MANUAL PATIENT RECORDS

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

Including:

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

THE VICTORIA INFIRMARY NHS TRUST

605 1

F/Ag 99/

SURNAME (Block Letters)	FIRST NAME	UNIT No.
GOODWIN	JACQUELINE	835706

ADDRESS	OCCUPATION	DATE OF BIRTH
58 ARDENCRAIG G45 OLK. RD	U/E	23.4.73

NEXT OF KIN (Name and Address)

0141 587 8636

CHA

835706 2304736009
Goodwin Jacquelin
3/1,68 Castlemilk Drive F
Glasgow M
23/04/1973
G45 9TW GP Prac:49106

NAME AND ADDRESS OF OWN DOCTOR
[illegible] LOVNIGHT
144 CROFTFOOT RD
GLASGOW, G44 5TT

CHANGE OF ADDRESS

NAME AND ADDRESS OF OWN DOCTOR
DR. WILLOX 634 6333

BLOOD GROUP

SENSITIVITY

UNIT CASE RECORDS

GENERAL ☐ ORTHOPAEDIC ☐
INSTITUTE ☐ PSYCHIATRIC ☐
MATERNITY ☐ CHEST ☐

INDEX OF ATTENDANCES

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

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE
9/12/96	ORTHO	KBF			
26/1/99	GYN	R MACK.			
9/3/98	A [illegible]	DR HAWK			
11/7/2000	COLPOSCOPY	DR MINTY			
24/2/04	BREAST	STALLARD			
	COLORECTAL	SUNDERLAND			
26/3/07	C/RECTAL N/CEB	SIS WESTON			
15/5/07	ENDO ✓	SUNDERLAND			
20/6/07		WESTON			
11.3.08	GYN OP	HAWTHORN			
12-3-08	GYN OP	HOOD			
28/3/08	WARD 14	SR WAR			
16/6/08	NDRA	D STEWART			
22/1/10	W09	DORRANCE			23/1/10

FORM 0163334

USE RED INK FOR NOTIFICATION OF DEATH – ALL OTHER ENTRIES IN BLACK

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

G44 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

JENNY CAMPBELL
ST4 TO MISS A WINTER

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

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

Surname	GOODWIN
Forename(s)	JACQUELINE
Title	MRS
Sex	Female
Date of birth	23-Apr-1973
CHI no.	2304736009
Area of Residence	-

Patient's address

68 CASTLEMILK DRIVE
GLASGOW
G45 9TW

Contact number(s)

Voice: 5878636

101003476482K Unique Care Pathway Number: 101003476482K

REGISTERED GP DETAILS

Name	Dr L Wright		
GMC code	2936886	GP code	00477
Practice name	Croftfoot Surgery		
Practice code	49106		

Practice address

44 CROFTFOOT ROAD
CROFTFOOT
GLASGOW
G44 5JT

Contact number(s)

Voice: 01416346333

REFERRING GP DETAILS

Name	Dr K Duncan		
GMC code	6143440	GP code	17132
Practice name	-		
Practice code	49106		

Practice address

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 2weeks 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)

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
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						30-Mar-

150mg	112	tablet	2 TABS TWICE DAILY	-	-	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)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
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

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: 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
Teetotaller:	[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 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**

THE VICTORIA SURGERY DEPARTMENT

Name	SG99835706 JACQUELINE GOODWIN	Unit Number	Surgeon: MISS WINTER
Address	68 CASTLEMILK DRIVE FLAT 3/1 GLASGOW 23/04/1973 G45 9TW CHI 2304736009	Date of Birth Sex/ Civil state Occupation	BOOK VICTORIA
Diagnosis			SOON URGENT Booked by......................

O.P. Treatment at.................................on..............................

Date	History and Clinical Findings
2/5/12	39♀.
Pc.	pain (R) breast was swollen now less so. lump present for 4-6 wks no change with period.
	sl tender. swelling no redness/heat skin -
	- no lumps pain or sw in (L). milky Dc & yellow Dc both nipples, many years, no change. not staining clothes only on squeezing no blood
~	no br Hx
FHx	no Br probs (sister cyst)
PH	- reg period - see medicate no COC/hormones 1 child - 17. no chance - no pregnancy.
Oe -	

(aware of pain + swelling)
sl tender cw + breast
nil palp

[signature]

FORM 0164724 VIC 683

Acute Services Division

Women and Children's Directorate

NHS
Greater Glasgow and Clyde

Physiotherapy Department
Obstetrics and Gynaecology
Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF
Tel No: 0141 201 2324
seonaidbradford@nhs.net

5/May/2011

Physiotherapy Discharge
Pelvic Floor Dysfunction

Dear Dr Hawthorn
Regarding Jacqueline Goodwin
SGH 99855706
CHI 2304736005
Flat 3/1 68 Castlemilk Drive
Glasgow
G45 9TW

Clinical Referral

Referral Source Hawthorn
Date Treatment Started 18/9/08
Number of Treatments 21

Date Referred 11/3/08
Date Discharged 31/3/11

Attendance
- ☐ Failed to Attend
- ☐ Failed to Attend Review Appointment
- ☑ Has Completed Course of Treatment

Treatment Received
- ☑ Pelvic Floor Muscle Re-education
- ☑ Bladder Re training
- ☑ Defaecation Advice
- ☑ Bowel Re-education
- ☐ Other
- ☐ Biofeedback / Stimulation
- ☑ Lifestyle/ Education
- ☑ Diet and Fluid Advice
- ☐ Assessment
- ☐ Prolapse Class

Outcome
- ☐ Significant Improvement
- ☑ Moderate Improvement
- ☐ Minimal / No Change
- ☐ Poor Compliance

Comments Jackie presented c abdominal discomfort, bowel problems and USI all of which were not helped by an erratic/poor diet, fluid and high levels of social stress. Jackie now mostly has reasonable control of all her symptoms and is very aware that these are stress related which she has to manage as best she can.

Yours Sincerely

Seonaid Bradford
Highly Specialist Physiotherapist

VIC Meg

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

NHS Greater Glasgow

SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION
PATHOLOGY DEPARTMENT

CPA ACCREDITED

Name: **GOODWIN JACQUELINE**
Address: **68 CASTLEMILK DRIVE**
Glasgow
G45 9TW
Location: **Gastroenterology OPD, VI**

Hospital No: **SG99835706**
CHI No: **2304736009**
DoB: **23.04.73**
Consultant: **Dr.J.R.Boulton-Jones**

Specimen: **Oesophageal biopsy**

CLINICAL HISTORY: Reflux symptoms. Star-shaped Barrett's epithelium from 37cm to 38cm.

MACRO:
Two tissue fragments.

MICROSCOPY:
Microscopy shows mildly inflamed gastric type mucosa. Helicobacter pylori are not identified. There is no intestinal metaplasia and no dysplasia or malignancy.

Reported 03/11/10 MP/SKR

Reporting Pathologist: Dr.M.Paul
Consultant Pathologist: Dr.M.Paul
Date Received: 25.10.10
Date Typed: 03.11.10

Lab No: T,10.0018234.T

NHS Greater Glasgow and Clyde

GASTROSCOPY REPORT

Name: **Jacqueline GOODWIN, 23/04/1973 (F)**
CHI No: **2304736009**
Case note no.: **SG99835706**

Address: 68 Castlemilk Drive
Flat 3/1
Glasgow
Lanarkshire
G45 9TW

GP: Dr D Willox
44 Croftfoot Road
Glasgow
G44 5JT

Procedure date
25th October 2010

Priority: Elective
Status: Day patient/NHS
Hospital: Victoria Infirmary
Ward: (none)
Referring Cons: Dr R Boulton-Jones (Gastroenterology)

Consultant/Endoscopist
Mr Paul Glen
Nurses: SN Andrea Malarkey
Sn Kerri McDowall

Instrument
VIC -EG2990K A120217

Premedication
Midazolam (IV) 4 mg

Indications
Reflux symptoms.

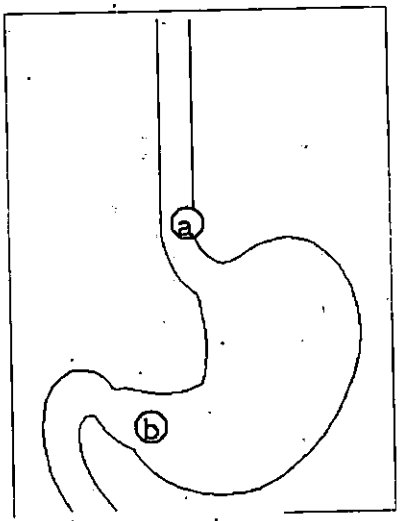
Report
The procedure was completed successfully.
OESOPHAGUS. Star-shaped Barrett's epithelium from 37cm to 38cm at (a).

Diagnosis
OESOPHAGUS. Barrett's mucosa.
STOMACH. Normal.
DUODENUM. Normal.

Follow up
Awaiting pathology results. Return to the referring Consultant.

Advice/comments
No significan 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.



a: *Left lower oesophagus*
b: *Antrum*

Mr Paul Glen
Consultant Upper GI Surgeon
c.c. Dr R Boulton-Jones (Gastroenterology)

Specimens taken
Biopsy (x2 site a)
Urease test for H.pylori (b)

NHS Greater Glasgow and Clyde

GASTROSCOPY REPORT

Name: **Jacqueline GOODWIN, 23/04/1973 (F)**
CHI No: **2304736009**
Case note no.: **SG99835706**

Address: 68 Castlemilk Drive
Flat 3/1
Glasgow
Lanarkshire
G45 9TW

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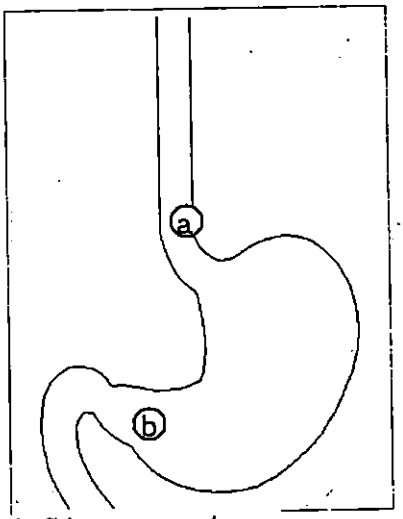


a: *Left lower oesophagus*
b: *Antrum*.

Mr Paul Glen
Consultant Upper GI Surgeon
c.c. Dr R Boulton-Jones (Gastroenterology)

Specimens taken
Biopsy (x2 site a)
Urease test for H.pylori (b)

Acute Services Division

Jacqueline Goodwin
SG998357O6

NHS
Greater Glasgow and Clyde

Endoscopy Unit
Ground Floor
New Victoria Hospital
Grange Road, G42 9LF
Direct Tel. No.: 0141 347 8305

APPOINTMENT FOR ENDOSCOPY

Dear Sir / Madam

Your endoscopy appointment has been set for 25th Oct 2010 at the Endoscopy Unit, Ground Floor, New Victoria Hospital. Please arrive at 8:30Am for check in (please note this may not necessarily be the time of your procedure). Please arrange for someone to collect you from the Endoscopy Unit at: 12noon

Please do not eat or drink anything from midnight We cannot perform the test safely if you do not have an empty stomach.

Important Notes

Confirmation of Your Appointment

There is a high demand for endoscopy appointments. If you cannot make your appointment please contact us as early as possible so that we can offer the appointment to someone else. If you do not attend your appointment without informing us you may not be offered any further appointments.

Current medication

If this is your first endoscopy we ask that you stop any ulcer healing drugs such as Cimetidine (wTagamet), Ranitidine (Zantac), Omeprazole (Losec), Lansoprazole (Zoton), Pantoprazole (Protium) or Rabeprazole (Pariet) two weeks prior to the endoscopy. This will give us the best chance of making an accurate diagnosis. Gaviscon can be used to control your symptoms during this period. If this is a follow up test to check for healing of an ulcer you may be asked to continue the medication until the day before the test. If you are unsure please contact us to confirm.

Diabetics

If you are diabetic you should contact the diabetic liaison sister (telephone 0141 347 8282 or 8290) to discuss how to manage you diabetes while you are fasting for the test.

Warfarin

If you are on warfarin you should discuss with the doctor who referred you for the test whether you should continue this until the day before the test or stop it five days prior to the test. If you are unsure please contact us.

Consent for Endoscopy

It is important that you feel that you have all the information that you require about endoscopy. The following sources of information are available:

1. The doctor who referred you for the test should have explained why the test is necessary. If you are unclear you should contact them.
2. The enclosed leaflet contains details of how the test is performed.
3. The nursing and medical staff will be able to answer any questions that you have about the procedure when you come to the unit.
4. If you have any questions about the test that need to be addressed before you come for your endoscopy you can contact us on the above number.

Once you are happy that you have as much information about the endoscopy from the above sources you should sign this form to indicate that you consent to undergo the procedure. You can sign this form at any time before the test. You can wait until you have had a chance to speak to the staff in the department if you feel you need further information.

- I ..... consent (or consent ..... to my child/ward) to undergo ..... endoscopy.
- I have received all the information I require about the nature and purpose of the procedure.
- I understand that photographs may be taken and stored if this is deemed necessary by the endoscopist.
- I understand the common side effects including a very small risk of bleeding or perforation, following which surgery may rarely be required. I am also aware of the risk to ..... teeth or dental work.

Signed J Goodwin ..... Date 25/10/10 .....

I confirm that I have explained the purpose and nature of the endoscopy to the patient.

Signed ..... Date .....

Post Procedure

Recovery Area

Nursing assessment post procedure:

Observations

	Pre Procedure		Intra Procedure		Post Procedure	
Time	08.50.		1030am	1033am	1045.	1135.
SaO2	98/RA.		100%/4L	98%/4L	4L.	98
Pulse	P86.		P91	110bpm	89	P80 86.
BP	119/83				115/64	115/83
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:
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: Anne Scott

Signature:

Date: 25/10/10 Time: 1140

SGH 1022 VI MEDICAL ILLUSTRATION • GASTRO • 10584

Acute Service Division
New Victoria Hospital

NHS Greater Glasgow and Clyde

Theatre N°: 2	Bed N° 27.

Endoscopy Unit Care Plan

Patient Details	Outpatient
Name:	Consultant: Boulton-Jones.
Da	Date: 25/10/10.
Uni	Time of admission: 08.30.
Adc SG99835706 JACQUELINE GOODWIN 68 CASTLEMILK DRIVE FLAT 3/1 GLASGOW	Procedure: Endoscopy.
Telej G45 9TW CHI 2304736009 23/04/1973	
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 9LF

J. Goodwin [illegible] 22.10.2010

PEN_EG-2990K_A120217 -
Gastroscope Endoscopy
EG-2990K PENTAX
Endoscopy

Linked Valve Set:

Non UV Expiry: 22.10.2010 20:01:16

www.scantrackuk.com

STERILE

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	Yes ☑	No ☐

Orientation/Psychological Support

Orientate to area	Yes ☑	No ☐
Orientate to staff	Yes ☑	No ☐
Patient understands explanation of procedure	Yes ☑	No ☐
Patient understands explanation of sedation policy	Yes ☑	No ☐

Comment: Family present on initial.

Time allowed for patient's questions	Yes ☑	No ☐

Fasting

Fasted from: 10pm 24/10/10.

Fluids only 8ozs 7.30am	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 ☐ Angina ☐ MI Date:

Arrhythmia intermittent ☐ Hypertension ☐ Artificial valves ☐ Pacemaker

Asthma/Bronchitis/COPD	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):
Epigastric Pain
Barretts oesophagus.
Previous Endoscopies

Medication

Esomeprazole.
Quetiapine.
Amitriptyline.
Donepezil.
Loperamide.
Ranitidine.

Allergies: Nil known

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

Discharge Plan Home with family

Details of person collecting patient

Name Padma Eve (Mum)

Telephone: 07506166155.

Mobile 'phone: 583-8594 (Mum) to follow

Irregular discharge documentation completed if applicable ☐

Name of admitting nurse: C. Mulligan

Signature: C. Mulligan.

Intra Procedure

Procedure: endoscopy

Consent obtained	Yes ☑	No ☐

Endoscopist: postal

Endoscopy Nurses

1. S/N Malarby
2. S/N McDonald
3. S/N Sheridan.

Oxygen administered

Rate: 2L/min.

Medication administered

☑ Xylocaine throat spray	Time:			
☑ Midazolam	Time: 4mg	Dose: 1030am	Route: IV	
☐	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)	

Intra Procedure Assessment

Monitored throughout.
Tolerated well.

Assessment of discomfort (tick as appropriate)

None/minimal)	☐
Mild	☐
Moderate	☐
Severe	☐

Comment:

Recovery Instructions

As per protocol
NBM + bed rest for 1hr post sedation.

Patient advice leaflet to be given	Yes ☐ No ☐
Leaflet:	
Large print	☐

Follow up Instructions

Signature: Sheridan

Friend or relative informed of discharge time: ☐

Main Report 100% BusinessObjects

5307460

Patient Details

Surname	GOODWIN
Forename	JACQUELINE
CHI	2304736009
GP Details	WRIGHT, LINDA 44 CROFTFOOT ROAD
Age	37
Hospital CRNs	51318572B, SG99835706, SG998357096, ZC07659335

Referral Details

Date Received	20/09/2010 11:30:03
ReferralID	5307460
Priority	ROUTINE
New Priority	ROUTINE

Priority History

ROUTINE	20/09/2010 13:49:22	no priority reason given

Redirection Information

Specialty	Hospital	Reason
Gastroenterology	Victoria Infirmary	Record Creation

Tracking/Vetting Details

Cancer Code	
Date Vetted	20/09/2010 15:58:12
Vetting Status	Vetted
Outcome	Straight to Procedure
Vetted By	Robert Bolton-Jones

Tests

Upper OGD

Clinics

Consultant	Site	Victoria Inf

Instructions	
HRCompleted	False

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

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

Surname	GOODWIN
Forename(s)	JACQUELINE
Title	MRS
Sex	Female
Date of birth	23-Apr-1973
CHI no.	2304736009

Patient\'s address

68 CASTLEMILK DRIVE
GLASGOW
G45 9TW

Contact number(s)

Voice: 5878636

1010010198120 Unique Care Pathway Number: 1010010198120

REGISTERED GP DETAILS

Name	Dr L Wright		
GMC code	2936886	GP code	00477
Practice name	Croftfoot Surgery		
Practice code	49106		

Practice address

44 CROFTFOOT ROAD
CROFTFOOT
GLASGOW

Contact number(s)

Voice: 01416346333
Facsimile: 0141 634 6575

REFERRING GP DETAILS

Name	Dr. Paul McEvinney		
GMC code	3250712	GP code	04758
Practice name	44 Croftfoot Road (49106)		
Practice code	49106		

Practice address

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 McEvinney

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 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			1 TABLET(S) AT NIGHT FOR		24-Aug-	20-Sep-

tabs 10mg	28	tablet(s)	NERV[more]	-	2009	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)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
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

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: 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
Teetotaller:	[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 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**

HRD/AMF

e-mail: hazel.purdie@gvic.scot.nhs.uk
Tel: 0141 201 5465
Fax: 0141 201 5483

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

Dictated: 08/02/10
Typed: 09/02/10

DR DAVID DG 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

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

Miss Joanna Gray
ST5 to Miss Helen Dorrance

Acute Services Division

NHS Greater Glasgow and Clyde

Discharge Checklist

Pa

U SG99835706
JACQUELINE GOODWIN
C 68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

Ward: G

Discharge destination:

Estimated Discharge Date (1) / /

Estimated Discharge Date (2) / /

Final date of discharge : / /

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

FORM NUMBER 0005752

VI MEDICAL ILLUSTRATION • DISCHARGE • 12410/1•

Jacqueline Goodwin

23/4/73

SG99835706

DAY DATE		22/1/10								
NA	135-145	138								
K	3.5-5.0	4.0								
CL	96-105	107								
BICARB	24-29	20								
UREA	2.5-6.5	3								
CREAT	55-120	66								
GLUCOSE	4.0-7.0									
AST	<37	15								
ALT	<40	14.								
CK	<150									
TRIPONIN										
GGT	F<30 m<21									
ALK PHOS		107.								
BILIRUBIN	F,17 M,21	4.								
T PROTEIN	62-82	65								
ALBUMIN	38-53	37.								
PHOSPHATE		1.28.								
ADJ.CA	2.20-2.60	2.50								
AMYLASE	<100	33.								
CHOLESTEROL										
CRP	<10	7								
WBC	4.0-11	10.3								
PLAT	150-400	224								
HB	F115-165M	143								
ESR										
MCV	76-99									
PT RATIO/INR	0.09-1.1	0.97.								
APTT RATIO	0.77-1.23	1.05								
FIBRINOGEN	1.5-3.8	3.7.								
H	36-43									
PC02	4.6-6									
PO2	10.5-13.5									
BIC	20-28									

Name: Jacqueline Goodwin | CHI No.:

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

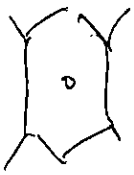
Date:

22/1/10
1645

WR Dominica

Pc/ 2/52 hx RIF pain - niggly
- Worse since Mon after doing sit ups at gym
- Bowels - constipation - sluggish - normal

O/E obs - (N)
Abdo - soft
- mild RIF tenderness
- no hernia



FBC - WCC 10.3
Hb 143

Imp ? muscular strain

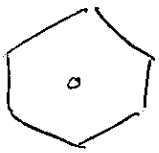
Plan E+D.
Chase bloods - I
I/V fluids

Jay STS

23/01/10 WR / Dominica

Settle Today

Obs Stable & (N)

O/E  Soft, Settle eg. Ventolin.

Likely Muscular Strain.

Plan i) (H) Today
ii) No Ri

[signature]
WR Ward

GASTROENTEROLOGY DEPARTMENT

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

Victoria Hospital
Langside Road
Glasgow
G42 9TY

RBJ/ASH
Clinic: 04/02/09
Typed: 05/02/09

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

Diagnosis: Probable gastroesophageal reflux disease associated with non ulcer dyspepsia
Previous Diagnosis: Anxiety and depression
Current Medication: Includes - Esomeprazole 40mg per day; Lofepramine; Quetiapine

I was pleased to review this lady today. She continues to complain of symptoms of heartburn. She says these occur once every 1 - 2 days and last for a few hours when present. She describes it as burning and can feel food come up. There is no vomiting, her appetite is good and her weight if anything has increased recently. She also described significant upper GI bloating.

You will have a copy of the results of her pH monitoring and manometry - there was no evidence of significant acid exposure in the distal gullet during pH studies. In view of this, and the fact she gets significant bloating, I really do not think she is a good candidate for anti reflux surgery and I have explained this to her today.

I have therefore recommend she continue maximum treatment for a combination of gastroesophageal reflux disease +/- non ulcer dyspepsia. She should continue with the lowest dose of PPI's that keep her symptoms under control and the addition of a prokinetic agent such as Domperidone, as per my handwritten note, may help. Finally there is the option to offer her low dose Amitriptyline to see if this would help her symptoms of non ulcer dyspepsia. I have discussed this with her and she may come to see you to consider a prescription if her symptoms are poorly controlled.

JACQUELINE GOODWIN
DOB:23/04/73

I have not arranged any routine follow up at this time but would of course be happy to do so if I can be of further assistance.

Yours sincerely

Dr R Boulton-Jones
Consultant in Gastroenterology

GASTROENTEROLOGY DEPARTMENT

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

Victoria Hospital
Langside Road
Glasgow
G42 9TY

RBJ/ASH
Typed: 22/12/08
Dictated: 19/12/08

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

I now have the result of this lady's pH monitoring and manometry. PH monitoring did show multiple episodes of acid reflux during the day but these were all short lived and therefore the overall acid exposure time and DeMeester score was just above normal ranges. At manometry the lower oesophageal sphincter was weak but it did relax during swallowing. Oesophageal peristalsis did show many failed swallows and double peaked waves but the findings did not fall into typical oesophageal dysmotility disorder and therefore she appears to have non specific oesophageal dysmotility. This may of course be related to reflux disease.

I will arrange to review her back in clinic so that we can discuss these results with her.

Yours sincerely

Dr R Boulton-Jones
Consultant in Gastroenterology

NHS
Greater Glasgow and Clyde

Victoria Infirmary

Oesophageal Motility Study

JACQUELINE GOODWIN
SG99835706

Sierra Scientific Instruments
"Innovations in manometric technology"

Patient Information			
Gender:	Female	Procedure:	Oesophageal Manometey
DOB / Age:	23/04/73	Physician:	Dr Boulton-Jones
Height:	5 ft. 2 in.	Operator:	Sr Diane Roberts
		Referring Physician:	Dr Boulton-Jones
		Examination Date:	09/12/08

Lower Esoph. Sphincter & Diaphragm		Normal
Landmarks		
LES Center (fr. nares):	40.1 cm	
Prox LES (fr. nares):	38.1 cm	
Dist LES (fr. nares):	42.5 cm	
LES length:	4.4 cm	
PIP (fr. nares):	42.5 cm	
Intraabdominal Segment	-0.1 cm	
Hiatal Hernia	Yes, 0.1 cm	
LES Pressures		
Basal P (end expiratory):	-0.1 mmHg	10-45
Mean Residual P:	1.0 mmHg	<=13.0 (eSlv)

Upper Esophageal Sphincter		
Mean Basal P:	116.4 mmHg	30-120
Mean Residual P:	-4.9 mmHg	< 8.0
Relaxation Time-to-nadir:	173 msec	

Esophageal Motility		Normal
No. swallows evaluated:	11	
Evaluated @ 5.0 - 13.0 above LES:		
Peristaltic: (onset vel. <= 6.25 cm/s)	100 %	
Simultaneous: (onset vel. >= 6.25 cm/s)	0 %	<10
Failed:	36 %	
Evaluated @ 9.0 & 13.0 above LES:		
Mean Wave Amplitude	33.5 mmHg	30-180
Onset Vel. (betw. 13.0 & 5.0 cm above LES)	1.8 cm/s	< 6.25
Double-peaked waves:	71 %	<=15%
Triple-peaked waves:	0 %	0%

Pharyngeal Motility / UES Coordination	
No. swallows evaluated:	11
Peak Pressure @ N/A cm above UES	

Procedure
Patient arrived after overnight fast. A motility catheter with 36 circumferential sensors on 1 cm spacing was inserted transnasally after application of topical anesthessia to the nasal passsage. The catheter was positioned so that at least 2 distal sensors were in the stomach and 2 proximal sensors were located above the UES. A 5 minute acclimation period was provided followed by 10 wet swallows of 5 cc water.

Indications
SYMPTOMS SUGGESTIVE OF REFLUX DISEASE. QUERY REFLUX SURGERY.

Interpretation / Findings
The lower oesophageal spincter was weak but relaxed during swallowing. Oesophageal perstalsis shows multi-peaked waves along with multiple failed swallows. These are non-specific findings which coud be associated with GORD

Robert Boulton-Jones

NHS
Greater Glasgow and Clyde

Victoria Infirmary

Oesophageal Motility Study

JACQUELINE GOODWIN
SG99835706

Sierra Scientific Instruments
"Innovations in manometric technology"

	Normal	Group / Mean	Swal. #1	Swal. #2	Swal. #3	Swal. #4	Swal. #5	Swal. #6	Swal. #7	Swal. #8	Swal. #9	Swal. #10
ANATOMY / BASAL PRESSURES												
LES mid position from nares (cm)		40.1										
LES proximal margin from nares (cm)		38.1										
LES distal margin from nares (cm)		42.5										
LES length (cm)		4.4										
LES intraabdominal segment (cm)		-0.1										
PIP position From Nares (cm)		42.5										
LES Mean Basal Pressure, mean end expiratory (mm Hg)	10-45	-0.1										
UES Mean Basal Pressure (mm Hg)	30-120	116.4										
Hiatal Hernia (no, yes [cm])		Yes, 0.1										
ESOPHAGEAL MOTILITY												
Number of swallows evaluated		11										
LES Residual Pressure (mm Hg)	<=13.0 (eSlv)	1.0	-1.0	1.2	2.0	-0.2	1.2	2.1	2.2	0.6	3.5	-2.8
Wave Amplitude (mean, L3 & L2 cm above LES) (mm Hg)	30-180	33.5	31.6	25.6	9.3	9.3	28.9	4.8	16.2	0.7	54.3	52.9
Onset Velocity (between L3 & L1 above LES) (cm/s)	< 6.25	1.8	2.0	1.9	2.7	1.5	2.4	2.3	1.8	0.6	1.5	1.4
% Peristaltic (between L3 & L1 above LES)		100										
% Simultaneous (between L3 & L1 above LES)	<10	0										
% Failed (between L3 & L1 above LES)		36	0	0	1	1	0	1	0	1	0	0
Double Peaked Swallows (% of Swallows)	<=15%	71	0	1	0	0	1	0	1	0	1	0
Triple Peaked Swallows (% of Swallows)	0%	0	0	0	0	0	0	0	0	0	0	0
UES / PHARYNGEAL MOTILITY												
Number of swallows evaluated		11										
UES Residual Pressure.(mean) (mm Hg)	< 8.0	-4.9	-8.4	-13.2	-11.2	-4.2	-9.3	-10.6	-7.0	-5.8	15.2	16.4
UES Relaxation Time-to-nadir (msec)		173	130	200	190	319	209	179	130	129	130	89
Peak Pharyngeal Pressure (U2 cm above UES) (mmHg)												

NHS
Greater Glasgow and Clyde

Victoria Infirmary

Oesophageal Motility Study

JACQUELINE GOODWIN
SG99835706

Sierra Scientific Instruments
"Innovations in manometric technology"

	Normal	Group / Mean	Swal. #11
ANATOMY / BASAL PRESSURES			
LES mid position from nares (cm)		40.1	
LES proximal margin from nares (cm)		38.1	
LES distal margin from nares (cm)		42.5	
LES length (cm)		4.4	
LES intraabdominal segment (cm)		-0.1	
PIP position From Nares (cm)		42.5	
LES Mean Basal Pressure, mean end expiratory (mm Hg)	10-45	-0.1	
UES Mean Basal Pressure (mm Hg)	30-120	116.4	
Hiatal Hernia (no, yes [cm])		Yes, 0.1	
ESOPHAGEAL MOTILITY			
Number of swallows evaluated		11	
LES Residual Pressure (mm Hg)	<=13.0 (eSlv)	1.0	2.9
Wave Amplitude (mean, L3 & L2 cm above LES) (mm Hg)	30-180	33.5	24.7
Onset Velocity (between L3 & L1 above LES) (cm/s)	< 8.25	1.8	1.2
% Peristaltic (between L3 & L1 above LES)		100	
% Simultaneous (between L3 & L1 above LES)	<10	0	
% Failed (between L3 & L1 above LES)		36	0
Double Peaked Swallows (% of Swallows)	<=15%	71	1
Triple Peaked Swallows (% of Swallows)	0%	0	0
UES / PHARYNGEAL MOTILITY			
Number of swallows evaluated		11	
UES Residual Pressure (mean) (mm Hg)	< 8.0	-4.9	-15.7
UES Relaxation Time-to-nadir (msec)		173	199
Peak Pharyngeal Pressure (U2 cm above UES) (mmHg)			

NHS Victoria Infirmary Glasgow

Gastroenterology Unit

Greater Glasgow and Clyde

Patient Name: **GOODWIN, JACQUELINE**

Date of Birth: 4/23/1973

Ref. Physician: [redacted]

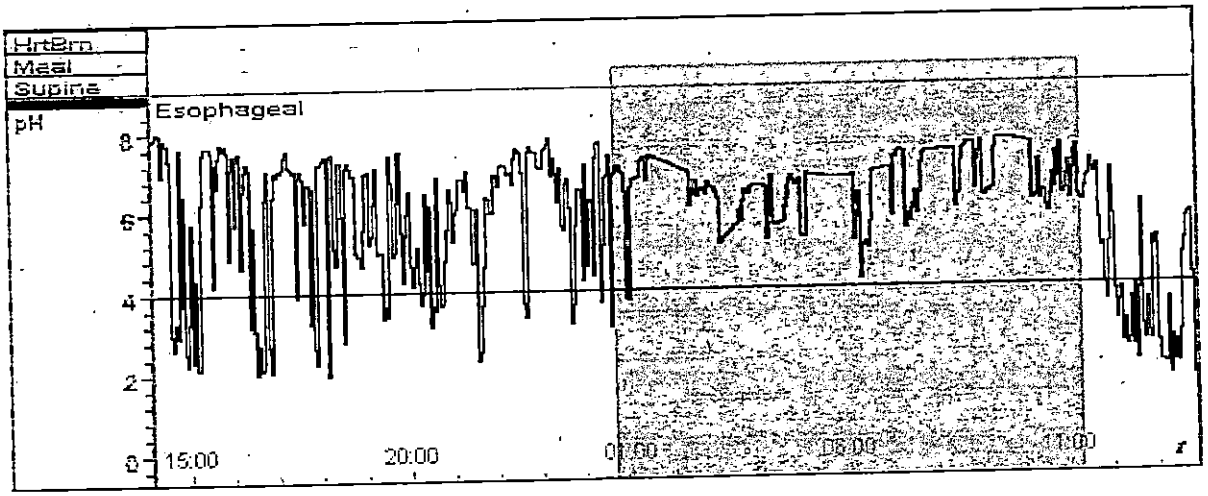
Technician: [redacted]

Physician: **Boulton-Jones, Rob**

Date of Test: 12/9/2008

Reason for Study: **GORD**

pH probe at 34 cms. Off PPI therapy.



Reflux Table - oesophageal

	Total	Upright	Supine	Meal	PostPr	PrePra	HrtBrn
Duration of Period (min)	23:46	13:09	10:36	00:44	09:05	13:55	00:05
Number of Refluxes	75	69	6	1	62	12	1
Number of Long Refluxes>5 (min)	2	2	0	0	2	0	0
Duration of longest reflux (min)	8	8	1	0	8	1	0
Time pH <4 (min)	62	61	1	0	59	3	0
Fraction Time pH <4 (%)	4.3	7.7	0.2	0.1	10.9	0.3	4.3

DeMeester Score-oesophageal

Total score = 15.6 , DeMeester normals less than 14.72 (95th percentile)

There are episodes of acid reflux during the day but these are all short-lived and therefore acid exposure time and De-Meester scores are only minimally abnormal

Signature: [redacted]

Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

Hospital/Clinic/GP Practice .....

