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	☐

BREAST UNIT

Mr C R Wilson **(Tel: 0141-211-6248)**
Miss J C Doughty (Tel: 0141-211-2122)
Miss S Stallard (Tel: 0141-211-2175)

Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT

BREAST CLINIC – 01/03/2011

Ref: KM/KC
Dictated: *01/03/2011*
Typed : *01/03/2011*

Dr Peter Cawston
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Cawston

Mary Watson - 06/03/1954 - CHI: 0603546323 - CRN: 50623238H
28 Kendoon Avenue, Glasgow, G15 8AX

Mary has failed to attend two more follow-up appointments at Mr Wilson's Breast Clinic. As you are aware she had a satisfactory examination and mammogram when we saw her at the clinic last August and I have not made any further attempt to get her back to the clinic. Should there be any lingering concerns however we would be delighted to see Mary again.

Kindest regards
Yours sincerely

Dr Katharin MacBain
Specialty Doctor

Emergency Department
Medical Assessment Unit WIG
Dumbarton Road
Glasgow G11 6NT

Dr S Lyon
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

G15 7TS

20 December 2010

Dear Dr Lyon

Re: MARY WATSON, 28 KENDOON AVENUE, GLASGOW, G15 8AX
Date of Birth: 06.03.54 Hospital Number: 50623238H CHI Number: 0603546323

Your patient attended Medical Assessment Unit Wig on the 17 DEC 2010 at 15:49 pm.

The presenting complaint was:	**{Patient Expect: Unwell Adult - Chest Pain On And Off For Few Days, Soboe No Cardiac Hx Smoker}**
Triage Information:	**Central Chest Pain For 2/7 With Slight Sob. Currently Pain Free. Previous Angiography 2002-Normal Coronary Arteries. Recent Gall Bladder Removal. On Omeprazole. Has Not Taken For Past Week. Temp 36.**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Patient For Specialty Take-Gp Referral - Medical**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

Bernard Conway
Emergency Department Doctor

Consultants

BREAST UNIT

Professor W D George (Tel: 0141-211-2175)
Miss J C Doughty (Tel: 0141-211-2122)
Mr C R Wilson **(Tel: 0141-211-6248)**

Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT

BREAST CLINIC – 23/08/2010

Ref: LM/KC
Dictated: *23/08/2010*
Typed : *24/08/2010*

Dr Peter Cawston ,
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Cawston

Mary Watson - 06/03/1954 - CHI: 0603546323 - CRN: 50623238H
28 Kendoon Avenue, Glasgow, G15 8AX

Thank you for referring this 56 year old lady to Mr Wilson's Breast Clinic where I saw her tod She noticed a very small smooth lump in the upper inner quadrant of her left breast recently. T has hot been painful and she has not noticed any other changes to her breasts and in particular nipple changes, bleeding or discharge. She was diagnosed with breast cancer in 1996 and ha wide local excision and axillary node clearance. She also had chemotherapy and radiotherapy a Tamoxifen. She thought she had had a mammogram recently but in fact the last mammogram v in June of last year. She has no family history of breast or ovarian cancer. She did have surgery cervical cancer 19 years ago. She has four daughters and is on Thyroxine.

On examination there was evidence of previous surgery to the left breast and axilla but I could detect any lumps in the left breast. She had mammograms today which were normal other th showing evidence of post-surgery deformity in the left breast.

I asked Dr McBain, one of the other specialty doctors, to examine her and she agreed she could detect any palpable lump today in the left breast. I asked her to return for review once more in th months.

Yours sincerely

DNA 23/11/10 LM
SFA LM
DNA 1/3/11 LM

Laura Macdonald
Specialty Doctor

MR CLANCY'S SURGICAL CLINIC – 4TH AUGUST 2010

Direct Line: 0141 211 1750
Fax No: 0141 211 1711

Gartnavel General
1053 Great Western
GLASGOW
G12 0YN

Our Ref: MC/MH
Dictated: 04/08/2010
Typed: 12/08/2010

Dr Susan Lyon
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Lyon

Mary Watson - 06/03/1954 - CHI: 0603546323 - CRN: 50623238H
28 Kendoon Avenue, Glasgow, G15 8AX

Mrs Watson failed to attend her out-patient appointment today in the general surgical clinic. I assume from this that she is not having any further problems relating to her gallbladder which we excised on 19th May. I will leave her further care in your hands.

Yours sincerely

Mr Marc Clancy
Consultant Surgeon

50623.

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery - Breast
GGC General Referral

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

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

— **Hospital** and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral URGENT (suspicion of cancer)
Date of referral 04-Aug-2010 **Date sent** 04-Aug-2010

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323

Patient's address

28 kendoon avenue
Glasgow
GLASGOW G15
G15 8AX

Contact number(s)
Voice: 944 3074

101000824517T Unique Care Pathway Number: 101000824517T

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	G06084
Practice name	Drumchapel Health Centre		
Practice code	40436		

Practice address

80 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)
Voice: 041 211 6100

REFERRING GP DETAILS

Name	Dr. Peter Cawston		
GMC code	4025508	GP code	07820
Practice name	DRUMCHAPEL HEALTH CENTRE (40436)		
Practice code	40436		

Practice address

80/90 KINFAUNS DRIVE
GLASGOW

Contact number(s)
Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: breast lump

Comment: I would be grateful if you would see this patient who has a past history of left breast cancer in the 1990's. She presents with a pea size lump in the left upper inner quadrant. Although the lump is very small in view of her history I would be grateful if she could be seen.

Thank you.

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
Biliary colic	-	-	08-Apr-2010
Acquired hypothyroidism	-	-	08-Dec-2003
Chest pain	MI -ve	-	02-Jan-2002
[D]Chest pain	-	-	30-Jul-2001
[D]Chest pain	-	-	12-Oct-2000
Chest infection	-	-	16-Jan-1998
Alopecia	-	-	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	BREAST	Left	21-Oct-1996
H/O: depression	-	-	01-Jan-1996
Cervical intraepithelial neoplasia	-	-	30-Sep-1991
[V]Sterilisation	-	-	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Date performed
Lumpectomy of breast	21-Dec-1996
No smear - benign hysterectomy	30-Sep-1991

Family conditions (All priorities)

Description	Date of Onset
FH: Neoplasm - *	14-Mar-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Atorvastatin	56	TABS 40MG	1 Tab	At night	29-Sep-2009	296 Days
Dihydrocodeine Tartrate	100	TABS 30MG	1 Tab	qds if req	10-Mar-2008	864 Days
Gaviscon	300	Sf Aniseed LIQ	15 ml	3 times daily	29-Sep-2009	296 Days
Levothyroxine Sodium	56	TABS 100MICROGRAMS	1 Tab	In the morning	01-Apr-2008	842 Days
Glyceryl Trinitrate	1	180 Dose Cfc Free Pump 10g SPRAY 400MCG/DOSE	2 Puffs subling	prn	06-May-2005	1873 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Naproxen	56	TABS 250MG	1 Tab with	3 times daily	30-Jul-2010	0 Days
				4 times	24-May-	

Dihydrocodeine Tartrate	4	TABS 30MG	1 Tab	daily	2010	0 Days
Nystatin	30	Oral SUSP 100000UNITS/ML	1ml	4 times daily	30-Apr-2010	0 Days
Hyoscine Butylbromide	112	TABS 10MG	1 or 2 Tabs	4 times daily	30-Apr-2010	0 Days
Metoclopramide Hydrochloride	84	TABS 10MG	1 Tab	3 times daily	30-Apr-2010	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	15-Mar-2010	0 Days

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	now 10 per day	07-Oct-2008
Teetotaller:		07-Oct-2008
Enjoys light exercise:		07-Oct-2008

Clinical warnings

Allergies

Description

Adverse reaction to antibiotics

H/O: drug allergy

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**

North Glasgow Hospitals

Department of Pathology
Pathology Report

Enquiries: 0141 211 2473

Lab No.:P,10.0010249 CHI No. 0603546323

Name:WATSON MARY DOB/Age:06.03.54
Post code:G15 8AX

Hosp.No(orPath.Comp.Ref.ZP): 50623238H

Consultant:Dr Marc Clancy Location:Level 10 West - Surgical

GALLBLADDER.

Clinical details:

Laparoscopic cholecystectomy.

Macro:

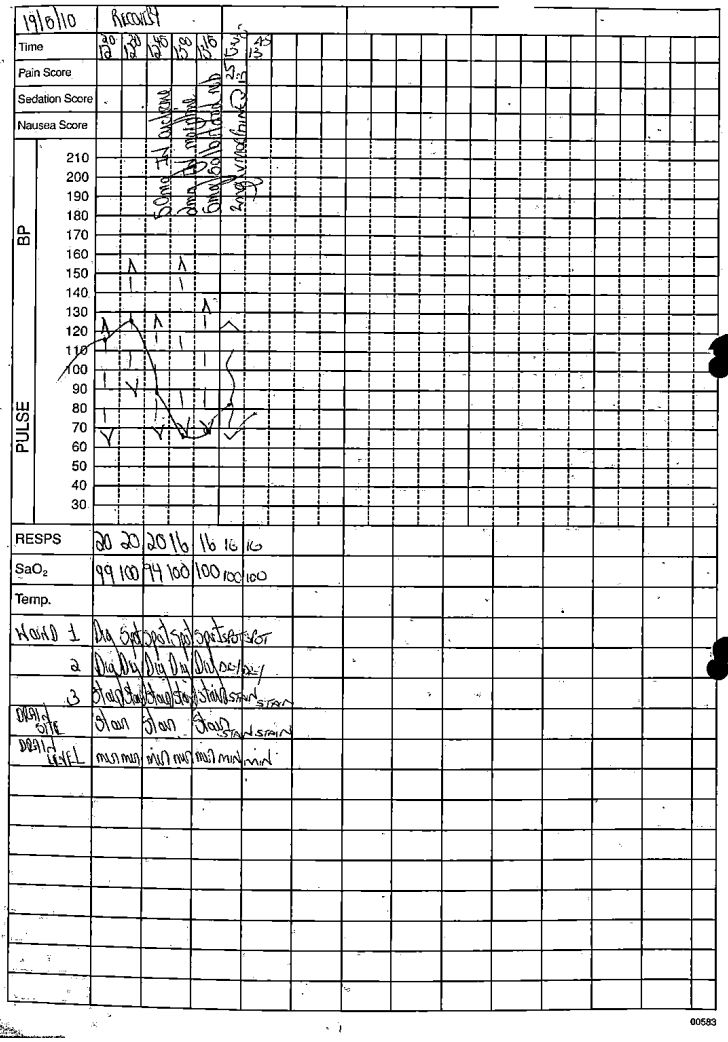
A thick walled gallbladder measuring 80mm in length, containing one stone.
Microscopy shows a denuded thick walled gallbladder with chronic cholecystitis. The cystic lymph node shows reactive changes only.

A Patel/F Roberts

NB

Date collected 19.05.10
Date received 19.05.10
Date reported 24.05.10

1. PAIN SCORE 2. SEDATION SCORE 3. NAUSEA SCORE



00583

NORTH GLASGOW HOSPITALS

CLINICAL DIRECTORATE OF ANAESTHESIA THEATRES, ITU AND PAIN RELIEF SERVICES

MULTI DISCIPLINARY CARE PLAN

NHS Greater Glasgow and Clyde

Unit No. 506232358H. Ward: L10E Date: 19/5/10

Name: Mary Watson Consultant Mr Clancy

Address: 28 Kerdean Ave Theatre:

DoB: 06/3/54. Proposed Operation: Lap cholecystectomy

PRE-OPERATIVE VISITS
Any Relevant Visits:

CHECK LIST
Please check the following before pre-med is given:-

	WARD YES	RECEPTION YES	COMMENT / N.A.
When did the patient last eat or drink	TIME 12mn	MIDNIGHT	chest pain 8g/52 ago
BM Stix?	TIME N/A	VALUE N/A	? ANGINA
Consent signed?	☑	YES	Previous Cholecyst Breast op Lumpectomy
Identity band correct (Name, DoB hospital no., ward no.)	☑	YES	
Case notes (including current ECG biochemistry, haematology), nursing notes, drug Kardex, recording sheet)?	☑	YES	* No Clexane No Betablocker
X-Rays available?	☑	YES PACS	Allergy - Septrin * lip swelling
Operation site prepared - marked?	☒	NO	ABX - to be given.
Dentures removed?	☑	YES	
Prothesis/Hearing aids, contact lenses removed?	☒	N/A	* staples in stomach
Make-up, nail varnish (jewellery) (taped/removed)?	☑	YES	Rings taped
Wearing black tied cotton gown, disposable pants?	☑	YES	
Pacemaker?	☒	NO	
Allergies? Septrin - lip swelling	☑ ←	YES	
Have you passed urine this morning?	☑	YES	
Waterlow score noted	☑	YES	
Pre-med given?	☒	NO	

Signature ..... Ward

Reception:

Correct patient received and documentation complete? ☑ Time into Reception 1000

Signature ..... J Campbell

Patient identified in anaesthetic room? YES ☑ N/A ☐ NAME/NURSE

Time: 1025 Signature: S/N Walker

MONITORING

ECG	☑	IBP ☐	PULSE ☑
NIBP	☑	CVP	Micropore tape used for corneal protection.
SaO_2	☑	Core Temp.	
CO_2	☑	Peripheral Temp.	
Laryngeal Mask	☐	Size:	
ET tube	☑	Size: 8.0	Secured with cotton tape
Throat Pack	☐	Removed? Yes ☐	No ☐
TOURNIQUET	☐	Time applied	Pressure
		Time released	Site
DIATHERMY	☑	Site: right thigh	
BI-POLAR	☐		

Patient position on table: Supine

	Yes	Comment
Positioned as per policy?	☑	arms on boards
Prevention of pressure sores?	☑	pressure relieving mattress
Prevention of heat loss	☑	blanket.
Ripple mattress?	☐	
Padding?	☑	heel pads
Warmed fluids?	☐	
IV Cannulation	☑	Site: 18G inserted (R) hand.
Arterial Cannulation	☐	Site
CVP Line	☐	Site

METHOD OF ANAESTHESIA

General	☑	Regional	☐	Site
Local	☐	Spinal	☐	
Epidural	☐	Sedation	☐	Site

OPERATION Laparoscopic cholecystectomy

ANAESTHETIC POST-OP INSTRUCTIONS

O_2 Therapy 4 L/M 4 Hours Mask

Post-operative IV Fluid Regimen: 2:1 Dex/Saline 500mls bluly

Routine Observations: Yes ☐

Special Instructions: CVP ☐ Urine volumes ☐

Analgesia Prescribed Yes ☐ N/A ☐

Does Anaesthetist wish to see patient before return to ward? Yes ☐ N/A ☐

BLOOD LOSS IN THEATRE mls

Anaesthetist's Signature

WOUND CARE

		Specify:
Skin Preparation	☑	Videne
Drain	☑	low vac 10Fr x1 on suction
Catheter	☐	
Staples	☐	
Sutures	☑	3-0 Polysorb.
Packing	☐	
Dressing	☑	steel strips
Wound toilet	☑	Nacl

EVENTS

O/A TO RECOVERY, PT NOT FULLY REVERSED FROM ANAESTHETIC, S/B IX PACK, A FURTHER DOSE OF NEOSTIGMINE/GLYCOPYRROLATE 2.5mg/0.5mg IV GIVEN WITH GOOD EFFECT. 5mg SALBUTAMOL NEBULISERS GIVEN RE PT C/O WHEEZE WITH GOOD EFFECT. LW Paton.

1-041203-008 1432950
Penlon blade mac 3
LOT:44059921
1-046674-001 945724
claw forceps
S6817-005 1419209
Laparoscopic Instruments
S6696-015 1438461
General Basic
Description STANDARD PA
REF 208NGU002D
LOT 515750
Use by 2013-07
S7832-004 1435434
Stryker Light Cable
S6820-001 1438159
0 Deg 10mm Telescope A5254A
Caledonia
Tel: 01698
0120

RGICAL POST-OP INSTRUCTIONS

Surgeon's Signature .....

ıe Into Recovery: 1220

COVERY

NAMED NURSE .....

	Yes	N/A	
tube?	☑	☐	removed: .....
yngeal mask?	☐	☑	removed: .....
way?	☐	☑	removed: .....

NI ING

G	☑	IVP ☐	RESPIRATION ☑
P	☑	CVP ☐	
O_2	☑	PULSE ☑	

	Yes	N/A
ays Requested	☐	☑

vention of Pressure Sores

Comments

terlow score	☐	☐	.....
ıipı ?	☑	☐	OA3 ANETIC AID TROLLEY
sing action	☑	☐	ENCOURAGE POSITIONAL CHANGES

ITERIA TO BE MET BEFORE DISCHARGE FROM RECOVERY

he patient conscious and orientated ime and place?	☑	☐
atient cardiovascularly stable?	☑	☐
atient comfortable?	☑	☐
drains patent and is drainage in expected limits? Are wounds from excessive staining?	☑	☐

nature: V. Paton

NHS Greater Glasgow and Clyde

Anaesthetic Record

Nam

Hosp

DoB/Age

50623238H
WATSON F
MARY 06/03/1954
28 KENDOON AVENUE
GLASGOW
LANARKSHIRE G15 8AX
CHI-0603546323

Premedication

Procedure(s)
Lap chole

Anaesthetist(s) C SpR SHO
Pace

Surgeon(s)
Clancy

Date 19/5/10

Pre-operative assessment

Weight(kg)

Airway

Haematology Hb 12.9

RS

Biochemistry

ECG ✓

CVS BP /

CXR

Current therapy
Thyroxine
Omeprazole.

Other significant illnesses
?angina - on no Rx for 8yrs.
Lymph node axillary dissection (L) arm.

Allergies
Sulphin

Previous anaesthesia
Isocomp

ASA 1 (2) 3 4 5 E

Comments / Technique

Supine ☑ Lithotomy ☐ Prone ☐ Lateral ☐ Head up ☐ Head down ☐

GA ☑ Spinal ☐ Epidural ☐ Other LA _____

ETT 8.0 LMA _____ F Mask ☐ Airway ☐ DLT _____ Laryngoscopy grade 1

IV site(s) Rhand

Technique details:

Art line

CVP/PAWP

Ventilator Aestiva

Breathing system Circle

Start 10 : 45

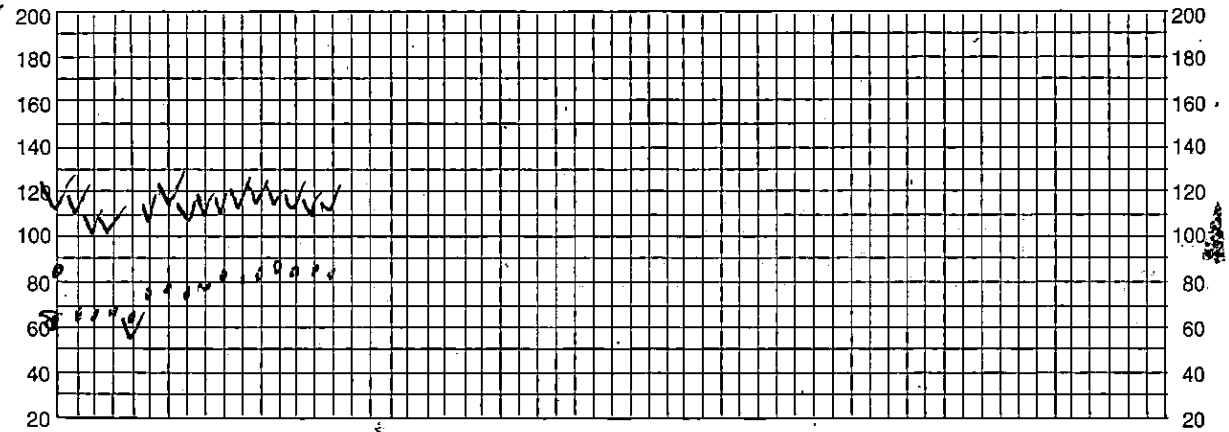
Finish :

Equipment check ☑

Propofol	200
Fentanyl	50
Morphine	3+2 5
O2/Air/Sevo	
Vecuronium	7 1
Ephedrine	6
Nitroglycerine	↓
Gentamicin/Flagyl	240/1.2/500
IV Fluids	① ② ③

Pre-ox ☑
RSI ☐

ECG ☐
SpO_2 ☐
NIBP ☐
$ETCO_2$ ☐
ETAA ☐
All the above ☑
PNS ☐



Time	1045	1115	45	1213.
Events		(1) (2)		
SpO_2				
$ETCO_2$				
ETAA				

Events
① Head up tilt. BP↓
② Reversed
③
④
⑤
⑥
⑦
⑧
⑨

IV Fluids
① R/L500
② R/L500
③ R/L500
④
⑤
⑥
⑦
⑧
⑨

Warmer ☐

Anaesthetist's signature _____

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 sur .....

Patient's firs .....

Date of Birt Gender: Male ☐ Female ☐

50623238H
WATSON F
MARY 06/03/1954
28 KENDOON AVENUE
GLASGOW
LANARKSHIRE G15 8AX
CHI-0603546323

NHS/ CHI Number _____

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

.....

Responsible practitioner: MR CLANCY

Job title: CONSULTANT SURGEON

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)

- LAPAROSCOPIC CHOLECYSTECTOMY.

Risks - Pain
- Scarring.
- Damage to surrounding structures.
- Conversion to open procedure
- Bleeding
- Infection.

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

Signature of practitioner: .....

Name/Designation (Print) ..... DR ALAN MCNEELY CONSULTANT

Date 19/5/10

00526

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

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

I understand

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

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

I agree -

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

Additionally you have to agree or disagree the following:-	**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.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

PATIENT REFUSAL FOR BLOOD PRODUCTS

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

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

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

PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: ..... Date 19/5/20.....

Name (Print): .....

5062328H

Hospital use only	Clinic	Day	Time	Hospital No.
VL	Mr Duff	Date 4/5/10	2:15	

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery
GGC General Referral

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

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

— **Hospital** and **hospital address**

Hospital location code: G516H

Email address:

Urgency of referral ROUTINE
Date of referral 29-Mar-2010 **Date sent** 29-Mar-2010

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323

Patient's address

28 kendoon avenue
Glasgow
GLASGOW G15
G15 8AX

Contact number(s)

Voice: 944 3074

101000341394Z Unique Care Pathway Number: 101000341394Z

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	G06084
Practice name	Drumchapel Health Centre		
Practice code	40436		

Practice address

80 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100

REFERRING GP DETAILS

Name	Dr. John Nugent		
GMC code	3072884	GP code	02097
Practice name	DRUMCHAPEL HEALTH CENTRE (40436)		
Practice code	40436		

Practice address

80/90 KINFAUNS DRIVE
GLASGOW

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: gallstones

Comment: Dear Doctor

I would be grateful if the above named patient could be seen gallstones ? for surgery.

Mary attended recently with a history of upper abdominal pain radiating up to the back and a recent ultrasound scan showed typical appearance of contracted gall bladder with multiple calculi, albeit with no evidence of intra or extra hepatic biliary duct dilatation. It was suggested at that time a repeat ultrasound would clarify appearances within the gallbladder fossa but unfortunately as a result of a panic attack Mary feels unable to attend for another scan and I would be most grateful if she could be assessed at this point.

I am making following statement so that you are aware of the delay in Mary's referral in that she slipped through my back up system which I use to ensure that referral's are conducted and therefore she has faced a delay of a month but I have apologised and let her know and I simply give you this for information.

Thank you.

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
Acquired hypothyroidism	-	-	08-Dec-2003
[D]Chest pain	-	-	12-Oct-2000
Chest infection	-	-	16-Jan-1998
Malig neop of bone, connective tissue, skin and breast	BREAST	Left	21-Oct-1996
Cervical intraepithelial neoplasia	-	-	30-Sep-1991

Past procedures (High and medium priority - all)

Description	Date performed
Lumpectomy of breast	21-Dec-1996

Family conditions (All priorities)

Description	Date of Onset
FH: Neoplasm - *	14-Mar-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Gaviscon	300	Sf Aniseed LIQ	15 ml	3 times daily	29-Sep-2009	162 Days
Atorvastatin	56	TABS 40MG	1 Tab	At night	29-Sep-2009	162 Days
Levothyroxine Sodium	56	TABS 100MICROGRAMS	1 Tab	In the morning	01-Apr-2008	708 Days
Glyceryl Trinitrate	1	180 Dose Cfc Free Pump 10g SPRAY 400MCG/DOSE	2 Puffs subling	prn	06-May-2005	1769 Days
Dihydrocodeine Tartrate	100	TABS 30MG	1 Tab	qds if req	10-Mar-2008	730 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	15-Mar-2010	0 Days
Metoclopramide Hydrochloride	30	TABS 10MG	1 Tab	3 times daily	01-Feb-2010	0 Days
Omeprazole	28	CAPS 20MG	1 Cap	Daily	06-Jan-2010	0 Days

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	now 10 per day	07-Oct-2008
Teetotaller:		14-Mar-1995

Clinical warnings

Allergies

Description
Adverse reaction to antibiotics
H/O: drug allergy

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**

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

GP COPY

First Issued: 23/04/2010 11:43
Printed: 24/04/2010 10:44

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Telephone : 0141 - 211 - 2000

Admitted: 13/04/2010 Discharged: 23/04/2010
Discharged to: Home
Ward: L10E
Consultant: MR MARC CLANCY, General Surgery
Hospital No: 50623238H Date of birth: 06/03/1954
CHI: 0603546323

REGISTERED GP

Dr SUSAN LYON
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW
G15 7TS

PATIENT

MARY WATSON
28 KENDOON AVENUE
GLASGOW
G15 8AX

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Chronic cholecystitis, 13/04/2010	K811		

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Atorvastatin	Tab	Oral	40MG					X			7x40mg
Levothyroxine	Tablet	Oral	100MCG	X							7x100mcg
Paracetamol	Tab	Oral	1g	X	X		X	X	4-6hrly for pain	Indefinite	50x500mg
Dihydrocodeine	Tab	Oral	30-60 MG	X	X		X	X		Indefinite	56x30mg
Senna	Tab	Oral	2 tabs					X		Indefinite	14x7.5mg
Lactulose	Syrup	Oral	10ML	X				X		Indefinite	150ml
Omeprazole	Cap	Oral	20MG	X						Indefinite	7x20mg
Tramadol	Tablet	Oral	50MG						Up to 400MG daily	Indefinite	30x50mg

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Final discharge letter to follow

Dear Dr,

Ms Watson was admitted to the Western Infirmary with RUQ pain whilst awaiting cholecystectomy. Examination revealed epigastric tenderness. USS abdo showed a large calculus impacted at the neck of the GB, GB wall thickened and increased vascularity due to acute on chronic cholecystitis. Ms Watson was treated conservatively with IV fluids, analgesia and antibiotics. We performed a repeat USS as Ms Watson had persistent pain and little improvement in inflammatory markers. This showed cholelithiasis and no evidence of pericholecystic fluid or collection. She will be discharged back to your care while she is awaiting cholecystectomy.

Please feel free to contact us should you require anything further. Kind regards.

Registration

Miss Mary Watson
28 kendoon avenue
Glasgow
GLASGOW G15
G15 8AX
Telephone: 944 3074
Contact: ?
Email: ?
CHI Number: 0603546323
Occupation:
Registered GP: Dr SC Lyon
Repeat Consultation: 16/10/2009

ContactRelship: ?

NHS Number: S644/7/54/660

Service Code: Permanent
DoB: 06/03/1954

Age: 56

Dispensing: No
Marital Status: Unknown

Acute Consultation: 13/04/2010

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review
Atorvastatin TABS 40MG	56 1 Tab At night	29/09/2009	12/04/2010	56	52
Gaviscon Sf Aniseed LIQ	300 15 ml 3 times daily	29/09/2009	10/03/2010	56	52
Levothyroxine Sodium TABS 100MICROGRAMS	56 1 Tab In the morning	01/04/2008	12/04/2010	56	52
Dihydrocodeine Tartrate TABS 30MG	100 1 Tab qds if req	10/03/2008	12/04/2010	30	52
Glyceryl Trinitrate 180 Dose Cfc Free Pump 10g SPRAY 400MCG/DOSE	1 2 Puffs subling prn	06/05/2005	12/04/2010	28	52

Adverse Reactions

Read Code	Description
14L..	H/O: drug allergy
TJ0..	Adverse reaction to antibiotics
ADR Description	septrin

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
08/12/2003	None	High	Acquired hypothyroidism	
26/06/2002	None	High	Adverse reaction to antibiotics	
Freetext:	septrin			
02/01/2002	None	High	Chest pain	
Freetext:	MI -ve			
30/07/2001	None	High	[D]Chest pain	
12/10/2000	None	High	[D]Chest pain	
16/01/1998	None	High	Chest infection	
11/02/1997	None	High	Alopecia	
21/12/1996	None	High	Lumpectomy of breast	
21/10/1996	None	High	Malig neop of bone, connective tissue, skin and breast	Left

Freetext: BREAST			
01/01/1996	None	High	H/O: depression
14/03/1995	None	High	FH: Neoplasm - *
14/03/1995	None	High	H/O: drug allergy
30/09/1991	None	High	Cervical intraepithelial neoplasia
30/09/1991	None	High	No smear - benign hysterectomy
05/12/1985	None	High	[V]Sterilisation
14/03/1995	None	Medium	Health ed. - exercise

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
08/12/2003	None	High	Acquired hypothyroidism	
26/06/2002	None	High	Adverse reaction to antibiotics	
Freetext: septrin				
02/01/2002	None	High	Chest pain	
Freetext: MI -ve				
30/07/2001	None	High	[D]Chest pain	
12/10/2000	None	High	[D]Chest pain	
16/01/1998	None	High	Chest infection	
11/02/1997	None	High	Alopecia	
21/12/1996	None	High	Lumpectomy of breast	
21/10/1996	None	High	Malig neop of bone, connective tissue, skin and breast	Left
Freetext: BREAST				
01/01/1996	None	High	H/O: depression	
14/03/1995	None	High	FH: Neoplasm - *	
14/03/1995	None	High	H/O: drug allergy	
30/09/1991	None	High	Cervical intraepithelial neoplasia	
30/09/1991	None	High	No smear - benign hysterectomy	
05/12/1985	None	High	[V]Sterilisation	

Last Encounter

Dr P.G. Cawston

Date: 13/04/2010

Last 4 Clinical Notes

Date	Clinical Notes
13/04/2010	seen at OOH again alst night with RUQ pain, listed for lap chole - given IM diclofenac
07/04/2010	known gallstones. problems since Jan 2010, but steadily worsening. now trying not to eat beacause this aggravates pain. small amounts of fluid. intermittent vomiting. pain radiating to shoulder. has tried DHC and tramadol without obvious benefit. urine or ange (?dehydration). stool normal colour. o/e in pain. P72. apyrexial. no jaundice. tender RUQ. no guarding. feels she can no longer tolerate pain . d/w surgeon WIG. will see today

29/03/2010	SCI Electronic Referral
15/03/2010	Ongoing upper abdo pain from gallstones-same as has been.botherint her daily.Disturbing sleep.Flares whenever eats.Losing wt as a result.No dyspepsia-tried gaviscon-no help.Pain RUQ.?fever at times.DHC not helping.O/e apyrexial,undistressed & looking well .Abdo soft,non tender.No RUQ tenderness.No masses.no evidence infection.Advicer re diet-avoid fatty foods.Awaiting review by surg re cholecystectomy.Try tramadol instead DHC.Gen advice re management of pain.R/v prn.Check that referral in pipeline.

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

GP COPY

First Issued: 10/04/2010 10:11
Printed: 10/04/2010 10:11

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Telephone : 0141 - 211 - 2000

Admitted: 07/04/2010 **Discharged:** 08/04/2010
Discharged to: Home
Ward: L10E
Consultant: MR C WILSON, General Surgery
Hospital No: 50623238H **Date of birth:** 06/03/1954
CHI: 0603546323

REGISTERED GP

Dr SUSAN LYON
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW
G15 7TS

PATIENT

MARY WATSON
28 KENDOON AVENUE
GLASGOW
G15 8AX

DIAGNOSES | **ICD10** | **PROCEDURES** | **OPCS4**

1. Biliary colic, 08/04/2010 — K805

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Atorvastatin	Tab	Oral	40mg					X			Patients Own
Gaviscon	Liquid	Oral	15ml	X	X		X				Patients Own
Levothyroxine	Tablet	Oral	100 micrograms	X							Patients Own
Dihydrocodeine	Tab	Oral	30mg						4-6 hourly PRN	Indefinite	28x30mg
Diclofenac	Tab	Oral	50mg	X	X	X			8hrly for pain	As required	21x50mg

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic | **Consultant** | **Date**
No arrangements made

Outpatient Investigations | **Date**
No arrangements made

Community Care | **Date** | **Reason**
No arrangements made

GENERAL COMMENTS

Final discharge letter to follow
pt admitted with biliary colic. wcc and crp - normal. she was treated with analgesia and iv fluids. Date booked for lap chole.

Signed: _____ **Designation:** _____

Contact: Natalie McIntyre **Pager Number:**

North Glasgow Hospitals
Orthopaedic Department Notes

NHS
Greater Glasgow and Clyde

DEPARTMENT OF ORTHOPAEDIC SURGERY
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
0141 211-1853
0141 211-2938
0141 211-2422

Secretary:	0141 211 2938
Appointment Office:	0141 232 9499
Surgical Waiting List:	0141 211 3186
Department Fax:	0141 211 2466

Our Ref: Jjc/im
Typed: 13/11/2008

MR HUSSAIN'S ORTHOPAEDIC CLINIC– 04/11/2008

Dr Jennifer McAtear
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr McAtear

Mrs Mary Watson DOB 06/03/1954 ~ Hosp: 50623238H
28 Kendoon Avenue Glasgow Lanarkshire G15 8AX
CHI: 0603546323

Diagnosis: Ganglion - Attached to flexor tendon
Outcome: Add to W/L - D/C

Thank you for referring this 54-year old right hand dominant lady to the hand clinic. She gives a one year history of painless swelling around the base of her left ring finger on the on the outer aspect of her hand. There is no history of penetrating injury. The lump has not changed in size over the past year and is painless. She does not describe any triggering. On examination she has a half centimetre firm cystic swelling over the base of the left ring finger aspect of her hand which clinically appears to be a flexor sheath ganglion. She is keen to have it removed and her name has been placed on the Day Surgery Waiting List f or this.

Yours sincerely

Assessment Clinic
23/1/09
DNA

Jon Clarke
Specialist Registrar in Orthopaedics

00592

50623238H

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Trauma and Orthopaedic Surgery C8
G General Referral

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

Western Infirmary/Gartnavel General

— **Hospital** and **hospital address**

Hospital location code.
G516H

Email address

Urgency of referral Routine

Date of referral 14-Jul-2008 **Date sent** 17-Jul-2008

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323

Patient's address

28 kendoon avenue
Glasgow
GLASGOW G15
G15 8AX

Contact number(s)

Voice: 944 3074

SEEN BY GP DETAILS

Name	Dr. Jennifer McAtear		
GMC code	4015264	GP code	05975
Practice name	DRUMCHAPEL HEALTH CENTRE (40436)		
Practice code	40436		

Practice address

80/90 KINFAUNS DRIVE
GLASGOW

Contact number(s)

Voice: 0141 211 6100

REFERRING PRACTITIONER DETAILS

Name	Dr. Jennifer McAtear		
GMC code	4015264	GP code	05975
Practice name	DRUMCHAPEL HEALTH CENTRE (40436)		
Practice code	40436		

Practice address

80/90 KINFAUNS DRIVE
GLASGOW

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: HAND CLINIC

Comment: For at least a year Mrs Watson has had a tender 0.5cm smooth lump overlying the aspect of her left 4th MP joint. It is not obviously attached to the underlying tendon. I am not sure what this lump is but I would be grateful if you would see Mrs Watson and see if you can remove this lump because of the problems it is causing her.

Thank you.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Heavy smoker - 20-39 cigs/day:		20-May-2004
Ex smoker:		01-Nov-2007
Teetotaller:		14-Mar-1995
Teetotaller:		01-Nov-2007
Enjoys light exercise:		27-Jun-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history - please ensure inappropriate and irrelevant codes are deleted

Pre-existing conditions (High & medium priority - all)

Description	Date recorded	Modifier	Extension	Date of onset
Acquired hypothyroidism	01-Apr-2008	-	-	-
Acquired hypothyroidism	08-Dec-2003	-	-	-
Chest pain	02-Jan-2002	-	MI -ve	-
[D]Chest pain	30-Jul-2001	-	-	-
Acute lower respiratory tract infection	30-Jul-2001	-	-	-
Tonsillitis	07-Dec-2000	-	-	-
[D]Chest pain	12-Oct-2000	-	-	-
Constipation	25-Oct-1998	-	-	-
Chest infection	16-Jan-1998	-	-	-
Alopecia	11-Feb-1997	-	-	-
Malig neop of bone, connective tissue, skin and breast	21-Oct-1996	Left	BREAST	-
H/O: depression	01-Jan-1996	-	-	-
Cervical intraepithelial neoplasia	30-Sep-1991	-	-	-
[V]Sterilisation	05-Dec-1985	-	-	-

Past procedures (High and medium priority - all)

Description	Laterality	Modifier	Date performed
Computerised tomograph scan	NAD	-	27-Feb-2001
VQ - Ventilation perfusion scan	NAD	-	12-Oct-2000
Lumpectomy of breast	-	-	21-Dec-1996
Health ed. - exercise	-	-	14-Mar-1995
Chemotherapy	-	-	30-Oct-1991
No smear - benign hysterectomy	-	-	30-Sep-1991

Family conditions (High and medium priority - all)

Description	Modifier	Extension	Date Recorded
FH: Neoplasm - *	-	-	14-Mar-1995

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

Course

Drug name	BNF code	Formulation	Dosage	Frequency	started	Duration
Glyceryl Trinitrate	02.06.01.0	180 Dose Cfc Free Pump 10g SPRAY 400MCG/DOSE	2 Puffs subling	prn	06-May-2005	-
Simvastatin	02.12.00.0	TABS 80MG	1 Tab	nocte	28-Apr-2004	-
Levothyroxine Sodium	06.02.01.0	TABS 100MICROGRAMS	1 Tab	In the morning	01-Apr-2008	-
Dihydrocodeine Tartrate	04.07.02.0	TABS 30MG	1 Tab	qds if req	10-Mar-2008	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Omeprazole	01.03.05.0	CAPS 20MG	2 Caps	Daily	08-Jul-2008	-
Omeprazole	01.03.05.0	CAPS 20MG	1 Cap	Daily	04-Jun-2008	-
Peptac	01.01.02.1	Sf Aniseed LIQ	10 ml	4 times daily	09-Jul-2007	-

Clinical warnings

Allergies

Adverse reaction to antibiotics

H/O: drug allergy

Additional relevant information - please ensure inappropriate and irrelevant codes are deleted

Administrative information

Referred By:Seen by GP

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

SURGERY & ANAESTHETIC DIRECTORATE
Pain Management Clinic

1053 Great Western Road
Gartnavel General Hospital
GLASGOW G12 0YN
Tel : 0141 211 3288
Fax : 0141 211 3466

Dictated: 20th November 2006
Typed: 30th November 2006

Our Ref: jhb/4344/50623238H

Dr S. Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Dear Dr Lyon,

Re: Mary Watson. DOB: 06/03/54. CHI No: 0603546323
28 Kendoon Avenue, Drumchapel, Glasgow, G15 8AX

I reviewed your patient at the Pain Management Clinic today. As you know we are treating her for pain in a variety of sites including her arm, abdomen, back and legs. As you know she has a complex medical history and has been left doubly incontinent after previous surgery.

Most recently we tried her with a TENS unit but this does not appear to be providing benefit. She has also been tried with Amitriptyline and Tramadol but they were abandoned due to sickness and nausea. She was also tried with sacro-iliac joint injections but they again were of no value.

I discussed with her today whether it might be worth trying her on some slightly stronger opioid drugs but she is not keen on this. She is currently taking Dihydrocodeine 30mg x 3/day and is happy on this regimen.

I suggested again today that she might benefit from some pain education and perhaps attend our Pain Clinic Physiotherapist for instruction on exercise and coping strategies but she is not keen on this.

I discussed whether we should try her with acupuncture and she is very keen on this and has been given a series of three treatments which will take place next spring.

We will let you know how things progress.

With kind regards.

Yours sincerely,

J. H. Brown
Consultant Anaesthetist

(38)

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Direct Line: 0141 211 3288
Fax: 0141 211 3466

PAIN MANAGEMENT CLINIC

/CMCN/50623238H CHI:6323

9th August 2006

Dr S C Lyon
Drumchapel Health Centre
Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Lyon

MARY WATSON
Date of Birth: 6th Mach 1954
28 Kendoon Avenue Glasgow G15 8AX

Thank you for your note of 7th August 2006 regarding an appointment for the above patient.

On checking our records, the patient is on our waiting list for review, at which time the effects of the Tens unit issued to her on 20th March 2006 will be assessed. It is policy now that all returning (as well as new referrals) patients are placed on a waiting list and contacted approximately 6 weeks before their allotted date and requested to opt-in for an appointment.

I hope this information is of assistance.

Yours sincerely

Mrs C. McNeill
Secretary : Pain Management Clinic

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Medicine A1
G General Referral — PAIN CLINIC — **Consultant / receiving practitioner and/or specialty clinic**

Western Infirmary/Gartnavel General
nurse mccallum — **Hospital and hospital address**

Hospital location code: G516H

Email address:

Urgency of referral: Routine

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323

Patient's address

28 kendoon avenue
Glasgow
GLASGOW G15
G15 8AX

Contact number(s)

Voice: 0141 944 1246

SEEN BY GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	G06084
Practice name	Drumchapel Health Centre		
Practice code	40436		

Practice address

80 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100

REFERRING PRACTITIONER DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	G06084
Practice name	Drumchapel Health Centre		
Practice code	40436		

Practice address

80 Kinfauns Drive.
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6100
Facsimile: 0141 211 6104

05335

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: NURSE-ANAE-MCCALLUM CLINIC - Pain Clinic

Comment: Dear Nurse McCallum

Mary attended the surgery today requesting re-referral back to your pain clinic. She explained to me that her mail was not being delivered regularly due to a problem with the post man. She is keen to attend your clinic and I have agreed to refer her back to you.

Thank you.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Heavy smoker - 20-39 cigs/day:		20-May-2004
Light smoker - 1-9 cigs/day:		21-Apr-2004
Moderate smoker - 10-19 cigs/d:		14-Mar-1995
Current smoker:		27-Jun-2006
Current smoker:		03-Nov-2005
Current smoker:		20-May-2004
Current smoker:		21-Apr-2004
Teetotaller:		14-Mar-1995
Teetotaller:		27-Jun-2006
Enjoys light exercise:		27-Jun-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history - please ensure inappropriate and irrelevant codes are deleted

Pre-existing conditions (High & medium priority - all)

Description	Date recorded	Modifier	Extension	Date of onset
Acquired hypothyroidism	08-Dec-2003	-	-	-
Chest pain	02-Jan-2002	-	MI -ve	-
Acute lower respiratory tract infection	30-Jul-2001	-	-	-
[D]Chest pain	30-Jul-2001	-	-	-
gems TREATMENT CENTRE	28-Jul-2001	-	-	-
gems TREATMENT CENTRE	26-Jul-2001	-	-	-
Tonsillitis	07-Dec-2000	-	-	-
[D]Chest pain	12-Oct-2000	-	-	-
gems TREATMENT CENTRE	28-Dec-1999	-	-	-
gems VISIT	14-Nov-1999	-	-	-
gems VISIT	27-Aug-1999	-	-	-
gems VISIT	12-Apr-1999	-	-	-
gems TREATMENT CENTRE	01-Nov-1998	-	-	-
Constipation	25-Oct-1998	-	-	-
gems VISIT	25-Oct-1998	-	-	-
gems ADVICE	29-Aug-1998	-	-	-
gems TREATMENT CENTRE	23-Aug-1998	-	-	-
gems ADVICE	17-Jun-1998	-	-	-
gems TREATMENT CENTRE	05-Apr-1998	-	-	-
Chest infection	16-Jan-1998	-	-	-
gems ADVICE	14-Dec-1997	-	-	-
gems VISIT	13-Dec-1997	-	-	-
gems TREATMENT CENTRE	06-Dec-1997	-	-	-

gems TREATMENT CENTRE	14-Sep-1997	-	-	-
gems TREATMENT CENTRE	05-Aug-1997	-	-	-
gems TREATMENT CENTRE	15-May-1997	-	-	-
gems TREATMENT CENTRE	15-May-1997	-	-	-
gems TREATMENT CENTRE	15-Mar-1997	-	-	-
Alopecia	11-Feb-1997	-	-	-
gems VISIT	08-Jan-1997	-	-	-
gems VISIT	03-Jan-1997	-	-	-
gems VISIT	03-Jan-1997	-	-	-
Malig neop of bone, connective tissue, skin and breast	21-Oct-1996	Left	BREAST	-
gems VISIT	04-Oct-1996	-	-	-
hospital referral letter sent	19-Feb-1996	-	grh clinical psychology	-
H/O: depression	01-Jan-1996	-	-	-
hospital referral letter sent	29-Dec-1995	-	dhc physio	-
hospital referral letter sent	31-Oct-1995	-	stobhill stoma nurse	-
hospital referral letter sent	21-Jul-1995	-	-	-
hospital referral letter sent	20-Jul-1995	-	-	-
dds consultation	12-Jul-1995	-	-	-
O/E - weight 10-20% over ideal	14-Mar-1995	-	-	-
Cervical intraepithelial neoplasia	30-Sep-1991	-	-	-
[V]Sterilisation	05-Dec-1985	-	-	-

Past procedures (High and medium priority - all)

Description	Extension	Modifier	Date performed
Medication review done by doctor	-	-	18-Jan-2005
Medication review	-	-	02-Jul-2004
Medication review	-	-	02-Jul-2004
Medication review	-	-	02-Jul-2004
Medication review done by doctor	-	-	02-Jul-2004
Exercise ECG normal	-	-	20-May-2004
Total cholesterol measurement	5.9	-	23-Apr-2004
Free T4 level	14	-	21-Apr-2004
Thyroid function test	5.0	-	21-Apr-2004
Smoking cessation advice	-	-	21-Apr-2004
Computerised tomograph scan	NAD	-	27-Feb-2001
VQ - Ventilation perfusion scan	NAD	-	12-Oct-2000
Lumpectomy of breast	-	-	21-Dec-1996
Health ed. - exercise	-	-	14-Mar-1995
Health ed. - diet	-	-	14-Mar-1995
Chemotherapy	-	-	30-Oct-1991
No smear - benign hysterectomy	-	-	30-Sep-1991

Family conditions (High and medium priority - all)

Description	Modifier	Extension	Date Recorded
FH: Neoplasm - *	-	-	14-Mar-1995

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Glyceryl Trinitrate	02.06.01.0	180 Dose Cfc Free Pump 10g SPRAY 400MCG/DOSE	2 Puffs subling	prn	06-May-2005	-
Levothyroxine Sodium	06.02.01.0	TABS 50MICROGRAMS	1 Tab	Daily	07-Jun-2005	-
					28-Apr-	

Simvastatin	02.12.00.0	TABS 80MG	1 Tab	nocte	2004

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
DIHYDROCODEINE	00.00.00.0	30mg tabs	1 Cap	4 times daily	02-Aug-2006	-

Clinical warnings

Smoking status

Alcohol consumption

Units per day

Allergies

Drugs and other substances-adverse effects in theraputic use

H/O: drug allergy

Additional relevant information - please ensure inappropriate and irrelevant codes are deleted

Administrative information

Referred By:Locum

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

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C ☐

Patient Identification

Patient CRN	50623238H	Provider SGC04	Hosp GGH
Surname	WATSON	Patient's Address	
First Forename	MARY	28 Kendoon Avenue	
Second Forename			
Previous Surname	CUMMINGS	GLASGOW	
Date of Birth	06 Mar 1954	Postcode G15 8AX	
Sex Female	Marital Status Married/Sep	Tel No: 944 1246	
CHI No 0603546323		Ethnic Group	
NHS No		GP Practice DRUMCHAPEL HEALTH CENTRE 0141 211 6	
Alt CRN		GMC No: 3298581 LYON	

Code Management

S are Package ID	Ward DUG*GGH	Admission Date 18/01/06
Speciality/Discipline (Code + Text National) ANAE ANAE-ANAESTHETICS		Admission Type 11
Significant Facility OTHER OTHER SIG FACILIT		Admission Reason TREAT
Consultant Code SERP		Admission/Transfer From 1 0
Consultant Name SERPELL		Admission/Transfer From – Location
Management of Patient DC IN DBU	Patient Category NATIONAL HEA	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date 17/10/05	Waiting List Type TB

General Clinical

Main Diagnosis – ICD 10

Other Condition – ICD 10 – 2

4

5

6

Main Operation/Procedure

SUPPOSITORY M903

Other 2

Other 3

Other 4

Date Main Operation 18/01/06

Clinician Responsible SRPEL

Date (OPP2)

Clinician Responsible (2)

Date (OPP3)

Clinician Responsible (3)

Date (OPP4)

Clinician Responsible (4)

Development data

Chronic Sick/Disabled ☐

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1 2

Outcome Measures 1 2

Dependency/Severity Measures 1 2

PAIN MANAGEMENT CLINIC

1053 Great Western Road
Gartnavel General Hospital
GLASGOW G12 0YN
Tel : 0141 211 3288
Fax : 0141 211 3466

Dictated: 17th October 2005
Typed: 27th October 2005

Our Ref : jhb/007/ej3048/50623238H

Dr S. Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Lyon,

Re : Mary Watson, DOB : 06/03/54
28 Kendoon Avenue, Drumchapel, Glasgow, G15 8AX

I saw your patient at the Pain Management Clinic today, 17th October. As you say in your letter she has a complex medical history having had a radical hysterectomy in 1991 for carcinoma f the cervix and she appears to be have been left doubly incontinent but is not keen on having restorive surgery performed. I note that she has also had breast cancer with a partial mastectomy and auxiliary clearance in 1996 and this was accompanied by chemotherapy and radiotherapy. Since that time she has been left with pain in her left arm, abdomen, her back and in both legs.

She also has psychological issues in that she is terrified of the idea of cancer and has attended a psychologist on several occasions. She does indeed appear to me to be a very fearful person. She is also not keen on taking any drugs which might cause her to feel sedated.

I looked at her pain questionnaire and found a large number of emotive words such as screaming, horrible, sickening, lonely, pounding and burning. So undoubtedly there is a considerable psychological overlay but the patient does not appear keen on seeing any other psychologist about this. Her pain scores tend to be in the order of 9 or 10/10 and the worst area of pain does indeed appear to be in her left shoulder and arm which does appear to be of a neurogenic character in the lower back and legs it appears to be more of aching in quality and nociceptive in character. I examined her and there appeared to be slight swelling of her left arm, some tenderness in her left shoulder musculature but no lumbar tenderness at all, however she was markedly tender over both her sacro-iliac joints.

In general her sleep is poor but she does not admit to being overly anxious or depressed. Her current drug therapy is simply Co-codamol.

I have explained to the patient that she may have to try other drugs if we are to provide a general easing of her problem and I have therefore given her a hand written note to yourself suggesting we try her on low dose Amitriptyline and low dose Tramadol. I have also appointed her to attend our TENS Nurse in instruction in optimal electrode siting and use of the machine and I have appointed her to attend at the Day Ward for sacro-iliac joint injections.

We will let you know how things progress.

With kind regards.

Yours sincerely,

J. H. Brown
Consultant in Anaesthesia & Pain Management

05335

(38)

PAIN MANAGEMENT CLINIC

1053 Great Western Road
Gartnavel General Hospital
GLASGOW G12 0YN
Tel : 0141 211 3288
Fax : 0141 211 3466

Dictated: 17th October 2005
Typed: 27th October 2005

Our Ref : jhb/007/ej3048/50623238H

Dr S. Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
GLASGOW
G15 7TS

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Re : Mary Watson, DOB : 06/03/54
28 Kendoon Avenue, Drumchapel, Glasgow, G15 8AX

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We will let you know how things progress.

With kind regards.

Yours sincerely,

J. H. Brown
Consultant in Anaesthesia & Pain Management

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

PAIN CLINIC

DEPARTMENT

DATE 17/10/05

DIAGNOSIS Widespread pain

Dear Dr, LEON.

I saw this patient at my outpatient clinic today. A full report will/~~will not~~ follow.

Please prescribe

AMITRIPTYLENE 25mgm nocte

Pres

TRAMADOL 50mgm Q.I.D.

Thanks

Consultant JM Brown

00596

S0623238H

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Medicine A1
~~G General~~ Referral — Pain.

Consultant / receiving practitioner and/or specialty clinic

Western Infirmary/Gartnavel General

Hospital and hospital address

Hospital unit no. -

Email address -

Urgency of referral Routine

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323

Patient's address

28 kendoon avenue
Glasgow
GLASGOW G15
G15 8AX

Contact number(s)

Voice: 0141 944 1246

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	G06084
Practice name	Drumchapel Health Centre		
Practice code	40436		

Practice address

80 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100

REFERRING PRACTITIONER DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	G06084
Practice name	-		
Practice code	40436		

Practice address

Contact number(s)

-

A Mir FRCP

24 MAY 2005

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: PAIN CLINIC

Comment: Dear Doctor

I would be very grateful if you were able to see this lady. She has quite a complex medical history. She had a radical hysterectomy in 1991 for carcinoma of the cervix. She also had a grade 1 invasive ductal carcinoma in 1996. For this she required radiotherapy and chemotherapy. For some time she has been complaining of pain over left chest area and arms. She also has some degree of lymphoedema following her axillary clearance. She also complains of abdominal pain. She takes co-codamol but does not find much relief from this. Following her operation she is doubly incontinent. She refused any surgery for this. She was due to have surgery some years ago to have a colostomy but decided not to go ahead with this. She has seen a psychologist on several occasions. She has had several people in her family dying and this has affected her quite badly.

At the moment she is being treated only with co-codamol. She is not keen to have her pain killers increased at the surgery. I have discussed with her today referring her back to see the counsellor. She does admit that she feels that a lot of her pain is connected to the way that she is feeling.

As she has quite complex medical problems I would appreciate your opinion regarding analgesia.

Kind regards.

DR A WALSH
GP Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Acquired hypothyroidism	-	-	-	08-Dec-2003
Acute lower respiratory tract infection	-	-	-	30-Jul-2001
Tonsillitis	-	-	-	07-Dec-2000
Chest infection	-	-	-	16-Jan-1998
Alopecia	-	-	-	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	-	Left	BREAST	21-Oct-1996
Cervical intraepithelial neoplasia	-	-	-	30-Sep-1991

Past procedures

Description	Laterality	Modifier	Date performed
Medication review done by doctor	-	-	18-Jan-2005
Medication review	-	-	02-Jul-2004
Medication review	-	-	02-Jul-2004
Medication review	-	-	02-Jul-2004
Medication review done by doctor	-	-	02-Jul-2004
Exercise ECG normal	-	-	20-May-2004
Total cholesterol measurement	-	-	23-Apr-2004
Smoking cessation advice	-	-	21-Apr-2004
Free T4 level	-	-	21-Apr-2004
Thyroid function test	-	-	21-Apr-2004
Computerised tomograph scan	-	-	27-Feb-2001
VQ - Ventilation perfusion scan	-	-	12-Oct-2000
Lumpectomy of breast	-	-	21-Dec-1996
Health ed. - exercise	-	-	14-Mar-1995
Health ed. - diet	-	-	14-Mar-1995
Chemotherapy	-	-	30-Oct-1991

No smear - benign hysterectomy	-	-	30-Sep-1991

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Glyceryl Trinitrate	02.06.01.0	180 Dose Cfc Free Pump 10g SPRAY 400MCG/DOSE	2 Puffs subling	prn	06-May-2005	-
Levothyroxine (Thyroxine) Sodium	06.02.01.0	TABS 25MICROGRAMS	1 Tab	Daily	11-Mar-2002	-
Simvastatin	02.12.00.0	TABS 80MG	1 Tab	nocte	28-Apr-2004	-
Chloramphenicol	11.03.01.0	Eye DROPS 0.5%	2 Drops	4 times daily	17-May-2005	-
Co-Codamol	04.07.01.0	30/500mg TABS	2 Tabs	4 times daily prn	17-Mar-2005	-

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Allergies

H/O: drug allergy

Smoking status	Alcohol consumption
Number per day 0 (current smoker)	Units per day ? (not known)

Additional relevant information

Administrative information

Preferred gender of consultant:No preference

Family conditions

Description	Modifier	Extension	Relation to patient
FH: Neoplasm - *	-	-	-

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

DIRECTORATE OF SURGICAL SPECIALITIES

MR B IRVINE'S ENT CLINIC

4th February 2005

Our Ref: **DW/JB/50623238H**

Gartnavel General Hospital
1053 Great Western Road
GLASGOW, G12 OYN

☎ **Direct Line: 0141-211-3212**
Fax No: 0141-357-4725

Typed on: **14th February 2005**

Dr J McAdear
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7ES

Dear Dr McAdear,

MARY WATSON 06/03/54 28 KENDOON AVENUE, GLASGOW G15 8AX

This lady attended the Clinic today. She is describing discharge from the right sided tonsil in her throat. This has been present for about one year. She is otherwise asymptomatic. On examination she has a crypt in her tonsil which appears to be collecting food.

She has been cleaning this herself with a cotton bud and I have advised her that perhaps a toothbrush might be a better implement to use and she seems quite happy at this. I have mentioned the possibility of getting her tonsils out if this bothers her, but at the moment I do not think it warrants further intervention. Should she wish re-reviewed then please re-refer her.

Yours sincerely,

David Wynne
Specialist Registrar in ENT Surgery

Tennent Institute of Ophthalmology
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Secretary: **0141 211 1039**
Reception: **0141 211 1030**
Fax: **0141 211 2054**

Our Ref: DT/AC/50623238
Dictated: 10/02/05
Typed: 17/02/05

DR RAMAESH'S OPHTHALMOLOGY CLINIC

Dr McAtear
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr McAtear

MARY WATSON DOB 06 03 54
28 KENDOON AVENUE GLASGOW G15

Thank you for referring this asymptomatic lady whose optician noticed a macular lesion in the left eye. Visual acuities are 6/9 unaided right and left and dilated fundoscopy shows a localised area of benign RPE atrophy which is unlikely to cause any problems in the future. I have reassured her and discharged her from clinic.

Yours sincerely

Dr D Tejwani
Specialist Registrar in Ophthalmology

E-mail Subject Line: ENT (Ear Nose & Throat), - -, 0603546323, Watson, Mary

Clinic Mr Irvine	Day Date FRI 4/2/05	Time	Hospital No. 50623238
Consultant to complete:	Appointment category		Clinic Details

Date: 31st August 2004 GP Urgency: Routine CHI **0603546323**

Please arrange for this patient to attend **Western Infirmary/Gartnavel General, ENT (Ear Nose & Throat), Ear, Nose & Throat, - -**

Surname **Watson** Title **Miss**
Forename **Mary** Date of birth **06/03/54**
Address **28 Kendoon Avenue**
Glasgow Tel **0141 944 1246**

Post code **G15 8AX**
Previous name
" address

Previous hospital attendance **Yes**
If Yes, please indicate year 2004
Unit number 50623238
Referral checked by

Referring clinician: Dr J. McAtear
Drumchapel Health Centre
80 Kinfauns Drive
Glasgow
G15 7TS

041 211 6100, fax:
Practice Number 40436

For at least four months Mrs Watson has had pus discharging from her right tonsil. She is aware that there is an unpleasant smell from her breath and has the sensation of something in her throat. Her symptoms have not responded to Cephalexin. On examination her throat appears normal. She is a smoker but has advised to stop. Her past medical history and current medication are detailed below. I would be grateful if would assess Mrs Watson's tonsils and consider tonsillectomy if appropriate.

Thank you.

