-2010

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Persistent Cough:	YES	-
Change in MRC grade in known COPD:	NO	-
Breathlessness:	YES	-
Regular sputum:	YES	-
Known COPD:	NO	-

Known asthma:	NO	-
Previous Spirometry:	NO	-
Known current MRSA in sputum:	NO	-
Possible tubercle – if yes, do not refer till clear:	NO	-
Pneumothorax or chest trauma in last three months. If yes, do not refer till after three months from event:	NO	-
Recent chest infection/COPD exacerbation:	YES	-
If Yes Date:	2015-03-13	-
Recent Eye surgery:	NO	-
Smoking history:	Current smoker	-

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

Short acting b-agonist: YES

Long acting b-agonist: NO

Long acting anti-cholinergic: NO

Long acting combined inhaled steroid/long acting b-agonist: NO

Inhaled steroid: NO

Oral steroid: YES

Preferred site: Victoria Infirmary

Interpreter required: NK

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.
-------------------	--------	----------	------	--------------

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	--------------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
General Surgery - Breast GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Victoria Infirmary 55 Grange Road Glasgow G42 9LF	Hospital and hospital address Hospital location code: G306H Email address:
Urgency of referral URGENT Date of referral 13-Apr-2012	Date sent 16-Apr-2012

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>GOODWIN</td></tr> <tr><td>Forename(s)</td><td>JACQUELINE</td></tr> <tr><td>Title</td><td>MRS</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>23-Apr-1973</td></tr> <tr><td>CHI no.</td><td>2304736009</td></tr> <tr><td>Area of Residence</td><td>-</td></tr> </table>	Surname	GOODWIN	Forename(s)	JACQUELINE	Title	MRS	Sex	Female	Date of birth	23-Apr-1973	CHI no.	2304736009	Area of Residence	-	<table border="1"> <tr><td>68 CASTLEMILK DRIVE GLASGOW G45 9TW</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 5878636</td></tr> </table>	68 CASTLEMILK DRIVE GLASGOW G45 9TW	Contact number(s)	Voice: 5878636
Surname	GOODWIN																	
Forename(s)	JACQUELINE																	
Title	MRS																	
Sex	Female																	
Date of birth	23-Apr-1973																	
CHI no.	2304736009																	
Area of Residence	-																	
68 CASTLEMILK DRIVE GLASGOW G45 9TW																		
Contact number(s)																		
Voice: 5878636																		

101003476482K	Unique Care Pathway Number: 101003476482K
-----------------	---

REGISTERED GP DETAILS	Practice address													
<table border="1"> <tr><td>Name</td><td>Dr L Wright</td></tr> <tr><td>GMC code</td><td>2936886</td><td>GP code</td><td>00477</td></tr> <tr><td>Practice name</td><td>Croftfoot Surgery</td></tr> <tr><td>Practice code</td><td>49106</td></tr> </table>	Name	Dr L Wright	GMC code	2936886	GP code	00477	Practice name	Croftfoot Surgery	Practice code	49106	<table border="1"> <tr><td>44 CROFTFOOT ROAD CROFTFOOT GLASGOW G44 5JT</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 01416346333</td></tr> </table>	44 CROFTFOOT ROAD CROFTFOOT GLASGOW G44 5JT	Contact number(s)	Voice: 01416346333
Name	Dr L Wright													
GMC code	2936886	GP code	00477											
Practice name	Croftfoot Surgery													
Practice code	49106													
44 CROFTFOOT ROAD CROFTFOOT GLASGOW G44 5JT														
Contact number(s)														
Voice: 01416346333														

REFERRING GP DETAILS	Practice address												
<table border="1"> <tr><td>Name</td><td>Dr K Duncan</td></tr> <tr><td>GMC code</td><td>6143440</td><td>GP code</td><td>17132</td></tr> <tr><td>Practice name</td><td>-</td></tr> <tr><td>Practice code</td><td>49106</td></tr> </table>	Name	Dr K Duncan	GMC code	6143440	GP code	17132	Practice name	-	Practice code	49106	<table border="1"> <tr><td>Contact number(s)</td></tr> <tr><td>-</td></tr> </table>	Contact number(s)	-
Name	Dr K Duncan												
GMC code	6143440	GP code	17132										
Practice name	-												
Practice code	49106												
Contact number(s)													
-													

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

Description: breast lump

Comment: Dear Doctor,

Many thanks for seeing Jacqueline who presents with a new breast lump. She became aware of it 2 weeks ago after some discomfort in her right breast. She doesn't feel it has changed in size in this time. She has no past history or family history of breast disease.

On examination she has a smooth lump at the lower inner quadrant of her right breast. It appears to be mobile and is not tender. There are no skin or nipple changes and no lymphadenopathy.

Many thanks for seeing her.

Yours sincerely,

Dr Kirsty Duncan

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>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode-NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide self-inflict.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994
Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-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>
DOMPERIDONE tabs 10mg	84	tablet(s)	1 TABLET(S) THREE TIMES A DAY[more]	-	06-Feb-2009	02-Mar-2012
LOFEPRAMINE tabs 70mg	84	tablet	1 TABLET(S) IN THE MORNING AN[more]	-	01-Aug-2008	30-Mar-2012
QUETIAPINE tabs 150mg	112	tablet	2 TABS TWICE DAILY	-	-	30-Mar-2012
AMITRIPTYLINE HCl tabs 10mg	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	30-Mar-2012
ESOMEPRAZOLE gr tab 40mg	56	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	06-Jan-2009	02-Mar-2012

RANITIDINE tabs 150mg	56	tablet	1 TWICE A DAY FOR DYSPEPSIA	-	29-Oct-2010	30-Mar-2012
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>
ZOPICLONE tabs 7.5mg	7	tablet	1 AT NIGHT FOR POOR SLEEP	-	29-Feb-2012	29-Feb-2012
DIPROBASE crm	500	gram	APPLY AS DIRECTED FOR DRY SKIN	-	02-Feb-2012	02-Feb-2012
AMOXICILLIN caps 250mg	21	capsule	1 THREE TIMES A DAY FOR INFECTION	-	02-Feb-2012	02-Feb-2012
QUETIAPINE tabs 150mg	112	tablet	2 TABS TWICE DAILY	-	-	02-Feb-2012
LOFEPRAMINE tabs 70mg	84	tablet	1 TABLET(S) IN THE MORNING AN[more]	-	01-Aug-2008	02-Mar-2012
AMITRIPTYLINE HCl tabs 10mg	28	tablet	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	06-Jan-2012
QUETIAPINE tabs 150mg	112	tablet	2 TABS TWICE DAILY	-	-	10-Nov-2011
DOMPERIDONE tabs 10mg	84	tablet(s)	1 TABLET(S) THREE TIMES A DAY[more]	-	06-Feb-2009	02-Mar-2012
Blood Pressure						
No Blood Pressures Recorded						
Body Measurements						
No Body Measurements Recorded						
Lifestyle Risks and Alerts / Examinations and Investigations						
<u>Description/Question</u>	<u>Result/Comment</u>					<u>Date</u>
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 4.					02-Feb-2012
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 2.					07-Jun-2011
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15.					10-Aug-2009
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15.					24-Feb-2009
Smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.					29-Aug-2008
Drinks rarely:	Drinking status on eventdate: Current drinker. NOTES: -data in hosp letter.					29-Jul-2011
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 1.					01-Mar-2010
Drinks occasionally:	Drinking status on eventdate: Current drinker.					10-Aug-2009
Teetotaler:	[TRUNCATED]Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS					03-May-2000
Clinical warnings						
Additional Support Needs						
No known ASN requirements						

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.
-------------------	--------	----------	------	--------------

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	--------------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Gastroenterology GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Victoria Infirmary 55 Grange Road Glasgow G42 9LF	Hospital and hospital address Hospital location code: G306H Email address:
Urgency of referral ROUTINE Date of referral 20-Sep-2010	Date sent 20-Sep-2010

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>GOODWIN</td></tr> <tr><td>Forename(s)</td><td>JACQUELINE</td></tr> <tr><td>Title</td><td>MRS</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>23-Apr-1973</td></tr> <tr><td>CHI no.</td><td>2304736009</td></tr> <tr><td>Area of Residence</td><td></td></tr> </table>	Surname	GOODWIN	Forename(s)	JACQUELINE	Title	MRS	Sex	Female	Date of birth	23-Apr-1973	CHI no.	2304736009	Area of Residence		<table border="1"> <tr><td>68 CASTLEMILK DRIVE GLASGOW G45 9TW</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 5878636</td></tr> </table>	68 CASTLEMILK DRIVE GLASGOW G45 9TW	Contact number(s)	Voice: 5878636
Surname	GOODWIN																	
Forename(s)	JACQUELINE																	
Title	MRS																	
Sex	Female																	
Date of birth	23-Apr-1973																	
CHI no.	2304736009																	
Area of Residence																		
68 CASTLEMILK DRIVE GLASGOW G45 9TW																		
Contact number(s)																		
Voice: 5878636																		

1010010198120	Unique Care Pathway Number: 1010010198120
-----------------	---

REGISTERED GP DETAILS	Practice address													
<table border="1"> <tr><td>Name</td><td>Dr L Wright</td></tr> <tr><td>GMC code</td><td>2936886</td><td>GP code</td><td>00477</td></tr> <tr><td>Practice name</td><td>Croftfoot Surgery</td></tr> <tr><td>Practice code</td><td>49106</td></tr> </table>	Name	Dr L Wright	GMC code	2936886	GP code	00477	Practice name	Croftfoot Surgery	Practice code	49106	<table border="1"> <tr><td>44 CROFTFOOT ROAD CROFTFOOT GLASGOW</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 01416346333 Facsimile: 0141 634 6575</td></tr> </table>	44 CROFTFOOT ROAD CROFTFOOT GLASGOW	Contact number(s)	Voice: 01416346333 Facsimile: 0141 634 6575
Name	Dr L Wright													
GMC code	2936886	GP code	00477											
Practice name	Croftfoot Surgery													
Practice code	49106													
44 CROFTFOOT ROAD CROFTFOOT GLASGOW														
Contact number(s)														
Voice: 01416346333 Facsimile: 0141 634 6575														

REFERRING GP DETAILS	Practice address													
<table border="1"> <tr><td>Name</td><td>Dr. Paul McEvinney</td></tr> <tr><td>GMC code</td><td>3250712</td><td>GP code</td><td>04758</td></tr> <tr><td>Practice name</td><td>44 Croftfoot Road (49106)</td></tr> <tr><td>Practice code</td><td>49106</td></tr> </table>	Name	Dr. Paul McEvinney	GMC code	3250712	GP code	04758	Practice name	44 Croftfoot Road (49106)	Practice code	49106	<table border="1"> <tr><td>GLASGOW</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 0141 634 6333</td></tr> </table>	GLASGOW	Contact number(s)	Voice: 0141 634 6333
Name	Dr. Paul McEvinney													
GMC code	3250712	GP code	04758											
Practice name	44 Croftfoot Road (49106)													
Practice code	49106													
GLASGOW														
Contact number(s)														
Voice: 0141 634 6333														

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

Description: GASTRO-OESOPHAGEAL REFLUX WITH OESOPHAGITIS

Comment:

Dear Doctor,

I would be grateful for your assessment of Jacqueline who reports worsening pain which she feels radiates from her epigastrium to her submandibular area, recurrent minor haematemesis and dysphagia with retrosternal hold up of food. She has lost some weight, although she has been trying to lose weight. These symptoms have persisted despite Esomeprazole and Domperidone. We have recently added Ranitidine, but I have not yet had time to assess whether or not this has helped her symptoms. Nevertheless in view of the dysphagia etc. I wonder if she merits further endoscopy and would be grateful for your assessment.