Patient's surname/family name :.....

Patient's first name(s): .....

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

Date of Birth____/____/_____ Gender: Male ☐ Female ☐

NHS/ CHI Number _____

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

.....

Responsible practitioner: Dr Baulkn-Jones

Job title: Consultant

STATEMENT FOR PRACTITIONER

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

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side: (WRITTEN IN FULL)

Oesophageal manometry and
24 hour pH reading

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

An information leaflet/tape has been provided.

☐ ..... (title)

Signature of practitioner: Diane Robb

Name/Designation (Print) ..... CNS

Date 9/12/8

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

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

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

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

I agree -

to the administration of an anaesthetic or to sedation if required.

- to the procedure named on this form
- that the examination for the purposes of teaching will not be undertaken without my consent
- to the emergency administration of blood or blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

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

Additionally you have to agree or disagree the following:-	**Agree**	**Disagree**
that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, to improve the quality of patient care.	X	
that surplus tissue not essential for my diagnosis or future treatment may used for medical education and ethically approved medical research.		X

PATIENT AGREEMENT FOR TREATMENT

Signature: K J Goodwin ..... Date 9/12/8

Name (Print): .....

CONFIRMATION OF CONSENT

(to be completed when patient is admitted for procedure if form signed in advance)

I confirm that I have ~~no further questions and wish the procedure to go ahead.~~

Signature: ..... Print name .....

Date ...../...../.....

00526

Acute Services Division

Emergency Care and
Medical Services Directorate

NHS
Greater Glasgow
and Clyde

GASTROENTEROLOGY DEPARTMENT

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

Victoria Hospital
Langside Road
Glasgow
G42 9TY

RBJ/ASH
Clinic: 29/08/08
Typed: 01/09/08

SISTER DIANE ROBERTS
UPPER GI NURSE SPECIALIST
ROOM 6
G.I. CENTRE
SOUTHERN GENERAL HOSPITAL

Dear Diane

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

I would be grateful if you could arrange pH monitoring and manometry for this lady who has symptoms very suggestive of reflux disease and she may be prepared to consider reflux surgery. It would probably be useful to do the test whilst she is off her anti reflux therapy.

Thank you for your help.

Yours sincerely

Dr R Boulton-Jones
Consultant in Gastroenterology

9th/12/08
13.30pm

GASTROENTEROLOGY DEPARTMENT

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

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68 CASTLEMILK DRIVE, FLAT 3/1 GLASGOW, G45 9TW

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Thank you for your help.

Yours sincerely

Dr R Boulton-Jones
Consultant in Gastroenterology

Still do heartburn
- occurs every 1-2 d
↳ lasts few hours

Burning
Feels food came up
but ↓ secretion
Appetite ↓ wt ↓

Dx esophageal
tolerance
antrapm

GASTROENTEROLOGY DEPARTMENT

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

Victoria Hospital
Langside Road
Glasgow
G42 9TY

RBJ/ASH
Clinic: 29/08/08
Typed: 01/09/08

DR WRIGHT
44 CROFTFOOT ROAD

G44 5JT

Dear Dr Wright

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

Diagnosis: Gastroesophageal Reflux Disease
Previous Diagnosis: Anxiety and Depression
Current Medication: Esomeprazole 40mg bd; Lofepramine; Quetiapine;

I was pleased to review this lady. As you know she has symptoms of troublesome chest pain. Initially she was getting quite bad heartburn although this has improved on the big doses of PPI that she is taking. She does however continue to get symptoms of volume reflux, particularly when she lies flat. Her appetite is better and her weight has actually increased again.

As you know an endoscopy did suggest evidence of gastroesophageal reflux disease and her symptoms would be consistent. I discussed treatment options with her. I have been through lifestyle advice. She should stop smoking (she smokes 10 cigarettes per day). In general terms I would also recommend cutting back her alcohol intake, but she says she does not drink much alcohol. I have suggested that she avoid eating late at night and she should raise the head of her bed in an attempt to avoid nocturnal symptoms. Also we would generally recommend that people lose some weight as this can help.

This is unlikely to help her symptoms completely and in the longer term she has medical or surgical treatment options. The medical options would be to continue with the lowest dose of PPI that keeps her symptoms under control. If her symptoms prove difficult to control a prokinetic agent such as Domperidone could be added.

JACQUELINE GOODWIN
DOB:23/04/73

A second option is anti reflux surgery. I have discussed the pros and cons of this with her. She actually seemed relatively keen to explore this possibility.

In view of her preferences to explore surgical options, I am going to arrange pH monitoring and manometry and if shows no obvious contraindication and she remains keen I will refer her to one of my surgical colleagues. While she is waiting for this test I would suggest you add in Domperidone, as suggested above.

We will see her next when she comes up for her pH monitoring and manometry.

Yours sincerely

Dr R Boulton-Jones
Consultant in Gastroenterology

GASTROENTEROLOGY DEPARTMENT

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

Victoria Hospital
Langside Road
Glasgow
G42 9TY

RBJ/ASH
Typed: 15/07/08
Dictated: 15/07/08

DR WRIGHT
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Wright

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

I now have the result of this lady's biopsies. Biopsies from the duodenum were reported as normal. Biopsies from the oesophagus showed mild non specific inflammation. There was gastric type mucosa but no evidence of intestinal metaplasia and therefore the biopsies did not meet the definition of Barrett's oesophagus (for example this could simply represent a small hiatus hernia with normal gastric mucosa).

These biopsy results are clearly reassuring and we will see her back in clinic as previously arranged.

Yours sincerely

Dr R Boulton-Jones
Consultant in Gastroenterology

NHS Greater Glasgow

SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION
PATHOLOGY DEPARTMENT

CPA ACCREDITED

Name: **GOODWIN JACQUELINE**
Address: **68 CASTLEMILK DRIVE**
FLAT 3/1
G45 9TW
Location: **Gastroenterology OPD, VI**

Hospital No: **SG99835706**
CHI No: **2304736009**
DoB: **23.04.73**
Consultant: **Dr.J.R.Boulton-Jones**

Specimen: **Duodenal biopsy,Oesophageal biopsy**

CLINICAL HISTORY:
Reflux symptoms and weight loss. Circumferential Barrett's epithelium from 38cm to 35cm. Grade B oesophagitis.

MACRO:
A: Duodenal biopsy
Three fragments.

B: Oesophageal biopsy
Four small biopsies and two fragments.

MICROSCOPY:
A: Microscopy shows normal small bowel mucosa. Giardia lamblia are not identified.

B: Microscopy shows fragments of cardiac and body type gastric mucosa and separate superficial fragments of stratified squamous mucosa.

There is mild non-specific chronic inflammation within the gastric type mucosa. The squamous mucosa is congested and there is mild spongiosis of the squamous epithelium. Helicobacter pylori are not identified.

The appearances are those of mild non-specific chronic inflammation involving gastric type glandular mucosa. There is no intestinal metaplasia therefore a diagnosis of Barrett's mucosa cannot be made.

There is no evidence of dysplasia or malignancy.

Reported 02/07/08 CMH/LM

Reporting Pathologist: Dr.C.Harper CMH
Consultant Pathologist: Dr.C.Harper
Date Received: 01.07.08
Date Typed: 04.07.08

Lab No: T,08.0010256.N

Acute Services Division

Emergency Care and
Medical Services Directorate

NHS
Greater Glasgow and Clyde

CHEST PAIN UNIT
Victoria Infirmary
GLASGOW
G42 9TY
0141 201 5044

19/06/08

DR LINDA L WRIGHT
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Wright

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

This patient attended the Victoria Infirmary complaining of chest pain.

She was monitored in the chest pain unit. No new ECG changes were recorded and troponin I was normal at 12 hours.

She underwent exercise stress testing on 18/6/08 to stage 4 of the Bruce protocol, achieving a heart rate of 176 beats per minute. The ECG tracing showed no ST changes. The test was therefore negative.

Follow up: Nil.

Yours sincerely

pp Nancy Burns

Chest Pain Unit Team

Acute Services Division
The Victoria Infirmary

NHS
Greater Glasgow and Clyde

Short Stay Ward, Chest Pain Unit
Admission Details

Name: MRS JACQUELINE GOODWIN Address: 68 CASTLEMILK DRIVE FLAT 3/1 GLASGOW G45 9TW Date of Chi nur SG-9948 3670 SG nur DOB 23/4/73 Use address sticker	Date: 18/6/06 Time:

Admission Criteria

1. Patient's history consistent with possible / probable ischaemic heart disease. ✓
2. Patient currently pain-free. ✓
3. Patient's history does not suggest: - PE ✓
   - Chest infection ✓
   - Aortic dissection ✓
4. The patient is haemodynamically stable. ✓
5. Respiratory examination is normal. ✓
6. GI examination is normal. ✓
7. Asculatation of heart is normal. ✓
8. ECG is normal or unchanged from previous ECG. ✓
9. CXR is normal or unchanged from previous CXR. ✓

I am satisfied that the patient meets the criteria for admission to the Chest Pain Unit (CPU).

SHO / SpR / Consultant signature: .....

PRINT name and page number: 6406

Date: 18/6 Time .....

This section to be completed by Nursing Staff

Investigations		
ECG	Date and Time (DD/MM/YY; 00.00hrs)	New changes?
Time of 1st ECG	18/6/08 0831	Yes ☐ No ☐ sinus tacy
Time of 12 hour ECG	18/6/08 9-05am	Yes ☐ No ☑ normal sinus rhythm
Bloods	Date and Time (DD/MM/YY; 00.00hrs)	Abnormal?
Time of admission bloods		Yes ☑ No ☐ urea 2-4 ↓
Time of 12 hour Troponin	18/6/08 9.05am	Yes ☐ No ☑ <0-04
Symptoms		
Further cardiac type chest pain?	Yes ☐ No ☑	
Any new symptoms since admission?	Yes ☐ No ☑	
Nurse signature	A Leum	

If any of the above are answered 'Yes' the patient should be admitted for further investigation. Please notify Medical Staff.

If all the above are answered 'No' then the patient can have ETT booked.

ETT		
Suitable for ETT?	Yes ☐ No ☐	
Date and Time of ETT	Date:	Time:
If unfit for ETT, state reason:		

r result	Please tick	Follow-up arranged
Strongly positive		
Positive ETT		
Inconclusive		
Negative		
Signature:		Date:
PRINT NAME:		

South Glasgow Hospitals
Victoria Infirmary, Glasgow G42 9TY. Tel. 0141 201 6000

Part I Discharge Letter and Medicine Presc[illegible]on Form - Confidential Ref No: 109454

NHS Greater Glasgow and Clyde

VIMI-DISCHARGE-2725

VIC

Dear Doctor DR L WRIGHT
Surgery GORBALS HEALTH CENTRE

Fix ID label to all 4 copies

Patient: JACQUELINE GOODWIN
Address: 68 CASTLEMILK DRIVE, FLAT 3/1, GLASGOW, G45 9TW
DOB: 23/04/73 Unit no: SG99835706
Weight .... CHI no: ....

Ward: 12A Tel: ....
Consultant: DR A STEWART
Specialty: MEDICINE
Named Nurse: ....
Admission date: 18/06/08
Mode of admission: A&E
Source of admission ....
Discharge date: 18/06/08

Follow-up arrangements
Clinic appointment made:
Yes ☐ No ☐ To follow ☐
Clinic name ....
Date ..../..../....
Non-childproof containers required: Yes ☐ No ☑
Medicine compliance aids required: Yes ☐ No ☑
Specify: ....

Reason for admission, treatment, diagnosis, investigations, operations, complications:
Pt. admitted c episode of chest pain, awaiting inv^ for prev. episode in March c/o heartburn, on PPI, awaiting OGD. Chest X-ray - normal; ECG - normal, Trop - <0.04 (negative).

Other information

MEDICINE	Dosage form	Dose	am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other times	Recommended duration of treatment after discharge	New Drug ✔	New Dose ✔	Number of days supply	Dispensing Details (Pharmacy only)
No change	to	current medications															

Medicines discontinued	Reason (if known) e.g. side effects

Clinical Pharmacy check:
All known drug sensitivity / adverse reactions:
NKDA.

Dispensed by: .... Date: ..../..../....
Checked by: ....

WARD USE ONLY
Med. rec. on ward by: ....
Issued by: .... Date: ..../..../....
Signature of recipient:

Doctor's name: Ellen Patrick Signature: E Patrick Date 18/06/08
Doctor's grade: FY1 Pager number: 6114
Number of prescription sheets at discharge:

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

If you have any problems after discharge, please contact the Ward or your G.P.

Progress Notes (Please indicate in margin what profession you represen	, Nursing / Medical)
Date and Time	

South Glasg ospitals

NHS Greater Glasgow and Clyde

Unified Case Record - Core Document

P [redacted]

A SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
– FLAT 3/1
GLASGOW 23/04/1973
T G45 9TW CHI 2304736009

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ___

Ward MAU Date 18/6/08

Unit Number SG9983570G

Date of Birth 23/4/73 Age 35

Presenting Complaint	Diagnosis
1 Ghost Pain	1
2	2
3	3

Episode Information

Admission Date: 18/6/08 Admission Time: 0300 Admitting Consultant: Dr Stewart

Admitting Ward: MAU Admitted From: A&E Admitting Nurse: [redacted]

Ready for Discharge Date: Actual Discharge Date:

Consultant / Named Nurse Transfer

Date:	Consultant:	Ward:	Named Nurse:
Date:	Consultant:	Ward:	Named Nurse:
Date:	Consultant:	Ward:	Named Nurse:
Date:	Consultant:	Ward:	Named Nurse:

Name of G.P.	Address	Telephone No
Dr Wright	Carbeth HC	0141 531 8265

Allergies	Special Notes / Alert	CPR (see page 8)
NKDA		Status: Date:
		Status: Date:

Chaplain Visited? Yes ☐ No ☐ Date: Religion: None

Next of Kin Details

Patient lives with: Daughter Patient or dependents require care? Yes ☐ No ☐

Current care / support arrangements:
Independent with ADL's.

Commence 'Social Assessment Record' if any care / support issues are identified - Commenced ☐ Not applicable ☐

Other Family Details

Next of Kin: Evelyn Craig	Alternative Next of Kin / Carer:
Relationship: mother	Relationship:
Address:	Address:
Telephone No: 583-8594	Telephone No:
Relative / Carer present Yes ☐ No ☐ If answer 'No' then →	Name of Relative / Carer contacted:
Name of person present on admission:	Telephone No:
1st Language (e.g. English, Urdu) English	Name and Contact No of CPN:

Patient name: | DoB: | Unit number:

Nursing Admission Profile

Specific Observations

BM: | Weight: | Pregnancy Test (please tick) N/A ☐ Negative ☐ Positive ☐
Peak Flow: | Height: | Previous MRSA Yes ☐ No ☐ Unkown ☐
Body Mass Index:

Mental Status

- Alert ☑
- Co-operative ☐
- Calm ☐
- Lethargic ☐
- Withdrawn ☐
- Confused / Agitated ☐
- Anxious ☐
- Aggressive ☐

Orientated to
- Time ☑
- Place ☑
- Person ☑

Action Taken:

Cardiovascular System

- No problem identified ☐
- Known cardiac symptoms ☐

Action Taken: Prev C/P Awaiting cardio appt.

Musculoskeletal System

- No problem identified ☑
- Known musculoskeletal symptoms ☐

Action Taken:

GI System

- No problem identified ☐
- Known gastric symptoms ☑

Action Taken: Awaiting OGD. Severe Heartburn

Last BO ?/?/?
Stools per day:
Stools per week:
- Incontinence of faeces ☐
- Stoma ☐

Action Taken: Constipation (normal) ? Bladder prolapse

Neurological Systems

- No problem identified ☑
- Known neurological symptoms ☐

Action Taken: Depression

Swallowing deficit
Refer to S.A.L.T. if deficit evident ☐
- Aphasic* ☐
- Expressive dysphasia* ☐
- Receptive dysphasia* ☐

*Note possible consideration for consent /AWI

Consider use of ward consent / AWI resource pack

Respiratory System

- No problem identified ☑
- Known respiratory symptoms ☐

Action Taken: Smokes 10 a day

Speech

- Normal ☑
- Clear ☐
- Dysarthic ☐
- Hesitant ☐
- Hoarse ☐

Action Taken:

Physical Activity

- No limitations ☑
- Walks with supervision ☐
- Walks with assistance ☐
- Uses walking aid ☐
- Chair Fast ☐
- Walking stick ☐
- Zimmer ☐
- Rolator ☐
- Crutches ☐
- Wheelchair independent ☐
- Wheelchair outside only ☐
- Falls Risk Assessment, if required ☐
- Hip protectors required ☐
- Other ☐

Action Taken:

Mouth and Throat

- No problem identified ☐
- Dentures top ☑
- Sores / plaque on tongue ☐
- Gum swelling / bleeding ☐
- Sore throat ☐
- Diminished taste ☐

Action Taken: (in patient)

Dietary Status

- Normal diet ☑
- Special diet ☐
Specify:
- Diabetic ☐
- Low fat ☐
- Vegetarian / Vegan ☑ (Vegetarian circled)
- Kosher / Halal ☐
- Gluten free ☐
- High protein / fortified ☐
- Stage A ☐
- Pureed fruit ☐
- Stage B ☐
- Stage C ☐
- Stage D ☐
- Stage E ☐
- Low sodium ☐
- Low residue ☐
- Other ☐

Supplements used:

- M.U.S.T. Assessment ☐
- Referred to dietitian ☐

Action Taken:

Skin

- Normal ☑
- Known skin problems ☐
- Wound Assessment Chart ☐

Waterlow Score:

Action Taken:

Ears

- Normal ☑
- Known auditory problems ☐
- Hearing aid L / R ☐
- Digital Hearing Aid insitu ☐

Action Taken:

Eyes

- Normal vision ☐
- Glasses Reading ☑
- Contact lenses ☐
- Blind ☐
- Prosthesis ☐

Action Taken: (not with patient)

Genito-urinary System

- Normal ☐
- Frequency ☑
- Urgency ☐
- Dysuria ☐
- Urinary incontinence ☐
- Nocturia ☐
- Catheter insitu ☐

Type of catheter:
Date of last change / /

Action Taken: N/A

Reproductive System

Female
LMP date 3/6/08
- Irregular ☐
- Discharge ☐
- Vaginal infections ☐
- Menopause ☐
- HRT ☐
- Other ☐

Action Taken:

Reproductive System

Male
- Prostate problems ☐
- Lesion ☐
- Other ☐

Action Taken: N/A

Pain Status

- No problems identified ☑
- Known pain problems ☐

Action Taken:
Commence Pain Assessment chart if in pain on admission.

Commence ICP for Cancer Pain if appropriate.

Rest Pattern

Sleep habits
- Less than 8 hours ☐
- 8 hours ☑
- More than 8 hours ☐
- Morning nap ☐
- Afternoon nap ☐

Sleep Difficulties
- None ☐
- Early awakening ☐
- Unrefreshing sleep ☐
- Nightmares ☐
- Insomnia ☐
- Disturbed - nocturia ☐
- Disturbed - dyspnoea ☐
- Disturbed - pain ☐

Action taken:

Valuables

- Valuables with patient on admission ☐

Specify: 1 Silver coloured watch, 1 pair silver earrings

Hospital Policy explained to:
- Patient ☑
- Relatives ☐
- Valuables taken home by relatives/carer ☐
- Valuables stored in Hospital safe ☐

Specify: Own patient

Self Care Ability	Pre Admission 1	Pre Admission 2	Pre Admission 3	Current Status 1	Current Status 2	Current Status 3
Dressing and grooming	✓			✓		
Eating and drinking	✓			✓		
Toileting	✓			Bedrest		
Transferring	✓					
Walking	✓					

1. Independent
2 .Assistance of Carer
3. Assistance of aid

Change in Health Status	1	2	3
Mental status	✓		
Sleep pattern	✓		
Appetite	✓		
Bowel habit	✓		
Urinary continence	✓		
Pain		✓	
Activity tolerance		✓	

1. No change
2. Experienced change in last week
3. Change related to current illness

Admitting Nurse's Signature: [signature] Date: 18/6/08
Name: Marian Trennell Grade: 5

Patient name:	DoB:	Unit number:

Discharge Address (if different to home address)

Name of Carer:
Address:
Telephone No:

Discharge Information — Discharge Date:

Discharge Checklist		Date	Initials	Comments
Patient informed	Yes ☐ N/A ☐			
Relative / carer informed	Yes ☐ N/A ☑			
D.A.R.T. Referral	Yes ☐ N/A ☑			
D.A.C.'s Referral / Home Care Support	Yes ☐ N/A ☑			
Others informed Res / Nursing Home	Yes ☐ N/A ☐			
Transport Arranged				
Ambulance: 1 man - ☐ 2 man - ☐ am - ☐ pm - ☐				
Hospital car	Yes ☐ N/A ☐			
Own transport	Yes ☑ N/A ☐			
Other (please specify)				
Discharge Medication				
Discharge prescription completed	Yes ☑ N/A ☐			
Compliance aids requested	Yes ☐ N/A ☑			
Medication received	Yes ☐ N/A ☑			
Medication explained to patient	Yes ☐ N/A ☑			
Own medication returned to patient	Yes ☑ N/A ☑			
Dressing / continence aids (7 day supply)	Yes ☑ N/A ☐			
Other Discharge Items				
Keys	Yes ☑ N/A ☐			
Patients clothing available	Yes ☑ N/A ☐			
Valuables	Yes ☑ N/A ☐			
Intravenous canula removed	Yes ☑ N/A ☐			
Part 2 Discharge Letter Required:	Yes ☐ N/A ☐			
Completed:	Yes ☐ N/A ☐			
OP Clinic / Day Hospital Appointment				
Arranged	Yes ☑ N/A ☐	15/6	EW	ETT 2pm today
To follow	Yes ☐ N/A ☑			
Not known	Yes ☐ N/A ☑			
Informed of Discharge				
Physiotherapist	Yes ☐ N/A ☐			
Occupational Therapist	Yes ☐ N/A ☐			
Dietitian	Yes ☐ N/A ☐			
Speech and Language Therapist	Yes ☐ N/A ☐			
Clinical Nurse Specialist	Yes ☐ N/A ☐			
Liaison / District Nurse	Yes ☐ N/A ☐			
Social Work / Other Agencies / Home Help	Yes ☐ N/A ☐			
Additional Information / Leaflets / Factsheets	Yes ☐ N/A ☐			

Nurse's signature:

Transfer Checklist (i.e. other hospital)				
Patient informed	Yes ☐ N/A ☐			
Relative/ carer informed	Yes ☐ N/A ☐			
Transfer Handover Verbal ☐ Written ☐				
Transport arranged	Yes ☐ N/A ☐			
Clothing listed	Yes ☐ N/A ☐			
Valuables transferred	Yes ☐ N/A ☐			
Relevant members of team informed	Yes ☐ N/A ☐			

Nurse's signature:

This section to be completed only by a Doctor

Referral F...

GP ☐ Specify other referral: A&E ☐ Other ☐

Presenting Complaint

3 S chest pain

History of Presenting Complaint

- 8 pm today- Sudden onset gnawing central & L sided chest pain with numbness & pins & needles in the back + SOB
  - was sitting in church
  - lasted for 4 hours- intermittent
  - °nausea, °cold/°clammy/°feverish
  - °cough/°pleuritic
- similar pain in march 08- admitted & awaiting cardiology apptment
- ever since - pain in chest 2-3x/week, attended A&E today as has had enough with chest pain

Past Medical History

- has been getting palpitations not associated with chest pain & ↓ exercise tolerance.
- chest pains- awaiting cardiology apptment
- Depression
- severe heartburn- awaiting OGD
- ?" bladder "prolapse

Systemic Enquiry

CVS	- ° chest pain	GI	- constipation
RESP	- °SOB	CNS/PNS	
GU	- micturition NAD	Other	

Patient name:	DoB:	Unit number:

Family Medical History

maternal uncle - MI at 45

Social History

- lives with daughter
- unemployed

Smoking

Yes ☐ Amount per day: 10/day Never smoked ☐ Ex-smoker ☐ Since: / /

Wishing to stop smoking? Yes ☑ No ☐ If 'Yes' date referred to Smoking Cessation?: / /

Alcohol

Units of alcohol taken per week: NIL

Drug History / Medications (including 'over the counter' preparations)

- omeprazole – 40mg
- Quetiapine – ? dose
- Lofepramine – ~~150mg~~ 75mg BD

Drug Allergies

NKDA

Drug Information

Information received from (please tick):

Patients own meds ☐ Patient (verbal) ☐ GP (telephone) ☐ GP (letter) ☐ Relatives ☐

Information received by: Dr. ☐ Nurse ☐ Pharmacist ☐ Signature:

Dispensing Aid Information	Respiratory Information	Inhaler Information
Dispensing Aid Yes ☐ No ☐	Domiciliary O2 at home Yes ☐ No ☐	Pt uses an inhaler Yes ☐ No ☐
Filled by: Self ☐ Carer ☐ Pharmacist ☐		Type
Location of aid: Home ☐ Hospital ☐	Nebuliser at home Yes ☐ No ☐	Technique Satisfactory ☐ Poor ☐
Dispensing aid: required Yes ☐ No ☐	Asthma / Resp. Nurse contacted:	**Referral for assessment?**
Pharmacist informed Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ Date / / No ☐

This section to be completed only by a Doctor

General Examination

Temp: 36→ Pulse: 12 RR: 14 Weight:

SpO_2: 100% on air BP: 153/90 BG: Urinalysis:

General Observations: Alert, looks well & communicative

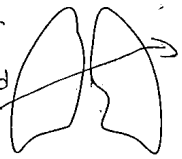
Cardiovascular Examination

HS 1+11+ murmur

ankle oedema

Respiratory Examination

- vesicular BS
- no added sounds



Abdominal Examination

- SNT
- BS ✓
- No organomegaly

Other Examination (e.g. Locomotor)

Strong / good distal pulses

Abbreviated Mental Test (AMTS) Not applicable ☐ Score 1 for every correct answer

Age:	D.O.B.:	Year:	Time of Day:	Prime Ministers
Monarch:	Recall: 42 West St	20,19,.....1	Home Address:	World War 1:

Score: / 10 Score <8 suggestive of Cognitive Impairment

CNS and PNS Examination GDA YRV

CNS

GCS =

	Power	Tone	Co-ordination	Sensation	Reflexes: Biceps	Triceps	Supinator
RUL							
LUL							
					Knee	Ankle	Plantar
RLL							
LLL							

Jaw =

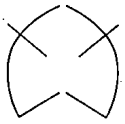
This section to be completed only by a Doctor

Patient name:	DoB:	Unit number:

Initial Investigation Requested *(refer to protocol if appropriate)*

☐ ECG	☐ FBC	☐ U&E	☐ Troponin
☐ CXR	☐ ESR	☐ Glucose	☐ Cholseterol
☐ ABG's	☐ Clotting factors	☐ CRP	☐ TSH
		☐ LFT's	☐ Calcium

CXR Comments



Nil to cal

ECG Interpretation

sinus tachy
117 bpm

Impression and Differential Diagnosis

Atypical chest pain ? angina
? paroxysmal AF/SVT
Tachycardic – ? cause

Management Plan *(refer to protocol or Integrated Care Pathway if appropriate)*

- IV access & bloods & given aspirin
- chase ue ☐
- mi screen tomorrow am ☐
- needs 24 hr tape
- measure BP both arms ☐
- cardiology r/v ☐
- Old notes ☐
- monitor pulse → IV fluids overnight (? dehydrated – not eating well with headache)

Is DVT Prophylaxis indicated?	Yes ☐ No ☐	Any contra-indications to this?	Yes ☐ No ☐
Prescribed?	Yes ☐ No ☐		
Does patient need to be admitted?	Yes ☐ No ☐	Is Outpatient / Ambulatory Care an option?	Yes ☐ No ☐

If 'Yes', discuss with SHO or other senior colleagues

House Officer's Signature: _____ Date: 18/6

Name: Dr Sidhu Grade: FY2 Page No: 6407

Patient name:	DoB:	Unit number:

Investigations

	Requested by	Ordered by	Date ordered		Date Performed
X-ray (Specify)					
CT (Specify)					
Ultrasound (Specify)					
VQ Scan					
ECG					
24 hour tape					
Echocardiogram					
PFT's					
Endoscopy					
Bronchoscopy					
Other (Specify)					

Specimens

	Requested by	Collected by	Date Collected
Sputum (Specify)			
Urine (Specify) MSSU ☐	SCN.		
Other (Specify)			

Referrals made to AHPs, Specialist Nurses

Discipline	Referral made by	Date 1st visit	Made by	Date
Physiotherapy				
Occupational Therapy				
Dietitian				
Speech & Language Therapist (SALT)				
Other				

Serial Blood Results	Patient name:								Do not enter data in this column
	Date & Time:	7/6	18/6	18/6/08					
	Signature:	JC	|	1200					
Electrolytes & Glucose	**Normal Values**								
Sodium	135 - 145	140	136	138					
Potassium	3.5 - 5.0	3.9	3.8	3.8					
Chloride	96 - 105	107	111	108					
HCO3	24 - 29	22	16	21					
Urea	2.5 - 6.5	2.4	2.5	2.3					
Creatinine	55 - 120	76	75	72					
Glucose	3.5 - 5.5	5.5.							
Magnesium	0.8 - 1.0								
CRP	<10	2							
Cardiac Enzymes & Liver Function Tests	**Normal Values**								
Troponin	<0.04		<0.04						
CK	<150								
LDH	195 - 415								
AST	<37	11	14	11					
ALT	<40	9	10	9					
Gamma GT F	<30 M<45								
Alk Phos	60 - 260	91	84	85					
Bilirubin	F,17 M<21	4	7	8					
Total protein	62 - 82	64	60	58					
Albumin	38 - 53	39	36	36					
Calcium	2.2 - 2.6								
Haematology & Clotting Screen	**Normal Values**								
Hb Sex dependent		133							
White count	4.0 - 11.0	9.4							
Platelets	150 - 440	245							
ESR	0 - 7								
PT	0.9 - 1.1								
Fibrinogen	1.5 - 3.8								
APTT	0.77 - 1.23								
INR									
MCV	74 - 99	89.1							
Arterial Blood Gas	**Normal Values**								
H+	36 - 43								
PCO_2	4.5 - 6								
PO_2	10.5 - 13.5								
Base excess	+/- 2.5								
Bicarbonate	20 - 28								
FiO_2	3.5 - 5.5								
Other									
TSH			2.14						
fT4.			11.5						
Amylase			30						
Chol.			4.2						
Trig			1.55						

Patient name:	DoB:	Unit number:

Middle Grade Review

Senior House Officer / Registrar Review

Outcome

☐ Pending Investigations ☐ Discharge ☐ Follow-up: ....

☐ Admit CCU ☐ Admit ITU ☐ Admit Medicine ☐ Admit DoME

CPR / ITU Status on Admission

Does CPR or ITU status need to be addressed? Yes ☐ No ☐

If there is a resuscitation issue please describe in more details:

Discussed with consultant	Yes ☐	No ☐
Discussed with patient	Yes ☐	No ☐
Discussed with relatives	Yes ☐	No ☐

Comments:

Adults With Incapacity (AWI) Status ☐ For Consultant review ☐ AWI Form completed

Signature: ______________________ Date: __________

Name: ______________________ Page No: __________

Patient name	DoB:	Unit number:

Initial nursing notes

Patient admitted to MAU from A+E with chest pain. Had previous episode before -ve trop. Awaiting O/P ... and OGD as experiences severe heartburn. Observations stable. IV Fluids commenced on ward as dehydrated due to not eating (?) properly. Sister to bring up medications and ... of admission. For ... Saneen ... and cardiology R/W Mané. Chest pain eased with 300mg aspirin given in A+E. No complaints at this time. ...

Consultant's review

18/6/08. A STEWART. MAU.

35yr old woman
Smoker.
episode of chest pain yesterday
Previous episode March – awaiting investigations
Now resolved.
?? due to dyspepsia – recently ↑.
Some anorexia

O/E overweight. Sat 100% on air, initially HR 110.
Chest clear HS pure Abdo soft

ECG ×2 Normal
CXR normal.
→ note bic 16 today, glucose normal.

Unlikely to be cardiac, but must exclude.
~~...~~ little to suggest PE
→ if trop negative → ETT. If negative → home
for urinalysis.
Repeat U+E. 12noon.

A Stewart
Cons.

Progress Notes (Please indicate in margin what profession you represen Nursing / Medical)

Date and Time	
18/6/08 05[00]	Settled since admission : IV fluids continue No further complaints of chest pain offered T Miller.
09-30	independant ē hygiene needs no complaints of chest pain patient has not passed urine today, await WSOU ☐ IVI continue as prescribed medications given as per Kardex a/w MI screen results ☑
18/6/08.	Nurse Pt tropan <0.04 ∴ allow (H) but UtEs recheck 12 noon ☐ ETT booked for 2pm. If UtEs ok allow home [illegible] (D) Ute's obtained pt d/c from ward, presently sitting in patients day room * for Ute's to be checked prior to d/c [illegible]

Patient name:	DoB:	Unit number:

Progress Notes (Please indicate in margin what profession you represent e.g., Nursing / Medical)

Date and Time	

ECG

Sinus tachycardia (117)

RAD.

Impression

(55) atypical chest pain. Unexplained tachycardia.