Yours sincerely,

Routine

01 SEP 2004

DR J McATEAR
21/06/1958 Asthma NOS (H33zz)
05/12/1985 [V]Sterilisation (ZV252)
30/09/1991 Cervical intraepithelial neoplasia (B831.)
30/09/1991 No smear - benign hysterectomy (685H.)
30/10/1991 Chemotherapy (8BAD.)
14/03/1995 FH: Asthma (12D2.)
14/03/1995 FH: Neoplasm - * (124..)
01/01/1996 H/O: depression (1465.)
21/10/1996 Malig neop of bone, connective tissue, skin and breast (B3...) [Left]"BREAST"
21/12/1996 Lumpectomy of breast (71312)
11/02/1997 Alopecia (M240.)
15/05/1997 gems TREATMENT CENTRE (Z1026)
16/01/1998 Chest infection (H06z0)
25/10/1998 Constipation (19C..)
12/10/2000 [D]Chest pain (R065.)
12/10/2000 VQ - Ventilation perfusion scan (574A.)
"NAD"

Watson, Mary, 0603546323, 06/03/1954 - - ENT (Ear Nose & Throat) Western Infirmary/Gartnavel General Routine
ES .\\gpass40436w2k1\Documents\Dr J. McAtear\Watson, Mary 2004 08 31 #1.doc

07/12/2000 Tonsillitis (H03..)
27/02/2001 Computerised tomograph scan (567..)"NAD"
30/07/2001 [D]Chest pain (R065.)
30/07/2001 Acute lower respiratory tract infection (H062.)
02/01/2002 Chest pain (182.)"MI -ve"
30/10/2002 Notes summary on computer (9344.)
08/12/2003 Acquired hypothyroidism (C04..)
21/04/2004 Smoking cessation advice (8CAL.)
20/05/2004 Exercise ECG normal (32130)
02/07/2004 Asthma medication review (8B3j.)
02/07/2004 Medication review (8B3S.)
02/07/2004 Medication review done by doctor (8BIH.)
17/08/2004 Did not attend - no reason (9N42.)
Levothyroxine (Thyroxine) Sodium tabs 25micrograms 1 tab daily
Simvastatin tabs 80mg 1 tab nocte
Diclofenac Sodium ec tabs 25mg 1 tab 3 times daily
26/06/2002 Drugs and other substances-adverse effects in theraputic use (TJ..)"Septrin"
14/03/1995 H/O: drug allergy (14L..)

NA

VOL 4 (P)

E-mail Subject Line: Ophthalmology, - -, 0603546323, Watson, Mary

Clinic Dr Ramessh	Day Date	Time	Hospital No. 50623238
Consultant to complete:	Appointment category	Clinic Details	

Date: 5th August 2004 GP Urgency: Routine CHI **0603546323**

Please arrange for this patient to attend **Western Infirmary/Gartnavel General, Ophthalmology, ophthalmology, - -**

Surname **Watson** Title **Miss**
Forename **Mary** Date of birth **06/03/54**
Address **28 Kendoon Avenue**
Glasgow Tel **0141 944 1246**

Post code **G15 8AX**
Previous name
" address

Previous hospital attendance **Yes**
If Yes, please indicate year 2004
Unit number 50623238
Referral checked by

Referring clinician: Dr West
Drumchapel Health Centre
80 Kinfauns Drive
Glasgow
G15 7TS

041 211 6100, fax:
Practice Number 40436

Would you please see this lady who has recently had a sight test done by her Optician. This shows an abnormality of the retina and I enclose a copy of the letter. She has a past of hysterectomy for cervical cancer with subsequent bowel and bladder problems, breast cancer requiring triple therapy and osteopenia. Drugs as detailed below.

Yours sincerely,

DR B A K WEST

21/06/1958 Asthma NOS (H33zz)
05/12/1985 [V]Sterilisation (ZV252)
30/09/1991 Cervical intraepithelial neoplasia (B831.)
30/09/1991 No smear - benign hysterectomy (685H.)
30/10/1991 Chemotherapy (8BAD.)
14/03/1995 FH: Asthma (12D2.)
14/03/1995 FH: Neoplasm - * (124..)
01/01/1996 H/O: depression (1465.)
21/10/1996 Malig neop of bone, connective tissue, skin and breast (B3...) [Left]"BREAST"
21/12/1996 Lumpectomy of breast (71312)
11/02/1997 Alopecia (M240.)
15/05/1997 gems TREATMENT CENTRE (Z1026)
16/01/1998 Chest infection (H06z0)
25/10/1998 Constipation (19C..)
12/10/2000 [D]Chest pain (R065.)
12/10/2000 VQ - Ventilation perfusion scan (574A.)"NAD"
07/12/2000 Tonsillitis (H03..)
27/02/2001 Computerised tomograph scan (567..)"NAD"
30/07/2001 [D]Chest pain (R065.)
30/07/2001 Acute lower respiratory tract infection (H062.)

CLINIC	REF
URGENT	VF
SOON	ORTH
ROUTINE	

Watson, Mary, 0603546323, 06/03/1954 - - Ophthalmology Western Infirmary/Gartnavel General Routine
ES \\gpass40436w2k1\Documents\Dr West\Watson, Mary 2004 08 05 #1.doc

12 AUG 2004

02/01/2002 Chest pain (182..)"MI -ve"
30/10/2002 Notes summary on computer (9344.)
11/06/2003 Blood sample -> Biochem Lab (4143.)"tft and chol"
16/06/2003 biochemistry report received (Z1040)"tft, cholesterol"
08/12/2003 Acquired hypothyroidism (C04..)
21/04/2004 Blood sample -> Biochem Lab (4143.)"lft's cholesterol, thyroid"
21/04/2004 Smoking cessation advice (8CAL.)
23/04/2004 Calculus = cholesterol (4GA6.)"5.90"
02/07/2004 Asthma medication review (8B3j.)
02/07/2004 Medication review (8B3S.)
02/07/2004 Medication review done by doctor (8BIH.)
Thyroxine Sodium tabs 25micrograms 1 tab daily
Simvastatin tabs 80mg 1 tab nocte
Diclofenac Sodium ec tabs 25mg 1 tab 3 times daily
26/06/2002 Drugs and other substances-adverse effects in theraputic use (TJ...)"Septrin"
14/03/1995 H/O: drug allergy (14L..)

12 AUG 2004

NHS GENERAL OPHTHALMIC SERVICES

GOS(S)(M)

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

Referral/Notification of Patient to GMP

IS THIS A NEW DIAGNOSIS

SECTION ONE: To Be Sent To GMP [illegible] To: Dr. WEST

PATIENT'S DETAILS

SURNAME (Mr, Mrs, Miss, Ms) WATSON OTHER NAME(S) MARY

ADDRESS 28 KENMORE AVE, GLASGOW

POSTCODE G15 8AX TEL No.

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE: 22/7/04

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R		+1.25	—	—			6/6-	+1.75	NS
L		+1.25	—	—			6/6	+1.75	NS

Previous corrected V.A. Date

Date of Birth 6/3/54

Specify Cyclopegic/Mydriatic if used.

POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):

EXAM REVEALS SMALL DISTURBANCE SUPERIOR TO FOVEA (L). NOT PREVIOUSLY NOTED. AMSLER CHART REVEALS SMALL AREA OF DISTORTION INFERIOR TO FIXATION. PLEASE ARRANGE FURTHER ROUTINE INVESTIGATION,

MANY THANKS

I agree / do not agree that any Ophthalmologist to whom I am referred for medical consultation and / or treatment may make information relevant to my eye condition and its treatment available to my Optometrist / Ophthalmic Medical Practitioner.

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

Optic discs

IOP R mmHg Tonometer used: Applanation/Tonometer

L mmHg

Visual Fields

R L

Plot attached . . . . Y/N

Name and Address of Optometrist/OMP

OPTICAL EXPRESS
UNIT 68
ST. ENOCHS CENTRE
GLASGOW
G1 4BW
TEL. 0141 221 3939

Signed (Optometrist/OMP) Date

TION TWO: To Be Completed By General Medical Practitioner (If not accompanied by formal referral letter)

To: Dr. / Mr. / Mrs. / Miss / Ms

RELEVANT CLINICAL HISTORY - INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION:

Urgency Rating: Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP

12 AUG 2004

Signed (GMP) Date

Part One - This part must accompany any referral and be retained by the Ophthalmologist

Printed for Astron B26447 7/02 (71412)

North Glasgow University Hospitals NHS Trust
Western Infirmary
Dumbarton Road, Glasgow, G11 6NT.

NHS
Greater Glasgow

BONE METABOLISM CLINIC – 28/6/04

Clinic Appointments: 0141-211-6233
DEXA Scan Appointments: 0141-211-2135

Consultant Endocrinologist: Dr. A. R. McLellan.
Consultant Biochemists: Dr. P. Galloway & Dr. M. Panarelli.
Clinical Assistant: Dr. R. Dargie.
Osteoporosis Nurse Specialist: Ms. Mayrine Fraser.

PG/MP/50623238H

DATE DICTATED: 28.6.04
DATE RECEIVED: 28.6.04
DATE TYPED: 29.6.04

Mr. Reece,
Consultant Orthopaedic Surgeon,
Department of Orthopaedic Surgery,
WESTERN INFIRMARY.

C.C. Dr. Lyon,
Drumchapel Health Centre,
80-90 Kinfauns Drive,
GLASGOW, G15.

Dear Mr. Reece,

MARY WATSON DOB: 6.3.54
28 KENDOON AVENUE, GLASGOW, G15 8AX.

Thank you for referring this lady for exclusion of osteoporosis. She is a lady who had a hysterectomy age 37 for cervical cancer and had subsequent bowel and bladder problems. She has also had breast cancer requiring triple therapy and suffers from left arm lymphoedema. In addition to this she has some angina for which she requires to take GTN.

She is a very anxious lady who had an MRI scan at the time of her cancer and when she developed further back pain last year and it was suggested she get an MRI scan unfortunately she decided not to attend . We went through her symptoms today and I feel that she could have a degree of spinal stenosis and having explained the exact role of the MRI scan, she is willing to reconsider this if you felt it appropriate.

This lady gets pain from her lower lumbar spine going down the back of her leg to her feet. It is worse with movement and when she walks for a couple of hundred yards she has to sit down. If she remains stationary for too long it also gets worse. When she is walking she has to lean forward in a more crouched position.

On examination straight leg raising was about 25 degrees bilaterally. When you bend her knee she has some hip movement although on lateral abduction she gets some more pain. Her reflexes are brisk and plantars are downward going. She has no loss of muscle bulk and no sensation loss.

This lady had a DEXA scan done earlier this month which showed she had some minor osteopenia but was entirely normal for her age. In addition we did a FBC which was normal except her ESR was slightly raised at 22 mm/hr and normal renal function, LFT's, calcium and thyroid function tests.

I have not arranged to see her again.

Yours sincerely,

pp **PETER GALLOWAY,**
CONSULTANT BIOCHEMIST.

North Glasgow University Hospitals NHS Trust
Western Infirmary
Dumbarton Road, Glasgow, G11 6NT.

NHS
Greater Glasgow

BONE METABOLISM CLINIC – 28/6/04

Clinic Appointments: 0141-211-6233
DEXA Scan Appointments: 0141-211-2135

Consultant Endocrinologist: Dr. A. R. McLellan.
Consultant Biochemists: Dr. P. Galloway & Dr. M. Panarelli.
Clinical Assistant: Dr. R. Dargie.
Osteoporosis Nurse Specialist: Ms. Mayrine Fraser.

PG/MP/50623238H

DATE DICTATED: 28.6.04
DATE RECEIVED: 28.6.04
DATE TYPED: 29.6.04

Mr. Reece,
Consultant Orthopaedic Surgeon,
Department of Orthopaedic Surgery,
WESTERN INFIRMARY.

C.C. Dr. Lyon,
Drumchapel Health Centre,
80-90 Kinfauns Drive,
GLASGOW, G15.

Dear Mr. Reece,

MARY WATSON DOB: 6.3.54
28 KENDOON AVENUE, GLASGOW, G15 8AX.

Thank you for referring this lady for exclusion of osteoporosis. She is a lady who had a hysterectomy age 37 for cervical cancer and had subsequent bowel and bladder problems. She has also had breast cancer requiring triple therapy and suffers from left arm lymphoedema. In addition to this she has some angina for which she requires to take GTN.

She is a very anxious lady who had an MRI scan at the time of her cancer and when she developed further back pain last year and it was suggested she get an MRI scan unfortunately she decided not to attend . We went through her symptoms today and I feel that she could have a degree of spinal stenosis and having explained the exact role of the MRI scan, she is willing to reconsider this if you felt it appropriate.

This lady gets pain from her lower lumbar spine going down the back of her leg to her feet. It is worse with movement and when she walks for a couple of hundred yards she has to sit down. If she remains stationary for too long it also gets worse. When she is walking she has to lean forward in a more crouched position.

On examination straight leg raising was about 25 degrees bilaterally. When you bend her knee she has some hip movement although on lateral abduction she gets some more pain. Her reflexes are brisk and plantars are downward going. She has no loss of muscle bulk and no sensation loss.

This lady had a DEXA scan done earlier this month which showed she had some minor osteopenia but was entirely normal for her age. In addition we did a FBC which was normal except her ESR was slightly raised at 22 mm/hr and normal renal function, LFT's, calcium and thyroid function tests.

I have not arranged to see her again.

Yours sincerely,

PETER GALLOWAY,
CONSULTANT BIOCHEMIST.

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

397519

CONFIDENTIAL

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
WESTERN INFIRMARY, Glasgow G11 6NT
Telephone 0141-211-2000

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.: LYON U.I. 01

Your Patient :

Name: MARY WATSON
Address: 28 KENDOON AVE
D.O.B. 6/3/54 Unit No. [redacted]

Consultant BRODIE
Admitted to Ward C8M On 20/5/14
Discharged on 21/5/14 From Ward C8M
Or seen at _____ *Clinic, on* __/__/__

Diagnosis
1. Chest pain - MI screen
2. negative
3.
4.

Operation/Procedures
1.
2.
3.

Follow Up Arrangements

Clinic	Date __/__/__	
Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No
Paramedical (please state)		
Other		

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	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 from date of discharge	PHARMACY USE ONLY: No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.
SIMVASTATIN	O	40MG		1							—		INDEF	28	28 tabs
AMLODIPINE	O	25 MCG		—									1	7	7 x ~~5mg~~ 25mcg alphamma
LANSOPRAZOLE	O	30MG		—									GP review	7	7x ~~30mg~~ zoton

Dispensed by DBB Checked by
Date 21/5/14 CP Check

Medication Collected by (Messenger)

WARD USE ONLY
Medication Rec. on Ward by
Issued by
Date Issued
Signature of Recipient

OTHER TREATMENT and COMMENTS (Including details of drug sensitivities, appliances, etc)

commenced on lansoprazole IM

PRESCRIBERS NAME IN BLOCK CAPITALS E. FRASER
DESIGNATION PATHO
SIGNATURE E. Fraser DATE 21/5/14

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. 1009

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C

Patient Identification

Patient CRN	50623238H	Provider SGC04	Hosp WIG
Surname	WATSON	Patient's Address	
First Forename	MARY	28 KENDOON AVE	
Second Forename			
Previous Surname	CUMMINGS	GLASGOW	
Date of Birth	06 Mar 1954	Postcode G15 8AX	
Sex Female	Marital Status Married/Sep	Tel No: 944 1246	
CHI No	0603546323	Ethnic Group	
NHS No		GP Practice DRUMCHAPEL HEALTH CENTRE 0141 211 6	
Alt CRN		GMC No: 3298581 LYON	

Episode Management

Care Package ID	Ward L8M*WIG	Admission Date 20/05/04
Speciality/Discipline (Code + Text National) GM GENERAL MEDICINE		Admission Type 36
Significant Facility OTH OTHER HOSP WARD		Admission Reason TREAT
Consultant Code BROD		Admission/Transfer From 1 0
Consultant Name BRODIE		Admission/Transfer From – Location
Management of Patient INPATIENT	Patient Category NATIONAL HEA	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type

General Clinical

Main Diagnosis – ICD 10	
Other Condition – ICD 10 – 2	
3	
4	
5	
6	

Main Operation/Procedure			Date Main Operation
			Clinician Responsible
Other 2			Date (OPP2)
			Clinician Responsible (2)
Other 3			Date (OPP3)
			Clinician Responsible (3)
Other 4			Date (OPP4)
			Clinician Responsible (4)

Development data

Chronic Sick/Disabled ☐

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1 2

Outcome Measures 1 2

Dependency/Severity Measures 1 2

5062238

Dr B.A.K.West.	FRCS. MRCGP	80-90 Kinfauns Drive.
Dr. J.C.Nugent.	MBChB DRCOG MRCGP	Glasgow G15 7TS.
Dr. S.C.Lyon.	MBChB MRCGP	Tel 0141 211 6100
Dr. R.T.A.Scott.	MBChB. MRCGP FRCP DTM & H	Fax 0141 211 6104
Dr.P.G.Cawston.	BSc MBChB DRCOG DGM MRCGP	
Dr.J.M.McAtear	MBChB MRCGP	

PRACTICE ACCREDITATION
RCGP Scotland
2003-2006

BAKW/ES

12th February 2004

Mr A T Reece
Consultant Orthopaedic Surgeon
Department of Orthopaedics
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Dear Mr Reece

RE: MARY WATSON – DOB – 06.03.1954
28 KENDOON AVENUE, GLASGOW, G15 8AX

Thank you for letting us know that Mary Watson did not attend for her MRI scan. We have seen her a couple of times since she was referred to you and she certainly hasn't mentioned her back any more. However I have written to her to try and make sure that we are not missing anything and indeed to confirm that she got the MRI appointment.

Yours sincerely,

DR B A K WEST

West Glasgow Hospitals

Orthopaedic Department Notes

DEPARTMENT OF ORTHOPAEDICS
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
0141 211-1853
0141 211-2938
0141 211-2422

Secretary Tel: 0141-211-1853, (Ms Alison Gallacher)
Secretary Fax: 0141-211-2466
E-Mail: Alison.Gallacher.wg@northglasgow.scot.nhs.uk

ATR/AG/50623238

03 February 2004

Dr Nugent
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Nugent

MARY WATSON, DOB 06/03/54
28 KENDOON AVE, GLASGOW G15 8AX

I saw this lady some months ago and because of her history of back pain and previous neoplasia, I arranged a MRI scan which I have now been contacted to say she did not attend for. Could you please update me as to her current clinical situation, perhaps as to why she also didn't turn up for the investigation if you know.

Kind regards

A.T. REECE, FRCS (Orth)
Consultant Orthopaedic Surgeon

Cc
Mrs Watson
28 Kendoon Ave
Glasgow
G15 8AX

North Glasgow University Hospitals
NHS Trust

NHS
Greater Glasgow

BEATSON ONCOLOGY CENTRE

WESTERN INFIRMARY GLASGOW G11 6NT
General Clinic - Dr T R J Evans
Tel no: 0141 211 1741 Fax no: 0141 211 2891

CK/LC/50623238H

Dictated: 30 09 03
Typed: 02 10 03

Mr A Reece
Consultant Orthopaedic Surgeon
Western Infirmary
Glasgow

Dear Dr Lyon

MARY WATSON 06 02 54
28 KENDOON AVENUE GLASGOW G15 8AX

Diagnosis: Carcinoma of the cervix 1991
Grade 1 invasive ductal carcinoma of the left breast
Treatment: Radical hysterectomy
Six courses of CMF chemotherapy followed by adjuvant radiotherapy and Tamoxifen

I reviewed this lady in the medical oncology clinic today. She tells me she is well. She has no new symptoms. She does have long standing back pain and I understand that she has been reviewed by the orthopaedic surgeons regarding this.

Mary has had a number of psychological problems related to her diagnoses and finds coming to the clinic a difficult prospect. Given that she is now seven years out of treatment, I have therefore discharged her from the clinic. We would of course be happy to see her again in the future should the need arise.

Yours sincerely

C Kelly
Specialist Registrar in Medical Oncology

letter to GP
copy to Mr Hansell, Mr Reece

POSITIVE ABOUT DISABLED PEOPLE

MRI Department
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Tel : 0141 211 2962
Fax : 0141 337 3416

Date : 07/10/2003
Ref : 5596676

Dr AT Reece

Dear Dr AT Reece

The following patient failed to attend for their appointment:

For : **MR SPINE, LUMBAR**
On : **Monday 6th October** at **10:45 am.**
At : Department of MRI, Western Infirmary

Mary Watson
28 Kendoon Ave
Glasgow
G15 8AX

Hospital Number : 50623238H

Further to your request for the above patient, we are writing to inform you that your patient did not attend for their examination.

No further appointment has been issued. If this examination is still required, please re-refer.

Yours sincerely

File pl

Department of Radiology
Appointments Officer

Use Only | Clinic: Mr Reece. | Day/Date: 4e 29/7/03 | Time: 8.45 | Hospital No. 623238

REQUEST FOR OUT-PATIENT CONSULTATION

THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine Soon Urgent

CHI No	
Hospital	WIG
Date	7 APR 03
Please arrange for this patient to attend the	ORTHOPAEDIC
Clinic of Dr/Mr	ANY
Patient's Surname	WATSON
Maiden Surname	
First Names	MARY
Single/Married/other	
Address	28 KENDOON AVENUE
Date of Birth	06.03.1954
	GLASGOW 9973
Patient's Occupation	
Postal Code	G15 8AX 9464837

Has the patient attended hospital before ? | if "YES" please state:

Name of Hospital: WIG

Year of attendance: 2003 | Hospital No.: 623238

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

Can patient attend at short notice? YES/NO

YES, minimum notice required ____ days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

DR J C NUGENT
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
DRUMCHAPEL
GLASGOW
G15 7TS
TEL: 0141 211 6100

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:

This patient who presented today with increasing lower back pain and gross increasing anterior concavity of the lumbar spine. Her past medical history includes breast cancer and hysterectomy.

Dear Doctor

I would be grateful if you would review this pleasant 49-year-old lady with a six months history of increasing pain and deformity on the lumbar spine. She suffered from breast cancer five years ago where she was treated with radiotherapy, chemotherapy, left lumpectomy an axillary node clearance in 1996. She was on Tamoxifen from 1996 until recently. She also had a cervical CA treated with radical hysterectomy approximately eight years ago.

Mrs Watson does not have a history of bladder/bowel disturbances, gait disturbances nor saddle anaesthesia. Does not complain of nerve root pains either. On examination the lumbar area is tender over the L5 and there is a gross anterior convexity.

I had requested a lumbar x-ray regarding the possibility of ? metastasises or perhaps osteoporosis with wedge fractures over the lumbar area. Unfortunately due to the new back pain guidelines the x-ray department has refused to perform the lumbar x-ray. I would therefore be most grateful if you could review this pleasant and advise on further management. We will arrange a FBC and ESR in the Practice and will inform you of the results if needed.

Yours sincerely,

DR R CALVO

14 APR 2003

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Secretary's Direct Line: 0141 211 3280
Fax No. 0141 211 1006
E-mail: sandra.o'neill.wg@northglasgow.scot.nhs.uk

DEPARTMENT OF GASTROENTEROLOGY

AC/SON/623238

Clinic Date: 18.2.02
Date Typed: 25.2.02

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyon

Re: MARY WATSON (DOB 6.3.54)
28 KENDOON AVENUE, GLASGOW G15 8AX

This lady returned to the clinic today. Unfortunately she has had quite a difficult time recently in that her sister had died suddenly following coronary artery bypass grafting. Obviously this has upset her and she is quite anxious regarding her own health at the moment. She has actually managed to stop smoking herself. I have tried to reassure her in view of the fact that she had a normal angiogram in 1998. Indeed the symptoms she is getting at the moment seem to only occur when she is anxious or under stress. She does not describe significant reflux symptoms at the moment. Also at the moment she is reluctant to undergo any further investigations. I have tried to reassure her today and suggested that we should leave things as they are at the moment. Therefore I have returned her to your care but obviously if she has any concerns in the future we would be happy to see her again.

Yours sincerely

AIDAN CAHILL
Specialist Registrar in Gastroenterology

Dovemed 18/02, Sandra

WEST GLASGOW HOSPITALS

ADMISSION No.

Acute Medical Receiving Unit, Level 8, Western Infirmary, Glasgow, G11 6NT

CONSULTANT IN CHARGE **Dr S Dover**

PATIENT	**Mary Watson**	AGE	HOSP. No 6232788
ADDRESS	**28 Kendoon Avenue GLASGOW G15 8AX**	DATE OF BIRTH	06.03.54
ADMITTED	**01.01.02**	DISCHARGED	**02.01.02**
DIAGNOSIS 1st	**Chest pain - MI screen negative**	OPERATION 1st	
DIAGNOSIS 2nd		OPERATION 2nd	
DIAGNOSIS 3rd		OPERATION 3rd	
DIAGNOSIS 4th		OPERATION 4th	

RH/CL

CASE SUMMARY Direct No: 0141 211 2850

Dictated: 3rd January 2002
Typed: 26th February 2002

Dr Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
GLASGOW
G15

Dear Dr Lyon

This patient was admitted to the Western Infirmary giving a one day history of retrosternal chest pain. This was associated with mild shortness of breath on exertion and she also gave a history of one episode of vomiting.

On examination, she was well with a pulse of 81 regular, blood pressure 126/66, oxygen saturation 95% and she was apyrexial. Physical examination was otherwise unremarkable. An ECG showed sinus rhythm with no acute changes and a chest x-ray revealed no focal abnormalities. Blood tests on admission were all within normal limits.

She was kept in overnight for observation and an MI screen carried out the following day was negative with a CK of 81 and no new ECG changes. It was noted from her old notes that she had a coronary angiogram carried out three years ago which was entirely normal. She was therefore allowed home however, will be reviewed at Dr Dover's Medical Out Patient Clinic in approximately six weeks' time.

MEDICATIONS ON DISCHARGE - Thyroxine 25 mcg od, Tamoxifen 20 mg od, Simvastatin 20 mg od, GTN Spray prn.

Further routine blood tests showed that this patient's cholesterol was still elevated at 6.8 despite treatment with Simvastatin 20 mg od. Therefore we would appreciate if you would consider increasing the dose of Simvastatin to 40 mg od. The patient's thyroid function tests were noted to be normal.

Yours sincerely

DR RIZWANA HAMID
MEDICAL SHO

0062573

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

310963

CONFIDENTIAL

WEST GLASGOW HOSPITALS
WESTERN INFIRMARY, Glasgow G11 6NT
Telephone 0141-211-2000

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.: _____

Your Patient :

Name: MARY WATSON
Address: _____
D.O.B. 2/3/54 Unit No 623 738

Diagnosis
1 chest pain
2
3
4

Consultant Dover
Admitted to Ward 68M On 1/12/12
Discharged on 2/1/12 From Ward 68M
Or seen at _____ *Clinic,on* __/__/__

Operation/Procedures
1
2
3

Follow Up Arrangements

Clinic _____ Date __/__/__
Home Help Yes No
District Nurse Yes No
Meals/Wheels Yes No
Paramedical (please state) _____
Other _____

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	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 from date of discharge	No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.
AMOXIL	PO	2 tmw q		✓									7 days	7	[illegible]
AMLODIPINE	PO	10 od		✓											[illegible]
SIMVASTATIN	PO	20 od					✓				✓				
GTN SPRAY	SL	prn		PRN										X1	X1 Servier

PHARMACY USE ONLY

Dispensed by KA Checked by DMS
Date 2/1/12 CP Check

Medication Collected by (Messenger)

OTHER TREATMENT and COMMENTS (Including details of drug sensitivities, appliances, etc.)

DR.s NAME IN BLOCK CAPITALS PARVEEN SHARMA SIGNATURE [signature] DATE 2/1/12

Pager No. 1009

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

WARD USE ONLY

Medication Rec. on Ward by _____
Issued by _____
Date Issued _____
Signature of Recipient [signature]

Glasgow Emergency Medical Services (Centre Name)

Call No: 600719	Date: 01/01/2002 15:46:29	Time of Call:
Patient's Name: WATSON MARY	D.O.B.Age: 06/03/1954 4	
Address Today: 28 Kendoon Avenue MAIN DOOR DRUMCHAPEL Glasgow Post Code: G15 8AX	Home Address If different: Post Code:	
Phone Number Today: 44 0141 944 4831	Home Phone If different:	
Special Directions to Today's address:		
Callers Name:	Relationship to patient:	

Name of GP: JC Nugent	Practice No: 045	
Surgery: 045Drumchapel Health Centre	Cipher No: G0209 7	
Address:	Fax No: 0141 211 6104	
	Speed Dial: 072W	
Call Type: OT	Time Passed:	
Receptionist's Name: CWHIT	Time Arrived: 1605	Time complete:

Patient's Complaint:

PAIN IN CHEST LAST NIGHT HAD G P OUT LAST NIGHT WAS GIVEN I-NJ AND TOLD TO CALL BACK IF NO BETTER FEELS BREATHLESS PAIN IINBETWEEN BREAST

BP: 136/82 PR: per min R28. P100 (Reg) Temp: 36.2

Clinical Notes

still c/o pain across chest, feels more like an ache, injection helped pain for a while, on tamoxifen and thyroxine, daughter will bring to the centre.

(L) sided chest pain / Breathless at rest / Sinus rhythm

Seen DBS ~~yesterday~~ last night + Pain killer injection.
HO. Breast ca (L) – 5yr. Heart attack – 3yr ago ~~died~~ in CCU + angioplasty done
Cervical ca. – 9yr
FH. Heart disease. Nephew died heart attack. Brother – AMI
Sister has AF on warfarin

Treatment:

CXR
CXR chest – awaiting report
Rfd to Medical OPE 4/52
Tab Simvastatin for cholesterol
Tab Tamoxifen
Tab Thyroxine
Tablets to take remainder

Diagnosis Code:

Referral:

Seen by Dr:	Rota No: 443	Nurse:

WEST GLASGOW HOSPITALS

ADMISSION No.

Acute Medical Receiving Unit Level 8, Western Infirmary, Glasgow G11 6NT Tel: 211-2850
CONSULTANT IN CHARGE **Dr Dover**

PATIENT	**Mrs Mary Watson**	AGE **47**	HOSP. No **623238**
ADDRESS	**28 Kendoon Avenue GLASGOW G15 8AX**	DATE OF BIRTH	**06/03/54**
ADMITTED	**29/07/01**	DISCHARGED	**30/07/01**
DIAGNOSIS 1st		OPERATION 1st	
DIAGNOSIS 2nd		OPERATION 2nd	
DIAGNOSIS 3rd		OPERATION 3rd	
DIAGNOSIS 4th		OPERATION 4th	

GV/II

CASE SUMMARY Dictated : 01/08/01
Typed : 16/08/01

Dr Lyon
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW G15 7TS

Dear Dr Lyon

Mrs Watson was admitted to Acute Medical Admissions Unit on the 29th of July 20001 under Dr Dover with chest pain. She described a four day history of anterior burning chest pain, which was worse on coughing. She had a non productive cough. She has a past medical history of left sided breast cancer, cervical cancer and recurrent chest infections. She has a family history of ischaemic heart disease with three family members dying below the age of 40 of Myocardial Infarction.

On examination she was well and undistressed. Her pulse was 76 and regular. Blood pressure was 121/82. Her JVP was not raised. Heart sounds I and II were present. There was no peripheral oedema. There were coarse crackles in the right base. Her abdomen was soft and non tender. There was no neurology. There were no new breast lumps.

The impression was of lower respiratory tract infection. She was commenced on oral Amoxicillin. Myocardial Infarction was excluded on grounds of serial ECG and enzymes. Her chest x-ray was unremarkable. She was reviewed by our Cardiology Team, who noted her normal coronary angiography in 1998 and felt there was no element of angina to the chest pain. She was discharged home the following day. We have not made routine plans for follow-up.

- **MEDICATION ON DISCHARGE:**
- **Tamoxifen 20 mg once a day**
- **Amoxicillin 500mg t.d.s.**

P.S. I note that Mrs Watson's cholesterol is elevated at 6.6 and would be most grateful if you would repeat or consider treatment. Many thanks.

Yours sincerely

0062573

DR GILLIAN VALLANCE
MEDICAL S.H.O.

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

285715

CONFIDENTIAL

WEST GLASGOW HOSPITALS
WESTERN INFIRMARY, Glasgow G11 6NT
Telephone 0141-211-2000

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.: _____

Your Patient :

Name: MRS WATSON

Address: _____

D.O.B. 6/3/54 Unit No. 623238

Consultant: DOWN

Admitted to Ward C8M On 29/7/01

Discharged on 30/7/01 From Ward C8M

Or seen at _____ *Clinic,on* __/__/__

Diagnosis

1 Chest pain

2 _____

3 _____

4 _____

Operation/Procedures

1 _____

2 _____

3 _____

Follow Up Arrangements

Clinic _____ Date __/__/__

Home Help Yes No

District Nurse Yes No

Meals/Wheels Yes No

Paramedical (please state) _____

Other _____

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	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 from date of discharge	No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.
TAMOXIFEN	O	20mg		✓						✓			OWN SUPPLY	7 PTS am.	
AMOXICILLIN	O	500mg		✓		✓					✓		5 DAYS.	7 PTS am (issued 29/7/01)	

OTHER TREATMENT and COMMENTS (Including details of drug sensitivities, appliances, etc.)

PHARMACY USE ONLY

Dispensed by _____ Checked by _____

Date _____ CP Check _____

Medication Collected by (Messenger)

_____

WARD USE ONLY

Medication Rec. on Ward by _____

Issued by _____

Date Issued _____

Signature of Recipient _____

DR.s NAME IN BLOCK CAPITALS N. WANN **SIGNATURE** _____ **DATE** __/__/__

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. _____

West Glasgow Hospitals University NHS Trust
Cardiology Consultation

Hospital No.: 623238
NAME: MARY WATSON
D.O.B.:

Date of referral 30-7-01 time

Referring Consultant DOVER

Initial cardiological assessment

date 30/06/01 time

47yr ♂ Background Hx – Normal coronaries '98
Prev breast/cervical Ca.
Presents c 3/7 Hx of general malaise / myalgia and some mild URTI symptoms. Presents with 2-3/7 of pleural/pericardial soundsdiscomfort. ECG unchanged. CK negative.
No rubs O/E

Recommended investigations

(please state whether in-patient or out-patient)

CXR – unremarkable.
Warfarin clinic checks inflammatory parameters

to be arranged by

Recommended treatment

Simple analgesia.
I don't think the pain sounds ischaemic. I wouldn't suggest further Invx currently.

Consultant Cardiologist

name (please print) LINDSAY

signature

Recommended further management after investigations etc.

date time

Responsibility for . . .

	admitting team	consulting cardiologist	other cardiologist
on-going in-patient care			
discharge summary (please send notes to)			
post-discharge follow-up (AMAU to arrange)			

Glasgow Emergency Medical Services (Centre Name)

Call No: 501980	Date: 29/07/2001 21:48:57	Time of Call:
Patient's Name: WATSON MARY		D.O.B.Age: 06/03/1954 4
Address Today: 28 Kendoon Avenue MAIN DOOR DRUMCHAPEL Glasgow Post Code: G15 8AX		Home Address If different: Post Code:
Phone Number Today: 44 0141 944 9973		Home Phone If different:
Special Directions to Today's address:		
Callers Name:		Relationship to patient:

Name of GP: JC Nugent	Practice No: 045
Surgery: 045Drumchapel Health Centre	Cipher No: G0209 7
Address:	Fax No: 0141 211 6
	Speed Dial:
Call Type: OT	Time Passed: 072W
Receptionist's Name: MAGOL Time Arrived: 2159	Time complete: 22.25

Patient's Complaint: PH - Tamoxifen 20y

29 Jul 01: 28 Jul 01: o/e truchea central, no cervical nodes, no local rib tenderness, no breast lumps, air entry R=L, chest mainly clear, h/o severe chest infections, feels like minor infection. Plan start DF118 + Ibuprofen - patients own, Amoxycillin 500mg tid Rview if required. SEEN OWN GP YES-

BP: 160 / 98	PR: per min 120 Resps 40	Temp: 37.7°C

Clinical Notes PMH - Breast Ca - Lumpectomy + chemo/radio therapy 1995

Ca Cervix - 1993

- (R) anterior pleuritic chest pain.

Auscultation - Normal.

DD: Probable pleurisy

Treatment: → Receiving Physician A&E Western Infirmary

Diagnosis Code:

Referral:

Seen by Dr: PW SHO	Rota No: 88	Nurse: WDavidA

West Glasgow Hospitals

THE INFECTION, TROPICAL MEDICINE & COUNSELLING SERVICE
THE BROWNLEE CENTRE
Gartnavel General Hospital, GLASGOW. G12 OYN.
Tele: 0141-211-0292 Fax: 0141-211-1097

Ref: SS.DO'K
Date dictated: 07.12.00
Date typed: 17.12.00

Dr. Lyon,
Drumchapel Health Centre,
80/90 Kinfauns Road,
GLASGOW. G15.

Dear Dr. Lyon,

Re: MARY WATSON - d.o.b. 06.03.54. (Unit No: 623238).
28 Kendoon Avenue, GLASGOW. G15 8AX.

Admission date: **07.12.00** **Discharge date:** **08.12.00**

Diagnosis:
1) **Probable tonsillitis**
2) **Previous breast carcinoma**
3) **Previous cervical carcinoma**

Medication on discharge:
Tamoxifen - 20 mgs. once daily
Clarithromycin - 500 mgs. b.d. for 5 days
Difflam mouth wash - 5 mls. gargle, 4 times daily for 5 days
Aspirin - 300 mgs. gargle, 4 times daily for 5 days

This 46 year old woman was admitted initially to the Western Infirmary on 7th December, 2000. She reported a 48 hour history of a flu-like illness, feeling shivery and hot and cold with aching all over. She also complained of a sore throat. She had no cough or sputum, but had a little mild chest discomfort earlier in the day.

On examination she was pyrexial at 38.9. She was tachycardic with a pulse of 118, blood pressure 118/79, heart sounds were normal. Respiratory examination revealed decreased air entry at the right base. Abdominal examination was unremarkable. Chest x-ray showed some elevated right hemidiaphragm with possible consolidation at the right base. Further investigations included urea and electrolyres, LFT's normal. Full blood count - haemoglobin 10.5, white cell count 25.7 (white count decreased to 12.5 prior to discharge) platelets 178 on admission. Blood cultures negative. ASO titres negative. Stool culture negative.

Mrs. Watson was also noted to have bilateral exudative tonsillitis. It was felt that the change in her chest x-ray may be old. After commencing a course of antibiotics, her temperature settled and she felt better. She was allowed home on 8th December, 2000 to complete a course of Clarithromycin. She has follow up arranged at the Oncologists.

We have, therefore, not made any plans to see her back at our clinic, but we would be happy to do so should you request it.

Yours sincerely,

Simon Sheridan, Senior House Officer.
Andrew Seaton, Consultant Physician.

Date signed: 14/12/00

WEST GLASGOW HOSPITALS

Medical In Confidence
Inpatient/Day Case Record

B|C

I/A/D/C ☐

Patient Identification

Patient CRN 623238	Provider SGC04 WGH Hosp
Surname WATSON	Patient's Address 25 RANDOON AVE
First Forename MARY	
Second Forename	GLASGOW
Previous Surname CUMMINGS	
Date of Birth 06 Mar 1954	Postcode G53 8AX
Sex Female / Marital Status Married (in	Tel No:
CHI No 0603546323	Ethnic Group
NHS No	GP Practice BRAEHEAD HEALTH CENTRE0141211610
Alt CRN	GMC No G2c8581 LYON

Episode Management

Il/Care Package ID	L8M Ward 1G	Admission Date
Specialty/Discipline (Code + Text National) GM GENERAL MEDICINE		Admission Type
Significant Facility OTH OTHER HOSP WARD		Admission Reason
Consultant Code HUNT		Admission/Transfer From
Consultant Name HUNTER		Admission/Transfer From - Location
Management of Patient INPATIENT	Patient Category NATIONAL BEA	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type

General Clinical

Main Diagnosis - ICD 10	
Other Condition - ICD 10 - 2	
3	
4	
5	
6	

Main Operation/Procedure

		Date Main Operation	
		Clinician Responsible	
Other 2		Date (OPP2)	
		Clinician Responsible (2)	
Other 3		Date (OPP3)	
		Clinician Responsible (3)	
Other 4		Date (OPP4)	
		Clinician Responsible (4)	

Development data

Chronic Sick/Disabled ☐

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1		2
Outcome Measures 1		2
Dependency/Severity Measures 1		2

WEST GLASGOW HOSPITALS

Medical In Confidence
Inpatient/Day Case Record

I/A/D/C ☐

Patient Identification

Patient CRN 623238	Provider SGC04 Hosp
Surname WATSON	Patient's Address GGH 28 KENDOON AVE
First Forename MARY	
Second Forename	
Previous Surname CUMMINGS	
Date of Birth 06 Mar 1954	Postcode G15 8AX
Sex Female / Marital Status Married (in	Tel No: GLASGOW
CHI No 0603546323	Ethnic Group
NHS No	GP Practice
Alt CRN	GMC No:

Episode Management

Spell/Care Package ID	Ward	Admission Date
Specialty/Discipline (Code + Text National)		Admission Type
Significant Facility		Admission Reason 404361 DRUMCHAPEL HEALTH CENTRE
Consultant Code		Admission/Transfer From 3298581 LYON
Consultant Name		Admission/Transfer From - Location
Management of Patient	Patient Category BC*GGH	GP Referral Letter No. 07/12/00
Waiting List Guarantee Exception Code COMD	Waiting List Date COMMUNICABLE DISEA	Waiting List Type 36

General Clinical

Main Diagnosis - ICD 10 OTH OTHER HOSP WARD	TREAT
Other Condition - ICD 10 - 2 SEAT	48
SEATON	
5 INPATIENT	NATIONAL HEA
6	

Main Operation/Procedure

		Date Main Operation
		Clinician Responsible
Other 2		Date (OPP2)
		Clinician Responsible (2)
Other 3		Date (OPP3)
		Clinician Responsible (3)
Other 4		Date (OPP4)
		Clinician Responsible (4)

Development data

Chronic Sick/Disabled ☐

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1		2
Outcome Measures 1		2
Dependency/Severity Measures 1		2

To Reception Physician
ACF Written Advice

Glasgow Emergency Medical Service

Call Number	336578	Time of Call	
Patient's Name	MARY WATSON		
Patient's Address	~~132 DRUMMORE RD~~ Changed to. 28 KENDINE AVE 28 Kendine Ave		
DoB	6.3.54 / 60yrs		
Phone Number			
Caller's Name			
Name of GP	Nugent		
Surgery	Drumchapel HC	Cipher No.	2097
Call Type	R	Call passed	
Receptionist			

Symptoms

Breathless, stomach pain ? Cancer

M1401-3705 confirmed

Notes

Suffers from CA left breast, has had rt left chest problems, Rad Rx 2 days since very breathless

O/E Pulse - 128/min — HJF +4

Bp 120/80 — RS RN - Dullal L2

Temp - 37.5°C — BS - Vesicular - Coarse crep/rh at both bases

Throat - NAD

Tonsils not examined Rhonchi + —

AI + LN - NAD

Δ Bronchopneumo-

Car ID	Kt 2		
Sent to car		Active	
Received in car	1140	Job size	D/H Amoxicillin 7 days
Acknowledge in car		Job Status	
Arrived at scene		Triggered	I would be grateful if you could see
Departed scene			this lady today
Completed			With thanks

6/12

Western Infirmary,Glasgow, G11 6NT
Acute Medicine - Ward G3/4
Direct Tel : 0141 211 2683

CONSULTANT IN CHARGE	DR P SEMPLE

PATIENT	MARY WATSON	HOSPITAL NO	623238
ADDRESS	28 KENDOON AVENUE GLASGOW, G15 8AX	DATE OF BIRTH	6.3.54
ADMITTED	9.10.00	DISCHARGED	12.10.00

DIAGNOSIS 1st	CHEST PAIN
DIAGNOSIS 2nd	BREAST CA

MW/GM

Dictated: 23.10.00
Typed: 26.10.00

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Lyon

This 46 year old woman was admitted to the Western Infirmary on 9.10.00 complaining of chest pain which was felt over the left side of the chest and had been present for three days, it was associated with a mild cough. There was no sinister findings on examination of the chest. There was no evidence of DVT. A background of previous left lumpectomy, radiotherapy then chemotherapy was obtained.

She was admitted to the ward and underwent VQ scan and bone scan, both of which were normal. Her chest pain resolved and she was sufficiently well to be discharged home on 13.10.00.

No routine medical follow up has been arranged.

Discharge Medications :Amoxycillin 500mgs tds, Tamoxifen 20mgs nocte, Ibuprofen 400mgs qds, Dihydrocodeine 30mgs prn for pain, Microlette 1 app prn

Yours sincerely

DR MATTHEW WALTERS
SPECIALIST REGISTRAR

t use a ballpoint pen and
plete this form or the
tion will not be dispensed

246575

CONFIDENTIAL

WEST GLASGOW HOSPITALS
WESTERN INFIRMARY, Glasgow G11 6NT
Telephone 0141-211-2000

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

me of G.P.: _____

Your Patient :

Name: MARY WATSON
Address: _____
D.O.B. 6/3/54 Unit No. 623238

Consultant Dr. Semple
Admitted to Ward L8M On 9/10/00
Discharged on 12/10/00 From Ward G3
Or seen at _____ *Clinic,on* __/__/__

Diagnosis
1 Chest pain - no evidence of PTE
2 - no evidence of infx
3 - no evidence of bone mets
4 Underlying breast CA + osteoporosis

Operation/Procedures
1 CXR, ECG, V/Q scan
2 Bone scan - (N)
3 Routine bloods

Follow Up Arrangements

Clinic _____	Date __/__/__	
Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No
Paramedical (please state) _____		
Other _____		

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	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 from date of discharge	No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.
AMOXYCILLIN	PO	500mg		✓			✓				✓		3 DAYS		9x500mg SKB
TAMOXIFEN	PO	20mg									✓				7x20mg APS
IBUPROFEN	PO	400mg		✓		✓			✓		✓				28x400mg SETON
DIMYDROCODEINE	PO	30mg	prn for pain 6-8°												28x30mg NORTON
MICROLETTE	PR	1 APPL.	prn for constipation												5x microlette APEX

OTHER TREATMENT and COMMENTS (Including details of drug sensitivities, appliances, etc.)

PHARMACY USE ONLY

Dispensed by _____ Checked by SA
Date 12/10/00 CP Check _____

Medication Collected by (Messenger)

WARD USE ONLY
Medication Rec. on Ward by _____
Issued by _____
Date Issued _____
Signature of Recipient _____

DR.s NAME IN BLOCK CAPITALS O'DAVID **SIGNATURE** C.O'David **DATE** 13/10/00

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. 13380

WEST GLASGOW HOSPITALS

Medical In Confidence
Inpatient/Day Case Record

I/A/D/C ☐

Patient Identification

Patient CRN	623238	Provider SGC04 Hosp	WIG
Surname	WATSON	Patient's Address	28 KENDOON AVE
First Forename	MARY		
Second Forename			GLASGOW
Previous Surname	CUMMINGS		
Date of Birth	06 Mar 1954	Postcode	G15 8AX
Sex	Female	Marital Status	Married (in
		Tel No:	
CHI No	0603546323	Ethnic Group	
NHS No		GP Practice	DRUMCHAPEL HEALTH CENTRE0141211610
Alt CRN		GMC No:	3298581 LYON

ode Management

Spell/Care Package ID	Ward L8M*WIG	Admission Date 09/10/00
Specialty/Discipline (Code + Text National) GM GENERAL MEDICINE		Admission Type 36
Significant Facility OTH OTHER HOSP WARD		Admission Reason TREAT
Consultant Code SEMP		Admission/Transfer From 1 0
Consultant Name SEMPLE		Admission/Transfer From - Location
Management of Patient INPATIENT	Patient Category NATIONAL HEA	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type

General Clinical

Main Diagnosis - ICD 10

Other Condition - ICD 10 - 2

4

5

6

Main Operation/Procedure

Date Main Operation

Clinician Responsible

Other 2

Date (OPP2)

Clinician Responsible (2)

Other 3

Date (OPP3)

Clinician Responsible (3)

Other 4

Date (OPP4)

Clinician Responsible (4)

Development data

Chronic Sick/Disabled ☐

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1 2

Outcome Measures 1 2

Dependency/Severity Measures 1 2

West Glasgow Hospitals University NHS Trust

DEPARTMENT OF CARDIOLOGY

DISCHARGE SUMMARY

ND/LR/623238

29TH December 1998

Dr Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow G15

Dear Dr Lyon

Mary Watson - 6.3.54
32 Kendoon Avenue Glasgow G15 8AX

Date of Admission: 25.10.98
Date of Discharge: 28.10.98

CONSULTANT: Professor McMurray

DIAGNOSIS: Atypical Chest Pain
Coronary Angiography revealed Normal Coronary Arteries

Mrs Watson was admitted with a history which sounded like unstable angina. She had no specific minor ST changes in V1 - V6 and she proceeded to have coronary angiography performed which showed normal coronary arteries and therefore the diagnosis has been made of non-coronary chest pain. She was discharged home and we have made no plans to review her.

Yours sincerely

NULA DAWSON
SHO 3

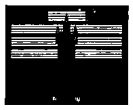
You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

143632

CONFIDENTIAL

Name of G.P.:_____

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
WESTERN INFIRMARY, Glasgow G11 6NT
Telephone 0141-211-2000



IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Your Patient :

Name: MARY WATSON

Address: 78 Halgreen avenue
Glasgow

D.O.B. 6/3/54 Unit No. 123838

Consultant Kennedy

Admitted to Ward A&E On 25/10/98

Discharged on 27/10/98 From Ward _____

Or seen at _____ *Clinic,on* __/__/__

Diagnosis
1 Atypical Chest Pain
2 _____
3 _____
4 _____

Operation/Procedures
1 _____
2 _____
3 _____

Medicine	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 from date of discharge
PARACETAMOL	PO	2 tabs											
DIHYDROCODEINE	PO	60mg		4-6 hrly as reqd									
CAUSION	PO	10mg		a.m.		mid day		4pm					
SIMVASTATIN	PO	20mg											

OTHER TREATMENT and COMMENTS (Including details of drug sensitivities, appliances, etc.)

- Angiography → Normal coronary arteries
∴ non coronary chest pain

Please TICK box if childproof containers are UNSUITABLE ☐

PHARMACY USE ONLY

No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.
	7 x 4hrly
	40 x Nitrocine
	200 x 10mg
	7 x MSD

Dispensed by _____ Checked by _____
Date 27/10/98 CP Check _____

Medication Collected by (Messenger)

WARD USE ONLY
Medication Rec. on Ward by _____
Issued by _____
Date Issued _____
Signature of Recipient _____

Follow Up Arrangements

Clinic _____	Date __/__/__	
Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No
Paramedical (please state) _____		
Other _____		

DR.s NAME IN BLOCK CAPITALS C J Ward SIGNATURE _____ DATE 27/10/98

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. 1.3

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

(Notes for Guidance of Doctors and Patients overleaf)

Patient Name (BLOCK CAPITALS) MARY WATSON Date 27/10/98

UNIT No _____ Proposed Procedure (BLOCK CAPITALS) CORONARY ANGIOGRAM ± PTCA ± STENT ± RECORDING ± CABG

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. **Side-effects which may result from the procedure**

Name (BLOCK CAPITALS) CURRAN

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 ony 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 _____ Patient/Parent/Guardian/ Next of Kin*

Name (BLOCK CAPITALS) _____ (* DELETE AS APPROPRIATE)

Address _____

REF/CTA1
JMcC/930795

NOTES OF GUIDANCE

1. **DOCTORS**

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 proprosed procedure, any 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 if 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 procedures 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 (BLOCK CAPITALS) _____ Date _____

Signature _____

*DELETE AS APPROPRIATE

West Glasgow Hospitals University NHS Trust

Cardiology Consultation

HOSPI MARY WATSON
NAME: DOB 06/03/54
D.O.B.

Referral date | time

Referring Consultant: LEES

Cardiological Assessment

date 25 10 98. time 12 30

45 ♀ with typical cardiac chest pain for c
preload period yesterday. Note risks, Pchol
and (+) FH. Also radiotherapy to (L) chest wall
for breast cancer.
ECG has cleared for '95 - criteria T wave
flattening or inversion.

Consultant Cardiologist | name (please print) Mullen for McAulay | signature

Recommended Investigations (please state whether in-patient or out-patient)

to be arranged by

Recommended Treatment

May have unstable angina. To CW.
for (1) B-Blockade. Stop rapid weaning
(2) Statin

Responsibility for ongoing in-patient care

admitting Consultant ☐ consulting Cardiologist ☒

Responsibility for post-discharge follow-up (including arrangements for)

admitting Consultant ☐ consulting Cardiologist ☒

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

Medical In Confidence
Inpatient/Day Case Record

I/A/D/C

Patient Identification

Patient CRN	623238	Provider SGC04	Hosp. WIG
Surname	WATSON	Patient's Address	28 Halgreen Avenue
First Forename	MARY		
Second Forename			GLASGOW
Previous Surname	CUMMINGS		
Date of Birth	06 Mar 1954	Postcode	G15 8AB
Sex	Female	Marital Status	Married (in
		Tel No:	9447780
CHI No	0603546323	Ethnic Group	
NHS No		GP Practice	404361 DRUMCHAPEL HEALTH CENTRE
Alt CRN		GMC No:	3298581 LYON

ode Management

Spell/Care Package ID	Ward CCU*WIG	Admission Date 25/10/98
Specialty/Discipline (Code + Text National) CARD CARDIOLOGY		Admission Type 36
Significant Facility CCU CARDIAC CARE UNIT		Admission Reason TREAT
Consultant Code MCMU		Admission/Transfer From
Consultant Name MCMURRAY		Admission/Transfer From - Location
Management of Patient INPATIENT	Patient Category NATIONAL HEA	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type

General Clinical

Main Diagnosis - ICD 10

Other Condition - ICD 10 - 2

4

5

6

Main Operation/Procedure

Date Main Operation

Clinician Responsible

Other 2

Date (OPP2)

Clinician Responsible (2)

Other 3

Date (OPP3)

Clinician Responsible (3)

Other 4

Date (OPP4)

Clinician Responsible (4)

Development data

Chronic Sick/Disabled

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1 2

Outcome Measures 1 2

Dependency/Severity Measures 1 2

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

CC4

Medical In Confidence Inpatient/Day Case Record

I/A/D/C

Patient Identification

Patient CRN: GT 623229	Provider: SGC04 Hosp.: WIG
Surname: WATSON	Patient's Address: 28 Halgreen Avenue
First Forename: MARY	
Second Forename:	GLASGOW
Previous Surname: CUMMINGS	
Date of Birth: 06 Mar 1954	Postcode: G15 8AD
Sex: Female / Marital Status: Married (in	Tel No: 9447780
CHI No: 0603546323	Ethnic Group
NHS No	GP Practice: DRUMCHAPEL HEALTH CENTRE0141211610
Alt CRN	GMC No: 3290501 LION

Episode Management

Spell/Care Package ID	Ward: L8M WIG	Admission Date: 25/10/98
Specialty/Discipline (Code + Text National): GM GENERAL MEDICINE		Admission Type: 36
Significant Facility		Admission Reason: TREAT
Consultant Code: OTH OTHER HOSP WARD		Admission/Transfer From: 1 0
Consultant Name: LEES		Admission/Transfer From - Location
Management of Patient: INPATIENT	Patient Category: NATIONAL HEA	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type

General Clinical

Main Diagnosis - ICD 10	
Other Condition - ICD 10 - 2	
3	
4	
5	
6	

Main Operation/Procedure

			Date Main Operation
			Clinician Responsible
Other 2			Date (OPP2)
			Clinician Responsible (2)
Other 3			Date (OPP3)
			Clinician Responsible (3)
Other 4			Date (OPP4)
			Clinician Responsible (4)

Development data

Chronic Sick/Disabled ☐ Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1		2
Outcome Measures 1		2
Dependency/Severity Measures 1		2

GWT

MEDIC - CALL

DEAR DR Receiving Physician DATE 25/10/98

RE Mary WATSON GP Scott

ADDRESS 28 Hallgreen Ave DOB 06/3/54
Inverchapel.

I would be most grateful if you could assess/admit this patient.

Hx (L) Breast Ca 2yr ago – had Chemo + Radio Rx. On Tamoxifen 20mg. 10 hr Hx crushing chest pain

O/E P 93/min BP 140/90 T C RR
In pain. Anxious ++.
HS2 I+II +0
Chest clear
Abdo = (N).

?. MI.

ALLERGIES

SHx SMOKER/NONSMOKER NO:___ ALCOHOL_____units LIVES ALONE Y / N ?

Thank you for your help

Yours faithfully

N Cheung

MEDIC 13

Gartnavel General Hospital, 1053 Great Western Road, Glasgow, G12 0YN

DIRECTORATE OF GENERAL AND E.N.T. SURGERY

Reply to: D S BYRNE
Our Ref : Hospital No 0623238

Direct Line: 0141 211 0154
FAX Line : 0141 357 4725

27 January 1998

Dr S C Lyon
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyon,

re: **MARY WATSON, D.O.B. 06/03/54**
32 KENDOON AVENUE, GLASGOW, G15 8AX

Your patient was admitted as an emergency to the Western Infirmary on 14 December 1997.

MAIN DIAGNOSIS FOR EPISODE
CONSTIPATION (564.0)

PAST MEDICAL HISTORY
CARCINOMA OF BREAST - STAGE 1 (174.9)
CARCINOMA OF CERVIX UTERI (182.0)

PROCEDURES PERFORMED
INVESTIGATION AND ASSESSMENT

COMPLICATIONS
NONE (V65.8)

OUTCOME
SATISFACTORY AT DISCHARGE

Your patient was discharged home on 17 December 1997. No further appointment has been arranged in this unit, but I would be pleased to see this patient again if required.

Yours sincerely

D S BYRNE
Consultant Surgeon

MEDIC - CALL

DEAR DR_____ DATE 14/12/92

RE Mary WATSON GP Dr. Scott

ADDRESS 32 Kendrew Ave DOB 6.3.54

Drumchapel

I would be most grateful if you could assess/admit this patient.

Hx Severe Pain - ① Side ↓ Abdomen - 1 day
Bowel not moved
Has Phosphate Enema → did not help
Attended Western Infirmary yesterday. Had Enema
Was Catheterised and had opened bowels when Casualty Officer
+ Tamazepam

O/E P 76/min BP __/__ T__C RR__
Abdomen distended, hard
Tender ① Side ↓ Abdomen
Pain +
Bowel sounds
WBC

Dx ? Intestinal Obstruction ALLERGIES

SHx SMOKER/NONSMOKER NO:___ ALCOHOL_____units LIVES ALONE Y / N ?

Thank you for your help

Yours faithfully MEDIC 19

MEDIC-CALL 355 DYKE ROAD, KNIGHTSWOOD GLASGOW G13 4SG 0141-954 1551

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

Medical In Confidence
Inpatient/Day Case Record

I/A/D/C

Patient Identification

Patient CRN	623238	Provider	SGC04TG Hosp.
Surname	WATSON	Patient's Address	KENDOON AVENUE
First Forename	MARY		
Second Forename			GLASGOW
Previous Surname	CUMMINGS		
Date of Birth	06 Mar 1954	Postcode	G45 8AX
Sex	Female	Marital Status	Married (in
CHI No	0603546323	Tel No	0844 7780
NHS No		Ethnic Group	
Alt CRN		GP Practice	CHAPEL HEALTH CENTRE0141211610
		GMC No	98581 LYON

Episode Management

Spell/Care Package ID	LWard WI	Admission Date
Specialty/Discipline (Code + Text National) GS GENERAL SURGERY		Admission Type
Significant Facility OTH OTHER HOSP WARD		Admission Reason
Consultant Code BYRN		Admission/Transfer From
Consultant Name BYRNE		Admission/Transfer From - Location
Management of Patient INPATIENT	Patient Category NAL HEA	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type

General Clinical

Main Diagnosis - ICD 10

Other Condition - ICD 10 - 2

4

5

6

Main Operation/Procedure

Date Main Operation

Clinician Responsible

Other 2

Date (OPP2)

Clinician Responsible (2)

Other 3

Date (OPP3)

Clinician Responsible (3)

Other 4

Date (OPP4)

Clinician Responsible (4)

Development data

Chronic Sick/Disabled ☐

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1 2

Outcome Measures 1 2

Dependency/Severity Measures 1 2

SCOTTISH AMBULANCE SERVICE NHS TRUST - PATIENT REPORT FORM

INCIDENT No. 10/133483/1

PATIENT NAME: MARY WATSON — SEX: M / F ✓

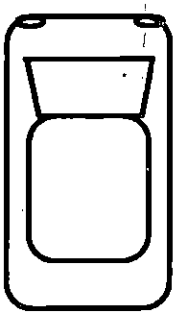
PATIENT ADDRESS: 32 KENDOON AV G15 — D.O.B.: 06/05/54

TYPE OF INCIDENT

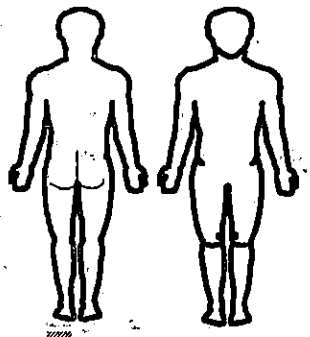
- Trauma
- Assault
- Cardiac Arrest
- Other Collapse
- DSH
- IHT
- Obstetric
- Other

TRAUMA INCIDENTS

RTA
- Cyclist
- M/Cyclist
- Pedestrian
- Ejected
- Trapped
- >20 mins. Extricate
- Helmet Worn
- Seat Belt Worn



- Home
- Work
- Leisure
- Burns
- Drowning
- Fall < 2 mtr.
- Fall > 2 mtr.
- Head Injury
- Poisoning
- Other



Damaged Area/ Burns %

Damaged Area ▶ Point of Impact X Position of Patient # ? Fracture X Laceration

INJURY / ILLNESS

- Acute Abdo. ✓
- Breathlessness
- Chest Pain
- Other Cardiac
- Convulsions
- C.V.A.
- DSH O/dose
- Haemorrhage
- Hypoglycaemia
- Other

PRIMARY SURVEY

Treatment prior to arrival	Y ✓	N
By whom	GP VISIT	
Duration of treatment ~~/ CPR~~	-30.	
Airway	Clear ✓	Obstructed
Breathing.	Y ✓	N
Circulation - Pulse	Y ✓	N
Disability - Alert	Y ✓	N
Vocal Stimuli	Y	N
Pain Stimuli	Y	N
Unresponsive	Y	N
Vomited	Y	N ✓
Fitting	Y	N ✓
Knocked Out	Y	N ✓

INITIAL ACTIONS

Airway		
Pharyngeal Airway	Y	N ✓
Tracheal Tube	Y	N ✓
Laryngeal Mask	Y	N ✓
Size		•
Successful ?	Y	N ✓
Breathing		
O_2 Flow rate	— %	
Mask Type		
IPPV		

Circulation — Success

Cannulation	Size	Side	Site	Success	
1				Y	N
2				Y	N

A.M.P.L.E.