Yours sincerely,

Dr Paul J McEvinnery

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>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Barrett's oesophagus	-	-	04-Jul-2008	04-Jul-2008
Anxiety with depression	admitted : PRIORITY=High	New event	01-Jan-2002	01-Jan-2002
Benign naevus of skin	removed from left breast : PRIORITY=High	-	01-Jan-2001	01-Jan-2001
Psychotic episode NOS	Thioridazine : PRIORITY=High	-	01-Jan-2000	01-Jan-2000
Back pain, unspecified	PRIORITY=High	-	01-Jan-1996	01-Jan-1996
Suicide self-inflict.inj.-SII	PRIORITY=High	-	04-Jan-1994	04-Jan-1994
Reactive depressive psychosis	PRIORITY=High	First ever	01-Jan-1990	01-Jan-1990
Sexual abuse	PRIORITY=High	-	01-Jan-1990	01-Jan-1990
[X]Depression NOS	[DATE of EVENT UNKNOWN] NOTES: PRIORITY=High.	First ever	-	01-Jan-1900

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Exercise tolerance test	NEGATIVE	24-Jun-2008	24-Jun-2008
Colposcopy	cautery of cervical ectopy : PRIORITY=High	01-Jan-2000	01-Jan-2000
Cold coagulation lesion cervix	PRIORITY=High	01-Jan-1994	01-Jan-1994
Psychiatric referral	depression : PRIORITY=High	01-Jan-1992	01-Jan-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>
ESOMEPRAZOLE gr tab 40mg	56	tablet(s)	1 TWICE A DAY FOR DYSPEPSIA	-	06-Jan-2009	20-Sep-2010
QUETIAPINE tabs 150mg	120	tablet(s)	2 Tabs Twice daily	-	-	20-Sep-2010
AMITRIPTYLINE HCl tabs 10mg	28	tablet(s)	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	20-Sep-2010

LOFEPRAMINE tabs 70mg	84	tablet(s)	1 TABLET(S) IN THE MORNING AN[more]	-	01-Aug-2008	20-Sep-2010
DOMPERIDONE tabs 10mg	84	tablet(s)	1 TABLET(S) THREE TIMES A DAY[more]	-	06-Feb-2009	20-Sep-2010

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>
RANITIDINE tabs 150mg	60	tablet(s)	1 TWICE A DAY FOR DYSPEPSIA	-	17-Sep-2010	17-Sep-2010
QUETIAPINE tabs 150mg	120	tablet(s)	2 Tabs Twice daily	-	-	23-Jul-2010
FYBOGEL MEBEVERINE sach	60	sachet(s)	TAKE ONE TWICE DAILY	-	17-May-2010	17-May-2010
AMITRIPTYLINE HCl tabs 10mg	28	tablet(s)	1 TABLET(S) AT NIGHT FOR NERV [more]	-	24-Aug-2009	28-Jun-2010
QUETIAPINE tabs 150mg	120	tablet(s)	2 Tabs Twice daily	-	-	13-May-2010
ESOMEPRAZOLE gr tab 40mg	56	tablet(s)	1 TWICE A DAY FOR DYSPEPSIA	-	06-Jan-2009	20-Aug-2010

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15.	10-Aug-2009
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15.	24-Feb-2009
Smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	29-Aug-2008
Current smoker:	Smoking status on date of event: Smoker.	29-Feb-2008
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0. NOTES: PRIORITY=Low,	10-Jan-2005
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 1.	01-Mar-2010
Drinks occasionally:	Drinking status on eventdate: Current drinker.	10-Aug-2009
Teetotaler:	[TRUNCATED]Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS	03-May-2000

Clinical warnings**Additional Support Needs**

No known ASN requirements

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

NHS Greater Glasgow and Clyde

GASTROSCOPY REPORT

Name: **Jacqueline GOODWIN, 23/04/1973 (F)**
CHI No: **2304736009**
Case note no.: **51318572B**

Address: **68 Castlemilk Drive**
Flat 3/1
Glasgow
Lanarkshire
G45 9TW

GP: **WRIGHT, LINDA**
Drs McEvinney, Wright, McLaughlin
44 Croftfoot Road
Glasgow
G44 5JT

Procedure date
5th May 2017

Priority: Urgent
Status: Outpatient/NHS
Hospital: New Victoria Hospital

Referring Cons: GP (Direct Access)

Indications

Dysphagia, reflux symptoms and weight loss.

Report

The procedure was completed successfully.
The whole upper gastro-intestinal tract was normal.

Advice/comments

Normal examination. D2 and gastric biopsies were taken.
We will refer her to gastroenterology for further investigation

Consultant/Endoscopist

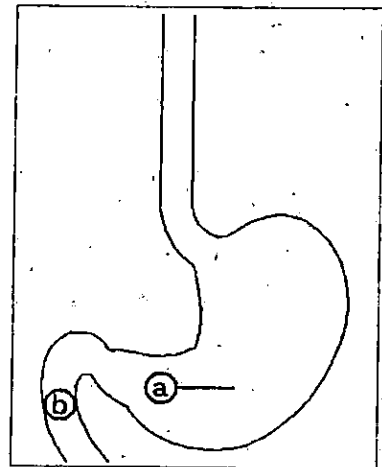
Mr Rajiva Das
Nurses: Sn Gail Woods
SN Susan Fox

Instrument
SCANTRACK

Premedication

Midazolam (IV) 2 mg


Mr Rajiva Das
Consultant Colorectal Surgeon
c.c. GP (Direct Access)
Goodwin, Jacqueline



a: An area extending from the antrum to the lower body
b: Second part

Specimens taken

Biopsy (random x2 site a and random x4 site b)



THE VICTORIA INFIRMARY

OPERATION SHEET

2304736009

GOODWIN

Jacqueline

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire

F
23/04/1973

FIRST NAMES (Block Letters)

OPERATION PERFORMED

G45 9BB

AGE

REGISTRATION NUMBER

SURGEON

ASSISTANT

ANAESTHETIST

1/12/12

epiphy

Hand

no shaver

Handkerchiefs 1/12

no sutures

up 1/12

✓

ADDRESSOGRAPH NAME  2304736009 GOODWIN Jacqueline F Flat 0/1 HC 38 Dougrie Drive Glasgow, Lanarkshire G45 9B WJ HOSP - A&M THEATRE - VLC OSU 2/room		COUNTS	SN Scrub Nurse(s) Print Name	NA Circulating Nurse(s) - Signature & Print name
		PRE - OP SWAB COUNT CORRECT	A-BEATTIE	TKELLY
		PRE - OP INSTRUMENT COUNT CORRECT	BEATTIE	KELLY
		FINAL SWAB COUNT CORRECT	BEATTIE	KELLY
		FINAL INSTRUMENT COUNT CORRECT	BEATTIE	KELLY
		FINAL SWAB DISPATCH COUNT CORRECT	BEATTIE	KELLY
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 To be completed for permanent and temporary replacement				
INCOMING COUNT To be completed for temporary replacement				
OPERATION flexible cystoscopy				
TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY				
Swabs (2x2)		Tapes		ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	5	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 (Beri)		
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				

Gastroscopy report

Performed	01-Sep-2023 14:05	Received	01-Sep-2023 14:20
Reported	01-Sep-2023 14:20	Order Number	UNI290406-2304736009
Status	Final	Source System	MasterLab

UGI G1

Final

NHS Greater Glasgow and Clyde GASTROSCOPY REPORT

Name: **Jacqueline GOODWIN (F)**
Date of birth: **23/04/1973**
NHS No: **2304736009**
Case Note No: **2304736009**

Address: **Flat 0/1
38 Dougrie Drive
Glasgow
Lanarkshire
G45 9BB**

GP: **LEVINE, KATE
Drs McEvinney, Mclaughlin, Levine
&
44 Croftfoot Road
Glasgow
G44 5JT**

Procedure date: **1st September 2023 (14:0**
Attachments: **Elective
Lower
oesophagus_1
Upper body_1
Lower body_1
Second part_1**
**Outpatient/NHS
VIC ACH
Ward - Not specified
GP (Direct Access)**

Priority:
Status:
Hospital:
Ward:
Referring Cons:

Indications

Reflux symptoms and ? Barrett's - biopsies have never revealed IM.

Consultant/Endo

Ann
Nurses: Lyn
Staff Nurse Su

Report

The procedure was completed successfully to D2.
The whole upper gastro-intestinal tract was normal.

Inst
SC

Advice/Comments

This lady does not have true Barrett's. She has an irregular Z line at most.
Looking back at four different sets of previous biopsies she has never had IM.
Currently on Esomeprazole 40mg BD but still struggling with nocturnal reflux. I would consider adding in rafter or Famotidine at bedtime.
Back to GP - no follow up required and should be removed from Barrett's surveillance.

Premec
Midazolam
Xylocaine (Spra

Follow up

Return to the referring GP.

Annrose Boyd
Nurse Endoscopist

Produced by Unisoft's GI Reporting Tool

Compiled on 01/09/2021

Gastroscopy report

Performed	13-Jan-2020 09:23	Received	13-Jan-2020 09:44
Reported	13-Jan-2020 09:44	Order Number	UNI158285-2304736009
Status	Final	Source System	MasterLab

UGI G1

Final

NHS Greater Glasgow and Clyde GASTROSCOPY REPORT

Name: **Jacqueline GOODWIN (F)**
 Date of birth: **23/04/1973**
 NHS No: **2304736009**
 Case Note No: **2304736009**

Address: **Flat 0/1
 38 Dougrie Drive
 Glasgow
 Lanarkshire
 G45 9BB**

GP: **MARSHALL, ROSLYN
 Drs McEvinney, Wright, Mclaughlin
 44 Croftfoot Road
 Glasgow
 G44 5JT**

Procedure date: **13th January 2020 (09:23)**

Attachments: **Urgent
 Inpatient/NHS
 VIC ACH
 (none)
 GP (Direct Access)**

Antrum_1
 Lower oesophagus_1
 Lower oesophagus_2
 Antrum_2
 Lower oesophagus_3

Priority:
 Status:
 Hospital:
 Ward:
 Referring Cons:

Indications

Dysphagia and regurgitation.
 Clinically important comments: ? previous barretts smoker.