+

Treatment

1) IV access & bloods inc. U&E's, LFT's, FBC, TFT's, CRP, TFT's

2) Aspirin 300mg

3) CXR

4) Medics for MI serum / further investigations -

Cummins

ACCIDENT & EMERGENCY DEPARTMENT

available

NHS Lanarkshire

(BLOCK LETTERS)

SURNAME: GOODWIN | DOB: 23/04/73 | AGE: 35 | SEX: F | A/E Number: AE0053733/08

FORENAME: JACQUELINE | OCCUPATION:

ADDRESS: 58 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW

POSTCODE: G45 9TW | TEL: 0141 587 8636

CHI Number: 2304736009
UNIT Number: SG99835706
ARRIVAL DATE: 18/06/08
ARRIVAL TIME: 0013
MODE:
REFERRAL BY: SELF

GP Name: LINDA L WRIGHT

ADDRESS: GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

CODE: 49106|2 | TEL: 0141-531-8265

PRESENTING COMPLAINT: CHEST PAINS

INCIDENT TYPE: MED

INCIDENT LOCATION: INS

Number of visits in the last year (including this one): 3
Total Number of Visits (including this one): 18

GP DISCHARGE LETTER

DIAGNOSIS: Chest pain → myalgia

INVESTIGATIONS:

X-RAYS:

TREATMENT:

CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT): Cummins | CODE: FY2 umico

(SIGNATURE) | DISCHARGE TIME: 0255

FOLLOW UP NOT ARRANGED / ARRANGED DATE | TIME

OUT PATIENTS (PLEASE CIRCLE)

A&E CLINIC | ORTHOPAEDIC

SURGERY | MEDICINE

EYE | E.N.T.

GYNAECOLOGY | OTHER

ADMISSION

TO WARD: Mail

MEDICINE | SURGERY

ORTHOPAEDIC | E.N.T.

GYNAECOLOGY | OTHER

TRIAGE/NURSING DOCUMENTATION

ONCE ONLY PRESCRIPTION

DATE	DRUG	DOSE	ROUTE	PRESCRIBED BY	TIME GIVEN	GIVEN BY
18/6/18	ASPIRIN	300mg	O	[signature]	01:30	K. L[signature]

TRIAGE DETAILS

DATE

P.C.

TIME

P1

P2

REC CASE

RELS PRESENT

Jacqueline Goodwin

Bilirubin	Neg.						
Urobilinogen	Norm.	2(35)	4(70)	8(140)	12(200)		
Keytones	Neg.	Trace					
Glucose	Norm.	50(2.8)	100(5.6)	250(14)	500(28)	≥1000	
Protein	Neg.	Trace	30	100	500		
Blood	Neg.	ca 5-10	ca 50	ca 300	ca 5-10	ca 50	ca 300
Nitrate	Neg.	Pos.	Pos.	Pink coloration			
pH			6.5				
Specific gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
Leukocytes	Neg.	ca 25	ca 75	ca 500			

SIGNATURE

YES/NO

ALLERGIES

INITIAL OBSER

HR 121 BP 153

URINALYSIS

BM

PAIN SCORE

NURSING NOTES/TREATMENT

SIGNATURE

BLOOD RESULTS

DATE 00:57 TIME 18/6/18 NAME (PRINT) L. CUMMING

(SIGNATURE) [signature]

CLINICAL NOTES

(35)

PC / Chest pain

HPC / Anterior central chest pain since this evening. 'Heavy in nature'. Radiating to back and (L) shoulder. Associated SOB. Feels nauseous (says this is normal). Previous admission in April with similar → now waiting for cardiology appointment and 24 hour tape. Sitting in church at time of onset.

PMH / Previous similar chest pain → no diagnosis reached.
Depression
DSH

* NKDA *

DH / Omeprazole
Quetiapine

SH / Lives with daughter
Smokes 10/day.

Obs / As recorded
HR 121

O/E

CVS / HS I+II+0
JVP no
Pulse regular

Resp [signature]

Abdo SNT
BS ⊕.

No tenderness on palpation anterior chest.

ONCE ONLY PRE

DATE
18/6/18

DATE	
TIME	
PI	chest pain radiating to back
P2	Feels SOB
REC CASE YES/NO	
RELS PRESENT YES/NO	

TRIAGE NURSE'S SIGNATURE

ALLERGIES | PRESSURE AREAS AT RISK YES/NO

INITIAL OBSERVATIONS

HR	BP	RR	TEMP	O²SAT	PEAK FLOW
124	153/90	14	36.2	100% on	

URINALYSIS

BM	GCS	E	M	V	PUPILS
PAIN SCORE	0	1	2	3	

NURSING NOTES/TREATMENT

SIGNATURE

BLOOD RESULTS

DATE 00:57 IME 18/6/18 NAME (PRINT) L. cummiNL

(SIGNATURE)

CLINICAL NOTES (35)

PC/ Chest pain

HPC/ Persistent central chest pain since this evening. 'Heavy in nature'. Radiating to back and (L) shoulder. Associated SOB. Feels nauseous (says this is normal). Previous admission in April with similar → now waiting for Cardiology appointment and 24 hour tape. Sitting in church at time of onset.

PMH/ Previous similar chest pain → no diagnosis reached
Depression
DSH

DH/ * NKDA *
Omeprazole
Oxetrigine

SH/ Lives with daughter
Smokes 10/day.

Obs/ BS recorded
HR 121

On Exam

CVS/ HS 1+II +0
JVP N
Pulse regular

Resp

Abdo SNT
BS ⊕.

N, tenderness on palpation anterior chest.

NHS Greater Glasgow And Clyde

Endoscopy Unit, The Victoria Infirmary

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.:	**SG99835706**		

GP: Dr L Wright
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Procedure date
30th June 2008

Status: Day patient/NHS
Hospital: Victoria Infirmary
Ward: (none)
Referring Cons: Dr R Boulton-Jones (Gastroenterology)

Indications
Reflux symptoms and weight loss.

Consultant/Endoscopist
List consultant: Dr Robert Boulton-Jones
Endoscopist No1: Dr Alan Clarke
Nurses: SN Hannah Mullaney
SN Michelle Scott

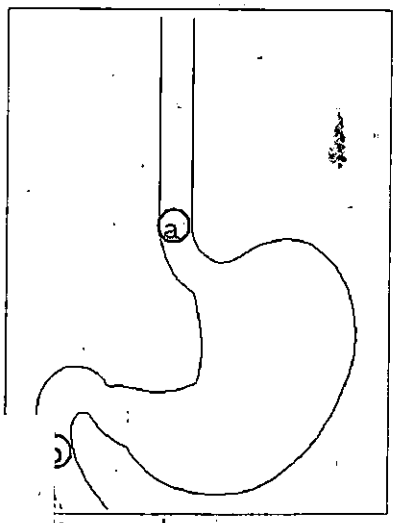
Report
OESOPHAGUS. Circumferential Barrett's epithelium from 38cm to 35cm. Grade B oesophagitis (at least one mucosal break longer than 5mm confined to the mucosal fold but not continuous between two folds) at (a).

Instrument
VIC - GIFXQ260 2432509

Follow up
Awaiting pathology results.

Premedication
Midazolam (IV) 3 mg

Advice/comments
No improvement in symptoms with omeprazole 40mg daily. Suggest esomeprazole 40mg bd 1/2 hour before breakfast and evening meal. Will review control of symptoms/histology in clinic in 6-8weeks. Note normal CXR April 08 ?weight loss all 2ary to poor appetite/reflux symptoms.

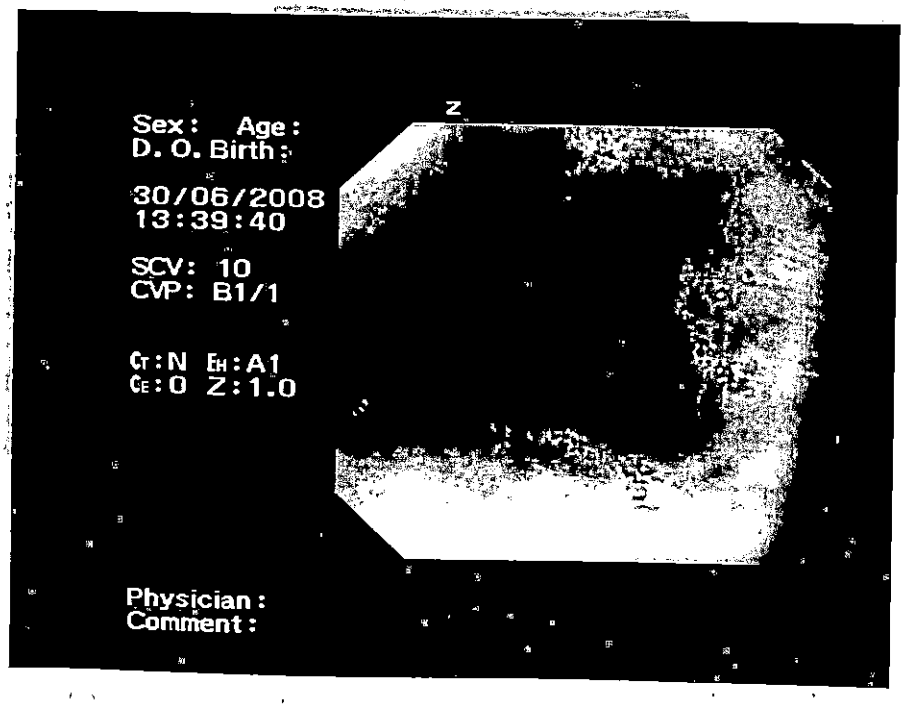


…er oesophagus
…ond part

Dr Alan Clarke
Senior Registrar - Medicine

c.c. Dr R Boulton-Jones (Gastroenterology)

Specimens taken
…psy (x4 site a and x4 site b)



PMHx - ~~acid~~ depression / anxiety

DHx - lofepramine
- quetiapine
- esomeprazole

Chest pain
- controlled
- better on high dose PPI
- worse when lying flat
- has feeling of volume reflux
- heartburn better
- appetite - better WG ↑ again

Smoke - 10/d
Alc - rarely

Plan

Impr - GORD

Inv - bloods
- pH/manometry ⊢

Acute Services Division

Gastroenterology Unit
Floor D
The Victoria Infirmary
Glasgow G42 9TY
Direct Tel. No. 0141 201 5226

PLEASE BE AWARE YOU MAY BE REQUIRED TO WAIT AND WE APOLOGISE FOR ANY DELAY YOU ENDURE. THANK YOU FOR YOUR PATIENCE.

NHS
Greater Glasgow and Clyde

APPOINTMENT FOR ENDOSCOPY

Dear ~~Sir~~ / Madam

Your endoscopy appointment has been set for 2 pm on 30th June at the Endoscopy Unit, D Floor, Victoria Infirmary. Please arrange for someone to collect you from the Endoscopy Unit at: 4:15 pm

Please do not eat or drink anything from 7 am We cannot perform the test safely if you do not have an empty stomach.

Important Notes

Confirmation of Your Appointment

There is a high demand for endoscopy appointments. If you cannot make your appointment please contact us as early as possible so that we can offer the appointment to someone else. If you do not attend your appointment without informing us you may not be offered any further appointments.

Current medication

If this is your first endoscopy we ask that you stop any ulcer healing drugs such as Cimetidine (Tagamet), Ranitidine (Zantac), Omeprazole (Losec), Lansoprazole (Zoton), Pantoprazole (Protim) or Rabeprazole (Pariet) two weeks prior to the endoscopy. This will give us the best chance of making an accurate diagnosis. Gaviscon can be used to control your symptoms during this period. If this is a follow up test to check for healing of an ulcer you may be asked to continue the medication until the day before the test. If you are unsure please contact us to confirm.

Diabetics

If you are diabetic you should contact the diabetic liaison sister (telephone 0141 201 5906 or 5251) to discuss how to manage you diabetes while you are fasting for the test.

Warfarin

If you are on warfarin you should discuss with the doctor who referred you for the test whether you should continue this until the day before the test or stop it five days prior to the test. If you are unsure please contact us.

Consent form overleaf

Consent for Endoscopy

It is important that you feel that you
endoscopy. The following sources of info

1. The doctor who referred you for the t
   If you are unclear you should contact
2. The enclosed leaflet contains details c
3. The nursing and medical staff will be
   the procedure when you come to the
4. If you have any questions about the t
   your endoscopy you can contact us o

Once you are happy that you have as
above sources you should sign this fo
procedure. You can sign this form at an
had a chance to speak to the staff in the c

LABCAIRE

Autoscope Ser No: AS3/7066/L

Process No: 29367
30/06/08
13:54 GMT

Patient

CYCLE PASS SCOPE 1500

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW
G45 9TW 23/04/1973
CHI 2304736009

- I ....)to undergo
  to my child/ward ..... endoscopy.
- I have received all t the nature and purpose of the procedure.
- I understand that photographs may be taken and stored if this is deemed necessary by the endoscopist.
- I understand the common side effects including a very small risk of bleeding or perforation, following which surgery may rarely be required. I am also aware of the risk to teeth or dental work.

Signed ..... Date 30/6/08

I confirm that I have explained the purpose and nature of the endoscopy to the patient.

Signed ..... Date .....

Consent for Endoscopy

It is important that you feel that you have all the information that you require about endoscopy. The following sources of information are available:

1. The doctor who referred you for the test should have explained why the test is necessary. If you are unclear you should contact them.
2. The enclosed leaflet contains details of how the test is performed.
3. The nursing and medical staff will be able to answer any questions that you have about the procedure when you come to the unit.
4. If you have any questions about the test that need to be addressed before you come for your endoscopy you can contact us on the above number.

Once you are happy that you have as much information about the endoscopy from the above sources you should sign this form to indicate that you consent to undergo the procedure. You can sign this form at any time before the test. You can wait until you have had a chance to speak to the staff in the department if you feel you need further information.

- I .... consent (or consent to my child/ward ....)to undergo endoscopy.
- I have received all t the nature and purpose of the procedure.
- I understand that photographs may be taken and stored if this is deemed necessary by the endoscopist.
- I understand the common side effects including a very small risk of bleeding or perforation, following which surgery may rarely be required. I am also aware of the risk to teeth or dental work.

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW
G45 9TW 23/04/1973 CHI 2304736009

Signed ..... Date 30/6/08

I confirm that I have explained the purpose and nature of the endoscopy to the patient.

Signed ..... Date .....

VI MEDICAL ILLUSTRATION • GASTRO • 4924

Observations

	Pre-procedure				Intra-procedure						Post-procedure						
Time	14				14.45						1605						
190																	40°
180																	39°
170																	38°
160																	37°
150																	36°
140																	35°
130																	34°
120											115						33°
110	↑				~						↑						
100											6						
90	0																
80	↓										↓						
70											70						
60																	
50																	
40					SaO2												
30	96%				98%						98%						
	RA				4LO2						on						

Pulse

Temperature

Post Sedation Record	Print name
	Sign below

Acute Services Division

NHS Greater Glasgow and Clyde

Endoscopy Unit Care Plan

* no reflux *

Patient		☐ Inpatient (Ward:) ☑ Outpatient
Name:		Consultant: Dr Clarke
D.o.B:	SG99835706	Admission Nurse: LW0001
Address:	JACQUELINE GOODWIN 68 CASTLEMILK DRIVE FLAT 3/1 GLASGOW 23/04/1973	Date: 30/6/08 Time: 14.00
Telephone	G45 9TW CHI 2304736009	Procedure: Endoscopy
	Use address label	

Unit Philosophy

- The nursing staff within the Endoscopy Unit 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 believe that the right to client confidentiality should be maintained at all times.
- 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.

Endoscopy Unit
The Victoria Infirmary
Telephone 0141 201 5961

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 ☐

Orientation/Psychological Support

Orientate to area	Yes ☐	No ☑
Orientate to staff	Yes ☑	No ☐
Patient understands explanation of procedure	Yes ☑	No ☐
Patient understands explanation of sedation	Yes ☐	No ☐

Comment: Sedation

Time allowed for patient's questions	Yes ☑	No ☐
Fasted: 2200 29/6/08	Yes ☑	No ☐

Fasted from: 12mn ☑ 6am ☐

Medication:
Lofepramine
Quitapine 22.00 last dose 29/6/08
Stopped last 10 days ago

Allergies: none known

Bowel preparation:
Kleen Prep 1☐ 2☐ 3☐ 4☐ sachets
Picolay 1☐ 2☐ 3☐ 4☐ sachets
Enema ☐ Good ☐ Fair ☐ Poor ☐

Moving and Handling Assessment

Patient independent Yes ☑ No ☐

Aids and/or assistance required
Walking stick ☐ Zimmer ☐ Wheelchair ☐
Other - Specify:

Prosthesis: upper denture

Past Medical Histo (ick as appropriate)

Medical conditions

Ischaemic heart disease	Yes ☐	No ☑
Angina	Yes ☐	No ☑
M.I. Date:	Yes ☐	No ☑
Hypertension	Yes ☐	No ☑
Asthma/Bronchitis/COPD mild	Yes ☑	No ☐
Epilepsy	Yes ☐	No ☑
Stroke	Yes ☐	No ☑
Diabetes	Yes ☐	No ☑
Type: NIDDM ☐ IDDM ☐ BM: Yes ☐ No ☐		
Pacemaker	Yes ☐	No ☑
Artificial valves	Yes ☐	No ☑
Liver disease	Yes ☐	No ☑
Colitis	Yes ☐	No ☑

Venflon inserted by *(Initials)*:
Site:

Other (specify):
investigation for *
*chest pain ongoing
flexible sigmoidoscopy 2007
loss of appetite + weight + indigestion

INR Yes ☐ No ☐ Time: Result:

Endoscopist informed Yes ☐ No ☐ *(Initials)*

Discharge Plan

Contact details: mother
Name: Evelyn Craig
Telephone number: 583 8594
Mobile number:

Transport: Own transport ☐ Taxi ☐ Hospital car ☐ 1/2 person ambulance ☐
Ordered by (initials):

Irregular discharge documentation completed ☐
Not applicable ☐

Name of admitting nurse: LWood

Signature: LWood

Intra-proce

Procedure: ENDOSCOPY

Consent obtained by: PENN DR CLARKE

Endoscopist: DR CLARKE

Endoscopy Nurses

1: SN SCOTT

2: SN MULLANSEY

3: AN COYLE
AN SMITH

Oxygen administered 4 Ltr Yes ☑ No ☐

Record pulse oximetry on page 4, as required during procedure.

Medication

	Dose:	Time:
☑ Midazolam	2mg	14.45
☐ Pethidine		
☐ Buscopan		
☐ Lidocaine 2%		
☐ Lidocaine throat spray		
☐ Fentanyl		
☐ Antibiotics		
Specify:		
Specify:		
Specify:		
☐ Reversal agent		
☐ *Additional dose*		
☐ *Additional dose*		
☐ *Additional dose*		

Procedure

CLO		☐
Dilation		☐
Injection variances		☐
Oesophageal banding		☐
PEG insertion		☐
Biopsy	Hot ☐	Cold ☑
Snare polypectomy		☐
Endo mucosal resection		☐
Haemorrhoidal banding		☐
Endorectal ultrasound		☐
Washings		☐
Brushings		☐
Thermal cauterisation		☐

Other *(Specify)*:

Intra-procedure assessment

MONITORED THROUGHOUT PROCEDURE

Assessment of patient discomfort

STRUGGLED AT TIMES

Recovery Instructions

AS PER PROTOCOL

Patient advice leaflet given Yes ☐ No ☐

Specify advice given:

Endoscopist's letter given Yes ☑ No ☐

Signature: H. Mullany

Post-procedure

Recovery Area

Nursing assessment post-procedure:

Time moved to Secondary Recovery

Relatives informed ☐ Not applicable ☐

Comment:

Patient letter available Yes ☑ No ☐

Venflon removed ☐ *(Initials)*: DN

Patient discharged at *(Time)*: 1640

Signature: Miller

NHS Greater Glasgow & Clyde
Acute Services Division

NHS
Greater Glasgow and Clyde

GGRN

URGENT REFERRAL TRACKING – Outpatient Clinic Outcome Form

Section A – to be completed by Medical Records staff.
Please complete section below with date of referral, outpatient appointment and patient label.

Please affix patient label here

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

Date of Urgent Referral: 13/6/8

Date of Outpatient Appointment: _____

Clinic: _____

Section B – to be completed by Clinician

Please indicate status of referral following today's appointment by ticking the appropriate box:

OPCAT1	☐	Not cancer
OPCAT2	☐	Cancer not suspected - for routine review/investigation/treatment
OPCAT3	☐	Cancer not suspected but further *urgent* investigations required to exclude it
OPCAT4	☐	Cancer suspected, for urgent investigations/follow-up appointment
OPCAT5	☐	Cancer diagnosed (clinical/imaging/cytological/histological diagnosis)
OPCAT6	☐	Cancer diagnosed and treatment commenced (eg hormones prescribed)

Please add any additional comments below:

Clinician - Please return the completed form to the nominated clinic nurse.
Clinic Nurse/Co-ordinator - Please collate these forms and fax them to the Referral Tracking Office, GRI on Ext 29399. If you have any queries, please call the office on Ext 20762.

(L) 99835706

Hospital Use only	Clinic	Day Date	Time	Hospital No:

Ambulance required?

~ REFERRAL LETTER ~

- Medical in Confidence -

REFERRAL TO:

Gastroenterology Dept	**Victoria Infirmary** **Langside Road** **Glasgow** **G42 9TY**
Hosp email:	
CHI NO: 2304736009	

URGENCY OF REFERRAL:

Urgent

PATIENT DETAILS:

Goodwin	**68 Castlemilk Drive** **Glasgow** **G45 9TW**
Jacqueline	
Previous surnames:	
Title: **Mrs**	
TEL NO: 587 8636	

REFERRING PRACTITIONER DETAILS:

Dr Katie Mcgrath	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

OCD 30/6/08
Cat (1)

DATE RECEIVED
13 JUN 2008
13/6/08
FOR VE...
DATE APPT S...

History of Presenting Complaint

Dear Doctor,

Thanks for **urgently** assessing this 35 year old lady who has been troubled with symptoms of epigastric pain for 2-months. She has been taking 40mg of Omeprazole for the past month and this has not helped with her symptoms. She also now describes a feeling of dysphagia poor appetite and a weight loss of 5lbs in the last 2-weeks.

I am concerned about her symptoms, and therefore would value your **urgent** assessment.

Reason for Referral (& Expectation of Outcome)

Dysphagia

Past Medical History

H/O: depression

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+inflict.inj.-SH**
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**

Current Medication

QUETIAPINE tabs 150mg 2 Tabs Twice daily
LOFEPRAMINE tabs 70mg 1 Tab Twice daily
OMEPRAZOLE gastro-res cap 40mg TAKE ONE DAILY
Clinical Warnings (eg allergies blood-borne viruses)

Additional Relevant Information

Smoking ***Alcohol***

Yours sincerely

pp

Dr Katie McGrath
GP Registrar

13 June 2008

DRS. WILLOX, McEVINNEY, WRIGHT & McLAUGHLIN

44 Croftfoot Road, Glasgow G44 5JT

FAX

Date: 13th June 2008

Number of pages including cover sheet: 4

To:
MEDICAL RECORDS
VICTORIA INFIRMARY
LANGSIDE RD
GLASGOW
G42 9TY
Phone: 201 5123
Fax phone: 201 5096
CC:

From:
DR KATIE McGRATH
SURGERY
114 CROFTFOOT RD
GLASGOW
G44 5JT
Phone: 0141-634-6333
Fax phone: 0141-634-6575

REMARKS: (Urgent) For your review Reply ASAP Please comment

REQUEST FOR URGENT GASTRO ASSESSMENT

RE: JACQUELINE GOODWIN DOB: CMI 23.04.73 6009

SEE REFERRAL LETTER ATTACHED

PLEASE.

MANY THANKS

South Glasgow Hospitals
Victoria Infirmary, Glasgow G42 9TY. Tel. 0141 201 6000

Part I Discharge Letter and Medicine Prescription Form - Confidential Ref No: 101942

NHS Greater Glasgow and Clyde

VIMI - DISCHARGE - 2725 VIC

Dear Doctor .....
Surgery .....

Fix ID label to all 4 copies

Patient: JACQUELINE GOODWIN
Address: 3/1, 68 CASTLEMILK DR
G45 9TW
DOB: 23/04/73 Unit no: SG99835706
Weight ..... CHI no: .....

Ward: 14 Tel: .....
Consultant: SADLER
Specialty GENERAL MEDICINE
Named Nurse: .....
Admission date: 28/03/08
Mode of admission .....
Source of admission .....
Discharge date: 29/03/08

Follow-up arrangements
Clinic appointment made:
Yes ☐ No ☐ To follow ☐
Clinic name .....
Date ...../...../.....
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify: .....

Reason for admission, treatment, diagnosis, investigations, operations, complications:
Admitted with paroxysmal breathlessness, palpitations and syncope.
Impression - nil acute
Management - vasculitis screen + 24 hour ECG awaited.

Other information

MEDICINE	Dosage form	Dose	Times for administration: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other times	Recommended duration of treatment after discharge	New Drug ✔	New Dose ✔	Number of days supply	Dispensing Details (Pharmacy only)
No new medication																	

Medicines discontinued	Reason (if known) e.g. side effects

Clinical Pharmacy check:
All known drug sensitivity / adverse reactions:
NKDA

Dispensed by: ..... Date: ...../...../.....
Checked by:

WARD USE ONLY
Med. rec. on ward by: .....
Issued by: ..... Date: 29/03/08
Signature of recipient: J Goodwin

Doctor's name: ALDERSON Signature: [signature] Date 29/03/08
Doctor's grade: FY1 Pager number: 6213

Number of prescription sheets at discharge:

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

If you have any problems after discharge, please contact the Ward or your G.P.

CHI: 2304736009
Typed by: SJ

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

Department: GASTROENTEROLOGY

Direct Telephone No: 0141 201 5912

Dictated: 24 April 2008

DR LINDA L WRIGHT
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Wright

JACQUELINE GOODWIN DOB: 23/04/73 Unit No: SG99835706
68 CASTLEMILK DRIVE, FLAT 3/1, GLASGOW, G45 9TW

Admission Date:	28/03/08
Discharge Date:	29/03/08
Consultant:	DR SARWAR
Drugs on Discharge:	Nil new
Follow up:	Outpatient 24 hour tape requested

The above patient was admitted to the medical assessment unit with 3 months history of intermittent palpitations, associated with breathlessness, but no other precipitating factors. She has a history of agitated depression, and gastroesophageal reflux.

On examination she was haemodynamically stable. She is currently taking Lofepramine, Quetiapine, and Omeprazole. ECG revealed sinus tachycardia of 118bpm. She was reviewed by Dr Sarwar, who felt that thyroid function tests, as well as vasculitis screen, should be performed. 24 hour ECG was arranged as an outpatient to ensure no paroxysmal arrhythmia. We will forward the results of her outpatient investigations.

Yours sincerely

DR ALAN CLARKE
SPR IN GASTROENTEROLOGY

JACQUELINE GOODWIN
23/04/73
p.s. This patient's ANCA screen, anti-nuclear factor, anti-mitochondrial antibodies, smooth muscle antibody, and LKM antibodies were negative. Gastric parietal cell antibodies were weekly positive, which is of doubtful significance.

ACCIDENT & EMERGENCY DEPARTMENT

NHS
Greater Glasgow and Clyde

SURNAME: GOODWIN	DOB: 23/04/73	AGE: 34	SEX: F
FORENAME: JACQUELINE	OCCUPATION:		
ADDRESS: 68 CASTLEMILK DRIVE FLAT 3/1 GLASGOW			
POSTCODE: G45 9TW	TEL: 0141 587 8636		

A/E Number: AE0026766/08
CHI Number: 2304736009
UNIX Number : 0099935706
ARRIVAL DATE: 28/03/08
ARRIVAL TIME: 1139
MODE: OWN
REFERRAL BY: GP

GP Name: LINDA L WRIGHT
ADDRESS: GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ
CODE: 49106|2 TEL: 0141-531-8265

PRESENTING COMPLAINT: MED REC CASE
INCIDENT TYPE: MED
INCIDENT LOCATION: INS

Number of visits in the last year (including this one): 2
Total Number of Visits (including this one): 7

GP DISCHARGE LETTER

DIAGNOSIS

INVESTIGATIONS

X-RAYS

TREATMENT

CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) CODE

(SIGNATURE) DISCHARGE TIME

FOLLOW UP - NOT ARRANGED / ARRANGED DATE TIME 1300

OUT PATIENTS (PLEASE CIRCLE) **ADMISSION** C2

A&E CLINIC	ORTHOPAEDIC	TO WARD	
SURGERY	MEDICINE	MEDICINE	SURGERY
EYE	E.N.T.	ORTHOPAEDIC	E.N.T.
GYNAECOLOGY	OTHER	GYNAECOLOGY	OTHER

TRIAGE/NURSING DOCUMENTATION

ONCE ONLY PRESCRIPTION

DATE	DRUG	DOSE	ROUTE	PRESCRIBED BY	TIME GIVEN	GIVEN BY

TRIAGE DETAILS

DATE

TIME

P1

P2

REC CASE YES/NO

RELS PRESENT YES/NO

P.C. GP referal

TRIAGE NURSE'S SIGNATURE

ALLERGIES

PRESSURE AREAS AT RISK YES/NO

INITIAL OBSERVATIONS @ triage

HR 113 regular BP 140/86 RR 20 TEMP 36.1 0²SAT 100% on air PEAK FLOW

URINALYSIS

BM	GCS	E	M	V	PUPILS
PAIN SCORE	0	1	2	3	

L. Morrison

NURSING NOTES/TREATMENT

1220 ecg requesed L. Morrison

SIGNATURE

BLOOD RESULTS

DR. DA G. A. WILLOX
DR. LINDA WRIGHT

Surgery:
44 Croftfoot Road
Croftfoot
Glasgow G44 5JT
Tel: 0141 634 6333
Fax: 0141 634 6575

DR. PAUL J. MCEVINNEY
DR. MAIRI J. MCLAUGHLIN

Surgery:
Gorbals Health Centre
45 Pine Place
Glasgow G5 0BQ
Tel: 0141 531 8265
Fax: 0141 531 8244

28/3/8.

Dear Doctor,

Re:

Thanks for seeing Jacqueline. She attended 21/52 ago. 4/0 palpitations. c SOB, c episodes where lips turned blue. This didn't sound like it was related to anxiety. At that time pulse was 100/reg, BP 130/76, so we referred her to palpitation service (haven't had appt yet).

Returned today for review - feeling tired ++, SOB at rest. Pulse 120 bpm, reg. Chest clear. Appeared Hb IrIIITO.

Recent bloods tests → U+E, gluc, LFT, H.pylori, TFT, FBC all normal (4/52 ago).

Rx Quetiapine 300mg BD
Lofepramine 70mg BD
Omeprazole 20mg OD

PMH
Anxiety (depression)
(psychotic episode 2000).

Thanks for seeing her.

Yours sincerely,

Progress Notes (Please indicate in margin what profession you represent — Nursing / Medical)

Date and Time	

South Glasg ospitals

NHS Greater Glasgow and Clyde

Unified Case Record - Core Document

Patient Name Jacqueline Goodwin — Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ___

Address 68 Castlemelk Dr — Ward C2 (A&E) Date 28 / 3 / 08

Flat 3/1 G45 9TW — Unit Number SG 99835 706

Telephone Number 0141 587 8636 — Date of Birth 23 / 04 / 73 Age 34

Presenting Complaint	Diagnosis
1 SOB + palpitations	1
2	2
3	3

Episode Information

Admission Date: 28/3/08 Admission Time: Admitting Consultant: Mr Sarwar

Admitting Ward: C2 Admitted From: A+E Admitting Nurse: MARK WILSON

Ready for Discharge Date: Actual Discharge Date:

Consultant / Named Nurse Transfer

Date:	Consultant:	Ward:	Named Nurse:
Date:	Consultant:	Ward:	Named Nurse:
Date:	Consultant:	Ward:	Named Nurse:
Date:	Consultant:	Ward:	Named Nurse:

Name of G.P.	Address	Telephone No
Dr Willcox	6 Crofthead Rd	531-8265

Allergies	Special Notes / Alert	CPR (see page 8)
Nil Known		Status: Date:
		Status: Date:

Chaplain Visited? Yes ☐ No ☐ Date: Religion:

Next of Kin Details

Patient lives with: Daughter — Patient or dependents require care? Yes ☐ No ☐

Current care / support arrangements:

Commence 'Social Assessment Record' if any care / support issues are identified - Commenced ☐ Not applicable ☐

Other Family Details

Next of Kin: Evelyn Craig	Alternative Next of Kin / Carer: Suzanne Craig
Relationship: Mum	Relationship: Sister
Address:	Address:
Telephone No: 583-8594	Telephone No: 583-9015
Relative / Carer present Yes ☑ No ☐ If answer 'No' then →	Name of Relative / Carer contacted: Antone
Name of person present on admission: Anne	Telephone No:
1st Language (e.g. English, Urdu)	Name and Contact No of CPN:

Patient name: | DoB: | Unit number:

Nursing Admission Profile

Specific Observations

BM: | Weight: | Pregnancy Test (please tick) N/A ☐ Negative ☐ Positive ☐

Peak Flow: | Height: | Previous MRSA Yes ☐ No ☐ Unkown ☐

Body Mass Index:

Mental Status

Alert ☑
Co-operative ☐
Calm ☐
Lethargic ☐
Withdrawn ☐
Confused / Agitated ☐
Anxious ☐
Aggressive ☐
Orientated to
Time ☐
Place ☐
Person ☐
Action Taken:

Cardiovascular System

No problem identified ☑
Known cardiac symptoms ☐
Action Taken:

Musculoskeletal System

No problem identified ☑
Known musculoskeletal symptoms ☐
Action Taken:

GI System

No problem identified ☐
Known gastric symptoms ☑
Action Taken:
On omeprazole

Last BO 27/03/09
Stools per day:
Stools per week: Daily
Incontinence of faeces ☐
Stoma ☐
Action Taken:

Neurological Systems

No problem identified ☑
Known neurological symptoms ☐
Action Taken:

Swallowing deficit
Refer to S.A.L.T. if deficit evident ☐
Aphasic* ☐
Expressive dysphasia* ☐
Receptive dysphasia* ☐
***Note possible consideration for consent /AWI**
Consider use of ward consent / AWI resource pack

Respiratory System

No problem identified ☐
Known respiratory symptoms ☑
Action Taken:
childhood Asthma
Smoker ++
Cannabis Smoker.