Allergies (See reverse for coding) NIL

1	2	3	4	5	6	7	8	9

Medication: 1 EMOXOPHAN

Past Medical History: CA PATIENT

Last Eaten: 1500

Events Preceding Incident:

OBSERVATIONS

Time	Breathing R.R.	Breathing SpO2 %	Circulation Pulse	Circulation Blood Pressure	Capillary Refill Norm	Capillary Refill Delay	Pupils Left Size (C N D)	Pupils Left React Y/N	Pupils Right Size (C N D)	Pupils Right React Y/N	Glasgow Coma Score E	M	V	Total
2038	22		84	N T	✓		N	Y	N	Y	4	6	5	15

TREATMENTS

Time	Presenting Condition	Defib. (Joules)	Fluid / Drug	Batch / Box No.	Dose	Route	Result e.g. Pulse,Asys,VF,Other

COMMENTS / ADDITIONAL INFORMATION: DOCTORS REFERAL - ? BOWEL OBSTRUCTION. DOCTORS LETTER WITH PATIENT

(Affix Rhythm Strip Here)

| | | | | | | | | | | | | | |

Gartnavel General Hospital, 1053 Great Western Road, Glasgow, G12 0YN

DIRECTORATE OF GENERAL AND E.N.T. SURGERY

Reply to: DAVID J GALLOWAY
Our Ref : Hospital No 0623238

Direct Line: 0141 211 3192
FAX Line : 0141 357 4725

26 January 1998

Dr S C Lyon
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyon,

Re: MARY WATSON, D.O.B. 06/03/54
32 KENDOON AVENUE, GLASGOW, G15 8AX

Your patient was admitted as an emergency to the Western Infirmary on 6 December 1997.

PRESENTING SYMPTOMS
CONSTIPATION (564.0)
LEFT ILIAC FOSSA PAIN (789.0)

MAIN DIAGNOSIS FOR EPISODE
No diagnosis reached

OUTCOME
SATISFACTORY AT DISCHARGE

Your patient was discharged home on 8 December 1997. No further appointment has been arranged in this unit, but I would be pleased to see this patient again if required.

Yours sincerely

DAVID J GALLOWAY
Consultant Surgeon

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

104648

CONFIDENTIAL

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

WESTERN INFIRMARY, Glasgow G11 6NT
Telephone 0141-211-2000

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.: Dr Logan

Your Patient :

Name:
Addre
623238/B
WATSON MARY
32 KENDOON AVE., F
GLASGOW M
06/03/54
D.O.B G15 8AX G.P.Prac.40205

Consultant

Admitted to Ward Low On 6/12/97

Discharged on 8/12/97 From Ward Low

Or seen at Clinic,on __/__/__

Diagnosis
1 Constipation
2
3
4

Operation/Procedures
1 Conservative
2
3

Follow Up Arrangements

Clinic	Date __/__/__	
Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No
Paramedical (please state)		
Other		

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	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 from date of discharge
Actulose	Q	15 ml		✓									4 wks
SENNA	O	2 Tab		✓									4 wks
Co-Proxamol	O	2 Tabs		PRN	Pain			4					1 wk

PHARMACY USE ONLY

No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.
	200mls Lactulose
	16 Kte
	40 Wlg 71000

Dispensed by JMcNeil Checked by
Date 8/12/97 CP Check

Medication Collected by (Messenger)

WARD USE ONLY
Medication Rec. on Ward by
Issued by
Date Issued
Signature of Recipient

OTHER TREATMENT and COMMENTS (Including details of drug sensitivities, appliances, etc.)

DR.s NAME IN BLOCK CAPITALS SONARI SIGNATURE [signature] DATE 8/12/97

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. 3161

WEST GLASGOW
HOSPITALS UNIVERSITY
NHS TRUST

Medical In Confidence
Inpatient/Day Case Record

I/A/D/C

Patient Identification

Patient CRN		Provider SGC04	Hosp.
Surname		Patient's Address	
First Forename	623238		WIG
Second Forename	WATSON		32 KENDOON AVENUE
Previous Surname	MARY		
Date of Birth		Postcode	GLASGOW
Sex	CUMMINGS	Marital Status	Tel No:
CHI No.	06 Mar 1954		Ethnic Group
NHS No	Female	Married (in	GP Practice 7780
Alt CRN	0603546323		GMC No:

DRUMCHAPEL HEALTH CENTRE0141211610

Episode Management

Spell/Care Package ID	Ward 3298581 LYON	Admission Date
Specialty/Discipline (Code + Text National)		Admission Type
Significant Facility	L10S*WI	Admission Reason
Consultant Code	GS GENERAL SURGERY	Admission/Transfer From
Consultant Name	OTH OTHER HOSP WARD	Admission/Transfer From Location
Management of Patient GALL	Patient Category	GP Referral Letter No.
Waiting List Guarantee Exception Code GALLOWAY	Waiting List Date	Waiting List Type

General Clinical

Main Diagnosis - ICD 10 INPATIENT NATIONAL HEA

Other Condition - ICD 10 - 2

4

5

6

Main Operation/Procedure

Date Main Operation

Clinician Responsible

Other 2

Date (OPP2)

Clinician Responsible (2)

Other 3

Date (OPP3)

Clinician Responsible (3)

Other 4

Date (OPP4)

Clinician Responsible (4)

Development data

Chronic Sick/Disabled

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1 2

Outcome Measures 1 2

Dependency/Severity Measures 1 2

G.P. EMERGENCY MEDICAL SERVICE (GLASGOW)

CENTRE: Drumchapel Hospital

NAME OF GP	Scott.
GP ADDRESS	G0. 6HB3
	D.H.C
FAX NO.	942.
PATIENT NAME	Mary Watson
DOB	6/3/54.
ADDRESS TODAY	32 Kenclean Av. N/C
POSTCODE	G15.
HOME ADDRESS (IF DIFFERENT)	
SPECIAL DIRECTIONS	
CALLER'S NAME	SELF
RELATIONSHIP	
TEL. NO.	944 - 7780.
COMPLAINS OF	Pain (L) Side, Stomach Swollen.

ACTION: URGENT VISIT ☐ NON-URGENT VISIT ☐ ATTEND:OWN TRANSPORT ☑
ATTEND: PTS TRANSPORT ☐ AMBULANCE ☐ ADVICE ☐

DATE	6/12/1997	RECEPTIONIST NAME	Margo.
TIME PHONED	16.19.	TIME PASSED (FOR VISIT/PTS)	
TIME AT CENTRE	16.34	TIME SEEN	16.39

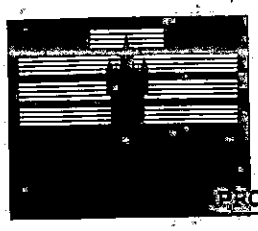
CLINICAL NOTES

URINALYSIS:- N.A.D. URINE CLEAR.
HAS JUST FINISH CHEMO THERAPY FOR BREAST Ca.
(L) sided abd pain 2/7 => back: Abdominal Distension. Nausea.
Part Hy of cervical Ca + Breast Ca. ~~Part~~
Bowel problem as result of surgery for cervical Ca. Surgery 5/7 ago.
BO today but small amounts. No good BM 3/52. Abd pain constant. Breathless o/e Distressed. Pulse 80/min BP 130/70
TREATMENT Abd distended, generally tender. BS active. PR - rectum empty.

REFERRAL Chest clear
? sub-acute obstruction => surgeons WIC.

CATEGORY CODE			
SEEN BY DR	FRASER	ROTA NO.	325
NURSE	M. Inglis.		

N.B. PLEASE ENSURE THAT ALL AREAS OF THIS FORM ARE COMPLETED, INCLUDING NEW SECTION FOR RECEPTIONIST NAME AND ALL TIMES (BASED ON THE 24 HOUR CLOCK).



West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

PROFESSOR W D GEORGE'S UNIT

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No :

Our ref : SS/SW/623238

Your ref :

8th March 1995

Please reply to : Mrs. Mary Watson
32 Kendoon Avenue
GLASGOW
G15 8AX

cc Dr Duffy
Drumchapel Health Centre
Kinfauns Drive
GLASGOW

Dear Mrs Watson

I write to inform you that your recent mammogram x-ray was reported as being normal.

Best wishes for now.

Yours sincerely

000096

SHEILA STALLARD
STAFF GRADE SURGEON

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

PROFESSOR W D GEORGE'S BREAST CLINIC - 13.1.95

Our ref : SS/MJW/623238

Your ref :

Please reply to : Ext 2122

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No :

16 January 1995

000098

Dr Duffy
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Duffy

MARY WATSON 32 KENDOON AVENUE GLASGOW DOB: 6.3.54

Mary attended for review again today.

She had complained about a lumpy area in her left breast and feels that this remains unchanged since her last appointment. This area has also been tender cyclically. She does not have periods as she has had a hysterectomy.

Examining her breasts, the left side was slightly lumpy but there were no discreet lesions to feel and no obvious abnormality. The right side felt normal, both axillae were normal.

I have arranged for her to have a mammogram x-ray and we will let you know the result of it as soon as we have it. I have said to her that if this is reported as normal that I don't think we would need to see her again at the Clinic but will keep you informed.

Best wishes for now.

Yours sincerely

SHEILA STALLARD
STAFF GRADE SURGEON

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

Our ref : PROFESSOR W D GEORGE'S BREAST CLINIC 10 10 94

Your ref : WDG/DR

Please reply to : 11 October 1994

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No :

Dr Duffy
Drumchapel Health Centre
Kinfauns Drive
GLASGOW
G15

000097

Dear Dr Duffy

MARY WATSON DOB 6 3 54
32 KENDOON AVENUE GLASGOW HOSP NO 623238

Many thanks for your letter about Mary, and for kindly referring her along to the Breast Clinic.

As you say, she has recently complained of a lump in her left breast. Having said that, she thinks that it has disappeared again since she consulted you.

She gives a history of a simple breast cyst treated by aspiration in 1993. There is no family history of breast cancer.

The only other thing of significance in her history is the fact she had a hysterectomy for cervical carcinoma 2 years ago. She did not have her ovaries removed, and presumably therefore they are still functional.

On clinical examination today, I could not palpate any abnormality in either breast.

From her history it seems possible that what she has noticed is some cyclical nodularity, although it is difficult to be certain that it is cyclical in view of her previous hysterectomy. Having said that, and in the absence of any clinical abnormality today, I do not think we should do anything further at the moment. I have therefore asked Mary to keep an eye on things herself over the next 3 months to see if this lumpiness does tend to come and go. We will re-examine her in 3 months and I will of course write to you again then.

Kind regards

Yours sincerely

W D GEORGE
PROFESSOR OF SURGERY

Hospital use Only	Clinic DG	Day MON Date 10/10	Time 2.30	Hospital No. 623238	GP112

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital WIL Date 27/9/94 CHI No.

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname WATSON Maiden Surname

First Names MARY Single/Married/Widowed/Other

Address 32 LONDON AVE Date of Birth 6/3/54

GLASGOW Patient's Occupation 000099

Postal Code G15 8AX Contact telephone number

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

Name of Hospital WIL

Year of Attendance 94 Hospital No. 623238

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. MALACHY DUFFY
DRUMCHAPEL HEALTH CENTRE
80-90 KINFAUNS DRIVE
GLASGOW G15 7TE
Tel. 211 6120 or 6121
Practice No. 40205

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 Prof George

Forth past few weeks Mary has noticed a left breast lump in the upper outer quadrant. No FH of breast problems. Menarche age 14yo.

1991 Routine bloods for usual screen slow transit colon with ring erythema sinus sphincter

1994 Ingrid Marlyn

(12) Breast + axillae NAD

Diagnosis/provisional diagnosis: Breast lump

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 MD

MR P. O'DWYER'SCCLINIC

SURGICAL

POD/VK

623238

Mary Watson,
32 Kendoon Avenue,
Glasgow.

d.o.b.06.03.54

Date of Clinic: 21.1.94
Date of typing: 21.2.94

000100

Dr Turner,
Drumchapel Health Centre,
Kinfauns Drive,
Glasgow. G.15.

Dear Dr. Turner,

I reviewed Mary at Outpatient's today. Unfortunately, she has severe adominal pain. I discussed the possibility of subtotal colectomy to her. However, in the first instance, I feel that it might be worthwhile having her assessed to get somepsychological support, as this may help and postpone her operation for a few more years.

I will get back to you after this.

Yours sincerely,

P. O'Dwyer,
Consultant Surgeon

GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

DEPARTMENT OF SURGERY WARDS G6/7

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Tel No 041-211 2000
Fax No 041-
Direct Line .....

Our Ref .....

Your Ref .....PJO'D/DR.....

Please reply to ....24 January 1994

Dr Nightingale
Clinical Psychologist
Lansdowne Clinic
Lansdowne Road
GLASGOW
G12

000101

Dear Dr Nightingale

MARY WATSON DOB 6 3 54
32 KENDOON AVENUE GLASGOW HOSP NO 623238

I would be grateful if you could see this nice lady for me. Since she has had a radical hysterectomy for carcinoma of cervix 2 years ago, she complains of severe abdominal pain and difficulty with defaecation. She has been seen by Mr Iain Findlay at the Royal Infirmary for this and has confirmed slow-transit constipation.

I spoke to her at length at the clinic today, and she has come to the stage where she feels she cant go on with this abdominal pain. Mr Findlay had suggested that she have a sub-total colectomy and an ileo-rectal anastomosis for her constipation. My experience has been while operation tend to relieve the symptoms in the short-term, the long-term experience is more unsatisfactory.

I therefore suggested to her that alternative measures should be considered, and I would be grateful for any help you may be able to give in this area.

Yours sincerely

P J O'DWYER
CONSULTANT SURGEON

GREATER GLASGOW HEALTH BOARD

WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

DEPARTMENT OF SURGERY WARDS G6/7

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Tel No 041-211 2000
Fax No 041-
Direct Line .....

Our Ref .....

Your Ref .....DMACM/DR.....

Please reply to ....5 January 1993

000102

Dr Turner
Drumchapel Health Centre
Kinfauns Drive
GLASGOW
G15

Dear Dr Turner

MARY WATSON DOB 6 3 54
32 KENDOON AVENUE GLASGOW HOSP NO 623238

Your patient was admitted on 10 December 1993 to the Western Infirmary as an emergency with a 3 day history of generalised lower abdominal pain. She gave a past history of a radical hysterectomy performed at Stobhill 2 years ago for cervical carcinoma, and of slow transit colon and overflow urinary incontinence since that operation. I gather she has been investigated by Mr Findlay in the Royal for this in the past and offered a colonic resection, but declined to have this operation.

On examination she was tender in her right iliac fossa with moderate guarding. A diagnosis of constipation and back pressure inflammation of the caecum was made. She was given enemas and gradually settled. She was prescribed regular Lactulose and was fit to be discharged on 13 December 1993, and will be reviewed at the clinic in the near future.

Yours sincerely

DOUGLAS MACMILLAN
SURGICAL SHO

(2) 000104

advice.

Yours faithfully

Katherine Turner

110 120
60 38 2

Dr KATHERINE J. TURNER
22 MERRYTON AVE.
GLASGOW, G15 7PU.
Telephone 944 3410

7/12/85

000103

Re Mary Watson,
56 Clean Ave,
Glasgow 15.
DOB 6/3/54

Dear Receiving Gynaecologist,

Thankyou for seeing Mrs Watson. She had a laparoscopic sterilisation on 3/12/85. She has had severe abdominal pain for three days. She has been vomiting and is markedly tender in her RIF. I would be grateful for your opinion and

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☑

Hospital Western Infirmary Date 8/1/92.

Please arrange for this patient to attend the Breast/Surgical clinic of ~~Dr/Mr~~ Professor George.

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname WATSON
First Names MARY
Address 32 KENDOON AVE GLASGOW IS
Postal Code
Maiden Surname
~~Single/Married/Widowed~~/Other
Date of Birth 6/3/54 000105
Patient's Occupation
Contact telephone number

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital Western Infirmary
Year of Attendance 1991 Hospital No 623238
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. K.J. TURNER.
The Surgery
22 Merryton Avenue
Drumchapel
G15 7PU
041 944 4787
40205.

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:

The above lady has noticed a small lump in the upper outer quadrant of her (L) breast. She has recently had a radical hysterectomy for stage 1B cancer of the cervix. Thankyou for seeing her.

Yours sincerely,

Katherine Turner

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

HMSO Dd8176496MD 6/89 M12 CCN13161

ADMISSION PROFORMA

NAME	Hospital No.
ADDRESS	Date of Birth

000106

A. Q.1 Have you

(has your husband/wife)
(has your mother)
(has your father)

been living in the UK for the past 12 months?*

NB* Absences of up to 3 months' duration should be disregarded.

If answer is YES, tick "Not Liable" box; no further questions.
If answer is NO or not clear, go on to Q.2.

Q.2 Are you

(is your husband/wife)
(is your mother)
(is your father)

going to live in the UK permanently?

If answer is YES tick "Not liable" box; no further questions.
If answer is NO tick "For Stage 2" box and ask:

Q.3 On what date did you

(your husband/wife)
(your mother)
(your father)

arrive in the UK?

Enter earliest of these dates in box. Enter date of Stage 1 interview.

B. Folders or forms should be marked to provide for these entries:

"Not Liable" ☐

"Liable" ☐

"For Stage 2" ☐

"Date of patient's/spouse's/mother's/father's arrival" ☐

"Date of Interview" ☐

Entries should be deleted, or new boxes made available, when a patient returns for new episode of treatment.

GREATER GLASGOW HEALTH BOARD

WRI HOSPITAL

000107

WHITE - General Practitioner
YELLOW - Medical Record
GREEN - Pharmacy

IMMEDIATE DISCHARGE LETTER

Dear Dr. ..... Date 13 / 12 / 93

Your Patient Mary Watson Date of Birth 6 / 3 / 54

Address 32 Kerrdoon Ave. Glasgow G15

Hosp. Number 623238

Has been under the care of Mr O' Dwyer in Ward G6 and was

discharged on 13 / 12 / 93 with a diagnosis of:—

1. ..... J C 46
2. .....
3. .....

A full discharge letter will follow. The patient has been discharged on the medication detailed below. The recommended duration of the treatment is shown from the date of discharge. **A FIVE DAY** supply **HAS/HAS NOT*** been dispensed by the Hospital. (*Delete as appropriate).

NOTE TO THE HOSPITAL PRESCRIBER:

1. **USE A BIRO PEN AND PRESS FIRMLY.**
2. State the number of days that the treatment is to continue from the date of discharge.
3. If the treatment is to be for an indefinite period write "INDEFINITE".
4. If treatment is to be intermittent or irregular give full details.

FOR PHARMACIST

Medicine	Form of Preparation (e.g. Tabs)	Dose	Frequency	Recommended Duration of Treatment from Date of Discharge (Days)	Quantity, Name & Strength Supplied by Pharmacy
Codamhramol	liquid	10ml	BD	5	1x100ml Napp

Drug Sensitivities 1.
2.
3.

PHARMACIST KM
DATE 13 / 12 / 93

OTHER TREATMENT AND COMMENTS (Include Details of Appliances)

A follow-up appointment has been given. ☑

A follow-up appointment is not necessary ☐

DRs. NAME IN BLOCK CAPITALS JUDY MORRICE WARD G6

Yours sincerely .....

THIS FORM MUST BE COMPLETED FULLY BEFORE IT IS DISPENSED

MEDICAL IN CONFIDENCE

GREATER GLASGOW HEALTH BOARD

CASE RECORD

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G516H	WESTERN INFIRMARY	WGI 6232388

DATE	TIME	TYPE	SOURCE	INPAT/DAYCASE	DATE ON W.L.	PATIENT CATEGORY
09/12/93	22:10	8 EM-OT	1 HOME	Inpatient		3 NHS

WARD	SPECIALTY	CONSULTANT
LEVEL 10 SURGICAL	GENERAL SURGERY	MR P O'DWYER

TITLE	SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
M	WATSON	MARY		39	06/03/1954		

ADDRESS
32 KENDOON AVE.,
GLASGOW

POSTCODE
G15 8AX

TELEPHONE No.

ALT/PREV. SURNAME
CUMMINGS

OCCUPATION
H/WIFE

OCCUPATION (HUSBAND/FATHER)

000108

NAME

G.P. CODE MORGAN PRACTICE A

CONTRACT No. 2943024 40205 1

ADDRESS
80/90 KINFAUNS DRIVE
GLASGOW

TELEPHONE No. 211 6120/1

POSTCODE G15 7TS

NAME
ELIZABETH WOODS

RELATIONSHIP
SISTER

ADDRESS
600 KINFAUNS DRIVE
GLASGOW

DAY PHONE No.

NIGHT PHONE No.

AND / OR

NAME

RELATIONSHIP

ADDRESS

DAY PHONE No.

NIGHT PHONE No.

[redacted]04 4284

[redacted] of Scotland

VISIT REQ. BY CHAPLAIN YES/NO

PENSION BOOK No.

[redacted]ARGE SUMMARY

[redacted]	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE
[redacted]GE							

HOSPITAL	CODE	WARD	SPECIALTY	CONSULTANT	CODE
DISCHARGED/ TRANSFERRED TO					

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS		
OTHER CONDITIONS (D.G,2)		
(D.G,3)		
[redacted]		
(D.G,5)		
(D.G,6)		

	CODE	DATE
MAIN OPERATION		
OTHER OPERATION (O.P,2)		
(O.P,3)		
(O.P,4)		

LOCAL USE			NATIONAL USE	

GREATER GLASGOW HEALTH BOARD

WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

000109

PROFESSOR W D GEORGE'S BREAST CLINIC 24 7 92

Our Ref .....

Your Ref ..... DB/DR .....

If phoning ask for ..... 27 July 1992 .....

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Tel. No: 041-339 8822

Dr Turner
22 Merryton Avenue
GLASGOW
G15

Dear Dr Turner

MARY WATSON DOB 6 3 54
32 KENDOON AVENUE GLASGOW HOSP NO 623238

This lady has failed to attend the Breast Clinic on 2 successive occasions. Mrs Watson originally attended the Clinic in January of this year with a cyst in the left breast and this was treated by aspiration. I assume that this lesion has not recurred and I have therefore not arranged any further review at the Breast Clinic.

Yours sincerely

DOUGLAS BROWN
RESEARCH FELLOW

Western Infirmary, Glasgow, G11 6NT Tel. 041-339 8822

000110

PROFESSOR W D GEORGE'S BREAST CLINIC - 13.01.92

DM/SW/

14th January 1992

Dr K J Turner
22 merryton Avenue
GLASGOW
G15 7PU

Dear Dr Turner

MARY WATSON 32 KENDOON AVENUE GLASGOW D.O.B. 06.03.54

Thank you for referring this 37 year old lady, who has recently had a radical ~~mastectomy~~ wide excision for a carcinoma of the cervix. This was performed in September of last year, shortly after her discharge she noticed at a small lump had appeared in the lateral aspect of the left breast. She feels this to have got slightly bigger over the past three months.

On examination today, there was a small mobile 1cm diameter lump in the lateral aspect of the left breast. There was no other abnormality in either breast and no lymphadenopathy. I aspirated 1.5ml. of cloudy fluid from this lesion today after which the lump was no longer palpable.

I have reassured Mrs Watson completely today and plan merely to review her in 3 months' time.

Yours sincerely

DOUGLAS MACMILLAN
RESEARCH FELLOW

DNA
send again please
29/4/92

DNA
12/6/92 S/f

GREATER GLASGOW HEALTH BOARD

000111

Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111

DIVISION OF OBSTETRICS AND GYNAECOLOGY
Dr D. McKAY HART (Chairman)
Dr J.A. DAVIS (Secretary)
Dr C.A. FORREST
Dr R.M. STILL
Dr R.A.L. LOW

JAD/LJA

27 November 1991

623238

Dr Turner
24 Merryton Avenue
GLASGOW

Der Dr Turner

Mary Watson DOB 6 3 54 Unit No 494748
32 Kendoon Avenue Glasgow G15

Your patient, as you know, was referred to Stobhill Hospital with a view to radical hysterectomy for a stage 1B cervical tumour.

Radical hysterectomy with bilateral pelvic lymphadenectomy was performed on 30 September.

There were no particular problems with the procedure and Mary made a good recovery to be discharged on 10 October. She was not passing satisfactory amounts of urine at this time so she was discharged with a supra-pubic catheter in situ.

She was re-admitted a fortnight later for reassessment of urinary function and I am glad to report she was able to go home after two days the catheter having been removed.

Histology confirmed the presence of invasive squamous carcinoma but the lymph nodes were free of metastatic disease. She will be reviewed in my out patient clinic in due course.

Yours sincerely

J A Davis
Consultant

c.c. Dr K P Hanretty Senior Lecturer and Consultant Gynaecologist
Western Infirmary

Dr A McLean Senior Lecturer, Western Infirmary

Ker G9/10

Hospital use Only | Clinic: DR HANREN | Day/Date: Wed 4/9/91 | Time: 2.45. | Hospital No.: 623238 (B) GR12

ADPT BY PHONE

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital ....WESTERN INFIRMARY.... Date ..13.8.91

Please arrange for this patient to attend the ....Gynaecology.... clinic of Dr/Mr 000112

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname ....WATSON.... Maiden Surname ....

First Names ....MIRIAM.... Single/Married/Widowed/Other

Address ....32 KELVINSIDE AVE.... Date of Birth ....6.3.54....

.... Patient's Occupation ....

Postal Code ....G15 8NX.... Contact telephone number....

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

Name of Hospital ....WESTERN INF....

Year of Attendance ....1990.... Hospital No ....623238....

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. ANN MORGAN
22 MERRYTON AVENUE
GLASGOW G15 7PU
Tel: 944 4787 Code: 40205

Please use rubber stamp

* Appt mend arranged by phone for 4.9.91 at 3 p.m A. Morgan *

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:

Thank you for seeing this 37 year old P4+0 who gives a 2 month dyspareunia
Hx of post coital bleeding + although her periods are quite regular
on vaginal examination there does appear to be a firm nodular
swelling on her cervix which bled easily when I took a smear
I wonder if she might have an early cervical Ca and am
grateful to you for seeing her at short notice

P.S I have told Mrs watson that she has a small polyp on her cervix

Pobt: 1973 ♀ Forceps B.weight 3lb 4oz Premature Labour 32/k
1974 ♀ SVD B W 6lbs T
1976 ♀ SVD B.W 7lb 4oz T
1985 ♀ SVD B.W 7lb 4oz T P70

Diagnosis/provisional diagnosis: ? cervical Ca
Sterilised 6 years ago

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 ....A Morgan....

HMSO Dd8176496MD 6/89 M12 CCN13161

P.N.H Admitted July '90 ? Hx lower abd pain + vaginal bleeding
-no definite diagnosis made

Asthma - hx of asymptomatic at present

GREATER GLASGOW HEALTH BOARD

000113

Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111

DIVISION OF OBSTETRICS AND GYNAECOLOGY
Dr D. McKAY HART (Chairman)
Dr J.A. DAVIS (Secretary)
Dr C.A. FORREST
Dr R.M. STILL
Dr R.A.L. LOW

MD/SH

c.c. Dr Alan McLean
Senior Lecturer
Western Infirmary
Glasgow

Clinic: 6 12 91
Typed: 16 12 91

Dr Whitby
Merryton Avenue
Glasgow
G15

623238

Dear Dr Whitby

Mary Watson, d.o.b. 6 3 54, Unit No 494748
32 Kendoon Avenue, Glasgow

Your patient returned to Dr Davis' clinic for review on 6 December following her radical hysterectomy and node dissection at the end of September 1991, for stage 1B cancer of the cervix. She is well with no evidence of disease recurrence. She is troubled by constipation and I think she would benefit from the use of a stool softner like Lactulose. She has not yet got the sensation back in her bladder and I re-assured her that this was common and normal and she can expect it to improve with time. At the moment she is being careful to empty her bladder on a regular three to four hourly basis.

Physically she seems very well. She has the usual emotional upheaval associated with this diagnosis and this sort of surgery. I was able to re-assure her on a lot of the worries that she expressed and we have arranged to review her in a further three months.

Yours sincerely

Miriam Deeny

File

M Deeny
Registrar to Dr J A Davis

GREATER GLASGOW HEALTH BOARD (WESTERN DISTRICT) 000114

DEPT OF GYNAECOLOGY - WESTERN INFIRMARY, GLASGOW

CONSULTANT IN CHARGE DR RICHARDS

PATIENT MARY WATSON AGE HOSP. No. 623238

ADDRESS 32 KENDOON AVE GLASGOW G15 DATE OF BIRTH 6.3.55

ADMITTED 5.7.90 DISCHARGED 8.7.90

DIAGNOSIS 1st OPERATION 1st

DIAGNOSIS 2nd OPERATION 2nd

DIAGNOSIS 3rd OPERATION 3rd

DIAGNOSIS 4th OPERATION 4th

CASE SUMMARY

AR/SO'C

24 July 1990

Dr Turner
22 Merryton Ave
GLASGOW G15

Dear Dr Turner

Thank you for referring Mrs Watson who was admitted as an emergency on 5.7.90 with a history of lower abdominal pain and vaginal bleeding. Gynaecological examination demonstrated no abnormality apart from some cervical excitation tenderness. A clearview pregnancy test was negative. Pelvic ultrasound scan demonstrated a thin walled cyst of her right ovary (4cm in diameter). No other abnormality was detected. Antibiotics were commenced following which Mrs Watson made a satisfactory recovery and was discharged home on 8.7.90. The cause for her symptomatology was not established.

Yours sincerely

AMANDA RICHARDS
LOCUM CONSULTANT GYNAECOLOGIST

Western Infirmary Breast Unit

Radiology Results

50623238H
WATSON
MARY
CHI-0603546323

Date 23/8/16

Right

Mammogram	Ultrasound
-R1	

Left

Mammogram	Ultrasound
Post-surgical deformity noted. Nil else R2	

Western Infirmary Breast Unit
New Patient Assessment Clinic

50623238H
WATSON F
MARY 06/03/1954
28 KENDOON AVENUE

GLASGOW G15 8AX
CHI-0603546323

Date of Clinic 23.8.10

Doctor Wilson 569

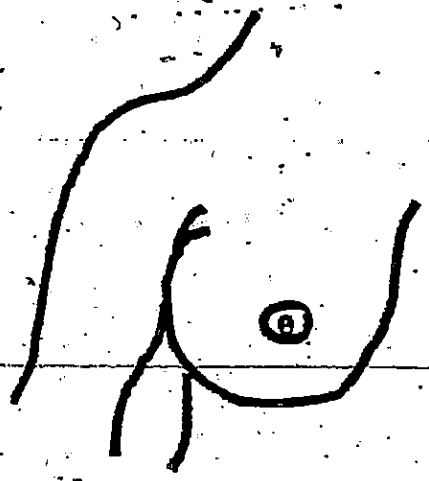
History
- (L) breast lump. small. @ U1Q (L).
- not painful. no other lumps, no pain
- no nipple discharge
- Br Ca 1996 lump removed WLE ALND chemo radiotherapy tamoxifen 5 years

Family History
- no fhx Br Ca
- Cervical Ca hysterectomy

HRT - 14yrs / ago
- no HRT
- ? dangerous thyroid. advised for tabs

Clinical Findings

Right Breast



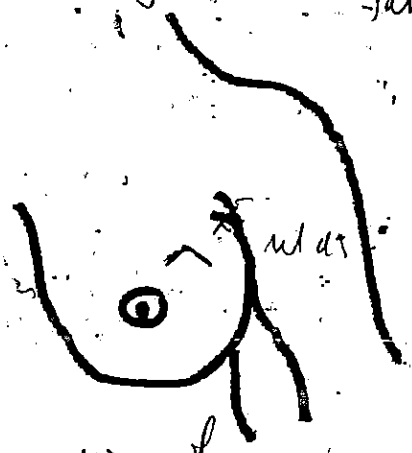
Normal

Assymetrical Nodularity

Discrete Suspicious Benign

Symmetrical Nodularity

Left Breast



Normal

Assymetrical Nodularity

Discrete Suspicious Benign

Investigations

Right Breast		Left Breast	
Mammogram	Ultrasound	Mammogram	Ultrasound
✓		✓	

Cytology Core Biopsy

MARY WATSON

Western Infirmary **NOT TO BE FILED UNTIL DISCHARGE**

Name 50623238H **Unit No:**

Date:	20/5											
Time of Result:												
WCC 4-11	10.41											
Hb M 13-18 F 11.5-16.5	11.9											
Plat 150-400	170											
Amy <100												
CRP <10	66											
Na+ 135-145	137											
K+ 3.5-5.0	3.9											
Cl 98-108	102											
Bic 21-28												
Urea 2.5-7.5	2.8											
Creat 57-113	59											
Glucose 3.5-5.5												
Bilirubin 3-22	14											
AST <40	24											
ALT <50	30											
G-GT <55	17											
Alk. Phos. 40-150	74											
Protein 60-80	61											
Albumin 32-45												
Globulin 22-33												
Ca 2.1-2.6												
Adj Ca 2.1-2.6												
PO4 0.7-1.4												
PT 9-12												
APTT 25-37												
TCT 11-15												
H+ 35-45												
PO2 12-15												
PCO2 4.4-5.6												
HCO2 20-28												

Female

Vent. rate 4 bpm
PR interval 6 ms
QRS duration 84 ms
QT/QTc 376/444 ms
P-R-T axes 54 1 47

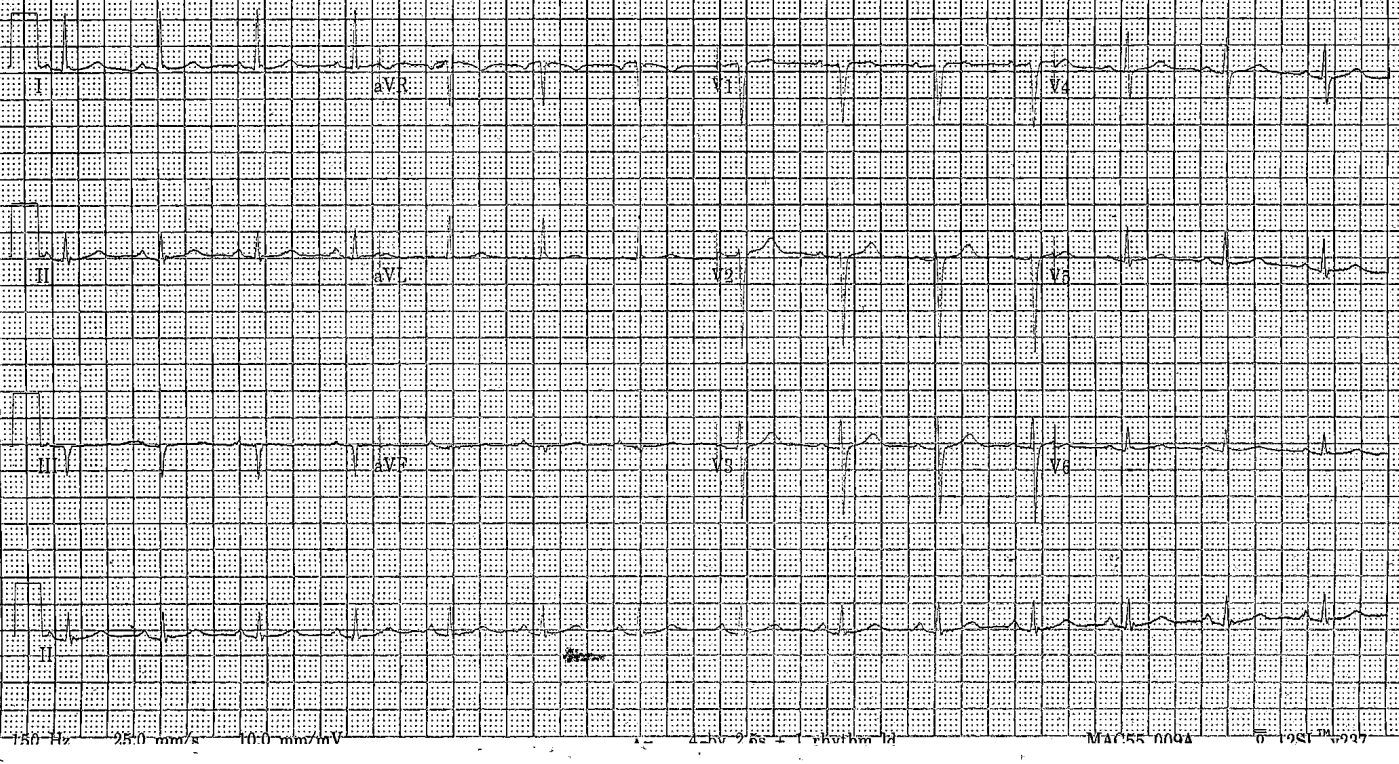
Normal sinus rhythm
Normal ECG

Technician: KS

Referred by: CLANCY

Unconfirmed

Location: SURG ASSESS



150 Hz 25.0 mm/s 10.0 mm/mV

West Hospitals Haematology ** LIVE **
Patient enquiry ---- Express results

Reg	Name	D.o.B.	Sex	Loc.
50623238H	WATSON MARY	06.03.54	F	GGH CLINIC 1

Specimen H,10.1590370.V Type Blood
Collected 12.05.10 12:04 A.Diag

.....FBC.....		Eosins	0.13
WBC	9.08	Basos	0.03
RBC	4.22	.....CSR.....	
Hb	129	PT	11
Hct	0.400	APTT	36
MCV	94.8	INR	1.0
MCH	30.6	TCT	12.6
MCHC	323	APTT Ratio	1.18
RDW	13.8		
Plts	211		
Neuts	6.16		
Lymphs	2.29		
Monos	0.47		

Quit \ Earlier req \ Later req \ ED \ LD
B \ PHoned comment <B> ..

Level 10 East Professorial Unit of Surgery

Surgical PRHO Clerk-in

NHS Greater Glasgow

Patient Name :
DOB :
Hospital Number :
Address :

Consultant:
Ms Doughty
Prof O'Dwyer
Mr Wilson
Ms Buist
Mr Murio

PC/HPC

Currently :

PMHx

HBP, MI, jaundice, TB, RF, asthma, diabetes, epilepsy, stroke/TIA, DVT/PE dyspepsia/PUD

DHx Drug Allergy

SHx Live alone / with Social Service input:
Smoke: per day
Alcohol consumption: units/week
Occupation

FHx

North Glasgow Biochemistry & Immunology ** LIVE **
Patient enquiry ---- Express results

Reg	Name	D.o.B.	Sex	Loc.
50623238H	WATSON MARY	06.03.54	F	GGH SURGICAL OP

Specimen N,10.7205078.F Type Specimen
Collected 12.05.10 12:04 A.Diag

.....U&E.....		T Prot	69
Sodium	139	Alb	38
Potassium	4.4	Globulin	31
Chloride	105	.....CRP.....	
Urea	4.6	CRP	3.3
Creat	62	.....Thyroid.....	
eGFR	>60	TSH	3.8
.....LFTs.....		fT4	16
Bili	6	.....Amylase.....	
AST	11	Amylase	25
ALT	10		
G-GT	24		
A Phos	83		

Quit \ Earlier req \ Later req \ ED \ LD \ Image
B \ PHoned comment <B> ..

Level 10 East Professorial Unit of Surgery

Surgical PRHO Clerk-in

NHS Greater Glasgow

Patient Name :
DOB :
Hospital Number :
Address :

Consultant:
Ms Doughty
Prof O'Dwyer
Mr Wilson
Ms Buist
Mr Murio

PC/HPC

Currently :

PMHx

HBP, MI, jaundice, TB, RF, asthma, diabetes, epilepsy, stroke/TIA, DVT/PE dyspepsia/PUD

DHx Drug Allergy

SHx Live alone / with
Smoke: per day
Alcohol consumption: units/week
Occupation

Social Service input:

FHx

Acute Services Division
Surgery and Anaesthetics Directorate
Department of Pre Op Assessment Unit
Specialty: General Surgery

NHS
Greater Glasgow and Clyde

PreAdmission Form Release 1.0

Hospital Name:

Patient Details		GP Details	
Name:	WATSON, MARY	**Name:**	LYON, SUSAN
Address:	28 Kendoon Avenue GLASGOW	**Address:**	DRUMCHAPEL HEALTH CENTRE 80/90 KINFAUNS DRIVE GLASGOW G15 7TS
Postcode:	G15 8AX	**Telephone:**	
Correspondence Address 1:		**Consent:**	Yes
Correspondence Address 2:		**Sensitivity:**	Sensitive
Correspondence Postcode:		**Consultant Name:**	CLANCY
Telephone:	9441246	**Admission Date:**	19/05/2010
CHI Number:	0603546323	**Time:**	08:00:00
RN:	50623238H	**Ward:**	WIG LEVEL 10
D.O.B:	06/03/1954	**Procedure/Operation:**	LAP CHOLE

Observations

Temperature (celcius)	**Resps (per min)**	**Heart Rate (bpm)**
Blood Pressure (mmHg)	**O2 Sats (%)**	**S/Mews Score**
Changes Since POA? *Yes* *No*		

Current Drug Allergies and Adverse Reactions

Category	Anaesthesia	Drug	SEPTRIN	Reaction(s)	Anaphylaxis

Current Non-Drug Allergies and Sensitivities

Emergency Contact Numbers

Name
Relationship
Phone

Discharge	Yes	No
Estimated Date		
Transport Required		
Supervising Adult for Discharge		

me Circumstances	Yes	No
Lives with Family Carer		
Lives Alone		
Elderly/Disabled Partner		
District Nurse days/wks		
Home Help		
Other Services		

Medicines	Yes	No
Own Supplied		

Valuables	Yes	No
Valuables Returned		

MRSA

Positive **Negative** **Unknown**

Activities of Daily Living	NOTE: NOT REQUIRED FOR DAY SURGERY
Safety and Comfort	
Breathing and circulation	
Maintaining Body Temp	
Personal Hygiene	
Elimination	
Sleep	
Mobility	
Eating and drinking	
n Condition/Waterlow score	
Communication (including anxiety & fear) Aids worn?	

Date	Admitted By

CHI Number: 0603546323 Patient Name: WATSON, MARY

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: General Surgery

NHS Greater Glasgow and Clyde

Hospital Name	Gartnavel General Hospital

Patient Details		GP Details	
Name	WATSON, MARY	Name	LYON, SUSAN
Address	28 Kendoon Avenue GLASGOW G15 8AX	Address	DRUMCHAPEL HEALTH CENTRE 80/90 KINFAUNS DRIVE GLASGOW G15 7TS
Correspondance Address		Telephone	
Correspondance Postcode		CRN Number	50623238H
Telephone	9441246	Consent	Yes
CHI Number	0603546323	Sensitivity	Sensitive
Sex	Female	Consultant Name	CLANCY 19/5/10 8AM
Date of Birth	06/03/1954	Requires Transport	No
		Religion	

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	CAROL WATSON	
Address	117 BYRES CROFT ROAD	
Landline	07515459746	
Mobile		
Relationship	DAUGHTER	

Assessment Details					
Assessor	P.DEVLIN	Grade	5	Date	12/05/2010
Ward	WIG LEVEL 10				

Surgery / Procedure Attending For

LAP CHOLE

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	
Previous LA	Yes	
Detention Risk	Yes	TOP SET
Neck/Jaw Stiffness	No	

Other Risk	No	
Heartburn	Yes	Relieved by meds; Has acid reflux; Occurs: less often than monthly
Sickle Cell Disease	No	Risk factors for sickle cell disease: No
Sleep Apnoea Score	2	

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	No	
Relevent details of surgical history		HYSTERECTOMY LUMPECTOMY +ANC
Any serious surgical or anaesthetic complication		

Cardiovascular	Yes/No	Details/Problems
Hypertension	Yes	
Arrhythmias		
Angina	Yes	Frequency: Less Often; Caused by: Strenuous or rapid, prolonged exertion;
Heart Attack	No	
Murmur	No	
Blackouts	No	
Heart Failure	No	

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

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

Haematological	Yes/No	Details/Problems
Bleeding Disorder	No	
Previous DVT	No	
Anaemia	No	

Miscellaneous	Yes/No	Details/Problems
Kidney disease	No	
Liver disease/jaundice	No	
Diabetes	No	
Arthritis	Yes	

CHI Number: 0603546323 Patient Name: WATSON, MARY

CJD Risk	No
Any serious illness not already mentioned?	No

Exercise Tolerance	Yes/No		Yes/No		Yes/No
Climbs stairs without stopping	Yes	Climbs stairs with stopping	No	Cannot climb stairs	No

Social	Yes/No			
Alcohol (units/week)	0			
Smoker	Yes	15 cigs/wk		
Ex Smoker				
IV drug abuser	No		Methadone Req:	
Pregnant	No	LMP	Could Be Pregnant:	No

Drug History

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

LEVOTHYROXINE 100MCG OD, DIHYDROCODINE 30MG OD, OMEPRAZOLE 20MG OD, GTN SPRAY

Patient takes the following drugs

Taking herbal remedies or complimentary medicine	No
Oral Steroids in past year	No

Current Drug Allergies and Adverse Reactions

Category	Drug	Reaction(s)
Anaesthesia	SEPTRIN	Anaphylaxis

Current Non-Drug Allergies and Sensitivities

Prosthesis/Implants	Yes/No		
Pacemaker	No	Date of last Check	Date of Insertion
		Reason for insertion	
		Other Reason	
Prosthesis/Other	No		

Examination

Weight (kg)	55.5	Height (m)	1.525	BMI	24	Temp	
Pulse (bpm)	83	Regular		BP	117/73		
SaO2 (%)	97						

CHI Number: 0603546323 Patient Name: WATSON, MARY

Investigations

The below investigations are required.

12/05/2010

U&E	Yes	FBC	Yes	ECG	Yes
Glucose	No	Coag Screen	No	LFTs	Yes
Group & Save	Yes	Other	TFT; MRSA Screen;		

VTE Risk

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

Pre-operative Assessment Summary

Assessor: P.DEVLIN Grade: 5

CONTACT NO 01419443074.

BREAST CA 1996 - CHEMO 1996

CERVICAL CANCER 1994 - RADICAL HYSTERECTOMY.

HYPOTHYROIDISM - CONTROLLED WITH MEDS

HEARTBURN - CONTROLLED WITH MEDS

Recommended Admission Pathway

Referral by nurse to:	
Nurse to arrange the attendance of:	
Nurse to:	
Referral by Anaesthetist to:	
Type of admission to be decided by:	
Type of Admission:	SDA
Admission Deferred:	No

Anaesthetic Assessment

Anaesthetist: Grade:

Name : WATSON MARY Sex: Female DOB:06.03.54 Coll:12.05.10
Addr : 28 KENDOON AVENUE Hos No:S0623238H Rec:12.05.10
Source: Level 10 West - Surgical Cons/GP:NOT GIVEN CHI:060354632
Spec : Nose
Lab No: M,10.0343683.E Therapy:
Status: Authorised Date if Reported: 13.05.10

CLINICAL:

FINAL REPORT

*** PRE-ASSESSMENT SCREEN ***

COMMENT: METHICILLIN RESISTANT STAPH.AUREUS NOT ISOLATED

West Hospitals Haematology ** LIVE **
Patient enquiry ---- Express results

Reg	Name	D.o.B.	Sex	Loc.
50623238H	WATSON MARY	06.03.54	F	GGH CLINIC 1

Specimen H,10.1590370.V Type Blood
Collected 12.05.10 12:04 A.Diag

.....FBC.....			
WBC	9.08	Eosins	0.13
RBC	4.22	Basos	0.03
Hb	129	.....CSR.....	
Hct	0.400	PT	11
MCV	94.8	APTT	36
MCH	30.6	INR	1.0
MCHC	323	TCT	12.6
RDW	13.8	APTT Ratio	1.18
Plts	211		
Neuts	6.16		
Lymphs	2.29		
Monos	0.47		

Quit \ Earlier req \ Later req \ ED \ LD
Back \ PHoned comment <B> ..

North Glasgow Biochemistry & Immunology ** LIVE **
Patient enquiry ---- Express results

Reg	Name	D.o.B.	Sex	Loc.
50623238H	WATSON MARY	06.03.54	F	GGH SURGICAL OP

Specimen N,10.7205078.F Type Specimen
Collected 12.05.10 12:04 A.Diag

.....U&E.....		T Prot	69
Sodium	139	Alb	38
Potassium	4.4	Globulin	31
Chloride	105	.....CRP.....	
Urea	4.6	CRP	3.3
Creat	62	.....Thyroid.....	
eGFR	>60	TSH	3.8
.....LFTs.....		fT4	16
Bili	6	.....Amylase.....	
AST	11	Amylase	25
ALT	10		
G-GT	24		
A Phos	83		

Quit \ Earlier req \ Later req \ ED \ LD \ Image
Back \ PHoned comment <B> ..

~~14~~ 16:1

Western Infirmary **NOT TO BE FILED UNTIL DISCHARGE**

Name MARY WATSON Unit No: 5062223514

Date:	14/4/10	15-4-10	16/4	17/4	18/4	19/4	20/4	21/4	22/4			
Time of Result:	07.00					08:00	08:00	08:00	08:00			
WCC 4-11	9·64	7·73	13·2	14.39	15·98	14·71	15·37	14·23	11·60			
Hb M 13-18 F 11.5-16.5	129	122	136	137	140	132	135	135	127			
Plat 150-400	209	196	215	207	220	217	232	223	257			
Amy <100				<20					<20			
CRP <10	8·4	7·8	6·8	7·9	12	45	124	176	107			
Na+ 135-145	140	141	139	140	139	137	135	136	137			
K+ 3.5-5.0	4·3	4·0	3·9	3·7	4.0	4·1	4·2	4·5	4·6			
Cl 98-108	105	109		104		100	98	98	99			
Bic 21-28												
Urea 2.5-7.5	4·3	4·6	3·6	2·6	3·0	3·7	4·8	4·8	6·2			
Creat 57-113	58	64	57	61	61	57	58	65	62			
Glucose 3.5-5.5				7.5								
Bilirubin 3-22	7	6	16	8	9	11	10	8	5			
AST <40	26	20	34	23	23	33	20	19	12			
ALT <50	27	22	31	31	32	49	46	33	24			
G-GT <55	38	30	35	31	32	29	30	30	30			
Alk. Phos. 40-150	84	72	83	88	93	87	87	87	82			
Protein 60-80	61	58		69	70	66	67	71	63			
Albumin 32-45	35	33		39	39	37	36	35	33			
Globulin 22-33	26			30	31	29	31	36	30			
Ca 2.1-2.6									2·32			
Adj Ca 2.1-2.6									2·49			
PO4 0.7-1.4									1·13			
PT 9-12									12			
APTT 25-37									37			
~~PCT~~ INR 11-15				0.9					1·1			
H+ 35-45												
PO2 12-15												
PCO2 4.4-5.6												
HCO2 20-28												

MiSys

MRN	**null**	Gender	**Female**
Name	**WATSON, MARY**	Date Of Birth	**06/03/1954**
Encounter Number			

COPY ONLY DO NOT FILE

SOPRANO clinical workflow

US Abdomen

Time Collected	14 Apr 10 11:24	**Time Received**	14 Apr 10 12:10
Time Reported	14 Apr 10 11:49	**Order Number**	G516H13730915
Status	Final		

Results

US Abdomen Final

Mary Watson

PAIN

Large 2cm gallbladder calculus impacted at the neck of gallbladder.Gall bladder wall is thickened and has increased vascularity due to acute on chronic cholecystitis.Gall bladder is distended and is filled with echogenic debris,possibly pus(empyema of gall bladder).
CBD is not dilated.
Liver,spleen,kidneys and pancreas are normal.
No free fluid or fluid collection.
Former hysterectomy.
Bladder is normal.

Reported by: DR Al JWAD(LOCUM) and BLANK CLINICIAN
Verified by: DR Al JWAD(LOCUM)

WESTERN INFIRMARY GLASGOW

Radiology Report

Patient Name:	WATSON MARY MS	**Report Date:**	22-Apr-2010 15:00
Patient ID:	0603546323	**Accession No.:**	G516H13748340
Patient Birth Date:	06-Mar-1954	**Report Status:**	F
Referring Physician:	DR MJ CLANCY	**Reason For Study:**	

[Report Summary] Clinical History : 56 female. 8 days history of right upper quadrant pain. 14th April ultrasound showed 2cm calculus. Patient awaiting cholecystectomy. Abdominal pain has not resolved. ? Empyema. ? [US Abdomen] US Abdomen : Liver is normal in size and texture. No evidence of intra or extrahepatic biliary duct dilatation. Gallbladder is contracted and contains a calculus measuring 2.5cm in size. No pericholecystic fluid. Pancreas, spleen and kidneys are normal. No free fluid. Conclusion : Cholelithiasis. No evidence of pericholecystic fluid or collection.

Reported by : *DR S SHAMSHUDDIN*

2nd Report by :

Verified by : *DR S SHAMSHUDDIN*

Produced by Carestream Health PACS

WESTERN INFIRMARY GLASGOW

Radiology Report

Patient Name:	WATSON MARY MS	**Report Date:**	22-Apr-2010 15:00
Patient ID:	0603546323	**Accession No.:**	G516H13748340
Patient Birth Date:	06-Mar-1954	**Report Status:**	F
Referring Physician:	DR MJ CLANCY	**Reason For Study:**	

[Report Summary] Clinical History : 56 female. 8 days history of right upper quadrant pain. 14th April ultrasound showed 2cm calculus. Patient awaiting cholecystectomy. Abdominal pain has not resolved. ? Empyema. ? [US Abdomen] US Abdomen : Liver is normal in size and texture. No evidence of intra or extrahepatic biliary duct dilatation. Gallbladder is contracted and contains a calculus measuring 2.5cm in size. No pericholecystic fluid. Pancreas, spleen and kidneys are normal. No free fluid. Conclusion : Cholelithiasis. No evidence of pericholecystic fluid or collection.

Reported by : *DR S SHAMSHUDDIN*

2nd Report by :

Verified by : *DR S SHAMSHUDDIN*

Produced by Carestream Health PACS

Western Infirmary NOT TO BE FILED UNTIL DISCHARGE

Name Mary Watson Unit No: 50623238H

Date:	7/4/10												
Time of Result:													
WCC 4-11	11·79												
Hb M 13-18 F 11.5-16.5	140												
Plat 150-400	215												
Amy <100													
CRP <10	3·2												
Na+ 135-145	140												
K+ 3.5-5.0	4·1												
Cl 98-108	104												
Bic 21-28													
Urea 2.5-7.5	4·3												
Creat 57-113	66												
Glucose 3.5-5.5													
Bilirubin 3-22	9												
AST <40	15												
ALT <50	15												
G-GT <55	20												
Alk. Phos. 40-150	86												
Protein 60-80	75												
Albumin 32-45	43												
Globulin 22-33	32												
Ca 2.1-2.6													
Adj Ca 2.1-2.6	2·48												
PO4 0.7-1.4	1·24												
PT 9-12	11												
APTT 25-37	42												
~~TCT 11-15~~ INR	1·0												
H+ 35-45													
PO2 12-15													
PCO2 4.4-5.6													
HCO2 20-28													

GARTNAVEL GENERAL HOSPITAL

Radiology Report

Patient Name:	WATSON MARY	**Report Date:**	23-Feb-2010 13:20
Patient ID:	0603546323	**Accession No.:**	G504H13552693
Patient Birth Date:	06-Mar-1954	**Report Status:**	F
Referring Physician:	G1331758 DR BA WEST	**Reason For Study:**	

[Report Summary] Clinical History : Upper quadrant pain after eating radiating to back, suggestive of biliary colic [U Abdomen] US Ab[illegible]on : Difficult examination. Within the gallbladder fossa ultrasound appearances may be consi[illegible]em[illegible]racted gallbladder, containing multiple calculi . No evidence of intra or extra hepatic biliary duct di[illegible]se or focal abnormality seen within the liver. No gross abnormality seen within the kidneys, head o p[illegible]or aorta. No free fluid. A repeat ultrasound may clarify appearances within the gallbladder fossa. Sc[illegible]Graham.

Reported by : *SUSANNE GRAHAM (Radiog)*

2nd Report by :

Verified by : *SUSANNE GRAHAM (Radiog)*

Produced by Carestream Health PACS

2415 **West Glasgow Hospitals**

X-RAY REQUEST **X-RAY No:-**

SURNAME: Watson
HOSP. No.: 623238
PHYS/SURG. WARD: BONE METABOLISM
PREVIOUS X-RAY DATE: USSR (2)

FORENAMES: Mary
DATE OF BIRTH: 6/3/54

ADDRESS: 28 Kendoon Ave Glasgow, G15 8AX
AGE:
TEL. No.:

Walk ☐ Chair ☐ Trolley ☐ Bed ☐ Ward ☐
OCCUPATION
DATE L.M.P. / /
10 DAY RULE
OBSERVED
OVER RULED

CLINICAL HISTORY
osteop. 65 110.

REGION TO BE EXAMINED
Dexa.