Consultant/Endo

Sister M
 Nurses: Mart
 Man

Report

The scope was retroflexed in the stomach.
 The procedure was completed successfully to D2.

Inst

SC

Site a: Lower oesophagus

Grade A oesophagitis (mucosal breaks confined to the mucosal fold each no longer than 5mm).Specimens: 2x biopsy.

Site b: Antrum

Specimens: 2x biopsy.

Premec

Midazolam
 Xylocaine (Spr

Diagnoses

OESOPHAGUS. Oesophagitis/reflux and exclude barretts.
 STOMACH. Normal.
 DUODENUM. Normal.

Advice/Comments

Grade A reflux oesophagitis.Biopsies taken.Exclude
Barretts.Photos taken
Three small healed erosions evident in the
stomach at the antrum.Biopsies taken to exclude
gastritis.Photos taken
Normal D2.
Suggests changing PPI to an alternative bd

Follow up

Awaiting pathology results.

Sister Mary Craig
GI IBS Nurse Specialist

Produced by Unisoft's GI Reporting Tool

Compiled on 13/01/2021

Gastroscopy report

Performed	05-May-2017 15:40	Received	05-May-2017 15:49
Reported	05-May-2017 15:49	Order Number	UNI365583-2304736009
Status	Final	Source System	MasterLab

UGI G1

Final

GASTROSCOPY REPORT

Name:	Jacqueline GOODWIN, 23/04/1973 (F)	Address:	68 Castlemilk Drive Flat 3/1 Glasgow Lanarkshire G45 9TW
CHI No:	2304736009		
Case Note No:	51318572B		
GP:	WRIGHT, LINDA Drs McEvinney, Wright, McLaughlin 44 Croftfoot Road Glasgow G44 5JT	Status:	Outpatient/NHS
		Hospital:	New Victoria Hospital
		Ward:	Ward - Not specified
		Referring Cons:	GP (Direct Access)

Procedure date: 05 May 2017**Indications**

Dysphagia, reflux symptoms and weight loss.

Consultant/Endoscopist

Mr Rajiva Das
Nurses: Sn Gail Woods
SN Susan Fox

Report

The whole upper gastro-intestinal tract was normal.

Instrument
SCANTRACK

Advice/Comments

Normal examination. D2 and gastric biopsies were taken.
We will refer her to gastroenterology for further investigation

Premedication
Midazolam (IV) 2 mg

Specimens Taken

Biopsy (x4 from second part and random x2 from an area extending from the antrum to the lower body)

*** END OF REPORT ***

Gastroscopy report

Performed	06-Oct-2015 14:49	Received	07-Oct-2015 07:56
Reported	07-Oct-2015 07:56	Order Number	UNI304354-2304736009
Status	Final	Source System	MasterLab

UGI G1

Final

GASTROSCOPY REPORT

Name:	Jacqueline GOODWIN,	Address:	68 Castlemilk Drive
	23/04/1973 (F)		Flat 3/1
CHI No:	2304736009		Glasgow
Case Note No:	51318572B		Lanarkshire
			G45 9TW
GP:	WRIGHT, LINDA	Status:	Day patient/NHS
	Drs Willox, McEvinney,	Hospital:	Southern General
	Wright & Mcl	Ward:	(none)
	44 Croftfoot Road	Referring Cons:	Dr Shouren Datta
	Glasgow		(Gastroenterology)
	G44 5JT		

Procedure date: 06 October 2015**Indications**

Reflux symptoms and ?? Barrett's.

Consultant/Endoscopist

Annrose Boyd

Nurses: SN Carolyn Milligan- Staff Nurse

SN Susan Fox

Report

OESOPHAGUS. Hiatus hernia: sliding of length 2 cm in the lower oesophagus.

STOMACH. Gastritis: mild erythematous/exudative with no bleeding in the antrum. Result of urease test in the antrum proved negative for Helicobacter pylori.

Instrument

SCANTRACK

Premedication

Midazolam (IV) 3 mg

Xylocaine Spray (Oral) 10 spray

Diagnoses

OESOPHAGUS. Hiatus hernia.

STOMACH. Gastritis.

DUODENUM. Normal.

Specimens Taken

Urease: H.pylori negative from antrum

Follow up

Return to the referring Consultant.

Advice/Comments

Small hiatus hernia but no significant Barrett's.

Mild gastritis noted also.

Clo test taken, please eradicate if +ve.

***** END OF REPORT *****

Gastroscopy report

Performed	25-Oct-2010 10:42	Received	25-Oct-2010 10:43
Reported	25-Oct-2010 10:43	Order Number	UNI109080-2304736009
Status	Final	Source System	MasterLab

UGI G1

Final

GASTROSCOPY REPORT

Name:	Jacqueline GOODWIN,	Address:	68 Castlemilk Drive
	23/04/1973 (F)		Flat 3/1
CHI No:	2304736009		Glasgow
Case Note No:	SG99835706		Lanarkshire
			G45 9TW
GP:	Dr D Willox	Status:	Day patient/NHS
	44 Croftfoot Road	Hospital:	Victoria Infirmary
	Glasgow	Ward:	(none)
	G44 5JT	Referring Cons:	Dr R Boulton-Jones
			(Gastroenterology)

Procedure date: 25 October 2010**Indications**

Reflux symptoms.

Consultant/Endoscopist

Mr Paul Glen

Nurses: SN Andrea Malarkey

Sn Kerri McDowall

Report

OESOPHAGUS. Star-shaped Barrett's epithelium from 37cm to 38cm in the left lower oesophagus.

Instrument

VIC -EG2990K A120217

Diagnoses

OESOPHAGUS. Barrett's mucosa.

STOMACH. Normal.

DUODENUM. Normal.

Premedication

Midazolam (IV) 4 mg

Specimens Taken

Urease test for H.pylori from antrum

Biopsy (x2 from left lower oesophagus)

Follow up

Awaiting pathology results. Return to the referring Consultant.

Advice/Comments

No significant abnormality on ogd-possible short segment of barretts but may be top of gastric folds.

Biopsy for CLO and of lower oesophagus.

Symptoms settling with addition of ranitidine to PPI and prokinetic agent. Should continue on these.

***** END OF REPORT *****

MEDICINE

PRESCRIPTION FORM

Hospital Name: QBUH

MEDICINES RECONCILIATION				ONCE ONLY AND PREMEDICATION DRUGS							
Medicines Reconciled on Admission YES ☐				DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
Date _____ Name (Print) _____											
Discharge Prescription Prepared & Reconciled YES ☐											
Date _____ Name (Print) _____											
Date and time this form prepared: _____											
Sheet No _____		2nd Prescription in use									
Time: _____		YES ☐ NO ☐									
DOCTOR'S DECLARATION (if required by Local Protocol)											
I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:											
with the following exceptions: _____											
Print & Sign: _____ Date: _____											
COMMUNITY PHARMACY INFORMATION											
Name _____ Tel No. _____											
Address _____											
Compliance Aid Details _____											
Patient consent to share discharge information Y/N											
Print & Sign _____											
PATIENT DETAILS											
Hospital 				Height: _____							
2304736009				Weight: _____							
DOB: GOODWIN F				Surface area: _____							
Jacqueline 23/04/1973				Ward: _____							
68 CASTLEMILK DRIVE											
FLAT 3/1											
Date of A Glasgow, Lanarkshire											
Consulta G45 9TW											

		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 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		ENOXAPARIN																													
		DOSE		ROUTE		DATE		DATE:																									
		40mg		S/C		21/04																											
		PRESCRIBER (PRINT & SIGN)		INITIALS:																													
		mmms																															
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																															
				Other time																													
				0700-0900																													
				1200-1400																													
				1600-1800																													
				2200-2400																													
				Other time																													
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☒	B	DRUG		TEDS																													
		DOSE		ROUTE		DATE		DATE:																									
		1 pair		TOP		21/04																											
		PRESCRIBER (PRINT & SIGN)		INITIALS:																													
		mmms																															
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																															
				Other time																													
				0700-0900																													
				1200-1400																													
				1600-1800																													
				2200-2400																													
				Other time																													
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	C	DRUG																															
		DOSE		ROUTE		DATE		DATE:																									
		PRESCRIBER (PRINT & SIGN)		INITIALS:																													
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																															
				Other time																													
				0700-0900																													
				1200-1400																													
				1600-1800																													
				2200-2400																													
				Other time																													

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

Parenteral Drugs: Regular Prescription				DATE													Patient's Own Medicine	
				MONTH														
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	D	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																Assessed by:
																		Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	E	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																Assessed by:
																		Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	F	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																Assessed by:
																		Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	G	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																Assessed by:
																		Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription				DATE													Patient's Own Medicine
				MONTH													
BEFORE ADMISSION ☒	H	DRUG AMITRIPTYLINE		Other time													For Use Y/N
NEW DOSE ☐	DOSE 10mg	ROUTE ORAL	DATE 2/1/04	0700-0900													Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) M. M. M.		STOPPED INITIALS:	1200-1400													Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
				2200-2400													Ordered from Pharm.
				Other time													
BEFORE ADMISSION ☒	J	DRUG ESOMEPRAZOLE		Other time													For Use Y/N
NEW DOSE ☐	DOSE 40mg	ROUTE ORAL	DATE 2/1/04	0700-0900													Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) M. M. M.		STOPPED INITIALS:	1200-1400													Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
				2200-2400													Ordered from Pharm.
				Other time													
BEFORE ADMISSION ☒	K	DRUG LOFERRAMINE		Other time													For Use Y/N
NEW DOSE ☐	DOSE 70mg	ROUTE ORAL	DATE 2/1/04	0700-0900													Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) M. M. M.		STOPPED INITIALS:	1200-1400													Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
				2200-2400													Ordered from Pharm.
				Other time													
BEFORE ADMISSION ☒	L	DRUG LOFERRAMINE		Other time													For Use Y/N
NEW DOSE ☐	DOSE 140mg	ROUTE ORAL	DATE 2/1/04	0700-0900													Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) M. M. M.		STOPPED INITIALS:	1200-1400													Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
				2200-2400													Ordered from Pharm.
				Other time													

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													Patient's Own Medicine
				MONTH													
BEFORE ADMISSION ☒	M	DRUG RANITIDINE		DATE: 07/00-0900													For Use Y/N
NEW DOSE ☐		DOSE 150mg	ROUTE ORAL	DATE: 21/04	1200-1400												Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN) <i>[Signature]</i>		INITIALS:	1600-1800												Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2200-2400													Assessed by:
				Other time													Ordered from Pharm.
BEFORE ADMISSION ☒	N	DRUG QUETIAPINE		DATE: 0700-0900													For Use Y/N
NEW DOSE ☐		DOSE 300mg	ROUTE ORAL	DATE: 21/04	1200-1400												Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN) <i>[Signature]</i>		INITIALS:	1600-1800												Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2200-2400													Assessed by:
				Other time													Ordered from Pharm.
BEFORE ADMISSION ☒	P	DRUG QUETIAPINE		DATE: 0700-0900													For Use Y/N
NEW DOSE ☐		DOSE 450mg	ROUTE ORAL	DATE: 21/04	1200-1400												Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN) <i>[Signature]</i>		INITIALS:	1600-1800												Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2200-2400													Assessed by:
				Other time													Ordered from Pharm.
BEFORE ADMISSION ☐	R	DRUG		DATE: 0700-0900													For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	DATE	1200-1400												Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)		INITIALS:	1600-1800												Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2200-2400													Assessed by:
				Other time													Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription				DATE													Patient's Own Medicine	
				MONTH														
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	S	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																Assessed by:
																		Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	T	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																Assessed by:
																		Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	V	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																Assessed by:
																		Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	W	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																Assessed by:
																		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													Patient's Own Medicine	
				MONTH														
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	X	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)			1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
			Other time															
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	Y	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)			1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
			Other time															
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	AA	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)			1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
			Other time															
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	BB	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)			1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
			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.