Speech

Normal ☑
Clear ☐
Dysarthric ☐
Hesitant ☐
Hoarse ☐
Action Taken:

Physical Activity

No limitations ☑
Walks with supervision ☐
Walks with assistance ☐
Uses walking aid ☐
Chair Fast ☐
Walking stick ☐
Zimmer ☐
Rolator ☐
Crutches ☐
Wheelchair independent ☐
Wheelchair outside only ☐
Falls Risk Assessment, if required ☐
Hip protectors required ☐
Other ☐
Action Taken:

Mouth and Throat

No problem identified ☑
Dentures ☐
Sores / plaque on tongue ☐
Gum swelling / bleeding ☐
Sore throat ☐
Diminished taste ☐
Action Taken:

Dietary Status

Normal diet ☑
Special diet ☐
Specify:
Diabetic ☐
Low fat ☐
Vegetarian / vegan ☐
Kosher / Halal ☐
Gluten free ☐
High protein / fortified ☐
Stage A ☐
Pureed fruit ☐
Stage B ☐
Stage C ☐
Stage D ☐
Stage E ☐
Low sodium ☐
Low residue ☐
Other ☐
Supplements used:

M.U.S.T. Assessment ☐
Referred to dietitian ☐
Action Taken:

Skin

Normal ☑
Known skin problems ☐
Wound Assessment Chart ☐
Waterlow Score:
Action Taken:

Ears

Normal ☑
Known auditory problems ☐
Hearing aid L / R ☐
Digital Hearing Aid insitu ☐
Action Taken:

Eyes

Normal vision ☑
Glasses ☐
Contact lenses ☐
Blind ☐
Prosthesis ☐
Action Taken:

Genito-urinary System

Normal ☑
Frequency ☐
Urgency ☐
Dysuria ☐
Urinary incontinence ☐
Nocturia ☐
Catheter insitu ☐
Type of catheter:
Date of last change / /
Action Taken:

Reproductive System

Female
LMP date: / /
Irregular ☐
Discharge ☐
Vaginal infections ☐
Menopause ☐
HRT ☐
Other ☐
Action Taken:

Reproductive System

Male
Prostate problems ☐
Lesion ☐
Other ☐
Action Taken:

Pain Status

No problems identified ☑
Known pain problems ☐
Action Taken:
Commence Pain Assessment chart if in pain on admission.

Commence ICP for Cancer Pain if appropriate.

Rest Pattern

Sleep habits
Less than 8 hours ☐
8 hours ☑
More than 8 hours ☐
Morning nap ☐
Afternoon nap ☐
Sleep Difficulties
None ☐
Early awakening ☐
Unrefreshing sleep ☐
Nightmares ☐
Insomnia ☐
Disturbed - nocturia ☐
Disturbed - dyspnoea ☐
Disturbed - pain ☐
Action taken:

Valuables

Valuables with patient on admission Nil ☑
Specify:

Hospital Policy explained to:
Patient ☒
Relatives ☒
Valuables taken home by relatives/carer ☒
Valuables stored in Hospital safe ☐
Specify:

Self Care Ability

	Pre Admission 1	2	3	Current Status 1	2	3
Dressing and grooming	✓			✓		
Eating and drinking	✓			✓		
Toileting	✓			✓		
Transferring	✓			✓		
Walking	✓			✓		

1. Independent
2. Assistance of Carer
3. Assistance of aid

Change in Health Status

	1	2	3
Mental status	✓		
Sleep pattern		✓	✓
Appetite		✓	✓
Bowel habit	✓		
Urinary continence	✓		
Pain	✓		
Activity tolerance		✓	✓

1. No change
2. Experienced change in last week
3. Change related to current illness

Admitting Nurse's Signature: _____ Date: 26/03/09
Name: Shawn Grade: E

Patient name:	DoB:	Unit number:

Discharge Address (if different to home address)

Name of Carer:
Address:
Telephone No:

Discharge Information — Discharge Date:

Discharge Checklist	Yes ☐ N/A ☐	Date	Initials	Comments
Patient informed	Yes ☑ N/A ☐	29/3	AM	
Relative / carer informed	Yes ☑ N/A ☐	29/3	AM	
D.A.R.T. Referral	Yes ☐ N/A ☑	29/3	AM	
D.A.C.'s Referral / Home Care Support	Yes ☐ N/A ☑	29/3	AM	
Others informed Res / Nursing Home	Yes ☐ N/A ☑	29/3	AM	
Transport Arranged				
Ambulance: 1 man - ☐ 2 man - ☐ am - ☐ pm - ☐				
Hospital car	Yes ☐ N/A ☑	29/3	AM	
Own transport	Yes ☑ N/A ☐	29/3	AM	
Other (please specify)				
Discharge Medication				
Discharge prescription completed	Yes ☑ N/A ☐	29/3	AM	
Compliance aids requested	Yes ☐ N/A ☑	29/3	AM	
Medication received	Yes ☐ N/A ☑	29/3	AM	NO CHANGE TO OWN MEDICATION
Medication explained to patient	Yes ☐ N/A ☑	29/3	AM	
Own medication returned to patient	Yes ☐ N/A ☑	29/3	AM	
Dressing / continence aids (7 day supply)	Yes ☐ N/A ☑	29/3	AM	
Other Discharge Items				
Keys	Yes ☐ N/A ☑	29/3	AM	
Patients clothing available	Yes ☑ N/A ☐	29/3	AM	
Valuables	Yes ☐ N/A ☑	29/3	AM	
Intravenous canula removed	Yes ☑ N/A ☐	29/3	AM	
Part 2 Discharge Letter Required:	Yes ☐ N/A ☑	29/3	AM	
Completed:	Yes ☐ N/A ☑			
OP Clinic / Day Hospital Appointment				
Arranged	Yes ☐ N/A ☑	29/3	AM	
To follow	Yes ☑ N/A ☐	29/3	AM	OP - 24HR ECG
Not known	Yes ☐ N/A ☑	29/3	AM	
Informed of Discharge				
Physiotherapist	Yes ☐ N/A ☑	29/3	AM	
Occupational Therapist	Yes ☐ N/A ☑	29/3	AM	
Dietitian	Yes ☐ N/A ☑	29/3	AM	
Speech and Language Therapist	Yes ☐ N/A ☑	29/3	AM	
Clinical Nurse Specialist	Yes ☐ N/A ☑	29/3	AM	
Liaison / District Nurse	Yes ☐ N/A ☑	29/3	AM	
Social Work / Other Agencies / Home Help	Yes ☐ N/A ☑	29/3	AM	
Additional Information / Leaflets / Factsheets	Yes ☐ N/A ☐			
Nurse's signature:	AMcLean			
Transfer Checklist (i.e. other hospital)				
Patient informed	Yes ☐ N/A ☐			
Relative/ carer informed	Yes ☐ N/A ☐			
Transfer Handover Verbal ☐ Written ☐				
Transport arranged	Yes ☐ N/A ☐			
Clothing listed	Yes ☐ N/A ☐			
Valuables transferred	Yes ☐ N/A ☐			
Relevant members of team informed	Yes ☐ N/A ☐			
Nurse's signature:				

This section to be completed only by a Doctor

Referral F

GP ☑ Specify other referral: A&E ☐ Other ☐

Presenting Complaint

34 yr old ♀ c intermittent SOB / Palpitations
Cyanosis

History of Presenting Complaint

Occurring over last 3/12. Smokes cannabis → no relation to episodes
Becoming more frequent >1/week.
Today at GP had episode → SOB, sats 130 cyanotic lips.

No precipitating factors / relieving factors.
SOB occurs first, then feels palpitations + pain in chest, dizziness at times
Occurs at any time - last up to 30 mins.

Past Medical History No recent hospital

- Agitated depression – Admitted to Lenadale 9 yrs ago
  – done detained
- COPD.
- Para 1

Systemic Enquiry

CVS / RESP: As above

GI: appetite fair / no wt loss

CNS/PNS:

GU: Prolapse - seen at SCH

Other:

Patient name:	DoB:	Unit number:

Family Medical History

Social History

Lives c 1 3yr old daughter
unemployed.

Smoking

Yes ☑ Amount per day: 10 + Cannabis

Never smoked ☐ Ex-smoker ☐ Since: / /

Wishing to stop smoking? Yes ☐ No ☐ If 'Yes' date referred to Smoking Cessation?: / /

Alcohol

Units of alcohol taken per week: minimal

Drug History / Medications (including 'over the counter' preparations)

Lofepramine 70mg bd
Quetiapine 300mg bd
Omeprazole 20mg od

Drug Allergies

nkda.

Drug Information

Information received from (please tick):

Patients own meds ☐ Patient (verbal) ☑ GP (telephone) ☐ GP (letter) ☐ Relatives ☐

Information received by: Dr. ☐ Nurse ☐ Pharmacist ☐ Signature:

Dispensing Aid Information	Respiratory Information	Inhaler Information
Dispensing Aid Yes ☐ No ☐	Domiciliary O2 at home Yes ☐ No ☐	Pt uses an inhaler Yes ☐ No ☐
Filled by: Self ☐ Carer ☐ Pharmacist ☐		Type
Location of aid: Home ☐ Hospital ☐	Nebuliser at home Yes ☐ No ☐	Technique Satisfactory ☐ Poor ☐
Dispensing aid: required Yes ☐ No ☐	Asthma / Resp. Nurse contacted:	**Referral for assessment?**
Pharmacist informed Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ Date / / No ☐

This section to be completed only by a Doctor

General Examination

Temp: 36.1 Pulse: 110, reg RR: 18 Weight:

SpO_2: 100% RA BP: 149/86 BG: Urinalysis:

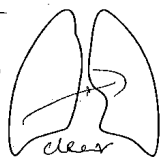
General Observations: looks well

Cardiovascular Examination

HS I + II + 0
JVP ⇨
no peripheral ankle oedema

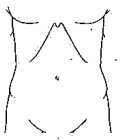
Respiratory Examination

Trachea +
Good AE
no added sounds



Abdominal Examination

adipose
soft, non-tender
no masses
BS ✓ + active



Other Examination (e.g. Locomotor)

Abbreviated Mental Test (AMTS) Not applicable ☐ Score 1 for every correct answer

Age: D.O.B.: Year: Time of Day: Prime Minister:

Monarch: Recall: 42 West St 20,19, ... 1 Home Address: World War 1:

Score: / 10 **Score <8 suggestive of Cognitive Impairment**

CNS and PNS Examination

CNS

GCS = 15/15

Reflexes **Jaw =**

	Power	Tone	Co-ordination	Sensation	Biceps	Triceps	Supinator
RUL							
LUL							
					Knee	Ankle	Plantar
RLL							
LLL							

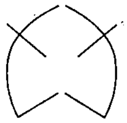
This section to be completed only by a Doctor

Patient name:	DoB:	Unit number:

Initial Investigation Requested *(refer to protocol if appropriate)*

☐ ECG	☐ FBC	☐ U&E	☐ Troponin
☐ CXR	☐ ESR	☐ Glucose	☐ Cholseterol
☐ ABG's	☐ Clotting factors	☐ CRP	☐ TSH
		☐ LFT's	☐ Calcium

CXR Comments



nil focal
lung fields
clear

ECG Interpretation

Sinus tachycardia
118bpm

Impression and Differential Diagnosis

? Paroxysmal Arrhythmia ⇒ cyanotic episode
? related to drug use (cannabis)

Management Plan (refer to protocol or Integrated Care Pathway if appropriate)

IV Access + bloods U&E TFT, LFT, gluc, Ca^{2+}
Needs period of observation c̄ regards to
cyanotic episode
24 hr ECG
Urinalysis please
Cardiac monitor on ward

Is DVT Prophylaxis indicated? Yes ☐ No ☐ Any contra-indications to this? Yes ☐ No ☐
Prescribed? Yes ☐ No ☐
Does patient need to be admitted? Yes ☐ No ☐ Is Outpatient / Ambulatory Care an option? Yes ☐ No ☐
If 'Yes', discuss with SHO or other senior colleagues.

House Officer's Signature: [signature] Date: 6/1/02
Name: T Mann Grade: SN Page No: 28/3/8

Patient name:	DoB:	Unit number:

Investigati

	Requested by	Ordered by	Date ordered		Date Performed
X-ray (Specify)					
CT (Specify)					
Ultrasound (Specify)					
VQ Scan					
ECG					
24 hour tape					
Echocardiogram					
PFT's					
Endoscopy					
Bronchoscopy					
Other (Specify)					

Specimens

	Requested by	Collected by	Date Collected
Sputum (Specify)			
Urine (Specify) MSU	S/N		
Other (Specify)			

Referrals made to AHPs,Specialist Nurses

Discipline	Referral made by	Date 1st visit	Made by	Date
Physiotherapy				
Occupational Therapy				
Dietitian				
Speech & Language Therapist (SALT)				
Other				

Middle Grade Review

Senior House Officer / Registrar Review

Outcome

☐ Pending Investigations ☐ Discharge ☐ Follow-up: ....

☐ Admit CCU ☐ Admit ITU ☐ Admit Medicine ☐ Admit DoME

CPR / ITU Status on Admission

Does CPR or ITU status need to be addressed? Yes ☐ No ☐

If there is a resuscitation issue please describe in more details:

Discussed with consultant	Yes ☐	No ☐
Discussed with patient	Yes ☐	No ☐
Discussed with relatives	Yes ☐	No ☐

Comments:

Adults With Incapacity (AWI) Status ☐ For Consultant review ☐ AWI Form completed

Signature: ____________________ Date: ________

Name: ____________________ Page No: ________

Patient name:	DoB:	Unit number:

Initial nursing notes

28/03/08 1315 Pt GP referral following palpitations/SOB 2/52 attended GP and was told to return to GP today, on attendance today, Pt feels increasingly lethargic, ↑SOB, nil palpitations. Observations stable.

For cardiac monitor. (signature) (F)

For transfer to wd 14, verbal handover given. pt is family in attendance

L. Christie

Consultant's review

34 ♀

28/3/8 Dr Sumner

~~Admitted~~ c̄ Hx of recent SOB, palpitation and bluish discoloration of lips. ? relate to cold weather. No other symptoms. ~~Notes~~

Hx of depression

O/E NAD

Dx

1/ TSH, Auto Ab Screen.

2/ Reassure

3/ 24 hr ECG as outpt.

(signature)

 Home time

THE VICTORIA INFIRMARY
NURSING NOTES

SURNAME Goodwin HOSPITAL No. 7985706
FORENAME Jacqueline SEX F
D. of B. 23/4/73
ADDRESS

WARD/DEPT. 14

NURSING NOTES

Date	NURSING NOTES	Signature	Grade
28/3/08 15⁰⁰	Admitted to ward 14 via C2. Alert & oriented to ward. Cardiac monitoring in place. No complaints offered at present. Sens as charted	LAD	E
29/3/08 RAH	ALL CARE AS PLANNED. HR 80-90 bpm, SINUS RHYTHM, NO COMPLAINTS		
29/3/08 DN	Care as planned. Cardiac monitor in situ 87-90 bpm. Independent with ADLs. Pt to be discharged home. Note with pcte nor Dip. Discharge letter requested from DJH. Discharge letter given & explained to pt.		D

FORM 0164238 VIC 667

99835706 SR

By Post 21/12/07

Hospital Use only	Clinic	Day Date	Time	Hospital No:

Ambulance required?

~ REFERRAL LETTER ~

- Medical in Confidence -

REFERRAL TO:

Gynaecology Department	**Southern General Hospital** **1345 Govan Road** **Glasgow** **G51 4TF**
Hosp email:	
CHI NO: 2304736009	

URGENCY OF REFERRAL:

Routine

PATIENT DETAILS:

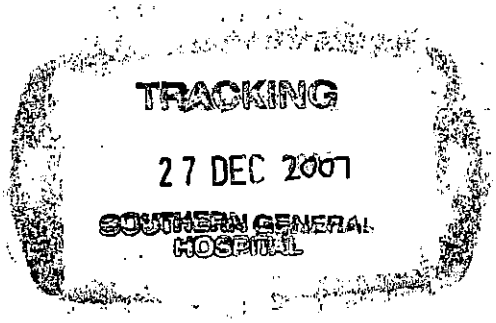
Goodwin	**68 Castlemilk Drive** **Glasgow** **G45 9TW**
Jacqueline	
Previous surnames:	
Title: **Mrs**	

REFERRING PRACTITIONER DETAILS:

Dr Katie Mcgrath	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

Dear Doctor,

Please could you see this lady who has had symptoms of stress and urge incontinence for several weeks. On examination there is a small cystocoele noted. She is also currently awaiting pelvic ultrasound as she has had symptoms of menorrhagia and dysmenorrhoea, a bulky uterus on examination.

I would be grateful for your input.

Reason for Referral (& Expectation of Outcome)

Incontinence of urine

Past Medical History

H/O: depression

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 늑 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**

Current Medication

OMEPRAZOLE gastro-res cap 20mg 1 EVERY DAY FOR DYSPEPSIA
LOFEPRAMINE tabs 70mg 1 Tab Twice daily
QUETIAPINE tabs 150mg 2 Tabs Twice daily

Clinical Warnings (eg allergies blood-borne viruses)

Additional Relevant Information

Smoking ***Alcohol***

Yours sincerely

mcg

Dr Katie McGrath
GP Registrar

18 December 2007

GYNAECOLOGY CLINIC – VICTORIA INFIRMARY

Ultrasound Department
Dr Linda McMillan

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5375
Fax 0141 201 5094

Colposcopy Secretary - Margaret - ☎ 0141 201 5830

LMcM/MG/99835706

22 February 2008

Dr McGrath
44 Croftfoot Road
GLAGSOW
G44

Dear Dr McGrath

Jacqueline Goodwin – DoB 2.4.73. 6009
31/ 68 Castlemilk Drive, Glasgow G45 9TW

This lady attended for a repeat scan on 19th February 2008.

Scan showed that her ovaries were normal in size and the cyst that was previously noted on the right ovary had now resolved completely.

Yours sincerely

Linda McMillan
Associate Specialist

GYNAECOLOGY CLINIC – VICTORIA INFIRMARY

Ultrasound Department
Dr Linda McMillan

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5375
Fax 0141 201 5094

Colposcopy Secretary - Margaret - ☎ 0141 201 5830

LMcM/MG/99835706

14 January 2008

Dr Willox
44 Croftfoot Road
GLAGSOW
G44

Dear Dr Willox

Jacqueline Goodwin – DoB 2.4.73. 6009
Flat 3/1 68 Castlemilk Drive, Glasgow G45 9TW

This lady attended for a pelvic scan on 8th January 2008.

Transvaginal scan showed an anteverted uterus 9cm in length but no fibroids seen. There was a thin regular endometrial cavity. She had a simple unilocular cyst of the right adnexae measuring 5.6 x 4.5 and the left ovary looked normal in size.

I have arranged a repeat scan in 8 weeks time to check or any resolution of this simple cyst on the right adnexae.

Yours sincerely

Linda McMillan
Associate Specialist

Acute Services Division

Women and Children's Directorate

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2994

NHS
Greater Glasgow and Clyde

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

Secretary: 0141 201 2264
e:mail: carole.carruth@sgh.scot.nhs.uk

RJSH/MCG/CHI No: 2304736009

12/03/08

DR WRIGHT
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Wright

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

Your patient attended our clinic today complaining of incontinence of urine while laughing and coughing and no significant urge or urge incontinence. She is a para 1 spontaneous vaginal delivery 12 years ago.

She was not examined clinically today as she was currently menstruating and was not keen. We have arranged for Jacqueline to attend our physiotherapy team and we will review her back in the clinic following this.

Yours sincerely

DR MINI SUCHETHA
SYR3 DR R HAWTHORN

GP RADIOLOGY REFERRAL

NHS Greater Glasgow and Clyde

Victoria Infirmary

Surname:

First name(s):

Address:

CHI: 2304736009
GOODWIN, JACQUELINE 23/04/1973 F
68 Castlemilk Drive G45 9TW
587 8636
Dr David Willox | GMC :02356
44 Croftfoot Road, | Practice.:49106
05/12/2007 17:08

Postcode:

Sex: M ☐ F ☐

CHI:

or CRIS No:

or Hosp No: 99835706

Date of Birth:

Daytime Tel:

Requesting GP* :

Registered GP: A. WILLOX
CROFTFOOT ROAD
GLASGOW
Practice
Tel: 0141 634 6333
Fax: 0141 634 6575

Telephone:

*If referrer is a registrar, locum or retainee, details of registered GP or trainer are essential.

Investigation Requested: pelvic USS

Prev exams :

Victoria ☐ SGH ☐ Neuro Ins ☐.

Clinical Summary / Indication / Purpose of examination:

Fullness in adnexa + recurrent pain
? enlarged uterus ? fibroids

R 13/12/7

Office use only 9.1.08

Vetting / Instructions :

FOLLOW. 8-1-08 10.30

Urgency :

Sign :

Examined by :

Radiologist :

Checked by :

Reported :

Films taken:

Signed :

Print : MC GRATH

Date : 5/12/7

Open Access Radiology - Opening Times

Victoria Infirmary Main X-ray, Floor E
Telephone: 0141 201 5550
Mon - Fri 9am - 3.30pm
Thurs 11am - 3.30pm

Victoria Infirmary Mansionhouse Unit
Telephone: 0141 201 6160
Mon - Fri 10am - 12am
2pm - 4pm

We do not normally examine children under 13 years of age.

For women of childbearing age

X-rays are best avoided during pregnancy. If your X-ray is not urgent and there is any chance you may be pregnant, please ring us for advice.

You will be asked to complete the following when you attend the department.

Date of first day of last period :

Is there any possibility that you may have become pregnant since then? Y ☐ N ☐

Are you on the contraceptive pill? Y ☐ N ☐

Appointments

RECEIVED
07 DEC 2007

Date Card Received :

Entered on CRIS : Waiting List ☐

Appointed ☐

Appointments

1. _____
2. _____
3. _____
4. _____

CRIS: 173134 Hosp No: 835706
GOODWIN, Jacqueline DoB: 23/04/1973 Sex: F
3/1 68 CASTLEMILK DRIVE,GLASGOW,LANARKSHI
REQUEST
05/12/2007: VIGP : DR DGA WILLOX
US PELVIS

E-2900270
1

VIC 691 FORM 0164970

VI•MI•RADIOLOGY • 7271GP/0104

THE VICTORIA INFIRMARY

DEPART...

HOSPITAL.....

CONSULTANT(S).....

.....

PARITY.....

E.D.D. .....

Surname .....

Other Na .....

Address. .....

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

DATE	WARD DEPT.	MATURITY BY DATES	REPORT, DATE AND SIGNATURE
8/1/8			TAB TVS. Abn vbns 9 wks. no fibroids seen Uterine regular cavity R adnexal cyst 5.6 x 4.5 cms Unilocular. L ovary normal size, no cyst seen. TVS R + L ovaries now look normal size. no cysts seen.
19/2/8			

No. 0292597 VIC 713

DEPARTMENT OF DERMATOLOGY

CHI:2304736009

DR GOH
REGISTRAR
44 CROFTFOOT ROAD

G44 5JT

Clinic: 14/08/06
Typed: 23/08/06

Dear Dr Goh

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

Diagnosis: Benign amelanotic naevi

Treatment: Sun protection advice given

Follow up: None required

Yours sincerely

L. GEMMELL
SENIOR HOUSE OFFICER

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell
Clinical Director: Dr R Herd
Direct Tel: 0141 201 1567 (SGH) 0141 201 5413 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 201 5477 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 5132 (VIC)
Website:www.show.scot.nhs.uk/sguht/

BY INTERNAL MAIL

12/6/06

SG9983570b

DM.

E-mail Subject Line: Dermatology, - -, 2304736009, Goodwin, Jacqueline

Clinic VCAMDINT	Day Date	Time	Hospital No.
Consultant to complete:	Appointment category	Clinic Details	

Date: 09-Jun-2006 GP Urgency: Routine CHI **2304736009**

Please arrange for this patient to attend **Victoria Infirmary, Dermatology, DERMATOLOGY, - -**

Surname **Goodwin**
Forename **Jacqueline**
Address **68 Castlemilk Drive□GLASGOW**

Title **Mrs**
Date of birth **23/04/1973**

Tel **587 8636**

Post code **G45 9TW**
Previous name
" address

OWL
IB
DATE: 28/6

Previous hospital attendance Y/
If Yes, please indicate year Year
Unit number 835706
Referral checked by Dr. Winston Goh

Referring clinician: Dr Registrar A
Dr Willox and Partners
44 Croftfoot Road
GLASGOW
G44 5JT

0141-634-6333, fax: 0141-634-6575
Practice Number G4910

Dear Doctor,

I would be grateful if you could see this 33 year old lady with a history of 2 pigmented lesions over her anterior abdominal wall. She has noticed it for the past year but feels that it has increased in size and has become darker in colour. It also weeps on occasion. She wears no protection when she uses her sun bed.

On physical examination there is 2, 1x1cm brown coloured well demarcated pigmented lesions over the anterior abdominal wall.

I would be grateful for your expert assessment and opinion.

Yours sincerely,

Dr Winston Goh
GP Registrar

VETTED BY

14 JUN 2006

ACTION R S U

DATE RECEIVED

13 JUN 2006

H/O: depression (1465.)
01/01/1990 Reactive depressive psychosis (E130.)
01/01/1990 Sexual abuse (SN571)
01/01/1992 Psychiatric referral (8H49.)
"depression"
01/01/1994 CIN II - moderate dyskaryosis (4K28.)
01/01/1994 Cold coagulation of lesion of cervix (7E016)
01/01/1994 HPV changes: cervical smear (4K36.)
04/01/1994 Suicide and selfinflicted injury (TK...)
01/01/1996 Back pain, unspecified (N145.)
01/01/1996 Mild asthma (663V1)

Goodwin, Jacqueline, 2304736009, 23/04/1973 - - Dermatology Victoria Infirmary Routine
PK \\gpass49106w2k1\Documents\Dr Registrar A\Goodwin, Jacqueline 2006 06 09 #1.doc

01/01/2000 Colposcopy (3652.)
"cautery of cervical ectopy"
01/01/2000 Psychotic episode NOS (E13z.)
"Thioridazine"
01/01/2001 Benign naevus of skin (B76..)
"removed from left breast"
01/01/2002 Anxiety with depression (E2003)
"admitted"
07/07/2004 Croftfoot Patient (Z1026)
Lofepramine tabs 70mg 1 tab twice daily
Quetiapine tabs 150mg 2 tabs twice daily
Salbutamol 200 dose inhal 100mcg/dose 1 - 2 puffs as required

South Glasgow Hospitals

CONSENT TO ANAESTHESIA, OPERATION OR TREATMENT

NHS Greater Glasgow and Clyde

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

Name: .....

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

Unit num ..... Date: 15/5/09

Notes fo */erleaf.*

TO BE COMPLETED BY MEDICAL OR DENTAL PRACTITIONER

Describe proposed operation, investigation or treatment. Where appropriate specify the site or side.

Flexible Sigmoidoscopy + biopies

I confirm that I have explained the procedure, important risks and appropriate alternatives to the patient in terms which, in my judgement, are suited to the understanding of the patient, and/ or to one of the parents or guardians of the patient.

Name: Helena dGowan Signature: HGowan
(BLOCK CAPITALS)

TO BE COMPLETED BY THE PATIENT OR CHILD'S PARENT / GUARDIAN

You should read this form and the notes overleaf carefully. If there is anything you do not understand, ask the doctor or dentist for an explanation. If the information is correct and you understand the procedure, you should sign the form.

I UNDERSTAND
- The procedure, important risks and appropriate alternatives which has been explained to me by the Doctor / Dentist on this form.
- That the procedure may not be carried out by the Doctor / Dentist who has been treating me so far.
- That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.

I AGREE
- To the procedure named on this form.
- To the administration of an anaesthetic or sedation if required.

For female (12-55 years) who may be exposed to ionising radiation between the diaphragm and knee:

I believe that: I am or may be pregnant / I am not pregnant (Delete as appropriate)

Name: Jacqueline Goodwin Signature: Jacqueline Goodwin

Patient / Parent / Guardian (Delete as appropriate)

Only to be completed by the Medical Practitioner where the form is to be signed by a child under 16 years.

I am of the opinion that the patient is capable of understanding the nature and possible consequences of the above treatment/procedure.

Name: ..... Signature: .....
(BLOCK CAPITALS)

NOTES OF GUIDANCE

Medical or Dental Practitioner

The Doctor or Dentist should be suitably qualified and experienced to explain about the procedure performed. This should ideally be the operator or Consultant. The Doctor / Dentist must give the patient sufficient information, in a way he/she can understand, about the proposed procedure, any important risks and the possible alternatives. The Doctor / Dentist must give the patient enough time to read this form and ask any questions relating to the treatment.

Female patients (12 to 55 years) who may be exposed to ionising radiation between the diaphragm and knee must complete the pregnancy section overleaf.

A patient has the right to grant or withhold consent prior to a procedure. The patient can refuse or withdraw consent at any time even though this may be a risk to their health.

The patient must give written consent to be examined by students during any procedure for which written consent is required (see below).

Children under the age of 16 can give their own consent if the medical practitioner attending the child considers the child capable of understanding the nature and possible consequences of the procedure or treatment. If the child is judged capable, the practitioner must seek the consent of the child rather than the parent. This does not mean that the parents must always be cluded from the discussions. Unless there are issues concerning confidentiality, it would be reasonable to involve parents in helping the child to reach a decision. If a child under the age of 16yrs is giving his/her own consent, the section at the foot of this form overleaf, must also be signed by the Medical Practitioner.

Patients

The Doctor / Dentist is here to help you. He/she will explain the procedure, which you are entitled to refuse. You can ask questions and ask for more information.

You may ask a relative, friend or nurse to be present while the Doctor / Dentist explains the procedure and asks you to sign the form.

If an anaesthetic or sedation is to be administered by an Anaesthetist, it will be his or her responsibility to discuss details with you before the procedure takes place.

Students need to learn how to examine patients and to see how procedures are done. This is portant for the future of health services. You may be asked to give consent to be examined by students during the procedure.

It is up to you to decide whether you give your consent or not but whatever you decide, it will not affect your treatment.

Student Examination

I agree / do not agree* to examination by a student during the procedure named on this form under the supervision of the senior medical / dental officer undertaking the procedure.

Name: ..... Signature .....

* Delete as appropriate

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
1345 GOVAN ROAD, GLASGOW G51 4TF
TEL/FAX: 0141 201 1122

G A S T R O I N T E S T I N A L D E P A R T M E N T

DOB: 23/04/73 UNIT NO: SG99835706
SEX: F ACCT NO: DC0011443/07
CHI NO: 2304736009

PATIENT: JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
GLASGOW
G45 9TW

GP: DR LINDA L WRIGHT
44 CROFTFOOT ROAD

G44 5JT

LOCATION: SGI

LOWER GI ENDOSCOPY REPORT

LOWER GI ENDOSCOPY: Sigmoidoscopy

Endoscopist: Helena McGowan
Instrument: EC 3885LK - A120093

Endoscopy Date: 15/05/07
Referral Type: Out Patient

Indicators: Constipation
Rectal Bleeding

Current Medication:

Abdominal Exam:

Endoscopy Type:

Barium Enema Findings: Normal

Procedure Medication:

Result: Normal
Level Reached: Descending Colon

Diagnostic Confidence:

Procedures: None

Complications: None

Further Investigations:

Management Plan: Review in Surgical OPD : Mr Sunderland routine

Specimens:

Visual Record:

New Drugs:

Endoscopy in how many months?

Comments: No abnormality visualised despite complaints of passing "pus" Constipation remains problmatic despite medication.Stool sample requested to eliminate infective cause .Follow up as above.

Signed: NU.GOWHE MCGOWAN,HELENA
: Endo Nurse Practitioner

c.c. Mr Sunderland
GP

Report Number: 1505-0003 **Date(Time): 15/05/07 (1002 Hours)** **Typed by: NU.GOWHE**

This report is available to view on HIS

DERMATOLOGY DEPARTMENT

Name

Address

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

Unit Number

Date of Birth
Sex/ Civil state

Occupation

Date of First Attendance 14/8/06.

Physician Dr CAMPBELL.

DATE

2 * amelanotic naevi
grown in size
on abde

o/e benign.

SUN protection advice given.

- uses sunbed weekly + no SUN protection -

d/c

CUNNION SHO.

Form 0163451 VIC 645

GYNAECOLOGY DEPARTMENT
Tel No 0141 201 5376
Fax No 0141 201 5094
E-mail – june.webster@gvic.scot.nhs.uk

Ref: AC/JW/835706

Clinic 10/12/2004
Typed 15/12/2004

Dr J Pears
GP Registrar
Dr Willox & Partners
44 Croftfoot Road
GLASGOW
G44 5JT

Dear Dr Pears

JACQUELINE GOODWIN, 68 CASTLEMILK DR, GLASGOW, G45 0HA
DOB: 23/04/1973

Thank you for referring this 31-year old lady whom I reviewed in our Gynaecology clinic on behalf of Dr Hardwick. She is para 1 + 0 and currently has irregular vaginal bleeding due to an Implanon implant that she had six months ago. Her last smear test was a year ago and it was normal. Her main complaint today is of postcoital bleeding which has lasted for eight months as well as irregular bleeding and deep dyspareunia. I note that you had performed triple swabs and these were normal. I also note her past medical history of cervical ectopy which was cauterised with silver nitrate.

On admission today her general condition was satisfactory and her abdomen was normal. The cervix appeared healthy, the uterus was of normal size, anteverted and the adnexae were free bilaterally. I have repeated triple swabs today and explained to Jacqueline that there was no obvious reason seen today for her postcoital bleeding and it might be due to the irregular bleeding that she is experiencing with the Implanon implant. She has been discharged from the clinic. We will write to you with the results of the swabs. We would be happy to review her again if there are any further concerns in the future.