DATE 11/9/03

REQUESTED BY: ARHCL.
PREVIOUS FILMS TO BE SENT WITH PATIENT

OFFICE USE
28/6
10.30
10/6
9.30

0063914MI

WESTERN INFIRMARY, BONE METABOLISM
North Glasgow University Hospitals NHS DIVISION

E-Mail: alastair.mclellan@northglasgow.scot.nhs.uk

ame: watson, mary	Sex: Female	Height: 150.0 cm
atient ID: 50623238H	Ethnicity: White	Weight: 65.0 kg
OB: 06 March 1954		Age: 50

eferring Physician: MCLELAN

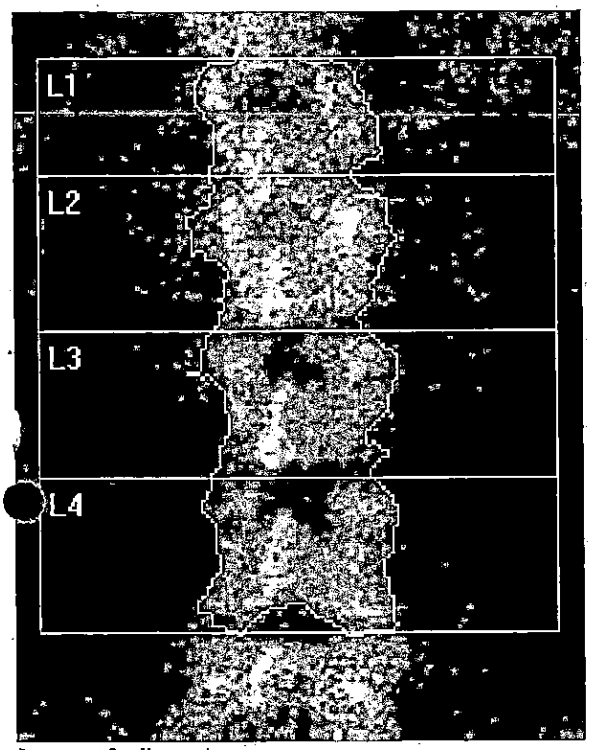


Image not for diagnostic use
k = 1.140, d0 = 44.8
116 x 127

Scan Information:

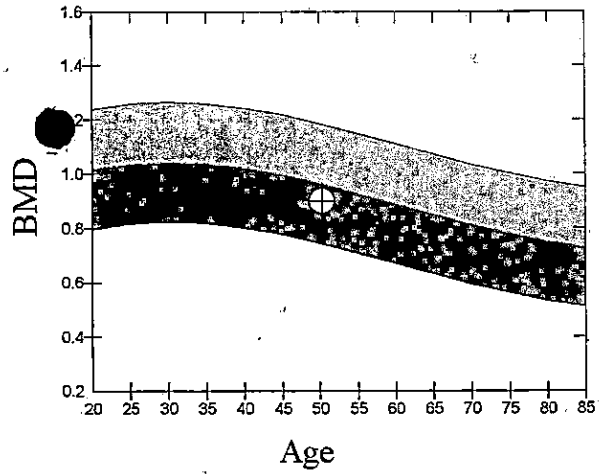
Scan Date: 10 June 2004 ID: A0610041H
Scan Type: f Lumbar Spine
Analysis: 10 June 2004 13:57 Version 11.2:7
Lumbar Spine
Operator: JH
Model: Delphi W (S/N 70271)
Comment:

DXA Results Summary:

Region	Area (cm²)	BMC (g)	BMD (g/cm²)	T - Score	PR (%)	Z - Score	AM (%)
L1	9.47	7.69	0.812	-1.0	88	-0.4	95
L2	13.10	13.12	1.001	-0.2	97	0.5	106
L3	12.36	10.54	0.853	-2.1	79	-1.3	85
L4	13.33	12.16	0.912	-1.9	82	-1.1	89
Total	**48.26**	**43.51**	**0.902**	**-1.3**	**86**	**-0.6**	**93**

Total BMD CV 1.0%, ACF = 1.037, BCF = 0.996, TH = 8.556

Total



eference curve and scores matched to White Female

ource: Hologic

Physician's Comment:

Spine — morphometry — no vertebral fracture below TV3
BMD — osteoporosis, but ~ av. of forge

Hip — total hip — borderline osteoporosis & ~ 10% below av. for ge
femoral neck — borderline osteoporosis

HOLOGIC

WESTERN INFIRMARY, BONE METABOLISM
North Glasgow University Hospitals NHS DIVISION

E-Mail: alastair.mclellan@northglasgow.scot.nhs.uk

Name: watson, mary	Sex: Female	Height: 150.0 cm
Patient ID: 50623238H	Ethnicity: White	Weight: 65.0 kg
DOB: 06 March 1954		Age: 50

Referring Physician: MCLELAN

Image not for diagnostic use
k = 1.136, d0 = 51.7
93 x 93

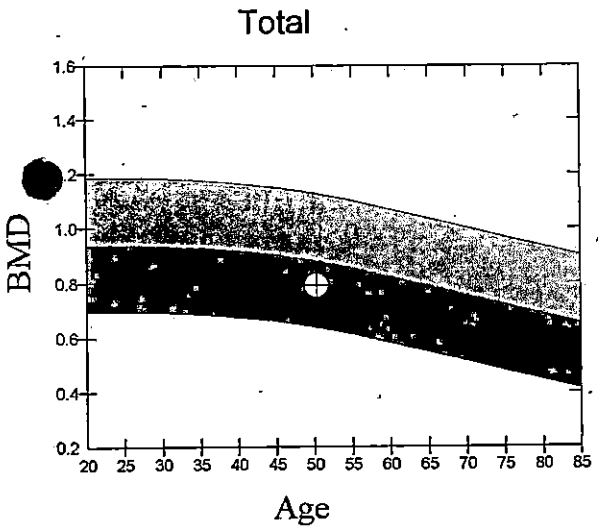
Scan Information:

Scan Date: 10 June 2004 ID: A0610041I
Scan Type: f Left Hip
Analysis: 10 June 2004 13:57 Version 11.2:7
Left Hip
Operator: JH
Model: Delphi W (S/N 70271)
Comment:

DXA Results Summary:

Region	Area (cm²)	BMC (g)	BMD (g/cm²)	T - Score	PR (%)	Z - Score	AM (%)
Neck	4.89	2.82	0.576	-2.5	68	-1.7	75
Troch	8.14	4.66	0.573	-1.3	81	-0.8	87
Inter	12.65	12.87	1.017	-0.5	92	-0.2	97
Total	**25.68**	**20.35**	**0.792**	**-1.2**	**84**	**-0.8**	**90**
Ward's	1.13	0.39	0.346	-3.3	47	-2.0	59

Total BMD CV 1.0%, ACF = 1.037, BCF = 0.996, TH = 5.988



Reference curve and scores matched to White Female

Source: NHANES

Physician's Comment:

HOLOGIC

WESTERN INFIRMARY, BONE METABOLISM

North Glasgow University Hospitals NHS DIVISION

EMail: alastair.mclellan@northglasgow.scot.nhs.uk

Name: watson, mary	Sex: Female	Height: 150.0 cm
Patient ID: 50623238H	Ethnicity: White	Weight: 65.0 kg
DOB: 1954/03/06	Menopause Age:	Age: 50

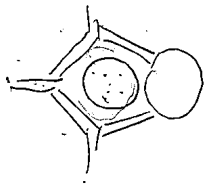
Referring Physician: MCLELAN

Scan Information:

Scan Date:	10 June 2004 - A0610041J
Scan Type:	f SE R/L Lateral Image
Analysis:	
Operator:	JH
Model:	Delphi W (S/N 70271)
Comment:	

Physician's Comment:

HOLOGIC®



Thank you for taking the time to complete this questionnaire.

Please remember to bring it with you to your appointment.

Designed and Produced by Medical Illustration • Western Infirmary • Glasgow • 030969

BONE CLINIC, DIRECT ACCESS DEXA SERVICE & FRACTURE LIAISON SERVICE

PATIENT QUESTIONNAIRE

The purpose of this questionnaire is to identify risk factors for osteoporosis and to identify factors that will influence our choice of treatment (if treatment turns out to be necessary). Please fill out the questionnaire and bring it with you when you attend for your DEXA or bone density scan.

YOUR DETAILS

Name: Mary Watson Date of Birth: 6-3-54

Address: 28 Kendoon Ave
Drumchapel

Telephone number: 0141 944 1246 Name of GP: Dr Lyns

1. FAMILY HISTORY OF OSTEOPOROSIS

We would like to find out if osteoporosis runs in your family. It would be useful to know if members of your family have ever broken/fractured a hip or if any ever had curvature of the spine (also known as a 'dowager's hump').

	Yes	No	Do not know
a) Did your mother ever break her hip?		✓	
b) Did your father or a brother or sister ever break his/her hip?		✓	
c) Did your mother or father or brother or sister develop obvious curvature of spine as they got older?	Both ✓		
d) Were your mother or father or brother or sister ever treated for osteoporosis or diagnosed as having osteoporosis?	Both ✓		

THE REST OF THE QUESTIONNAIRE IS ABOUT YOU PERSONALLY

2. HEALTH PROBLEMS

We would like to know about any health problems you have at the moment or have had in the past. Please write down any other CURRENT or PAST health problems.

Cancer: Womb / Breast Lymphodima
Hysterectomy, heart ? Osteoporosis
underactive thyroid

BREAST CANCER

Have you ever been treated for breast cancer? YES [✓] NO [ ]

BLOOD CLOTS

Have you ever been treated for a blood clot in the lung or in the deep veins of your leg(s)? YES [?] NO [✓]

3. BROKEN BONES

Since the age of 50 years, have you ever broken any bones? YES [ ] NO [✓]

If you have, please tick which bones and when	YES	WHEN (give year, or age if easier)
HIP (also known as femur or thigh bone)		
LOWER LEG (tibia or fibula)		
SPINE		
PELVIS		
FOREARM or WRIST		
HUMERUS (the bone between your elbow and shoulder)		
RIB		
HAND OR FOOT		
OTHER Please specify		

4. HEIGHT

Have you lost height? If so, how much? ? ½ inch YES [✓] NO [ ]

5. FALLS

How many times have you fallen in the last 6 months? 2 to 3 Times

6. STANDING

Do you spend less than 4 hours on your feet each day? YES [✓] NO [✓]

7. SMOKING

Do you smoke cigarettes? YES [✓] NO [ ]

If you do, how many do you smoke each day? 10 to 20

If you don't smoke now, did you smoke in the past? YES [ ] NO [ ]

When did you stop?

How many were you smoking?

8. ALCOHOL

How much alcohol do you drink in a week? None

(Please specify number of glasses of wine/spirits/pints of beer or lager)

9. DAIRY PRODUCE IN YOUR DIET

MILK - how much milk do you take in an average day?	½ pint
YOGHURT - how many tubs do you take each week?	None

10. EXERCISE

Do you do any regular exercise? YES [ ] NO [✓]

If you do, please indicate what sort of exercise you do.
How often do you do this?

11. TREATMENT

We would like to know if you are taking or have ever taken any treatments that can influence or strengthen bones. Please tick appropriate box if you are taking or have previously been on any of the following treatments. It would be helpful if you could write down how long you were taking the treatment.

	I take this now	I was on this in past	How long have you been/were you on it?
HRT or Hormone replacement therapy	[ ]	[ ]	None
Evista or Raloxifene	[ ]	[ ]	"
Didronel PMO or Etidronate	[ ]	[ ]	"
Fosamax or Alendronate	[ ]	[ ]	"
Actonel or Risedronate	[ ]	[ ]	"
Calcium	[ ]	[ ]	"
Calcium + vitamin D	[ ]	[ ]	"
Steroids e.g. prednisolone	[ ]	[ ]	"

If any of the above was stopped because of side effects, please indicate what side effect you had and which treatment caused the problem.

12. OTHER TREATMENTS OR TABLETS

Please write down the names of any other treatments you are taking.

Thyroxine, Simvastatin

THIS LAST SECTION IS FOR FEMALE PATIENTS ONLY

13. How old were you when your periods started? 15 yrs

14. What age were you when your periods stopped? 37 yrs

15. Have you ever had a hysterectomy? YES [✓] NO [ ]

If so, when? 1995

Were your ovaries removed? YES [?] NO [ ]

16. Why did you have a hysterectomy?

I had a radical hysterectomy for Cervical Cancer

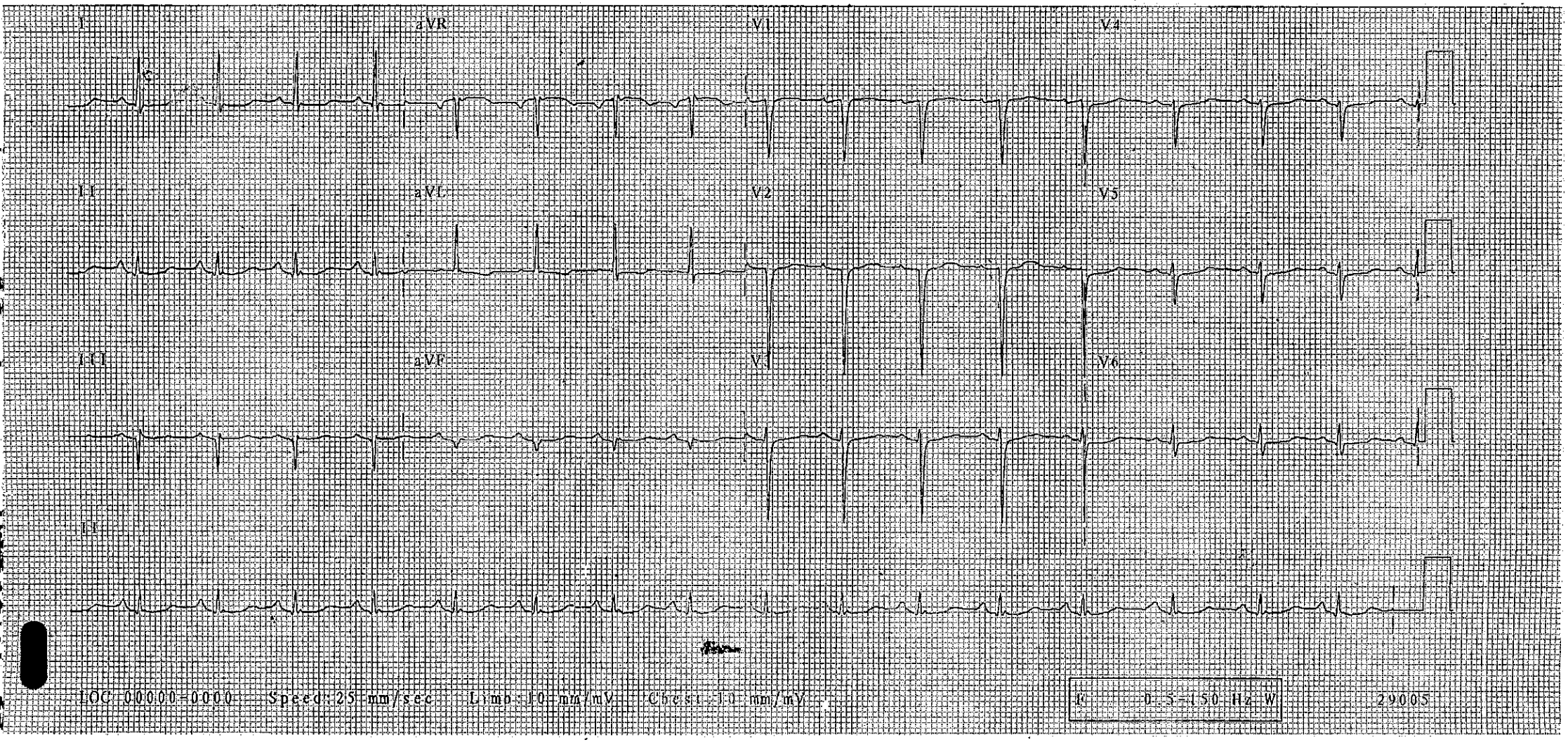
17. How many pregnancies have you had? 4

18. Except for pregnancy or the onset of the menopause, have your periods ever stopped for more than 6 months?

19. Did / does your mother or any sister have a history of breast cancer? YES [ ] NO [✓]

Dx :

Checked


I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
LOC 00000-0000
Speed:25 mm/sec
Limb 10 mm/mV
Chest 10 mm/mV
0.5-150 Hz W
29005

Simvastatin
40mg
Thyroxine 25mcg.

North Glasgow University Hospitals
NHS Trust
MRI Department
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

NHS
Greater Glasgow

Tel : 0141 211 2962
Fax : 0141 337 3416

Date : 20/01/2004
Ref : 5596676

Dr AT Reece (SELY)
LD ORTHO
W IS

Dear Dr AT Reece

At the patient's request the following appointment has been **cancelled**

For : **MRI SPINE, LUMBAR**
On : **Tuesday 20th January** at **12:00 pm.**
At : Department of MRI, Western Infirmary

Patient Details :

Mary Watson
28 Kendoon Ave
Glasgow
G15 8AX

File pl
note to GP

DoB - 06/03/1954

Hospital Number : 50623238H

~~We will re-appoint at a time more suitable to your patient~~

Yours sincerely

Appointments Officer

NOTE:
WE HAVE NOT GIVEN THIS PATIENT ANOTHER APPOINTMENT AS SHE HAS DNA BEFORE AND CANCELLED AT LAST MINUTE WITH RECENT ONE. HER DAUGHTER WAS ASKED IF WE RE-BOOKED HER LATER WOULD SHE BE ABLE TO ATTEND AND WAS TOLD DID NOT KNOW FOR SURE AS SHE DO NOT LOOK WELL.

LIVE ABOUT DISABLED PEOPLE

North Glasgow University Hospitals
NHS Trust
MRI Department
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

NHS
Greater Glasgow

Tel : 0141 211 2962
Fax : 0141 337 3416

Date : 25/11/2003
Ref : 5596676

Dr AT Reece

Dear Dr AT Reece

The following patient failed to attend for their appointment:

For : **MR SPINE, LUMBAR**
On : **Monday 24th November** at **2:00 pm.**
At : Department of MRI, Western Infirmary

Mary Watson
28 Kendoon Ave
Glasgow
G15 8AX

Hospital Number : 50623238H

Further to your request for the above patient, we are writing to inform you that your patient did not attend for their examination.

No further appointment has been issued. If this examination is still required, please re-refer.

Yours sincerely

Department of Radiology
Appointments Officer

LIVE ABOUT DISABLED PEOPLE

North Glasgow University Hospitals NHS Trust

10685

Western Infirmary - Department of Cardiology - GP Services

Mary Watson	
Hospital no. :	**623238**
Date of Birth :	6 March 1954
28 Kendoon Ave Glasgow G15 8AX	

GP :	Dr Cawston
Post code :	G15 7TS
Practice code :	404361
Consultant :	Prof JJV McMurray
Referred for :	Chest pain assessment
Date :	9 January 2003

Presenting Complaint : Few weeks anterior chest tightness, attacks frequent, especially when out walking, has to stop and rest, though continues on even if the tightness is still there. High anxiety state, remembering her sister died at this time of year with heart disease.

Other History & Risk Factors : Current smoker. Breast cancer.Known hypercholesterolaemia. Family history of premature coronary disease.

Medication : Thyroxine 100 mcg; simvastatin.

Examination : Normal heart sounds. No murmurs.

Heart Rate: 89 bpm. Blood Pressure: 110/78 mmHg.

ECG : Normal sinus rhythm. Normal conduction. Low T waves throughout.

Exercise Tolerance Test

exercise time : 8:58 **supervised by :** E Rooney

predicted time : 8:00 **test termination :** dyspnoea

maximum ST change : **test result :** negative (low risk)

ETT negative at high workload.

Advice on Further Management & Treatment Recommendations

Reassured no evidence of ischaemia on ETT.

reported by : Dr P Soraghan (Staff Grade) 9 January 2003

Appt 9/1/03
@2.30pm

8-JAN-03 WED 17:43 DR. B WEST & PARTNERS FAX NO. 01412116104 P. 1

CHEST PAIN RAPID ASSESSMENT SERVICE

Please Fax this form to 0141 211 1843 or phone 0141 211 6243 to request an appointment

Department of Cardiology

Level 4, New Building (Phase I), Western Infirmary, Glasgow

(Patients should follow signs for Cardiology/ECG)

623258

PATIENT DETAILS

Name LIATSON, MARY

Address 32 Kirkdam Rd
Glas G41

Western Hospital No. (if known) 623258

DOB 26-3-54

Tel No 944 9973

GP DETAILS (or stamp)

Name DR PETER CAWSTON

Address DRUMCHAPEL HEALTH CENTRE
KINFAUNS DRIVE
GLASGOW G15 7TS
0141 211 6100

Fundholder YES ☐ NO ☐

CURRENT HISTORY

Please tick one or more.

1. Recent (< 2 weeks) onset chest pain ☑
2. Chest pain of increasing severity ☐
3. Chest pain occuring at rest ☐
4. Other chest pain of concern ☐

(Father died at 41 age 39 Mother died aged 39 - MI)

Diabetic! Recurrent anxiety

Breast cancer (R) Mastectomy 1998

PAST HISTORY

Please tick one or more.

1. Myocardial infarction ☐
2. Angina pectoris ☐
3. Peptic ulceration ☐
4. Oesophagal disease ☐
5. Hiatus hernia ☐
6. Hypertension ☐
7. Diabetes mellitus ☐

DRUG HISTORY

Please ask patient to bring medication to clinic.

Please tick one or more.

- Non-steroidal anti-inflammatory drugs (e.g. **indomethacin**) ☑
- H_2 receptor antagonists (e.g. **ranitidine**) ☐
- Proton pump inhibitors (e.g. **omeprazole**) ☐
- Loop diuretic/combination (e.g. **frusemide/Frumil**) ☐
- Thiazide diuretic/combination (e.g. **Bendrofluazide/Moduretic**) ☐
- Digoxin ☐
- Oral nitrate (e.g. **Isosorbide mononitrate**) ☐
- Calcium channel blocker (e.g. **nifedipine**) ☐
- Beta blocker (e.g. **atenolol**) ☐
- ACE inhibitor (e.g. **enalapril**) ☐
- Alpha blocker (e.g. **prazosin**) ☐
- Aspirin ☐

Simvastatin

09-JAN-2003 WATSON, MARY 12 Lead Report WESTERN INFIRMARY GLASGOW
14:48:15 ID: 0623238

25mm/s
10mm/mV
40Hz

BRUCE
SITTING

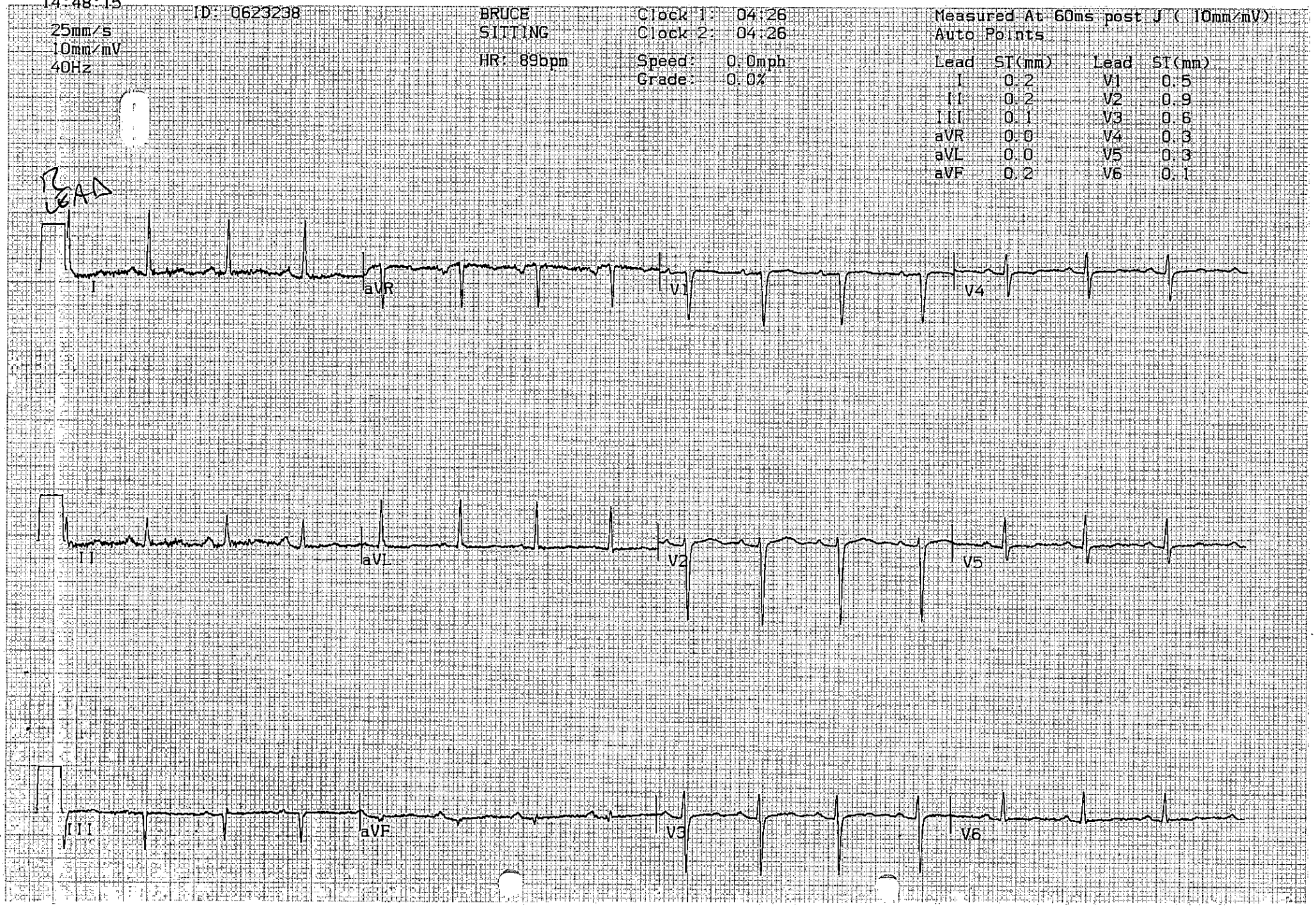
HR: 89bpm

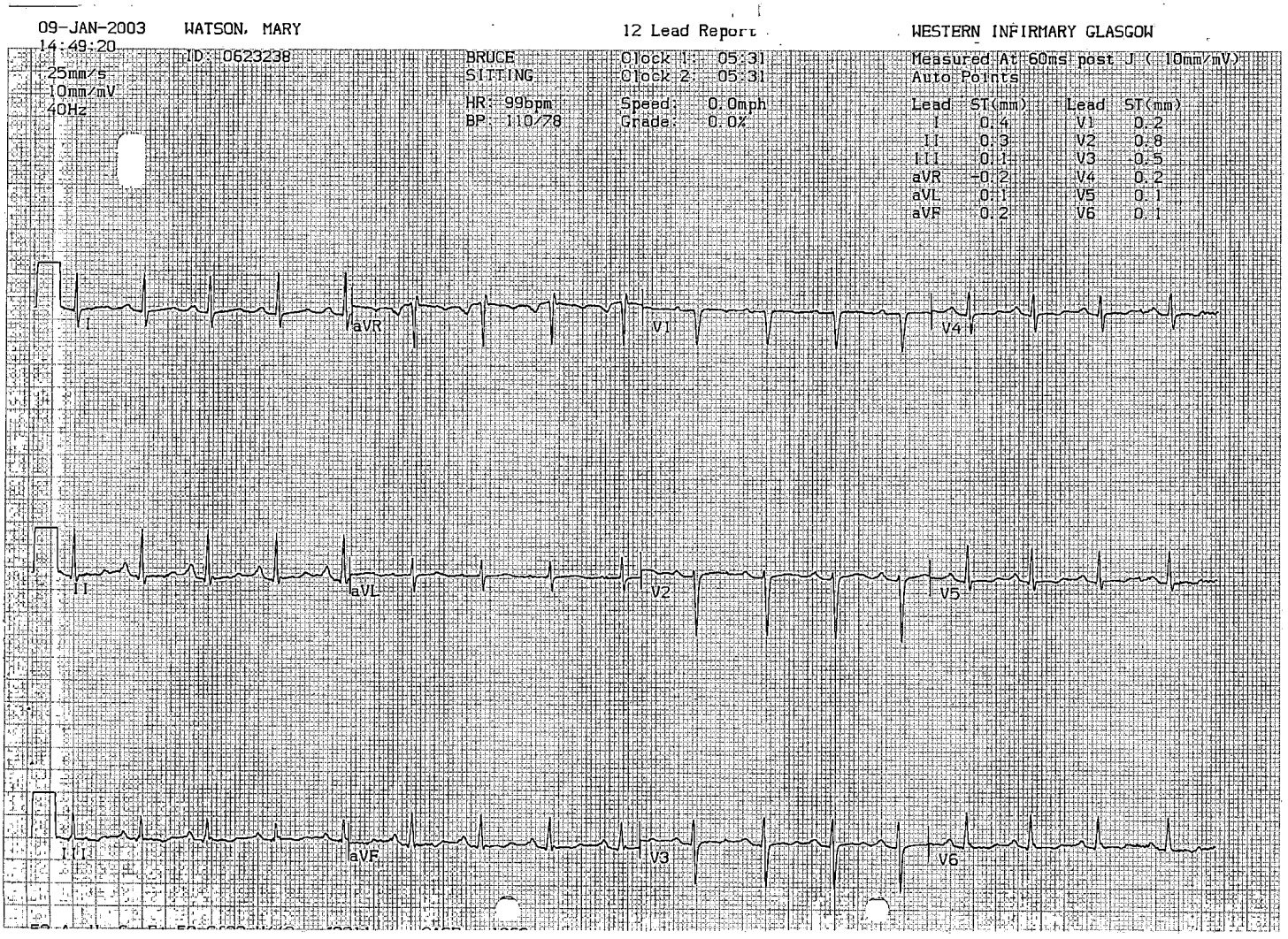
Clock 1: 04:26
Clock 2: 04:26

Speed: 0.0mph
Grade: 0.0%

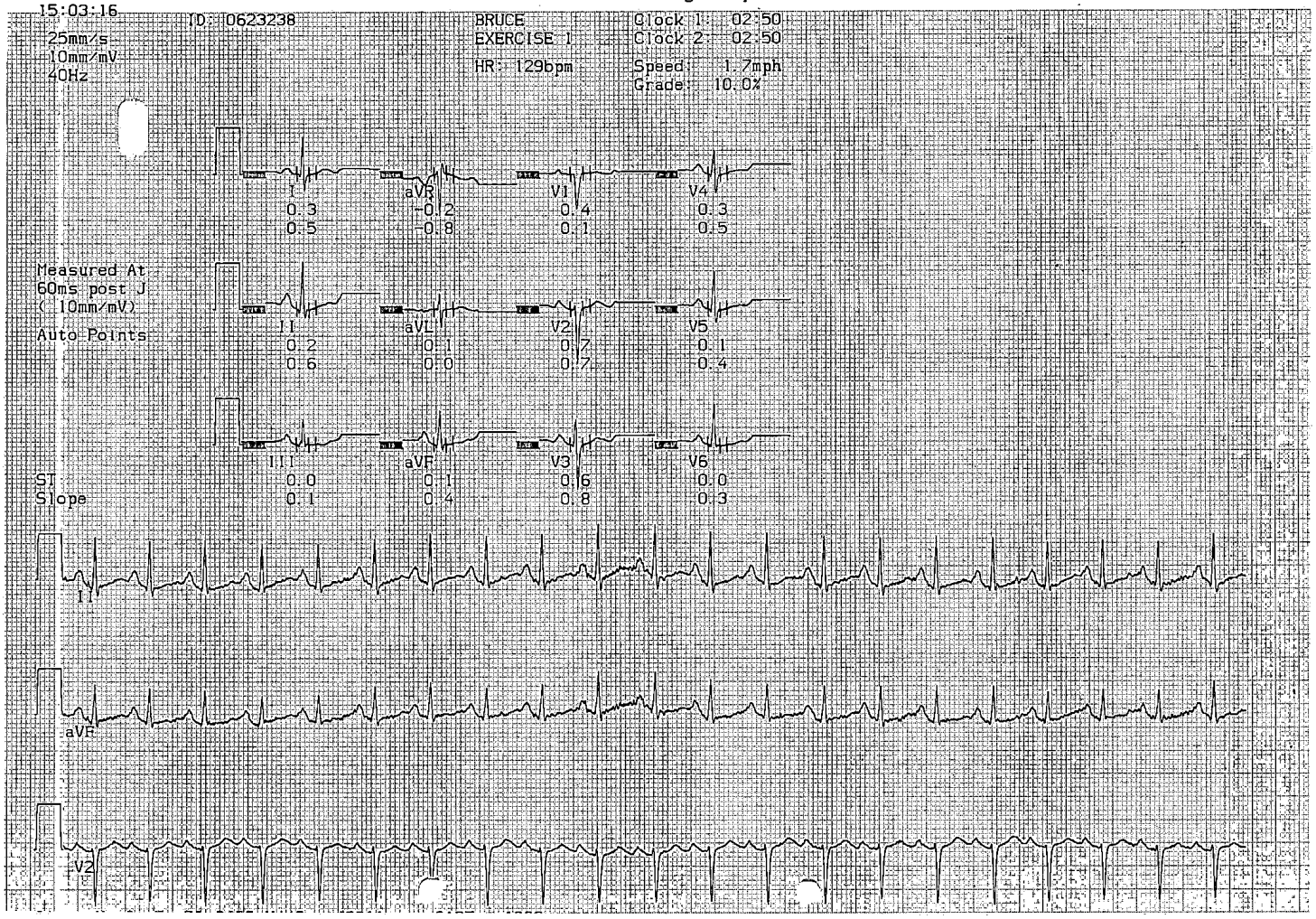
Measured At 60ms post J (10mm/mV)
Auto Points

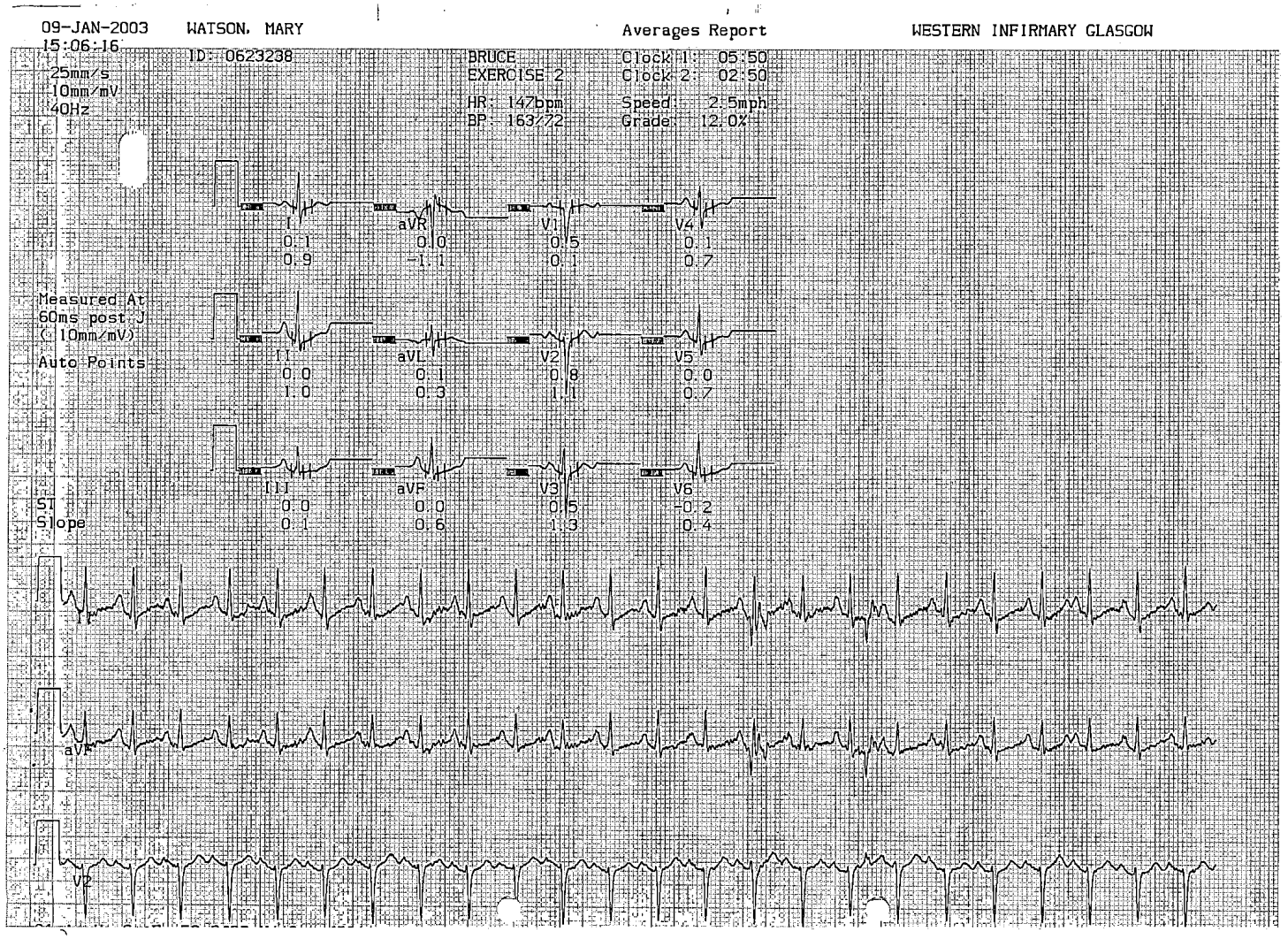
Lead	ST(mm)	Lead	ST(mm)
I	0.2	V1	0.5
II	0.2	V2	0.9
III	0.1	V3	0.6
aVR	0.0	V4	0.3
aVL	0.0	V5	0.3
aVF	0.2	V6	0.1




09-JAN-2003 WATSON, MARY
12 Lead Report
WESTERN INFIRMARY GLASGOW
14:49:20
ID: 0623238
25mm/s
10mm/mV
40Hz
BRUCE
SITTING
Clock 1: 05:31
Clock 2: 05:31
HR: 99bpm
BP: 110/78
Speed: 0.0mph
Grade: 0.0%
Measured At 60ms post J (10mm/mV)
Auto Points
Lead ST(mm) Lead ST(mm)
I 0.4 V1 0.2
II 0.3 V2 0.8
III 0.1 V3 0.5
aVR -0.2 V4 0.2
aVL 0.1 V5 0.1
aVF 0.2 V6 0.1
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6

09-JAN-2003 WATSON, MARY Averages Report WESTERN INFIRMARY GLASGOW
15:03:16




09-JAN-2003 WATSON, MARY Averages Report WESTERN INFIRMARY GLASGOW
15:06:16 ID: 0623238
25mm/s
10mm/mV
40Hz
BRUCE Clock 1: 05:50
EXERCISE 2 Clock 2: 02:50
HR: 147bpm Speed: 2.5mph
BP: 163/72 Grade: 12.0%
I aVR V1 V4
0.1 0.0 0.5 0.1
0.9 -1.1 0.1 0.7
Measured At
60ms post J
(10mm/mV)
Auto Points
II aVL V2 V5
0.0 0.1 0.8 0.0
1.0 0.3 1.1 0.7
III aVF V3 V6
ST 0.0 0.0 0.5 -0.2
Slope 0.1 0.6 1.3 0.4
II
aVR
V2

09-JAN-2003 WATSON, MARY Averages Report WESTERN INFIRMARY GLASGOW

15:09:17 ID: 0623238

25mm/s
10mm/mV
40Hz

BRUCE
EXERCISE 3
HR: 170bpm
BP: 199/83

Clock 1: 08:50
Clock 2: 02:50
Speed: 3.4mph
Grade: 14.0%

I	aVR	V1	V4
0.3	0.0	0.7	0.2
0.9	-1.7	0.3	1.6

Measured At
60ms post J
(10mm/mV)
Auto Points

II	aVL	V2	V5
0.0	0.0	1.1	0.0
2.5	-0.5	0.9	1.9

III	aVF	V3	V6
ST	0.0	0.0	0.9	-0.4
Slope	1.9	2.2	1.6	1.4

09-JAN-2003 WATSON, MARY
15:09:30 ID: 0623238

BRUCE
RECOVERY

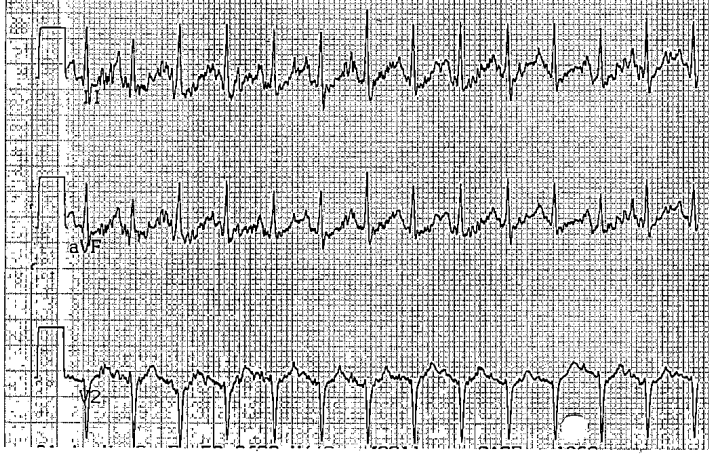
HR: 170bpm

25mm/s
10mm/mV
40Hz

Measured At
60ms post J
(10mm/mV)

Auto Points

	I	aVR	V1
	0.2	-0.1	0.8
	2.2	-2.4	0.4
	II	aVL	V2
	0.2	0.1	1.2
	2.8	1.1	2.2
	III	aVF	V3
ST	0.0	0.1	0.9
Slope	0.1	1.4	2.7



09-JAN-2003 WATSON, MARY 12 Lead Repo... WESTERN INFIRMARY GLASGOW

15:09:51 ID: 0623238

25mm/s
10mm/mV
40Hz

BRUCE
RECOVERY

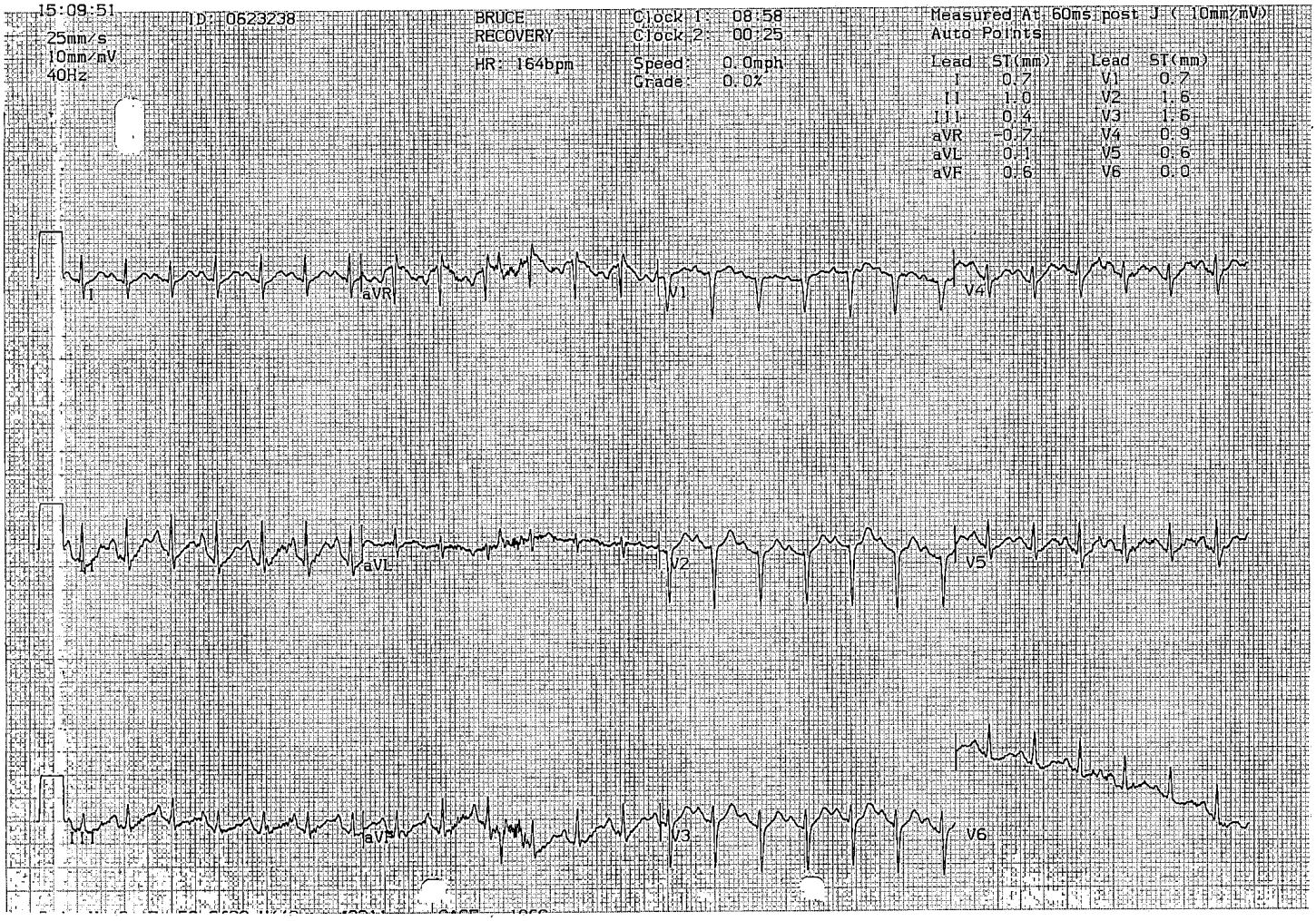
HR: 164bpm

Clock 1 08:58
Clock 2 00:25

Speed: 0.0mph
Grade: 0.0%

Measured At 60ms post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.7	V1	0.7
II	1.0	V2	1.6
III	0.4	V3	1.6
aVR	-0.7	V4	0.9
aVL	0.1	V5	0.6
aVF	0.6	V6	0.0



09-JAN-2003 WATSON, MARY 12 Lead Report WESTERN INFIRMARY GLASGOW

15:10:30 ID: 0623238 BRUCE Clock 1: 08:58 Measured At 60ms post J (10mm/mV)

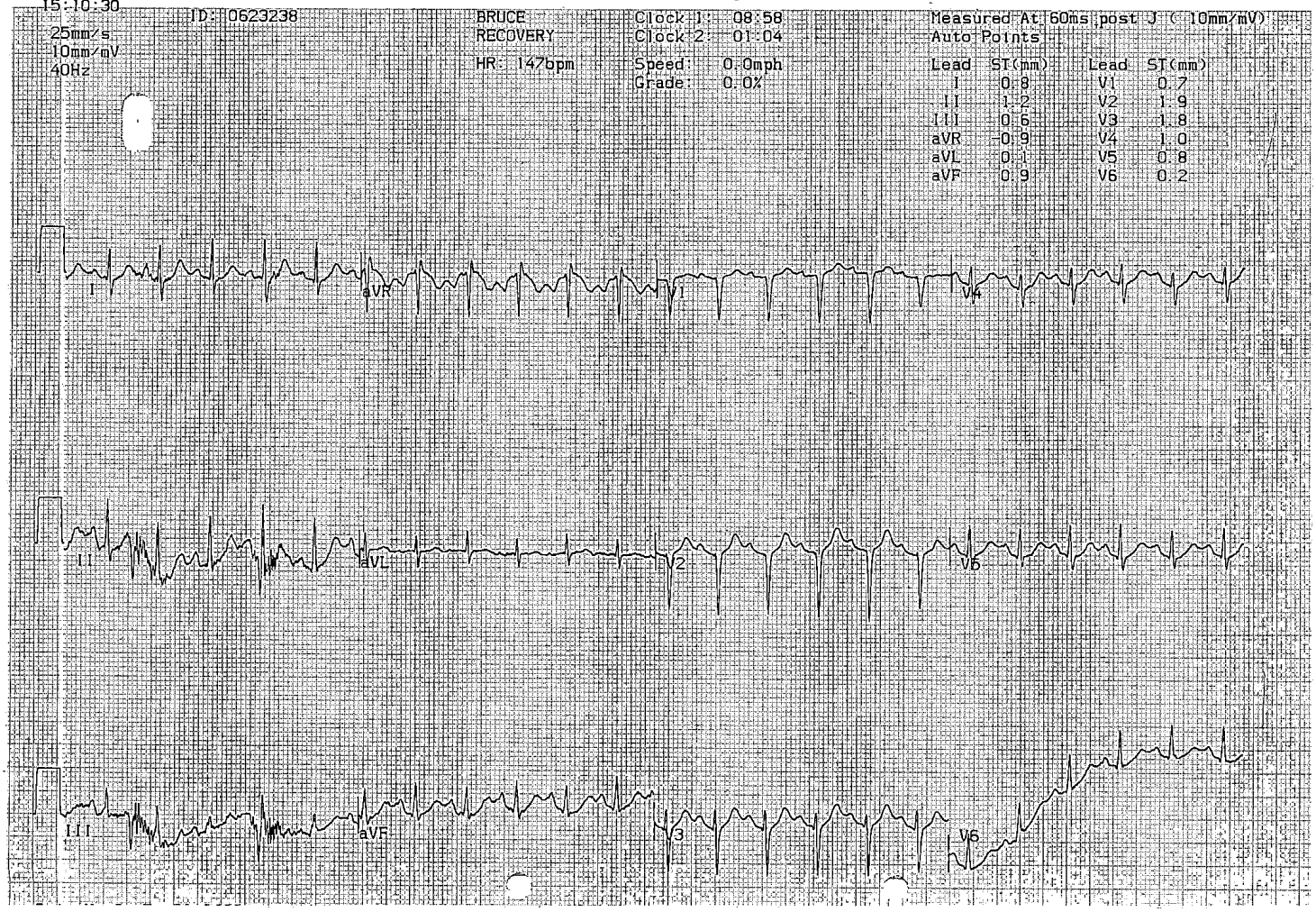
25mm/s RECOVERY Clock 2: 01:04 Auto Points

10mm/mV

40Hz HR: 147bpm Speed: 0.0mph

Grade: 0.0%

Lead	ST(mm)	Lead	ST(mm)
I	0.8	V1	0.7
II	1.2	V2	1.9
III	0.6	V3	1.8
aVR	-0.9	V4	1.0
aVL	0.1	V5	0.8
aVF	0.9	V6	0.2



09-JAN-2003 WATSON, MARY Averages Report WESTERN INFIRMARY GLASGOW

15:11:26 ID: 0623238 BRUCE Clock 1: 08:58

25mm/s RECOVERY Clock 2: 02:00

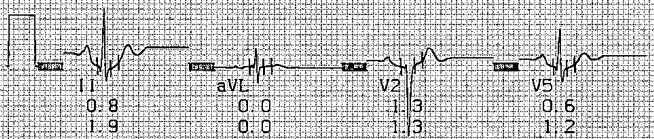
10mm/mV HR: 131bpm Speed: 0.0mph

40Hz Grade: 0.0%

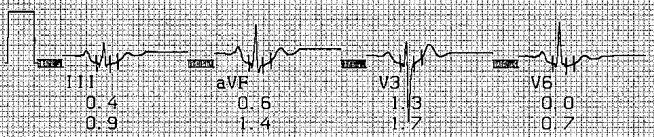
I	aVR	V1	V4
0.5	-0.5	0.16	0.8
1.2	-1.7	0.2	1.4

Measured At
60ms post J
(10mm/mV)

Auto Points

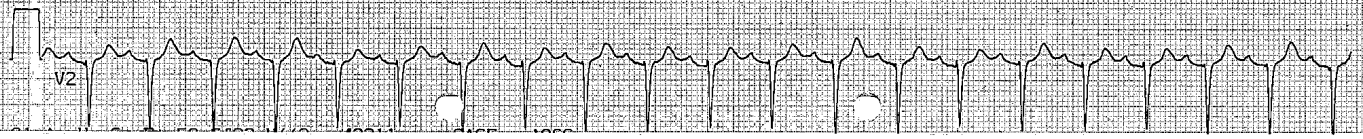


II	aVL	V2	V5
0.8	0.0	1.3	0.6
1.9	0.0	1.3	1.2



III	aVF	V3	V6
0.4	0.6	1.3	0.0
0.9	1.4	1.7	0.7

ST
Slope



09-JAN-2003 WATSON, MARY 12 Lead Report WESTERN INFIRMARY GLASGOW

15:12:54 ID: 0623238

25mm/s
10mm/mV
40Hz

BRUCE
RECOVERY

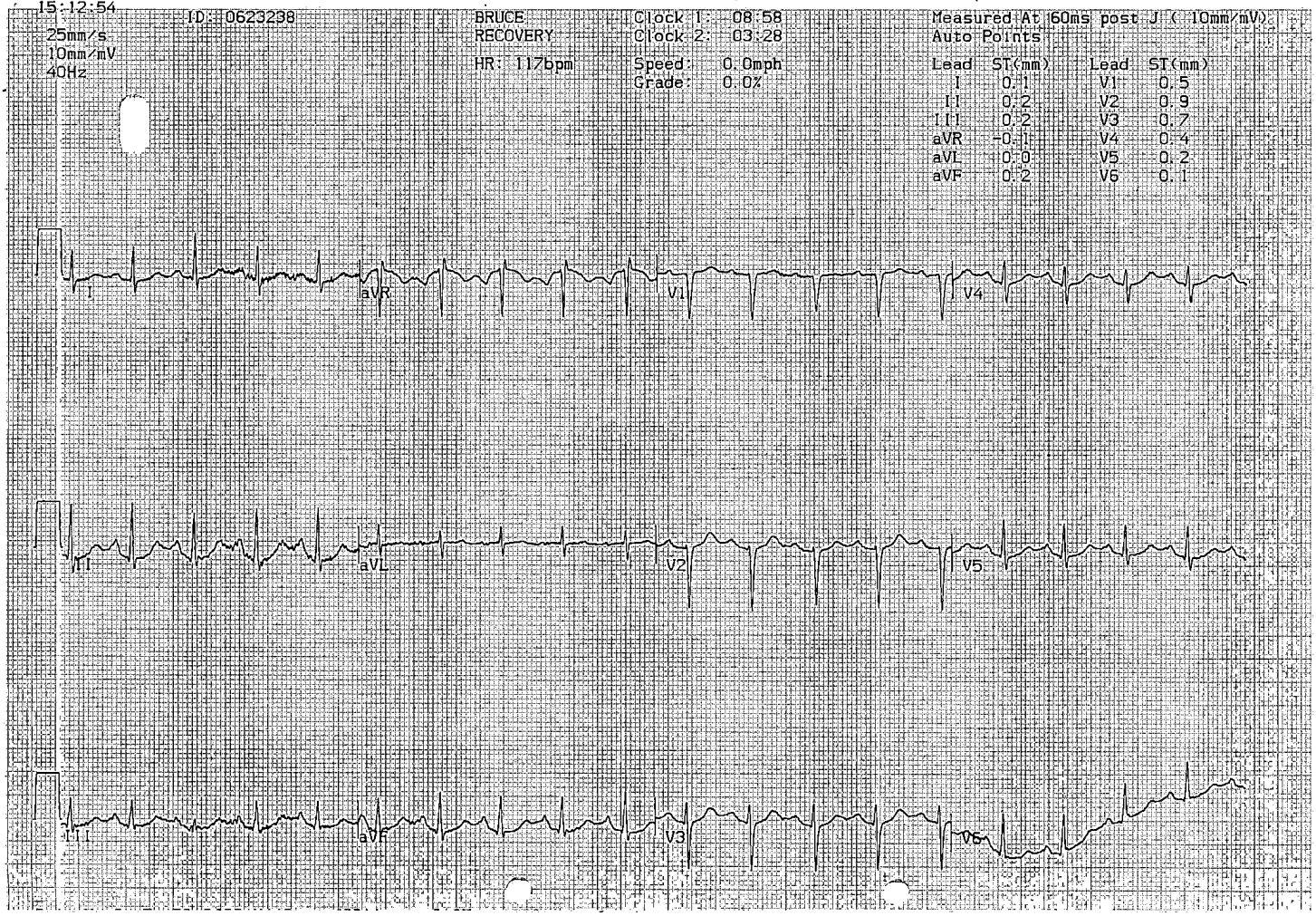
HR: 117bpm

Clock 1: 08:58
Clock 2: 03:28

Speed: 0.0mph
Grade: 0.0%

Measured At 60ms post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.1	V1	0.5
II	0.2	V2	0.9
III	0.2	V3	0.7
aVR	-0.1	V4	0.4
aVL	0.0	V5	0.2
aVF	0.2	V6	0.1

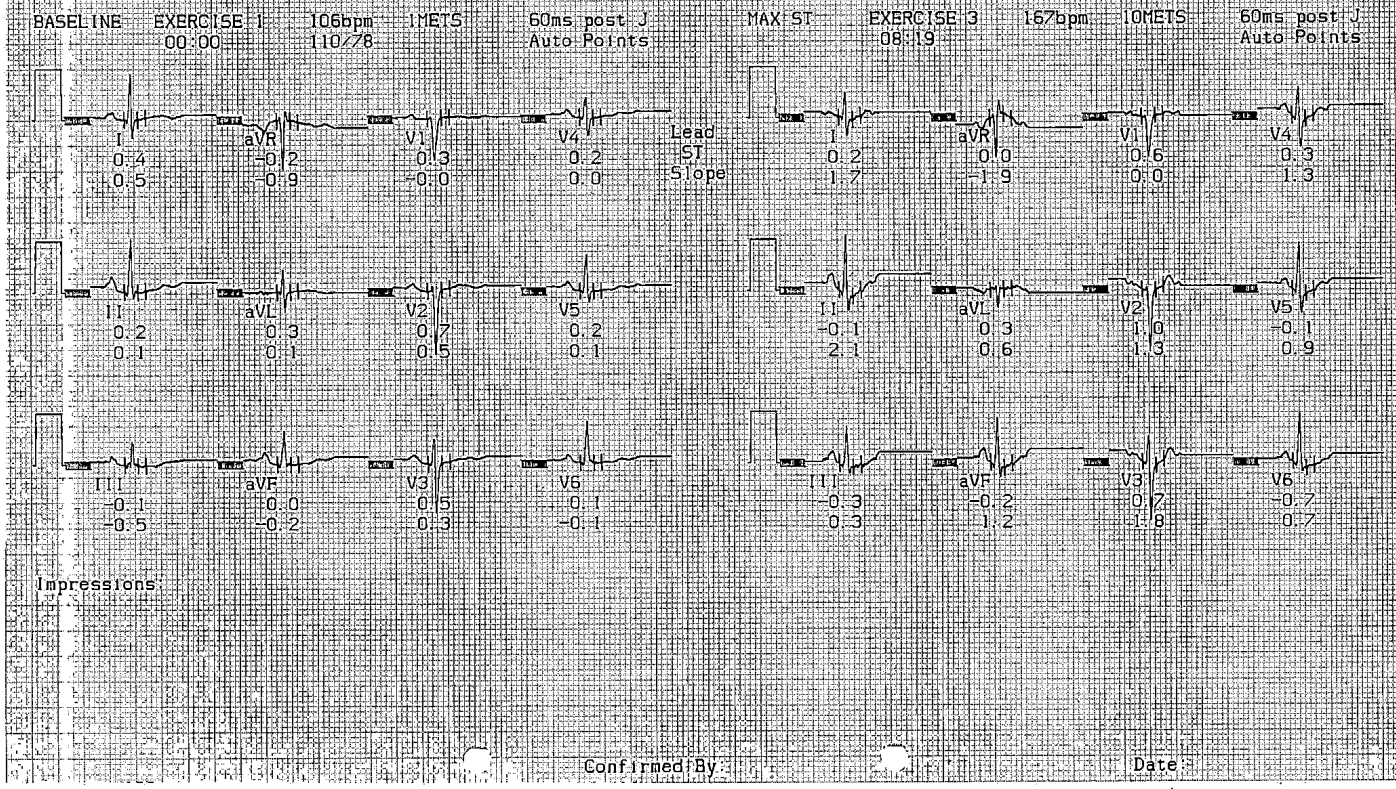


Graded Exercise Summary Report

WESTERN INFIRMARY GLASGOW

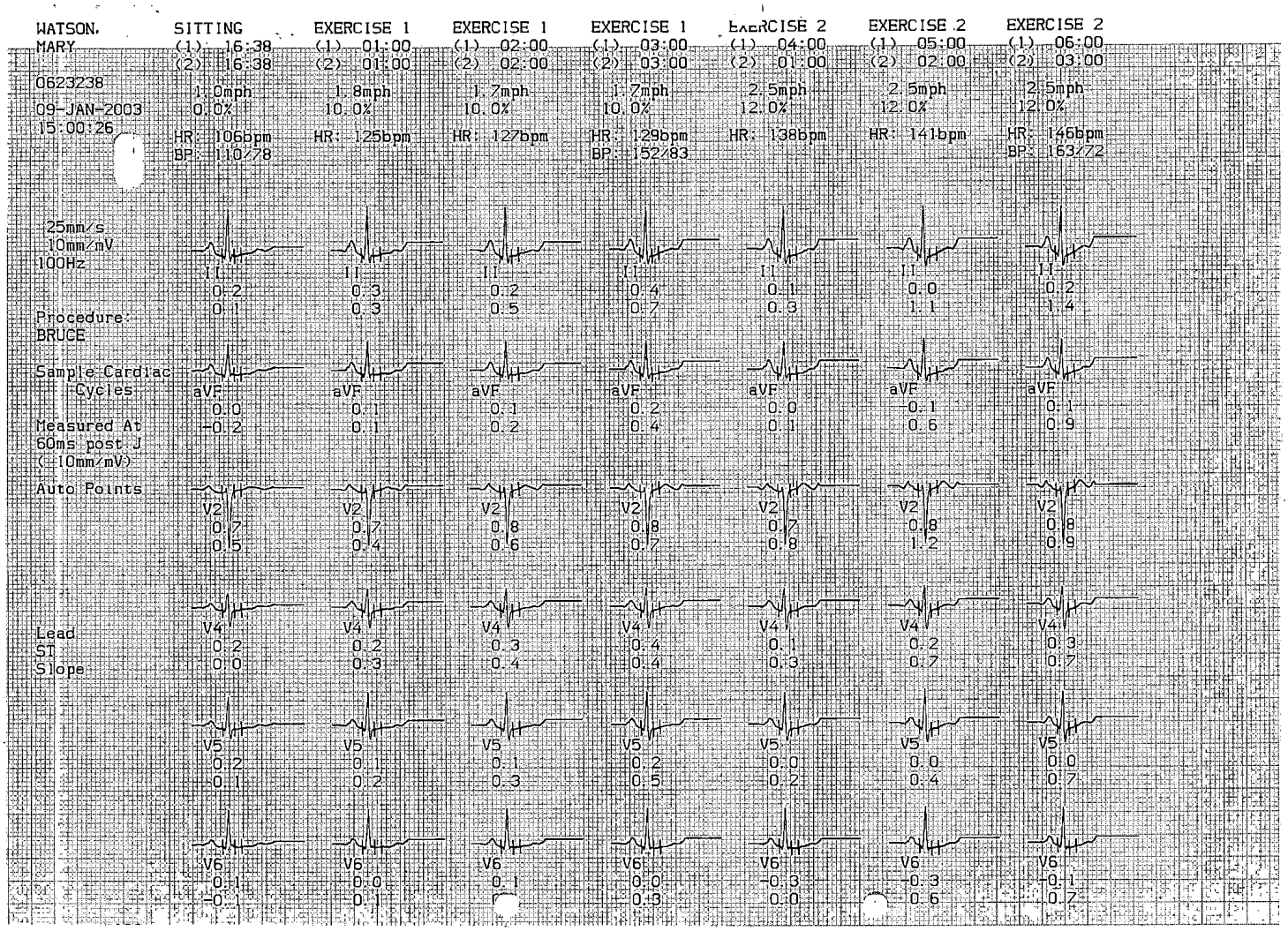
WATSON, MARY
ID: 0623238
06-MAR-1954 Ht: Wt:
Female Cauc
09-JAN-2003
15:00:26 Procedure: BRUCE
25mm/s CAWSTON
10mm/mV
100Hz