Oral and Other Drugs: Regular Prescription				DATE													Patient's Own Medicine	
				MONTH														
BEFORE ADMISSION ☐	CC	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
NEW DOSE ☐	DD	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
NEW MEDICATION ☐	EE	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
	FF	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			STOPPED INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
			Other time															

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 →													Patient's Own Medicine	
				MONTH →														
BEFORE ADMISSION ☐	GG	DRUG		DATE:	Other time													For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	DATE	0700-0900													Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)		INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
					Other time													
BEFORE ADMISSION ☐	HH	DRUG		DATE:	Other time													For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	DATE	0700-0900													Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)		INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
					Other time													
BEFORE ADMISSION ☐	JJ	DRUG		DATE:	Other time													For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	DATE	0700-0900													Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)		INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
					Other time													
BEFORE ADMISSION ☐	KK	DRUG		DATE:	Other time													For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	DATE	0700-0900													Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)		INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Assessed by:
					2200-2400													Ordered from Pharm.
					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.

All Routes: As Required Prescriptions										Own Medication													
BEFORE ADMISSION ☐		LL		DRUG PARACETAMOL		DATE:		DATE												For Use Y/N			
NEW DOSE ☐		DOSE 1 gram		ROUTE ORAL		INDICATION PAIN		STOPPED INITIALS:		TIME												Qty:	
NEW MEDICATION ☒		PRESCRIBER (PRINT & SIGN) MMMO				MAX.FREQ. QID		DATE: 2/10/04		DOSE												Date:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										GIVEN BY												Assessed by:	
																						Ordered from Pharm.	
BEFORE ADMISSION ☐		MM		DRUG		DATE:		DATE												For Use Y/N			
NEW DOSE ☐		DOSE		ROUTE		INDICATION		STOPPED INITIALS:		TIME												Qty:	
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.		DATE:		DOSE												Date:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										GIVEN BY												Assessed by:	
																						Ordered from Pharm.	
BEFORE ADMISSION ☐		NN		DRUG		DATE:		DATE												For Use Y/N			
NEW DOSE ☐		DOSE		ROUTE		INDICATION		STOPPED INITIALS:		TIME												Qty:	
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.		DATE:		DOSE												Date:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										GIVEN BY												Assessed by:	
																						Ordered from Pharm.	
BEFORE ADMISSION ☐		PP		DRUG		DATE:		DATE												For Use Y/N			
NEW DOSE ☐		DOSE		ROUTE		INDICATION		STOPPED INITIALS:		TIME												Qty:	
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.		DATE:		DOSE												Date:	
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

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

										Patient's Own Medicine							
BEFORE ADMISSION ☐	RR	DRUG			DATE:											For Use Y/N	
		DOSE	ROUTE	INDICATION	STOPPED INITIALS:	DATE											Qty:
		PRESCRIBER (PRINT & SIGN)			MAX.FREQ.	DATE:											Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY												Assessed by:			
NEW DOSE ☐	SS	DRUG			DATE:											For Use Y/N	
		DOSE	ROUTE	INDICATION	STOPPED INITIALS:	DATE											Qty:
		PRESCRIBER (PRINT & SIGN)			MAX.FREQ.	DATE:											Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY												Assessed by:			
NEW DOSE ☐	TT	DRUG			DATE:											For Use Y/N	
		DOSE	ROUTE	INDICATION	STOPPED INITIALS:	DATE											Qty:
		PRESCRIBER (PRINT & SIGN)			MAX.FREQ.	DATE:											Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY												Assessed by:			
NEW MEDICATION ☐	VV	DRUG			DATE:											For Use Y/N	
		DOSE	ROUTE	INDICATION	STOPPED INITIALS:	DATE											Qty:
		PRESCRIBER (PRINT & SIGN)			MAX.FREQ.	DATE:											Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY												Assessed 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) _____ _____
----------------------------	---

- Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

[illegible]

Notes for Users

FOR PRESCRIBERS:

1. Proscribe drugs generically using the Approved Name (except in cases where bioequivalency differs between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg	Gram = g
Millilitre = ml	Millimoles = mmol

Microgram / Nanogram / Units – Do not abbreviate, write in full
8. Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml NOT .5ml).
9. The route of administration can be abbreviated using the following -

O = oral	ID = Intradermal
IM = Intramuscular	SL = sublingual
SC = subcutaneous	PR = per rectum
NG = nasogastric	PEG = percutaneous endoscopic gastrostomy
PV = per vagina	PIG = radiologically inserted gastrostomy
PE = nasojugulostomy	PER = percutaneous endoscopic jejunostomy
TOP = topical	ETT = endotracheal
NEB = nebulised	INHAL = inhaled
IV = Intravenous	
10. Please note - Intrathecal must be written in full.

FOR NURSES

1. The "Once only" Regular and "As required" sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant data column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate data column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

- | | | | |
|------------------------|--|---|---------------------------------------|
| ③ Patient refused | ⑦ Patient asleep | ⑪ Unable to swallow | ⑭ Other - Record in nursing notes |
| ④ Drug not available | ⑧ Time varied on doctor's instructions | ⑫ No intravenous access | ⑮ Prescription clarification required |
| ⑤ Nil by mouth/fasting | ⑨ Dose withheld on doctor's instructions | ⑬ Patient Self-Administration of Medicine | |
| ⑥ Patient unavailable | ⑩ Nausea/vomiting | | |

Consent Form

Patient agreement to endoscopic investigation or treatment

	
2304736009	
GOODWIN	F
Jacqueline	23/04/1973
Flat 0/1	
38 Dougrie Drive	
Glasgow, Lanarkshire	
G45 9BB	

Name of Procedure

Gastroscopy: Endoscopy: Oesophago-gastro-duodenoscopy

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography)

Biopsy specimens will be retained.

Statement of Patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in this booklet including the benefits and any risks:

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I understand 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.

I would like to have: ☐ local anaesthetic throat spray ☒ or sedation ☒ (Please tick box)

Have you ever been notified that you are at an increased risk of CJD or VCJD for public health purposes? ☒

☐ Yes ☒ No

Consent Signature

Please Use Black Ink

Signed: J. Goodwin Date: _____

Name (print in capitals): J. GOODWIN

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signed: _____ Date: _____

Staff Only

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the procedure)

I have confirmed that the patient understands what the procedure involves including any risks.

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed: F. JALI Date: 1/9/23

Name (print in capitals): F. JALI

Job Title: SIN

Consent Form

Patient agreement to endoscopic investigation or treatment



2304736009

GODDWIN

Jacqueline

23/04/1973

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire

G45 9BB

Name of Procedure

Gastroscopy/ Endoscopy/ Oesophago-gastro-duodenoscopy

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography)

Biopsy specimens will be retained.

Statement of Patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in this booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I understand 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.

I would like to have: local anaesthetic throat spray ☐
or sedation ☒ (Please tick box)

Have you ever been notified that you are at an increased risk of CJD/VCJD for public health purposes:

☐ Yes ☒ No

Consent Signature

Signed J. Godwin Date 13/1/2021

Name (print in capitals) _____

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signed _____ Date _____

Staff Only

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the procedure)

I have confirmed that the patient understands what the procedure involves including any risks.

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed A. Banks Date 13/1/2021

Name (print in capitals) _____

Job Title S/N



2304736009
GOODWIN
Jacqueline
Flat 0/1
38 Dougie Drive
Glasgow, Lanarkshire

F!
23/04/1973

G45 9BB

INFORMATION ON FLEXIBLE CYSTOSCOPY

A Flexible cystoscopy is a procedure involving direct inspection of the urinary bladder using a fine, flexible instrument inserted through the waterpipe (urethra). It is performed mostly as a diagnostic test to find out why you are having your symptoms. It is sometimes done to remove ureteric stents after urological surgery. It is done while you are awake, and the actual procedure lasts only a few minutes.

After the specialist has verified your personal and clinical details, and confirmed that you have signed your consent form, you will be changed into a hospital gown; and taken into the procedure room. The test is carried out by a trained specialist doctor or nurse who has performed several such tests before. The opening of the waterpipe is cleaned with a sterile solution and you will be covered with sterile sheets. Local anaesthetic jelly will be passed into the waterpipe. This makes the procedure more comfortable, however there may be some initial stinging.

The telescope is passed with water filling the bladder. It is quite normal to have a sensation of wanting to pass urine. In men, there may be slight discomfort for a few seconds when passing through the pelvic muscles and prostate.

The specialist will be able to tell you of the findings of the test upon completion, and what to do next.

Benefit of test: Diagnostic / removal of a stent or object / biopsy.

Risks: Include temporary burning, urinary symptoms, infection, bleeding and very rarely perforation. Rarely some people are unable to empty their bladder requiring a temporary catheter. You may need further procedures depending on what is found.

STATEMENT OF PATIENT:

I HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION FOR THE PROCEDURE.

I UNDERSTAND THAT YOU CANNOT GIVE ME A GUARANTEE THAT A PARTICULAR PERSON WILL PERFORM THE PROCEDURE.

I AGREE TO THE PROCEDURE DESCRIBED ABOVE.

Signed: J Goodwin Date: 1/11/18

PRINT NAME JACQUELINE GOODWIN

If you would like to ask further questions, DO NOT SIGN the form now. You can sign it after you have spoken to the specialist performing the procedure.

CONFIRMATION OF CONSENT (To be completed by specialist performing the procedure)

I have confirmed that the patient understands what the procedure involves.

I have confirmed that the patient has no questions, and agrees for the procedure to go ahead.