Thank you

Yours sincerely

HVS } Negative.
ECS }

Dr A Chukwajama
SpR to Dr C Hardwick
Locum Consultant Gynaecologist

E-mail Subject Line: Gynaecology, - -, 2304736009, Goodwin, Jacqueline

Clinic	Day Date	Time	Hospital No. 835706
Consultant to complete:	Appointment category	Clinic Details	

Date: 23-Aug-2004 GP Urgency: Routine
Reason (if urgent):

CHI **2304736009**

Please arrange for this patient to attend **Victoria Infirmary, Gynaecology, GYNAECOLOGY, - -**

Surname **Goodwin**
Forename **Jacqueline**
Address **68 Castlemilk Drive□GLASGOW**

Title **Mrs**
Date of birth **23/04/1973**

Tel **587 8636**

Post code **G45 OHA**
Previous name·
" address **18 Hoddam Ave**

Previous hospital attendance Y/
If Yes, please indicate year Year 2001
Unit number 835706
Referral checked by Dr J E Pears

Referring clinician: Dr Registrar F
Dr Willox and Partners
44 Croftfoot Road
GLASGOW
G44 5JT

0141-634-6333, fax: 0141-634-6575
Practice Number G4910

Dear Doctor,

Thank you for reviewing my patient Mrs Jacqueline Goodwin who gives a months history of post-coital bleeding. She has previously had this in 2000, which was investigated by Dr Hawthorn and she was found to have cervical ectopy, which was cauterised at that time with Silver Nitrate.

She has also had a colposcopy in 1993 which showed CIN II and HPV to which had cold-coagulation. She is up to date with her cervical smears the last one was November 2003 which was normal.

I have performed triple swabs and vaginal and abdominal examination all of which were normal.

I would be grateful for your review.

Yours sincerely,

Dr J e Pears
GP Registrar

DATE RECEIVED
26 AUG 2004
FOR VETTING 30 AUG 2004
DATE APPT SENT

H/O: depression (1465.)
01/01/1990 Reactive depressive psychosis (E130.)
01/01/1990 Sexual abuse (SN571)
19/04/1990 Cervical smear: negative (4K22.) [GP Care]
30/06/1990 Pat. GP7B/GP8B card from HB (9124.)
02/12/1991 Cerv.smear: severe dyskaryosis (4K24.) [GP Care]
01/01/1992 Psychiatric referral (8H49.) "depression"
10/03/1992 Cerv.smear: severe dyskaryosis (4K24.) [GP Care]
05/11/1992 House Visit (Z1006)
01/01/1994 CIN II - moderate dyskaryosis (4K28.)
01/01/1994 Cold coagulation of lesion of cervix (7E016)
01/01/1994 HPV changes: cervical smear (4K36.)

Catriona MacLeod

From: Marco Gaudoin
Sent: 26 August 2004 12:33
To: Medical Records Victoria Infirmary
Subject: FW: Gynaecology, - -, 2304736009, Goodwin, Jacqueline

Routine appt, any consultant

Thanks,
Marco

-----Original Message-----
From: Catriona MacLeod
Sent: 25 August 2004 09:29
To: Marco Gaudoin
Subject: FW: Gynaecology, - -, 2304736009, Goodwin, Jacqueline

-----Original Message-----
From: clinical-GP49106 (Croftfoot Road) [mailto:Clinical@gp49106.glasgow-hb.scot.nhs.uk]
Sent: 25 August 2004 09:08
To: Victoria (E-mail)
Subject: Gynaecology, - -, 2304736009, Goodwin, Jacqueline

Goodwin,
cqueline 2004 08 23

04/01/1994 Suicide and selfinflicted injury (TK...)
24/03/1994 DNA (Z1007)
04/05/1994 House Visit (Z1006)
05/08/1994 DNA (Z1007)
18/11/1994 House Visit (Z1006)
24/11/1994 DNA (Z1007)
08/02/1995 DNA (Z1007)
30/03/1995 DNA (Z1007)
01/01/1996 Back pain, unspecified (N145.)
01/01/1996 Mild asthma (663V1)
29/08/1996 DNA (Z1007)
11/09/1996 Referral to Physiotherapy (Z1018)
07/10/1996 Referral to Physiotherapy (Z1018)
17/10/1997 DNA (Z1007)
20/05/1998 DNA (Z1007)
10/06/1998 DNA (Z1007)
21/07/1998 DNA (Z1007)
29/07/1998 DNA (Z1007)
19/08/1998 DNA (Z1007)
05/10/1998 House Visit (Z1006)
19/02/1999 DNA (Z1007)
26/07/1999 DNA (Z1007)
26/08/1999 DNA (Z1007)
08/09/1999 DNA (Z1007)
22/09/1999 DNA (Z1007)
01/01/2000 Colposcopy (3652.) "cautery of cervical ectopy"
01/01/2000 Psychotic episode NOS (E13z.) "Thioridazine"
01/01/2001 Benign naevus of skin (B76..) "removed from left breast"
01/01/2002 Anxiety with depression (E2003) "admitted"
14/10/2002 GP22-practice changed-moved (923D.)
07/07/2003 Patient reg. form sent to HB (9123.)
07/07/2004 Croftfoot Patient (Z1026)
Lofepramine tabs 70mg 1 tab twice daily
Quetiapine tabs 150mg 2 tabs twice daily
Salbutamol 200 dose inhal 100mcg/dose 1 - 2 puffs as required

Moderate smoker - 10-19 cigs/d (26/01/04)
Teetotaller (03/05/00)

SACNAR OLC - SIT.

VML.

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2994

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

Secretary: 0141 201 2264
e:mail: carole.carruth@sgh.scot.nhs.uk

RJSH/MCG/CHI No: 2304736009

12/03/08

DR WRIGHT
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Wright

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

Your patient attended our clinic today complaining of incontinence of urine while laughing and coughing and no significant urge or urge incontinence. She is a para 1 spontaneous vaginal delivery 12 years ago.

She was not examined clinically today as she was currently menstruating and was not keen. We have arranged for Jacqueline to attend our physiotherapy team and we will review her back in the clinic following this.

Yours sincerely

DR MINI SUCHETHA
SYR3 DR R HAWTHORN

SOUTHERN GENERAL HOSPITAL

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

GYNAECOLOGY SHEET

→ 12yrs SVD. Term @ 34+1/40.

DATE	Reason for Attendance	Diagnosis Para 1+0
11/3/08		Treatment

PC- urinary incontinence → leak when laughing, coughing walking, running..

HPC. 2ast 2-3 mths. on a daily basis.

Doesn't mention urge incontinence at present

Previous illness – Depression

Operations – Nil.

Parity

DH Antidepressants
Omeprazole
NKDA

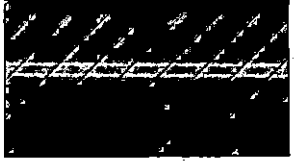
Menarche	Cycle	Menopause
L.M.P. Current. Started yesterday	Contraception – NIL.	
Urinary Symptoms INC. frequency – No dysuria	DF	SI
	NF	Dysuria

Not sexually active

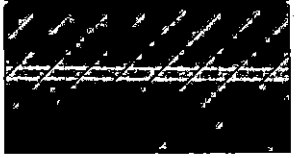
Examination By: Not examined today as currently menstruating

Plan urodynamic studies today and back to clinic after these.
3 Pelvic floor exercises

L Barbour



SOUTHERN GENERAL HOSPITAL



16A

HOSPITAL .....

CONSULTANT(S) .....

.....

PARITY .....

E.D.D .....

Surname ..... Hosp. No. .....

Other Names ..... D. of B. .....

Address ..... Sex .....

..... Clinic Ward .....

DATE	WARD DEPT.	MATURITY BY DATES	REPORT, DATE AND SIGNATURE

DEPARTMENT OF GYNAECOLOGY OPD

Name	835706 2304736009 Goodwin Jacquelin	Unit Number	Date of First Attendance 18/12/04
Address	3/1,68 Castlemilk Drive F Glasgow M G45 9TW DOB:23/04/1973 GP Prac:49106	Date of Birth Civil State Occupation	Surgeon Dr Hardwick
Diagnosis	Report to Dr. ______ Admit – Immediate per Waiting List Urgent/Soon/Non-Urgent O.P. Treatment ______ at ______ on ______		Years Married Partner 8/12
			Total Pregnancies P1 +0

HISTORY 31yr

♀ 9yr SVD.

Smear test
Sign (nd)

Contraception –
Implanon 6/12

c/o PCB – 8/12
Irregular vaginal bleed
since on implanon for 6/12
Deep Dyspareunia
No urinary sympt. ◦ Bowel sym.

MENARCHE MENOPAUSE	PREVIOUS MENSTRUAL CYCLE	/	PRESENT MENSTRUAL CYCLE	/	L.M.P. Irregular PV loss on Implanon

PAST HISTORY ~~Op~~ PMH Depression

Try Lofepramine ~~Quin~~ Allergy 0

– cervical cauterization – ? ? – 2000

EXAMINATION – cold coag. for CIN II – 1993

SH – Smokes 10-20 cig/day
Alcohol Occ.

FH – Grandmother ? Ca of Cx.

O/E

Examined by

VE Y/V – ✓

RECOMMENDATIONS Cx – appears healthy
Blood stain
Ut – NAD – Adn – NAD

VIC 654

0163739

Ref:	**SS/MR/853706**	**Ms Reid's Secretary**	
Breast Clinic:	**24 February 2004**	**Direct Tel:**	**0141 201 5454**
Dictated:	**24 February 2004**	**Direct Fax:**	**0141 201 5729**
Typed:	**25 February 2004**	**Email:**	**margaret.robinson@gvic.scot.nhs.uk**

Dr M J McLaughlin
44 Croftfoot Road
Glasgow G44 5JT

Dear Dr McLaughlin

Re: **Jacqueline Goodwin, 3-1, 68 Castlemilk Drive, Glasgow G45 9TW**
DOB: **23/4/73**

Thanks for referring this 30 year old patient who has had right sided nipple discharge for about a year and was seen about a year ago at the Western Infirmary about this. The discharge has in fact settled over that time but she still has greenish/yellowish fluid coming out of both sides intermittently. She has never had any blood or clear discharge. She has no family history of breast cancer. She has had no change in her periods which are regular. She is not on the pill. She is a heavy smoker.

On examination both breasts felt normal. I was able to express some fairly thick whitish discharge from both nipples which looks typical of duct ectasia.

I have therefore simply reassured her strongly and I do not think we need to do anything about this. I have therefore discharged her from the clinic.

Yours sincerely

Dr Sheila Stallard
Consultant Surgeon

835706

Hospital use Only | Clinic Dr Stallard | Day Date 24/2/04 | Time 9.15 | Hospital No. | GP112

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital VICTORIA INFIRMARY Date 30/01/04

CHI No. 230473 6009

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname GOODWIN Maiden Surname

First Names JACQUELINE Single/Married/Widowed/Other

Address 3-1 68 CASTLEMILK DRIVE GLASGOW Date of Birth 23.4.73

Patient's Occupation

Postal Code G45 9TW Contact telephone number

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

Name of Hospital VICTORIA

Year of attendance 2001 Hospital No. 835706

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

18 HODAM AVE GLASGOW

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Dr DAVID G.A. WILLOX Dr PAUL J. McEVINNEY
Dr LINDA WRIGHT Dr MAIRI J. McLAUGHLIN
Surgery
44 Croftfoot Road
Glasgow G44 5JT
Tel: 0141 634 6333
Fax: 0141 634 6575

Please use rubber stamp

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

Dear Doctor,

I would be grateful if you could see Jacqueline who has noticed unilateral right-sided nipple discharge, greenish in colour, for about 1 year. There is no pain and no bleeding associated with this.

On examination she has some tenderness around the nipple but no lump.

She was previously seen at Professor George's clinic at the Western Infirmary and a swab was taken. The showed no blood and no epithelial cells but foamy macrophages. She was advised to cut her caffeine and cigarette intake and it was planned to review her in three months. Unfortunately she did not attend this review appointment.

She continues to suffer from the same problems and is keen for further follow-up. I would be grateful if this could be arranged at your clinic.

Yours sincerely,

Dr Mairi J McLaughlin

STAMPED 24/2

RECEIVED 03 FEB 2004

ING

Diagnosis / provisional diagnosis:

ENT 10/2/04

Present drug treatment and potential special hazards:

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

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

Signature

Printed for Astron B32457, 9/03 25364

355-2104

THE VICTORIA INFIRMARY

SURGERY DEPARTMENT

Name

Address

835706 2304736009
Goodwin Jacquelin
3/1,68 Castlemilk Drive F
Glasgow M
23/04/1973
G45 9TW GP Prac:49106

Unit Number

Date of Birth
Sex / Civil state
Occupation

Surgeon

BOOK

VICTORIA	

SOON URGENT

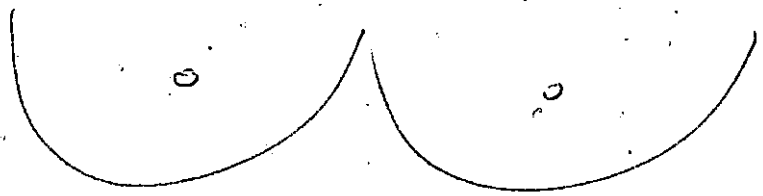
Booked by.....

Diagnosis

O.P. Treatment

Age 30.

at..... on .....

Date	History and Clinical Findings
24/2/04	Right sided nipple discharge for 2-1 yr seen at WI6. Nov setting down. greenish/yellowish. No blood. No FH of breast cancer. No change i periods. Regular NO OCP. 1 daughter - No FH of BC. O/E  Normal white discharge - both sides. S. Stallard

FORM 0164724 VIC 683

Consultants
Dr D.J. Bilsland
Dr. C. S. Munro
Dr. D.T. Roberts

Dermatology Department

Appointments: 0141-201-5132
Secretary: 0141-201-5413
Fax No: 0141-636-6850
Website: www.sgderm.demon.co.uk

Dr.Bleasby
44 Croftfoot Rd.
Glasgow
G44 5JT

Typed: 30/11/01

Dear Dr.Bleasby

Jacqueline Goodwin, 18 Hoddam Ave., Glasgow G45 0HA
DOB: 23.04.73
Dictated: 29th November 2001.

I now have to hand the histology from your patient's recent investigation.

"Microscopy shows a simple compound naevus."

The patient can therefore be reassured.

Yours sincerely

Donna Torley
Senior House Officer in Dermatology

Ref: DT/RM/ 835706

DEPARTMENT of DERMATOLOGY

7534

Langside Road, Glasgow, G42 9TY
Direct Telephone: 0141-201-5413
Fax: 0141-201-5047

Date: 21/1/01

Consultant: Dr. Bilsland

Dear

835706 2304736009
Goodwin Jacquelin
18 Hoddam Avenue F
Glasgow 2
23/04/1973
G45 0HA GP Prac:49106

I saw this patient in the dermatology department today.

Daignosis / Problem:

Eczema

I would be grateful if you could prescribe the following treatment:

Other action required:

Kos x 2 in 7 days

A further appointment has / has not been made.
A further letter will / will not follow.

Yours sincerely,

Name _____ Status CLASS

Consultants
Dr D.T. Roberts
Dr C.S. Munro
Dr D.J. Bilsland

Dr Bleasby
The Surgery
44 Croftfoot Road
GLASGOW
G44 5JT

Dermatology Department

Appointments: 0141 201 5132
Secretary: 0141 201 5413
Fax No: 0141 636 6850
Website: www.sgderm.demon.co.uk

Typed: **31/08/01**

Dear Dr Bleasby

JACQUELINE GOODWIN 18 HODDAM AVE GLASGOW DOB. 02/04/73
Clinic date: 27 August 2001
Clinic: Dr Bilsland

Diagnosis: Mole on left breast – recent became raised

This looked basically benign today although it was slightly inflamed. I have however given her a date for excision.

Yours sincerely

D.J. Bilsland
CONSULTANT DERMATOLOGIST

REF. NO. DJB/CLH/835706

Dr Bilsland | Monday 27/8/01 | 2.45 | GP112

Hospital use Only	Clinic	Day Date	Time	Hospital No.
	Bilsland	27/8/01	2.45	835706

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

CHI No. 2304736009

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital VICTORIA Date 09/08/01

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

Patient's Surname GOODWIN Maiden Surname

First Names JACQUELINE Single/Married/Widowed/Other

Address 18 HODDAM AVENUE, GLASGOW Date of Birth 23/4/73

Patient's Occupation

Postal Code G45 Contact telephone number 630 1016

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

Name of Hospital VICTORIA

Year of attendance 2000 Hospital No. 835706

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

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Dr CHRISTINE J.F
Dr PAUL J. McEVIN

Surgery
44 Crookston Road
Glasgow G44 5JT
Tel: 0141 634 6333
Fax: 0141 634 6676

Please use rubber stamp

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

Dear Doctor,

I be grateful if you could arrange to review the above woman at your clinic. She has a mole on the outer aspect of her left breast which she feels has become raised ,itchy over the last few months. She is also concerned due to her frequent use of sun-beds.

She has a past history of Psychotic Depression and is currently stable.

Her current medication is Quetiapine 150mg 1mane 2 nocte, Lofepramine 70mg bd and Salbutamol prn.

I would be grateful for your assessment of this lady.

Yours sincerely,

Dr E Muir (Locum)

Vetted by

13 AUG 2001

Action R & U

DATE RECEIVED 11 AUG 2001
13
FOR VETTING 13 AUG 2001
DATE APPT. SENT 17-08-01

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

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

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

THE VICTORIA INFIRMARY

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

(tors and Patients overleaf)

835706 2304736009
Goodwin Jacquelin
18 Hoddam Avenue F
Glasgow 2
23/04/1973
G45 0HA GP Prac:49106

Patient Name (BLOCK CAPITALS)
Unit Number

Date 21/11/01

dure Biopsy

TO BE COMPLETED BY MEDICAL OR DENTAL PRACTITIONER

I HAVE FULLY EXPLAINED: To the patient / parent / guardian / next of kin*
(*DELETE AS APPROPRIATE)

1. The procedure named on this form
2. Appropriate alternatives which are available
3. Significant side-effects which may result from the procedure

Name (BLOCK CAPITALS)
SIGNATURE

TO BE COMPLETED BY THE PATIENT

You should read this form and the notes overleaf carefully. If there is anything you do not understand, ask the doctor or dentist for an explanation. If the information is correct and you understand the procedure, you should sign the form.

I AM — The patient / parent / guardian / next of kin (DELETE AS APPROPRIATE)

I UNDERSTAND — The procedure which has been explained to me by the Doctor or Dentist named on this form.

That the procedure may not be carried out by the Doctor / Dentist who has been treating me so far.

That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.

I AGREE — To the administration of an anaesthetic or to sedation if required.

To the procedure named on this form.

That examination for the purposes of teaching will not be undertaken without my consent (see overleaf).

Signature X J Goodwin

Patient / Parent / Guardian / Next of Kin* (*DELETE AS APPROPRIATE)

Name (BLOCK CAPITALS)
Address

835706 2304736009
Goodwin Jacquelin
18 Hoddam Avenue F
Glasgow 2
23/04/1973
G45 0HA GP Prac:49106

9444405

NOTES OF GUIDANCE

1. A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand, about the proposed procedure, any significant side-effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on this form.

   1.1 The patient must give written consent to be examined by students during any procedure for which written consent is required. (See Below).

2. PATIENTS

   2.1 The doctor is here to help you. He or she will explain the procedure, which you are entitled to refuse. You can ask any questions and ask for more information.

   2.2 You may ask for a relative or a friend or a nurse to be present while the Doctor/Dentist explains the procedure and asks you to sign this form.

   2.3 Students need to learn how to examine patients and to see how procedure are done. This is important for the future of health services. you may be asked to give consent to be examined by students during the procedure. It is up to you to decide whether you give your consent or not but whatever you decide, it will not affect your treatment.

---

1. **I agree / do not agree*** to the involvement of a student at the procedure named on this form.

2. **I agree / do not agree*** to examination by a student during the procedure named on this form under the supervision of the senior medical/dental officer undertaking the procedure.

Name _____ Date _____
(BLOCK CAPITALS)

Signature _____

* DELETE AS APPROPRIATE

DERMATOLOGY DEPARTMENT

Name

Address

835706 2304736009
Goodwin Jacquelin
18 Hoddam Avenue F
Glasgow 2
23/04/1973
G45 0HA GP Prac:49106

Unit Number

Date of Birth
Sex/ Civil state

Occupation

Date of First Attendance 27/8/01

Physiciann Dr BLAKLAND

DATE

Mole (L) Breast recurrent

OLE SL. inflamed but OK

per excision

24/11/01

Biopsy

Proc for biopsy naevus (L) breast

LA 2% + Adr

Pat Vu

Hae —

Clo 2 x 4-0 Ethilon.

Sec. 7/7.

Fo Amt

Form J0156

Colposcopy Clinic

Direct Line 201 5378

PM/ZA//835706

Dicted: 11th July 2000
Typed: 13th July 2000

Dr Linda Wright
The Surgery
44 Croftfoot Road
GLASGOW
G44 5JT

Dear Dr Wright

JACQUELINE GOODWIN 18 HODDAM AVENUE GLASGOW G45
DOB.23.4.73.

Many thanks for your letter regarding the above patient who was seen at the Colposcopy Clinic on 11th July 2000. She gives a history of post-coital bleeding for one year's duration. She is currently on the Depo-Provera injection and smokes 20 cigarettes a day. I note her history of CIN 2 treated with cold-coagulation in 1993.

Examination today was satisfactory and showed a small ectopy on the posterior lip. However, there was no contact bleeding with the examination. The ectopic skin was cauterised with Silver Nitrate. No further appointment has been arranged.

With good wishes
Yours sincerely

Dr. P. Myint
Clinical Assistant to Dr. R. Hawthorn

Patient Details

Name:	Jacqueline GOODWIN	Unit no.:	6037
Address:	18 Hoddam Avenue	PAS no.:	835706
	Glasgow	Phone no.:	
		Work no.:	
	G45 0HA	Mobile no.:	
GP		NHS no.:	0
Name:	Bleasby, J	Date of birth:	02/04/73
Address:	44 Croftfoot Rd	Ethnic origin:	G.G.H.B.
	Glasgow	Religion:	(None)
		Marital status:	(None)
	G44 5JT		

Referral Details

Date:	06/06/00	Referrer:	
RMO:	~~Caroline Gairney~~	Organisation:	
Specialty:	Colposcopy	Address:	
Source:	GP		
Reason:	Ab. Screen. Smear		

Baseline

11/7/00.

Method of contracept Depo.

HRT

Current symptoms PCB 1 yr - mort times.

Referring cytology neg

Date ref. cytology

Laboratory ID

Ref.No. smear

Parity A 1

Parity B 0

Pregnant

Pregnancy test

Patient smokes Y

Cigarettes per day 20.

Genital warts - pat.

Genital warts - ptnr

Chlamydia

Past medical history 1993 CIN 2 C.C

Drugs antidepressants.

Allergies

Previous treatment

Diagnoses hqistory

Colposcopist sign:

Event

Date	Type	Purpose
06/06/00	New registr/referral	(None)

Summary

No information to tabulate.

Victoria Infirmary MT Q002

Clinic Examination Sheet Colposcopy Clinic **Printed on:** 30/06/00 12:13

Patient: Jacqueline GOODWIN New patient Marital status: (None)
Due Date: 11/07/00 Unit Number: 6037 PAS Number 835706

Examination sheet

Supervised by :
remarks >>
LMP :
date >> on depo
Cervix present :
(Yes)
No
SCJ visible :
(Yes)
No
Cervical lesion :
Yes
(No)
Upper limit seen :
Yes
No
Vaginal lesion :
Yes
(No)
Vulval lesion :
Yes
(No)
Colp opinion: cx/vag :
remarks >> Small ectopy
Vulvoscopic opinion :
remarks >> No CB
Tests (specify no.) :
Cytology
Cervical biopsy
Vaginal Biopsy
Vulval biopsy
Bacteriology
Chlamydia
Other
Treatment performed :
remarks >> AgNO3
Anaesthesia :
Local
Other
Treatment comps. :
remarks >>
Excision :
Complete
Inconclusive
Incomp - endocervix
Incomp -ectocervix
Incomp - both
Planned follow-up :
remarks >> (D)
Letters to send :
remarks >>

Hospital use Only | Clinic: Dr Mains | Day: Tues | Date: 11/7/2000 | Time: 1.50pm | Hospital No.: 835706 ML | GP112

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

CHI No. 2304736009

Hospital: Victoria Infirmary Date: 25/05/00

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: Goodwin Maiden Surname:

First Names: Jaqueline Single/Married/Widowed/Other:

Address: 18 Hoddam Avenue, GLASGOW Date of Birth: 23/4/73

Patient's Occupation:

Postal Code: G45 0HA Contact telephone number: 630 1016

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

Name of Hospital: Victoria Infirmary

Year of attendance: 1997 Hospital No.: 835706

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

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Dr CHRISTINE J.F BLEASBY Dr DAVID G.A. WILLOX
Dr PAUL J. McEVINNEY Dr LINDA WRIGHT

Surgery
44 Croftfoot Road
Glasgow. G44 5JT
Tel: 0141 634 6333
Fax: 0141 634 6575

Please use rubber stamp

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

Dear Doctor

This 27yr old lady has been experiencing post-coital bleeding. A cervical smear taken on 3/5/00 was negative. She has previously attended the Colposcopy 1993 with a diagnosis CIN2 & HPV. She was treated with cold coagulation.

I than you for reviewing her and enclose a photocopy of her most recent smear result

Yours sincerely,

Dr Linda Wright

Enc

RECEIVED 30 MAY 2000
ING SOON
APPT. SENT 2/6/2000

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

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

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

Signature

355-2104

VICTORIA INFIRMARY NHS TRUST
GYNAECOLOGICAL CYTOLOGY

Lab No: C.00.0006047

Name : GOODWIN Jacqueline
Previous surname:
Address: 18 Hoddam Ave.
G45 0HA

DOB: 23.04.73 CHI No:
Date of Examination: 03.05.00
Unit No.
FP No:
Home Correspondence:YES

Sender:Dr L.Wright
GP. :

Source:44 Crofttoot Rd
GP. Address:

Sender:
Reason:2&4
LMP :

No.Pregnancies :
Age at Menopause:
Smear Type :Cervical

IUCD :
Oral :
Cervix:INTACT

Clinical details:Post-coital bleeding.

REPORT:
Negative. Repeat in three years. In view of post coital bleeding, **REFER TO GYNAECOLOGY.**

Date:15.05.00 Screener:KMK Medical screenerEMD

✆ Direct Line: 0141 201 5393

Ref: AM/MT/835706

Date of Clinical Attendance: 9 March 1998
Date Dictated: 9 March 1998
Date Typed: 11 March 1998

Dr P McEvinney
44 Croftfoot Road
Glasgow
G44 5JT

Dear Dr McEvinney

JACQUELINE GOODWIN (DoB 23 4 73), 18 HODDAM AVENUE, GLASGOW G45 0HA

Thank you for referring this young lady who I saw in Clinic today. The scars on her back are flat and hypotrophic and really I don't think we could do a great deal to improve these for her. I have not arranged to see her again but if you would like a further opinion at any point, please let us know.

Yours sincerely

A Malyon
Registrar to Mr I Taggart
Plastic Surgery

835706 MB.

Hospital use Only	Clinic MR TAGGART OP	Day Date MON 9/3/98	Time 9.40	Hospital No.	GP112

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

CHI No.

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital VICTORIA INFIRMARY Date 5 1 98

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

Patient's Surname GOODWIN Maiden Surname

First Names JACQUELINE Single/Married/Widowed/Other

Address 18 HODDAM AVENUE, Date of Birth 23 04 73

G45 0HA Patient's Occupation

Postal Code Contact telephone number

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

Name of Hospital

Year of attendance Hospital No. 835706

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

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

DR. P MC EVINNEY Dr.G.A. WILLOX
Dr.CHRISTINE J.F.BLEASBY Dr.PAUL J.McEVINNEY
Dr.BARBARA J.ROEMMELE
Surgery:
44 Croftfoot Road
Glasgow. G44 5JT
Tel: 0141 634 3333
Fax: 0141 634 5575
Please use rubber stamp

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

Dear Doctor,

THis girl has uneven superficial acne scars on her back. She wishes advice on dermabrasion or lasering to improve cosmetic appearance.

Many thanks for your advice.

R

PMH Depression.

DH Venlafaxine 75 mgm bd.

Yours sincerely,

P MC EVINNEY

DATE RECEIVED 07 JAN 1998
FOR VETTING 9 JAN 1998
DATE APPT. SENT 13/1/98

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

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

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

Signature

355-2104

Printed for The Stationery Office Dd8457201 5/97 (71412)

DSM.LMcK.835706

GYNAECOLOGY DEPARTMENT
☎Telephone : 0141 201 5374
☎Fax No: 0141 201 5094

Dictated: 16.2.98
Typed: 17.2.98

Dr. C. Bleasby,
44 Croftfoot Road,
Glasgow G44

Dear Dr. Bleasby,

Jacqueline Goodwin, 18 Hoddam Avenue, Glasgow G45 (23.4.73)

Disappointingly this 24 year old has failed to appear at the clinic on 2 occasions. I have not sent for her again.

Kind regards
Yours sincerely,

Douglas S. Mack
Consultant Gynaecologist

Hospital use Only | Clinic Dr Mack | Day Date 26/11/97 | Time 9.15 | Hospital No. 835706 | GP112

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital VICTORIA INFIRMARY Date 11 12 97

CHI No.

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

PARTICULARS OF PATIENT. IN BLOCK LETTERS. PLEASE

Patient's Surname GOODWIN Maiden Surname

First Names JACQUELINE Single/Married/Widowed/Other

Address 18 HODDAM AVENUE. Date of Birth 23 4 73

G45 Patient's Occupation

Postal Code Contact telephone number

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

Name of Hospital

Year of attendance Hospital No. 835706

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

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Dr CHRISTINE J.F.BLEASBY Dr.DAVID G.A.
Dr.BARBARA J.ROEMMELE Dr.PAUL J.
DR C BLEASBY.
Surgery
44 Crookston Road
Glasgow. G44 5JT
Tel: 0141 634 6333
Please affix Practice stamp 0141 637 2575

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

Dear Doctor,

This lady has a history of CINII and HPV, last seen at colposcopy in 1993 and treated with cold coagulation. She is now complaining of post coital bleeding and I would be grateful if she could be reviewed at colposcopy despite a recent normal smear and macroscopic apperarances being normal.

Kind regards,

Yours sincerely,

~~C BLEASBY~~/ JOY MC MAHON LOCUM

See at Colp for Assessment

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

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

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

DATE RECEIVED 13 DEC 1997
15 DEC 1997
22/12/97

Signature

355-2104

Printed for The Stationery Office Dd8457201 5/97 (71412)

DEPARTMENT OF GYNAECOLOGY OPD

Name

Unit Number

Address

Date of Birth
Civil State

Occupation

Date of First Attendance

Surgeon

Diagnosis

Disposal

Report to Dr. _____

Admit – Immediate
per Waiting List
Urgent/Soon/Non-Urgent

O.P. Treatment _____

at _____ on _____

Years Married

Total Pregnancies ? + ?

HISTORY 26/11/98 DMA
16/2/98 DMA

MENARCHE
MENOPAUSE

PREVIOUS MENSTRUAL CYCLE / PRESENT MENSTRUAL CYCLE / **L.M.P.**

PAST HISTORY

EXAMINATION

Examined by

RECOMMENDATIONS

0163739

AV.SW. 835706

SEEN 23.6.97
DICTATED 24.6.97

ORTHOPAEDIC DEPARTMENT
Direct line 0141 201 5436

MR HEMS AM CLINIC 23RD JUNE 1997

Dr Bleasby
44 Croftfoot Rd
G44 5JT

Dear Dr Bleasby

RE; JACQUELINE GOODWIN 18 HODDAM AVE G45 DOB 2.4.73

This 24 year old lady's back pain is approximately unchanged from her previous visit. MRI scan was done which showed no abnormalities. I have explained this to her and she understands that there is not much which can be done. Discharged.

Yours sincerely

Dr A Visser
SHO in Orthopaedics

AC.SW.835706

Seen 28th April 1997
Typed 29th April 1997

ORTHOPAEDIC DEPARTMENT
Direct line 0141 201 5436

MR HEMS A.M. CLINIC 28.4.97

Dr Bleasby
44 Croftfoot Rd
Glasgow
G44

Dear Dr Bleasby

RE; JACQUELINE GOODWIN 18 HODDAM AVE G45 OHA DOB 23.4.73

This 24 year old lady was reviewed today. She has had low back pain for about one year which has never gone away and intermittently there is pain in the right leg which most of the time radiates to the knee, however it occasionally radiates to the foot and toes.

She does describe some altered sensation but this is not of a dermatomal nature and is in the whole leg. A letter from the physio suggests that she has made no progress although the patient herself feels that there is some benefit around the time of each visit.

Examination today reveals normal sensation, reflexes and power, although she did appear to have a positive sciatic stress test at around 50°. Due to the history, rather than the weak signs on examination, I have organised a MRI scan of lumbar spine. If this turns out to be normal she is aware the diagnosis is mechanical back pain and she will have to live with it. Review with the result.

Yours sincerely

Dr Alan Crombie
S.H.O. III In Orthopaedics

GREATER GLASGOW
COMMUNITY AND MENTAL HEALTH SERVICES
NHS TRUST

Our Ref.

Your Ref.

If phoning ask for

Physiotherapy Department
Cadder Health Centre
531 8560.

21/4/97.

Dear Mr. Hems,

Re: JACQUELINE GOODWIN
58 ARDENCRAIG CD
GLASGOW G45.
DOB. 23/4/73.