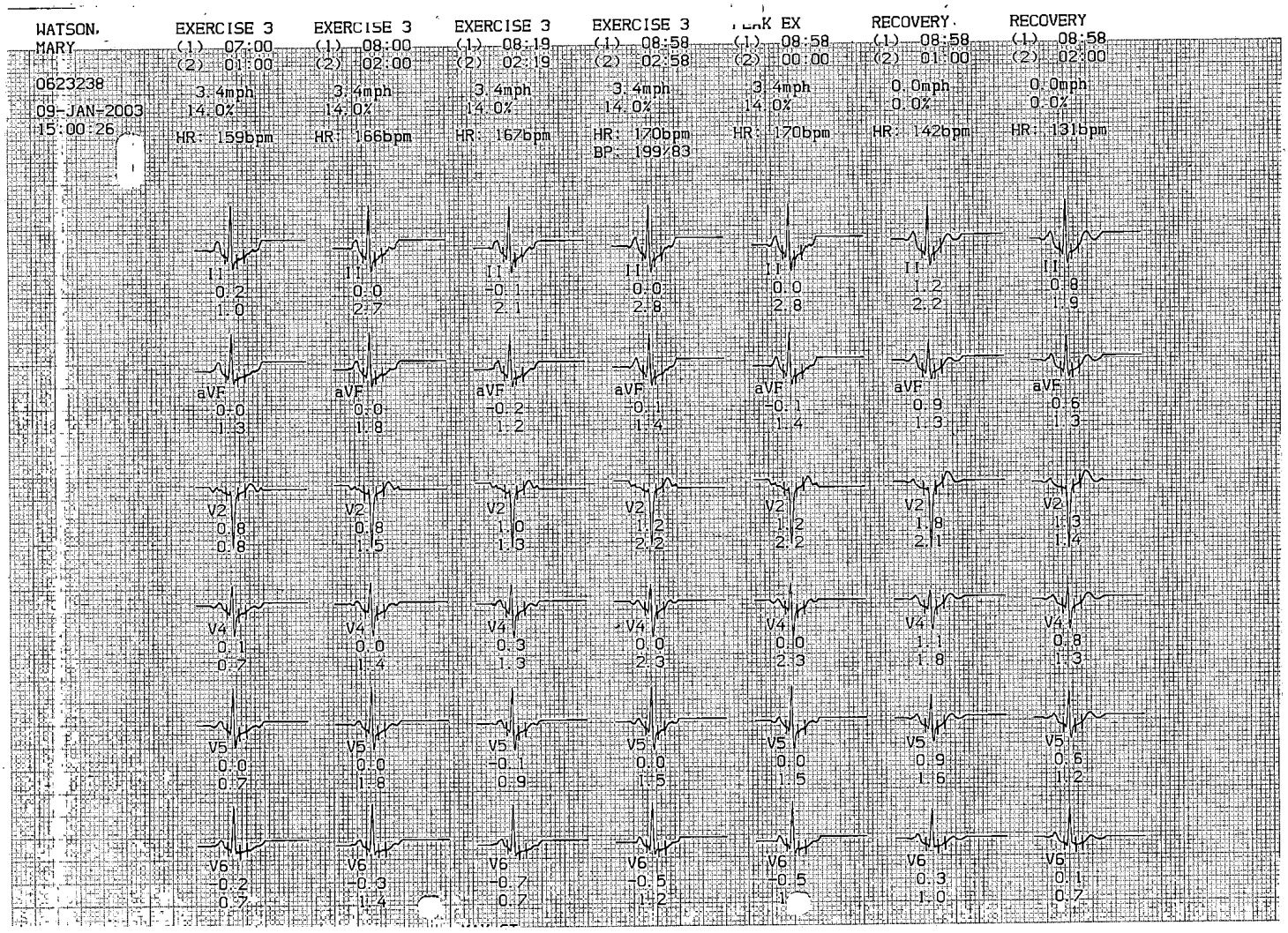
Exercise Time: 09:00
Maximum Heart Rate Attained: 170bpm 99% Max Predicted 172bpm
Maximum BP: 199/83
Maximum Workload Attained: 10METS
Criteria of -2.0mm Horizontal Slope was not reached.
Reason for Termination:
ELECTIVE



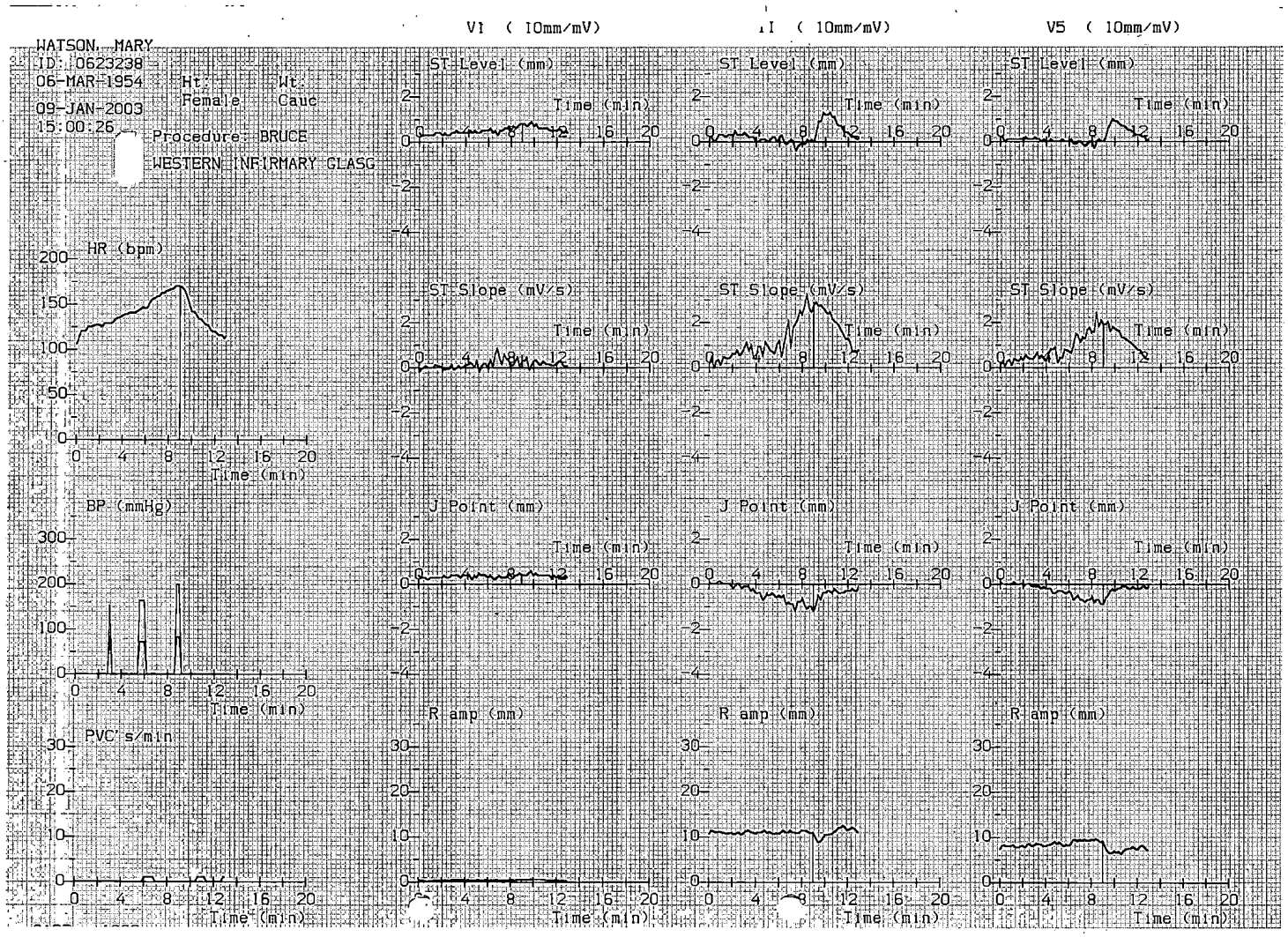
Impressions:

Confirmed By: Date:


WATSON,
MARY
0623238
09-JAN-2003
15:00:26
SITTING
(1) 16:38
(2) 16:38
1.0mph
0.0%
HR: 106bpm
BP: 110/78
EXERCISE 1
(1) 01:00
(2) 01:00
1.8mph
10.0%
HR: 125bpm
EXERCISE 1
(1) 02:00
(2) 02:00
1.7mph
10.0%
HR: 127bpm
EXERCISE 1
(1) 03:00
(2) 03:00
1.7mph
10.0%
HR: 129bpm
BP: 152/83
EXERCISE 2
(1) 04:00
(2) 01:00
2.5mph
12.0%
HR: 138bpm
EXERCISE 2
(1) 05:00
(2) 02:00
2.5mph
12.0%
HR: 141bpm
EXERCISE 2
(1) 06:00
(2) 03:00
2.5mph
12.0%
HR: 146bpm
BP: 163/72
25mm/s
10mm/mV
100Hz
Procedure:
BRUCE
Sample Cardiac Cycles
Measured At
60ms post J
(=10mm/mV)
Auto Points
Lead
ST
Slope
I
II
V2
V4
V5
V6
aVF


WATSON, MARY
0623238
09-JAN-2003
15:00:26
EXERCISE 3
(1) 07:00
(2) 01:00
3.4mph
14.0%
HR: 159bpm
EXERCISE 3
(1) 08:00
(2) 02:00
3.4mph
14.0%
HR: 166bpm
EXERCISE 3
(1) 08:19
(2) 02:19
3.4mph
14.0%
HR: 167bpm
EXERCISE 3
(1) 08:58
(2) 02:58
3.4mph
14.0%
HR: 170bpm
BP: 199/83
PEAK EX
(1) 08:58
(2) 00:00
3.4mph
14.0%
HR: 170bpm
RECOVERY
(1) 08:58
(2) 01:00
0.0mph
0.0%
HR: 142bpm
RECOVERY
(1) 08:58
(2) 02:00
0.0mph
0.0%
HR: 131bpm
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

WATSON,
MARY
0623238
09-JAN-2003
15:00:26
RECOVERY
(1) 08:58
(2) 03:00
0.0mph
0.0%
HR: 120bpm
RECOVERY
(1) 08:58
(2) 03:55
0.0mph
0.0%
HR: 115bpm
I
0.4
1.4
II
0.2
0.8
aVF
0.3
1.0
aVF
0.1
0.5
V2
1.0
0.9
V2
0.5
0.15
V4
0.6
0.9
V4
0.2
0.5
V5
0.3
0.8
V5
0.1
0.4
V6
0.0
0.6
V6
-0.3
0.2


V1 (10mm/mV)
aI (10mm/mV)
V5 (10mm/mV)
WATSON, MARY
ID: 0623238
06-MAR-1954 Ht: Wt:
Female Cauc
09-JAN-2003
15:00:26 Procedure: BRUCE
WESTERN INFIRMARY GLASG
HR (bpm)
BP (mmHg)
PVC's/min
ST Level (mm)
ST Slope (mV/s)
J Point (mm)
R amp (mm)
Time (min)

WEST ETHICS COMMITTEE

FORM OF CONSENT FOR PATIENTS/VOLUNTEERS IN CLINICAL RESEARCH PROJECT

Title of Project :

Investigation of RNase L and PKR immune defence pathways in various infections

By signing this form you give consent to your participation in the project whose title is at the top of this page. You should have been given a complete explanation of the project to your satisfaction and have been given the opportunity to ask questions. You should have been given a copy of the patient information sheet approved by the West Ethics Committee to read and to keep. Even though you have agreed to take part in the research procedures you may withdraw this consent at any time without the need to explain why and without any prejudice to your care.

Consent:

I, Mary Waton (PRINT)

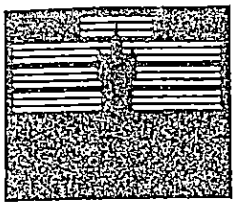
of 28 Kendoon Rise

give my consent to the research procedures above, the nature, purpose and possible consequences of which have been described to me

by Ila Agarwal

Patient's signature M Waton Date 8/12/00

Doctor's signature



West Glasgow Hospitals

Patient Information Sheet on a Research Project

Investigation of RNase L and PKR immune defence pathways in various infections

We would like to invite your help with a medical research study. It is important that your participation is voluntary and that you give your informed consent freely before volunteering to take part. The doctors involved in this study will explain this information sheet to you, before asking you to decide whether or not to take part (and you may take as long as you wish to decide). You will be given a signed copy of this form to keep as a record and will be told the result of the test.

Why is this study being done
Recent work has suggested that there are two normal defence pathways against infections and we wish to investigate this.

Why have you been chosen
We are comparing these pathways in three groups:
Group 1 - patients with infections.
Group 2 - patients with other medical conditions.
Group 3 - healthy volunteers are needed to make sure that we have a normal group for comparison.

What is your part in the study?
It is simply this: if you agree, the doctor will take a small (10 ml) sample of blood from you.
If you choose not to take part in the study
Your participation in this study is completely voluntary. You may refuse without giving any reason and your doctor will continue to treat you to the best of his/her ability.
What benefits are expected?
The potential benefit is to define defence pathways in infection better so that future treatment can be more targetted.
Confidentiality
All information that is collected about you during the course of this study will remain confidential unless law requires disclosure. Any information about you that leaves the hospital will be anonymised so that you cannot be recognised from it. Your general practitioner will be notified that you are participating in this study.
If you have further questions
You may ask any questions you like now or at any time about your rights as a participant in this research study or about the research study itself. Your doctor in the Brownlee Unit will give you any other information you require.

Patient agreement to participate in a research project

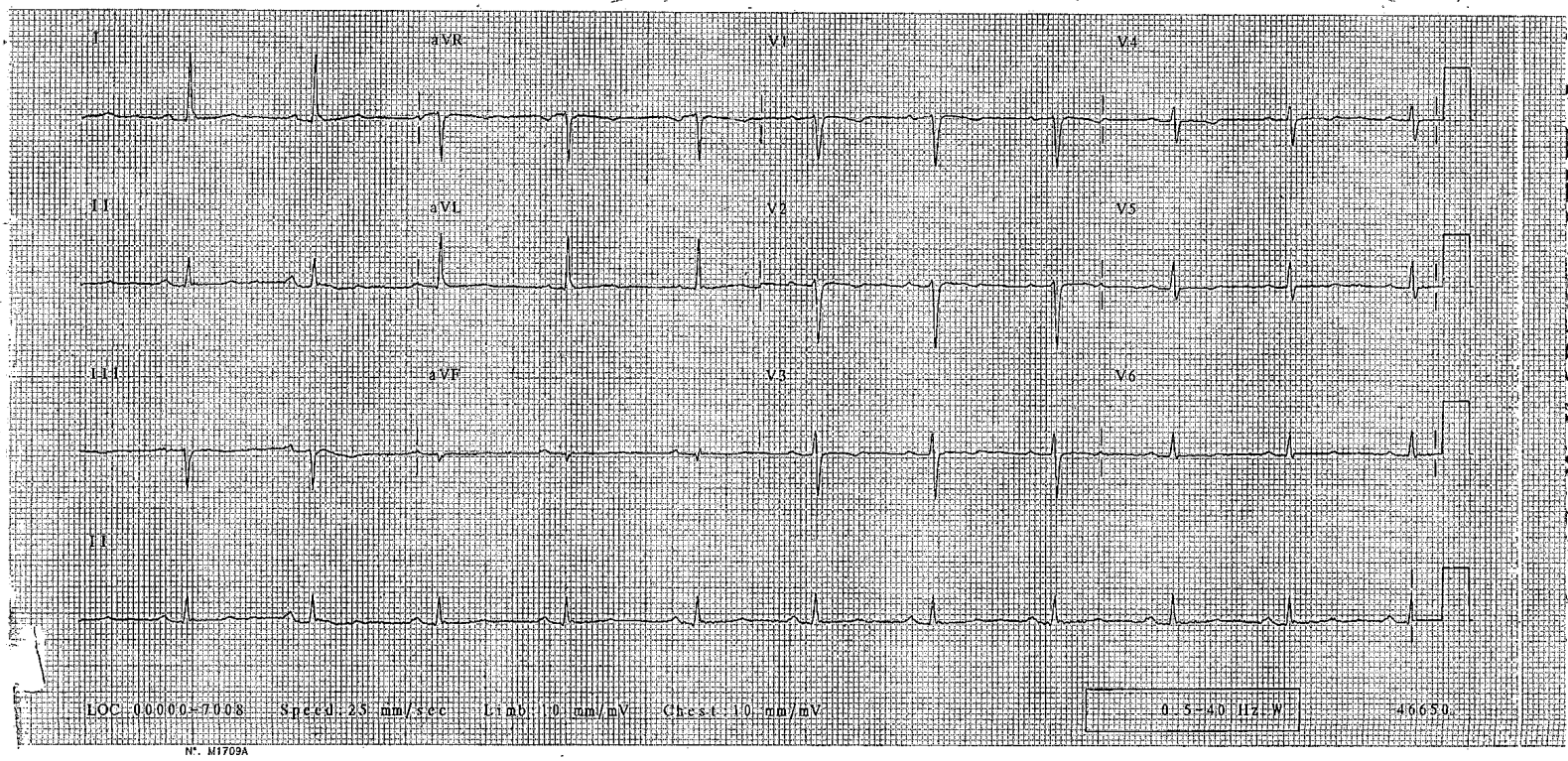
Have you received and read the information sheet and been given a copy?	YES/NO
Could you ask questions and discuss the study?	YES/NO
Have you received satisfactory answers to your questions?	YES/NO
Have you received enough information about the study?	YES/NO

Whom have you spoken to? .....

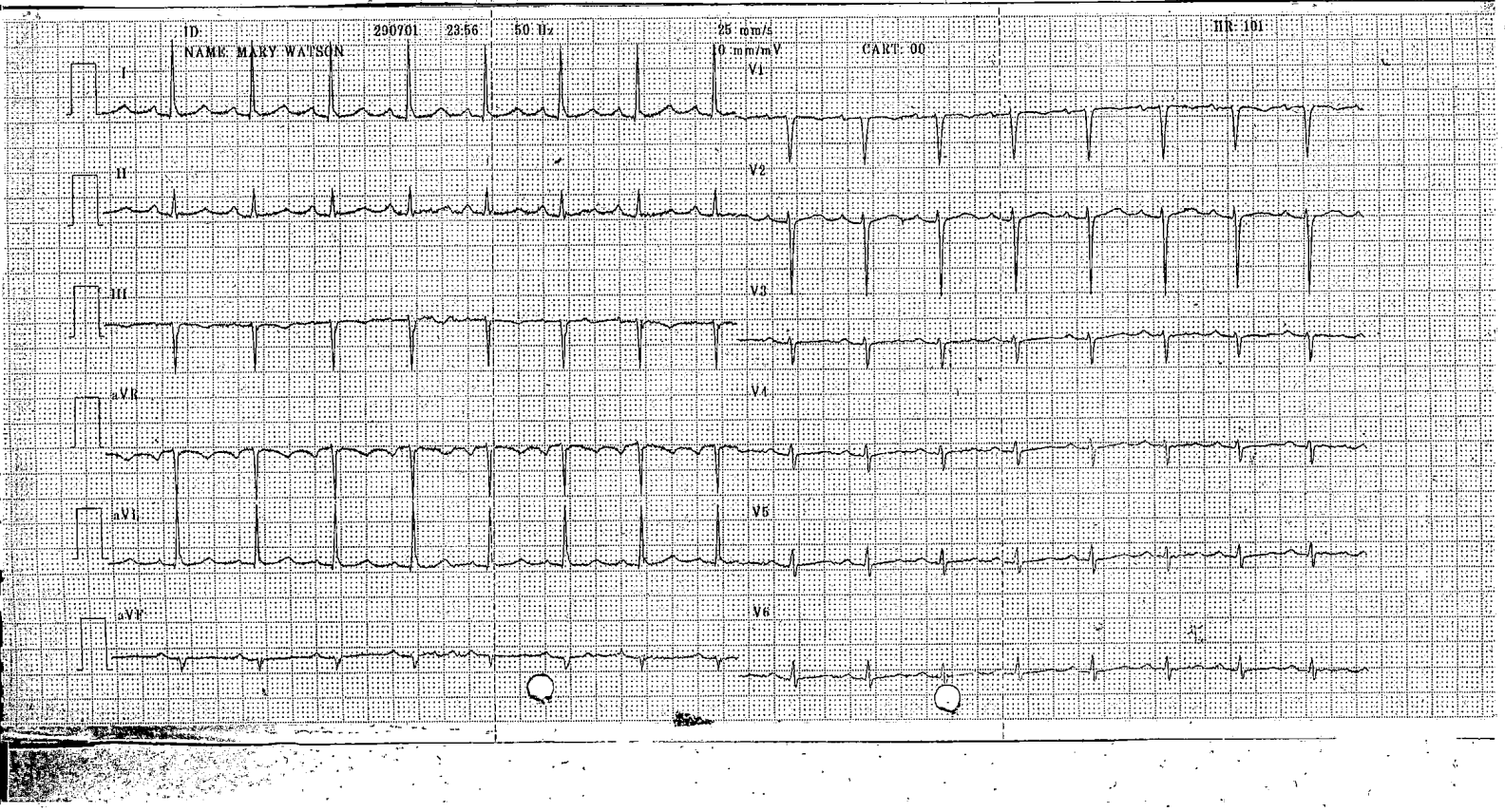
Do you understand that you are free to refuse to give the blood sample
- without having to give a reason
- and without affecting your medical care? YES/NO

Dept: L8M
Room:
Oper: SJ

Requested by:
DOVER



N°. M1709A

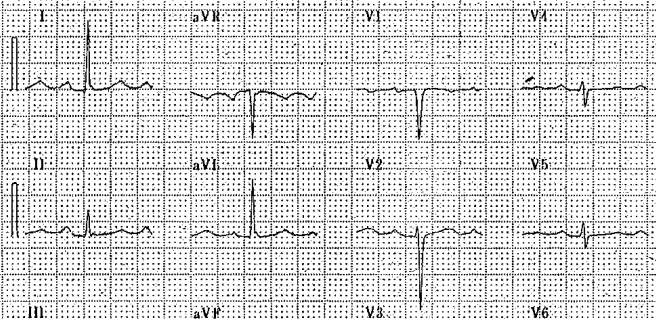

ID
290701 23:56 50 Hz
25 mm/s
10 mm/mV
HR: 101
NAME MARY WATSON
CART: 00
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

ID:
AGE: 47 FEMALE

NAME: MARY WATSON
CLASS:
DRUGS:

DATE 290701
TIME 23:56
CART 00

HEARTRATE 100
INTERVALS PR 178 QT/QTc 340/410
DURATIONS P 102 QRS 76
AXES P-R-T 35 -9 5



SINUS TACHYCARDIA

Anterior R decrease + inferior Q
OLD INFERIOR INFARCTION
POSSIBLE ANTERIOR INFARCTION - ? AGE

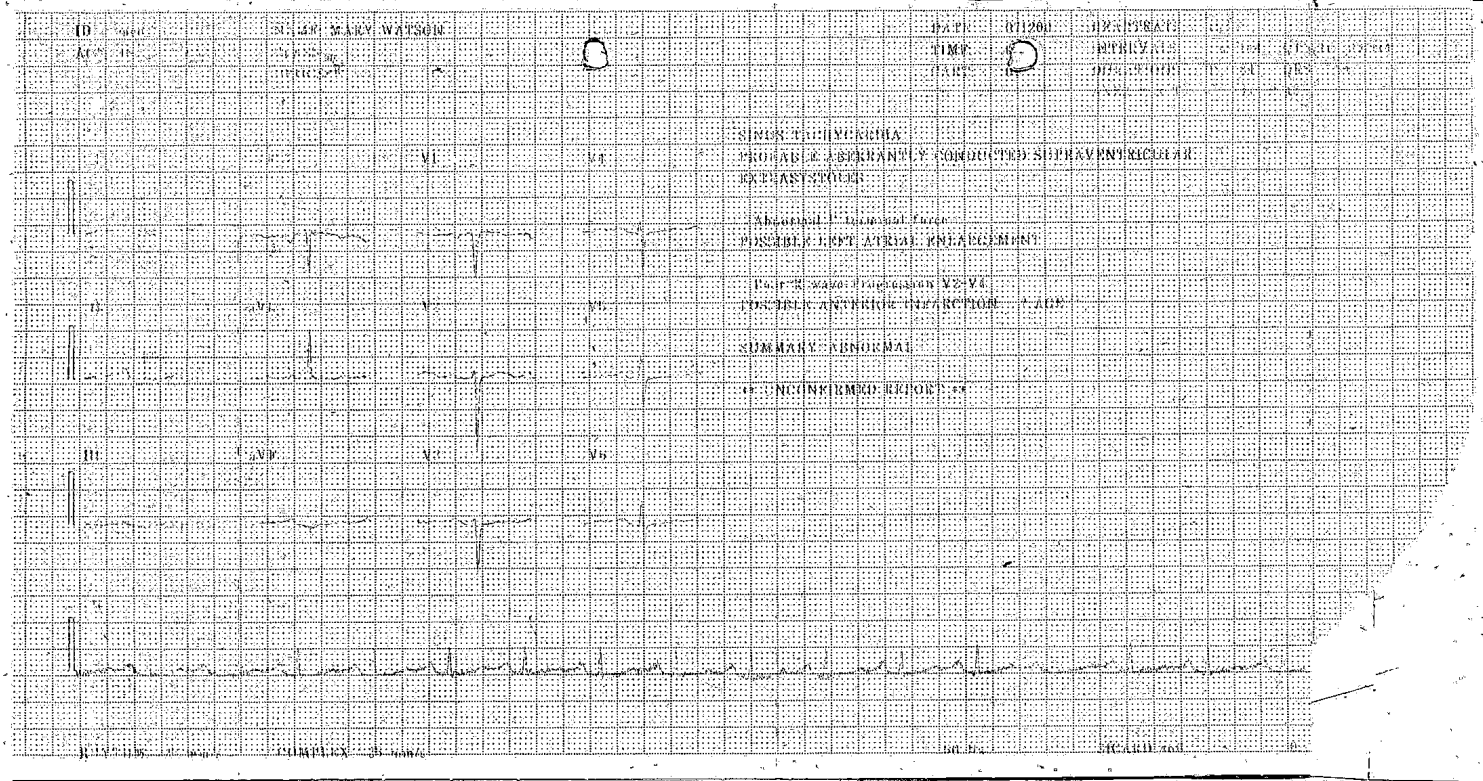
LOW QRS VOLTAGES IN PRAECORDIAL LEADS

SUMMARY: ABNORMAL

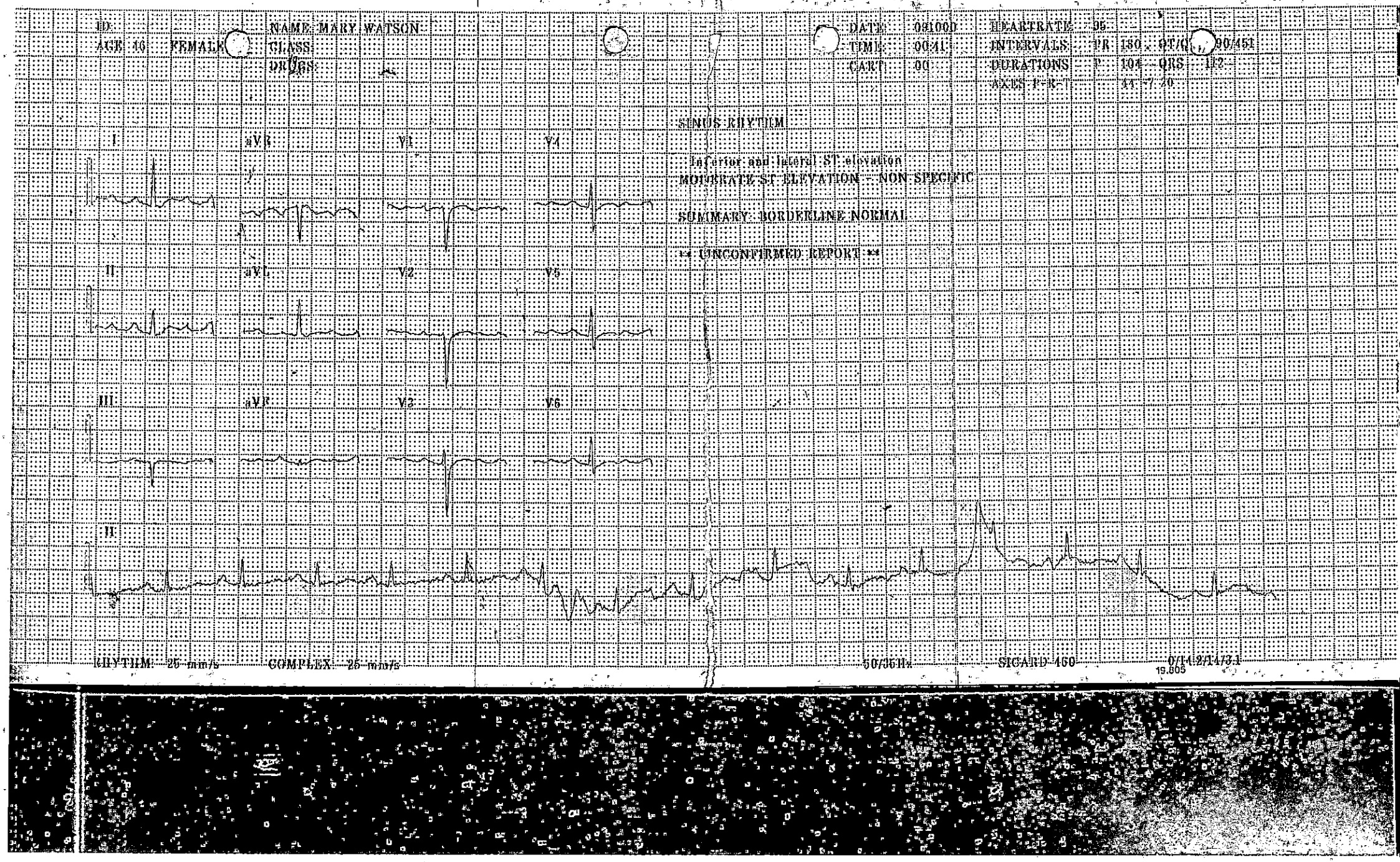
** UNCONFIRMED REPORT **

RHYTHM 25 mm/s COMPLEX 25 mm/s 50 Hz SICARD 460 0/12/14/31

19,605


ID
SURNAME MARY WATSON
DATE 011200
TIME
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
SINUS TACHYCARDIA
PROBABLE ABERRANTLY CONDUCTED SUPRAVENTRICULAR
EXTRASYSTOLES
Abnormal T wave(s)
POSSIBLE LEFT ATRIAL ENLARGEMENT
Poor R wave progression V2-V4
POSSIBLE ANTERIOR INFARCTION - AGE
SUMMARY ABNORMAL
** INCOMPLETE **
RATE 115
PR
QRSD
QT/QTc
P
R/S/T 105 60 -30
SPEED 25 mm/s
GAIN 10 mm/mV
SPEED 50 mm/s
GAIN 20 mm/mV
MUSE
CARDIOSOFT V6.71
MEDICAL

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

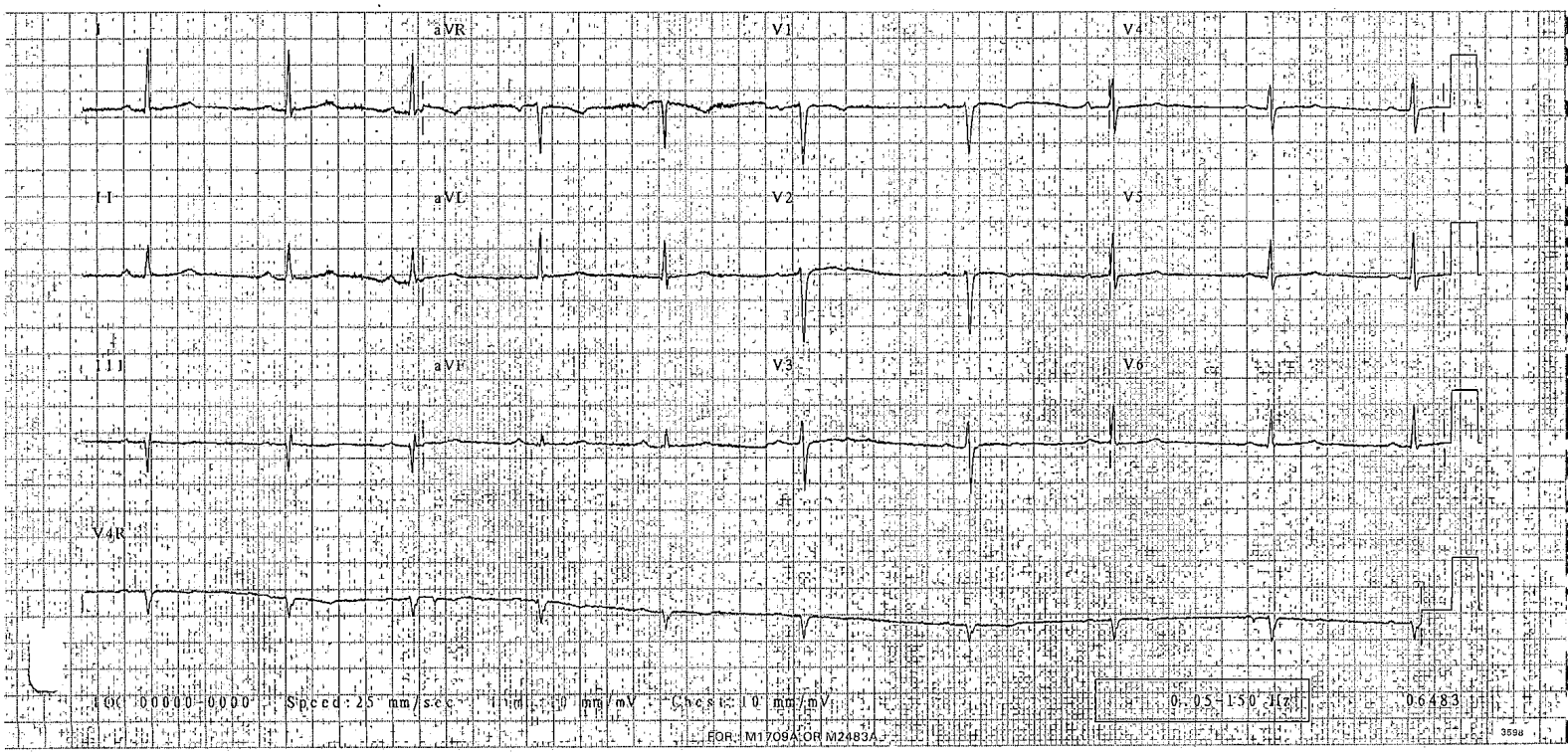

ID
AGE 16 FEMALE
NAME MARY WATSON
CLASS
DRUGS
DATE 09100D
TIME 0041
CART 00
HEARTRATE 95
INTERVALS PR 130 QT/QTc 90/451
DURATIONS P 104 QRS 112
AXES P R T 44 7 70
SINUS RHYTHM
Inferior and lateral ST elevation
MODERATE ST ELEVATION - NON SPECIFIC
SUMMARY BORDERLINE NORMAL
** UNCONFIRMED REPORT **
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
RHYTHM 25 mm/s
COMPLEX 25 mm/s
50/35Hz
SIGARD 460
0/14.2/14/3.1
19.805

623238
WATSON MARY
28 Halgreen Avenue F

GLASGOW 06/03/54
G15 8AB
G.P.Prac. 40436

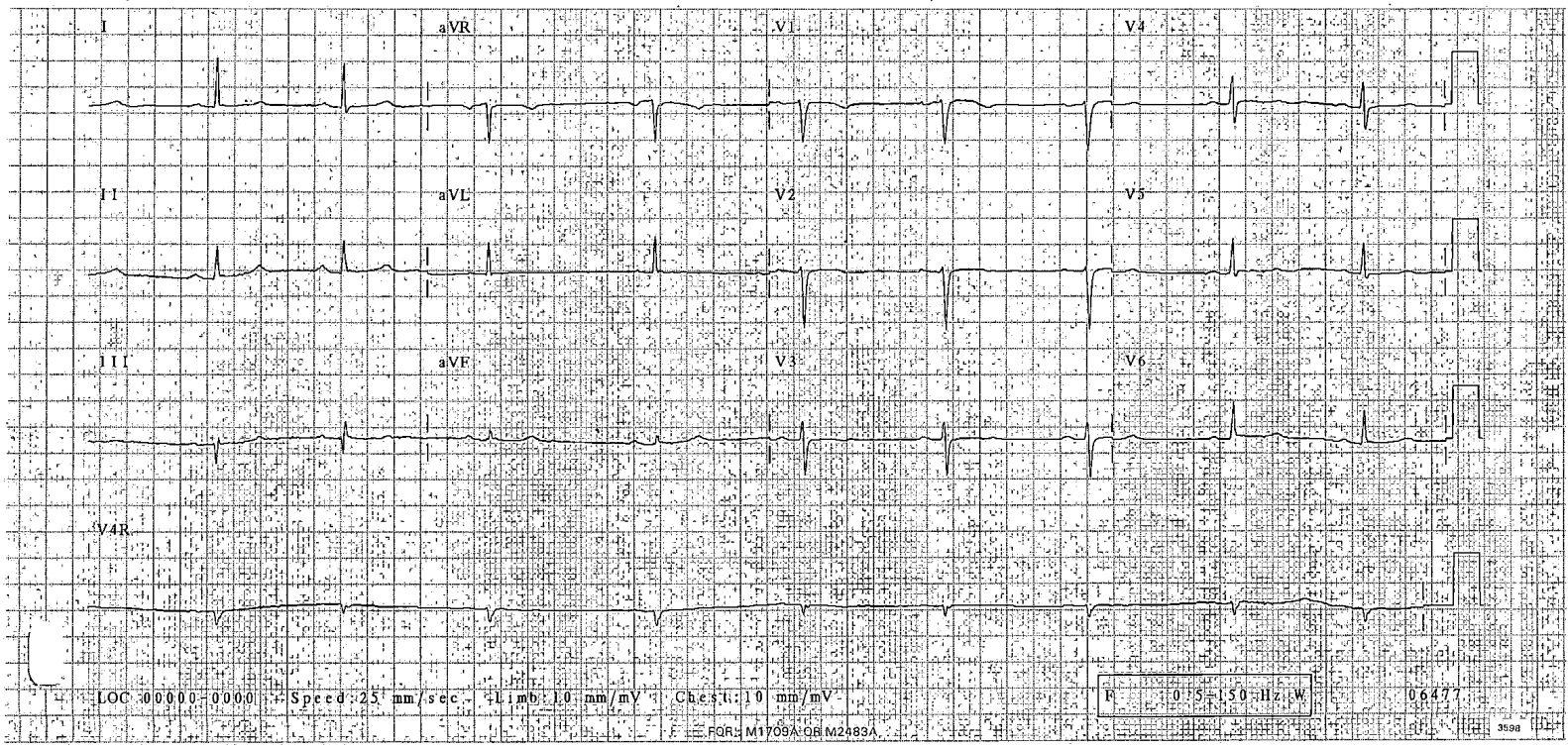
Dept:
Room:
Oper:

Requested by:



Dept:
Room:
Oper:

Requested by:

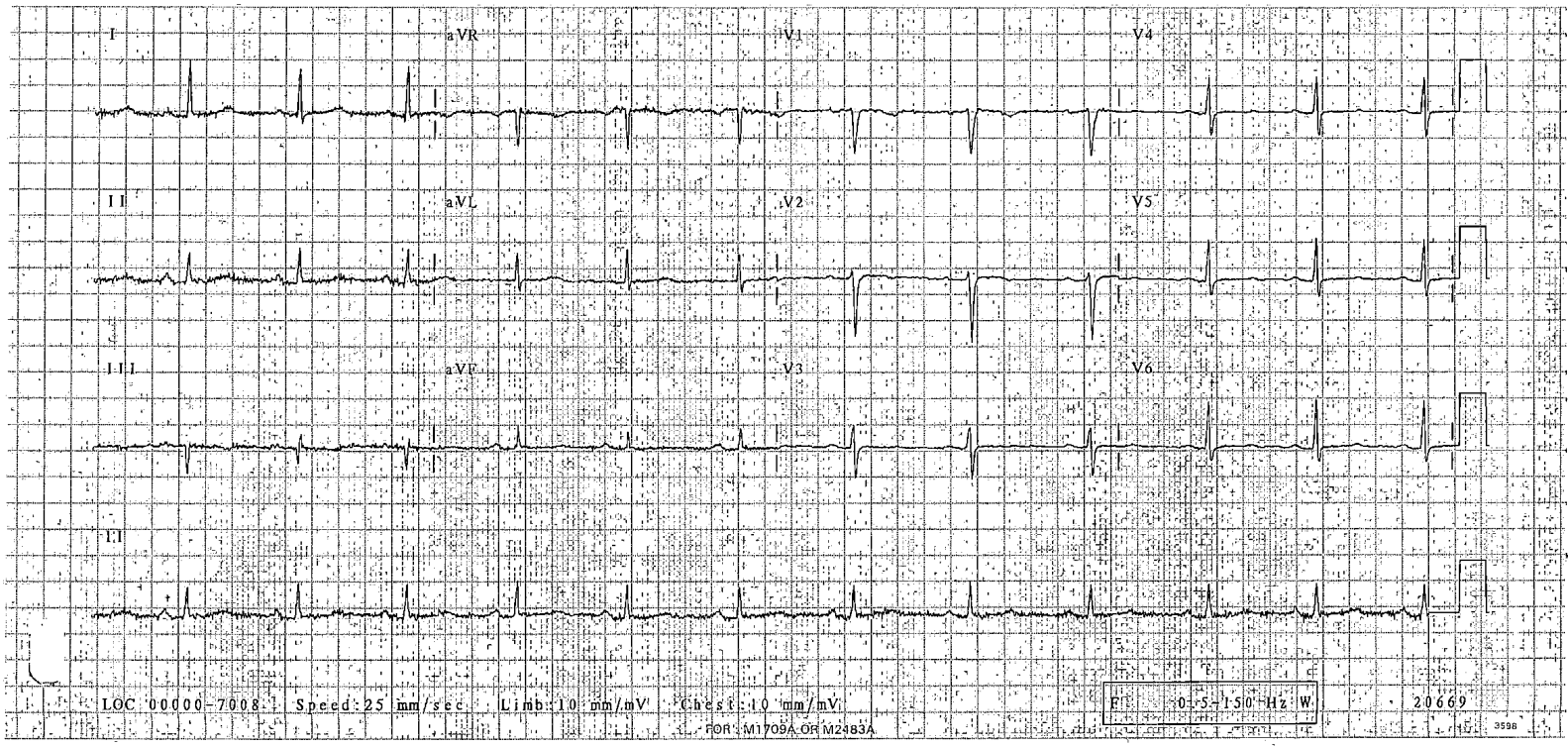


Dept:

Oper:

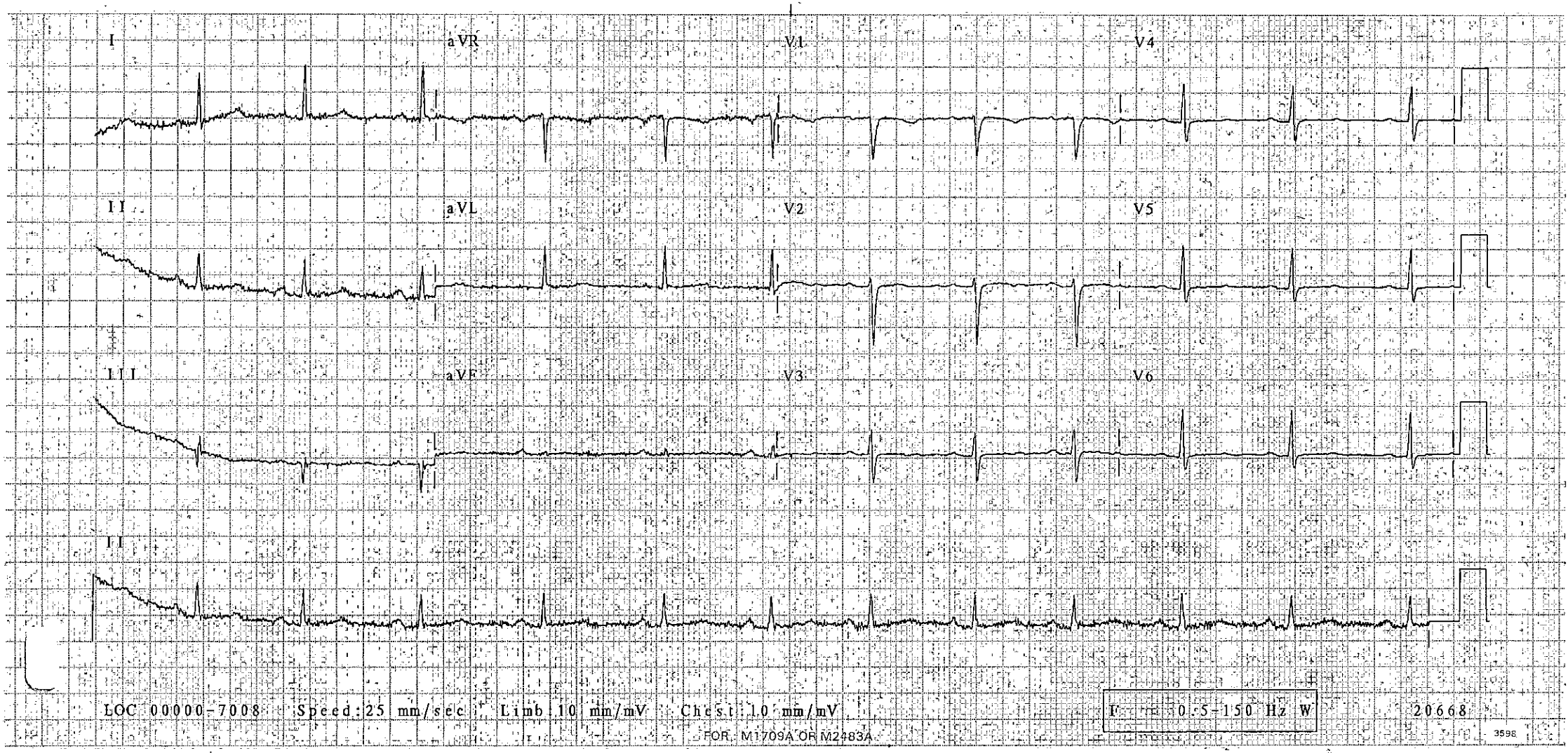
M Watson Sunday

In Pain



Dept :

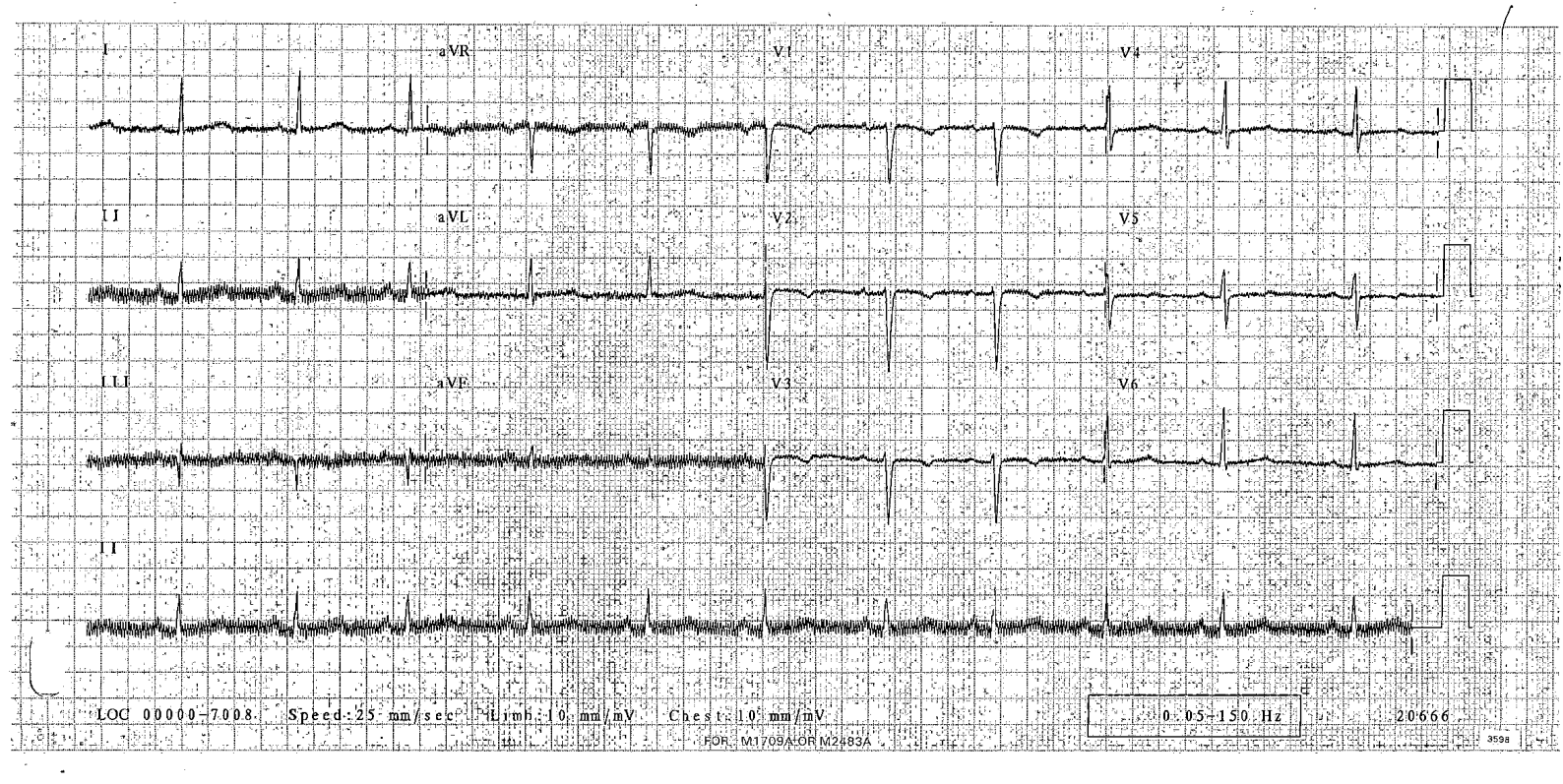
Oper :


I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
LOC 00000-7008 Speed:25 mm/sec Limb 10 mm/mV Chest 10 mm/mV
F 0.5-150 Hz W
20668
FOR M1709A OR M2483A
3598

Mrs Watson Team.

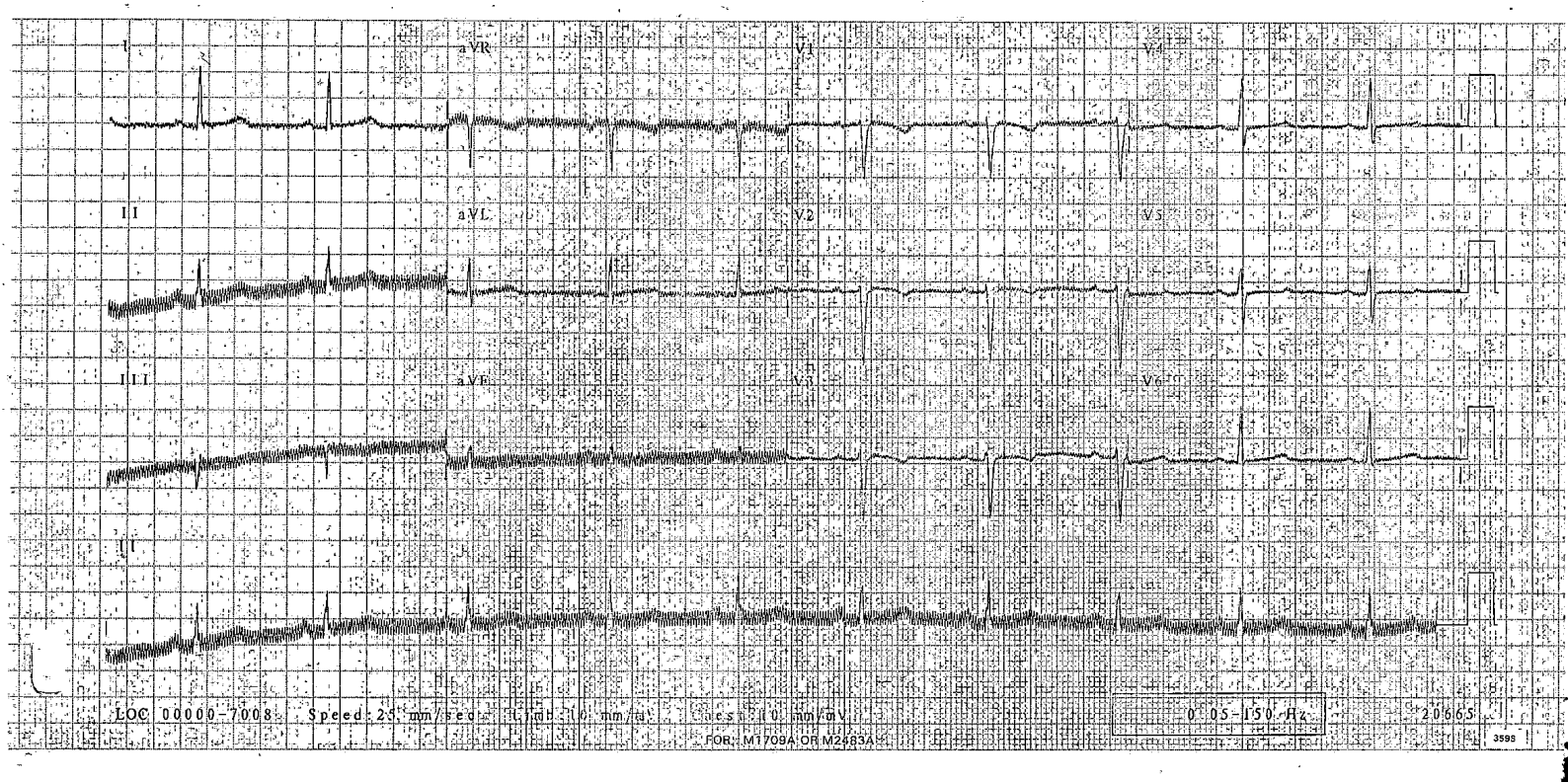
Dept:

Oper:

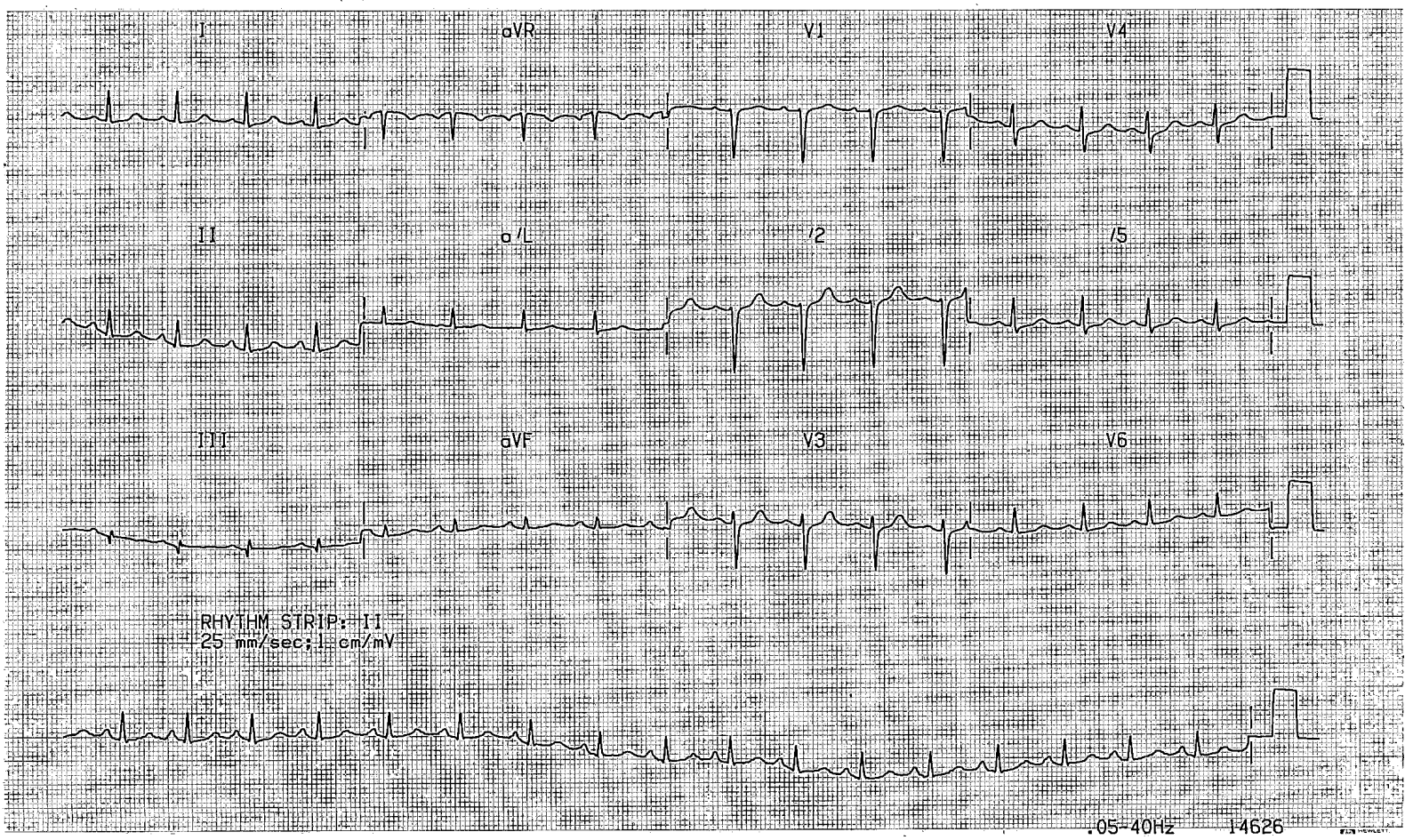


Dept :

Oper :


I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
LOC 00000-7008 Speed: 25 mm/sec Limb: 10 mm/mV Gain: 10 mm/mV 0.05-150 Hz 20665
FOR: M1709A OR M2483A
3593

MARY
WATSON
JMA 23-96



Laboratory Results Search Program

Hospital No: WGT623238 Surname: WATSON Forename: MARY
DOB: 06/03/54 Age: 45 AgeType: Y Gender: Female LinkNo: 0159053
Hospital: WGT Ward: L8M Doctor: BYRN
Profiles: KELU GLU CKMB Reported: Yes

Form A

DATE	LABNO	\SOD	\POT	\CL	\BIC	\URE	\CRE	\OSM	\UOSM
25/10/98	156881R	140	3.9		26	4.9	66		
S-TIME		\CAL	\CCAL	\PHI	\PRO	\ALB	\BIL	\ALP	\GGT
21:51									
		\AST	\ALT	\CK	\CKMB	\%MB	\GLU	\URA	\AMY
				42			5.9		
		\GAP							

Coded Comment: 0

+----- Select ------+
| Continue |
| Free Text Display |

Authorised: Yes Authorised By: Auto
Clinical Comment:

CHOL - 25/8/95 - 7.98

JOINT CARDIAC INVESTIGATIVE UNIT

CARDIAC CATHETERISATION AND ANGIOGRAPHY

623238
WATSON MARY
28 Halgreen Avenue F

GLASGOW 06/03/54
G15 8AB
G.P.Prac. 40436

Hospital:– Western Infirmary Southern General Hospital		Catheter No:–
Physician:– KENNEDY.	Date:– 27/10/98	Operators:– MILLOCH
Final Diagnosis:– NORMAL CORONARIES		

PROCEDURE

R. H. Catheterisation. 6FS → RFA.

L. H. Catheterisation JL4

Angiography JR4

No LV.

OBSERVATIONS

Some difficulty in cannulating RCA. but otherwise straightforward procedure.

(N) LMS
(N) LAD
(N) Cx.
(N) RCA

} ie. Normal coronaries. All quite small calibre but no focal stenoses.

Cx/RCA – Collateral.

CONCLUSIONS

Stop heparin.

Health out later.

D Nbr – Cardiac Chest pain.