Signed: [Signature] Date: 1/11/18
NAME: [Signature]

Consent Form

Patient agreement to endoscopic investigation or treatment



2304736009
GOODWIN F
Jacqueline 23/04/1973
68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow, Lanarkshire

G45 9TW

Name of Procedure

Gastroscopy/ Endoscopy/ Oesophago-gastro-duodenoscopy

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography)

Biopsy specimens will be retained.

Statement of Patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in this booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I understand 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.

I would like to have: ☐ local anaesthetic throat spray ☐
or sedation ☒ (Please tick box)

Have you ever been notified that you are at an increased risk of CJD/VCJD for public health purposes:

☐ Yes ☒ No

Consent Signature

Signed X J Goodwin Date 5/5/17

Name (print in capitals) X J. GOODWIN

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signed _____ Date _____

Staff Only

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the procedure)

I have confirmed that the patient understands what the procedure involves including any risks.

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

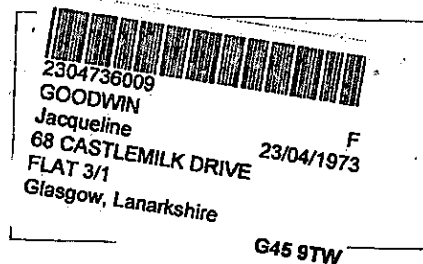
Signed McConnachie Date 5/5/17

Name (print in capitals) McCONNACHIE

Job Title SN

Consent Form

Patient agreement to endoscopic investigation or treatment



Name of Procedure

Gastroscopy/ Endoscopy/ Oesophago-gastro-duodenoscopy

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography)

Biopsy specimens will be retained.

Statement of Patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in this booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I understand 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.

I would like to have: **local anaesthetic throat spray** ☐
or sedation ☒ (Please tick box)

Have you ever been notified that you are at an increased risk of CJD/VCJD for public health purposes:

☐ Yes ☒ No

Consent Signature

Signed Jacqueline Goodwin Date 6/10/15

Name (print in capitals) JACQUELINE GOODWIN

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signed _____ Date _____

Staff Only

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the procedure)

I have confirmed that the patient understands what the procedure involves including any risks.

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed [Signature] Date 6/10/15

Name (print in capitals) MCILIE

Job Title SN

Goodwin, Jacqueline

ID:2304736009

04-SEP-2023 09:54:58

GREATER GLASGOW SITE-VAGPOP ROUTINE RECORD

23-APR-1973 (50 yr)
Female

Vent. rate 96 BPM
PR interval 132 ms
QRS duration 80 ms
QT/QTc 342/432 ms
P-R-T axes 66 60 39

Normal sinus rhythm
Low voltage QRS

Room:
Loc:603

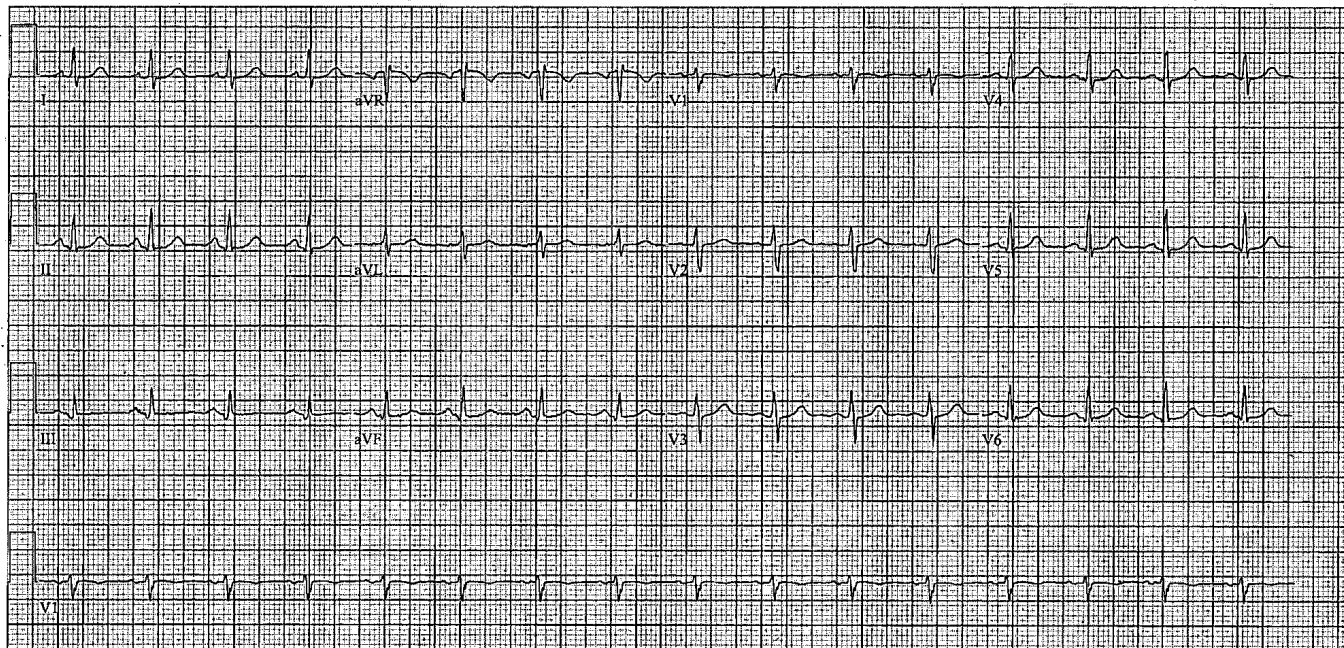
Confirmed by Admin 15, Sys (21015) on 05/09/2023 09:54:05

Technician: 528
Test ind:

CONFIRMED ECG REPORT Sys Admin 15

Comments:

Comments:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 243 CID: 1602

SID: 3294826 EID:21015 EDT: 09:54 05-SEP-2023 ORDER:

Page 1 of 1

GOODWIN, JACQUELINE

ID:2304736009

15-FEB-2018 19:55:15

GREATER GLASGOW SITE-QEIAU ROUTINE RECORD

23-APR-1973 (44 yr)
Female

Vent. rate	108	BPM
PR interval	126	ms
QRS duration	78	ms
QT/QTc	346/463	ms
P-R-T axes	66 62	33

Sinus tachycardia
Possible Left atrial enlargement
Borderline ECG

Room:
Loc:1302

Technician:
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.04 12SL 241 CID: 48

EID:21017 EDT: 08:33 21-FEB-2018 ORDER:

Page 1 of 1

23-Apr-1973

Female

Vent. rate : bpm

PR interval 152 ms

QRS duration 76 ms

QT/QTc 352/456 ms

P-R-T axes 65 65 45

Sinus tachycardia

Otherwise normal ECG

Loc: 1302

Technician:

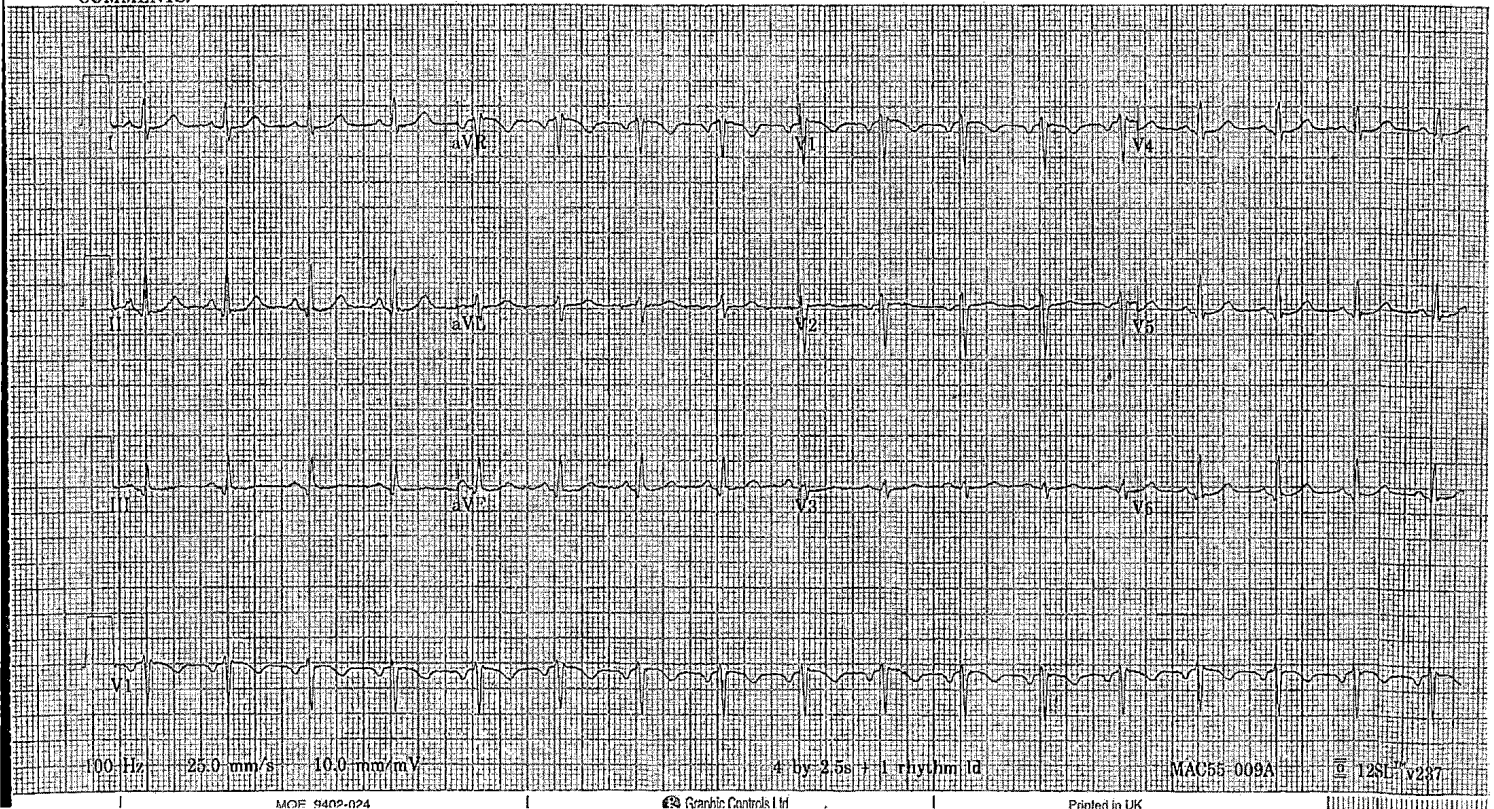
Test ind:

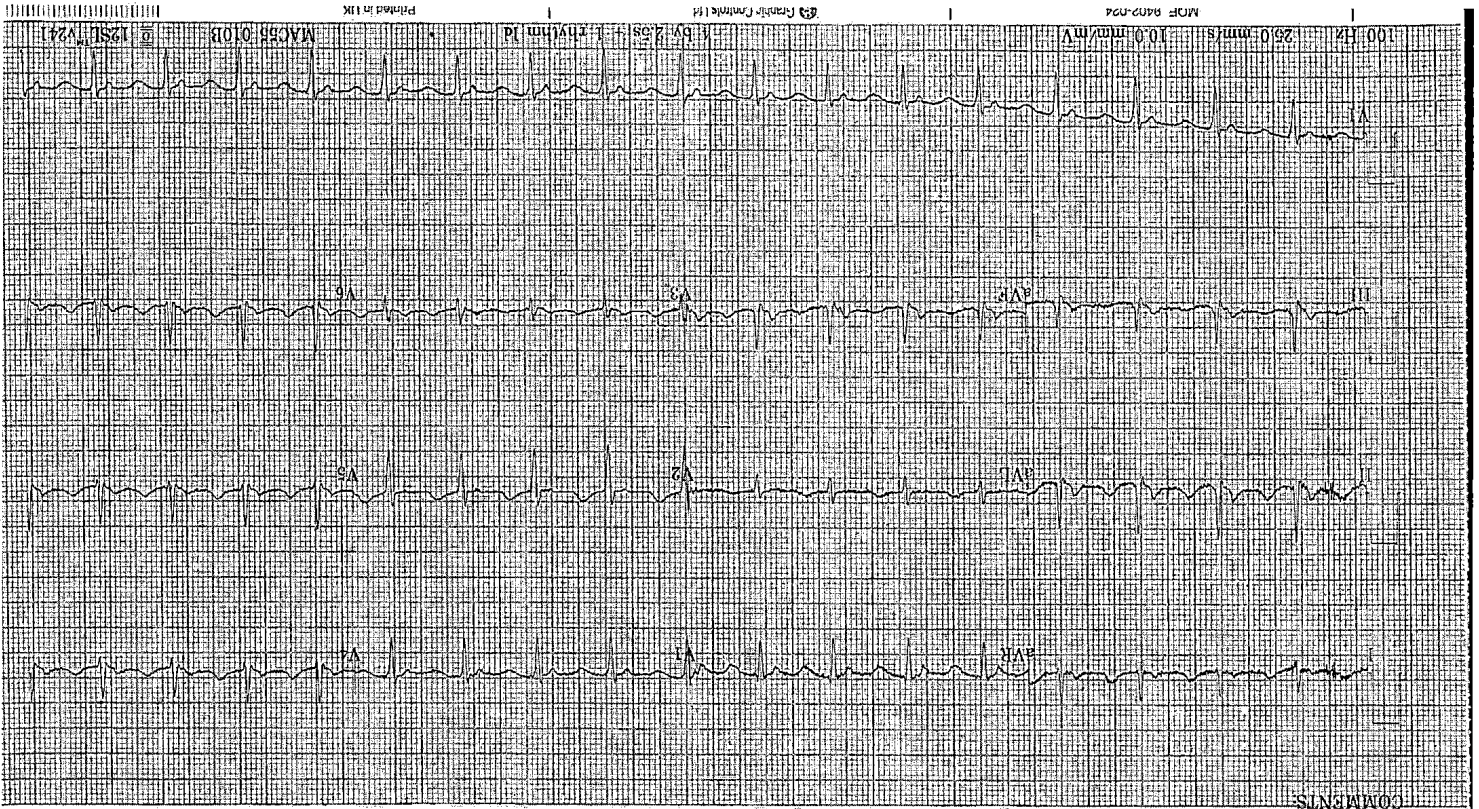
2304736 009

Referred by:

Unconfirmed

COMMENTS:





COMMENTS:

Referred by:

Unconfirmed

Technician:
Test Ind:

Loc: 1302

Female
23-Apr-1973

GOODWIN, JACQUELINE

Vent. rate 108 bpm
PR interval 126 ms
QRS duration 78 ms
QT/QTc 346/463 ms
P-R-T axes 66 62 33

Sinus tachycardia
Possible Left atrial enlargement
Borderline ECG

ID: 2304736009

15-Feb-2018 11 15

QUEEN ELIZABETH UNIVERSITY HOSPITAL

2304736009
GOODWIN
JACQUELINE
38 DOUGRIE DRIVE
GLASGOW, LANARKSHIRE
GAS 9AA



THIS IS A COPY OF THE ORIGINAL ECG AND NOT A REPRODUCTION OF THE ORIGINAL

GOODWIN, JACQUELINE

ID: 2304736009

21-Apr-2017 17:05

QUEEN ELIZABETH UNIVERSITY HOSPITAL

23-Apr-1973

Female

Vent. rate 61 bpm

PR interval 122 ms

QRS duration 74 ms

QT/QTc 336/426 ms

P-R-T axes 70 61 46

Normal sinus rhythm

Normal ECG

2304736009 F
GOODWIN
Jacqueline
68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow, Lanarkshire
23/04/1973
G45 9TW

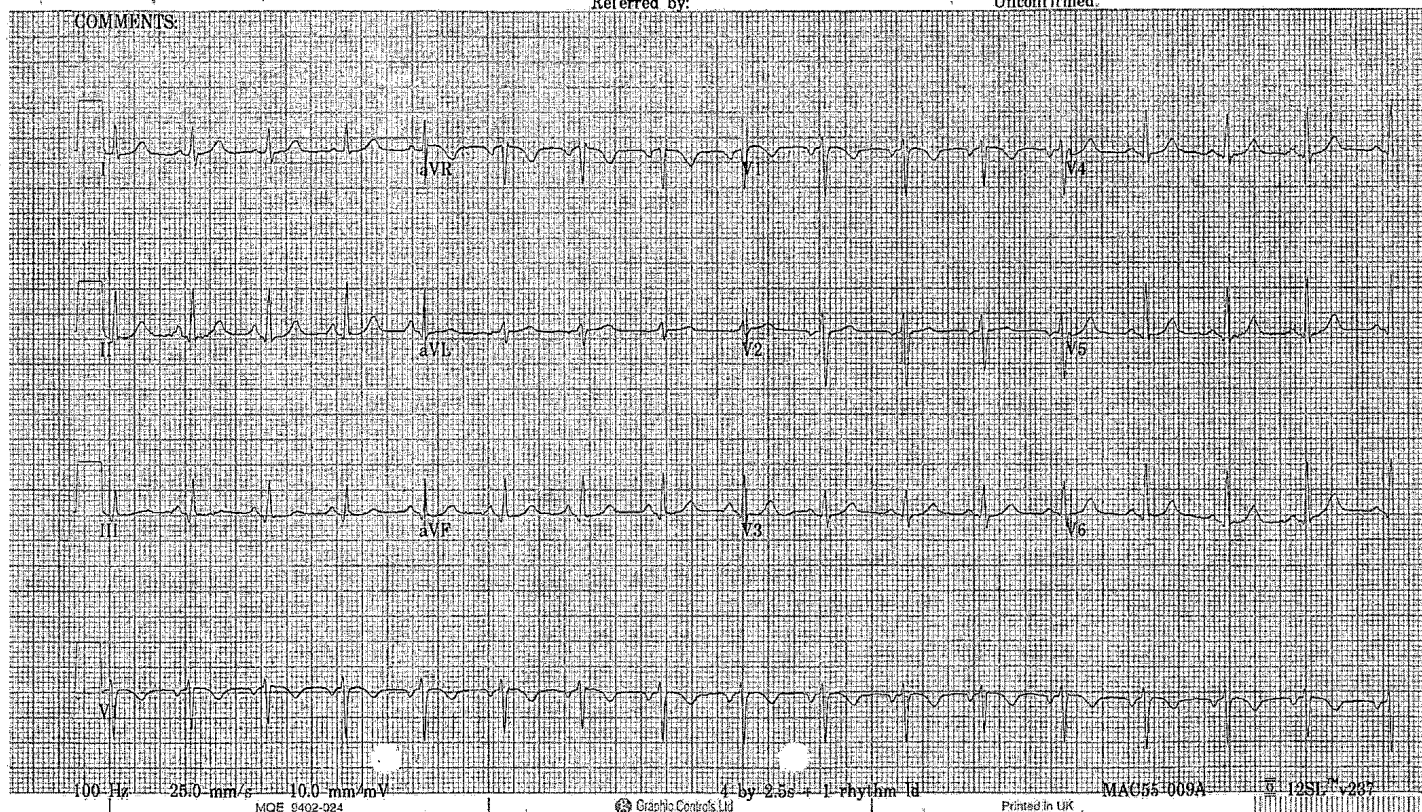
Technician:

Test ind:

Referred by:

Unconfirmed.

COMMENTS:



Direct Access Spirometry Report

Outreach Spirometry Service
Outreach Spirometry Service

Pre vs. Post Report

Patient Information

Name: Goodwin, Jacqueline	ID: 2304736009	Birthdate: 23/04/1973
Height at test (cm): 157.0	Sex: Female	Smoking history (pk-yrs):
Weight at test (kg): 66.0	Age at test: 44	Predicted set: ECCS 1983/93, Polgar(Peds)197

Comments: 49106,Mrc=2,sP02=98,G45 9TW

Diagnosis:

Interpreted by:

Interpretation

There is no airflow obstruction on dynamic testing. Results cannot exclude asthma or some forms of interstitial lung disease. R Vaughn

Site: KoKo688936

Physician: Dr

Technician: Darren Love

Effort protocol: ATS/ERS 2005

Bronchodilator:

Test date/time: 20/10/17 14:36:53

Pre-BD Number of efforts performed: 4

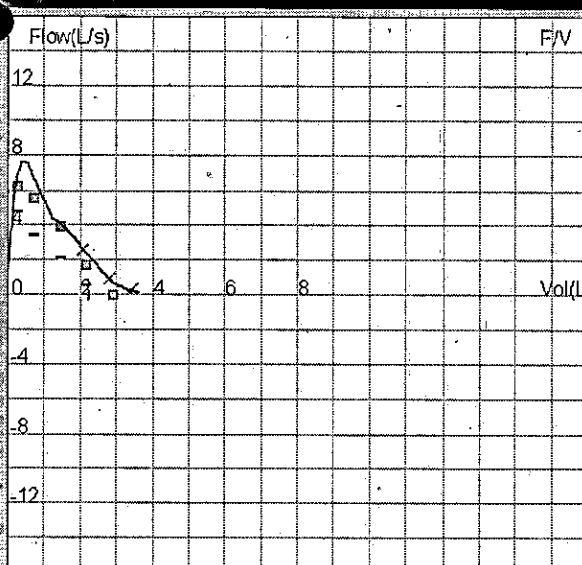
Post-BD Number of efforts performed: -

Results

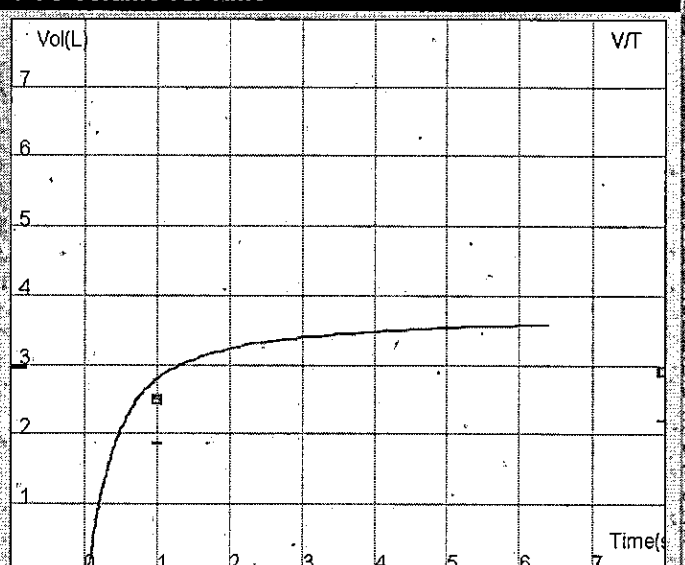
Result	Pred	Pre	%Prd	Post	%Prd	%Chg
FVC (L)	2.92	3.59	123%	---	---	---
FEV1 (L)	2.50	2.85	114%	---	---	---
FEV1/FVC	0.81	0.79		---	---	---
FEF25-75% (L/s)	3.39	2.60	77%	---	---	---
PEFR (L/s)	6.21	7.62	123%	---	---	---
Vext %	---	1.71	---	---	---	---

Comments: 49106,Mrc=2,sP02=98,G45 9TW

FVC Flow vs. Volume



FVC Volume vs. Time



Pulmonary Function Report

OUTREACH SPIROMETRY SERVICE

Screening Report

Patient Information

Name: Goodwin, Jacqueline

ID: 2304736009

Birthdate: 23/04/1973

Height at test (in): 62.3

Sex: Female

Smoking history (pk-yrs): 32

Weight at test (lb): 169.4

Age at test: 42

Predicted set: ECCS 1983/93, Polgar(Peds)1971

Comments: 49106, smoker (G45 9TW), no inhalers, sats 98%, mrc 3

Diagnosis:

Interpretation

There is no obstruction on dynamic testing. Results cannot exclude asthma or some forms of interstitial lung disease. F.Wilkie

Site: KoKo731400

Effort protocol: ATS/ERS 2005

Test date/time: 07/07/15 15:21:02

Physician:

Number of efforts performed: 3

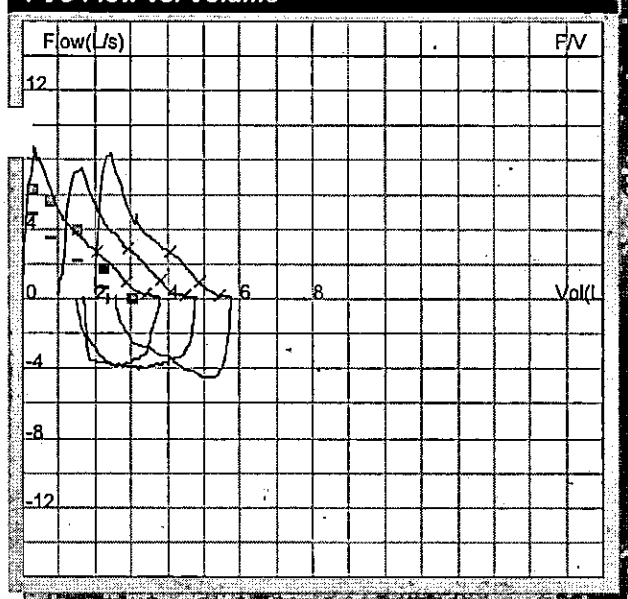
Technician: Mark Kennedy

Results

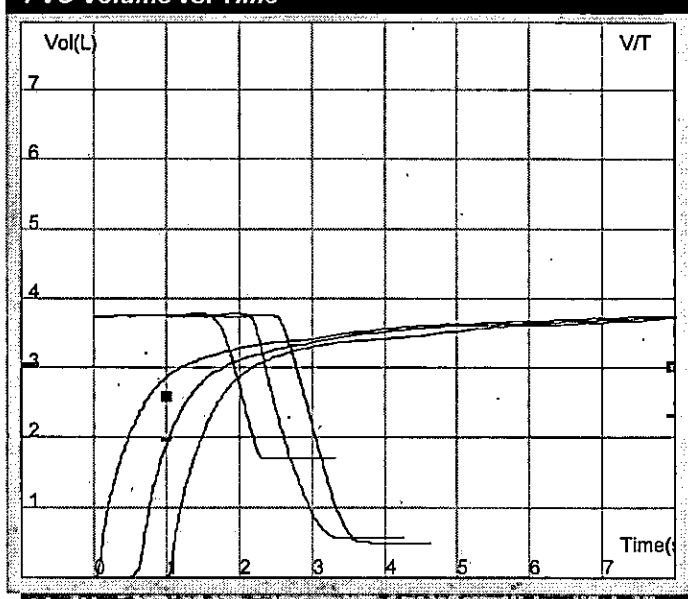
Result	Pred	Best	%Prd	%Prd	%Prd	%Prd
FVC (L)	3.02	3.77	125%	3.76	124%	3.73 123%
FEV1 (L)	2.60	2.92	112%	2.91	112%	2.91 112%
FEV1/FVC	0.81	0.77	95%	0.77	96%	0.78 96%
FEF25-75% (L/s)	3.48	2.46	71%	2.48	71%	2.53 73%
PEFR (L/s)	6.34	8.15	129%	7.31	115%	8.35 132%
Vext %	—	1.48	—	3.09	—	1.26 —

Test comments:

FVC Flow vs. Volume



FVC Volume vs. Time



XR Hand Rt

Performed	01-Nov-2023 13:15	Received	03-Nov-2023 07:05
Reported	03-Nov-2023 07:03	Order Number	G306H40256254
Status	Final	Source System	MiSys

XR Hand Rt

Final

Jacqueline Goodwin

Clinical History :

Pain and stiffness in hands. ? heberdens nodes. ? OA. Bloods ok. Inflammatory markers ok.
MM

Pain and stiffness in hands. ? heberdens nodes. ? OA. Bloods ok. Inflammatory markers ok.
MM

XR Hand Rt :

There are widespread early/minor degenerative changes on both sides.
There is no significant erosive change.

XR Hand Lt :

See above.

Reported by: Dr Sean Kelly

Verified by: Dr Sean Kelly

XR Hand Lt

Performed	01-Nov-2023 13:15	Received	03-Nov-2023 07:05
Reported	03-Nov-2023 07:03	Order Number	G306H40256255
Status	Final	Source System	MiSys

XR Hand Rt

Final

Jacqueline Goodwin

Clinical History :

Pain and stiffness in hands. ? heberdens nodes. ? OA. Bloods ok. Inflammatory markers ok.
MM

Pain and stiffness in hands. ? heberdens nodes. ? OA. Bloods ok. Inflammatory markers ok.
MM

XR Hand Rt :

There are widespread early/minor degenerative changes on both sides.
There is no significant erosive change.

XR Hand Lt :

See above.

Reported by: Dr Sean Kelly

Verified by: Dr Sean Kelly

US Pelvis TA and transvaginal

Performed	16-Sep-2021 14:45	Received	16-Sep-2021 15:23
Reported	16-Sep-2021 15:21	Order Number	G306H37652265
Status	Final	Source System	MiSys

US Pelvis TA and transvaginal

Final

Jacqueline Goodwin

Clinical History :

Suspicion of PCOS? : No

45 year old lady, heavy periods and intermenstrual vbleeding, USS confirmed fibroid 2018 but worsened over past monht, OE- bulky uterus. nauseas and early satiety. ? suspicious gyn pathology.

Additional information: LMP - unsure, around 10 days ago.

US Pelvis TA and transvaginal :

Transabdominal and transvaginal scans performed after obtaining patient's witnessed consent.

Anteverted uterus outlines normally measuring 9.5 x 3.9 cm in length and AP diameters respectively. A couple of small hypoechoic foci are noted in relation to the posterior uterine body. The appearances are suggestive of small fibroids.

Normal smooth endometrium with a combined measurement of 6 mm.

Both ovaries appear normal. The left ovary has a volume measurement of 6.7 cm³ and the right ovary 3 cm³.

No adnexal pathology seen.

The bladder and both kidneys appear normal.

Reported by: Lorna Roberts (Sonographer)

Verified by: Lorna Roberts (Sonographer)

US Abdomen

Performed	11-Sep-2020 16:16	Received	11-Sep-2020 16:36
Reported	11-Sep-2020 16:34	Order Number	G306H36049671
Status	Final	Source System	MiSys

US Abdomen

Jacqueline Goodwin

Clinical History :

RUQ pain. Hx of gallstones a few years ago - tiny. Symptoms worse again.

US Abdomen :

Examination performed and reported by Kim Riddoch, sonographer.

Multiple calculi are seen within the thin walled gallbladder. The common bile duct appears within normal limits (0.5cm) and there is no dilatation of the intrahepatic biliary tree.

The liver is echobright suggestive of fatty infiltration/diffuse parenchymal disease. No focal abnormality identified. Patent portal vein with hepatopetal flow.

Normal appearances of both kidneys, spleen and aorta.

The pancreas is poorly visualised however overall appearances are suggestive of normal.

Reported by: Kim Riddoch (Sonographer)

Verified by: Kim Riddoch (Sonographer)

XR Chest

Performed	30-Jun-2020 21:07	Received	01-Jul-2020 10:03
Reported	01-Jul-2020 10:01	Order Number	G405H36332443
Status	Final	Source System	MiSys

XR Chest

Final

Jacqueline Goodwin

Clinical History :

increased shortness of breath ? infection ?COVID

XR Chest :

There is no evidence of active pulmonary disease.

Reported by: Dr Michael Sproule

Verified by: Dr Michael Sproule

US Urinary tract

Performed	31-Oct-2018 14:37	Received	31-Oct-2018,15:31
Reported	31-Oct-2018 15:29	Order Number	G306H34407139
Status	Final	Source System	MiSys

US Urinary tract

Final

Jacqueline Goodwin**Clinical History :** Visible Haematuria. Supra pubic discomfort**US Urinary tract :** Examination performed by Ailsa Kemp, Sonographer.

Normal appearances of both kidneys with no evidence of renal calculus or mass. Bipolar diameter right kidney 9.9 cm, left kidney 10.4 cm.
Unremarkable urinary bladder.