This young lady was initially treated at the Victoria and has only been seen once or a couple of times. However she is making little if any progress — having tried Interferential SWD ice, exercise, mobilisation. We are wondering if Physiotherapy has any to offer and would value your opinion. The Physiotherapist at the Victoria had suggested ? benefit of MRI or CT scan.

Please review and advise,

yours sincerely,

Sue Gray,
Senior Physiotherapist.

0370787

Sent for urgent referral
17/2/97

AM.SW 835706

Dictated 3 rd Feb 97
Typed 5 th JAN 97

ORTHOPAEDIC DEPARTMENT
Direct line 0141 201 5436

Mr Hems' Hand. Clinic.
3.2..97

Dr Bleasby
44 Croftfoot Rd
Glasgow
G44 5JT

Dear Dr Bleasby

RE; JACQUELINE GOODWIN 58 ARDENCRAIG RD G45 DOB 23.4.73

This 23 year old girl is complaining of low back pain with pain going down both legs.

O/e at the clinic today she unfortunately seen before having any physio. Blood tests today are normal. She has SLR about 40-50° on both sides with normal neurology of her lower limbs. I have advised her to attend physio and an appointment was made today.

Review in 3 months time.

Yours sincerely

Dr A Mohammed
S.H.O. IN Orthopaedics

DOCTOR'S LETTER SHEET

UNIT NUMBER

DEPARTMENT OF GENERAL SURGERY
Direct Line: (0141) 201 1655
Fax: (0141) 201 1157

GS/CM

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

0141 201 1100

Dictated: 20/06/07
Typed: 21/06/07
CHI: 2304736009

Dr Wright
44 Croftfoot Road
Glasgow
G44 5JT

Dear Dr Wright

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

I reviewed this 33 year old lady at the colorectal clinic. As you will recall this lady was referred for colonoscopy investigation regarding her recent symptom of constipation. I believe she had barium enema which was absolutely normal and her blood test including thyroid function test was also normal. I believe she is vegetarian. She ate a lot of fibre diet and today in the clinic generally she is feeling well in herself and her main problem for the time being is dyspepsia. I believe she is on Proton Pump Inhibitor. I have suggested to as far as her symptom of short duration I don't think we need to do more investigation in term of colonic transit time or defaecting proctogram and regarding her symptom of dyspepsia I would be grateful if you could prescribe her eradaction therapy H Pylori may help to resolve her symptoms. Otherwise we shall discharge her back to your care.

Kind regards

Yours sincerely

K Canna
Specialist Registrar

DOCTOR'S LETTER SHEET

UNIT NUMBER

Department of Surgery

Mr G Sunderland
Mr D Wright

Dictated: 26/03/07
Typed: 03/04/07
CHI: 2304736009

VW/CM

Dr Wright
44 Croftfoot Road
Glasgow
G44 5JT

Dear Dr Wright

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

Thank you for referringt his patient to the colorectal investigation service. She attended the nurse lead rectal bleeding clinic and I was happy to see her on behalf of Mr Sunderland. She reported quite a significant change in her bowel habit to constipation since December 2006. She has now only moving her bowels around one time per week and requires to use Senna to achieve this. She also reports passing fresh rectal bleeding on the surface of her stool and some slimey mucus. She is aware that her abdomen is quite distended and frequently gets gripping abdominal pains. She is not aware of any family history of bowel disease. On questioning her diet is very good for fibre and balance but she has a very high intake of tea.

Physical examination was performed with the patients verbal consent. On examination her abdomen was quite distended but she was not tender on palpation. Rectal examination was unremarkable and proctoscopy just revealed several small haemorrhoids. Rigid sigmoidoscopy was performed to the level of around 12cms and no mucosal abnormality was detected.

Jacqueline looks quite well today but clearly she does require some colonic investigation. I have taken some blood to check her thyroid function levels and also her calcium levels. I have also requested both a barium enema x-ray and a flexible sigmoidoscopy investigation. I have explained both of these tests to Jacqueline today and she will receive an appointment in due course. We will keep you informed of her progress.

Yours sincerely

Val Weston
Colorectal Nurse Specialist

Jacqueline Goodwin
26/03/07
99835706
23/04/1973

Rectal Bleeding Clinic Summary

Rectal Bleeding

Has suffered from rectal bleeding
First become aware of bleeding last 6 months
Was moving bowels when this bleeding first occurred
Blood was bright red
Not sure about blood clots
Has noticed pus
Has noticed mucus
Blood was on surface of the stool
There was a tablespoonful
Has had further rectal bleeding since first time
Only passes blood when having a bowel motion
Not sure whether has passed blood without realising that it was happening
Strains to move your bowels

owel Function

Change in bowel habit
Noticed a change in your bowel habit in last 6 months
Moving bowels less often than before
No increase in frequency of moving bowels
Never get the urge to move bowels but nothing happens
Has not had urge to move your bowels but only passed blood or mucus.
Motions described as HARD CONSTIPATED
No sensation of prolapse

Rectal Pain

Rectal discomfort
Has had rectal pain for 3 - 6# months
Not sure whether rectal pain is brought on by moving bowels
rectal pain is NOT there all the time
rectal pain comes and goes
rectal pain could be described as DISCOMFORT
rectal pain could be described as DULL ACHE
Pain lasts A SHORT TIME AFTER THE BOWELS MOVE

Abdominal Pain

Does get abdominal pain
paint is left upper quadrant
Abdominal pain could be described as SEVERE
Abdominal Pain is GRIPPING
Pain in abdomen gradually builds
The pain comes and goes
Pain made worse by eating and drinking
Pain made better by medication

pain brings on nausea
pain has brought on vomiting

Bladder Function

Not sure about problems passing urine
IPSS Incomplete emptying 0
IPSS frequency 4
IPSS intermittent flow 1
IPSS urgency 3
IPSS poor stream 0
IPSS straining 0
IPSS nocturia 1
IPSS QoL 3

General Health

fair

Past Medical History

Has had BRONCHITIS
Has had ASTHMA
Previous MINOR SURGERY
Medication

Family History

Not sure if there a family history of bowel disease
Not sure if there a family history of inflammatory bowel disease
This was OTHER
Not sure if there is a family history of bowel polyps
Not sure if there is a family history of bowel cancer

Diet - Appetite/Eating Pattern

Eats 3 meals per day
Has snacks between meals occasionally
Appetite LESS THAN USUAL
Eats wholegrain bread/rolls daily
Eats white bread/rolls occasionally
Eats breakfast cereal daily
Eats fruit 1-2 times per week
Eats vegetables daily
Eats protein ONCE PER DAY
eats fried food 1 - 2 PER WEEK
Eats pies/pastries/sausages/pate occasionally
More than 8 cups fluid per day

Lifestyle

Not in paid employment
Hobbies moderately active
SMOKER — 10
BETWEEN 1 - 14 units

score for dietery pattern

FAX: 232 7613

SR 99835706

WITHDRAWN

2ND REFERRAL (ORIGINAL NOT RECEIVED)

Glasgow University Hospitals NHS Trust and Local Health Care Co-operatives

REQUEST FOR COLORECTAL INVESTIGATIONS

Patient Details:
CHI No: [redacted]
D.O.B. CHI: 2304736009
Surname: [redacted] 23/04/1973 F
First name: [redacted] 68 Castlemilk Drive G45 9TN
Address: [redacted] GMC 02356
Dr David Millar 44 Croftfoot Road.
Telephone: 22/01/2007 14:33 Practice: 49166

General Practitioner Details:
GP Name:
Practice No:
Surgery Name:
Address:
Telephone: 0141 6346333

Patient history

	Yes	No
Previous similar problems?	☐	☑
Seen at which hospital?		
Seen when?		
Family history of colorectal cancer?	☑	☐
Relationship to patient?	Maternal grandmother	

Drug History
Medication? Lofepramine 70mg
Omeprazole 20mg
Movicol

	Yes	No
Warfarin	☐	☑
Insulin	☐	☑
Oral hypoglycaemics	☐	☑

OWL

DATE 29/01/07

Duration of current symptoms? 14 weeks

Rectal bleeding		Change of bowel habit		Pain		Others	
None	☐	No change	☐	Urgency	☐	None	☐
Separate from stool	☐	Looser motion	☐	Faecal soiling	☐	Abdominal pain	☑
Mixed with stool	☑	Increased frequency	☐	Constipation	☑	Pain on defecation	☐
Bright red ☐ Dark red ☑		Alternating	☐			Mucus & blood	☑

Findings (please see comments section for details)

Weight loss (in kg)		Abdominal		Rectal examination		Haematology (if available)	
None	☑	Normal	☐	Normal	☑	Haemoglobin	14.3
> 3 kg	☐	Tenderness	☑	Haemorrhoids	☐	MCV	92.4
> 5 kg	☐	Palpable liver	☐	Fissure	☐	Ferritin	
Current weight		Palpable mass	☐	Palpable mass	☐		

8/12/EL

Comments & significant co-morbidity
Seen 29/12/06 by receiving Surgical team with distension and vomiting. Declined admission at time due to childcare issues. Ongoing PR bleeding. PMH: anxiety and depression

I would be grateful if this patient could be investigated.

Signed [signature] (General Practitioner)

Date 22/12/06

Address this form to "COLORECTAL SERVICES" C/O Margaret Inglis at the address below.
Patients may be appointed directly to appropriate investigation

For hospital use only

[redacted]

Margaret Inglis, Colorectal Administrator, GI Centre, Southern General Hospital, G51 4TF tel: 0141 232 7612

Rectal bleeding since

Local ref 2211

ORIGINAL REFERRAL 11/12/06

Glasgow University Hospitals NHS Trust and Local Health Care Co-operatives

REQUEST FOR COLORECTAL INVESTIGATIONS

Pat
CHI
CHI: 2304736069
GOODWIN, JACQUELINE 23/04/1979 F
68 Castlehill Drive G45 9TN
007 6808
Dr David Willox GMC :92256
44 Croftfoot Road,
08/12/2006 11:55. Practice..49105
Telephone:

General Practitioner Details:
GP Name:
Practice No:
Surgery Name:
Address:
Telephone: 0141 6346333

Patient History:

	Yes	No
Previous similar problems?	☐	☑
Seen at which hospital?		
Seen when?		
Family history of colorectal cancer?	☑	☐
Relationship to patient?	Maternal grandma	

Drug History
Medication? Loperamide 30mg BD
Omeprazole 300mg ?BD

	Yes	No
Warfarin	☐	☑
Insulin	☐	☑
Oral hypoglycaemics	☐	☑

Duration of current symptoms? 8 weeks

Rectal bleeding	Change of bowel habit		Pain	Others
None ☐	No change ☐	Urgency ☐	None ☐	Pruritus ☐
Separate from stool ☐	Looser motion ☐	Faecal soiling ☐	Abdominal pain ☑	Mucus ☐
Mixed with stool ☑	Increased frequency ☐	Constipation ☑	Pain on defecation ☐	Mucus & blood ☑
Bright red ☐ Dark red ☑	Alternating ☐			

Findings (please tick appropriate for details)

Weight loss (≥3 months)	Abdominal	Rectal examination	Haematology (if available)
None ☑	Normal ☐	Normal ☑	Haemoglobin ______
> 3 kg ☐	Tenderness ☑	Haemorrhoids ☐	MCV ______
> 6 kg ☐	Palpable liver ☐	Fissure ☐	Ferritin
Current weight	Palpable mass ☐	Palpable mass ☐	

Comments & significant co-morbidity

Anxiety and depression

I would be grateful if this patient could be investigated.

Signed E. Connell (General Practitioner)

Date 11/12/06

Address this form to "COLORECTAL SERVICES" C/O Margaret Inglis at the address below.
Patients may be appointed directly to appropriate investigation.

For hospital use only

[redacted]

Margaret Inglis, Colorectal Administrator, GI Centre, Southern General Hospital, G51 4TF tel: 0141 232 7812

DRS. WILLOX, McEVINNEY, WRIGHT & McLAUGHLIN

44 Croftfoot Road, Glasgow G44 5JT

FAX

Date: 22/1/07.

Number of pages including cover sheet: 3

To: Colorectal Administrator SGH

Phone:

Fax phone: 2327613.

cc:

From: DR E. CURNOCK 44 Croftfoot Rd

Phone: 0141-634-6333

Fax phone: 0141-634-6575

REMARKS: | Urgent | For your review | Reply ASAP | Please comment

As per telephone call.
New referral completed plus
Original sent 8/12/06.

E. Curnock
(CURNOCK)

SOUTH GLASGOW HOSPITALS
SOUTHERN GENERAL HOSPITAL

3Y

DOCTOR'S LETTER SHEET

UNIT NUMBER

Colorectal Service, GI Centre tel:0141 232 7612

Dr

44 Croftfoot Road

Glasgow

G44 5JT

26/01/2007

your patient Jacqueline Goodwin dob: 23/04/1973 referral date 22/01/2007

Thank you for your referral letter for the above patient. After review by a consultant it has been decided that they should have an appointment in the first instance for:

Nurse led rectal bleeding clin

consultant: Graham Sunderland

Yours sincerely
Margaret Inglis
Colorectal Service Administrator

our ref SGH number: VIC number:

S.G.H./3Y

SOUTH GLASGOW HOSPITALS
SOUTHERN GENERAL HOSPITAL

3Y

Colorectal Surgical Services
Department of Surgery
Southern General Hospital
1345 Govan Road
Glasgow
G51 4BJ

Direct Line: 0141 201 1655
Fax No: 0141 201 1157

DOCTOR'S LETTER SHEET

UNIT NUMBER

GS/CM/99835706
CHI: 2304736009

10TH May 2007

Miss Jacqueline Goodwin
Flat 3/1
68 Castlemilk Drive
Glasgow
G45 9TW

cc Dr Wright
Castlemilk Surgery
44 Dougrie Road
Glasgow
G44 5JT

Margaret Inglis
GI Centre

Dear Miss Goodwin

Further to your recent barium enema I am pleased to report that this does not show any particular abnormality in the bowel or in the lower part of the small bowel. I believe you are still waiting for a flexible telescope test and we will see you at that time and consider whether further investigations are required.

Yours sincerely

G Sunderland
Consultant Surgeon

S.G.H./3Y

SOUTH GLASGOW HOSPITALS

7

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

CLINICAL NOTES

DATE	
	Rectal bleeding Clinic.
26.3.07	Significant change in bowel habit to constipation since Dec 06 — only 1 B/O per week. Passing fresh pr blood + mucus.
	Abdomen distended + griping pain at times
	FH unknown. Diet very good but ↑ Fea
	Physical examination with verbal consent
	Abdomen — distended but not tender
	P.R. NAD Proctoscopy — Small haemorrhoids
	Rigid sigmoidoscopy to 10–12 cm NAD
	Plan — TFT's + Calcium —
	Ba Enema + Flex Sigmoidoscopy
	Weston.
	Colorectal (WS)

MOUNT SHEET

11 11
10 10
9 9
8 8
7 7
6 6
5 5
4 4
3 3
2 2

3/2 Clinic

LOCATION/ REPORT ADDRESS	SURNAME: GOODWIN KBF 23.12
ORTHOPAEDICS	FORENAME: JACQUELINE — SEX: Female
VICTORIA INFIRMARY	D.O.B./AGE: 23/04/73 24 Yrs — HOSPITAL No.: V1835706
CONSULTANT NOT STATED	SAMPLE DATE: 09/12/96 — DATE RECEIVED: 10/12/96 — REPORT DATE: 12/12/96

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

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

CLINICAL IMMUNOLOGY LABORATORY
WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
GLASGOW
G11 6NT
Consultant: Dr. A.M. Farrell

LAB No.: 6439161
AUTHORISED BY: Auto

ORTHOPAEDIC

Name

Unit Number

Date of First Attendance

Address

Date of Birth Sex/ Civil state

Surgeon

Diagnosis

Disposal

Report to Dr.

Admit—Immediate
Per Waiting List
Urgent/Soon/Non-Urgent

X-Ray Number

O.P. Treatment

at .....

Date

MR FARJO'S NEW PATIENT 9TH DEC 96
JACQUELINE GOODWIN 835706

This 23 year old lady complains of a two month history of lower back pain and altered sensation in her right leg. She does not complain of pain in her right leg.

O/e today she has a full range of movement of her L spine and no tenderness. Tone, power and reflexes in both lower limbs are normal. She has reduced sensation in her entire right lower limb. There are no areas of complete sensory loss and proprioception is intact. She can SLR to 70° on the right and 80° on left. We have taken blood today for U/E's, glucose and CRP and Rheumatoid Factor and FBC, ESR. We will review in 2 weeks time. DS.SW.CCGP

MR FARJO'S RETURN CLINIC 23RD DEC 1996
JACQUELINE GOODWIN 835706

This lady was reviewed today and she still complains of low back pain and has just commenced a course of physiotherapy. Today however, she complains of intermittent paresthesia in the distribution of S1/S2. Blood results from 2 weeks ago are essentially normal except for a slight raised CRP at 22 and a Rheumatoid factor is not year available.

I discussion with Mr Farjo a repeat lumbar spine x-ray was taken and this shows no new changes. Bloods have been repeated and we will review in 6 weeks time after a course of physio. AG.SWCCGP

0164355

AS N.N.

Hospital use Only	Clinic KBF/MP	Day Date Mon 9/12/96	Time 9.30	Hospital No. 535706	GP112

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

Appointment Category: Routine ☐ Soon ☑ Urgent ☐

Hospital Victoria Date 22-10-96 CHI No. 2304736009

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname GOODWIN Maiden Surname CRAIG

First Names JACQUELINE Single/Married/Widowed/Other

Address 58 Ardencraig Road Glasgow Date of Birth 23-4-73

Patient's Occupation u/e

Postal Code G45 0EL Contact telephone number 634 1351

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

Name of Hospital

Year of attendance Hospital No.

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

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Dr. CHRISTINE J.F. BLEASBY Dr. DAVID G. A. WILL
Dr. BARBARA J. ROEMMELE Dr. PAUL J. McEVINN

Surgery:
44 Croftfoot Road,
Glasgow G44 5JT
Tel: 041-634 6333
Appts: 041-634 6322

Please use rubber stamp

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

Dear Dr, Soon KBF

I would be grateful for your opinion on this 23yo woman. She had a 4 month history of lower back pain with occasional paraesthesia shooting down her (R) leg. She is now complaining however of a numbness on the lat of her (R) foot like "walking on cotton wool". Xray of L/S spine demonstrated a transitional vertebra. (25/9). SLR L=R = 30°. bowel/bladder intact.

PMH Depressive illness - on fluoxetine.

Hot Solbenol, coproxamol.

Diagnosis / provisional diagnosis: ? nerve entrapment L5

Present drug treatment and potential special hazards:

RECEIVED 24 OCT 1996

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

VETTING 25 OCT 1996

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

APPT. SENT 28/10/96

Signature Alastair Wells

355-2104

Produced on behalf of The Scottish Office by HMSO Scotland, 8391996, 4/96

BACTERIOLOGY DEPARTMENT

REMOVE THIS STRIP & AFFIX REPORT	⇧	TOP EDGE TO LINE ABOVE	11)
REMOVE THIS STRIP & AFFIX REPORT	⇧	TOP EDGE TO LINE ABOVE	10)
REMOVE THIS STRIP & AFFIX REPORT	⇧	TOP EDGE TO LINE ABOVE	9)
REMOVE THIS STRIP & AFFIX REPORT	⇧	TOP EDGE TO LINE ABOVE	8)
REMOVE THIS STRIP & AFFIX REPORT	⇧	TOP EDGE TO LINE ABOVE	7)
REMOVE THIS STRIP & AFFIX REPORT	⇧	TOP EDGE TO LINE ABOVE	6)

THERE ARE NO FURTHER TO THE RIGHT THAN THIS LINE

LOCATION/
REPORT ADDRESS

Ward 14
VICTORIA INFIRMARY

CONSULTANT NOT STATED

SURNAME GOLDWIN

FORENAME JACQUELINE

SEX F

D.O.B./CHI No. 23.04 73

HOSPITAL No. S0999835706

SAMPLE DATE 20.03.08

DATE RECEIVED 31.03.08

REPORT DATE 14.04.08

Rheumatoid Factor

Rheumatoid Factor <10 (1-15) IU/mL

Rh Factor : PLEASE NOTE NEW NORMAL RANGE

NHS
Greater Glasgow and Clyde

CLINICAL IMMUNOLOGY LABORATORY
WESTERN INFIRMARY
GLASGOW G11 6NT
0141 211 2327 or EXT 52327

Consultant: M. Thomas

LAB No. 29163

AUTHORISED BY Auto Check

Dr.G Gallacher 14.12.04 Lab.No. C,04.000816

DATE/TIME COLLECTED	DATE RECEIVED	DATE AUTHORISED	SPECIMEN TYPE	
10.12.04 NK	10.12.04	13.12.04	HIGH VAGINAL SWAB	Authorised on behalf of PJR
10.12.04 NK	10.12.04	13.12.04	ENDOCERVICAL SWAB	Authorised on behalf of PJR

[redacted]

ARE NO FURTHER TO THE RIGHT THAN THIS LINE

SGH 115A

BACTERIOLOGY DEPARTMENT
TEL: 0141 201 1703/4/5

SOUTHERN GENERAL HOSPITAL GLASGOW

Name: GOODWIN JACQUELINE
Address: 68 CASTLEMILK DR GLASGOW
Consultant/GP: Dr John C Hardwick
Ward: Gynaecology Unit Victoria
Specimen: CHL SWAB cervical

Unit No.: ZM04110091
D.O.B. 23.04.73 Sex: F
Report to: Gynaecology Unit Victoria
Date collected: 10.12.04
Date received: 13.12.04

REPORT:

CHLAMYDIA TRACHOMATIS: NEGATIVE

Comment:-

Dr.G Gallacher 14.12.04

Lab.No. C,04.000816

DATE/TIME COLLECTED	DATE RECEIVED	DATE AUTHORISED	SPECIMEN TYPE	
10.12.04 NK	10.12.04	13.12.04	HIGH VAGINAL SWAB	Authorised on behalf of PJR

DATE/TIME COLLECTED	DATE RECEIVED	DATE AUTHORISED	SPECIMEN TYPE	
10.12.04 NK	10.12.04	13.12.04	ENDOCERVICAL SWAB	Authorised on behalf of PJR

DEPARTMENT OF MICROBIOLOGY. 0141-201-5607/4 VICTORIA INFIRMARY

SURNAME	FORENAME	SEX	UNIT No.	D.O.B./AGE	LAB NUMBER
GOODWIN	JACQUELINE	F	835706	23.04.73	M,04.0041202.C

ADDRESS	REQUESTING WARD/GP's ADDRESS	REPORT TO
3/1 68 CASTLEMILK DR	Gynaecology Victoria Inf.	Gynaecology Victoria Inf.

SPECIMEN TYPE/INVESTIGATION	CONSULTANT/ANTIBIOTIC CHEMOTHERAPY
HIGH VAGINAL SWAB Culture and sens	Dr Hardwick

REPORT Final report

Culture: Commensal flora isolated

No Candida spp isolated
No Trichomonas spp detected
No Neisseria spp isolated

Endocervical swabs are recommended if exclusion of Neisseria spp. is required

DATE/TIME COLLECTED	DATE RECEIVED	DATE AUTHORISED	SPECIMEN TYPE	
10.12.04 NK	10.12.04	13.12.04	HIGH VAGINAL SWAB	Authorised on behalf of PJR

DATE/TIME COLLECTED	DATE RECEIVED	DATE AUTHORISED	SPECIMEN TYPE	
10.12.04 NK	10.12.04	13.12.04	ENDOCERVICAL SWAB	Authorised on behalf of PJR

DEPARTMENT OF MICROBIOLOGY. 0141-201-5607/4 VICTORIA INFIRMARY

SURNAME	FORENAME	SEX	UNIT No.	D.O.B./AGE	LAB NUMBER
GOODWIN	JACQUELINE	F	835706	23.04.73	M,04.0041203.K

ADDRESS	REQUESTING WARD/GP's ADDRESS	REPORT TO
3/1 68 CASTLEMILK DR	Gynaecology Victoria Inf	Gynaecology Victoria Inf.

SPECIMEN TYPE/INVESTIGATION	CONSULTANT/ANTIBIOTIC CHEMOTHERAPY
ENDOCERVICAL SWAB Culture and sens	Dr Hardwick

EPORT Final report

Culture: Commensal flora isolated

No Candida spp isolated
No Trichomonas spp detected
No Neisseria spp isolated

DATE/TIME COLLECTED	DATE RECEIVED	DATE AUTHORISED	SPECIMEN TYPE	
10.12.04 NK	10.12.04	13.12.04	ENDOCERVICAL SWAB	Authorised on behalf of PJR

Watelson and Groves. Telephone: (0162)) 826671

BIOCHEMISTRY DEPARTMENT

A

BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde A

LINE

Name **GOODWIN JACQUELINE** CHI Number **2304736009** Location **Ward 9 Victoria**

Unit No. **SG99835706** Lab Number **R,10.2007187.M** Consultant **NOT KNOWN**

D.O.B. **23.04.73** Sex **F** Received **23.01.10** at **11:36** Prov. Diagnosis **Not given**

Withdrawal		Na 135–145	K 3.5–5.0	Cl 98–108	HCO_3 23–30	Urea 2.5–7.0	Creat 40–130	eGFR	Glucose *		CRP <10	Amylase <100	Magnesium 0.70–1.00	Urate 0.15–0.35
Date	Time	mmol/L					umol/L	mL/min	mmol/L		mg/L	U/L	mmol/L	
18.06.08	08:00	136	3.8	111	16	2.2	75	>60			2	30		
18.06.08	12:00	138	3.8	108	21	2.3	72	>60						
29.08.08	13:00	141	4.5	106	23	3.4	87	>60			4			
15.01.09	10:20	139	3.9	105	20	3.9	89	>60	6.8	N	4			
22.01.10	15:00	138	4.0	107	20	3.0	66	>60	5.5	N	7	33		
23.01.10	11:00	138	4.3	105	24	3.4	71	>60			3	37		

Withdrawal		T.Protein 60–80	Albumin 32–45	Globulins 23–38	Bilirubin <20	Alk. Phos. 25–110	AST <40	ALT <50	GGT <40	CK <170	Calcium	Adj Ca 2.10–2.60	Phosphate 0.70–1.40
Date	Time	g/L			umol/L	U/L					mmol/L		
18.06.08	08:00	60	36	24	7	84	14	10					
18.06.08	12:00	58	36	22	8	85	11	9					
29.08.08	13:00	71	44	27	4	116	14	14					
15.01.09	10:20	66	40	26	4	101	13	13			2.40	2.50	1.28
22.01.10	15:00	65	37	28	4	107	15	14					
23.01.10	11:00	61	36	25	5	101	14	14					

* Fasting: Y = Yes, N = No

Time of sample collection estimated

CPA Accredited Medical Laboratory Reference No: 2923

Report authorised by Computer validation
Run No: 469 Issued 24.01.10 at 10:00 Specimen type: Blood

Run No: 857 Issued 01.09.08 at 12:30

Accredited Medical Laboratory Reference No: 2923

Report authorised by Computer validation
Run No: 278 Issued 18.06.08 at 09:30

Run No: 282 Issued 18.06.08 at 13:30

Report authorised by Computer validation
Run No: 651 Issued 29.03.08 at 12:00

Accredited Medical Labo Reference No: 292

Report authorised by Computer validation
Run No: 644 Issued 28.03.08 at 15:30

Report authorised by Computer validation
Date 26.03.07 Time 16:52

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

09.12.96		141	4.2	108	24	13	3.3	85	5.4	22
.96		141	4.2	108	24	13	3.3	85	5.4	22

FORM 0164110

BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde **A**

Name GOODWIN JACQUELINE | CHI Number 2304736009 | Location Victoria Medical OPD

Unit No. SG99835706 | Lab Number R,08.1274718.V | Consultant Dr.J.R.Boulton-Jones

D.O.B. 23.04.73 Sex F | Received 29.08.08 at 18:41 | Prov. Diagnosis /

Withdrawal		Na	K	Cl	HCO_3	Urea	Creat	eGFR	Glucose	*	CRP	Amylase	Magnesium	Urate
		135–145	3.5–5.0	97–107	23–30	2.5–7.0	40–130				<10	<100	0.70–1.00	0.15–0.35
Date	Time	mmol/L					umol/L	mL/min	mmol/L		mg/L	U/L	mmol/L	
28.03.08	13:00	137	3.6	108	22	3.0	71	>60	5.2	N	2			
29.03.08	09:00	139	3.6	108	20	3.5	80	>60			2			
18.06.08	01:30	140	3.9	107	22	2.4	76	>60	5.5	N	2			
18.06.08	08:00	136	3.8	111	16	2.2	75	>60			2	30		
18.06.08	12:00	138	3.8	108	21	2.3	72	>60						
29.08.08	13:00	141	4.5	106	23	3.4	87	>60			4			

Withdrawal		T.Protein	Albumin	Globulins	Bilirubin	Alk. Phos.	AST	ALT	GGT	CK	Calcium	Adj Ca	Phosphate
		62–82	32–45	23–38	<20	25–110	<40	<40	<40	<170		2.15–2.60	0.70–1.40
Date	Time	g/L			umol/L	U/L					mmol/L		
28.03.08	13:00	62	39	23	4	88	13	11			2.32	2.39	1.01
29.03.08	09:00	55	33	22	6	77	12	10					
18.06.08	01:30	64	39	25	4	91	11	9					
18.06.08	08:00	60	36	24	7	84	14	10					
18.06.08	12:00	58	36	22	8	85	11	9					
29.08.08	13:00	71	44	27	4	116	14	14					

* Fasting: Y = Yes, N = No

CPA Accredited Medical Laboratory Reference No: 2923

Report authorised by Computer validation
Run No: 857 Issued 01.09.08 at 12:30

Accredited Medical Laboratory Reference No: 2923

Report authorised by Computer validation
Run No: 278 Issued 18.06.08 at 09:30

Run No: 282 Issued 18.06.08 at 13:30

Report authorised by Computer validation
Run No: 651 Issued 29.03.08 at 12:00

CPA Accredited Medical Labc Reference No: 292

Report authorised by Computer validation
Run No: 644 Issued 28.03.08 at 15:30

Report authorised by Computer validation
Date 26.03.07 Time 16:52

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

09.12.96		141	4.2	108	24	13	3.3	85	5.4	22	
.96		141	4.2	108	24	13	3.3	85	5.4	22	

FORM 0164110

BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde **A**

Name **GOODWIN JACQUELINE** CHI Number **2304736009** Location **Medical Assessment Unit**

Unit No. **SG99835706** Lab Number R,08.2052653.Q Consultant **Dr.A.Stewart**

D.O.B. **23.04.73** Sex **F** Received 18.06.08 at 08:35 Prov. Diagnosis Chest Pain

Withdrawal		Na	K	Cl	HCO_3	Urea	Creat	eGFR	Glucose	*	CRP	Amylase	Magnesium	Urate
		135–145	3.5–5.0	97–107	23–30	2.5–7.0	40–130				<10	<100	0.70–1.00	0.15–0.35
Date	Time	mmol/L					umol/L	mL/min	mmol/L		mg/L	U/L	mmol/L	
26.02.07	12:00	144	3.7	106	25	3.2	82	>60			0.8			
29.02.08	11:00								5.0	N				
28.03.08	13:00	137	3.6	108	22	3.0	71	>60	5.2	N	2			
29.03.08	09:00	139	3.6	108	20	3.5	80	>60			2			
18.06.08	01:30	140	3.9	107	22	2.4	76	>60	5.5	N	2			
18.06.08	08:00	136	3.8	111	16	2.2	75	>60			2	30		

Withdrawal		T.Protein	Albumin	Globulins	Bilirubin	Alk. Phos.	AST	ALT	GGT	CK	Calcium	Adj Ca	Phosphate
		62–82	32–45	23–38	<20	25–110	<40	<40	<40	<170		2.15–2.60	0.70–1.40
Date	Time	g/L			umol/L	U/L					mmol/L		
26.03.07	12:00		40			84					2.38	2.43	1.10
29.02.08	11:00	66	40	26	5	88	18	20					
28.03.08	13:00	62	39	23	4	88	13	11			2.32	2.39	1.01
29.03.08	09:00	55	33	22	6	77	12	10					
18.06.08	01:30	64	39	25	4	91	11	9					
18.06.08	08:00	60	36	24	7	84	14	10					

* Fasting: Y = Yes; N = No

CPA Accredited Medical Laboratory Reference No: 2923

Report authorised by Computer validation
Run No: 278 Issued 18.06.08 at 09:30

Run No: 282 Issued 18.06.08 at 13:30

Report authorised by Computer validation
Run No: 651 Issued 29.03.08 at 12:00

CPA Accredited Medical Labc Reference No: 292

Report authorised by Computer validation
Run No: 644 Issued 28.03.08 at 15:30

Report authorised by Computer validation
Date 26.03.07 Time 16:52

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

09.12.96		141	4.2	108	24	13	3.3	85	5.4	22	
.96		141	4.2	108	24	13	3.3	85	5.4	22	

FORM 0164110

BIOCHEMISTRY DEPARTMENT

Name **GOODWIN JACQUELINE** | CHI Number **2304736009** | Location **Ward 12A Victoria**

Unit No. **SG99835706** | Lab Number R,08.2052836.Y | Consultant **Dr.A.Stewart**

D.O.B. **23.04.73** Sex **F** | Received 18.06.08 at 12:48 | Prov. Diagnosis Chest Pain

Withdrawal		Na 135–145	K 3.5–5.0	Cl 97–107	HCO_3 23–30	Urea 2.5–7.0	Creat 40–130	eGFR	Glucose	*	CRP <10	Amylase <100	Magnesium 0.70–1.00	Urate 0.15–0.35
Date	Time	mmol/L					umol/L	mL/min	mmol/L		mg/L	U/L	mmol/L	
29.02.08	11:00								5.0	N				
28.03.08	13:00	137	3.6	108	22	3.0	71	>60	5.2	N	2			
29.03.08	09:00	139	3.6	108	20	3.5	80	>60			2			
18.06.08	01:30	140	3.9	107	22	2.4	76	>60	5.5	N	2			
18.06.08	08:00	136	3.8	111	16	2.2	75	>60			2	30		
18.06.08	12:00	138	3.8	108	21	2.3	72	>60						