Ref. point for pressures:—

Site	Pressures mm. Hg.		02 Sat.	Additional Information
	Sys./Dia.	Mean		

Height Weight Body Surface Area Hb

FLOWS

Systemic = 1/min. = 1/min./m^2

Pulmonary = 1/min. = 1/min./m^2

Oxygen Uptake =

Pulmonary Artery Oxygen Saturation =

Systemic Arterial Oxygen Saturation =

SHUNTS

Left to Right =

Right to Left =

GRADIENTS

RESISTANCES

Systemic = Units = units/m^2

Pulmonary = units = units/m^2

Pulmonary : Systemic Resistance Ratio =

ADDITIONAL DATA

XRAY
C

8th

NHS Greater Glasgow and Clyde

Western Infirmary
WATSON, Mary
28 Kendoon Avenue, Drumchapel, Glasgow, , G15 8AX
Referrer: Mr Christopher Wilson - WIG BREAST SURGERY CLINIC

Diagnostic Imaging Report
DoB: **06/03/1954**
Chi No: **0603546323**
CRIS No: **5168722**
Hosp No: **50623238H**

13/10

~~**VERIFIED** Verified By: Dr Helen Griffiths 25/08/10 0949.~~

Clinical History : History of breast carcinoma on the left 1996, treated with wide local excision and axillary node clearance. Chemo and radiotherapy and Tamoxifen. Aware of new lump superior aspect left breast. No focal abnormality palpable at clinic.

XR Mammogram Both :

There was a mixed to fatty breast pattern. As described on previous reports, there was post-surgical deformity of the upper outer quadrant of the left breast graded R2, benign. No other focal abnormality was demonstrated in either breast and there was no radiological evidence of malignancy.

North Glasgow Hospitals

~~Ref. Src: Western Infirmary, Dumbarton Road, Glasgow, G11 6NT~~
Exams: XR Mammogram Both
Exam Date: 23/08/10 Event: E-25147835

08966

12/12/97 - CHEST, ABDO E&S

WEST G

06/03/95 - BILATERAL MAMM

Mary
WATSON XXXXX 623238
O/00
O/P ~~195~~ WIG 21.1
Mr O'Dwyer OP 25th
ABDOMEN, CHEST
09/12/9

0093550

INITIALLED AS SEEN
06/07/90

ABDOMEN

PH/952 9944

Cholecystogram. 21. 1.81

18/10/00 - VQ SCAN

X-RAY W.I.G.

G3/4 DIS 13/10

00081934 K 10/10/00 XR 0070302
623238

WATSON, Mary 46Y F P, SEMPLE WG3

28 KENDOON AVE, GLASGOW, G15 8AX

VQ SCAN 400MBqXe-133,80MBqTc-99mMAA
Normal VQ scan.

*Dr. M D COWAN/RMQ 18/10/00

GLASGOW UNIVERSITY HOSPITALS NHS TRUST
RADIOLOGY DEPARTMENT

WEST G

06/03/95 - BILATERAL MAMM

Mary
WATSON

XXXXX 623238
0/00

O/P ~~105~~ WIG

21.1
Mr O'Dwyer OP 252

ABDOMEN, CHEST

09/12/9

0093550

INITIALLED AS SEEN

ABDOMEN

06/07/90

Tells/RMQ

PH/952 9944

Cholecystogram.

21. 1.81

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

RADIOLOGY DEPARTMENT

WEST G

00081670 X 09/10/00 XR 0070302 **X-RAY W.I.G.**

623238

WATSON, Mary 46Y F P, SEMPLE WG3

28 KENDOON AVE, GLASGOW, G15 8AX

CHEST
Heart and mediastinal structures appear normal. There is some atelectasis demonstrated in both mid zones which was present previous in February'00 and is unchanged. I can see no evidence of bony destruction on this film.

*DR T HALLIDAY/RMQ 14/10/00

14/10/00 - CHEST

12/12/97 - CHEST, ABDO E&S

06/03/95 - BILATERAL MAMM

Mary
WATSON

XXXXX 623238
0/00

O/P ~~195~~ WIG

Mr O'Dwyer op 21.1 25.1

ABDOMEN, CHEST

09/12/9[illegible]

0093550

ABDOMEN

INITIALLED AS SEEN

06/07/90

Helms/RMQ

PH/952 9944

Cholecystogram.

21. 1.81

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
RADIOLOGY DEPARTMENT

97096269 V - 06/12/97 XR 0070302
623238
WATSON, Mary 43Y F DJ, GALLOWAY WL10S
32 KENDOON AVE., GLASGOW. G15 8AX L10S

X-RAY W.I.G.

.I.G.

ABDOMEN-ERECT & SUPINE
Gas and faeces are present throughout the large bowel. No evidence of obstruction or preforation.

CHEST
There are bilateral basal linear atelectasis. The heart is not enlarged. There is no evidence of active pulmonary pathology. No free gas under the diaphragm.

DR K HANNER/JR 12/12/97

/95

12/12/97 - CHEST, ABDO E&S

WEST G

06/03/95 - BILATERAL MAMM

Mary
WATSON

XXXXX 623238
0/00

O/P ~~105~~ WIG

Mr O'Dwyer op. 21.1

ABDOMEN, CHEST

09/12/9

0093550

ABDOMEN

INITIALLED AS SEEN
06/07/90

PH/952 9944

Cholecystogram.

21. 1.81.

7th

6th

5th

X-RAY W.I.G.

95018803 M	03/03/95	XR 0070302 623238	
WATSON, Mary	41Y F	WD, GEORGE	WOPBS

32 KENDOON AVE , , GLASGOW, G15 8AX

WEST GLASGOW HOSPITALS UNIVERSITY NHS
RADIOLOGY DEPARTMENT

BILATERAL MAMMOGRAM

No abnormality seen in either breast.

*DR G STENHOUSE/RB 06/03/95

000074

06/03/95 - BILATERAL MAMM

Mary XXXXX 623238
WATSON 0/00
O/P ~~105~~ WIG
Mr O'Dwyer OP 21·1 2524
ABDOMEN, CHEST 09/12/9 :0

0093550

INITIALLED AS SEEN

ABDOMEN 06/07/90

PH/952/3944

21. 1.81

7th

6th

5th

4th

WESTERN INFIRMARY, GLASGOW, G11 6NT

RADIOLOGICAL DEPT.

WATSON,M. DOB. 06/03/54 623238, O/PD
HI/RI Films 09/12/93 Dict.21/12/93 Typed 14/01/94

CHEST - The heart is not enlarged. Lung fields are clear.

ABDOMEN (E & S) - Multiple clips in the pelvis from previous surgery. There is some faecal loading of the large bowel. No other significant abnormality demonstrated.

000075

[END] vQ
N IRELAND

Mary
WATSON

XXXXX 623238
O/00

O/P ~~105~~ WIG

21.1
Mr O'Dwyer op 252

ABDOMEN, CHEST

09/12/9

0093550

ABDOMEN

INITIALLED AS SEEN

06/07/90

PH/952 9944

Pelvis/RUQ

Cholecystogram.

21. 1.81

WESTERN INFIRMARY

RADIOLOGICAL DEPT.

WATSON,M. DOB. 06/03/54 *A23238, 0/00
FGA/AMC Films 06/07/90 Dict.06/07/90 Typed 06/07/90

ABDOMEN; No evidence of obstruction or perforation.

000076

[END]
F G ADAMS

Mary
WATSON

UNIT No. XXXX i/P
69 WIG

X-RAY No. 623238 0/00

REGION EXAMINED
ABDOMEN

DATE 06/07/90

INITIALLED AS SEEN

PH/952 9944

Cholecystogram.

21. 1.81

ERN INFIRMARY, GLASGOW, G11 6NT

RADIOLOGICAL DEPT.

ULTRASONIC REPORT

GA

Nomal sized empty uterus.
Nomal endometrium.

000077

There is a thin walled cyst lying above the fundus to the (R) side of the midline. (5cms x 4cms). No debris present in the cyst.
No free intraperitoneal fluid

Morley

UNIT No. X-RAY No.

WATSON Mary G9

REGION EXAMINED	DATE	INITIALLED AS SEEN
Pelvis/RUQ	6.7.90	

PH/952 9944

Cholecystogram. 21. 1.81

2nd

GARTNAVEL GENERAL HOSPITAL 4. **RADIOLOGICAL DEPT.**

RS/MWT 21. 1.81 81/623238

Chest.

Heart and lungs appear within normal limits.

Cholecystogram.

The control film shows considerable faecal material in the right hypochondrium but is otherwise normal. The gall bladder is well demonstrated with the contrast medium and shows no evidence of contained calculi.

000078

R. SMITH 21 JAN 1981

Mary Watson
Mr. Livingstone
4A O.P.

UNIT No. 81/623238

X-RAY No.

REGION EXAMINED	DATE	INITIALLED AS SEEN
Chest. Cholecystogram.	21. 1.81	

PATHOLOGY
D

8th

7th

6th

5th

4th

3rd

2nd

WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL **PATHOLOGY**

Lab. No.: P917352 Name: WATSON Mary Hosp. No.: 623238

6.3.54

Initialled as seen: Phys./Surg.: G9 WIG Ward:

Endocervical Curettings
Microscopy shows fragments of late secretory phase endometrium.
Cone Biopsy of Cervix
The specimen consists of a 32x30x8mm cone of cervix.
Microscopy shows an invasive poorly differentiated squamous carcinoma of cervix, which penetrates to a depth of 11mm, showing a mainly basaloid appearance. There is extensive infiltration of thin walled vascular channels by tumour. There is CIN-III of the adjacent surface epithelium. The ectocervical, endocervical and deep resection margins are free from tumour.

M. Burgoyne

18 M Burgoyne

000082

SNOP 83 8073; S

Thurs 7B
pr 2p

SPECIMEN:	DATE OF OPERATION	DATE OF REPORT
Endocervical curettings Cone biopsy of cervix	9.9.91	11.9.91
Punch Biopsy of Cervix	4.9.91	9.9.91

PATHOLOGY

[redacted]

WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL

PATHOLOGY

Lab. No.: P917247

Name: WATSON Mary
6.3.54

Hosp. No.: 623238/B

Initialled as seen:

Phys./Surgr: McLean

Ward: 69 WIG

000083

Punch Biopsy of Cervix

Microscopy shows extensive CIN III which extends into endocervical glands. In addition there are a few small foci highly suspicious of invasive malignancy in which the cells have large eosinophilic cytoplasm and there is focal keratin production.

M Burgoyne

18
SNOP 83 3140 7600;A

SPECIMEN:	DATE OF OPERATION	DATE OF REPORT:
Punch Biopsy of Cervix	4.9.91	9.9.91

BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL F2

CONSULTANT MR D BYRNE	SURNAME WATSON
HOSPITAL WGT WARD L10 WEST	FORENAME MARY
DATE TIME WITHDRAWN	LABORATORY NUMBER 834877W

HOSPITAL NUMBER WGT623238

DATE OF BIRTH 06/03/54

SEX Female

S E R U M

Date	Time	C-Reactive Protein mg/L
15/12/97	07:35	20

Comment:
Authorised By: Auto
Reported at 14:55 on 15/12/97
Profiles requested: CRP GLU AMY LFT ELU

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

MOORE PARAGON S 683840-5 101360 26567

BACTERIOLOGY
E

8th

MICROBIOLOGY DEPARTMENT — WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

Name: MARY WATSON Sex: F Age: 06.03.54 Hosp: Western Infirmary Hosp No.: 623238
Address: Cons: Practice Number: 6001
Ward: Accident and Emergency

Specimen: Blood culture Investigation: Blood culture Taken: 07.12.00 T
Reported: 08.12.00

BC

Aerobic bottle

Culture:
1. No growth
2.
3.
4.

Antibiotic — Organism 1. 2. 3. 4.

Matching bottle number: 143903 (Anaerobic)
No growth from both bottles after 24 hours.
Bottle(s) will be incubated for a further 4 days.
No further reports unless a significant growth is seen.

When requesting blood culture ALWAYS enter BLC at the prompt "04 Specimen Type" on the CIS Bacteriology Request screen.
To select BLC from a list enter ? at this prompt.

Microbiologists: Harry Rutherford Blood culture Lab No.: B,00.0143902.V

Microbiologists: / Typed by MF Mid-stream specimen of urine Lab No.: B,98.0121163.S

robiologists
mson

Blood culture B,98.0121028.P Lab No.:

CX Swab

INVESTIGATION: MSSU DATE OF COLLECTION: 6.7.90 DATE OF REPORT 7.7.90

MSSU

SPECIMEN INVESTIGATION: MSU DATE OF COLLECTION: 4.12.85 REPORT 6.12.85

BACTERIOLOGY

E

8th

7th

CROBIOLOGY DEPARTMENT

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

HARY WATSON
ess: 28 Halgreen Avenue

Sex: F Age: 06.03.54
Cons: PROF J. MCMURRAY

Hosp: Western Infirmary
Practice Number: 6005
Ward: Level 9 Coronary Care

Hosp No. 623238

Mid-stream specimen of urine

Investigation: Urine C & S

Taken: 27.10.98
Reported: 28.10.98

No pus cells were seen.
No red blood cells were seen.
No organisms were isolated.

Microbiologists: / Typed by MF

Mid-stream specimen of urine

Lab No.: B,98.0121163.S

robiologists:
mson

Blood culture

CA Swab

Lab No.: B,98.0121028.P

INVESTIGATION:	COLLECTION:	DATE OF REPORT
MSSU	6.7.90	7.7.90
MSSU		

SPECIMEN INVESTIGATION:	DATE OF COLLECTION:	REPORT
MSU	4.12.85	6.12.85

BACTERIOLOGY

E

8th

7th

6th

5th

OBIOLOGY DEPARTMENT

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

Y WATSON
falgreen Avenue

F Se 06.03.54 Age
PROF J C MCMURRAY

Western Infirmary
Practice Number: 6005
Level 9 Coronary Care

623238 Hosp No.

ulture
S

Investigation: Blood culture

26.10.98 Taken:
28.10.98 Reported:

Aerobic bottle

Culture:
1. No growth
2.
3.
4.

Antibiotic | Organism 1. 2. 3. 4.

Matching bottle number: 121029 (Anaerobic)
No growth from both bottles after 24 hours.
Bottle(s) will be incubated for a further 4 days.
No further reports unless a significant growth is seen.

robiologists:
mson

Blood culture

B,98.0121028.P Lab No.:

UX Swab

INVESTIGATION: | COLLECTION: | DATE OF REPORT

MSSU | 6.7.90 | 7.7.90

MSSU

SPECIMEN INVESTIGATION: | DATE OF COLLECTION: | REPORT

MSU | 4.12.85 | 6.12.85

BACTERIOLOGY
E

8th

7th

6th

5th

4th

Adm G9.

TER GLASGOW HEALTH BOARD – WESTERN INF... BACTERIOLOG

b No. B9033834 Name WATSON Mary AE: 760744

tialled as seen: Phys./Surg. Prof Whitfield G9

000091

SPECIMEN INVESTIGATION.	DATE OF COLLECT.	
CERVICAL SWAB X 2	5.7.90	13.7.90
CX Swab	5.7.90	13.7.90
INVESTIGATION:	COLLECTION	REPORT
MSSU	6.7.90	7.7.90
MSSU		
SPECIMEN INVESTIGATION:	DATE OF COLLECTION.	REPORT
MSU	4.12.85	6.12.85

ATER GLASGOW HEALTH BOARD – WESTERN INFIRMARY BACTERIOLOGY

Lab No.: B9033284 Name: WATSON Mary Hosp. NoAE;760744

Initialled as seen: Phys./Surg. Prof Whitfield Ward: G9

Direct film; Occasional pus cells seen. No yeasts, trichomonas or Gram negative intracellular diplococci seen.

Culture yielded no significant growth.

000092

R. ALCOCK

Checked by .....

SPECIMEN INVESTIGATION:	DATE OF COLLECTION:	DATE OF REPORT
CX Swab	5.7.90	13.7.90
MSSU	6.7.90	7.7.90
MSSU		
SPECIMEN INVESTIGATION: MSU	DATE OF COLLECTION: 4.12.85	REPORT 6.12.85

GREATER GLASGOW HEALTH BOARD WESTERN INFIRMARY BACTERIOLOGY

Lab No.: B9033323 Name: WATSON Mary Hosp. No.: (not stated)

Initialled as seen: Phys./Surg. Prof Whitfield Ward: G9

Direct Film: No pus cells or organisms seen.

Culture yielded no growth

000093

Checked by .....

SPECIMEN INVESTIGATION:	DATE OF COLLECTION:	DATE OF REPORT
MSSU	6.7.90	7.7.90
MSSU	[illegible]	[illegible]
MSU	4.12.85	6.12.85

GREATER GLASGOW HEALTH BOARD — BACTERIOLOGY

Lab No.: B8568773 Name: WATSON, Mary Hosp. No.: 623238

Initialled as seen: Phys./Surg. Dr McLean Ward: G9

000094

Direct Film: No pus cells or organisms seen.

Culture: No growth obtained.

D Alastair R Simmons

Checked by .....

SPECIMEN INVESTIGATION:	DATE OF COLLECTION:	DATE OF REPORT
MSSU.	9.12.85	10.12.85
MSU	4.12.85	6.12.85

GREATER GLASGOW HEALTH BOARD

BACTERIOLOGY

Lab No.: B8568206

Name: WATSON Mary

Hosp. No.: 623238

Initialled as seen:

Phys./Surg. Dr McLean

Ward: Gyn, G9

000095

Direct Film: Occasional pus cells but no organisms seen.

Culture yielded a light growth of skin flora.

Advise repeat.

NB If sending a repeat sample please indicate that it is a repeat on the request form.

E. R. ALCOCK

Checked by .....

SPECIMEN INVESTIGATION:	DATE OF COLLECTION:	DATE OF REPORT
MSU	4.12.85	6.12.85

SON

28/6

BIOCHEMISTRY REPORT

No	50623238H
CHI No	0603546323
D.O.B	06.03.54 SEX F
ADDRESS	28 KENDOON AVE
CONSULTANT/GP	J HARRISON
HOSP/PRACTICE	BONE MET CLINIC
WARD/TOWN	WIG

Requested	Received	Laboratory No.
10.06.04 @ 07:15	10.06.04 @ 17:45	7500595

CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

* 146	Sodium	135–145	mmol/L
4.4	Potassium	3.5–5.0	mmol/L
107	Chloride	98–108	mmol/L
	Bicarbonate	21–28	mmol/L
5.4	Urea	2.5–7.5	mmol/L
97	Creatinine	§	µmol/L
	Glucose	3.5–5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.2	µg/L
	CK	<210	U/L
7	Bilirubin	3–22	µmol/L
21	AST	<40	U/L
28	ALT	<50	U/L
28	Gamma–GT	§	U/L
200	Alk.Phos.	§	U/L
76	Protein	60–80	g/L
47	Albumin	36–52	g/L
	Globulins	19–33	g/L
2.39	Calcium		mmol/L
2.32	Adjusted Calcium	2.10–2.60	mmol/L
* 1.42	Phosphate	0.70–1.40 §	mmol/L
	Magnesium	0.70–1.00	mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
4.5	TSH	0.2–5.0	mU/L
17	Free T4	9–25	pmol/L
	T3	0.8–3.0	nmol/L
	IgA	0.8 –4.0 §	g/L
	IgG	6 –16 §	g/L
	IgM	0.5 –2.0 §	g/L
		Run No. 863	

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 11.06.04

North Glasgow University Hospitals Division
Gartnavel General
☎(0141)–211–3355

0510215

* Referen... age and ... Further ... Duty Bioc...

BIOCHEMISTRY REPORT

A

WATSON MARY
WGT L8 MEDICAL
WGT623238 06/03/1954
DR SB DOVER
578037J Reported: 31/07/2001 17:08
30/07/01 09:00 Authorised By: Auto

RESULTS		CONSTITUENT
138		Sodium 135-144 mmol/l
4.3		Potassium 3.5-5.1 mmol/l
106		Chloride 97-108 mmol/l
25		Total CO_2 22-32 mmol/l
5.7	*	Urea 2.5-7.5 mmol/l
88	*	Creatinine 60-110 µmol/l
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
		Calcium 2.20-2.65 mmol/l
		'Corrected' Calcium 2.16-2.53 mmol/l
		Phosphate 0.8-1.45 mmol/l
		Total Protein 60-77 g/l
		Albumin 36-50 g/l
		Bilirubin 3-18 µmol/l
	*	Alkaline Phosphatase 70-260 U/l
		Gamma G.T. 5-50 U/l
		AST 10-35 U/l
		ALT 10-50 U/l
48		Total CK 10-171 U/l
		CK-MB Ratio
		Glucose 2.80-6.0 mmol/l
		Urate 0.10-0.42 mmol/l
	*	Amylase 0-100 U/l

* Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341)

MI 01/00

BIOCHEMISTRY REPORT

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A

WATSON MARY
WGT L8 MEDICAL
WGT623238 06/03/1954
DR SB DOVER
784574Y Reported: 31/07/2001
30/07/01 17:10
09:00 Authorised By: Auto

RESULTS		CONSTITUENT
		Sodium 135-144 mmol/l
		Potassium 3.5-5.1 mmol/l
		Chloride 97-108 mmol/l
		Total CO_2 22-32 mmol/l
		Urea 2.5-7.5 mmol/l *
		Creatinine 60-110 µmol/l *
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
2.28		Calcium 2.20-2.65 mmol/l
2.34		'Corrected' Calcium 2.16-2.53 mmol/l
1.31		Phosphate 0.8-1.45 mmol/l
64	Sa	Total Protein 60-77 g/l
37		Albumin 36-50 g/l
11		Bilirubin 3-18 µmol/l
154		Alkaline Phosphatase 70-260 U/l *
31		Gamma G.T. 5-50 U/l
13		AST 10-35 U/l
14		ALT 10-50 U/l
		Total CK 10-171 U/l
		CK-MB Ratio
5.4		Glucose 2.80-6.0 mmol/l
		Urate 0.10-0.42 mmol/l *
		Amylase 0-100 U/l

* Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341)

MI 01/00

WATSON
WGT
WGT62
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RESU

WATSON
WGT
WGT623
SEATON
101624
08/12/
09:03
RESULT

BIOCHEMISTRY REPORT

L8M
30/7/01

WATSON MARY
WGT A/E
WGT623238 06/03/1954
NOT STATED
578006L Reported: 30/07/2001
30/07/01 08:09
00:44 Authorised By: Auto

RESULTS		CONSTITUENT
139		Sodium 135-144 mmol/l
4.2		Potassium 3.5-5.1 mmol/l
106		Chloride 97-108 mmol/l
22		Total CO_2 22-32 mmol/l
6.3		Urea 2.5-7.5 mmol/l *
86		Creatinine 60-110 µmol/l *
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
		Calcium 2.20-2.65 mmol/l
		'Corrected' Calcium 2.16-2.53 mmol/l
		Phosphate 0.8-1.45 mmol/l
		Total Protein 60-77 g/l
		Albumin 36-50 g/l
		Bilirubin 3-18 µmol/l
		Alkaline Phosphatase 70-260 U/l *
		Gamma G.T. 5-50 U/l
		AST 10-35 U/l
		ALT 10-50 U/l
		Total CK 10-171 U/l
		CK-MB Ratio
NSR		Glucose 2.80-6.0 mmol/l
		Urate 0.10-0.42 mmol/l *
		Amylase 0-100 U/l

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* Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341) MI 01/00

BIOCHEMISTRY REPORT

WATSON MARY
WGT L8 MEDICAL
WGT623238 06/03/1954
DR SB DOVER
578037J Reported: 30/07/2001
30/07/01 10:40
09:00 Authorised By: Auto

A

RESULTS	CONSTITUENT
138	Sodium 135-144 mmol/l
4.3	Potassium 3.5-5.1 mmol/l
106	Chloride 97-108 mmol/l
25	Total CO_2 22-32 mmol/l
5.7	Urea 2.5-7.5 mmol/l *
88	Creatinine 60-110 µmol/l *
	Serum Osmolality 275-295 mmol/kg
	Urine Osmolality mmol/kg
	Calcium 2.20-2.65 mmol/l
	'Corrected' Calcium 2.16-2.53 mmol/l
	Phosphate 0.8-1.45 mmol/l
	Total Protein 60-77 g/l
	Albumin 36-50 g/l
	Bilirubin 3-18 µmol/l
	Alkaline Phosphatase 70-260 U/l *
	Gamma G.T. 5-50 U/l
	AST 10-35 U/l
	ALT 10-50 U/l
48	Total CK 10-171 U/l
	CK-MB Ratio
	Glucose 2.80-6.0 mmol/l
	Urate 0.10-0.42 mmol/l *
	Amylase 0-100 U/l

* Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341)

MI 01/00

BIOCHEMISTRY REPORT

WATSON MARY
WGT L8 MEDICAL
WGT623238 06/03/1954
DR SB DOVER
784574Y Reported: 30/07/2001
30/07/01 11:21
09:00 Authorised By: Auto

A

RESULTS		CONSTITUENT
		Sodium 135-144 mmol/l
		Potassium 3.5-5.1 mmol/l
		Chloride 97-108 mmol/l
		Total CO_2 22-32 mmol/l
		Urea 2.5-7.5 mmol/l *
		Creatinine 60-110 µmol/l *
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
2.28		Calcium 2.20-2.65 mmol/l
2.34		'Corrected' Calcium 2.16-2.53 mmol/l
1.31		Phosphate 0.8-1.45 mmol/l
64		Total Protein 60-77 g/l
37		Albumin 36-50 g/l
11		Bilirubin 3-18 µmol/l
154		Alkaline Phosphatase 70-260 U/l *
31		Gamma G.T. 5-50 U/l
13		AST 10-35 U/l
14		ALT 10-50 U/l
		Total CK 10-171 U/l
		CK-MB Ratio
5.4		Glucose 2.80-6.0 mmol/l
		Urate 0.10-0.42 mmol/l *
		Amylase 0-100 U/l

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* Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341)

MI 01/00

BIOCHEMISTRY REPORT

WATSON MARY
WGT L8 MEDICAL
WGT623238 06/03/1954
DR D PORTER Seale
123172V Reported: 07/12/2000
07/12/00 16:02
09:00 Authorised By: Auto

RESULTS		CONSTITUENT
140		Sodium 135-144 mmol/l
3.6		Potassium 3.5-5.1 mmol/l
109	HIGH	Chloride 97-108 mmol/l
21	LOW	Total CO_2 22-32 mmol/l
4.4		Urea 2.5-7.5 mmol/l *
79		Creatinine 60-110 µmol/l *
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
2.04	LOW	Calcium 2.20-2.65 mmol/l
2.12	LOW	'Corrected' Calcium 2.16-2.53 mmol/l
1.05		Phosphate 0.8-1.45 mmol/l
61		Total Protein 60-77 g/l
36		Albumin 36-50 g/l
12		Bilirubin 3-18 µmol/l
160		Alkaline Phosphatase 70-260 U/l *
29		Gamma G.T. 5-50 U/l
13		AST 10-35 U/l
	M	ALT 10-50 U/l
		Total CK 10-171 U/l
		CK-MB Ratio
6.9	HIGH	Glucose 2.80-6.0 mmol/l
		Urate 0.10-0.42 mmol/l *
		Amylase 0-100 U/l

* Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341)

MI 01/00

BIOCHEMISTRY REPORT

WATSON
WGT
WGT62
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07/12
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RESU

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WATSON MARY
WGT BROWNLEE
WGT623238 06/03/1954
SEATON
101624S Reported: 08/12/2000
08/12/00 18:02
09:03 Authorised By: Auto

RESULTS		CONSTITUENT
		Sodium
142		135-144 mmol/l
		Potassium
3.8		3.5-5.1 mmol/l
		Chloride
107		97-108 mmol/l
		Total CO_2
25		22-32 mmol/l
		Urea
4.3		2.5-7.5 mmol/l *
		Creatinine
75		60-110 µmol/l *
		Serum Osmolality
		275-295 mmol/kg
		Urine Osmolality
		mmol/kg
		Calcium
2.11	LOW	2.20-2.65 mmol/l
		'Corrected' Calcium
2.15	LOW	2.16-2.53 mmol/l
		Phosphate
0.78	LOW	0.8-1.45 mmol/l
		Total Protein
63		60-77 g/l
		Albumin
38		36-50 g/l
		Bilirubin
9		3-18 µmol/l
		Alkaline Phosphatase
175		70-260 U/l *
		Gamma G.T.
36		5-50 U/l
		AST
17		10-35 U/l
	M	ALT
		10-50 U/l
		Total CK
		10-171 U/l
		CK-MB
		Ratio
		Glucose
		2.80-6.0 mmol/l
		Urate
		0.10-0.42 mmol/l *
		Amylase
		0-100 U/l

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* Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341)

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WATSON MARY
WGT A/E
WGT623238 06/03/1954
~~NOT STATED~~ Seaton
334040U Reported: 07/12/2000
07/12/00 02:33
01:01 Authorised By: Auto

RESULTS		CONSTITUENT
		Sodium
139		135-144 mmol/l
		Potassium
4.0		3.5-5.1 mmol/l
		Chloride
106		97-108 mmol/l
		Total CO_2
21	LOW	22-32 mmol/l
		Urea
5.2		2.5-7.5 mmol/l *
		Creatinine
89		60-110 µmol/l *
		Serum Osmolality
		275-295 mmol/kg
		Urine Osmolality
		mmol/kg
		Calcium
		2.20-2.65 mmol/l
		'Corrected' Calcium
		2.16-2.53 mmol/l
		Phosphate
		0.8-1.45 mmol/l
		Total Protein
		60-77 g/l
		Albumin
		36-50 g/l
		Bilirubin
		3-18 µmol/l
		Alkaline Phosphatase
		70-260 U/l *
		Gamma G.T.
		5-50 U/l
		AST
		10-35 U/l
		ALT
		10-50 U/l
		Total CK
		10-171 U/l
		CK-MB
		Ratio
		Glucose
6.9	HIGH	2.80-6.0 mmol/l
		Urate
		0.10-0.42 mmol/l *
		Amylase
		0-100 U/l

*** Reference ranges for these assays have significant age and sex dependence.**
Further information may be obtained from the Duty Biochemist (211 - 3355/3341)

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BIOCHEMISTRY REPORT

WATSON MARY
WGT LR MEDICAL
WGT623238 06/03/1954
DR P SEMPLE
186058S Reported: 09/10/2000
09/10/00 09:39
09:00 Authorised By: Auto

A

F/1

RESULTS	CONSTITUENT
146	Sodium 135-144 mmol/l
141	Potassium 3.5-5.1 mmol/l
4.6	
3.3	
106	Chloride 97-108 mmol/l
23	Total CO_2 22-32 mmol/l
2.9	Urea 2.5-7.5 mmol/l *
4.2	Creatinine 60-110 µmol/l *
96	Serum Osmolality 275-295 mmol/kg *
21	Urine Osmolality mmol/kg
50	Calcium 2.20-2.65 mmol/l
1	'Corrected' Calcium 2.16-2.53 mmol/l
	Phosphate 0.8-1.45 mmol/l
	Total Protein 60-77 g/l
	Albumin 36-50 g/l
	Bilirubin 3-18 µmol/l
	Alkaline Phosphatase 70-260 U/l *
	Gamma G.T. 5-50 U/l
	AST 10-35 U/l *
	ALT 10-50 U/l
56	Total CK 10-171 U/l
	CK-MB Ratio
5.4	Glucose 2.80-6.0 mmol/l
	Urate 0.10-0.42 mmol/l *
85	Amylase 0-100 U/l

*Reference ranges for these assays have significant age and sex dependence. Further information may be obtained from the Duty Biochemist (211 - 3355/3341) MI 01/00

* Reference ranges for these assays have significant age and sex dependence. Further information may be obtained from the Duty Biochemist (211 - 3355/3341) MP 11/96

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BIOCHEMISTRY REPORT

WATSON MARY
WGT L8 MEDICAL
WGT623238 06/03/54
LEES
267531H Reported:
26/10/98
09:00 Authorised By:

RESULTS		CON
141		Sodium 135-144
4.6		Potassiu 3.5-5.1
105		Chloride 97-108
20	LOW	Total C 22-32
6.0		Urea 2.5-7.5
80		Creatin 60-11
		Serum 275-2
		Urine mmol
2.09	LOW	Calciu 2.20-2
2.13	LOW	Corre 2.16-
1.06		Phos 0.8-1
60		Total 60-7
38		Albu 36-5
7		Bilir 3-18
164		Alk 70-
40		Gar 5-5
15		AS 10
		AL 10
42		To 10
		CK
		Ra
4.8		Gl 2.
		U 0
		A 0

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*Reference ranges for these assa
age and sex dependence.
Further information may be obtained from the
Duty Biochemist (211 - 3355/3341)

BIOCHEMISTRY REP WAT
WATSON WIG
WIG G NO H
NO HOSPITAL NOTS
SMITH 600
7590 H 05/0
10/06/83 21.20
08:00

RESULTS
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*Reference ranges for these a
age and sex dependence.
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BIOCHEMISTRY REP

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*Reference ranges for these
age and sex dependence.
Further information may be ob
Duty Biochemist (334-8122 Ex

BIOCHEMISTRY REPORT

CCU

WATSON MARY
WGT A/E
06/03/54

156836W Reported: 25
25/10/98 05:
04:45 Authorised By: Au

RESULTS		CONSTIT
140		Sodium 135-144 mm
3.9		Potassium 3.5-5.1 mmo
		Chloride 97-108 mmo
25		Total CO_2 22-32 mmol
5.6		Urea 2.5-7.5 mmo
72		Creatinine 60-110 µmo
		Serum Osmo 275-295 m
		Urine Osmol mmol/kg
		Calcium 2.20-2.65 m
		'Corrected' 2.16-2.53 m
		Phosphate 0.8-1.45 m
		Total Protei 60-77 g/l
		Albumin 36-50 g/l
		Bilirubin 3-18 µmol
		Alkaline Ph 70-260 U/
		Gamma G. 5-50 U/l
		AST 10-35 U/l
		ALT 10-50 U/l
		Total CK 10-171 U/
		CK-MB Ratio
5.3		Glucose 2.80-6.0 m
		Urate 0.10-0.42
		Amylase 0-100 U/l

*Reference ranges for these assays have
age and sex dependence.
Further information may be obtained from

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BIOCHEMISTRY REP

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08.00

RESULTS

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*Reference ranges for these a
age and sex dependence.
Further information may be ob
Duty Biochemist (334-8122 Ex

BIOCHEMISTRY REPORT

WATSON MARY
WGT L8 MEDICAL
WGT623238 06/03/54
MR D BYRNE
156881R Reported: 25/
25/10/98 11:
21:51 Authorised By: Aut

RESULTS	CONSTITUE
140	Sodium 135-144 mmo
3.9	Potassium 3.5-5.1 mmol/
	Chloride 97-108 mmol/
26	Total CO_2 22-32 mmol/l
4.9	Urea 2.5-7.5 mmol/
66	Creatinine 60-110 µmol/l
	Serum Osmola 275-295 mmol
	Urine Osmolali mmol/kg
	Calcium 2.20-2.65 mm
	'Corrected' Ca 2.16-2.53 mm
	Phosphate 0.8-1.45 mmol
	Total Protein 60-77 g/l
	Albumin 36-50 g/l
	Bilirubin 3-18 µmol/l
	Alkaline Phos 70-260 U/l
	Gamma G.T. 5-50 U/l
	AST 10-35 U/l
	ALT 10-50 U/l
42	Total CK 10-171 U/l
	CK-MB Ratio
5.9	Glucose 2.80-6.0 mm
	Urate 0.10-0.42 mm
	Amylase 0-100 U/l

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*Reference ranges for these assays have sig
age and sex dependence.
Further information may be obtained from th
Duty Biochemist (211 - 3355/3341)

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BIOCHEMISTRY REP

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RESULTS

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3.3
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4.2
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5.4
85

BIOCHEMISTRY REPORT

WATSON MARY
WGT CCU
WGT623238 06/03/54
PROF J MCMURRAY
269038N Reported: 27/1
27/10/98 15:5
09:00 Authorised By: Auto

RESULTS		CONSTITUEN
139		Sodium 135-144 mmol/
4.1		Potassium 3.5-5.1 mmol/l
102		Chloride 97-108 mmol/l
23		Total CO_2 22-32 mmol/l
4.6		Urea 2.5-7.5 mmol/l
83		Creatinine 60-110 µmol/l
		Serum Osmolalit 275-295 mmol/
		Urine Osmolality mmol/kg
2.15	LOW	Calcium 2.20-2.65 mmol/
2.17		'Corrected' Calciu 2.16-2.53 mmol/
0.98		Phosphate 0.8-1.45 mmol/l
61		Total Protein 60-77 g/l
39		Albumin 36-50 g/l
6		Bilirubin 3-18 µmol/l
163		Alkaline Phospha 70-260 U/l
75	HIGH	Gamma G.T. 5-50 U/l
22		AST 10-35 U/l
		ALT 10-50 U/l
		Total CK 10-171 U/l
		CK-MB Ratio
		Glucose 2.80-6.0 mmol/l
		Urate 0.10-0.42 mmol/l
		Amylase 0-100 U/l

*Reference ranges for these a
age and sex dependence.
Further information may be ob
Duty Biochemist (334-8122 Ex

*Reference ranges for these assays have significa
age and sex dependence.
Further information may be obtained from the
Duty Biochemist (211 - 3355/3341).

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BIOCHEMISTRY REP

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RESULTS

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*Reference ranges for these ... age and sex dependence. Further information may be ob... Duty Biochemist (334-8122 Ext...

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BIOCHEMISTRY REPORT

LIOS

WATSON MARY
WGT AE
WGT623238 06/03/54

106786J Reported: 1...
14/12/97 2...
21:58 Authorised By: A...

RESULTS	CONS
141	Sodium 135-144
4.1	Potassium 3.5-5.1 m
	Chloride 97-108 m
	Total CO2 22-32 m
25	Urea 2.5-7.5 m
3.9	Creatinine 60-110 µ
75	Serum O... 275-295
	Urine Os... mmol/kg
	Calcium 2.20-2.6
	Correcte... 2.16-2.5
	Phospha... 0.8-1.45
	Total Pro... 60-77 g
	Albumin 36-50 g
	Bilirubin 3-18 µm
	Alkaline... 70-260
	Gamma... 5-50 U
	AST 10-35
	ALT 10-50
	Total C... 10-17
	CK-MB Ratio
	Glucos... 2.80-6
5.6	Urate 0.10-0...
	Amyla... 0-100
< 35	

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*Reference ranges for these assays h... age and sex dependence. Further information may be obtained f... Duty Biochemist (211 - 3355/3341)

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BIOCHEMISTRY REP

WATSON
WIG
NO HOSPITAL
SMITH
7590 H
10/06/83
08:00

WAT
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600
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RESULTS			CONST
	146		Sodium 135-144 m
141	4.6	139	Potassium 3.5-5.1 mm
3.3		3.9	Chloride 97-108 mm
106			Total CO_2 22-32 mmo
23	2.9		Urea 2.5-7.5 mmo
4.2		3.3	Creatinine 60-110 µmo
96		68	Serum Osmo 275-295 mm
21			Urine Osmola mmol/kg
51			Calcium 2.20-2.65 m
1			'Corrected' C 2.16-2.53 m
			Phosphate 0.8-1.45 mm
			Total Protein 60-77 g/l
			Albumin 36-50 g/l
			Bilirubin 3-18 µmol/l
2			Alkaline Pho 70-260 U/l
			Gamma G.T. 5-50 U/l
			AST 10-35 U/l
			ALT 10-50 U/l
			Total CK 10-171 U/l
			CK-MB Ratio
5.4			Glucose 2.80-6.0 mmo
			Urate 0.10-0.42 mm
85			Amylase 70-300 U/l

*Reference ranges for these a
age and sex dependence.
Further information may be ob
Duty Biochemist (334-8122 Ex

BIOCHEMISTRY REPORT

000080

WATSON MARY G/
WIG LIOMED
06/03/54

ODWYER
658897X Reported: 13
09/12/93 12
23:15

RESULTS			CONST
			Sodium 135-144 m
		139	Potassium 3.5-5.1 mm
		3.9	Chloride 97-108 mm
			Total CO_2 22-32 mmo
			Urea 2.5-7.5 mmo
		3.3	Creatinine 60-110 µmo
		68	Serum Osmo 275-295 mm
			Urine Osmola mmol/kg
			Calcium 2.20-2.65 m
			'Corrected' C 2.16-2.53 m
			Phosphate 0.8-1.45 mm
			Total Protein 60-77 g/l
			Albumin 36-50 g/l
			Bilirubin 3-18 µmol/l
			Alkaline Pho 70-260 U/l
			Gamma G.T. 5-50 U/l
			AST 10-35 U/l
			ALT 10-50 U/l
			Total CK 10-171 U/l
			CK-MB Ratio
			Glucose 2.80-6.0 mmo
			Urate 0.10-0.42 mm
		136	Amylase 70-300 U/l

*Reference ranges for these assays have sign
age and sex dependence.
Further information may be obtained from the
Duty Biochemist (334-8122 Ext. 6355)

DO NOT

BIOCHEMISTRY REPORT

BIO
CHEM

WATSON
WGT
WGT623

105372
06/12/
19:28

RESULTS

BIOC

WATSON MA
WGT
WGT623238
MR D BYRN
834877W
15/12/97
07:35 Au

RESULTS

1

4

140

4.2

2

107

3

25

7

5.9

76

36

7

127

33

12

17

7

4.9

< 3

< 35

*Reference
age and sex
Further info
Duty Bioch

*Reference ra
age and sex d
Further inform
Duty Biochem

BIOCHEMISTRY REPORT

F/1

WATSON MARY
WGT L10 WEST
WGT623238 06/03/54
MR D BYRNE
836271N Reported: 17/12/97
16/12/97 10:46
09:00 Authorised By: JH

RESULTS		CONSTITUENT
141		Sodium 135-144 mmol/l
4.6		Potassium 3.5-5.1 mmol/l
104		Chloride 97-108 mmol/l
29		Total CO_2 22-32 mmol/l
3.4		Urea 2.5-7.5 mmol/l *
72		Creatinine 60-110 µmol/l *
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
		Calcium 2.20-2.65 mmol/l
		'Corrected' Calcium 2.16-2.53 mmol/l
		Phosphate 0.8-1.45 mmol/l
		Total Protein 60-77 g/l
44		Albumin 36-50 g/l
3		Bilirubin 3-18 µmol/l
170		Alkaline Phosphatase 70-260 U/l *
48		Gamma G.T. 5-50 U/l
17		AST 10-35 U/l
25		ALT 10-50 U/l
		Total CK 10-171 U/l
		CK-MB Ratio
		Glucose 2.80-6.0 mmol/l
		Urate 0.10-0.42 mmol/l *
		Amylase 0-100 U/l

*Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341).

MP 11/96

BIO

BIOCHEMISTRY REPORT

WATSON
WGT
WGT623

105372
06/12/
19:28

RESULTS

BIOCHEMISTRY REPORT

F/1

WATSON MARY
WGT L10 WEST
WGT623238 06/03/54
MR D BYRNE
834877W Reported: 15/12/9
15/12/97 15:39
07:35 Authorised By: IRP

RESULTS		CONSTITUENT
		Sodium
140		135-144 mmol/l
		Potassium
4.2		3.5-5.1 mmol/l
		Chloride
107		97-108 mmol/l
		Total CO_2
25		22-32 mmol/l
		Urea
5.9		2.5-7.5 mmol/l *
		Creatinine
76		60-110 µmol/l *
		Serum Osmolality
		275-295 mmol/kg
		Urine Osmolality
		mmol/kg
		Calcium
		2.20-2.65 mmol/l
		'Corrected' Calcium
		2.16-2.53 mmol/l
		Phosphate
		0.8-1.45 mmol/l
		Total Protein
		60-77 g/l
		Albumin
36		36-50 g/l
		Bilirubin
7		3-18 µmol/l
		Alkaline Phosphatase
127		70-260 U/l *
		Gamma G.T.
33		5-50 U/l
		AST
12		10-35 U/l
		ALT
17		10-50 U/l
		Total CK
		10-171 U/l
		CK-MB
		Ratio
		Glucose
4.9		2.80-6.0 mmol/l
		Urate
		0.10-0.42 mmol/l *
		Amylase
< 35		0-100 U/l

*Reference
age and sex
Further info
Duty Bioche

*Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341)

MP 11/96

BIO

BIOCHEMISTRY REPO

WATSON
WGT
WGT623

105372
06/12/
19:28

WATSON MARY
WGT L10 WEST
WGT623238 06/03/
MR DJ GALLOWAY
829747Q Reported
08/12/97
09:00 Authorised By

RESULTS	RESULTS		
1	142		Sodi 135-
4	4.1		Pota 3.5-
	109	HIGH	Chlo 97-1
	26		Total 22-3
3	4.4		Urea 2.5-7
	79		Crea 60-1
			Seru 275-
			Urin mmo
			Calc 2.20
			Corr 2.16
			Phos 0.8-1
			Total 60-7
	37		Albu 36-5
	4		Bilir 3-18
	122		Alka 70-2
	38		Gam 5-50
	15		AST 10-3
	13		ALT 10-5
			Total 10-
			CK 1
			Ratio
7.			Glu 2.80
			Urat 0.16
< 3			Am 0-10

*Reference
age and sex
Further infor
Duty Biochei

*Reference ranges for these assays
age and sex dependence.
Further information may be obtained
Duty Biochemist (211 - 3355/3341)

BIOCHEMISTRY REPORT

L105

WATSON MARY
WGT AE
WGT623238 06/03/54

105372G Reported: 06/12/97 20:20
06/12/97 19:28 Authorised By: Auto

RESULTS		CONSTITUENT
142		Sodium 135-144 mmol/l
4.0		Potassium 3.5-5.1 mmol/l
		Chloride 97-108 mmol/l
27		Total CO_2 22-32 mmol/l
3.6		Urea 2.5-7.5 mmol/l
72		Creatinine 60-110 µmol/l
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
		Calcium 2.20-2.65 mmol/l
		'Corrected' Calcium 2.16-2.53 mmol/l
		Phosphate 0.8-1.45 mmol/l
		Total Protein 60-77 g/l
		Albumin 36-50 g/l
		Bilirubin 3-18 µmol/l
		Alkaline Phosphatase 70-260 U/l
		Gamma G.T. 5-50 U/l
		AST 10-35 U/l
		ALT 10-50 U/l
		Total CK 10-171 U/l
		CK-MB Ratio
7.3	HIGH	Glucose 2.80-6.0 mmol/l
		Urate 0.10-0.42 mmol/l
< 35		Amylase 0-100 U/l

*Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341)

MP 11/93

28/6

BIOCH

CONSULTANT SON	UNIT No. 50623238H	CONSULTANT/GP J HARRISON
FNAME MARY	D.O.B 06.03.54 SEX F	SPEC 844
	ADDRESS 28 KENDOON AVE	HOSP/PRAC BONE MET CLINIC
		WARD/TOWN WIG

N.G.H.U.T.
BIOCHEMISTRY DEPT
GLASGOW ROYAL INF
☎(0141)-211-4638

LAB.No.
3019807

ISSUED
DATE 15.06.04
TIME 15:10

Auto Check
SIGNATURE

RECEIVED
DATE 11.06.04
TIME 11:19

REQUESTED
DATE 10.06.04
TIME 07:15

DATE TIME				
10.06.04 07:15				
40				

TESTS AND REFERENCE RANGES
PTH pmol/L 0.8 - 5.0
25 OH Vit D nmol/L 25 - 170
1,25OH Vit D pmol/L 20 - 120 pmol/L
Calcitonin ng/L <15
Bone specific ALP U/L
Urine Dpd nmol/mmol creat

10.06.04 Borderline low 25-hydroxy Vitamin D.
Risk of developing secondary hyperparathyroidism.
Consider increase in Vitamin D intake.

B

Bone Markers

Authorised By: ALANP
Reported Time: 17:16 Reported Date: 30/07/2001
Profiles requested: GLU CRP LIP TFT BONE LFT

[redacted]

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Reported Time: 14:10 Reported Date: 30/07/2001
Profiles requested on this patient: GLU CRP LIP TFT BONE

[redacted]

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

[redacted]

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Reported at 16:10 on 07/12/2000
Profiles requested: CRP GLU SMS

[redacted]

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Reported at 18:04 on 08/12/2000
Profiles requested: CRP SMS

[redacted]

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Profiles requested: CRP LIP CKMB GLU SMS TROP

[redacted]

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Comment:
Authorised By: Auto
Reported at 11:36 on 26/10/98
Profiles requested: CRP LIP CKMB GLU SMS

[redacted]

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

[redacted]

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL B

CONSULTANT DR SB DOVER		SURNAME WATSON	HOSPITAL NUMBER WGT623238
HOSPITAL WGT	WARD L8 MEDICAL	FORENAME MARY	DATE OF BIRTH 06/03/1954
DATE	TIME WITHDRAWN	LABORATORY NUMBER 784574Y	SEX Female

S E R U M

Date	Time	Chol mmol/L	Trig mmol/L	HDL Chol mmol/L	Calc. LDL mmol/l	HDL Ratio
23/08/95	12:00	7.48	2.09			
26/10/98	09:00	7.07	5.92			
09/10/00	09:00	6.55		0.88		7.44
30/07/01	09:00	6.60		0.70		9.43

Comment:
Authorised By: ALANP
Reported Time: 17:16 Reported Date: 30/07/2001
Profiles requested: GLU CRP LIP TFT BONE LFT

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Reported Time: 14:10 Reported Date: 30/07/2001
Profiles requested on this patient: GLU CRP LIP TFT BONE

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Reported at 16:10 on 07/12/2000
Profiles requested: CRP GLU SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Reported at 18:04 on 08/12/2000
Profiles requested: CRP SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

[redacted] requested: CRP LIP CKMB GLU SMS TROP

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Comment:
Authorised By: Auto
Reported at 11:36 on 26/10/98
Profiles requested: CRP LIP CKMB GLU SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE

8th

BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL B

CONSULTANT DR SB DOVER		SURNAME WATSON	HOSPITAL NUMBER WGT623238
HOSPITAL WGT	WARD L8 MEDICAL	FORENAME MARY	DATE OF BIRTH 06/03/1954 B
DATE	TIME WITHDRAWN	LABORATORY NUMBER 784574Y	SEX Female

S E R U M

Date	Time	TSH mU/L	Free T4 pmol/L
09/01/00		3.64	12.7
09/10/00	09:00	5.93	12.0
30/07/01	09:00	7.94	11.6

GP — home

phoned Sr

Comment:
Authorised By: Auto
Reported Time: 14:10 Reported Date: 30/07/2001
Profiles requested on this patient: GLU CRP LIP TFT BONE

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Reported at 16:10 on 07/12/2000
Profiles requested: CRP GLU SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Reported at 18:04 on 08/12/2000
Profiles requested: CRP SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Profiles requested: CRP LIP CKMB GLU SMS TROP

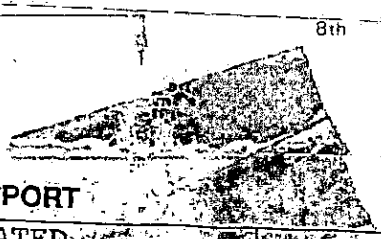
RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Comment:
Authorised By: Auto
Reported at 11:36 on 26/10/98
Profiles requested: CRP LIP CKMB GLU SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT



BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL B

CONSULTANT NOT STATED		SURNAME WATSON	HOSPITAL NUMBER WGT623238
HOSPITAL WGT	WARD A/E	FORENAME MARY	DATE OF BIRTH 06/03/1954
DATE 07/12/00	TIME WITHDRAWN 01:01	LABORATORY NUMBER 334040U	SEX Female

CSM

S E R U M

Blood Alcohol	N.D.	mmol/L

Comment:
Authorised By: Auto
Reported at 02:35 on 07/12/2000
Profiles requested: KGLU KELU ALC

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Reported at 16:10 on 07/12/2000
Profiles requested: CRP GLU SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Reported at 18:04 on 08/12/2000
Profiles requested: CRP SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Profiles requested: CRP LIP CKMB GLU SMS TROP

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Comment:
Authorised By: Auto
Reported at 11:36 on 26/10/98
Profiles requested: CRP LIP CKMB GLU SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE

BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL

CONSULTANT DR D PORTER		SURNAME WATSON	HOSPITAL NUMBER WGT623238
HOSPITAL WGT	WARD L8 MEDICAL	FORENAME MARY	DATE OF BIRTH 06/03/1954
DATE	TIME WITHDRAWN	LABORATORY NUMBER 123172V	SEX Female

S E R U M

C-Reactive Protein

Date	Time	mg/L
15/12/97	07:35	20
26/10/98	09:00	<10
27/10/98	09:00	12
07/12/00	09:00	38

Comment:
Authorised By: Auto
Reported at 16:10 on 07/12/2000
Profiles requested: CRP GLU SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Reported at 18:04 on 08/12/2000
Profiles requested: CRP SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Profiles requested: CRP LIP CKMB GLU SMS TROP

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Comment:
Authorised By: Auto
Reported at 11:36 on 26/10/98
Profiles requested: CRP LIP CKMB GLU SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference Interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA1c (DCCT Calibrated)	Good Control <7%
	Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)

5 Thyroid Hormones	(Reference Interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (T_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference Interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)

BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL B

CONSULTANT SEATON		SURNAME WATSON	HOSPITAL NUMBER WGT623238
HOSPITAL WGT	WARD BROWNLEE	FORENAME MARY	DATE OF BIRTH 06/03/1954
DATE	TIME WITHDRAWN	LABORATORY NUMBER 101624S	SEX Female

S E R U M

C-Reactive Protein

Date	Time	mg/L
15/12/97	07:35	20
26/10/98	09:00	<10
27/10/98	09:00	12
07/12/00	09:00	38
08/12/00	09:03	43

Comment:
Authorised By: Auto
Reported at 18:04 on 08/12/2000
Profiles requested: CRP SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

requested: CRP LIP CKMB GLU SMS !TROP

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Comment:
Authorised By: Auto
Reported at 11:36 on 26/10/98
Profiles requested: CRP LIP CKMB GLU SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General

	(Reference Interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA1c (DCCT Calibrated)	Good Control <7% Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L)
Total Iron Binding Capacity	(45 - 77 umol/L)
Magnesium	(0.7 - 1.0 mmol/L)
	(14 - 18 umol/L)

5 Thyroid Hormones

	(Reference Interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (T_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers

	(Reference Interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General
Angiotensin Converting Enzyme (ACE)
C-Reactive Protein (CRP)
HbA1c (DCCT Calibrated)
Immunoglobulin G (IgG)
Immunoglobulin A (IgA)
Immunoglobulin M (IgM)
Iron
Total Iron Binding Capacity
Magnesium
Zinc

(Reference interval)
(<88 U/L)
(<10 mg/l)
Good Control <7%
Poor Control >8%
(7 - 19 g/L)
(0.9 - 4.5 g/L)
(10 - 40 umol/L)
(45 - 77 umol/L)
(0.7 - 1.0 mmol/L)
(14 - 18 mmol/L)

2 Drugs
Carbamazepine (CBZ)
Digoxin
Lithium
Phenobarbitone
Phenytoin
Theophylline
Valproate

(Notional target)
(15 - 40 umol/L)
(1.0 - 2.6 nmol/L)
(65 - 170 umol/L)
(55 - 110 umol/L)
(40 - 80 umol/L)
(350 - 700 umol/L)

3 Lipids

5 Thyroid Hormones
Thiodothyronine (T_3)
Free Thyroxine (FT_4)
Thyroid Stimulating Hormone (TSH)

(Reference interval)
(1.0 - 2.2 nmol/L)
(10 - 24 pmol/L)
(0.4 - 6 mU/L)

6 Tumour markers
Alpha-fetoprotein (AFP)
CA-125
Carcinoembryonic Antigen (CEA)
Human Chorionic Gonadotrophin (HCG)
LDH
Neurone Specific Enolase (NSE)
Prostate Specific Antigen (PSA)

(Reference interval)
(<6 KU/L)
See Handbook
(<5 ug/L)
(<5 U/L)
(80 - 180 U/L)
(<12 ug/L)
See Handbook

7 Vitamins
Vitamin A
Vitamin E
Vitamin B1 (Thiamine)

(Reference interval)

BIOCHEMISTRY REPORT

LEW 28/10/98

GARTNAVEL GENERAL HOSPITAL F

CONSULTANT LEES	SURNAME WATSON	HOSPITAL NUMBER	WGT62323
HOSPITAL WGT WARD L8 MEDICAL	FORENAME MARY	DATE OF BIRTH	06/03/54
DATE TIME WITHDRAWN	LABORATORY NUMBER 267531H	SEX	Female

McMurray 28/10

S E R U M

Date	Time	Chol mmol/L	Trig mmol/L	HDL Chol mmol/L	Calc. LDL mmol/l	HDL Ratio
23/08/95	12:00	7.49	2.09			
26/10/98	09:00	7.07	5.92			

Non-fasting specimen
LDL Cholesterol Reference Interval = 2.0 - 4.5 mmol/L

Comment:
Authorised By: IRE
Reported Time: 13:57 Reported Date: 27/10/98
Profiles requested:: CRP LIP CKMB GLU SMS !TROP

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

Comment:
Authorised By: Auto
Reported at 11:36 on 26/10/98
Profiles requested: CRP LIP CKMB GLU SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

MIRAS
NOSTAWAY

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General (Reference interval)

- Angiotensin Converting Enzyme (ACE) (<68 U/L)
- C-Reactive Protein (CRP) (<10 mg/l)
- HbA_1c (DCCT Calibrated) Good Control <7% Poor Control >8%
- Immunoglobulin G (IgG) (7 - 19 g/L)
- Immunoglobulin A (IgA) (0.9 - 4.5 g/L)
- Immunoglobulin M (IgM) (0.4 - 2.2 g/L)
- Iron (10 - 40 umol/L) *
- Total Iron Binding Capacity (45 - 77 umol/L) *
- Magnesium (0.7 - 1.0 mmol/L)
- Zinc (14 - 18 umol/L)

2. Drugs (Notional target)

- Carbamazepine (CBZ) (15 - 40 umol/L)
- Digoxin (1.0 - 2.6 nmol/L) *
- Lithium
- Phenobarbitone (65 - 170 umol/L)
- Phenytoin (40 - 80 umol/L)
- Theophylline (55 - 110 umol/L)
- Valproate (350 - 700 umol/L)

3 Lipids (Reference interval)

- Cholesterol (1.2 - 3.5 mmol/L)
- Triglycerides (0.7 - 2.8 mmol/L)
- HDL Cholesterol (>1.0 mmol/L)
- LDL Cholesterol (<3.5 mmol/L)

5 Thyroid Hormones (Reference interval)

- Triiodothyronine (T_3) (1.0 -2.2 nmol/L)
- Free Thyroxine (FT_4) (10 - 24 pmol/L)
- Thyroid Stimulating Hormone (TSH) (0.4 - 6 mU/L)

6 Tumour markers (Reference interval)

- Alpha-fetoprotein (AFP) (<6 kU/L)
- CA-125 See Handbook
- Carcinembryonic Antigen (CEA) (<5 ug/L)
- Human Chorionic Gonadotrophin (HCG) (<5 U/L)
- LDH (80 - 180 U/L)
- Neurone Specific Enolase (NSE) (<12 ug/L)
- Prostate Specific Antigen (PSA) See Handbook

7 Vitamins (Reference interval)

- Vitamin A (1.2 - 3.5 umol/L)
- Vitamin E (15 - 40 umol/L)
- Vitamin B1 (Thiamine) (275 - 675 ng/G)
- Vitamin B2 (Riboflavin) (<70%)
- Vitamin B6 (Pyridoxal Phosphate) (18 - 135 nmol/L)
- Leucocyte Ascorbic Acid (1.1 - 2.8 fmol/wbc)
- Vitamin D (10 - 50 nmol/L)*

4th.