Reported by: Ailsa Kemp (Sonographer)**Verified by:** Ailsa Kemp (Sonographer)

US Pelvis TA and transvaginal

Performed	23-May-2018 09:24	Received	23-May-2018 11:33
Reported	23-May-2018 11:31	Order Number	G306H33726318
Status	Final	Source System	MiSys

US Pelvis TA and transvaginal

Final

Jacqueline Goodwin**Clinical History :**

44-year-old. PV bleeding daily for 6 months. No abdominal pain/weight loss. Bulky uterus on examination. No obvious adnexal mass. Bloods normal. Query fibroids. Query adnexal mass.

US Pelvis TA and transvaginal :

Transabdominal and transvaginal ultrasound of the pelvis; with consent. LMP unsure.

The uterus anteverted measuring 9.7 x 3.9 x 5.4 cm in length AP and transverse dimensions. A number 2-3 hypoechoic foci, the largest 1cm are identified within the posterior uterine body. the appearances suggest small intramural fibroids.

The endometrium measures within normal limits at 7 mm.

Both ovaries appear normal; the right is only seen on transvaginal scan.

A small amount of pelvic free fluid is demonstrated likely physiological in nature.

Performed and reported to J.Haworth; sonographer.

Reported by: Janette Haworth (Sonographer)

Verified by: Janette Haworth (Sonographer)

XR Tibia and fibula Lt

Performed	29-Mar-2018 19:32	Received	30-Mar-2018 08:19
Reported	30-Mar-2018 08:17	Order Number	G306H33711155
Status	Final	Source System	MiSys

XR Tibia and fibula Lt

Final

Jacqueline Goodwin

Clinical History :

Fell off a roundabout today, tender over proximal 1/3 fibula, ?#

XR Tibia and fibula Lt :

No definite fractures are seen.

The lucency noted in the anterior aspect of the lateral malleolus on the lateral projection is most likely due to a trabecular artefact.

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

Report by Jonathan McConnell consultant reporting radiographer.

Reported by: Jonathan McConnell

Verified by: Jonathan McConnell

XR Chest

Performed	15-Feb-2018 20:55	Received	27-Feb-2018 06:44
Reported	27-Feb-2018 06:42	Order Number	G405H33567623
Status	Final	Source System	MiSys

XR Chest

Final

Jacqueline Goodwin

Clinical History :

pleuritic chest pain ?pte

XR Chest :

The heart is not enlarged. The lungs are clear of active disease. No significant focal lung lesion identified.

Reported by: Dr Sean Kelly

Verified by: Dr Sean Kelly

XR Foot Rt

Performed	13-Sep-2017 17:13	Received	14-Sep-2017 09:02
Reported	14-Sep-2017 09:00	Order Number	G306H33049748
Status	Final	Source System	MiSys

XR Foot Rt

Final

Jacqueline Goodwin
Clinical History :

Dropped hairdye on her foot 1/7 ago. tender 2nd toe and over haed of 5th,4th and 3rd mt's ?
bony injury

XR Foot Rt :

No acute bony injury.

Reported by: Dr Glen McKenzie
Verified by: Dr Glen McKenzie

CT Thorax abdomen pelvis with contrast

Performed	22-May-2017 15:09	Received	22-May-2017 17:17
Reported	22-May-2017 17:15	Order Number	G405H32574833
Status	Final	Source System	MiSys

CT Thorax abdomen pelvis with contrast

Final

Jacqueline Goodwin

Clinical History :

1.5 stone weight loss in 6 weeks associated with vomiting and dysphagia, awaiting urgent OP
OGD ?malignancy

CT Thorax abdomen pelvis with contrast :

The lungs exhibit mild to moderate apical emphysema. No further positive findings in the thorax. Small simple cyst within right lobe of liver. Remaining upper abdominal solid organs are unremarkable. There is at least one calculus within an otherwise unremarkable gallbladder. No biliary tree dilatation. No gross abnormality in the unprepared bowel. Appearances of the gynaecological organs are within normal limits for age. The abdominal aorta is of normal calibre and its major splanchnic branches fill normally. No destructive bone lesion identified.

Conclusion :

No cause for weight loss identified. She has emphysema at a relatively young age and should obviously be encouraged to stop smoking if she is still partaking.

Reported by: Dr David Stobo

Verified by: Dr David Stobo

US Pelvis

Performed	27-Apr-2017 13:54	Received	27-Apr-2017 15:32
Reported	27-Apr-2017 15:30	Order Number	G306H32582042
Status	Final	Source System	MiSys

US Abdomen

Final

Jacqueline Goodwin

Clinical History :

RUQ/RIF pain, radiating to epigastrium 1/52, weight loss, poor appetite over 6 weeks, raised inflammatory markers ?gallstones ?cholecystitis ?appendicitis ?ovarian
(Information via Order Comms)

Recent weight loss. On examination a mass palpable liver edge. Hepatomegaly? Malignancy?

US Abdomen :

Examination performed and reported by Claire Telfer, Sonographer.

The liver appears normal in size but displays an echo bright echo texture in keeping with fatty infiltration/diffuse parenchymal disease. No focal lesions are identified and the portal vein and hepatic veins appear patent.

Several gallstones are visualised within a thin walled gallbladder. The common duct appears normal measuring 0.4 cm and there is no biliary tree dilatation.

Normal appearances of the pancreas, spleen, aorta and both kidneys.

The uterus appears normal in size. There is a 1.5 x 1.4 x 1.1 cm subserosal fibroid lying within the posterior myometrium. Normal appearances of the endometrium and both right and left ovaries and there are no adnexal masses nor cysts visualised.

The urinary bladder outlines normally.

There is no evidence of a pelvic free fluid.

Reported by: Claire Telfer

Verified by: Claire Telfer

US Abdomen

Performed	27-Apr-2017 13:54	Received	27-Apr-2017 15:32
Reported	27-Apr-2017 15:30	Order Number	G306H32561349
Status	Final	Source System	MiSys

US Abdomen

Final

Jacqueline Goodwin

Clinical History :

RUQ/RIF pain, radiating to epigastrium 1/52, weight loss, poor appetite over 6 weeks. raised inflammatory markers ?gallstones ?cholecystitis ?appendicitis ?ovarian
(Information via Order Comms)

Recent weight loss. On examination a mass palpable liver edge. Hepatomegaly? Malignancy?

US Abdomen :

Examination performed and reported by Claire Telfer, Sonographer.

The liver appears normal in size but displays an echo bright echo texture in keeping with fatty infiltration/diffuse parenchymal disease. No focal lesions are identified and the portal vein and hepatic veins appear patent.

Several gallstones are visualised within a thin walled gallbladder. The common duct appears normal measuring 0.4 cm and there is no biliary tree dilatation.

Normal appearances of the pancreas, spleen, aorta and both kidneys.

The uterus appears normal in size. There is a 1.5 x 1.4 x 1.1 cm subserosal fibroid lying within the posterior myometrium. Normal appearances of the endometrium and both right and left ovaries and there are no adnexal masses nor cysts visualised.

The urinary bladder outlines normally.

There is no evidence of a pelvic free fluid.

Reported by: Claire Telfer

Verified by: Claire Telfer

XR Chest

Performed	21-Apr-2017 18:47	Received	22-Apr-2017 12:16
Reported	22-Apr-2017 12:14	Order Number	G405H32567610
Status	Final	Source System	MiSys

XR Chest

Final

Jacqueline Goodwin

Clinical History :

cough, weightloss, short of breath on minimal exertion, wheeze. No history of asthma. Smoker

XR Chest :

Normal cardiac and mediastinal contours. Lungs are clear. No focal active pulmonary pathology identified. No change from previous examinations.

Reported by: Dr John Sheridan

Verified by: Dr John Sheridan

US Pelvis

Performed	08-Dec-2016 10:42	Received	09-Dec-2016 10:25
Reported	09-Dec-2016 10:23	Order Number	G306H31912471
Status	Final	Source System	MiSys

US Pelvis

Final

Jacqueline Goodwin**Clinical History :**

Irregular/heavy periods for 3 months. Speculum exam - bloods normal. ?Bulky uterus on exam ?Fibroids.

US Pelvis :

Examination performed by Laura Crooks, sonographer and static images reviewed by Morag Stout, consultant sonographer.

Technically difficult examination due to overlying bowel gas.

Normal appearances to anteverted uterus. No focal abnormality identified within the myometrium. Both ovaries appear sonographically normal. No gross adnexal mass or free fluid present.

The urinary bladder and kidneys are unremarkable.

Reported by: Laura Crooks (Sonographer) and Morag Stout (Cons Sonographer)

Verified by: Morag Stout (Cons Sonographer)

XR Chest

Performed	22-Jul-2015 15:09	Received	28-Jul-2015 17:21
Reported	28-Jul-2015 17:19	Order Number	G306H30470129
Status	Final	Source System	MiSys

XR Chest

Final

Jacqueline Goodwin**Clinical History :**

Breathlessness. Wheeze. Cough. Smoker.

XR Chest :

Heart is not enlarged. Normal hilar and mediastinal contours. Lung fields are clear.

Reported by: Dr Ian McLaughlin**Verified by:** Dr Ian McLaughlin

XR Mammogram Both

Performed	02-May-2012 10:41	Received	04-May-2012 10:39
Reported	04-May-2012 10:17	Order Number	G306H26863834
Status	Final	Source System	MiSys

XR Mammogram Both

Final

Jacqueline Goodwin

Clinical History : Pain and swelling breasts. No clinical abnormality.

XR Mammogram Both :

Mixed density breasts consistent with the patient's relatively young age. Appearances are normal.

M1.

Reported by: Dr Brian Mucci and Dr Robert Shaw

Verified by: Dr Brian Mucci

XR Chest

Performed	31-Aug-2011 00:33	Received	16-Sep-2011 13:02
Reported	16-Sep-2011 12:40	Order Number	G306H26167691
Status	Final	Source System	MiSys

XR Chest

Final

Jacqueline Goodwin**Clinical History :**

Reduced air entry right base. S O B on exertion. Pleuritic chest pain. LRTI? PTE?

XR Chest :

There is no evidence of active pulmonary disease or cardiac decompensation.

Reported by: Dr Piotr Nowak**Verified by:** Dr Piotr Nowak

US Pelvis

Performed	24-Feb-2010 09:26	Received	25-Feb-2010 13:59
Reported	25-Feb-2010 13:39	Order Number	G306H13541122
Status	Final	Source System	MiSys

US Pelvis

Final

Jacqueline Goodwin**Clinical History :** Abdominal pain associated with 0.5cm mass felt in right iliac fossa, ? ovarian cyst**US Pelvis :** Examination performed by Claire Bowman, Sonographer.

Normal size and appearances of uterus and both right and left ovaries.

The endometrium appears normal. There are no adnexal masses or cysts visualised.

Both right and left kidneys appear normal measuring 11.2cm and 11.1cm respectively in bipolar diameter. The bladder appears normal.

Reported by: CLAIRE BOWMAN (Sonog) and BLANK CLINICIAN**Verified by:** CLAIRE BOWMAN (Sonog)