Withdrawal		T.Protein 62–82	Albumin 32–45	Globulins 23–38	Bilirubin <20	Alk. Phos. 25–110	AST <40	ALT <40	GGT <40	CK <170	Calcium	Adj Ca 2.15–2.60	Phosphate 0.70–1.40
Date	Time	g/L			umol/L	U/L					mmol/L		
29.02.08	11:00	66	40	26	5	88	18	20			2.32	2.39	1.01
28.03.08	13:00	62	39	23	4	88	13	11					
29.03.08	09:00	55	33	22	6	77	12	10					
18.06.08	01:30	64	39	25	4	91	11	9					
18.06.08	08:00	60	36	24	7	84	14	10					
18.06.08	12:00	58	36	22	8	85	11	9					

* Fasting: Y = Yes, N = No

FP

CPA Accredited Medical Laborato Reference No: 2923

Report authorised by Computer validation
Run No: 282 Issued 18.06.08 at 13:30

Report authorised by Computer validation
Run No: 651 Issued 29.03.08 at 12:00

CPA Accredited Medical Labo Reference No: 292

Report authorised by Computer validation
Run No: 644 Issued 28.03.08 at 15:30

Report authorised by Computer validation
Date 26.03.07 Time 16:52

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

09.12.96		141	4.2	108	24	13	3.3	85	5.4	22	

FORM 0164110

.96		141	4.2	108	24	13	3.3	85	5.4	22	

BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681 Greater Glasgow and Clyde **A**

Name GOODWIN JACQUELINE | CHI Number 2304736009 | Location Ward 14 Victoria

Unit No. SG99835706 | Lab Number R,08.2027298.W | Consultant Dr.M.Sarwar

D.O.B. 23.04.73 Sex F | Received 29.03.08 at 10:38 | Prov. Diagnosis Illegible (Clinical details)

Withdrawal		Na 135–145	K 3.5–5.0	Cl 97–107	HCO3 23–30	Urea 2.5–7.0	Creat 40–130	eGFR	Glucose	*	CRP <10	Amylase <100	Magnesium 0.70–1.00	Urate 0.15–0.35
Date	Time	mmol/L					umol/L	mL/min	mmol/L		mg/L	U/L	mmol/L	
08.12.06	15:00	142	4.1	104	25	2.6	66	>60			<3			
29.12.06	19:00	144	4.3	105	30	3.2	65	>60	5.3		<3			
26.02.07	12:00	144	3.7	106	25	3.2	82	>60			0.8			
29.02.08	11:00								5.0	N				
28.03.08	13:00	137	3.6	108	22	3.0	71	>60	5.2	N	2			
29.03.08	09:00	139	3.6	108	20	3.5	80	>60			2			

Withdrawal		T.Protein 62–82	Albumin 32–45	Globulins 23–38	Bilirubin <20	Alk. Phos. 25–110	AST <40	ALT <40	GGT <40	CK <170	Calcium	Adj Ca 2.15–2.60	Phosphat 0.70–1.4
Date	Time	g/L			umol/L	U/L					mmol/L		
29.12.06	19:00	66	40	26	6	81	16	13			2.27	2.32	1.2
26.02.07	12:00	67	40	27	8	74	15	13			2.38	2.43	1.1
26.03.07	12:00		40			84							
29.02.08	11:00	66	40	26	5	88	18	20			2.32	2.39	1.0
28.03.08	13:00	62	39	23	4	88	13	11					
29.03.08	09:00	55	33	22	6	77	12	10					

* Fasting: Y = Yes, N = N

CPA Accredited Medical Labor Reference No: 2923

Report authorised by Computer validation
Run No: 651 Issued 29.03.08 at 12:00

CPA Accredited Medical Labo Reference No: 292

Report authorised by Computer validation
Run No: 644 Issued 28.03.08 at 15:30

Report authorised by Computer validation
Date 26.03.07 Time 16:52

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

09.12.96		141	4.2	108	24	13	3.3	85	5.4	22	
.96		141	4.2	108	24	13	3.3	85	5.4	22	

FORM 0164110

BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde **A**

Name **GOODWIN JACQUELINE** *CHI Number* **2304736009** *Location* **Ward 12A Victoria**

Unit No. **SG99835706** *Lab Number* R,08.2027150.K *Consultant* **NOT KNOWN**

D.O.B. **23.04.73** *Sex* **F** *Received* 28.03.08 *at* 14:09 *Prov. Diagnosis* Not given

Withdrawal		Na 135–145	K 3.5–5.0	Cl 97–107	HCO3 23–30	Urea 2.5–7.0	Creat 40–130	eGFR	Glucose	*	CRP <10	Amylase <100	Magnesium 0.70–1.00	Urate 0.15–0.3
Date	Time	mmol/L					umol/L	mL/min	mmol/L		mg/L	U/L	mmol/L	
08.12.06	15:00	142	4.1	104	25	2.6	66	>60			<3			
29.12.06	19:00	144	4.3	105	30	3.2	65	>60	5.3		<3			
26.02.07	12:00	144	3.7	106	25	3.2	82	>60			0.8			
29.02.08	11:00								5.0	N				
28.03.08	13:00	137	3.6	108	22	3.0	71	>60	5.2	N	2			

Withdrawal		T.Protein 62–82	Albumin 32–45	Globulins 23–38	Bilirubin <20	Alk. Phos. 25–110	AST <40	ALT <40	GGT <40	CK <170	Calcium	Adj Ca 2.15–2.60	Phosph 0.70–1
Date	Time	g/L			umol/L	U/L					mmol/L		
08.12.06	15:00	67	41	26	5	75	15	13			2.25	2.28	1.
29.12.06	19:00	66	40	26	6	81	16	13			2.27	2.32	1.
26.02.07	12:00	67	40	27	8	74	15	13			2.38	2.43	1
26.03.07	12:00		40			84							
29.02.08	11:00	66	40	26	5	88	18	20			2.32	2.39	1
28.03.08	13:00	62	39	23	4	88	13	11					

* Fasting: Y = Yes, N = I

CPA Accredited Medical Labor Reference No: 2923

Report authorised by Computer validation

Run No: 644 Issued 28.03.08 at 15:30

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Report authorised by Computer validation
Date 26.03.07 Time 16:52

09.12.96		141	4.2	108	24	13	3.3	85	5.4	22	

96		141	4.2	108	24	13	3.3	85	5.4	22	

FORM 0164110

BIOCHEMISTRY DEPARTMENT

Name GOODWIN JACQUELINE Sex F D.O.B. 23.04.73 Location Surgical OPD, SGH

CHI Number 2304736009 Consultant Mr.G.Sunderland Hosp. Number SG99835706

Received 26.03.07 15:47 Lab. Number R,07.1061475.Z

Prov. Diagnosis CHRONIC CONSTIPATION

Withdrawal		Na 135-145	K 3.5-5.0	Cl 97-107	HCO_3 23-30	Urea 2.5-7.0	Creat. 40-130	Glucose 3.5 - 6.0 mmol/L Fasting	Amylase <100	Magnesium 0.70-1.00	Urate F: 0.15-0.36 M: 0.21-0.44	Ser. Osm. 275-295	Ur. Osm.
Date	Time	mmol/L					µmol/L		U/L	mmol/L		mmol/kg	
08.12.06	15:00	142	4.1	104	25	2.6	66	5.3					
29.12.06	19:00	144	4.3	105	30	3.2	65						
26.02.07	12:00	144	3.7	106	25	3.2	82						
26.03.07	12:00												

Withdrawal		T.Protein 62-82	Albumin [illegible]	Globulins [illegible]	Bilirubin <20	Alk. Phos. [illegible]	AST <40	ALT <40	γ-GT F<30, M<50	CK F<170, M<210	Calcium	Adj. Ca 2.15-2.60	Phosphate 0.70-1.40
Date	Time	g/L			µmol/L	U/L					mmol/L		
08.12.06	15:00	67	41	26	5	75	15	13			2.25	2.28	1.13
29.12.06	19:00	66	40	26	6	81	16	13			2.27	2.32	1.29
26.02.07	12:00	67	40	27	8	74	15	13			2.38	2.43	1.10
26.03.07	12:00		40			84							

Refer to CKD guidelines

26.03.07
CAP : Revised Albumin Ref Range 32-45g/L and Globulins 23-38g/L.
ALP Age & sex Pef Ranges (Male 25-110 Female 25-110) ***

Report authorised by Computer validation
Issued 26.03.07 at 17:13

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Report authorised by Computer validation
Date 26.03.07 Time 16:52

09.12.96	14:00	141	4.2	108	24	13	3.3	85	5.4	22	
.96		141	4.2	108	24	13	3.3	85	5.4	22	

FORM 0164110

BIOCHEMISTRY DEPARTMENT

Name GOODWIN JACQUELINE Sex F D.O.B. 23.04.73 Hospital SGH Ward SUR1

Address 68 CASTLEMILK DRIVE FLAT 3/1 Consultant Mr.G.Sunderland Reg. Number SG99835706

Received 26.03.07 15:47

Prov. Diagnosis CHRONIC CONSTIPATION Lab. Number R,07.1061475.Z

THYROID FUNCTION

Reference Range		(0.35-5.00)	(9.0-24.0)	(3.5-6.5)	(0.9-2.5)	(<50)	(0-15)
Units		mU/L	pmol/L	IU/L	nmol/L	IU/mL	U/L
Date	Time	TSH	Free T4	Free T3	Total T3	ATPO	TRAB
26.03.07	12:00	2.28	10.1				

COMMENT NOTE: Amended Free T4 Ref Range 9.0 to 24.0 pmol/L from 12/9/06.
Result(s) indicates patient euthyroid

Report authorised by Computer validation

Reference ranges may vary with age and sex. Quoted ranges are for guidance only. Date 26.03.07 Time 16:52

09.12.96		141	4.2	108	24	13	3.3	85	5.4	22	

.96		141	4.2	108	24	13	3.3	85	5.4	22	

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FORM 0164110

VICTORIA INFIRMARY NHS TRUST

BIOCHEMISTRY DEPARTMENT

A

Name	Sex	Date of Birth	Regn. No.	Dr/Mr (Consultant)
GOODWIN JACQUELINE	F.	23.04.73	835706	MR KB. FAR30

Hospital	Unit	Laboratory No.	Date Received	Time	
VIC	ORT	140779.B	23.12.96	1551	Back pain

PLASMA ELECTROLYTES, UREA, GLUCOSE AND CRP

('Gap' is the sum of plasma Na+ and K+ less Cl- and HCO_3. An increased Gap reflects the presence of an excess of undetermined anions).

Fasting plasma glucose above 7.7 mmol/L defines diabetes mellitus.

Biochemist

Date	Time	Na	K	Cl	HCO_3	Gap	Urea	Creat	Glucose	CRP
UNITS		mmol/L						µ mol/L	mmol/L	mg/L
REFERENCE RANGE		135 - 145	3.5 - 5.0	96 - 105	24 - 29	12 - 22	2.5 - 6.5	55 - 120	3.5 - 8.3 (Fasting)	<10
09.12.96		141	4.2	108	24	13	3.3	85	5.4	22
23.12.96	14:00	138	4.6	106	27	10	3.6	82	5.7	<3
		141	4.2	108	24	13	3.3	85	5.4	22
96		141	4.2	108	24	13	3.3	85	5.4	22

A. Regret analysis unsatisfactory.

B. Specimen damaged in laboratory accident.

F. Fasting specimen.

H. Haemolysed.

I. Insufficient specimen.

L. Lipaemic.

N. No specimen received.

T. Turbid.

U. Unsuitable for analysis.

V. Very old specimen (received > 24 hours after withdrawal).

X. Xanthochromic.

W. Wrong container.

Z. Full analysis not performed for any other reason.

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

VICTORIA INFIRMARY NHS TRUST

BIOCHEMISTRY DEPARTMENT

A

Name	Sex	Date of Birth	Regn. No.	Dr/Mr (Consultant)
OODWIN JACQUELINE	F	23.04.73	835706	MR KB.FARJO

Hospital	Unit	Laboratory No.	Date Received	Time	
IC	ORT	134889.S	09.12.96	1157	Back pain

PLASMA ELECTROLYTES, UREA, GLUCOSE AND CRP

('Gap' is the sum of plasma Na^+ and K^+ less Cl^- and HCO_3^-. An increased Gap reflects the presence of an excess of undetermined anions).

Fasting plasma glucose above 7.7 mmol/L defines diabetes mellitus.

ABale

Biochemist

REFERENCE RANGE		135 - 145	3.5 - 5.0	96 - 105	24 - 29	12 - 22	2.5 - 6.5	55 - 120	3.5 - 6.3 (Fasting)	<10	
UNITS		mmol/L						µ mol/L	mmol/L	mg/L	
Date	Time	Na	K	Cl	HCO_3	Gap	Urea	Creat	Glucose	CRP	
96		141	4.2	108	24	13	3.3	85	5.4	22	

FORM: 0184110

BIOCHEMISTRY DEPARTMENT

B

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REMOVE THIS STRIP & AFFIX REPORT	TOP EDGE TO LINE ABOVE	4)
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VICTORIA INFIRMARY NHS TRUST

BIOCHEMISTRY DEPARTMENT

B

Name	Sex	Date of Birth	Regn. No.	Dr/Mr (Consultant)
GOODWIN JACQUELINE	F	23.04.73	835706	MR KB.FARJO

Hospital Unit	Laboratory No.	Date Received	Time	
VIC ORT	140779.B	23.12.96	1551	Back pain

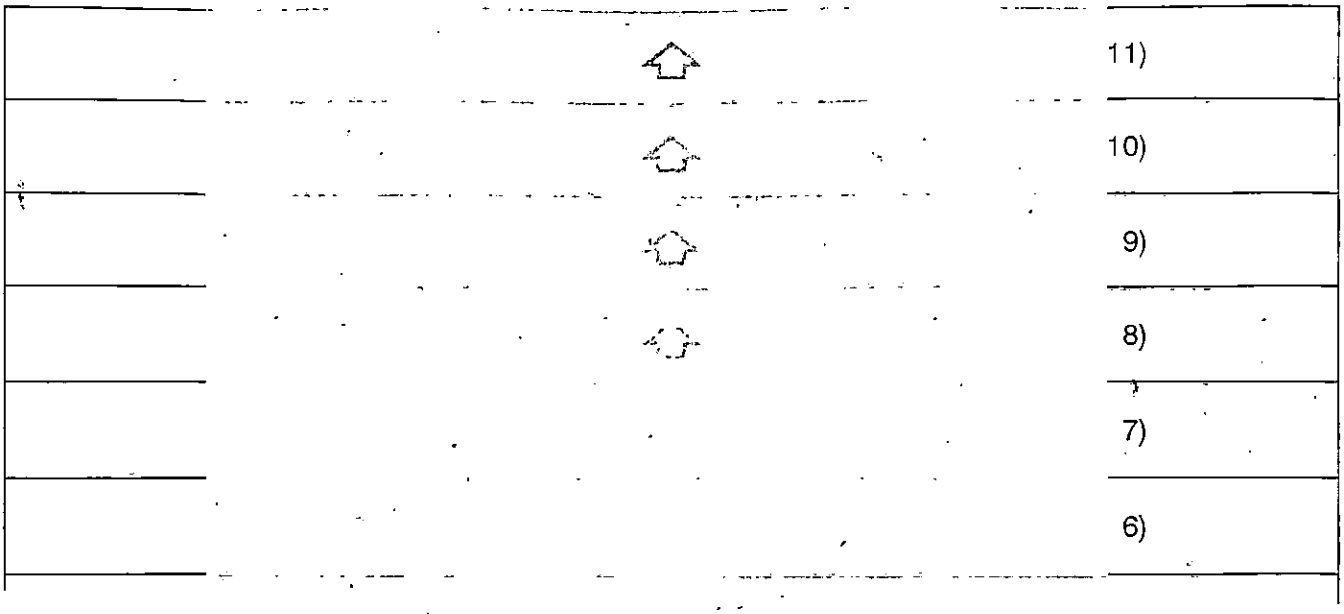
REFERENCE RANGE		<37	<40	<150	F<30M<45	60-260		F<17M<21	62-82	38-53		2.20-2.60	0.80-1.50	<200
UNITS		U/L at 37°C						µ mol/L	g/L		mmol/L			U/L(37°)
Date	Time	AST	ALT	CK	ɣ-GT	Alk Phos		Bilirubin	T.Protein	Albumin	Calcium	Adj Ca	Phosphate	Amylase
23.12.96	14:00	10	8		15	233		6	70	43	2.29	2.37	1.13	

REFERENCE RANGE		55-120	URINE TESTS							0.09-0.74	78-90	0.8-1.4	NEGATIVE		
UNITS		µ mol/L	mL	min	mmol/L			mmol/24h	mL/min			mmol/L GF			
Date	Time	Creat	Volume	Time	Calcium	Phosphate	Creat	24h Creat	Creat Cl	Ca/Creat	% TRP	Tm PO_4	Bil	Uro	Alb

Biochemist

BIOCHEMISTRY DEPARTMENT

C



BIOCHEMISTRY DEPARTMENT SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde C

Name	**GOODWIN JACQUELINE**	*CHI Number*	**2304736009**	*Location*	**Medical Assessment Unit**
Unit No.	**SG99835706**	*Lab Number*	R,08.2052653.Q	*Consultant*	**Dr.A.Stewart**
D.O.B.	**23.04.73** *Sex* **F**	*Received*	18.06.08 *at* 08:35	*Prov. Diagnosis*	Chest Pain

TROPONIN I

Ref Range / *Units*		*(<0.04)* *ug/L*					
Date	*Time*	**TnI**					
18.06.08	08:00	<0.04					

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

E.P

Accredited Medical Laboratory
Reference No: 2923

Report authorised by Computer validation
Run No: 31 Issued 18.06.08 at 10:00

Run No: 31 Issued 18.06.08 at 10:00

Report authorised by Computer validation
Run No: 436 Issued 28.03.08 at 15:00

Accredited Medical La
Reference No: 2

FORM 0164134

BIOCHEMISTRY DEPARTMENT

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BIOCHEMISTRY DEPARTMENT SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde C

Name	GOODWIN JACQUELINE	CHI Number	2304736009	Location	Medical Assessment Unit
Unit No.	SG99835706	Lab Number	R,08.2052653.Q	Consultant	Dr.A.Stewart
D.O.B.	23.04.73 Sex F	Received	18.06.08 at 08:35	Prov. Diagnosis	Chest Pain

LIPID PROFILE

Ref Range / Units		mmol/L	mmol/L	mmol/L	mmol/L	mmol/L	
Date	Time	Chol	Trig	HDL-Chol	LDL-Chol	VLDL-Chol	Chol/HDL
18.06.08	08:00	4.2	1.55				

EP

CPA Accredited Medical Laborato
Reference No: 2923

Report authorised by Computer validation
Run No: 31 Issued 18.06.08 at 10:00

Report authorised by Computer validation
Run No: 436 Issued 28.03.08 at 15:00

Accredited Medical Labo
Reference No: 292

FORM 0164134

KALAMAZOO G-10247297-12x8¼ c

BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681

NHS Greater Glasgow and Clyde

Name	**GOODWIN JACQUELINE**	*CHI Number*	**2304736009**	*Location*	**Ward 12A Victoria**
Unit No.	**SG99835706**	*Lab Number*	R,08.2027150.K	*Consultant*	**NOT KNOWN**
D.O.B.	**23.04.73** *Sex* **F**	*Received*	28.03.08 *at* 14:09	*Prov. Diagnosis*	Not given

THYROID FUNCTION

Ref Range / *Units*		*(0.35–5.00) mU/L*	*(9.0–21.0) pmol/L*	*(3.5–6.5) IU/L*	*(0.9–2.5) nmol/L*	*(0–6) IU/L*	*(0–* *U/*
Date	*Time*	**TSH**	**Free T4**	**Free T3**	**Total T3**	**ATPO**	**TR/**
26.03.07	12:00	2.28	10.1				
29.02.08	11:00	2.02	11.8				
28.03.08	13:00	1.61	11.9				

THY: NOTE: Amended Free T4 Ref Range 9.0 to 21.0 pmol/L from 01/11/07.
Result(s) indicates patient euthyroid

Report authorised by Computer validation
Run No: 436 Issued 28.03.08 at 15:00

CPA Accredited Medical La
Reference No: 2

FORM 0164134

KALAMAZOO G-10247297-12x8¼ c

MOUNT SHEET

11)

10)

9)

The Victoria Infirmary Department of Haematology

Surname	Forenames	Sex	Hosp. No.	D.O.B.
GOODWIN	JACQUELINE	F	SG99835706	23.04.73

Location	Consultant/G.P.	Lab. No.
Ward 9 Victoria Inf.	UNKNOWN	H,10.4014346

Report

Date of Report	Analyser Diff.	Neutro	Lymph	Mono	Eos	Baso	ESR mm/hr	Retic %	Authorised By
23.01.10	x10⁹/l	4.1	2.9	0.7	0.1	0.0			

Date of Sample	W.B.C. x10⁹/l	Plat. x10⁹/l	R.B.C. x10¹²/l	Hb g/l	Hct	M.C.V. fl	M.C.H. pg	R.D.W.
23.01.10	7.9	228	4.79	150	0.451	94.2	31.3	12.9
30.08.08	9.6	254	4.94	143	0.454	91.9	28.9	13.7
18.06.08	10.3	238	4.61	136	0.428	92.8	29.5	13.6
29.03.08	7.2	203	4.19	124	0.381	90.9	29.6	13.3
28.03.08	9.0	228	4.44	131	0.402	90.5	29.5	13.2
23-Dec-96	9.7	229.0	4.47	13.4	0.394	88.0	30.0	13.9

FURTHER TO THE RIGHT THAN THIS LINE

GY

l Adult Values	
Males	Females
0 - 5	0 - 7
.0 - 11.0	4.0 - 11.0
4.5 - 6.5	3.8 - 5.8
35 - 175	115 - 165
0.4 - 0.54	0.37 - 0.47
76 - 99	76 - 99
27 - 32	27 - 32
1.6 - 14.6	11.6 - 14.6
0.5 - 2	0.5 - 2
0.05 - 0.1	0.05 - 0.1
150 - 400	150 - 400
3.9 - 5.9	3.9 - 5.9
NOS x10⁹/l	%
2.5 - 7.5	40 - 75
1.5 - 3.5	20 - 50
0.2 - 0.8	0 - 10
0 - 0.6	0 - 6
.0 - 0.1	0 - 1

FURTHER TO THE RIGHT THAN THIS LINE

8)

The Victoria Infirmary Department of Haematology

Surname	Forenames	Sex	Hosp.No.	D.O.B.
GOODWIN	JACQUELINE	F	SG99835706	23.04.73

Location	Consultant/G.P.	Lab. No.
MOPD Victoria Inf.	DR R.BOULTON-JONES	H.08.4149519

Report

Date of Report	Analyser Diff.	Neutro	Lymph	Mono	Eos	Baso	ESR mm/hr	Retic %	Authorised By
30.08.08	x10⁹/l	5.5	3.4	0.6	0.1	0.0	2		

Date of Sample	W.B.C. x10⁹/l	Plat. x10⁹/l	R.B.C. x10¹²/l	Hb g/l	Hct	M.C.V. fl	M.C.H. pg	R.D.W.
30.08.08	9.6	254	4.94	143	0.454	91.9	28.9	13.7
18.06.08	10.3	238	4.61	136	0.428	92.8	29.5	13.6
29.03.08	7.2	203	4.19	124	0.381	90.9	29.6	13.3

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DATE OF R

DA 24-DE

9-

DATE SAMP	Date of Sample	W.B.C. x10⁹/l	Plat. x10⁹/l	R.B.C. x10¹²/l	Hb g/l		fl	pg	
	28.03.08	9.0	228	4.44	131	0.402	90.5	29.5	13.2

23-Dec-96	9.7	229.0	4.47	13.4	0.394	88.0	30.0	13.9

Test	Normal Adult Values Males
ESR mm/hr	0 - 5
WBC x10⁹/l	4.0 - 11.0
RBC x10¹²/l	4.5 - 6.5
Hb g/l	135 - 175
HCT (PCV)	0.4 - 0.54
MCV fl	76 - 99
MCH pg	27 - 32
RDW	11.6 - 14.6
Reticulocytes %	0.5 - 2
Reticulocytes x10¹²/l	0.05 - 0.1
Platelets x10⁹/l	150 - 400
Hb A1c %	3.9 - 5.9
Differential WBC	**ABS NOS x10⁹/l**
Neutrophils	2.5 - 7.5
Lymphocytes	1.5 - 3.5
Monocytes	0.2 - 0.8
Eosinophils	0 - 0.6
Basophils	0 - 0.1

FURTHER TO THE RIGHT THAN THIS LINE

The Victoria Infirmary Department of Haematology

Surname	Forenames	Sex	Hosp.No.	D.O.B.
GOODWIN	JACQUELINE	F	SG998357096	23.04.73

Location	Consultant/G.P.	Lab. No.
Medical Assessment Unit	STEWART	H,08.4105141

Report

FBP

Date of Report	Analyser Diff.	Neutro	Lymph	Mono	Eos	Baso	ESR mm/hr	Retic %	Authorised By
18.06.08	x10⁹/l	5.1	4.3	0.8	0.1	0.0			

Date of Sample	W.B.C. x10⁹/l	Plat. x10⁹/l	R.B.C. x10¹²/l	Hb g/l	Hct	M.C.V. fl	M.C.H. pg	R.D.W.
18.06.08	10.3	238	4.61	136	0.428	92.8	29.5	13.6
29.03.08	7.2	203	4.19	124	0.381	90.9	29.6	13.3

DATE OF F

Date of Sample	W.B.C. x10⁹/l	Plat. x10⁹/l	R.B.C. x10¹²/l	Hb g/l	Hct	M.C.V. fl	M.C.H. pg	R.D.W.
28.03.08	9.0	228	4.44	131	0.402	90.5	29.5	13.2
23-Dec-96	9.7	229.0	4.47	13.4	0.394	88.0	30.0	13.9

Normal Adult Values	Males	Females
Test		
/hr	0 - 5	0 - 7
0^9/l	4.0 - 11.0	4.0 - 11.0
0^12/l	4.5 - 6.5	3.8 - 5.8
	135 - 175	115 - 165
V)	0.4 - 0.54	0.37 - 0.47
	76 - 99	76 - 99
	27 - 32	27 - 32
	11.6 - 14.6	11.6 - 14.6
ocytes %	0.5 - 2	0.5 - 2
ocytes x10^12/l	0.05 - 0.1	0.05 - 0.1
s x10^9/l	150 - 400	150 - 400
312 ng/l	189 - 883	189 - 883
Folate µg/L	2.7 - 34.0	2.7 - 34.0
ell Folate µg/L	150 - 600	150 - 600
%	3.9 - 5.9	3.9 - 5.9
ntial WBC	ABS NOS x10^9/l	%
phils	2.5 - 7.5	40 - 75
ocytes	1.5 - 3.5	20 - 50
ytes	0.2 - 0.8	0 - 10
phils	0 - 0.6	0 - 6
hils	0 - 0.1	0 - 1

FURTHER TO THE RIGHT

The Victoria Infirmary Department of Haematology

Surname	Forenames	Sex	Hosp.No.	D.O.B.
GOODWIN	JACQUELINE	F	SG99835706	23.04.73
Location	**Consultant/G.P.**		**Lab. No.**	
Ward 14 Victoria Inf.	DR.L. WRIGHT		H,08.4054597	

Report
FILM NOT EXAMINED

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L REP FB
R

Date of Report	Analyser Diff.	Neutro	Lymph	Mono	Eos	Baso	ESR mm/hr	Retic %	Authorised By
30.03.08	x10^9/l	3.9	2.5	0.7	0.1	0.0	6		Frances Daniels

Date of Sample	W.B.C. x10^9/l	Plat. x10^9/l	R.B.C. x10^12/l	Hb g/l	Hct	M.C.V. fl	M.C.H. pg	R.D.W.
29.03.08	7.2	203	4.19	124	0.381	90.9	29.6	13.3

DATE OF
DA 24-DE
9- DATE SAMP

Date of Sample	W.B.C. x10^9/l	Plat. x10^9/l	R.B.C. x10^12/l	Hb g/l		fl	pg	V.
28.03.08	9.0	228	4.44	131	0.402	90.5	29.5	13.2
23-Dec-96	9.7	229.0	4.47	13.4	0.394	88.0	30.0	13.9

Normal Adult Values	Males	Females
Test		
l	0 - 5	0 - 7
l	4.0 - 11.0	4.0 - 11.0
l	4.5 - 6.5	3.8 - 5.8
	135 - 175	115 - 165
	0.4 - 0.54	0.37 - 0.47
	76 - 99	76 - 99
	27 - 32	27 - 32
	11.6 - 14.6	11.6 - 14.6
tes %	0.5 - 2	0.5 - 2
tes x10¹²/l	0.05 - 0.1	0.05 - 0.1
0⁹/l	150 - 400	150 - 400
ng/l	189 - 883	189 - 883
te µg/L	2.7 - 34.0	2.7 - 34.0
plate µg/L	150 - 600	150 - 600
WBC	3.9 - 5.9	3.9 - 5.9
ABS NOS x10⁹/l		%
s	2.5 - 7.5	40 - 75
tes	1.5 - 3.5	20 - 50
s	0.2 - 0.8	0 - 10
	0 - 0.6	0 - 6
	0 - 0.1	0 - 1

0⁹/l

Values

The Victoria Infirmary Department of Haematology

Surname	Forenames	Sex	Hosp.No.	D.O.B.
GOODWIN	JACQUELINE	F	SG99835706	23.0[illegible].73

Location	Consultant/G.P.	Lab. No.
Ward 12A Victoria Inf.	DR.L. WRIGHT	H,08.4054155

Report

FILM NOT EXAMINED

Date of Report	Analyser Diff.	Neutro	Lymph	Mono	Eos	Baso	ESR mm/hr	Retic %	Authorised By
28.03.08	x10⁹/l	5.3	2.8	0.7	0.1	0.0			Alex McLauchlan

Date of Sample	W.B.C. x10⁹/l	Plat. x10⁹/l	R.B.C. x10¹²/l	Hb g/l	Hct	M.C.V. fl	M.C.H. pg	R.D.W.
28.03.08	9.0	228	4.44	131	0.402	90.5	29.5	13.2
23-Dec-96	9.7	229.0	4.47	13.4	0.394	88.0	30.0	13.9

Normal Adult Values	Males	Females
Test		
ESR mm/hr	0 - 5	0 - 7
WBC x10⁹/l	4.0 - 11.0	4.0 - 11.0
RBC x10¹²/l	4.5 - 6.5	3.8 - 5.8
Hb g/l	135 - 175	115 - 165
HCT (PCV)	0.4 - 0.54	0.37 - 0.47
MCV fl	76 - 99	76 - 99
MCH pg	27 - 32	27 - 32
RDW	11.6 - 14.6	11.6 - 14.6
Reticulocytes %	0.5 - 2	0.5 - 2
Reticulocytes x10¹²/l	0.05 - 0.1	0.05 - 0.1
Platelets x10⁹/l	150 - 400	150 - 400
Hb A1c %	3.9 - 5.9	3.9 - 5.9
Differential WBC	ABS NOS x10⁹/l	%
Neutrophils	2.5 - 7.5	40 - 75
Lymphocytes	1.5 - 3.5	20 - 50
Monocytes	0.2 - 0.8	0 - 10
Eosinophils	0 - 0.6	0 - 6
Basophils	0 - 0.1	0 - 1

THE VICTORIA INFIRMARY NHS TRUST DEPARTMENT OF HAEMATOLOGY

SURNAME	FORENAMES	SEX	HOSP. No.	D.O.B.
GOODWIN	JACQUELINE	F	835706	23.04.73

LOCATION	CONSULTANT/G.P.	LAB. No.
Orthopaedic Victoria Inf.	MR KB.FARJO	61223.0391

REPORT
FB REPORT

FILM NOT EXAMINED

DATE OF REPORT	Analyser Diff.	NEUTRO	LYMPH	MONO	EOS	BASO	ESR mm/hr	RETIC %	AUTHORISED BY
24-DEC-96	x10⁹/l	6.0	2.9	0.7	0.1	0.0	1		Eileen Graham

DATE OF SAMPLE	W.B.C. x10⁹/l	PLAT. x10⁹/l	R.B.C. x10¹²/l	Hb g/dl	Hct	M.C.V. fl	M.C.H. pg	R.D.W.
23-Dec-96	9.7	229.0	4.47	13.4	0.394	88.0	30.0	13.9
9-Dec-96	8.1	202.0	4.34	12.4	0.379	87.4		

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NORMAL ADULT VALUES

TEST	MALES	FEMALES
ESR mm/hr	0 - 5	0 - 7
WBC x10⁹/l	4.0 - 11.0	4.0 - 11.0
RBC x10¹²/l	4.5 - 6.5	3.8 - 5.8
Hb g/dl	13.5 - 17.5	11.5 - 16.5
HCT (PCV)	0.4 - 0.54	.37 - .47
MCV fl	76 - 99	76 - 99
MCH pg	27 - 32	27 - 32
RDW	11.6 - 14.6	11.6 - 14.6
RETICULOCYTES %	0.5 - 2	0.5 - 2
PLATELETS x10⁹/l	150 - 400	150 - 400
SERUM B12 ng/l	160 - 970	160 - 970
SERUM FOLATE µg/l	2.0 - 16.9	2.0 - 16.9
RED CELL FOLATE µg/l	120 - 860	120 - 860
Hb A1c %	3.4 - 5.2	3.4 - 5.2
DIFFERENTIAL WBC	ABS NOS x10⁹/l	%
NEUTROPHILS	2.5 - 7.5	40 - 75
LYMPHOCYTES	1.5 - 3.5	20 - 50
MONOCYTES	0.2 - 0.8	0 - 10
EOSINOPHILS	0 - 0.6	0 - 6
BASOPHILS	0 - 0.1	0 - 1

THE VICTORIA INFIRMARY (NHS) TRUST DEPARTMENT OF HAEMATOLOGY

SURNAME: GOODWIN
FORENAMES: JACQUELINE
SEX: F
HOSP. No.: 835706
D.O.B.: 23.04.73
LOCATION: Orthopaedic Victoria Inf.
CONSULTANT/G.P.: MR KB.FARJO
LAB. No.: 61209.0226
REPORT: FBC REPORT
FILM NOT EXAMINED

DATE OF REPORT	Analyser Diff.	NEUTRO	LYMPH	MONO	EOS	BASO	ESR mm/hr	RETIC %	AUTHORISED BY
9-DEC-96	x10⁹/l	4.4	3.0	0.6	0.1	0.0	10		William McNab
DATE OF SAMPLE	W.B.C. x10⁹/l	PLAT. x10⁹/l	R.B.C. x10¹²/l	Hb g/dl	Hct	M.C.V. fl	M.C.H. pg	R.D.W.	