3rd

(...ference interval)
(0.9 - 2.7 nmol/L)
(9 - 24 pmol/L)
(0.4 - 5 mU/L)

(Reference interval)
(<5 kU/L)
(<5 ug/L)
CG) (<5 U/L)
(80 - 180 U/L)
(<12 ug/L)

(Reference interval)
(0.6 - 4.4 umol/L)
(0.93 - 3.75 umol/L)
(<25%)
(<60%)
(<150%)
(1.1 - 2.8 fmol/wbc)
(10 - 50 nmol/L)*

BIOCHEMISTRY REPORT — **GARTNAVEL GENERAL HOSPITAL** F:

CONSULTANT LEES		SURNAME WATSON	HOSPITAL NUMBER WGT62323
HOSPITAL WGT WARD L8 MEDICAL		FORENAME MARY	DATE OF BIRTH 06/03/54
DATE	TIME WITHDRAWN	LABORATORY NUMBER 267531H	SEX Female

S E R U M

C-Reactive Protein

Date	Time	mg/L
15/12/97	07:35	20
26/10/98	09:00	<10

RSD

Comment:
Authorised By: Auto
Reported at 11:36 on 26/10/98
Profiles requested: CRP LIP CKMB GLU SMS

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

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MP-11/95

REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING FROM BOTTOM LINE

W UNIVERSITY HOSPITALS NHS DIVISION DEPARTMENT OF HAEMATOLOGY

NORTH GLA[S]GY

CONSULTANT/ADDRESS: Outpatients WIG

SURNAME	FORENAME	SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
WATSON	MARY	F	06.03.58	50623238H	H,40610.1607.H

REPORT

Cumulative FBC's

	12.05.03	20.05.04	21.05.04	21.05.04	10.06.04		
WBC	12.04		11.26	9.46	10.30	(4.00–11.00)	
RBC	4.50		3.94	4.19	4.39	(3.80–5.80)	
Hb	13.7		12.3	13.0	13.2	(11.5–16.5)	
Hct	0.421		0.373	0.405	0.421	(0.370–0.470)	
MCV	93.6		94.7	96.7	95.9	(80.0–100.0)	
MCH	30.4		34.2	31.0	30.1	(27.0–32.0)	
Plts	240		187	222	228	(150–400)	
Neuts	9.03		6.67	5.32	6.68	(2.00–7.50)	
Lymphs	2.11		3.50	2.90	2.79	(1.50–4.00)	
Monos	0.60		0.88	0.95	0.52	(0.20–0.80)	
Eos	0.22		0.19	0.24	0.24	(0.04–0.40)	
ESR	27			17	22	(2–10)	
GFST							
Retics						(25.0–85.0)	

20.05.04 FBC: INSUFFICIENT BLOOD. PLEASE REPEAT WITH FULL 5ml SAMPLE THANK YOU
Results telephoned

DATE OF REPORT	TIME
10.06.04	16:39

RUN		
431	IM	1

DATE OF SAMPLE	TIME
10.06.04	16:19

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
30.07.01	02:40

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
30.07.01	02:41

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
25.07.01	09:21

DATE OF SAMPLE	TIME
07.12.00	14:45

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
08.12.00	14:03

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	09:58

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	04:26

DATE OF SAMPLE	TIME
07.12.00	04:27

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NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST — DEPARTMENT OF HAEMATOLOGY

CONSULTANT & PATIENT,LOC. OR GP NAME & ADDRESS: DR J .EVANS / Accident and Emergency

SURNAME: WATSON | FORENAME: MARY

SEX: F | D.O.B. AGE: 08.03.54 | HOSPITAL: 623238 | LABORATORY No: H.10730.0006.1

REPORT — Cumulative FBC's

	07.12.00	08.12.00	13.12.00	10.01.01	30.07.01	
WBC	17.63	16.77	12.68	13.53	11.55	(4.00–11.00)
RBC	3.76	3.91	4.12	4.42	4.03	(3.80–5.80)
Hb	11.6	12.2	12.5	13.7	12.3	(11.5–16.5)
Hct	0.343	0.368	0.378	0.417	0.364	(0.370–0.470)
MCV	91.2	94.1	91.7	94.3	90.3	(80.0–100.0)
MCH	30.9	31.2	30.3	31.0	30.5	(27.0–32.0)
Plts	176	199	273	228	198	(150–400)
Neuts	13.65	12.91	7.72	9.33	7.09	(2.00–7.50)
Lymphs	2.64	2.58	3.75	2.99	3.34	(1.50–4.00)
Monos	1.14	0.99	0.87	0.92	0.91	(0.20–0.80)
Eos	0.19	0.28	0.33	0.27	0.19	(0.04–0.40)
ESR	22	28				(2–10)
GFST						
Retics						(25.0–85.0)

L&M

DATE OF REPORT	TIME
30.07.01	09:11

RUN 618 TM

FULL BLOOD COUNT — DATE OF SAMPLE 30.07.01 — TIME 02:40

DATE OF SAMPLE 30.07.01 — TIME 02:41

FULL BLOOD COUNT — DATE OF SAMPLE 25.07.01 — TIME 09:21

DATE OF SAMPLE 07.12.00 — TIME 14:45

FULL BLOOD COUNT. — DATE OF SAMPLE 08.12.00 — TIME 14:03

FULL BLOOD COUNT — DATE OF SAMPLE 07.12.00 — TIME 09:58

FULL BLOOD COUNT — DATE OF SAMPLE 07.12.00 — TIME 04:26

DATE OF SAMPLE 07.12.00 — TIME 04:27

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NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST — DEPARTMENT OF HAEMATOLOGY

CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS	SURNAME	FORENAME	SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
DR J .EVANS Accident and Emergency	WATSON	MARY	F	06.03.54	623238	H,10730.4003.H

REPORT

L8M

COAGULATION SCREEN

PROTHROMBIN	11	SECONDS	(10-13)
PARTIAL THROM TIME	32	SECONDS	(26-36)
INT. RATIO	0.9		
DER FIBRINOGEN	2.65	g/l	(1.50-4.50)
D-DIMER LEVEL	NEG	ng/ml	

Authorised by: D.PAUL

DATE OF REPORT	TIME
30.07.01	02:52

RUN 694

DATE OF SAMPLE	TIME
30.07.01	02:41

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
25.07.01	09:21

DATE OF SAMPLE	TIME
07.12.00	14:45

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
08.12.00	14:03

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	09:58

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	04:26

DATE OF SAMPLE	TIME
07.12.00	04:27

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NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST — DEPARTMENT OF HAEMATOLOGY

CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS: DR.M.SMALL Level 8 West - Medicine.

SURNAME: WATSON | FORENAME: MARY

SEX: F | D.O.B. AGE: 01.05.21 | HOSPITAL: 556994 | LABORATORY No: A/10725.0138.C

REPORT — Cumulative FBC's

	21.05.00	23.05.00	25.05.00	24.07.01	25.07.01	
WBC	8.70	7.33	6.14	6.78	6.15	(4.00–11.00)
RBC	4.92	4.61	4.49	4.40	4.40	(3.80–5.80)
Hb	14.4	13.5	13.1	12.7	12.7	(11.5–16.5)
Hct	0.437	0.411	0.399	0.396	0.391	(0.370–0.470)
MCV	88.8	89.2	88.9	90.0	88.9	(80.0–100.0)
MCH	29.3	29.3	29.2	28.9	28.9	(27.0–32.0)
Plts	228	210	221	246	226	(150–400)
Neuts	6.57	5.13	3.67	4.32	3.72	(2.00–7.50)
Lymphs	1.61	1.61	1.73	1.72	1.75	(1.50–4.00)
Monos	0.35	0.42	0.45	0.53	0.42	(0.20–0.80)
Eos	0.17	0.14	0.21	0.19	0.21	(0.04–0.40)
ESR	5	5			6	(2–10)
GFST						
Retics						(25.0–85.0)

RW

DATE OF REPORT	TIME
25.07.01	09:58
RUN 549	WB
DATE OF SAMPLE 25.07.01	TIME 09:21

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	14:45

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
08.12.00	14:03

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	09:58

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	04:26

DATE OF SAMPLE	TIME
07.12.00	04:27

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GLASGOW UNIVERSITY HOSPITALS NHS TRUST — DEPARTMENT OF HAEMATOLOGY

CONSULTANT / PATIENT LOC. DR PORTER / level 8 West – Medicine	SURNAME WATSON	FORENAME MARY	
NAME / ADDRESS	SEX F	D.O.B. AGE 06.03.54	HOSPITAL - 623238
			LABORATORY No. H,01207.1212.C

REPORT

Cumulative Haematinics

07.12.00

VB12	294	(210–1000)
Folate	318	(75–600)
Ferritin	130	(15–300)

Comments On Normal Ranges

FERRITIN : Ferritin values may be inappropriately elevated by inflammatory disease. Values between 15–45ng/ml should be viewed as borderline particularly in the elderly

FOLATE : Folate values between 75–120ng/ml are borderline

VIT B12 : B12 values between 210–250pg/ml are borderline

DATE OF REPORT	TIME
10.12.00	10:33

RUN	
578	WB

DATE OF SAMPLE	TIME
07.12.00	14:45

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
08.12.00	14:03

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	09:58

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	04:26

DATE OF SAMPLE	TIME
07.12.00	04:27

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NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST — DEPARTMENT OF HAEMATOLOGY

CONSULTANT / PATIENT LOC.	SURNAME	FORENAME
DR. Ronald A Seaton / Communicable diseases U.	WATSON	MARY

GP NAME / ADDRESS	SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
	F	06.03.54	623238	H.01208.0520.0

REPORT

Cumulative FBC's

	09.10.00	09.10.00	07.12.00	07.12.00	08.12.00	
WBC	14.18	9.30	25.68	17.63	16.77	(4.00–11.00)
RBC	4.20	3.79	3.40	3.76	3.91	(3.80–5.80)
Hb	12.7	11.6	10.5	11.6	12.2	(11.5–16.5)
Hct	0.389	0.344	0.314	0.343	0.368	(0.370–0.470)
MCV	92.6	90.8	92.4	91.2	94.1	(80.0–100.0)
MCH	30.2	30.6	30.9	30.9	31.2	(27.0–34.0)
Plts	232	197	178	176	199	(150–400)
Neuts	9.50	4.86	21.13	13.65	12.91	(2.00–7.50)
Lymphs	2.95	3.23	2.80	2.64	2.58	(1.50–4.00)
Monos	1.46	0.89	1.60	1.14	0.99	(0.20–0.80)
Eos	0.24	0.26	0.12	0.19	0.28	(0.04–0.40)
ESR				22	28	(2–10)
GFST						
Retics						(25.0–85.0)

Cc

DATE OF REPORT	TIME
08.12.00	14:40
RUN	
365	WB
DATE OF SAMPLE	TIME
08.12.00	14:03

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	09:58

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	04:26

FULL BLOOD COUNT

DATE OF SAMPLE	TIME
07.12.00	04:27

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NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST — **DEPARTMENT OF HAEMATOLOGY**

CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS	SURNAME	FORENAME	
DR PORTER Level 8 West – Medicine	WATSON	MARY	
	SEX: F	D.O.B. AGE: 06.03.54	HOSPITAL: 623238
	LABORATORY No: H.01207:0113.1		

REPORT

Cumulative FBC's

	27.10.98	09.10.00	09.10.00	07.12.00	07.12.00	
WBC	9.27	14.18	9.30	25.68	17.63	(4.00–11.00)
RBC	3.86	4.20	3.79	3.40	3.76	(3.80–5.80)
Hb	11.9	12.7	11.6	10.5	11.6	(11.5–16.5)
Hct	0.366	0.389	0.344	0.314	0.343	(0.370–0.470)
MCV	94.8	92.6	90.8	92.4	91.2	(80.0–100.0)
MCH	30.8	30.2	30.6	30.9	30.9	(27.0–32.0)
Plts	249	232	197	178	176	(150–400)
Neuts	5.09	9.50	4.86	21.13	13.65	(2.00–7.50)
Lymphs	3.10	2.95	3.23	2.80	2.64	(1.50–4.00)
Monos	0.77	1.46	0.89	1.60	1.14	(0.20–0.90)
Eos	0.26	0.24	0.26	0.12	0.13	(0.04–0.40)
ESR	1				22	(2–10)
GFST						
Retics						(25.0–85.0)

DATE OF REPORT	TIME
07.12.00	10:13
RUN	
344	WB
DATE OF SAMPLE	TIME
07.12.00	09:58
DATE OF SAMPLE	TIME
07.12.00	04:26
DATE OF SAMPLE	TIME
07.12.00	04:27

FULL BLOOD COUNT

FULL BLOOD COUNT

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NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST **DEPARTMENT OF HAEMATOLOGY**

CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS	SURNAME	FORENAME		
DR P. SEMPLE MED&TH Accident and Emergency	WATSON	MARY		
	SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
	F	06.03.54	623238	H,01207.0007.

REPORT

BC

Cumulative FBC's

	26.10.98	27.10.98	09.10.00	09.10.00	07.12.00	
WBC	9.51	9.27	14.18	9.30	25.68	(4.00–11.00)
RBC	3.96	3.86	4.20	3.79	3.40	(3.80–5.80)
Hb	12.3	11.9	12.7	11.6	10.5	(11.5–16.5)
Hct	0.371	0.366	0.389	0.344	0.314	(0.370–0.470)
MCV	93.7	94.8	92.6	90.8	92.4	(80.0–100.0)
MCH	31.1	30.8	30.2	30.6	30.9	(27.0–32.0)
Plts	255	249	232	197	178	(150–400)
Neuts	4.90	5.09	9.50	4.86	21.13	(2.00–7.50)
Lymphs	3.58	3.10	2.95	3.23	2.80	(1.50–4.00)
Monos	0.67	0.77	1.46	0.89	1.60	(0.20–0.80)
Eos	0.30	0.26	0.24	0.26	0.12	(0.04–0.40)
ESR	9	1				(2–10)
GFST						
Retics						(25.0–85.0)

DATE OF REPORT	TIME
07.12.00	09:24
RUN	
340	WB
DATE OF SAMPLE	TIME
07.12.00	04:26

FULL BLOOD COUNT.

DATE OF SAMPLE	TIME
07.12.00	04:27

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NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST — DEPARTMENT

CONSULTANT & PATIENT LOC: OR GP NAME & ADDRESS	SURNAME	FORENAME
DR P. SEMPLE MED&TH Accident and Emergency	WATSON	MARY

SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
F	06.03.54	623238	H 01207.4005.0

REPORT

BC

COAGULATION SCREEN

PROTHROMBIN	11	SECONDS	(10-13)
PARTIAL THROM TIME	34	SECONDS	(26-36)
INT. RATIO	0.9		
DER FIBRINOGEN	3.84	g/l	(1.50-4.50)

Autherised by: ROBERT WYLLIE

DATE OF REPORT	TIME
07.12.00	09:05
RUN 903	
DATE OF SAMPLE	TIME
07.12.00	04:27

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[redacted]

REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING FROM BOTTOM LINE

REGIONAL VIRUS LABORATORY GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN

B|C

Tel: 0141-211 0080 Fax: 0141-211 0082

SURNAME	FORENAME	UNIT NO.	SEX DOB
WATSON	MARY	623238	F 06.03.54
SOURCE	CONSULTANT	GP	
Level 8 West Medicin	PORTER		
SPECIMEN	LAB NO.	REPORT STATUS	YOUR REF. NO.
Serum	V,00.0120346.K	Final	

Mycoplasma IgM :Negative

Chlamydia IgA :Negative

No evidence of current or recent infection with these agents
No date of onset given.
Please send a convalescent sample at least 10 days after onset of illness for testing in parallel.

Clinical details:CHP

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	07.12.00	07.12.00	11.12.00	E Abraham

Copy for Level 8 West Medicine

North Glasgow Hospitals
Orthopaedic Department Notes

NHS
Greater Glasgow and Clyde

DEPARTMENT OF ORTHOPAEDIC SURGERY
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
0141 211-1853
0141 211-2938
0141 211-2422

Secretary:	0141 211 2938
Appointment Office:	0141 232 9499
Surgical Waiting List:	0141 211 3186
Department Fax:	0141 211 2466

Our Ref: Jjc/im
Typed: 13/11/2008

MR HUSSAIN'S ORTHOPAEDIC CLINIC– 04/11/2008

Dr Jennifer McAtear
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr McAtear

Mrs Mary Watson DOB 06/03/1954 ~ Hosp: 50623238H
28 Kendoon Avenue Glasgow Lanarkshire G15 8AX
CHI: 0603546323

Diagnosis: Ganglion - Attached to flexor tendon
Outcome: Add to W/L - D/C

Thank you for referring this 54-year old right hand dominant lady to the hand clinic. She gives a one year history of painless swelling around the base of her left ring finger on the on the outer aspect of her hand. There is no history of penetrating injury. The lump has not changed in size over the past year and is painless. She does not describe any triggering. On examination she has a half centimetre firm cystic swelling over the base of the left ring finger aspect of her hand which clinically appears to be a flexor sheath ganglion. She is keen to have it removed and her name has been placed on the Day Surgery Waiting List for this.

Yours sincerely

Jon Clarke
Specialist Registrar in Orthopaedics

Hospital use Only | Clinic Mr Galloway | Day Date Thurs 2/2/89 | Time 11.00 | Hospital No. 623238 | GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Hospital G.G.H. Date 19/1/89

Urgent Appointment Required YES/~~NO~~

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname Watson
First Names Mary
Address 32 Kendoon Ave
Glasgow
Postal Code G15 Telephone Number

Maiden Surname Cummings
Single/Married/Widowed/~~Other~~
Date of Birth 6.10.54
Patient's Occupation Housewife

Has the patient attended hospital before ~~YES~~/~~NO~~ if "YES" please state:
Name of Hospital No
Year of Attendance Hospital No
If the patient's name and/or address has/have changed since then please give details:

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Dr J. Robertson.
22 Maryton Ave
Glasgow G15

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:

Six weeks ago this lady noticed a small swelling to the right & inferior lateral of her thyroid gland. On E today there is a small lymphatic gland in this area which is tender to palpation & enlarged

Diagnosis/provisional diagnosis: Enlarged lymphatic gland

Present drug treatment and potential special hazards: —

G.G.H. 24 JAN 1989

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P. 16/11/88

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

Signature

Dd8102300 5M pads 10/87 R.P.(53791)

DEPARTMENT OF GYNAECOLOGY

ABMacL/MAL/623238

22nd September, 1987

Dr. Katherine J. Turner,
22 Merryton Avenue,
GLASGOW G15 7PU

Dear Dr. Turner,

Re: Mary Watson (D.O.B. 6.3.54), 56 Cloan Avenue, GLASGOW G15

This lady did not keep her Gynaecology Clinic appointment today. I have not sent another.

Yours sincerely,

Allan B. MacLean
Senior Lecturer

Hospital use Only | Clinic GYN DR MCLEAN | Day Date TUES 30/6 | Time 10.40 | Hospital No. 623238 | GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Urgent Appointment Required ~~YES~~

Hospital Western Infirmary Date 14/5/87

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname WATSON
First Names MARY
Address 56 CLOAN AVE
GLASGOW 15
Postal Code ..... Telephone Number .....

Maiden Surname .....
Single/Married/Widowed/Other
Date of Birth 6/3/54
Patient's Occupation .....

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital Western Infirmary
Year of Attendance 1985 Hospital No 623238

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

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Dr KATHERINE J. TURNER
22 MERRYTON AVE.
GLASGOW, G15 7PU
Telephone 944 3410

Please use rubber stamp

Doctors

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:

The above lady has had dyspareunia since she was sterilised in December 1985. She has regular periods. She has gained 1½ stones in weight. She would value your opinion and advice.

Yours sincerely.

Katherine Turner.

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P. .....

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

Signature .....

Dd 8691272 26M Pads 11/82 Barr Printers

Dr. A. B. MacLean - Western Infirmary

Mary Watson 31 623238

4 Blackcraig Avenue, 6.3.54
GLASGOW G15
3rd December, 1985 5th December, 1985
9th December, 1985 9th December, 1985
Laparoscopic
sterilization

ABMacL/MAL 17th December, 1985

Dr. Katherine J. Turner,
22 Merryton Avenue,
GLASGOW G15 7PU

Dear Dr. Turner,

This lady was re-admitted under my care with abdominal pain following laparoscopic sterilization. The features at that time were of a urinary tract infection.

She was to have returned to my Clinic today, but has failed to attend. I will send her another appointment if she continues to have problems.

Yours sincerely,

Allan B. MacLean
Senior Lecturer

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

ANAESTHETIC RECORD

PATIENT: MARY WATSON | Number: 623238 | Hosp: WIG | Age: 31 | Sex: F | Date: 4/12/84

ANAESTHETIST: DR MCCUBBIN | Cons: A | SR | Reg | SHO

OPERATOR: MOLEAN | Cons: C | SR | Reg | SHO | Other

PROCEDURE: LAP. STER. | Code | Time Commenced: 1015 | Duration: 015 | Emergency

PRE-OP DISEASE: Resp. | CVS | Anaemia | Endocrine | Renal | Hepatic | Neurolog | Muscular | Other

CURRENT DRUGS:

PREV. ANAESTH.: Halothane | Complications

PREMEDICATION: Morph ✓ 10 | Atropine | Papaveret | Hyosc | Pethidine | Phenergan | Fentanyl | Drop | Diaz | Other Cyclizine 50.

INDUCTION: Thiopentone ✓ 300. | Methohexitone | Althesin | Ketamine | Inhalation | Other (spec)

RELAXANT: Sux | dtc | Panc | Alcur | Gall | Other(spec) ✓ Rocu 6 | Neost 4/2-r | Atrop 1.2

MAINTENANCE: N_2O | Hal ✓ | Methox | Ethrane ✓ | Trilene | Ether | Cyclo | Morphine | Pethidine | Papaveret | Fentanyl | Phenop | Pentaz | Other

TECHNIQUE: Spont | IPPV ✓ | Mask | A'way | ETT | Cuff ✓ | Oral ✓ | Nasal | Magill ✓ | T Pce | Tracheos | Hypotens | Circ(cl) | Pack | Circ(lk) | Other

8.5

I.V. SITE: R. Arm | L. Arm | R. Hand | L. Hand | R. Leg ✓ | L. Leg | Neck | Other

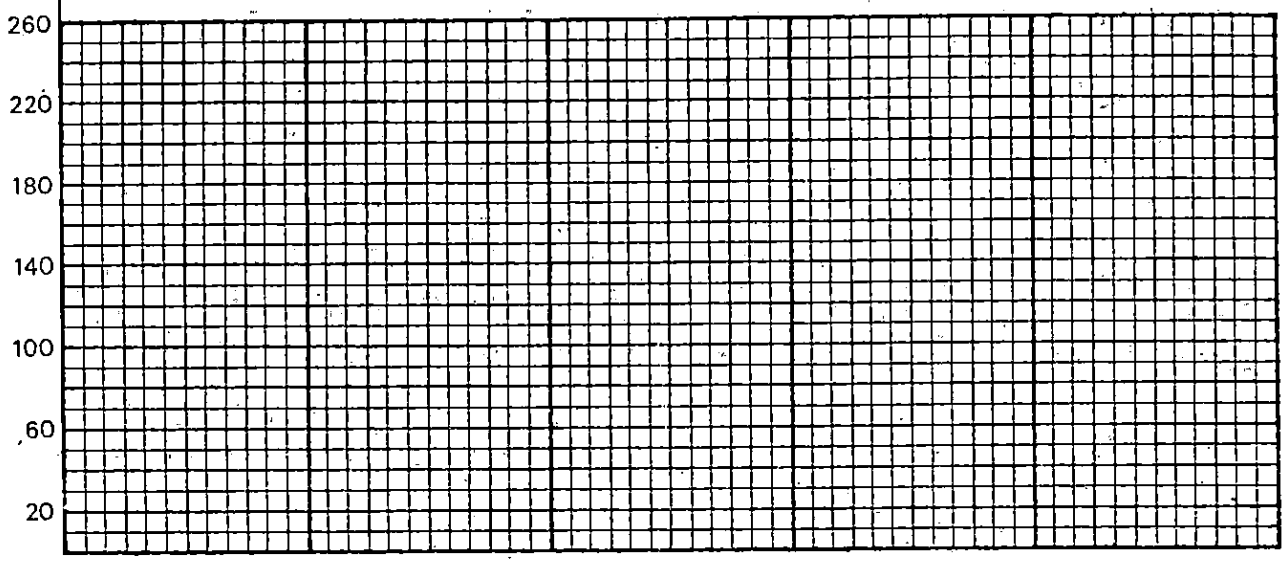
MONITORING: ECG ✓ | Pulse | Temp. ✓ | CVP line | Art. line | Other

POSITION: Supine | Lithotomy | Lateral ✓ | Prone | Other | Hd Up | Hd Down ✓

REG. ANALGESIA: Spinal | Amethoc | Epidural | Priloc | Bier | Cinchoc | Brach Plex | Bupivac | Other | Lignoc | Cath | Adren | Site | Other

COMPLICATIONS:

NOTES:



Blood loss =

Time	Fluid	Volume

THE QUEEN MOTHER'S HOSPITAL

Yorkhill, Glasgow G3 8SH
Telephone: 041-339 8888

Our Ref.. ABMacL/ST
Your Ref.

5 November 1985

Dr Allan B MacLean
Consultant Gynaecologist
Western Infirmary
GLASGOW
G11

Dear Dr MacLean

Mary Watson, Unit Number 27419 56 Cloan Avenue, GLASGOW, G15 6AB dob 6 3 54

This lady has just completed her fourth pregnancy. We discussed sterilisation during this pregnancy and have agreed that this should be performed as an interval procedure in the puerperium. She is now 6 weeks postnatal and apart from a heavy period at the moment she is well. Blood has been taken today for a haemoglobin. Her antenatal smear was normal. Please place her on the list for laproscopic sterilisation.
laparoscopic

Yours sincerely

Allan B MacLean
CONSULTANT OBSTETRICIAN

Before christmas please

TCI 3/12/85 for 4/12/85.

Hospital use Only | Clinic DR Cochrane | Day Wed Date 23/12/81 | Time 9.15 | Hospital No. 623238 B | GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Urgent Appointment Required YES/NO

Hospital WESTERN Date 23/12/81

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname WATSON Maiden Surname

First Names MARY Single/Married/Widowed/Other

Address 4 BLACKCRAIG AVE Date of Birth 6/3/54

GLASGOW Patient's Occupation Nurse RHSC

Postal Code G15 Telephone Number

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

Name of Hospital

Year of Attendance Hospital No.

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

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR & Tees
22 Maryland Ave
G15

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:

This lady has been married for nine years & has three children - aged eight, seven + five years.

Requests Sterilisation

Please see + advise thank you for seeing her

Rantzen

FOL

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

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

Signature

AL 53-2064 PP3 5/78

Hospital use Only | Clinic MR. LIVINGSTONE | Day Date THURS 13-11-80 | Time 9.30 | Hospital No. 623238.2 | GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Hospital WESTERN Date 30/9/80

Urgent Appointment Required YES/NO

Please arrange for this patient to attend the SURGICAL clinic of Dr/M .....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname WATSON Maiden Surname .....

First Names MARY Single/Married/Widowed/Other

Address 4 BLACK CRAIG NE Date of Birth 6/3/56

Patient's Occupation Auxiliary Nurse

Postal Code G15 Telephone Number —

Has the patient attended hospital before YES/NO if "YES" please,state:

Name of Hospital .....

Year of Attendance ..... Hospital No. .....

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

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR. L. DAVIDSON
22 MERRYTON AVENUE
G15 7PU
944 3410

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:

This lady has had attacks of pain in ® hypochondrium on & off for the past 2-3 weeks. Nausea No actual vomiting.
O/E. Tender ® hypochondrium
Please see & advise thank you for seeing her

DNA 8/1/81

LD FO

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

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

Signature .....

AL 53-2064 PP3 5/78

GREATER GLASGOW HEALTH BOARD (WESTERN DISTRICT)

ADMISSION No.

CONSULTANT IN CHARGE DR D A SMITH

PATIENT MARY WATSON AGE 29 HOSP. No. 623238

ADDRESS 4 BLACKCRAIG AVENUE GLASGOW G15 DATE OF BIRTH 6.3.54

ADMITTED 11 June 1983 DISCHARGED 13 June 1983

DIAGNOSIS 1st DRUG OVERDOSE OPERATION 1st

DIAGNOSIS 2nd OPERATION 2nd

DIAGNOSIS 3rd OPERATION 3rd

DIAGNOSIS 4th OPERATION 4th

KELMcC/FCJ

CASE SUMMARY

22 June 1983

Dr E Fell
22 Merryton Avenue
GLASGOW G15

Dear Dr Fell

This lady was admitted to Ward G3 of the Western Infirmary on 9 June under the care of Dr Smith. Her admission was predipitated by an overdose of Ionamin. She had no past history of this sort of thing and it had been precipitated by her husband leaving her 2 weeks previously. She was left looking after 3 children with no money. She was washed out and admitted to the ward for observation. The drug caused some agitation and she required some sedation with Diazepam, but had no medical complications from the overdosage.

She was seen by the Psychiatrist who agreed that this was a reactive depression and they have agreed to follow her up on an out-patient basis. The Social Work Services were also involved and they are assisting her with her domestic situation.

Yours sincerely

KENNETH E L McCOLL MD MRCP
HONORARY SENIOR REGISTRAR

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

IMMEDIATE DISCHARGE LETTER

MEDICAL RECORD

Dear Dr. Bandom HOSPITAL Western Infirmary DATE 13/6/83

Your Patient Mary Watson Hospital No. 623838

of 4 Blackhaug Ave Date of Birth 6-3-56 Admitted in the care

of Dr. Smith was discharged on 13/6/1983 with a diagnosis of:–

O.D. Domamin

PLEASE CONTINUE THE FOLLOWING THERAPY:–

FOR PHARMACIST

MEDICINE BLOCK CAPITALS	DOSE	FREQUENCY	DURATION	QUANTITY ISSUED

PHARMACIST SIGNATURE:

DATE: / /

OTHER MEDICAL COMMENTS:

A follow-up appointment has been given. ☐

A follow-up appointment is not necessary. ☐

PLEASE TICK AS APPLICABLE

DRs. NAME IN BLOCK CAPITALS NPACE WARD G3

Yours sincerely

623238 C block

ADGR/ZW/~~Colp. notes~~ DEPARTMENT OF GYNAECOLOGY

29th March, 1983.

Mrs. Mary Watson,
4, Blackcraig Avenue,
Glasgow, G15.

Dear Mrs. Watson,

I am happy to report that the smear that we took at the Colposcopy Clinic is normal, and you need no further treatment other than a repeat smear in one year's time. I enclose an appointment for this to be done, but would again stress that everything is normal. 7.3.84

Yours sincerely,

Anthony D. G. Roberts,
Registrar.

DEPARTMENT OF GYNAECOLOGY

ADGR/ZW/~~Colp. notes.~~ 623238 29th March, 1983.

Dr. Eleanor Briggs,
Stuart Laidlaw Clinic,
Kinfauns Drive,
Glasgow, G15.

Dear Dr. Briggs,

Re: Mary Watson, 4, Blackcraig Avenue, Glasgow, G15

Thank you for your letter about this patient whom we saw at the Colposcopy Clinic.

On examination, the cervix appeared normal, and there was no colposcopic abnormality. A Pap. smear was taken, and this has been reported as showing no dyskaryotic cells, but in view of the infection they would like the smear repeated.

I think in view of two virtually normal smears and normal colposcopy, there is no urgency for this repeat, and I have asked her to have a repeat smear in one year at our clinic in the hospital.

Yours sincerely,

Anthony D. G. Roberts,
Registrar.

c.c. Dr. Whitby,
24, Merryton Avenue,
Glasgow, G15.

LEFM/CAS

MR. D.J. LIVINGSTONE — SURGICAL

Mary Watson — 623238
4, Blackcraig Avenue — 29.1.81
Glasgow

Dr. L. Davidson
22, Merryton Avenue
Glasgow G16

Dear Dr. Davidson,

I reviewed your patient today at the Out-Patient Clinic. She tells me that she has been keeping well in the last few months. She attributes this to keeping away from Indian food. Her oral cholecystogram was entirely normal. On pressing her about her symptoms she admits that most of them have been related to taking Indian food. I think in the circumstances no further investigations are required and I have discharged her to your care.

Yours sincerely

L.E.F. Moffat
Surgical Registrar.

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

STUART LAIDLAW CLINIC
KINFAUNS DRIVE
GLASGOW G15

14. 03. 83

Dear Doctor,

Re Mrs. Mary Watson
4, Blackcraig Avenue. 6.3.54.

para 3+0.
1.mn. 14.02.83.

This lady had her smear repeated on 6.3.54 and the result was as follows.

" There are trichs. present but also dyskaryotic cells scattered around - could be due to infection but I think best plan is to refer to colposcopy assessment ".

I have given her Flagyl. She has not had SI for the past year as she is frightened of becoming pregnant and is not happy taking the pill (swallowing). She has decided to commence depo. provera with

for next menses.

Thank you for seeing her.

Yours sincerely,

Eleanor M. Boggs.

MR LIVINGSTONE/MR PEEBLES-BROWN

IFH/BMCM

SURGICAL OP

Mary Watson 623238

4 Blackcraig Avenue
Glasgow G 15

November 13th 1980

Dr L Davidson
22 Merryton Avenue
Glasgow
G 15

Dear Dr Davidson

Thank you for referring the above patient to Mr Peebles-Brown's Surgical Outpatient Clinic where she was seen this morning. She does indeed give a three to four week history of dull colicky pain in her right hyperchondrium which on occasions radiates through to her back. She claims to feel nauseated but does not actually vomit. Her appetite is good and her bowels regular and she has never been jaundiced. Systematic enquiry revealed no other obvious abnormality and she has no past medical history of note.

On examination she looked well and abdominal examination revealed no abnormality. In the first instance I have arranged for her to have an oral cholecystogram and we will see her back at the clinic when the result of this is to hand.

Yours sincerely

I F Hutchinson
SURGICAL REGISTRAR

ORAL CHOL. NORMAL
USUALLY PAIN AFTER INDIAN FOOD — BETTER SINCE OFF INDIAN FOOD.
NO CONSTIPATION

D

GYNAECOLOGY CLINIC FS/SP

Mary Watson, 623238 14.8.75
19 Blackmuir Road,
GLASGOW G15.

Dr. J. W. Cordiner,
Booking Officer,
THE QUEEN MOTHER'S HOSPITAL.

Dear Dr. Cordiner,

Please find enclosed a copy of the letter which I sent to this patient's general practitioner. She had requested termination of pregnancy. There is no indication, and she should be booked for my clinic at The Queen Mothers. She is a para 2+0 and her last menstrual period, a scanty one, was 6th May. It is likely that she is now 14-16 weeks pregnant.

Yours sincerely,

FRANK SHARP
SENIOR LECTURER

GYNAECOLOGY CLINIC FS/SP

Mary Watson, 623238 14.8.75
19 Blackmuir Road,
GLASGOW G15.

Dr. Davidson,
22 Merryton Ave.,
GLASGOW G15.

Dear Dr. Davidson,

Thank you for referring this girl whom I saw at my Gynaecology Clinic on 5th August. Apparently her husband had left her 18 months ago and she is pregnant to her old boyfriend. The patient appeared not too concerned about the presence of the pregnancy and apparently had presented herself as her husband had told her to get rid of it.

On examination I found the uterus to be some 14 -16 weeks pregnancy size. On full appraisal of all the facts of the case it is my opinion that legal termination of pregnancy is not justified. On putting this point of view to the patient she in fact said that she really didn't wish termination anyway.

Clearly, this patient needs support during the pregnancy and with her approval I have arranged for her continuing ante-natal care and the services of the Medical Social Worker at the Queen Mother's Hospital. I trust you are in agreement with this.

Yours sincerely,

FRANK SHARP
SENIOR LECTURER

BIOCHEMISTRY REPORT

** NEW REPORT STATIONERY *
DO NOT MOUNT WITH PREVIOUS
F1 REPORTS

F1

WATSON MARY
WIG G9
623238
MCLEAN 06/03/56
544 X
09/12/85
09.30

RESULTS	XXXXXXX XXXXXXX	CONSTITUENT
		Sodium 135-144 mmol/l
		Potassium 3.5-5.1 mmol/l
		Chloride 97-108 mmol/l
		Total CO_2 22-32 mmol/l
		Urea 2.5-7.5 mmol/l
		Creatinine 60-110 μmol/l
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
		Calcium 2.20-2.65 mmol/l
		'Corrected' Calcium 2.16-2.53 mmol/l
		Phosphate 0.8-1.45 mmol/l
		Total Protein 60-77 g/l
		Albumin 36-50 g/l
		Bilirubin 3-18 μmol/l
		Alkaline Phosphatase 35-130 U/l
		Gamma G.T. 5-50 U/l
		AST 10-35 U/l
		ALT 10-50 U/l
		Total CK 10-171 U/l
		Total LDH 230-525 U/l
		Glucose 2.80-6.0 mmol/l
		Urate 0.10-0.42 mmol/l
		Amylase 70-300 U/l

52

*Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (334-8122 Ext. 464).

BIOCHEMISTRY REPORT

** NEW REPORT STATIONERY *
DO NOT MOUNT WITH PREVIOUS
F1 REPORTS

F1

WATSON MARY

WIG G9/10
623238
SNU 06/03/56
5884 H
08/12/85
09.00

RESULTS	XXXXXXX XXXXXXX	CONSTITUENT
138		Sodium 135-144 mmol/l
4.1		Potassium 3.5-5.1 mmol/l
105		Chloride 97-108 mmol/l
28		Total CO_2 22-32 mmol/l
4.9		Urea 2.5-7.5 mmol/l
89		Creatinine 60-110 μmol/l
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
		Calcium 2.20-2.65 mmol/l
		'Corrected' Calcium 2.16-2.53 mmol/l
		Phosphate 0.8-1.45 mmol/l
		Total Protein 60-77 g/l
		Albumin 36-50 g/l
		Bilirubin 3-18 μmol/l
		Alkaline Phosphatase 35-130 U/l
		Gamma G.T. 5-50 U/l
		AST 10-35 U/l
		ALT 10-50 U/l
		Total CK 10-171 U/l
		Total LDH 230-525 U/l
		Glucose 2.80-6.0 mmol/l
		Urate 0.10-0.42 mmol/l
		Amylase 70-300 U/l

*Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (334-8122 Ext. 464).

PRESCRIPTION SHEET

REGULAR PRESCRIPTION

	Date Commenced	DRUG (BLOCK LETTERS)	DOSE	METHOD OF ADMIN	TIMES OF ADMINISTRATION A.M. 2	A.M. 4	A.M. 6	A.M. 8	A.M. 10	M.D. 12	P.M. 2	P.M. 4	P.M. 6	P.M. 8	P.M. 10	P.M. 12	Other Times	SIGNATURE	DISCONTINUED DATE	DISCONTINUED INITIALS
A	9/6/83	Diazepam	10mg	I.M				8 hourly				PRN							11/6/83	DAS
B	10/6/83	PARACETAMOL	2 tabs	oral			4 hrly	PRN												
C																				
D																				
E																				
F																				
G																				
H																				
I																				
J																				
K																				
L																				

URINE

DIAGNOSIS

OPERATIONS

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	DRUG (BLOCK LETTERS	DOSE	METHOD OF ADMIN	TIME OF ADMIN.	SIGNATURE	GIVEN BY INITIALS
9/6/83	Diazepam	10mg	IM	7.50 pm		
9/6/83	Diazepam	10mg	IM	9.30 pm		MM
9/6/83	Propranolol	20mg	oral	10.45 pm		
	~~PARACET~~					

INTRAVENOUS FLUIDS

WARD	NAME OF PATIENT	AGE	UNIT NUMBER	CONSULTANT	DRUG SENSITIVITY
	Mary Watson			Dr SMITH	1. 2.

WARD C3. NAME MARY WATSON UNIT NUMBER

KEY
⊗ DRUG REFUSED
A PATIENT ABSENT

DRUG RECORDING SHEET

REGULAR PRESCRIPTIONS

	2 a.m.	4 a.m.	6 a.m.	8 a.m.	10 a.m.	12 a.m.	2 p.m.	4 p.m.	6 p.m.	8 p.m.	10 p.m.	12 p.m.	Others
10/12/83	2:30 A Initial MR.	Initial	Initial	Initial	Initial	Initial	Initial	Initial	5.45pm A Initial MMC	B Initial MMC	Initial	Initial	Initial

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

NURSING NOTES

DATE	
	Admitted as an emergency via A+E at 6.30pm. Identity and Urinalysis. T 37.4 P 120. BP 140/90. Urine Ket +++.
P.M.H.	Nil.
Drugs	Nil. Has Allergies to Cotrimoxazole.
S.H.	Separated from husband 3/52 ago. 3 children being looked after by her mother. Smokes occasionally social drinker.
Present	Had received 10 NAMIN from GP 7/52 ago Today because of mental & financial difficulties took approx 18 at 1.30pm.
A.	Healthy but anxious lady. Slightly dyspnoeic
Instr.	~~Daily TPR~~ Daily TPR + BP.

DATE	TIME	A.M T	A.M P	A.M R	A.M B/O	P.M T	P.M P	P.M R	P.M B/O	IN TAKE	OU PU
9/6/83	6/h					37.4	120		140/90	90	
	10					37	110		150/100		

NURSING NOTES

DATE		DATE	TIME	A.M. T	A.M. P	A.M. R	A.M. B/O	P.M. T	P.M. P	P.M. R	P.M. B/O	IN TAKE	OUT PUT
7.30pm	Patient very restless & agitated	10/6/83	2					36.6	110	36.6			
	Diazepam 10 mgs given IM at 7.30 pm		6	35°	90	13/20							
	May be repeated as required, per kardex.		10	36	104	110/60							
	To be seen by social worker & Psychiatrist in AM.												
	1/M Diazepam 10g at 9.30 pm												
	Remains restless												
	10.45 pm T. Prochlorperazine 20mg												
	Diazepam 10g I/M at 2.30 am												
	Remains restless + upset												
	Husband unavailable												
8.30pm	Diazepam 10 mgs given IM } restlessness &												
10pm	Diazepam 10 mgs given IM } distress												
	with fairly settled night												
	Washed + remained in bed												
	Please observe for hypertension												
	Psychiatrist asked to come - see												
	S/B Mrs Mylligan social worker - please inform												
	her of psychiatrists decision.												
	Diazepam 10 mg given IM @ 5.45pm												
	C/O earache Panadol 2 tabs orally 7.30 pm												
	More settled now. mMachean.												

	Sleeping on settling; frightened for injections												
4/6	Kept well but pain & Then vomiting with												
	saline + having for IV + fell asleep again.	11/6/83		36.5	112	108/60							
	No C/O severe		10	37	120	120/70		37	90	100/80			
	Visited mother Robert phoned last night - will												
	phone hosp to see if she can go home												
	Basin to wash - remained in bed												
	Can be up to sit this pm.												
	Refusing IM diazepam.												
	Very weepy + distressed this morning.												
	Seen by psychiatrist - can be discharged												
	Remains emotional + weepy tonight mMachean												
5/6.	Some hysteronic staggers last night - settled												
	getting to bed. Kept v. well. Seems	12/6/83	2										
	calm, not depressed looking this morning.		6	36	90	130/70							
	No bed bealing N sobbing		10	36.9	76	114/54							
	Up for breakfast remained in bed rest of												
	morning. Quite emotional this morning H.Lawrie												
	Better afternoon + evening												
	Up + about less weepy. mMachean												
13/6	Settled an slept well												
	Looks bright this morning. Talkative												
		13/6	10	37	90	140/40							

ED No.		AGE		Religion	UNIT No.	CONSULTANT
PINK BLUE	MARY WATSON	STRIPE 29.	BLACK BED No	C/S. GREEN		DR. SMITH. YELLOW PURPLE

[redacted]

NURSING NOTES

DA		DATE	TIME	A.M.				P.M.				IN	OUT
				T	P	R	B/O	T	P	R	B/O	TAKE	PUT
5/6/[illegible]	Up and about this am. Quite bright. Sisters phoned this am. Ch. Rooney												
	Home this p.m. Dr letter ✓												
	To see psychiatrist as an out patient this week.												
	Mrs Milligan informed of discharge. MMacLean.												

NURSING NOTES

DATE		DATE	TIME	A.M.				P.M.				IN	OUT
				T	P	R	B/O	T	P	R	B/O	TAKE	PUT

GREATER GLASGOW HEALTH BOARD
WESTERN DISTRICT

CASE RECORD

C/ 371541 R

ACCIDENT/EMERGENCY FORM

K+J 549601

HOSPITAL CODE		CASE REFERENCE No.
PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
SURNAME WATSON		MAIDEN NAME
FIRST FORENAME	SECOND FORENAME	OTHER INITIALS
DATE OF BIRTH	SEX	MARITAL STATUS
ADDRESS		
POSTCODE	TELEPHONE No.	
FAMILY DOCTOR: SURNAME	INITIALS	
ADDRESS		
POSTCODE		
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE		TIME OF ATTENDANCE
DATE OF INJURY OR ILLNESS	SOURCE OF ATTENDANCE	TYPE OF ATTENDANCE
	PATIENTS RELIGION	
PATIENT'S OWN OCCUPATION		
HUSBAND'S OCCUPATION (MARRIED WOMAN) PARENT'S OCCUPATION (CHILD)		
REASON FOR ATTENDANCE		
IF ATTENDANCE IS CONSEQUENCE OF ROAD TRAFFIC ACCIDENT: PLACE		DATE OF INJURY
DETAILS		TIME OF INJURY
IF ATTENDANCE IS CONSEQUENCE OF HOME ACCIDENT: PROBABLE CAUSE		
NEXT OF KIN: NAME	RELATIONSHIP	TELEPHONE No.
ADDRESS		POSTCODE

TO BE COMPLETED BY CASUALTY OFFICER AFTER SEEING PATIENT

DISCHARGE CODES: Please enter in the box the appropriate number from this list:-

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (Please indicate which)
5. Died
6. Refer to O.P. Clinic
7. Return to Casualty

DISCHARGE CODE 1	WARD No. (IF ADMITTED) G3	OUT-PATIENT CLINIC (IF REFERRED)
PROVISIONAL DIAGNOSIS		CONSULTANT (IF ADMITTED) SMITH
X-RAY TAKEN Yes/No	ANAESTHETIC Local/General/None	TOURNIQUET Yes/No
TETANUS PROPHYLAXIS		
ANTISERUM Yes/No	TOXOID Primary/Booster/None	ANTIBIOTIC Yes/No
		CASUALTY OFFICER'S SIGNATURE

GREATER GLASGOW HEALTH BOARD
WESTERN DISTRICT

TREATMENT CARD

C/ 371541 R

ACCIDENT/EMERGENCY FORM

K+J 549601

HOSPITAL CODE		CASE REFERENCE No.
PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
SURNAME		MAIDEN NAME
FIRST FORENAME	SECOND FORENAME	OTHER INITIALS
DATE OF BIRTH	SEX	MARITAL STATUS
ADDRESS		
POSTCODE	TELEPHONE No.	
FAMILY DOCTOR: SURNAME	INITIALS	
ADDRESS		
POSTCODE		
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE		TIME OF ATTENDANCE
DATE OF INJURY OR ILLNESS	SOURCE OF ATTENDANCE	TYPE OF ATTENDANCE
	PATIENTS RELIGION	
PATIENT'S OWN OCCUPATION		
HUSBAND'S OCCUPATION (MARRIED WOMAN) PARENT'S OCCUPATION (CHILD)		
REASON FOR ATTENDANCE		
IF ATTENDANCE IS CONSEQUENCE OF ROAD TRAFFIC ACCIDENT: PLACE		DATE OF INJURY
DETAILS		TIME OF INJURY
IF ATTENDANCE IS CONSEQUENCE OF HOME ACCIDENT: PROBABLE CAUSE		
NEXT OF KIN: NAME	RELATIONSHIP	TELEPHONE No.
ADDRESS		POSTCODE

TO BE COMPLETED BY CASUALTY OFFICER AFTER SEEING PATIENT

DISCHARGE CODES: Please enter in the box the appropriate number from this list:–

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(Please indicate which)*
5. Died
6. Refer to O.P. Clinic
7. Return to Casualty

DISCHARGE CODE	WARD No. (IF ADMITTED)	OUT-PATIENT CLINIC (IF REFERRED)
PROVISIONAL DIAGNOSIS		CONSULTANT (IF ADMITTED)
X-RAY TAKEN Yes/No	ANAESTHETIC Local/General/None	TOURNIQUET Yes/No
TETANUS PROPHYLAXIS		
ANTISERUM Yes/No	TOXOID Primary/Booster/None	ANTIBIOTIC Yes/No
		CASUALTY OFFICER'S SIGNATURE

6.00pm.

CLINICAL HISTORY

CONSULTANT
REGISTRAR
SENIOR HOUSE OFFICER
JUNIOR HOUSE OFFICER

DATE BP 140/90 P98 T 36.3.

P.C overdose of.
18 lonamin tabs.
- at 1.30pm.

H.P.C
29 year old ♀, separated from husb 3/52 ago
- off "on sick" since then. Husband has left her.
with 3 children - no money, became desperate
when bills started to come in, Took tabs at
~1.30pm. ° other tab taken. ° alcohol.
Not done it prev.

P.M.H Nil

D.H Depot provera.

S.H Nursing aux. Separated. 3 children.

Sys Enq
CVS - ° palpit ° pain ° oed ° I.C.
Chest - ° cough ° sput ° haemop.
GI Sys - Appt gd wt → ° abd. pain Bms reg.
Gen-U Sys - nil.
CNS - ° fits. Tingling arms + legs since took tabs.
° weakness.

O/E Distressed ++
Apyrexial.
Not ajan. ° anaem ° nodes ° clubbing ° goitre.

O/S P - 98 reg gd vol. BP 140/90 JVP →. ° oed
H.S.I. ° adcled.

IF ADDITIONAL CLINICAL DETAIL IS REQUIRED, USE AN "OUT-PATIENT" SHEET AND PLEASE ENSURE THAT IT IS FASTENED TO THE CARD.

AFTER EXAMINING THE PATIENT, PLEASE COMPLETE THE SUMMARY ON THE FRONT OF THE FORMS.

PLEASE TICK ☑ THE APPROPRIATE BOX IF THERE IS A SPECIAL CONTINUATION SHEET. IF POSSIBLE, PLEASE FASTEN THIS SHEET TO THE CARD.

EYE ☐ E.N.T. ☐ HEAD INJURY ☐ HAND INJURY ☐ SHOCK ☐ OTHER ☐

(NAME) _____

NAME	HOSPITAL No.
	AGE
PHYS/ SURG.	DEPT. WARD

IN-PAT FORM 3

IN PATIENT
CONTINUATION HISTORY

DATE	
CNS	Pupils - dilated.
	CNS intact.
	Power, tone. R = L
	Reflexes. physiol. Pl ↓ ↓
	? brisker than normal
Chest	Trachea ⊥.
	PN = PN
	B.S vesic ° added.
Abd	Soft °tenderness °guarding
	°masses °LLRS B.S
	Imp 29yr old ♀ - O/D of CNS stimulant tabs.
	Rx - ① Lavage
	② sedation
	Admit G3. R. Saullion.
9/6/83	Very agitated Overbreathing
	Pulse 120/min
	℞ Diazepam 10mg IM

Date	HISTORY (Use other side first)
11/6/83	Thank you for your referral. This lady says that she has been feeling depressed since she asked her husband to leave 2 weeks ago. Took OD impulsively because had no money to pay bills & missed husband although does not want any reconciliation. Appetite has been poor with initial insomnia but no drug overdose to be used. I feel that she is suffering from a reactive depression but she did not wish any in patient care. I have therefore arranged to see her again next week as OP. A letter will follow. Editor.

IN-PAT. FORM 4

NAME MARY WATSON HOSPITAL No. AGE SEX

PHY/SURG. SMITH DEPT. WARD G3

INVESTIGATIONS RECORD

INVESTIGATIONS \ DATE	10/6
Fbc.	✓
Prof.	✓
Esr.	✓ 9
Gluc.	✓ 4.3
GC	✓

INVESTIGATIONS

NAME MARY WATSON

HOSPITAL No.

AGE 29

PHYS/SURG. DR SMITH

DEPT WARD W3

RESUSCITATION AND BLOOD PRESSURE CHART

IN-PAT FORM 7

DIAGNOSIS:

SUGAR

URINE

ALB.

Drugs before admission

DATE	9·6·83		10·6·83				11·6·83				12·6·83					
TIME	0	4	8	12	16	20	0	4	8	12	16	20	0	4	8	12

KEY B.P. ||| PULSE ∿∿∿ RESP. XXX

BLOOD PRESSURE

PULSE RATE

RESPIRATION

240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0

Daily

INTAKE ml

URINE ml

THERAPY

NAME Mary Watson HOSPITAL No.

AGE 29

PHYS/ SURG. DR Smith DEPT WARD G3

RESUSCITATION AND BLOOD PRESSURE CHART

IN-PAT FORM 7

DIAGNOSIS:

SUGAR

URINE

ALB.

Drugs before admission

DATE 13/6/83

TIME 13 14

Daily

BLOOD PRESSURE

PULSE RATE

RESPIRATION

240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0

KEY B.P. ↑↑↑ PULSE ∿∿∿ RESP. XXX

INTAKE ml

URINE ml

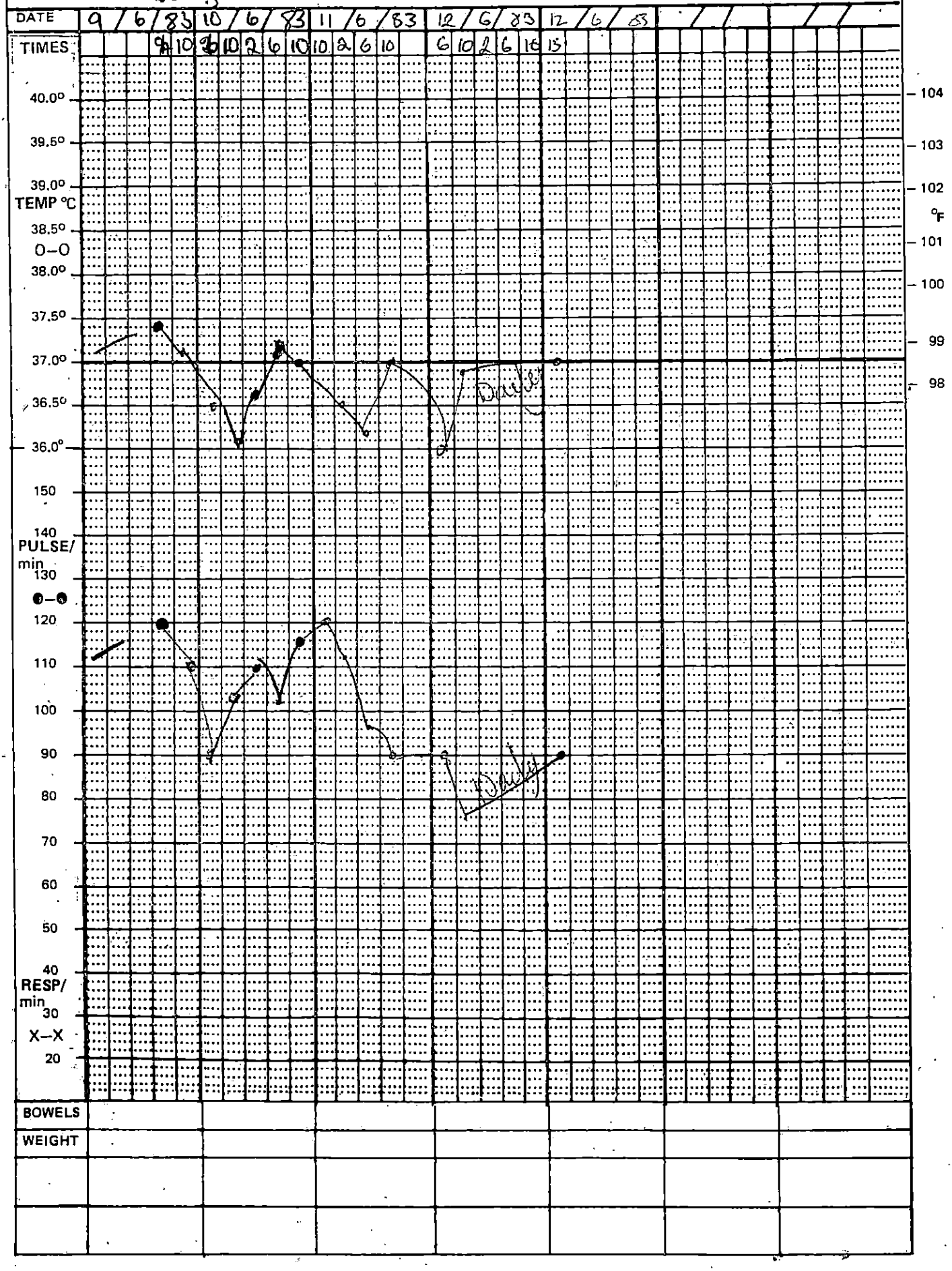
THERAPY

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

CLINICAL CHART

NAME MARY WATSON ..... HOSPITAL W.R.I. .....

WARD ..... HOSPITAL NUMBER .....



GREATER GLASGOW HEALTH BOARD

NAME	Hospital No.
	Age
	Sex
PHYS/ SURG.	Dept. Ward

OUT PATIENT HISTORY

DATE

22/9. 34 F

Lump L neck. 6/52.

ND SX.

NB cough / hoarse.

Smokes 25/day 10 pack yr.

Otherwise well

Pmh. Lap Hernia

Knee 4/to.

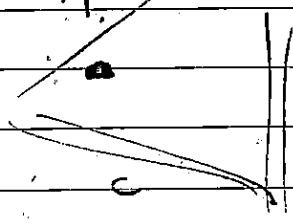
Allergy to Lopirin

Asthma

OE

T Thin lump 1cm. Firm

R neck



Review 1/12.

DJ

GREATER GLASGOW HEALTH BOARD — WESTERN DISTRICT

NAME MARY WATSON HOSPITAL No. 623238

AGE:

PHYS/SURG. Dr Whitley GP DEPT./WARD

COLPOSCOPY CLINIC

OUT-PATIENT

HISTORY

DATE
21/3/83

para 3+0 Age 29.

? Abnormal Smear at GP review. – Trics – Treated

Large T. 2.

Pap ✓

ann.

No colposcopic abnormality to Atypia

If Pap –ve Smear 1 year GP no review.

Write to pt. GP

CLINICAL HISTORY

DATE

3.12.72 Pt. got into an argument with a neighbour; refused to fight so the neighbours friend set about her, kicking her numerous times in the head + neck which are now very sore. Also kicked elsewhere on the body but pt. is not worried about that.

O/E Pt. wearing cloth cervical collar.
Found head very heavy to hold up when collar removed.
Pain over transverse process of cervical spine but most tender C 3 → 6 centrally.
Small bruise (2) side of neck.
Extension full; all other movements limited by pain.
No N-V deficit.
Head tender over both parietal areas + occiput.
No obvious ↑. I. signs; no vomiting.
Small swelling posterior to (R) ear.
No CSF/Blood leak.

XR Skull - NBI.
Cervical Spine - # spinous process C 5.
loss of lordosis = muscle spasm.

Orthopaedic opinion requested.
Rx Distalgesic.
→ # clinic mane.

K.A. Mair

KAM

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PLEASE TICK [V] THE APPROPRIATE BOX IF THERE IS A SPECIAL CONTINUATION SHEET. IF POSSIBLE, PLEASE FASTEN THIS SHEET TO THE CARD.

EYE ☐ E.N.T. ☐ HEAD INJURY ☐ HAND INJURY ☐ SHOCK ☐ OTHER ☐

(NAME)_____

GREATER GLASGOW HEALTH BOARD
WESTERN DISTRICT

CASE RECORD

FILE IN PART 1 OF CASE RECORD

ADMISSION FORM

HOSPITAL CODE: 601		CASE REFERENCE No.
PREVIOUS ATTENDANCE AT THIS HOSPITAL - YES/NO: YES	IN/OUT PATIENT	YEAR
SURNAME: WATSON		MAIDEN NAME: CUMMINGS
FIRST FORENAME: MARY	SECOND FORENAME	OTHER INITIALS
DATE OF BIRTH: 6.3.54	SEX	MARITAL STATUS: M
ADDRESS: 56 CLOAN AVE GLASGOW.		
POST CODE: G15	TELEPHONE No.	
FAMILY DOCTOR: SURNAME: DUNITRY	INITIALS	G.P. TELEPHONE No.
ADDRESS: 22 MERRYTON AVE GLASGOW.		
POSTCODE: G15		
ADMISSION: DATE OF ADMISSION: 5.12.85	WARD No.: 69	TIME OF ADMISSION
DATE PLACED ON WAITING LIST	ADMITTED/TRANSFERRED FROM: 1	TYPE OF ADMISSION: 2
CONSULTANTS SURNAME: DR MCLEAN	PATIENTS RELIGION: RS	
OCCUPATION: H/WIFE		
HUSBAND'S OCCUPATION (MARRIED WOMAN)/~~PARENT'S OCCUPATION (CHILD)~~: LABOURER.		
REASON FOR ADMISSION: ARR.		
PROVISIONAL DIAGNOSIS		
IF ADMISSION IS CONSEQUENCE OF ROAD TRAFFIC ACCIDENT: PLACE		DATE OF INJURY
DETAILS		TIME OF INJURY
IF ADMISSION IS CONSEQUENCE OF HOME ACCIDENT: PROBABLE CAUSE		
NEXT OF KIN: NAME: WILLIAM	RELATIONSHIP: HUS	TELEPHONE No.
ADDRESS: S/A		POSTCODE
OTHER RELATIVE OR FRIEND: NAME	RELATIONSHIP	TELEPHONE No.
ADDRESS		POSTCODE
NAME	RELATIONSHIP	TELEPHONE No.
ADDRESS		POSTCODE

CODING USED ABOVE

ADMITTED/TRANSFERRED FROM

1. HOME
2. OTHER HOSPITAL
3. OTHER UNIT IN THIS HOSPITAL
4.
5.
6.
7.
8. OTHER
9.

TYPE OF ADMISSION

0. DEFERRED ADMISSION
1. WAITING LIST
2. BOOKED CASE
3. TRANSFER
4. EMERGENCY-DELIBERATE SELF-INFLICTED INJURY OR POISONING
5. EMERGENCY-ROAD TRAFFIC ACCIDENT
6. EMERGENCY-HOME ACCIDENT (INCLUDES ACCIDENTAL POISONING IN THE HOME)
7. EMERGENCY-OTHER INJURY (INCLUDES ACCIDENTAL POISONING OTHER THAN IN THE HOME)
8. EMERGENCY-OTHER (EXCLUDING ACCIDENTAL POISONING)
9.