8)

7)

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5)

4)

3)

2)

PATHOLOGY DEPARTMENT THE VICTORIA INFIRMARY

NAME	LAB NO.
GOODWIN Jacqueline	P,01.0008255

UNIT NO.	DOB / AGE	CONSULTANT / GP
835706	23.04.73	Dr D.Bilsland

ADDRESS	LOCATION
18 Hoddam Avenue Glasgow G45 0HA	Dermatology VIG

SPECIMEN
SKIN BIOPSY Left Breast

Macro: Light brown warty nodule 5 x 4 x 3mm.

Microscopy: Microscopy shows a simple COMPOUND NAEVUS.
Excision appears complete.

Reported: 26.11.01 RMO

22.11.01 27.11.01 Dr R.Morton

RECEIVED	TYPED	REPORTED BY	SUPERVISED BY

FORM 0164183

2x8¼ c

X-RAY

MOUNT SHEET

11)
10)
9)
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URTHER TO THE RIGHT THAN THIS LINE

NHS Greater Glasgow and Clyde

Southern General Hospital

Diagnostic Imaging Report

GOODWIN, Jacqueline **23/04/1973**

3/1 68 Castlemilk Drive, Lanarkshire, G45 9TW

CHI: 2304736009

Source: **SGH OP GENERAL SURGE**

Ref: **MR G SUNDERLAND (GENERAL SURGE** **Age: 34yr Sex: F** **GENERAL SURGERY**

Hosp: ~~835706~~ 99835706

CRIS: 173134

Event: E-2721858

ENEMA, BARIUM

Reported by: Dr A RAMSAY (Cons). Verified

Clinical History : Altered bowel habit. PR blood and mucus.

ENEMA, BARIUM :

The colon was outlined in full from rectum to caecum. Reasonable bowel preparation, although with some fine particular matter in the caecum and ascending colon but did not significantly detract from the quality of the examination, with good mucosal detail.

Slightly convoluted colon, particularly sigmoid and transverse colon, but with no other significant large bowel abnormality. In particular, no evidence of colonic neoplasm. Normal terminal ileum visualised.

Examination performed by Caroline Handley, superintendent

NHS Greater Glasgow & Clyde SGH 401 Cat 5290802

Exam:	19/04/2007	MR G SUNDERLAND (GEN (GENERAL SURGERY
Reported:	25/04/2007	SGH OP GENERAL SURGERY
Typed:	30/04/2007	BOYCA

08964

*DR JF CALDER/CJ

29/05/97 - MRI

/09/96 - LUMBAR SPINE

29/04/96 - R/OS CALCIS

6)

FURTHER TO

NHS Greater Glasgow and Clyde

Southern General Hospital

Diagnostic Imaging Repo

GOODWIN, Jacqueline **23/04/1973**

3/1 68 Castlemilk Drive, Lanarkshire, G45 9TW

CHI: 2304736009

Source: SGH OP GENERAL SURGE

Ref: MR G SUNDERLAND (GENERAL SURGE

Age: 34yr Sex: F

GENERAL SURGERY

Hosp: 835706

CRIS: 173134

Event: E-2721858

ENEMA, BARIUM

radiographer.

NHS Greater Glasgow & Clyde
SGH 401 Cat S290802

Exam:	19/04/2007	MR G SUNDERLAND (GEN (GENERAL SURGERY
Reported:	25/04/2007	SGH OP GENERAL SURGERY
Typed:	30/04/2007	BOYCA

08964

*DR JF CALDER/CJ 29/05/97

29/05/97 - MRI

/09/96 - LUMBAR SPINE

29/04/96 - R/OS CALCIS

VICTORIA INFIRMARY NHS TRUST
RADIOLOGY DEPARTMENT

97033635 23/05/97 XR

GOODWIN Jacqueline 24Y F T, HEMG

058780

58 ARDENAIG RD, CASTLEMILK, GLASGOW, G45

MRI
LUMBAR SPINE

Back Pai

SAGITTALSCANS

There is no loss of disc height and there is no loss of water signal from the lumbar discs.

AXIAL SCANS

L3/4 - No abnormality detected.

L4/5 - No abnormality detected.

L5/S1 - No abnormality detected.

*DR JF CALDER/CJ 29/05/97

29/05/97 - MRI

/09/96 - LUMBAR SPINE

29/04/96 - R/OS CALCIS

96058780 X 24/09/96 XR 0000734

GOODWIN, Jacqueline 23Y F BJ, ROEMMELE GP

58 ARDENCRAIG RD, CASTLEMILK, GLASGOW, G45

LUMBAR SPINE

There is a transitional vertebra. No other abnormality has been demonstrated.

*DR MA MILLAR/MB 25/09/96

25/09/96 - LUMBAR SPINE

29/04/96 - R/OS CALCIS

96025709 W 26/04/96 XR 0000734

CRAIG, Jacqueline 23Y F DGA, WILLOX GP

58 ARDENCRAIG RD, CASTLEMILK, GLASGOW, G45

RIGHT OS CALCIS

This patient infact arrived at the department in a wheelchair, so obviously weightbearing was a problem. We did not however see any abnormality on any of the bone films and in particular the os calcis is normal.

*DR MA MILLAR/MF 29/04/96

29/04/96 - R/OS CALCIS

THE VICTORIA INFIRMARY
PATIENT PROFILE

ADDRESSOGRAPH LABEL

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

WARD: 9

RELIGION: NONE

DATE OF BIRTH: 24/4/73 AGE: 36

OCCUPATION: UNEMPLOYED

CONSULTANT: MISS OCEAN

LIKES TO BE CALLED: JACKIE

ADMISSION INFORMATION:

DATE: 22/1/10. TIME: 1645.

NEXT OF KIN (NAME and RELATIONSHIP):
EVELYNN CRAIG
MOTHER.

ADDRESS:
16 WAITHBURN RD. Castlemilk.

TELEPHONE No. HOME: 0141 5838594
WORK:

WISHES TO BE CONTACTED OVERNIGHT IF NECESSARY: (YES) NO

OTHER RELEVANT CONTACT:

G.P. (NAME and HEALTH CENTRE):
DR. WILLCX
44 Croftfoot Rd.

OBSERVATIONS on ADMISSION

APPEARANCE ON ADMISSION:

TEMP: 35.3 PULSE: 92 RESP: 17

BP: 120/79

WEIGHT: 77.5. LMP: 14/

URINALYSIS: -ve HCG -ve PARITY: 1

KNOWN ALLERGIES:
KNONE AWARE OF.

PATIENT'S OWN DRUGS

motilium 10mg x 3 a day.
Amitriptyline 10mg 1 @ night
LOFEPRAMINE 70mg x 3 day
Seroquel 150mg x 4 AT NIGHT
esomeprazole 40mg x 2 A day

HOW DISPOSED OF:

TRANSFER INFORMATION

DATE:

REASON:

TYPE OF ADMISSION: Emergency

REASON for ADMISSION:
ABDO PAIN

CURRENT DIAGNOSIS:
?Muscular Strain.

INVESTIGATION/OPERATION:
E+D
CHASE BLOODS
REVIEW IN MORNING.

KNOWN/RELEVANT PAST MEDICAL HISTORY

OTHER RELEVANT INFORMATION

VIC 706
FORM 0250441

SUPPORT PRIOR TO ADMISSION

RELATIVES/VISITORS

HOME HELP

DISTRICT NURSE — NONE

MEALS ON WHEELS

DAY HOSPITAL

CLUBS

OTHER

SOCIAL CIRCUMSTANCES

SMOKER
1 DAUGHTER.
LIVES WITH DAUGHTER.

PATIENT'S PERCEPTIONS

AWARE.

RELATIVES PERCEPTIONS

PATIENT SPOKEN TO BY: SISTER

DOCTOR

RELATIVES SPOKEN TO BY: SISTER

DOCTOR

RELATIVES SPOKEN TO BY: CONSULTANT

(Please give names and dates)

VALUABLES

CLOTHING LISTED:

MONEY: £100

JEWELLERY LISTED: ✓

ELECTRIC RAZOR: ✓

OTHER (SPECIFY):

VALUABLES TO HOSPITAL SAFE: NONE.

RECEIPT No.:

DENTURES: (UPPER) LOWER

HEARING AID: RIGHT EAR / LEFT EAR — NONE.

WEARS SPECTACLES: No. OF PAIRS: 1

ANY PROSTHESIS: NONE.

LEFT OR RIGHT HANDED: RIGHT.

PERSONAL LAUNDRY

TO BE TAKEN HOME: ✓

WASHED BY HOSPITAL:

MARKING PROCEDURE EXPLAINED:

DAY CLOTHES REQUESTED:

ANY NEW INFORMATION FOLLOWING TRANSFER

INFORMATION GAINED FROM:
PATIENT

INFORMATION GAINED BY (Name and Grade)
LCURRIE STUDENT.

THE VICTORIA INFIRMARY
NURSING NOTES

SU
F

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW
G45 9TW CHI 2304736009
23/04/1973

AL No.

WARD 9.

NURSING NOTES

Date	NURSING NOTES	Signature	Grad
22/1/10	patient admitted under miss Dorrance. with abdo pain. Observations on admission bp: 120/79, resp 17 02-100, pulse-92, Temp: 35.3. Sews score: 1. Patient allowed diet and fluid. Reviewed in morning. awaiting ward specimen.	LCume	STN
23/1/10	Settled slept ~~for~~ spells. Independently mobile Diet and fluids allowed WSAU and HCG -ve A+E card still missing.		
23/1/10 Am	Independant. S care. S/B ms Dorrance, Plan, home today no discharge medications required Discharged from care of ward 9.	JCreese JCreese	

FORM 0164238 VIC 667

Action Plan

Date	Preventative action to be taken (e.g. turning time; position; support surface/cushion; other)	Signature

Further action

	Date	Signature
Referred to dietitian		
Referred to TVNS		
'Wound and Pressure Area Care Assessment Chart' commenced		

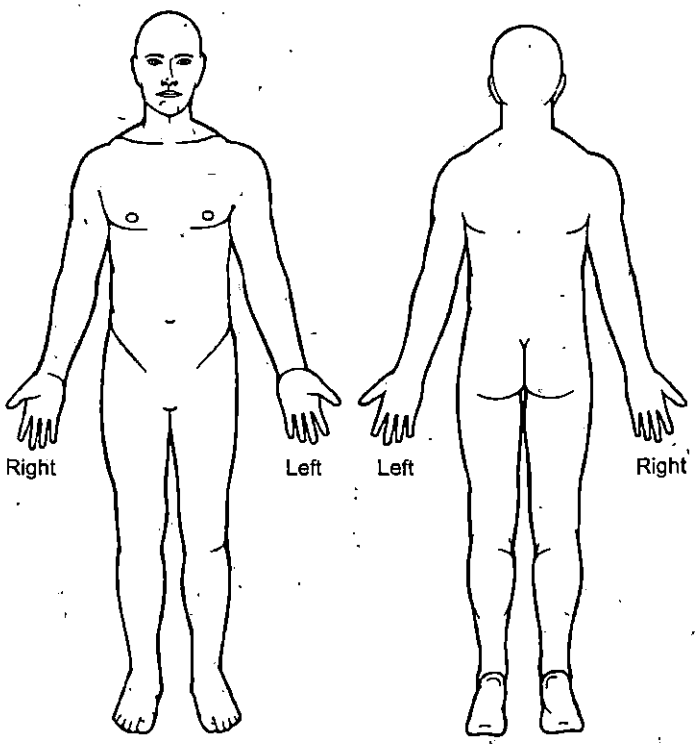
GRADE OF ULCER (Torrance)

GRADE	*DEFINITION*
1.	Blanching hyperaemia.
2.	Non-blanching hyperaemia.
3.	Ulceration progresses through to dermis.
4.	Lesion extends through to subcutaneous fat.
5.	Infective necrosis / necrotic tissue.

RECORDING THE GRADE OF ULCER

On admission, **number site of ulcer** on the diagram opposite and **enter the ulcer number and the grade** in the action plan.

Assessment should be carried out on all patients within 2 - 4 hours of admission and repeated 24 - 48 hours afterwards. Repeat assessment as condition changes or at weekly intervals.



SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

GLASGOW HOSPITALS
AND HANDLING RISK ASSESSMENT

NHS Greater Glasgow and Clyde

GOODWIN

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

BODY BUILD

Obese		Tall	
Above average		Medium	
Average		Short	
Below Average		Weight:	

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

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

RISK OF FALLS High | Low

INTO BATH OR SHOWER

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

ASSISTANCE | SUPERVISION | INDEPENDENT

Staff required:

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

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

ASSISTANCE | SUPERVISION | INDEPENDENT

Additional information

TOILETING

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

ASSISTANCE | SUPERVISION | INDEPENDENT

Additional information

WALKING

NO WALKING	ASSISTANCE	SUPERVISION / INDEPENDENT
Staff required:		Distance walked / additional information
Walking Aid		

MOVE UP/DOWN BED

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

ASSISTANCE | SUPERVISION | INDEPENDENT

Additional information (include details of any therapy beds used)

Staff required:

SIT UP OVER SIDE OF BED

Rope ladder | Sliding aid | ASSISTANCE | SUPERVISION | INDEPENDENT

MOVE ON/OFF BED PAN

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

TRANSFER TO/FROM TROLLEY (or bed etc)

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

Date assessed: 22/1/10 Assessors signature:

Date reviewed									
Assessors signature									

THERAPEUTIC HANDLING INSTRUCTIONS

Date	Instruction	Therapist's Name

INTO BATH OR SHOWER

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

ASSISTANCE		SUPERVISION		INDEPENDENT	
Staff required:					

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

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

ASSISTANCE		SUPERVISION		INDEPENDENT	
Additional information					

TOILETING

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

ASSISTANCE		SUPERVISION		INDEPENDENT	
Additional information					

WALKING

NO WALKING		ASSISTANCE		SUPERVISION		INDEPENDENT	
Staff required:				Distance walked / additional information			
ing Aid							

MOVE UP/DOWN BED

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

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

SIT UP OVER SIDE OF BED

Rope ladder		Sliding aid		ASSISTANCE		SUPERVISION		INDEPENDENT	

MOVE ON/OFF BED PAN

Hoist		Roll Patient		Patient bridges		Monkey pole		Not used	

TRANSFER TO/FROM TROLLEY (or bed etc)

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

Date assessed:	Assessors signature:

reviewed									
ssors signature									

THERAPEUTIC HANDLING INSTRUCTIONS

Date	Instruction	Therapist's Name

THE VICTORIA INFIRMARY

PATIENT CARE PLAN:

NAME: _____ WARD: _____ DATE OF ADMISSION: _____

DATE COMM. & SIGNATURE	PERSONAL HYGIENE/DRESSING	DATE DISC. & SIGNATURE	DATE COMM. & SIGNATURE	TECHNICAL CARE		DATE DISC. & SIGNATURE
				OBSERVATIONS		
	MOBILISATION					
				WOUND CARE/OTHER CARE		
	EATING AND DRINKING					
	ELIMINATION			SPECIMENS	INVESTIGATIONS	
	SPECIAL NEEDS/MAINTAIN PERSONAL SAFETY					

Form 0164411

THE VICTORIA INFIRMARY
PATIENT CARE PLAN:

NAME: Jacqueline Goodwin WARD: 9 DATE OF ADMISSION: 22/1/10

DATE COMM. & SIGNATURE	PERSONAL HYGIENE/DRESSING	DATE DISC. & SIGNATURE
22/1/10 RC	INDEPENDENT	
	MOBILISATION	
22/1/10 RC	INDEPENDENT	
	EATING AND DRINKING	
22/1/10 RC	INDEPENDENT	
	ELIMINATION	
22/1/10 RC	INDEPENDENT UP TO TOILET.	
	SPECIAL NEEDS/MAINTAIN PERSONAL SAFETY	

DATE COMM. & SIGNATURE	TECHNICAL CARE	DATE DISC. & SIGNATURE
22/1/10 RC	venflon.	
	OBSERVATIONS	
22/1/10 RC	as per sews.	
	WOUND CARE/OTHER CARE	
	SPECIMENS: MSU, HCG	INVESTIGATIONS

Form 0164411 VIC 671

Patient's name J. Goodwin

Unit number

Ward 14

Use addressograph label.

South Glasgow Hospitals

Pressure Ulcer Risk Assessment Record

NHS Greater Glasgow and Clyde

Modified Waterlow Risk Assessment

Initials	CD															
Date	28/3															
Date:	Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Body weight for height:																
Average 0 Above average 1		0														
Obese 2 Below 3																
Continence:																
Completely / Catheterised 0 Occasionally incontinent 1		0														
Catheterised / Incontinent of faeces 2 Doubly incontinent 3																
Skin type - Visual risk areas:																
Healthy 0																
Tissue paper/Dry 1		0														
Oedematous/Clammy (temp. raised) 1																
Discoloured 2																
Broken spot 3																
Mobility:																
Fully 0 Restless/Fidgety 1		0														
Apathetic 2 Restricted 3																
Inert/Traction 4 Chairbound 5																
Sex/Age:																
Male/Female 1/2 14-49 1		2														
50-64 2 65-74 3																
75-80 4 80+ 5		1														
Appetite:																
Average 0 Poor 1		0														
N.G. tubes/fluids only 2 NBM / Anorexic 3																
Special risks - Tissue malunitrition:																
e.g. Terminal cachexia 8																
Cardiac failure 5		0														
Peripheral vascular disease 5																
Anaemia 2																
Smoking 1		1														
Neurological deficit:																
e.g. Diabetes, MS, CVA, Motor-sensory paraplegia 4-6		0														
Major surgery /trauma:																
Orthopaedic; Below waist; Spinal 5		0														
On table > 2 hours 5																
Medication:																
Cytotoxics; Highdose steroids; Anti-inflamatory 4		0														
TOTAL SCORE:		4														

Score as follows: <10 = Low risk; 10-14 = At risk; 15-19 = High risk; 20+ = Very high risk.

Refer to Pressure Ulcer Prevention Guidelines (GGHB) for action.

Action Plan

Date	Preventative action to be taken (e.g. turning time; position; support surface/cushion; other)	Signature

Further action

	Date	Signature
Referred to dietitian		
Referred to TVNS		
'Wound and Pressure Area Care Assessment Chart' commenced		

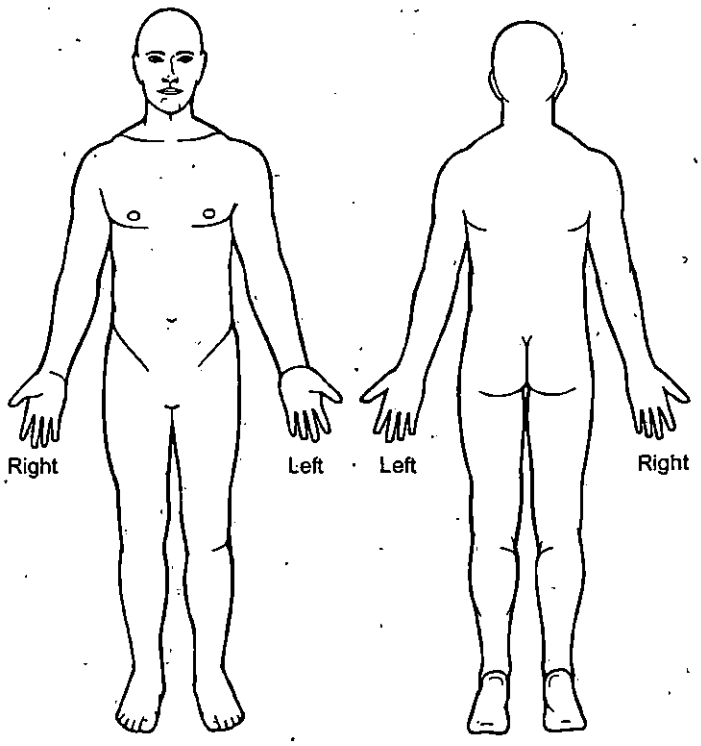
GRADE OF ULCER (Torrance)

GRADE	*DEFINITION*
1.	Blanching hyperaemia.
2.	Non-blanching hyperaemia.
3.	Ulceration progresses through to dermis.
4.	Lesion extends through to subcutaneous fat.
5.	Infective necrosis / necrotic tissue.

RECORDING THE GRADE OF ULCER

On admission, **number site of ulcer** on the diagram opposite and **enter the ulcer number and the grade** in the action plan.

Assessment should be carried out on all patients within 2 - 4 hours of admission and repeated 24 - 48 hours afterwards. Repeat assessment as condition changes or at weekly intervals.



SOUTH GLASGOW HOSPITALS
PATIENT MOVING AND HANDLING RISK ASSESSMENT

NHS Greater Glasgow and Clyde

Patient's Name: T. Goodwin

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

Named Nurse:

BODY BUILD

Obese		Tall	
Above average		Medium	
Average		Short	
Below Average		Weight:	

RISK OF FALLS High | Low

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

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

INTO BATH OR SHOWER

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

ASSISTANCE | SUPERVISION | INDEPENDENT

Staff required:

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

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

ASSISTANCE | SUPERVISION | INDEPENDENT

Additional information

TOILETING

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

ASSISTANCE | SUPERVISION | INDEPENDENT

Additional information

WALKING

NO WALKING | ASSISTANCE | SUPERVISION | INDEPENDENT

Staff required:

Walking Aid

Distance walked / additional information

MOVE UP/DOWN BED

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

ASSISTANCE | SUPERVISION | INDEPENDENT

Additional information (include details of any therapy beds used)

Staff required:

SIT UP OVER SIDE OF BED

Rope ladder | Sliding aid | ASSISTANCE | SUPERVISION | INDEPENDENT

MOVE ON/OFF BED PAN

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

TRANSFER TO/FROM TROLLEY (or bed etc)

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

Date assessed: 28/3 Assessors signature: UAO

Date reviewed									
Assessors signature									

THERAPEUTIC HANDLING INSTRUCTIONS

Date	Instruction	Therapist's Name

SGH 485

INTO BATH OR SHOWER

HANDLING AID		WHICH BATH		ASSISTANCE		SUPERVISION		INDEPENDENT	
Hoist (Specify)		Parker		Staff required:					
Shower chair		Variable height							
		Standard							
		Any							

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

HOIST		MANUAL SUPPORT	ASSISTANCE		SUPERVISION		INDEPENDENT	
Which hoist?		Staff required:	Additional information					
Sling type?		Specify support given						
Sling size?								

TOILETING

HOIST		MANUAL SUPPORT	ASSISTANCE		SUPERVISION		INDEPENDENT	
Which hoist?		Staff required:	Additional information					
Sling type?		Specify support given						
Sling size?								

WALKING

NO WALKING		ASSISTANCE		SUPERVISION		INDEPENDENT	
Staff required:				Distance walked / additional information			
king Aid							

MOVE UP/DOWN BED

HOIST		MANUAL SUPPORT		ASSISTANCE		SUPERVISION		INDEPENDENT	
Which hoist?		Sliding aid		Additional information (include details of any therapy beds used)					
Sling type?		Rope ladder		Staff required:					
Sling size?		Hand blocks							
		Monkey poles							

SIT UP OVER SIDE OF BED

Rope ladder		Sliding aid		ASSISTANCE		SUPERVISION		INDEPENDENT	

MOVE ON/OFF BED PAN

Hoist		Roll Patient		Patient bridges		Monkey pole		Not used	

TRANSFER TO/FROM TROLLEY (or bed etc)

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

Date assessed:	Assessors signature:

e reviewed									
essors signature									

THERAPEUTIC HANDLING INSTRUCTIONS

Date	Instruction	Therapist's Name

South Glasgow Hospitals

NHS Greater Glasgow and Clyde

STANDARDISED EARLY WARNING SCORING SYSTEM (SEWS)

Patient Observation Chart

Na
Ac
H
DOB

SG99835706
JACQUELINE GOODWIN
23/04/1973
G45 9TW
Practice Code: 49106
CHI:2304736009

	Date	Ward	Consultant
Admitted	19/2/10	9	Miss Dorrance
Transferred			
Transferred			
Transferred			

This is Chart Number (1) during this admission

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

How to calculate SEWS Score

- Note whether observation falls in shaded "At Risk Zone". Score as per SEWS Key.
- Add points scored and record total "Sews Score" in bottom row of chart.
- Respiratory rate — Write numerical value in appropriate box
- Saturation Sp02 — Write numerical value in appropriate box
- Inspired Oxygen — If the patient's saturation is recorded on air please write A in appropriate box. If patient is on oxygen therapy, please document the amount in appropriate box.
- Temperature — Write numerical value in appropriate box
- Blood pressure — Write numerical values for systolic and diastolic pressure in appropriate box. Remember only the systolic value is considered for the SEWS Score.
- Heart rate — Write numerical value in appropriate box
- Neuro Response — Record patient's best response. If the patient is asleep or demonstrates new confusion, award the same score as verbal response.
- Urine Output — Check that patient has voided urine recently. If yes write PU in box provided. If no write NPU in box provided.
- Urine Output — Check if the patient has passed the equivalent of or more than 30mls/hour for the last three consecutive hours. If yes score 0 in box provided. If no score 3 in box provided and add to total SEWS score.
- SEWS Score — Add up scores for all 7 parameters and write in box provided. If the patient merits an aggregate score of 0 please write 0 in the SEWS score box. Action as per guidelines below.

SEWS KEY

0	1	2	3

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

FURTHER SEWS SCORE SHOULD BE CHECKED

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

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

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

If SEWS continually 0-1 frequency of observations:

Date												
Frequency												

For extra information such as wound, CSM etc. use slanted columns at bottom of page.

Pain Assessment & Management Guidelines

How to score pain: 0 — 10

No Pain — Worst Pain Imagineable

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

Guidelines

Cancer-related pain: Always score the worst pain in the last 24hours or since last assessment.

FOR PERSISTANT MODERATE PAIN (4 OR ABOVE) WHICH DISTRESSES THE PATIENT:

Use Cancer Pain Management Algorithm in Palliative Care Resource File. This is distributed to all wards and is also accessible on the intranet. If no improvement in pain score contact hospital palliative care team on **page 1266** at SGH and **page 5742** at VI.

Out of hours advice can be obtained from the Prince and Princess of Wales Hospice on **0141 420 6785.**

Acute pain: Score current pain on movement e.g. deep breathing

PERSISTENT SEVERE PAIN (7 OR ABOVE), WHICH DISTRESSES THE PATIENT:

Use Acute Pain Manual - distributed to all Operating Theatres areas and Surgical wards throughout Division. Also accessible on Intranet (via anaesthetic department homepage)

If no improvement in pain score contact CNS Pain Management on **page 1186/1157** at SGH and **page 3404/3101** at VI. On Call anaesthetist **page 1658** at SGH and **3004** at VI.

Measuring Sedation

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

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

Measuring Nausea

Is now recorded as 0 for no nausea or vomiting, N for nausea and V for vomiting

For persistent nausea and/or vomiting see clinical handbook or acute pain manual.

NB: Review Treatment Plan

If Temp>38 blood cultures ☐ other cultures ☐ Start antibiotic therapy if indicated

If Systolic BP<100 Review monitoring (cardiac/oximetry/urine output/invasive BP etc)
IV Access
Review patient/drug kardex. Consider fluid challenge → Definitive Therapy

Consider:

Hypovolaemia	Cardiac	Obstructive	Distributive
Dehydration	*Arryhthmia*	*PE*	*Sepsis*
Blood loss	*Pump failure*	*Tamponade*	*Anaphylaxis*

If Pulse>130 Review monitoring
IV Access
Review patient/ECG/electrolytes → Definitive Therapy

If O_2 sats <93% Review probe ? accurate
Review patient → prescribe oxygen on kardex if indicated.

If RR>24 Review patient/CXR +/- gases/PEF etc → Definitive Therapy

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

If BM<4 Check urgent blood glucose/IV dextrose or oral carbohydrate

Acute Services Division

Hospital / Department V1

NHS Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack

Patient name: SG99835706 JACQUELINE GOODWIN

Ward: 9 68 CASTLEMILK DRIVE FLAT 3/1

CHI number: GLASGOW G45 9TW 23/04/1973 CHI 2304736009

Hospital number .....

ontents

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

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

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

Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
   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 or mobility problems unattended on commodes, in toilets, baths or 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

Nutrition Profile

NHS Greater Glasgow and Clyde

SG99835706
JACQUELINE GOODWIN
23/04/1973
G45 9TW
Practice Code: 49106
CHI:2304736009

Affix patient data label

Date of admission: 22/1/10

Time: 17:00

HOSPITAL: VI

Ward: 9

To be recorded within 24 hours of admission*

Height: 1.59 m/ft Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Weight: 77.5 kg/stones Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

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

Is there evidence of recent weight loss?

No ☐ Loose clothing ☑ History of reduced food intake/appetite ☐ Swallowing problem ☐

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

Vegetarian

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

Please state: vegetarian

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

Please specify all factors:

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

Please state:

Profile completed by: Name (PRINT): LAURA CURRIE Signature: RC Date: 22/1/10.

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

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

PRESCRIPTION FORM

Hospital Name: ULC

PATIENT DETAILS

Name:
Ho: SG99835706
JACQUELINE GOODWIN
DC 68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW
23/04/1973
G45 9TW CHI 2304736009

…e area:

…f writing discharge prescription: __/__/__

Date of Admission: __/__/__

Consultant Name: DR Stewart

Ward: 12A

Date and time this form prepared: __/__/__ Time: ____

Sheet No: 1

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

None known

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐
PCA and other infusions ☐
Anticoagulants: Heparin ☐
Oral ☐
Topical: ☐

TPN: ☐
Enteral Nutrition: ☐
Oxygen Therapy: ☐
Other:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
10/6/10	Quetiapine	200mg	oral	0300	[signature]	[signature]	0300

PATIENT'S NAME:

ADMIN'STRATION

Oral and Other Drugs: Regular Prescriptions

DATE → 17 18
MONTH → 6 6

J DRUG: Aspirin
DOSE: 75mg | ROUTE: O | DATE: 18/6 | STOPPED DATE: 18/6
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

Other time
0700-0900 ✓ — MEW
1200-1400
1600-1800
2200-2400
Other time

K DRUG: Omeprazole
DOSE: 40mg | ROUTE: O | DATE: 18/6 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

Other time
0700-0900 ✓ — MEW
1200-1400
1600-1800
2200-2400
Other time

L DRUG: Lofepramine
DOSE: 140mg | ROUTE: O | DATE: 18/6 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400 ✓
Other time 0530 — MP

M DRUG: Quetiapine
DOSE: 200mg | ROUTE: oral | DATE: 18/6/05 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400 ✓
Other time

atient's Na
.o.B.: SG99835706
JACQUELINE GOODWIN
nit number: 68 CASTLEMILK DRIVE
FLAT 3/1
'ard: GLASGOW 23/04/1973
G45 9TW CHI 2304736009

Use addressograph label

South Glasgow Hospitals

24 Hour Fluid Balance Chart

NHS Greater Glasgow and Clyde

Instructions

Date:

Previous 24 hour fluid balance - Intake: Output:

	Intake					Output		
Time	IV Infusions	Volume	Enteral / Oral	Volume	Running Total	Urine	Drains (D), Vomit (V) Aspirate (A) etc	Running Tota
01								
02								
03	Commenced @ 3am							
04								
	IVF			550	550			
06	1							
07			tea	150	650			
08								
09						NPO		
10	IVF	200	(DISC)					
11								
12								
13								
14								
16								
17								
18								
19								
20								
21								
22								
23								
24								
	Individual Totals:							
				Total Intake:			Total Output:	

Final Fluid Balance +/-

SG99835706
JACQUELINE GOODWIN
68 CASTLEMILK DRIVE
FLAT 3/1
GLASGOW 23/04/1973
G45 9TW CHI 2304736009

0168213 VIC ...

FLUID AND ADDITIVE MEDICINE PRESCRIPTION SHEET

RATE OF FLOW (Drops/Min) = VOL of FLUID (ML) x 15 (1ml = 15 drops)
(Standard Giving Set) DURATION (mins)

APPROXIMATE RATE for 500 ml

1hr = 120 drops/min 6hr = 22 drops/min
4hr = 30 drops/min 8hr = 15 drops/min

	PRESCRIPTION								PREPARATION			ADMINISTRATION	
	DATE	FLUID (use BLOCK LETTERS)	VOL (ml)	ADDITIVE MEDICINE	DOSE (mg)	ROUTE of ADMIN.	DURn of ADMIN.	PRESCRIBER'S SIGN.	SERIAL OR BATCH NO.	MEDICINE ADDED BY	TIME & DATE ADDED	TIME BEGUN	ADMINISTERED BY
A	18/6	(N) Saline	500			IV	2°		58C03HK EXP 2/11		18/6/08	0305	
B		5% Dextrose	500			IV	4°		08A10EM EXP 12/11		18/6/08	0510	
C		(N) Saline	500			IV	6°		←	DISC.		→	
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													