1980

DISCHARGE FORM

CONSULTANT IN CHARGE					
DATE OF DISCHARGE		TIME OF DISCHARGE			
HOSPITAL DIVISION OR UNIT		SUB-SPECIALITY CODE		DISCHARGE CODE	
CATEGORY OF PATIENT		TYPE OF FACILITY			

DIAGNOSES: PRINCIPAL DIAGNOSIS	1	
	2	
OTHER	3	
CONDITIONS	4	
TO BE	5	
INDEXED	6	
CLUDE EXTERNAL AUSE OF INJURY AND TUMOUR TYPE WHERE RELEVANT	7	
	8	

SURGICAL OPERATIONS		DATE	DETAILS
PRINCIPAL	1		
	2		
OTHER OPERATIONS AND DIAGNOSTIC PROCEDURES	3		
	4		
	5		
	6		

CODING USED ABOVE

HOSPITAL DIVISION OR UNIT ON DISCHARGE OR TRANSFER

(SEE SEPARATE SPECIALITY LIST FOR CODINGS)

SUB-SPECIALITY CODE

(SEE SEPARATE SPECIALITY LIST FOR CODINGS)

TYPE OF FACILITY

1 Ordinary Inpatient
2
3
4
5 5-day-ward
6 Day Bed Unit
7 Day Case in Inpatient facilities
8 Other Day Case
9

CATEGORY OF PATIENT

1 Amenity
2 Paying
3 N.H.S.

DISCHARGE CODE

0 'Irregular' - e.g. Self Discharge
1 Home
2 Convalescent Hospital or Home
3 Other Hospital
4 Local Authority Care
5 Transfer to other speciality in same hospital
6 Died (P.M.)
7 Died (No P.M.)
8 Other

WESTERN
INFIRMARY
GLASGOW

NAME HOSPITAL No.

WATSON Mary 623238/B
9 Backmuir Rd F.
Glasgow G15 6.3.54
DEPT WD AGE.
PHY
SURG. D SHARP

AGE
DEPT. GYN
WARD OPD 21.

OUT-PATIENT HISTORY

DATE 5/8/75

DEPARTMENT OF GYNAECOLOGY

Complaint and duration GP referred her re. termination. Husband left her 18/12 ago. Pregnant to casual boyfriend. Husband told her to get rid of it! She is not too concerned about it all.

Previous illnesses and operations Nil of note.

Parity 2+0 — 1 Forceps Redlands. 2 SVD — Date of last delivery

Menstrual history F.M.P. L.M.P. 6/5/75.

Cycle 3/28 Regular Pain 1 scanty period

Discharge Nil

Bowels Regular. Urinary Symps. NF DF SI Urgency } nil

Urine Exam.

Examination by DS

General Nil

Breasts Active Pap. Smear Taken.

Abdominal Uterus 14-16/52 size.

Pelvic Healthy vulva + vagina. Chronic cervicitis
Confirm 14-16/52 size uterus
Adnexa NAD

Treatment recommended

Termination not indicated.
She did not wish it anyway
Book for QMH — to see MSW

DS

WESTERN
INFIRMARY
GLASGOW

t22238
WATSON
MARY 6/3/56
4 BLACKCRAIG AVE
GLASGOW G15 F

SURG. J. McCardner WARD

OUT-PATIENT HISTORY

DEPARTMENT OF GYNAECOLOGY

DATE 23/12/81 D.W.A

No Appt Gp.

Complaint and duration

Previous illnesses and operations

Parity Date of last delivery

Menstrual history F.M.P. L.M.P.

Cycle Regular Pain

Discharge

NF

Bowels Urinary Symps. DF
SI

Urine Exam. Urgency

Examination by

General

Breasts Pap. Smear

Abdominal

Pelvic

Treatment recommended

VESTERN
FIRMARY
LASGOW

NAME | HOSPITAL No. | AGE | PHY/ SURG. | DEPT. | WARD

OUT-PATIENT HISTORY

DATE

DEPARTMENT OF GYNAECOLOGY

Complaint and duration

Previous illnesses and operations

Parity | Date of last delivery

Menstrual history | F.M.P. | L.M.P.

Cycle | Regular | Pain

Discharge

NF

Bowels | Urinary Symps. | DF

SI

Urine Exam. | Urgency

Examination by

General

Breasts | Pap. Smear

Abdominal

Pelvic

Treatment recommended

NAME MARY WATSON | HOSPITAL No. | AGE 37 | PHYS/SURG. McLEAN | DEPT. WARD G9

IN-PAT FORM 3

IN PATIENT CONTINUATION HISTORY

DATE

03/12/85 A/Afos Sterilisation. Understands Implications
PATHOLOGY LMP End Oct 85.
Given Depo-Provera October '85. - postpartum.
No Dysuria | Bowel upset | Discharge

P.M.H. Admitted Depression - wrg.
D.H. Nil. ALLERGIC COTRIMOXAZOLE - RASH. + MOUTH ULCERS
S/H - Separated. H/w. Smokes 20+ Seldom Drinks.
S/E Nil Abnormal
O/E Good colour fit looking.
Breasts NN Thyroid.
No oedema | Lymphadenopathy.
CVS HS1&2 heard
RESP Clear Chest.
ABD NAD.

PLAN CONSENT
STER CONSENT } ✓
GP & RET

4/12/85 THEATRE
LAPAROSCOPIC STERILISATN ♂ MACLEAN
GA ♂ MCCUBBIN

Routine pneumoperitoneum & entry of scope
Normal pelvic organs
Falope ring applied to each tube

HISTORY
(Use other side first)

Date

5/12 Vomiting
↳ to dysphoria
→ urine
↳ pus cells
no significant growth

05/12/85. Wishes to go home.
Advised that she should remain in Hospital.
Still wishes to go.
Allowed against medical advices.

Mary Watson

6/12/85 Readmitted.

Presented at casualty complaining of generalised abdominal pain, worse both iliac fossae esp. Right. Epigastric pain, back pain, pain at top of both thighs. Vomited x 1 this am following IM fortwin given by DDS doctor. Presented at casualty last night c abdominal pain but refused admission.

PV bleeding fr. 2/7.
No urinary symptoms.
Constipated - bowels last moved 3/7 ago.

O/E Hysterical and abusive - but looks well.

CVS P120 BP 110/60 T37°C.
GIS Soft hyp-ster scars
Tender both iliac fossae R > L
no rebound or guarding
no masses BS present

NAME Mary Watson HOSPITAL No. AGE 1
PHYS/ SURG. DEPT. WARD

IN-PAT FORM 3

IN PATIENT CONTINUATION HISTORY

DATE

P/ v/v ok healthy
moderate bleeding
ut a/v nil's
no adnexal ?ston tender on examination
D. no obvious cause of pain. ?Possibly
P.I.D. -start antibiotics-

7/12/85 16.30hrs Readmission 3 days following Lap Sterilisation
Basically, she complains of abdominal pain, radiating to back and tops of thighs. and right
Worst in iliac fossae, R > L, and under
right diaphragm
Patient is very emotional crying seems to
be very manipulative of medical staff,

O/E P 130 / min Temp 36.8,
Patient emotionally labile, distended
abdomen soft,
Recent Lap Ster Wounds
Tender during exam in RIF
no marked rebound.
Bowel sounds normal.
VE — Dark blood in vagina no discharge
Feels Warm+
Tender ant cervix, and some
tenderness in both adnexa.
No masses detected but proper examination
difficult
Problem is probably excessive reaction to pain
and discomfort following lap sterilisation, however
exacerbation of P.I.D or other pathology cannot be

PTO

HISTORY
(Use other side first)

Date

excluded. Treat with Mefenamic acid and small dose of diazepam. 4 Hrly observations. Review after 24 Hrs.

Podmore

11/12/85

ESR 60
WBC 11.0
Hb 12.5
Plat 287

Na 138
K 4.1
Cl 105
HCO_3 28
Urea 4.9
Creat 89

I suspect U.T. infection following catheterisation at laparoscopy
→ pyrexia
pain (R) renal angle → iliac fossa
WBC & ESR elevated
Intraperitoneal injury would be unlikely (is now sitting up & eating & entonox)
but check angles on morning ✓ OB.

A Bsn.

9/12 Well — with cephradine
Home — analgesics. → 17.12.85
See me Gyn OPD next Tuesday

A Bsn

GREATER GLASGOW HEALTH BOARD
WESTERN DISTRICT

CASE RECORD

C/507874 M

ACCIDENT/EMERGENCY FORM

FILE IN PART 1 OF CASE RECORD

K+J G4N

HOSPITAL CODE: 601		CASE REFERENCE No.
PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO: YES	IN/OUT PATIENT: OUT	YEAR: 85
SURNAME: WATSON		MAIDEN NAME: CUMMINGS
FIRST FORENAME: MARY	SECOND FORENAME:	OTHER INITIALS:
DATE OF BIRTH: 6 3 54 31	SEX: F	MARITAL STATUS: M
ADDRESS: 56 CLOAN AVE		
POSTCODE: G15	TELEPHONE No.: 944 2252	
FAMILY DOCTOR SURNAME: WHITBY	INITIALS:	
ADDRESS: MELROSE AVE		
POSTCODE:		
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE: 7 12 85		TIME OF ATTENDANCE: 14.50.
DATE OF INJURY OR ILLNESS:	SOURCE OF ATTENDANCE: 1	TYPE OF ATTENDANCE: 3
	PATIENTS RELIGION: C/S	
PATIENT'S OWN OCCUPATION: H/WIFE		
HUSBAND'S OCCUPATION (MARRIED WOMAN)/ PARENT'S OCCUPATION (CHILD):		
REASON FOR ATTENDANCE: 1 DRS - LETTER	RH3	
IF ATTENDANCE IS CONSEQUENCE OF ROAD TRAFFIC ACCIDENT: PLACE		DATE OF INJURY
DETAILS		TIME OF INJURY
IF ATTENDANCE IS CONSEQUENCE OF HOME ACCIDENT: PROBABLE CAUSE		
NEXT OF KIN: NAME: WILLIAM	RELATIONSHIP: HUSBAND	TELEPHONE No.
ADDRESS: S/A		POSTCODE

TO BE COMPLETED BY CASUALTY OFFICER AFTER SEEING PATIENT

DISCHARGE CODES: Please enter in the box the appropriate number from this list:-

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(Please indicate which)*
5. Died
6. Refer to O.P. Clinic
7. Return to Casualty

DISCHARGE CODE: 1	WARD No. (IF ADMITTED): 69	OUT-PATIENT CLINIC (IF REFERRED)
PROVISIONAL DIAGNOSIS: ABDOMINAL PAIN		CONSULTANT (IF ADMITTED)
X-RAY TAKEN Yes/No	ANAESTHETIC Local/General/None	TOURNIQUET Yes/No
TETANUS PROPHYLAXIS ANTISERUM Yes/No	TOXOID Primary/Booster/None	ANTIBIOTIC Yes/No
		CASUALTY OFFICER'S SIGNATURE

DISCHARGE FORM

CONSULTANT ON DISCHARGE					
DATE OF DISCHARGE		TIME OF DISCHARGE			
HOSPITAL DIVISION OR UNIT		SUB-SPECIALTY CODE		DISCHARGE CODE	
CATEGORY OF PATIENT		TYPE OF FACILITY			

DIAGNOSES		
PRINCIPAL DIAGNOSIS	1	
	2	
OTHER	3	
CONDITIONS	4	
TO BE	5	
INDEXED	6	
	7	
E EXTERNAL CAUSE OF INJURY AND TUMOUR TYPE WHERE RELEVANT	8	

SURGICAL OPERATIONS		DATE	DETAILS
PRINCIPAL	1		
OTHER OPERATIONS AND DIAGNOSTIC PROCEDURES	2		
	3		
	4		
	5		
	6		

CODING USED ABOVE

HOSPITAL DIVISION OR UNIT ON DISCHARGE OR TRANSFER :–

(SEE SEPARATE SPECIALTY LIST FOR CODING)

SUB-SPECIALTY CODE :–

(SEE SEPARATE SPECIALTY LIST FOR CODING)

TYPE OF FACILITY :–

1 Ordinary Inpatient
2
3
4
5 5-day ward
6 Day Bed Unit
7 Day Case in Inpatient Facilities
8 Other Day Case
9

CATEGORY OF PATIENT :–

1 Amenity
2 Paying
3 N.H.S.

DISCHARGE CODE :–

0 'Irregular' – e.g., Self Discharge
1 Home
2 Convalescent Hospital or Home
3 Other Hospital
4 Local Authority Care
5 Transfer to other specialty in same hospital
6 Died (P.M.)
7 Died (No P.M.)
8 Other

GREATER GLASGOW HEALTH BOARD
WESTERN DISTRICT

TREATMENT CARD

C/507874 M

ACCIDENT/EMERGENCY FORM

K+J

HOSPITAL CODE 641		CASE REFERENCE No.
PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO /	IN/OUT PATIENT	YEAR
SURNAME [redacted]		MAIDEN NAME [redacted]
FIRST FORENAME [redacted]	SECOND FORENAME [redacted]	OTHER INITIALS
DATE OF BIRTH [redacted]	SEX 1	MARITAL STATUS M
ADDRESS [redacted]		
POSTCODE G	TELEPHONE No.	
FAMILY DOCTOR / SURNAME [redacted]	INITIALS	
ADDRESS [redacted]		
POSTCODE		
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE [redacted]		TIME OF ATTENDANCE
DATE OF INJURY OR ILLNESS	SOURCE OF ATTENDANCE 1	TYPE OF ATTENDANCE 1
	PATIENTS RELIGION /	
PATIENT'S OWN OCCUPATION [redacted]		
HUSBAND'S OCCUPATION (MARRIED WOMAN) / PARENT'S OCCUPATION (CHILD)		
REASON FOR ATTENDANCE 1 [redacted]		
IF ATTENDANCE IS CONSEQUENCE OF ROAD TRAFFIC ACCIDENT: PLACE		DATE OF INJURY
DETAILS		TIME OF INJURY
IF ATTENDANCE IS CONSEQUENCE OF HOME ACCIDENT: PROBABLE CAUSE		
NEXT OF KIN: NAME [redacted]	RELATIONSHIP [redacted]	TELEPHONE No.
ADDRESS /		POSTCODE

TO BE COMPLETED BY CASUALTY OFFICER AFTER SEEING PATIENT

DISCHARGE CODES: Please enter in the box the appropriate number from this list:–

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(Please indicate which)*
5. Died
6. Refer to O.P. Clinic
7. Return to Casualty

DISCHARGE CODE	WARD No. (IF ADMITTED)	OUT-PATIENT CLINIC (IF REFERRED)
PROVISIONAL DIAGNOSIS		CONSULTANT (IF ADMITTED)
X-RAY TAKEN Yes/No	ANAESTHETIC Local/General/None	TOURNIQUET Yes/No
TETANUS PROPHYLAXIS		
ANTISERUM Yes/No	TOXOID Primary/Booster/None	ANTIBIOTIC Yes/No
		CASUALTY OFFICER'S SIGNATURE

CLINICAL HISTORY

DATE | T 38·2 P120 BP 110/60

IF ADDITIONAL CLINICAL DETAIL IS REQUIRED, USE AN "OUT-PATIENT" SHEET AND PLEASE ENSURE THAT IT IS FASTENED TO THE CARD.

AFTER EXAMINING THE PATIENT, PLEASE COMPLETE THE SUMMARY ON THE FRONT OF THE FORMS.

PLEASE TICK [V] THE APPROPRIATE BOX IF THERE IS A SPECIAL CONTINUATION SHEET. IF POSSIBLE, PLEASE FASTEN THIS SHEET TO THE CARD.

EYE [ ] E.N.T. [ ] HEAD INJURY [ ] HAND INJURY [ ] SHOCK [ ] OTHER [ ]

(NAME)_____

WESTERN
INFIRMARY
GLASGOW

NAME | HOSPITAL No. | AGE | PHY/SURG. | DEPT./WARD

OUT-PATIENT HISTORY

DEPARTMENT OF GYNAECOLOGY

DATE 30/6/87

DR Maclean DNA

Complaint and duration

Phoned late afternoon - has slipped disc & requests further appt.

22/9/87 DNA

Previous illnesses and operations

Parity | Date of last delivery

Menstrual history | F.M.P. | L.M.P.

Cycle | Regular | Pain

Discharge

NF

Bowels | Urinary Symps. | DF | SI

Urine Exam. | Urgency

Examination by

General

Breasts | Pap. Smear

Abdominal

Pelvic

Treatment recommended

Date	HISTORY *(Use other side first)*

RE-ADMITTED 7/12/85

UNIT WEST 1 — PATIENT NURSING HISTORY

DATE OF ADMISSION 3/12/85/7/12/85
TIME 10am/4pm WARD G9.
PATIENTS NAME Mary Watson
HOSPITAL GW1G
ADDRESS 56 Ocean Ave. Dunchapel Glasgow G15.
CONSULTANT McKean
HOSPITAL NO.
G.P. Dr Whitby.
TELEPHONE NO. 944 2232.
TELEPHONE NO. 944-3410.
DATE OF BIRTH 6.3.54 AGE 31yrs
OCCUPATION Housewife.
RELIGION C/S
SACRAMENTS OF THE SICK
NEXT OF KIN (1) William Watson (Husband)
NEXT OF KIN (2)
ADDRESS S/A.
ADDRESS
TELEPHONE NO.
TELEPHONE NO.
RELATIVES NOTIFIED OF ADMISSION Yes.
CLOTHING LISTED
PATIENT SPOKEN TO BY CONSULTANT
PATIENTS OWN DRUGS
RELATIVES SPOKEN TO BY CONSULTANT

SOCIAL CIRCUMSTANCES Lives in 4apt tenement 1 up. with husband and 4 daughters aged 9wks, 10yrs, 11yrs 12yrs. Smokes 20 cigs a day. No alcohol.

REASON FOR ADMISSION Elective surgery.
PV Bleeding + lower abdominal pain ? UTI.

PATIENTS PERCEPTION OF ILLNESS "to get sterilyed".

DIAGNOSIS/OPERATION 4.12.85 Laparoscopy STERILISATION General anaesthetic

OTHER HEALTH PROBLEMS None

ALLERGIES Septrin.

MAINTAINING A SAFE ENVIRONMENT Orientated to ward. Smoking policy explained.

NUTRITION Not a good apetite Has only very small meals - no particular routine

ELIMINATION No constipation or diarrhoea. No frequency or dysuria.

HYGIENE Bathes regularly sometimes twice daily.

SLEEP Normally ~~is~~ a good sleeper but baby interrupts sleep at present.

MOBILITY Fully mobile

SENSES No problems

BREATHING No problems.

OTHER RELEVANT INFORMATION L.M.P. End of october 1985
Para 4+0.

DISCHARGE PLANNING: HOME HELP ☐ COMMUNITY NURSE ☐ AMBULANCE ☐
DRESSINGS ☐ CASHIER ☐ MEDICATION ☐ APPOINTMENT ☐
TICK (√) WHEN ARRANGED

OBSERVATIONS ON ADMISSION 7/12/85.

TEMPERATURE 36.8 PULSE 136 RESPIRATIONS

BLOOD PRESSURE 130/60 HEIGHT WEIGHT

URINALYSIS

SIGNATURE OF ADMITTING NURSE

UNIT WEST 1. NAME: MARY WILSON WARD: G DATE OF ADMISSION: 7/12/85

HOSPITAL: W.I.G HOSPITAL NO.:

DATE	PROBLEM	AIM	EVALUATION DATE	PATIENT PROGRESS REPORT — PLEASE SIGN + DATE EACH ENTRY
7/12/85	Lower abdominal pain - vomiting moderate PV bleeding	relieve pain. observe amount & frequency		Emergency admission to ward 69. With lower abdominal pain, vomiting & PV bleeding, on admission PV bleeding was moderate, patient very distressed. Care as per plan C Stevenson
				Patient refused examination from Dr Wilson. Seen by Dr O'Dwyer who suggested Diazepam and Mefenamic Acid to relax and relieve pain. Husband very verbally agressive - seen also by Dr O'Dwyer and both patient and husband calmed down. Diet refused by patient. Hot packs on Situ with good effect. D Ritchie
				Temp 38° at 6pm. Fan in situ. P.V. bleeding moderate, red. Pain alleviated 8-12-85. Care as plan Commenced on and Antibiotics. P.V loss moderate Pain more relaxed and considerably less pain today. Care as plan. P.V. bleeding moderate - Seen by Dr McKoa - feels U.T.I. is the problem. Blood to be taken D Ritchie

UNIT WEST 1. NAME: MARY JAYSON WARD: 29 DATE OF ADMISSION: 3/12/85.

HOSPITAL: W-1-G HOSPITAL NO.:

DATE	PROBLEM	AIM	EVALUATION DATE	PATIENT PROGRESS REPORT — PLEASE SIGN + DATE EACH ENTRY
				Arranged admission for Lap Ster tomorrow. S/N L McGuigan. 3/12/85.
				Care as plan ✓ Cruickshank
				4.12.85 Care as plan. Fasting from 5 AM for theatre. MSlevin
			4.12.85	11.50 AM Satisfactory on return from theatre c/c CHIMORPH 10 mg IM at 11-20 AM
4.12.85	POST OPP PAIN	alleviate Pain		
			7H	Still complaining of Pain Seen by Dr Cuthbert Consultant c/c CHIMORPH 10 mg IM at 1-20 PM
4.12.85	Complaining of Pain	alleviate	4.12.85	
5/12/85	Patient distressed and wishing to go home because no analgesia had been given.	Analgesia was not ~~given~~ prescribed and once written up, patient refused it.	1	12.12. Theatre observations satisfactory. Wound satisfactory IV less min RAder.
				5.12.85 Care as plan. DBarclay
				5.12.85. Wound satisfactory. Mod IV loss early this am. - Will at 12 Hrs. Seen by Dr McLean to remain in today, due to light headedness & cramping pains RDer
5.12.85 9.30	Patient took unusual admission of opt being seen by Dr. Blatchford			5/12/85 Care as plan. c/o cramping pain this evening. LHoward.
				9.12.85 Care as plan ARea
				Care as plan. Pain appears reduced P.V. bleeding minimal. DRitchie
				Seen by Dr McLean To go home on antibiotics with return appointment next Tuesday to Clinic DRitchie

WARD 99. NAME MARY WATSON UNIT 623238 NUMBER

KEY
Ø DRUG REFUSED
A PATIENT ABSENT

DRUG RECORDING SHEET

REGULAR PRESCRIPTIONS

	2 a.m.	4 a.m.	6 a.m.	8 a.m.	10 a.m.	12 a.m.	2 p.m.	4 p.m.	6 p.m.	8 p.m.	10 p.m.	12 p.m.	Others
	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
8/12				D C	C 10.30		D E	5pm C	D		D E		
9/12				1			C D E						

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

WARD NAME UNIT NUMBER

KEY
Ⓓ DRUG REFUSED
A PATIENT ABSENT

DRUG RECORDING SHEET

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

2 a.m.	4 a.m.	6 a.m.	8 a.m.	10 a.m.	12 a.m.	2 p.m.	4 p.m.	6 p.m.	8 p.m.	10 p.m.	12 p.m.	Others
Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial

PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

	Date Commenced	DRUG (BLOCK LETTERS)	DOSE	METHOD OF ADMIN	TIMES OF ADMINISTRATION A.M. 2 4 6 8 10 12 / P.M. 2 4 6 8 10 12 Other Times	SIGNATURE	DISCONTINUED DATE	DISCONTINUED INITIALS
A	4/12/85	Cyclimorph 10	1ml	Inj	as req. for 24hrs			
B	05 12 85	~~MEFENAMIC ACID~~	~~500mg~~	~~O~~	6-8 hrly PRN			
C	7/12/85	MEFENAMIC ACID	500mg	O	6-8 HRLY PRN	K Wilson		
D	7/12/85	CEPHRADINE	500mg	O	✓ ✓ ✓ ✓	K. Wilson		
E	7/12/85	METRONIDAZOLE	400mg	O	✓ ✓ ✓	K. Wilson		
F								
G								
H								
I								
J								
K								
L								
M								
N								

URINE

DIAGNOSIS

OPERATIONS

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	DRUG (BLOCK LETTERS	DOSE	METHOD OF ADMIN	TIME OF ADMIN.	SIGNATURE	GIVEN BY INITIALS
4/12/85.	Cyclimorph 10	1ml	IM.	0.9[20]	MC Cutten.	AH
7/12/85.	VALIUM	10mg	IM	4.45pm	K. Wilson	KW

INTRAVENOUS FLUIDS

WARD	NAME OF PATIENT	AGE	UNIT NUMBER	CONSULTANT	DRUG SENSITIVITY 1.	2.
49	Mary Watson	31	623238	DR. MCLEAN	1. COTRIMOXAZOLE	

PATIENT CARE PLAN: **UNIT WEST I** NAME: MARY WATSON WARD: G9 DATE OF ADMISSION: 3/12/85

HOSPITAL: W.I.G. HOSPITAL NO.

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.
3/12	Self caring	
7/12	~~Bedrest — up to toilet only.~~	7/12.
	MOBILISATION	
3/12	Fully mobile	
7/12	Bed REST — up to toilet only.	8/12.
8/12	Mobilising as able.	
	DIET	
3/12	NORMAL	4.12.
4.12.	Fasting from 5am.	4.12.85
8.12.85	w.e.f.	
7/12	AS TOLERATED.	
	BLADDER & BOWEL CARE	
3/12	Supps x2. ✓	3/12
	SPECIAL NEEDS	
3/12	Abdo-Pubic prep. ✓	3/12
4.2.85	O2 thereby 4L/M for 1 hr. Discontinued	4.12.85

DATE COMM.	TECHNICAL CARE	DATE DISC.
7/12/85	Hot pack P.R.N	
7/12/85	FAN IN SITU to reduce temp.	
	OBSERVATIONS	
3/12	4HO TPR.	4/12
4.12.85	BP PULSE & RESPS 3/12 4/4	4.12.85
4.12.85	PV 4HRS	
4/12/85	TPR Daily.	4/12
7/12/85	4HO TPR	
7/12/85	~~4HBDBPaP~~ & PV hours.	
	WOUND CARE	
4.12.85	OBSERVE WOUND	
	SPECIMENS	**INVESTIGATIONS**
3/12	W.S.U.	
9/12	MSSU	

NAME Mary Watson

HOSPITAL No. W.I.G

AGE

PHYS/ SURG.

DEPT WARD GP9

RESUSCITATION AND BLOOD PRESSURE CHART

IN-PAT FORM 7

DIAGNOSIS:

SUGAR

URINE ALB.

Drugs before admission

DATE | TIME | 7/12 9AM 10 | 8/12 10 | 12 | 9/12 10

KEY B.P. | PULSE ~~~ RESP. XXX

240 230 220 210 200 190 180 170 160 150 140

BLOOD PRESSURE 130 120 110 100

PULSE RATE 90 80 70 60 50 40 30

RESPIRATION 20 10 0

INTAKE ml 368°

URINE ml

P.V. Bleeding med / Mod.

THERAPY

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

CLINICAL CHART

NAME MARY WATSON HOSPITAL W.I.G

WARD G9 HOSPITAL NUMBER

DATE	7/12/85				8/12/85				9/12/85					
TIMES	6	8	6	10	6	10	2	6	10	2	6	10		

TEMP °C (O–O)

40.0° 39.5° 39.0° 38.5° 38.0° 37.5° 37.0° 36.5° 36.0°

°F: 104 103 102 101 100 99 98

PULSE/min (●–●)

150 140 130 120 110 100 90 80 70 60 50 40

RESP/min (X–X)

30 20

BOWELS

WEIGHT

GREATER GLASGOW HEALTH BOARD

Patient's Name	Hospital No.	CONSENT FOR OPERATION
MARY WATSON		
Address	Sex	
	060354 ♀	
Dept./Wd.	Phy./Surg.	GRG Hospital
99	MCLEAN	

I MARY WATSON of

56 Clova Ave hereby consent to

*(undergo
~~the submission of my~~ *(child ward ~~to undergo~~)

the operation of Sterilisation - See Separate Consent form

the nature and purpose of which have been explained to me by

Dr./~~Mr.~~ O Batcheldor

I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes.

No assurance has been given to me that the operation will be performed by any particular practitioner.

Date 03.12.85 Signed Mary Watson
(Patient/~~Parent/Guardian~~) *

I confirm that I have explained the nature and purpose of this operation to the patient/parent/guardian.*

Date 03.12.85 Signed O Batcheldor
(Medical/~~Dental~~ Practitioner)

* DELETE AS APPROPRIATE

ANY DELETIONS, INSERTIONS OR AMENDMENTS TO THIS FORM MUST BE MADE BEFORE THE EXPLANATION IS GIVEN AND THE FORM SUBMITTED FOR SIGNATURE.

WESTERN INFIRMARY, GLASGOW, G11 6NT.
Telephone : 041-339 8822.

MARY WATSON
56 CLOAN AVE
DOB 060354

STERILIZATION

Your operation will usually be carried out by means of the laparoscope, an instrument which enables us to enter the abdomen through a tiny incision, and to block the Fallopian tubes either by the application of small silastic rings (our most common method) or clips or by thermocautery. In a few cases in whom the laparoscope is unsuitable, a small abdominal incision is employed.

Usually the operation necessitates a stay in Hospital of two days, and you should be fit for normal activity within a further few days.

The operation takes effect immediately but, as with any method of sterilization, either male or female, there is a very small failure rate, so that no absolute guarantee of sterility can be given.

.....

I have read the above and understand that there is no guarantee of sterility.

X Mary Watson
.....

Date 03 DEC 85

Witness: O'Halloran
.....

GREATER GLASGOW HEALTH BOARD

HOSPITAL RECOVERY ROOM & POST OPERATION FORM

WARD G9 THEATRE G9/10 SURGEON ..... DATE 4/12/85

SURNAME WATSON AGE 31 UNIT NO. .....

OTHER NAMES MARY

DIAGNOSIS .....

PROPOSED OPERATION LAP STER

CASE NOTES ✓	IDENTIFICATION BAND ✓
X-RAYS	DENTURES REMOVED
DRUG & NURSING KARDEX ✓	BED CAGE
	ORTHO. WEDGE
FLUID CHART	INFUSION STAND
PREMEDICATION Cyclimorph 10mg TIME 9am.	HEARING-AID
ANAESTHETIC AND OPERATION PERMISSION FORM COMPLETED ✓	

I CERTIFY THAT IDENTIFICATION AND DOCUMENTS ARE CORRECT ON LEAVING WARD

SISTER/CHARGE NURSE OR DEPUTIES SIGNATURES M. Simms

RECEPTION/THEATRE

PATIENT'S DOCUMENTATION AND IDENTIFICATION = CORRECT ✓

SISTER/CHARGE NURSE OR DEPUTIES SIGNATURES S. Addison

POST-OPERATIVE INSTRUCTIONS

OPERATION Lap. pw.

.....

DRAIN ..... NASO-GASTRIC TUBE .....

CATHETER ..... PACK .....

PATIENT POSITION .....

O_2 THERAPY 4 l/m. By Hood mask for 1 hours.

B.P. 1/6 HRLY. PULSE 1/6 HRLY.

POST OP SEDATION SEE KARDEX

DRUGS IN THEATRE .....

OTHER INSTRUCTIONS: Routine ward.

SURGEONS SIGNATURE Mary Lean

ANAESTHETIST'S SIGNATURE .....

SEE OVER FOR FLUIDS COLUMN

FLUIDS IN THEATRE.

TIME:	VOLUME	FLUID	ADDITIVES

)ST OPERATIVE FLUIDS.

TIME	VOLUME	FLUID	ADDITIVES

Signature .....

NAME MARY WATSON HOSPITAL No. W.I.C

AGE

PHYS/ SURG. DEPT WARD G9.

RESUSCITATION AND BLOOD PRESSURE CHART

IN-PAT FORM 7

DIAGNOSIS:

SUGAR

URINE ALB.

Drugs before admission

DATE 1.12.85

TIME 3.5cl o/a. ~~05~~ 10 10 20 11 11 35 11 12 30 12 12 30 44 1 1 2 3 4 6 8 10 2

KEY B.P. PULSE RESP. XXX

BLOOD PRESSURE

PULSE RATE

RESPIRATION

240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0

TILETTRE

CYCLIZINE/ORPH 10mg CN/IM

CYCLIZINE/ORPH 10 mg IM/IV 1-2 hrly

INTAKE ml

URINE ml

O2 therapy 4 l/m via ... 1 hr (12.00 hrs) Discontinued

PV LOSS

WOUND CHECK

NIL NIL NIL

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

CLINICAL CHART

NAME MARY WATSON HOSPITAL W.I.G.

WARD C.9 HOSPITAL NUMBER

DATE	3rd/12/85				4/12/85.																			
TIMES	9A	2	6	10	6	10	2	6	10	2	6													

TEMP °C (O–O): 40.0° 39.5° 39.0° 38.5° 38.0° 37.5° 37.0° 36.5° 36.0°

°F: 104 103 102 101 100 99 98

PULSE/min (●–●): 150 140 130 120 110 100 90 80 70 60 50 40

RESP/min (X–X): 30 20

BOWELS							
WEIGHT							

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

PROFESSOR W D GEORGE'S UNIT

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax :

Our ref : SS/SW/623238

Your ref :

8th March 1995

Please reply to : Mrs. Mary Watson
32 Kendoon Avenue
GLASGOW
G15 8AX

cc Dr Duffy
Drumchapel Health Centre
Kinfauns Drive
GLASGOW

Dear Mrs Watson

I write to inform you that your recent mammogram x-ray was reported as being normal.

Best wishes for now.

Yours sincerely

SHEILA STALLARD
STAFF GRADE SURGEON

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

PROFESSOR W D GEORGE'S BREAST CLINIC - 13.1.95

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No :

Our ref : SS/MJW/623238

Your ref :

Please reply to : Ext 2122

16 January 1995

Dr Duffy
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Duffy

MARY WATSON 32 KENDOON AVENUE GLASGOW DOB: 6.3.54

Mary attended for review again today.

She had complained about a lumpy area in her left breast and feels that this remains unchanged since her last appointment. This area has also been tender cyclically. She does not have periods as she has had a hysterectomy.

Examining her breasts, the left side was slightly lumpy but there were no discreet lesions to feel and no obvious abnormality. The right side felt normal, both axillae were normal.

I have arranged for her to have a mammogram x-ray and we will let you know the result of it as soon as we have it. I have said to her that if this is reported as normal that I don't think we would need to see her again at the Clinic but will keep you informed.

Best wishes for now.

Yours sincerely

SHEILA STALLARD
STAFF GRADE SURGEON

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

Our ref : PROFESSOR W D GEORGE'S BREAST CLINIC 10 10 94

Your ref : WDG/DR

Please reply to :

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No :

11 October 1994

Dr Duffy
Drumchapel Health Centre
Kinfauns Drive
GLASGOW
G15

Dear Dr Duffy

MARY WATSON DOB 6 3 54
32 KENDOON AVENUE GLASGOW HOSP NO 623238

Many thanks for your letter about Mary, and for kindly referring her along to the Breast Clinic.

As you say, she has recently complained of a lump in her left breast. Having said that, she thinks that it has disappeared again since she consulted you.

She gives a history of a simple breast cyst treated by aspiration in 1993. There is no family history of breast cancer.

The only other thing of significance in her history is the fact she had a hysterectomy for cervical carcinoma 2 years ago. She did not have her ovaries removed, and presumably therefore they are still functional.

On clinical examination today, I could not palpate any abnormality in either breast.

From her history it seems possible that what she has noticed is some ~~cyclical~~ nodularity, although it is difficult to be certain that it is cyclical in view of her previous hysterectomy. Having said that, and in the absence of any clinical abnormality today, I do not think we should ~~do anything~~ further at the moment. I have therefore asked Mary to keep an eye on things herself over the next 3 months to see if this lumpiness does tend to come and go. We will re-examine her in 3 months and I will of course write to you again then.

Kind regards

Yours sincerely

W D GEORGE
PROFESSOR OF SURGERY

Hospital use Only | Clinic DG | Day MON Date 10/10 | Time 2.30 | Hospital No. 623238 | GP112

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

CHI No.

Hospital WIL Date 27/9/94

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname WATSON Maiden Surname

First Names MARY Single/Married/Widowed/Other

Address 32 LONDON AVE Date of Birth 6/7/54

GLASGOW Patient's Occupation

Postal Code G15 8AX Contact telephone number

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

Name of Hospital WIL

Year of Attendance 94 Hospital No. 623238

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. MALACHY DUFFY
DRUMCHAPEL HEALTH CENTRE
80-90 KINFAUNS DRIVE
GLASGOW G15 7TS
Tel. 211 6120 or 6121
Practice No. 40205

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 Prof George. For the past few weeks Mrs has noticed a left breast lump in the upper outer quadrant. No FH of breast problems. Menarche age 14yo.

1991 Routine hysterectomy for cervical carcinoma. Slow post-operative wound problem since then.

1994 Ingrid Newlyn
(R) Breast + axillae NAD

Diagnosis/provisional diagnosis: Breast lump.

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 MD

355-210

MR P. O'DWYER'SCCLINIC SUBGICAL

POD/VK 623238

Mary Watson,
32 Kendoon Avenue,
Glasgow.

d.o.b.06.03.54

Date of Clinic: 21.1.94
Date of typing: 21.2.94

Dr Turner,
Drumchapel Health ~~Centre,~~
Kinfauns Drive,
Glasgow. G.15.

Dear Dr. Turner,

I reviewed Mary at Outpatient's today. Unfortunately, she has severe adominal pain. I discussed the possibility of subtotal colectomy to her. HHowever, in the first instance, I feel that it might be worthwhile having her assessed to get somepsychological support, as this may help and postpone her operation for a few more years.

I will get back to you after this.

Yours sincerely,

P. O'Dwyer,
Consultant Surgeon

GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

DEPARTMENT OF SURGERY WARDS G6/7

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Tel No 041-211 2000
Fax No 041-
Direct Line .....

Our Ref .....

Your Ref .....PJO'D/DR.....

Please reply to ....24 January 1994

Dr Nightingale
Clinical Psychologist
Lansdowne Clinic
Lansdowne Road
GLASGOW
G12

Dear Dr Nightingale

MARY WATSON DOB 6 3 54
32 KENDOON AVENUE GLASGOW HOSP NO 623238

I would be grateful if you could see this nice lady for me. Since she has had a radical hysterectomy for carcinoma of cervix 2 years ago, she complains of severe abdominal pain and difficulty with defaecation. She has been seen by Mr Iain Findlay at the Royal Infirmary for this and has confirmed slow-transit constipation.

I spoke to her at length at the clinic today, and she has come to the stage where she feels she cant go on with this abdominal pain. Mr Findlay had suggested that she have a sub-total colectomy and an ileo-rectal anastomosis for her constipation. My experience has been while operation tend to relieve the symptoms in the short-term, the long-term experience is more unsatisfactory.

I therefore suggested to her that alternative measures should be considered, and I would be grateful for any help you may be able to give in this area.

Yours sincerely

P J O'DWYER
CONSULTANT SURGEON

GREATER GLASGOW HEALTH BOARD

WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

DEPARTMENT OF SURGERY WARDS G6/7

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Tel No 041-211 2000
Fax No 041-
Direct Line .....

Our Ref .....

Your Ref .....DMACM/DR.....

Please reply to ....5 January 1993

Dr Turner
Drumchapel Health Centre
Kinfauns Drive
GLASGOW
G15

Dear Dr Turner

MARY WATSON DOB 6 3 54
32 KENDOON AVENUE GLASGOW HOSP NO 623238

Your patient was admitted on 10 December 1993 to the Western Infirmary as an emergency with a 3 day history of generalised lower abdominal pain. She gave a past history of a radical hysterectomy performed at Stobhill 2 years ago for cervical carcinoma, and of slow transit colon and overflow urinary incontinence since that operation. I gather she has been investigated by Mr Findlay in the Royal for this in the past and offered a colonic resection, but declined to have this operation.

On examination she was tender in her right iliac fossa with moderate guarding. A diagnosis of constipation and back pressure inflammation of the caecum was made. She was given enemas and gradually settled. She was prescribed regular Lactulose and was fit to be discharged on 13 December 1993, and will be reviewed at the clinic in the near future.

Yours sincerely

DOUGLAS MACMILLAN
SURGICAL SHO

xdvice...

Yours faithfully

Katherine Turner

Hospital use only | Clinic | Day Date | Time | Hospital No | GP112

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

Appointment Category: Routine [ ] Soon [ ] Urgent [✓]

Hospital: Western Infirmary Date: 8/1/92

Please arrange for this patient to attend the: Breast Surgical clinic of ~~Dr/Mr~~ Professor George

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: WATSON
First Names: MARY
Address: 32 KENDOON AVE GLASGOW IS
Postal Code: Contact telephone number:
Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital: Western Infirmary
Year of Attendance: 1991. Hospital No: 623238
If the patient's name and/or address has/have changed since then please give details:

Maiden Surname:
Single/Married/Widowed/Other:
Date of Birth: 6/3/54
Patient's Occupation:

Can patient attend at short notice? YES/NO
If YES, minimum notice required: ..... days

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER:

Dr KJ TURNER.
The Surgery
22 Merryton Avenue
Drumchapel
G15 7PU
041 944 4787
40205

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.

The above lady has noticed a small lump in the upper outer quadrant of her (L) breast. She has recently had a radical hysterectomy for stage 1B cancer of the cervix. Thankyou for seeing her.

Yours Sincerely

Katherine Tumer

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:

GREATER GLASGOW HEALTH BOARD

WLC ..... HOSPITAL

WHITE - General Practitioner
YELLOW - Medical Record
GREEN - Pharmacy

IMMEDIATE DISCHARGE LETTER

Date 13 / 12 / 93

Dear Dr. .....

Your Patient Mary Watson Date of Birth 2 / 3 / 56

Address 32 Kerrdoon Ave Glasgow G15

Hosp. Number 623238

Has been under the care of Mr O' Dwyer in Ward C6 and was

discharged on 13 / 12 / 93 with a diagnosis of:—

1. .....
2. .....
3. .....

A full discharge letter will follow. The patient has been discharged on the medication detailed below. The recommended duration of the treatment is shown from the date of discharge. A FIVE DAY supply HAS/HAS NOT* been dispensed by the Hospital. (*Delete as appropriate).

NOTE TO THE HOSPITAL PRESCRIBER:

1. USE A BIRO PEN AND PRESS FIRMLY.
2. State the number of days that the treatment is to continue from the date of discharge.
3. If the treatment is to be for an indefinite period write "INDEFINITE".
4. If treatment is to be intermittent or irregular give full details.

FOR PHARMACIST

Medicine	Form of Preparation (e.g. Tabs)	Dose	Frequency	Recommended Duration of Treatment from Date of Discharge (Days)	Quantity, Name & Strength Supplied by Pharmacy
Codamol 30/500	liquid	10ml	BD	5	1x100ml Nalp

Drug Sensitivities 1.
2.
3.

PHARMACIST .....
DATE 13 / 12 / 93

OTHER TREATMENT AND COMMENTS (Include Details of Appliances)

A follow-up appointment has been given. ☑

A follow-up appointment is not necessary ☐

DRs. NAME IN BLOCK CAPITALS JUDY MORRICE WARD G6

Yours sincerely .....

MEDICAL IN CONFIDENCE

GREATER GLASGOW HEALTH BOARD

CASE RECORD

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G516H	WESTERN INFIRMARY	WG1 623238B

DATE	TIME	TYPE	SOURCE	INPAT/DAYCASE	DATE ON W.L.	PATIENT CATEGORY
09/12/93	22:10	8 EM-OT	1 HOME	Inpatient		3 NHS

WARD	SPECIALTY	CONSULTANT
LEVEL 10 SURGICAL	GENERAL SURGERY	MR P O'DWYER

TITLE	SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
M	WATSON	MARY		39	06/03/1954		

ADDRESS

32 KENDOON AVE.,
GLASGOW

POSTCODE G15 8AX

TELEPHONE No.

ALT/PREV SURNAME
CUMMINGS

OCCUPATION
H/WIFE

OCCUPATION (HUSBAND/FATHER)

NAME

G.P. CODE MORGAN PRACTICE A

CONTRACT No. 2943024 40205|1

ADDRESS
80/90 KINFAUNS DRIVE
GLASGOW

TELEPHONE No. 211 6120/1 POSTCODE G15 7TS

NAME ELIZABETH WOODS RELATIONSHIP SISTER

ADDRESS
600 KINFAUNS DRIVE
GLASGOW

DAY PHONE No. NIGHT PHONE No.

AND / OR

NAME RELATIONSHIP

ADDRESS

DAY PHONE No. NIGHT PHONE No.

TEL 4284

VISIT REQ. BY CHAPLAIN YES/NO

PENSION BOOK No.

of Scotland

ARGE SUMMARY

	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE
GE S	HOSPITAL	CODE		WARD	SPECIALTY	CONSULTANT	CODE
DISCHARGED/ TRANSFERRED TO							

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS		
OTHER CONDITIONS (D.G,2)		
D.G,3)		
(D.G,4)		
(D.G,5)		
(D.G,6)		

	CODE	DATE
MAIN OPERATION		
OTHER OPERATION (O.P,2)		
(O.P,3)		
(O.P,4)		

LOCAL USE			NATIONAL USE	

GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

PROFESSOR W D GEORGE'S BREAST CLINIC 24 7 92

Our Ref .....

Your Ref .....DB/DR.....

If phoning ask for .....27 July 1992.....

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Tel. No: 041-339 8822

Dr Turner
22 Merryton Avenue
GLASGOW
G15

Dear Dr Turner

MARY WATSON DOB 6 3 54
32 KENDOON AVENUE GLASGOW HOSP NO 623238

This lady has failed to attend the Breast Clinic on 2 successive occasions. Mrs Watson originally attended the Clinic in January of this year with a cyst in the left breast and this was treated by aspiration. I assume that this lesion has not recurred and I have therefore not arranged any further review at the Breast Clinic.

Yours sincerely

DOUGLAS BROWN
RESEARCH FELLOW

Western Infirmary, Glasgow, G11 6NT Tel. 041-339 8822

PROFESSOR W D GEORGE'S BREAST CLINIC - 13.01.92

DM/SW/

14th January 1992

Dr K J Turner
22 merryton Avenue
GLASGOW
G15 7PU

Dear Dr Turner

MARY WATSON 32 KENDOON AVENUE GLASGOW D.O.B. 06.03.54

Thank you for referring this 37 year old lady, who has recently had a radical ~~mastectomy~~ wide excision for a carcinoma of the cervix. This was performed in September of last year, shortly after her discharge she noticed at a small lump had appeared in the lateral aspect of the left breast. She feels this to have got slightly bigger over the past three months.

On examination today, there was a small mobile 1cm diameter lump in the lateral aspect of the left breast. There was no other abnormality in either breast and no lymphadenopathy. I aspirated 1.5ml. of cloudy fluid from this lesion today after which the lump was no longer palpable.

I have reassured Mrs Watson completely today and plan merely to review her in 3 months' time.

Yours sincerely

DOUGLAS MACMILLAN
RESEARCH FELLOW

DNA sent again please
24/4/92
DNA
12/6/92 S/F

GREATER GLASGOW HEALTH BOARD

Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111

DIVISION OF OBSTETRICS AND GYNAECOLOGY
Dr D McKAY HART (Chairman)
Dr J.A. DAVIS (Secretary)
Dr C.A FORREST
Dr R.M STILL
Dr R A L. LOW

JAD/LJA

27 November 1991

623238

Dr Turner
24 Merryton Avenue
GLASGOW

Der Dr Turner

Mary Watson DOB 6 3 54 Unit No 494748
32 Kendoon Avenue Glasgow G15

Your patient, as you know, was referred to Stobhill Hospital with a view to radical hysterectomy for a stage 1B cervical tumour.

Radical hysterectomy with bilateral pelvic lymphadenectomy was performed on 30 September.

There were no particular problems with the procedure and Mary made a good recovery to be discharged on 10 October. She was not passing satisfactory amounts of urine at this time so she was discharged with a supra-pubic catheter in situ.

She was re-admitted a fortnight later for reassessment of urinary function and I am glad to report she was able to go home after two days the catheter having been removed.

Histology confirmed the presence of invasive squamous carcinoma but the lymph nodes were free of metastatic disease. She will be reviewed in my out patient clinic in due course.

Yours sincerely

J A Davis
Consultant

c.c. Dr K P Hanretty Senior Lecturer and Consultant Gynaecologist
Western Infirmary

Dr A McLean Senior Lecturer, Western Infirmary

Rec G9/10

Hospital use Only | Clinic: DR HANRETH | Day Wed Date 4/9/91 | Time 2.45. | Hospital No. 623238 (B)

APPT BY PHONE

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital ..... WESTERN INFIRMARY ..... Date 13.8.91

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname ..... WATSON ..... Maiden Surname .....
First Names ..... MARY ..... Single/Married/Widowed/Other
Address ..... 32 LONDON RD ..... Date of Birth ..... 6.3.54 .....
..... Patient's Occupation .....
Postal Code ..... G1 5 8 AX ..... Contact telephone number .....

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital ..... WESTERN INF .....
Year of Attendance ..... 1990 ..... Hospital No ..... 623238 .....
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. ANN MORGAN
22 MERRYTON AVENUE
GLASGOW G15 7PU
Tel: 944 4787 Code: 40205

Please use rubber stamp

Appt'mnt arranged by phone for 4.9.91 at 3pm

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:

Thank you for seeing this 37 year old P4+0 who gives a 2 month history of dyspareunia. No post coital bleeding although her periods are quite regular. On vaginal examination there does appear to be a firm nodule swelling on her cervix which bled easily when I took a smear. I wonder if she might have an early cervical Ca and am grateful to you for seeing her at short notice.

P.S. I have told Mrs Watson that she has a small polyp in her cervix.

Post 1973 ♀ Forceps B weight 3lb 4oz Premature labour 32/40
1974 ♀ SVD B W 6lbs T
1976 ♀ SVD B W 7lb 4oz T
1985 ♀ SVD B W 7lb 4oz T

Diagnosis/provisional diagnosis: ? cervical Ca E70
Sterilised 6 years ago

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

P.N 14 Admitted July '90 c Lower abd pain + vaginal bleeding
- no definite diagnosis made

Asthma - bronchial asymptomatic at present

GREATER GLASGOW HEALTH BOARD

Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111

DIVISION OF OBSTETRICS AND GYNAECOLOGY
Dr D. McKAY HART (Chairman)
Dr J.A. DAVIS (Secretary)
Dr C.A. FORREST
Dr R.M. STILL
Dr R A.L. LOW

MD/SH

Clinic: 6 12 91
Typed: 16 12 91

c.c. Dr Alan McLean
Senior Lecturer
Western Infirmary
Glasgow

G 23238

Dr Whitby
Merryton Avenue
Glasgow
G15

Dear Dr Whitby

Mary Watson, d.o.b. 6 3 54, Unit No 494748
32 Kendoon Avenue, Glasgow

Your patient returned to Dr Davis' clinic for review on 6 December following her radical hysterectomy and node dissection at the end of September 1991, for stage 1B cancer of the cervix. She is well with no evidence of disease recurrence. She is troubled by constipation and I think she would benefit from the use of a stool softner like Lactulose. She has not yet got the sensation back in her bladder and I re-assured her that this was common and normal and she can expect it to improve with time. At the moment she is being careful to empty her bladder on a regular three to four hourly basis.

Physically she seems very well. She has the usual emotional upheaval associated with this diagnosis and this sort of surgery. I was able to re-assure her on a lot of the worries that she expressed and we have arranged to review her in a further three months.

Yours sincerely

Miriam Deeny

File

M Deeny
Registrar to Dr J A Davis

DEPT OF GYNAECOLOGY - WESTERN INFIRMARY, GLASGOW
DR RICHARDS

MARY WATSON 623238

32 KENDOON AVE GLASGOW G15 6.3.55

5.7.90 8.7.90

AR/SO'C .

24 July 1990

Dr Turner
22 Merryton Ave
GLASGOW G15

Dear Dr Turner

Thank you for referring Mrs Watson who was admitted as an emergency on 5.7.90 with a history of lower abdominal pain and vaginal bleeding. Gynaecological examination demonstrated no abnormality apart from some cervical excitation tenderness. A clearview pregnancy test was negative. Pelvic ultrasound scan demonstrated a thin walled cyst of her right ovary (4cm in diameter). No other abnormality was detected. Antibiotics were commenced following which Mrs Watson made a satisfactory recovery and was discharged home on 8.7.90. The cause for her symptomatology was not established.

Yours sincerely

AMANDA RICHARDS
LOCUM CONSULTANT GYNAECOLOGIST

CARDIAC DEPARTMENT

ELECTROCARDIOGRAPHIC EXAMINATION **H**

REQUEST

NAME Mary Watson

HOSPITAL No.

AGE

SEX

PHYS/ SURG. SMITH

DEPT. WARD G3

Date 10/6/83

Previous E.C.G. No. N,

Relevant Clinical Findings

B.P.

DIGITALIS– YES ☐ NO ☐

Signature of requesting Dr. R. Scullion

REPORT

E.C.G. No. 1907183. Date 10.6.83.

Rate

Rhythm

P

P-R Interval

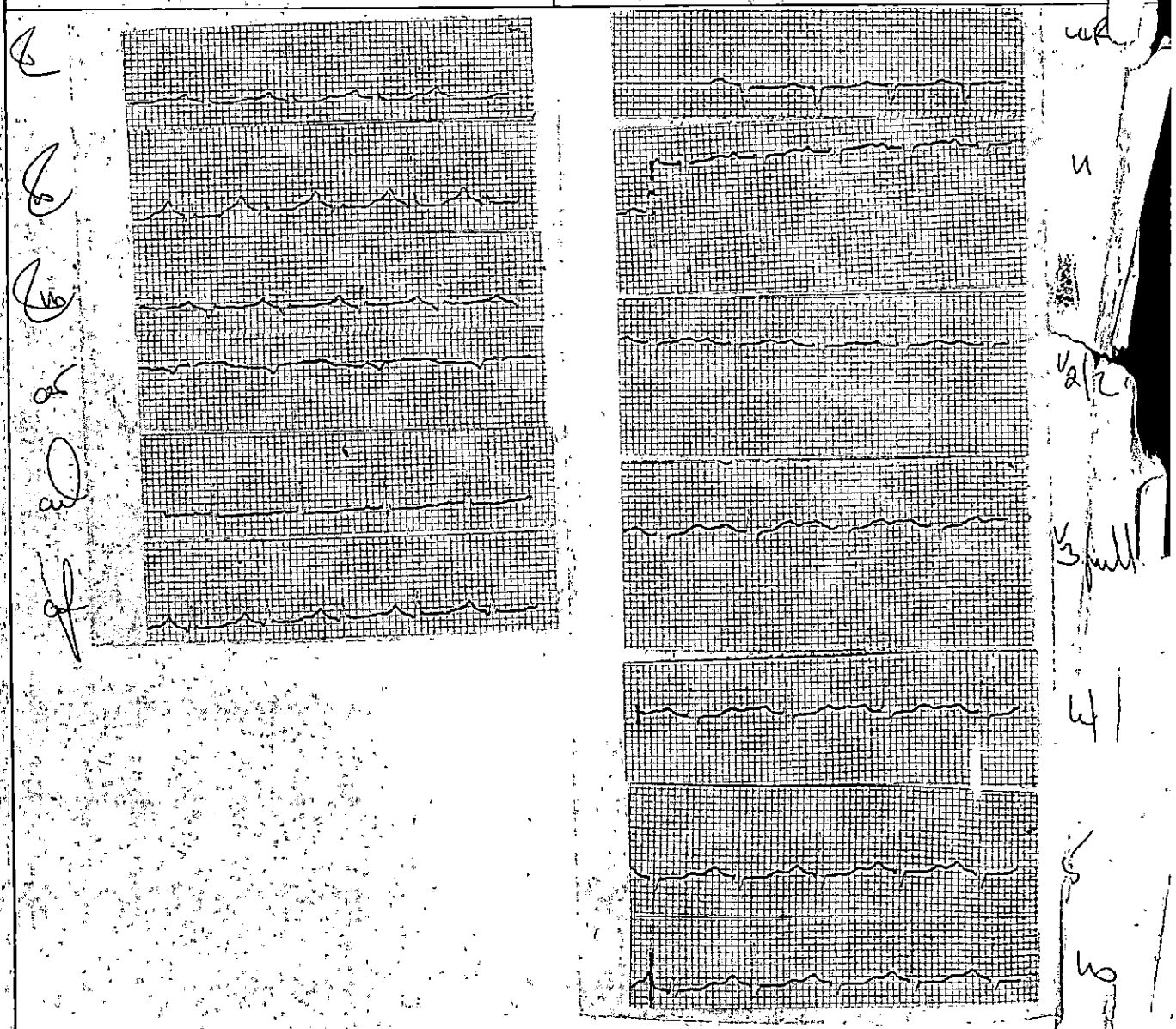
Q R S

ST

T

Comment

Signature



Adm 33.

B9033834 WATSON Mary AE: 760744

Prof Whitfield G9

CERVICAL SWAB X 2 5.7.90 13.7.90

Ordering G9

B9033284 WATSON Mary AE;760744

Prof Whitfield G9

Direct film; Occasional pus cells seen. No yeasts, trichomonas or Gram negative intracellular diplococci seen.

Culture yielded no significant growth.

R. ALCOCK

Checked by

SPECIMEN INVESTIGATION	DATE OF COLLECTION	DATE OF REPORT
CX Swab.	5.7.90	13.7.90

Hac

AEMA

BY No.

3rd

GREATER GLASGOW HEALTH BOARD WESTERN INFIRMARY BACTERIOLOGY

Lab No.: B9033323 Name: WATSON Mary Hosp. No.: (not stated)

Initialled as seen: Phys./Surg. Prof Whitfield Ward: G9

Blood film: No pus cells or organisms seen.

Faeces tested as passed

Checked by .....

SPECIMEN INVESTIGATION:	DATE OF COLLECTION:	DATE OF REPORT
MSSU	6.7.90	7.7.90

GREATER GLASGOW HEALTH BOARD — BACTERIOLOGY

Lab. No. B8568773 Name: WATSON, Mary Hosp. No. 623238

Admitted as seen: Phys./Surg. Dr McLean Ward G9

Direct Film: No pus cells or organisms seen.

Culture: No growth obtained

SPECIMEN (INVESTIGATION) — DATE OF COLLECTION — DATE

MSSU 9.12.85 10.12.85

UNIT WIG/GGH

DEPARTMENT OF HAEMATOLOGY

	SURNAME	FORENAME
[illegible] G/P [illegible] INF.	MASTIC	MARY

SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
F	06.03.56	29054C210	H,01210.0152.A

...ed by MRS A. MCLAREN

						E.S.R.		RETIC		GR.S.T.
NEUT	LYMPH	MONOS	EOSIN.	BASO.	MYELO	PRO. MYE.	BLAST	NUCL R.B.C.		OTHERS
5.63	2.72	0.50	0.16	0.04						
RBC X 10^{12}/L	Hgb g/dL	HCT L/L	MCV fL	MCH pg		RDW	PLAT X 10^{9}/L	DATE OF REPORT		TIME
								10-Dec-93		12:13
								RUN		
								6824		
4.33	13.4	0.381	90.3	31.0		13.9	266	DATE OF SAMPLE		TIME
								10-Dec-93		NK

UNIT WIG/GGH

DEPARTMENT OF HAEMATOLOGY

SURNAME	FORENAME
[illegible]	MARY

SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
F	06.03.51	Z933/6218	H.91210.0[illegible]

[illegible] cells are normochromic & [illegible] normocytic
[illegible]nilia and lymphocytosis
[illegible]ecent in the first instance

[illegible]ested by DR.P. CLARK

						E.S.R.		RETIC		G.F.S.T.
[illegible]TIAL	NEUT	LYMPH	MONOS	EOSIN.	BASO.	MYELO	PRO. MYE.	BLAST	NUCL R.B.C.	OTHERS
[illegible]⁹/L	3.90	4.02	0.41	0.18	0.03					

[illegible]C [illegible]⁹/L	RBC X 10¹²/L	Hgb g/dL	HCT L/L	MCV fL	MCH pg		RDW	PLAT X 10⁹/L	DATE OF REPORT 10-Dec-93	TIME 12:1[illegible]
									RUN 6824	
[illegible].5	4.07	12.3	0.367	90.2	30.2		13.6	262	DATE OF SAMPLE 10-Dec-93	TIME NK

[illegible]ROS
10
[illegible]SIK
[illegible]10
WI
K10
1

ERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

BLOOD TRANSFUSION

IN	FORENAMES Mary			
R own	WARD Ward 69/10	SEX F	HOSP No. 223238	D.O.B. 06-Mar-04
RHESUS POS	ADDRESS 32 KENDOON AVE., GLASGOW		HOSPITAL Western Infirmary	
MBER 14782.	ANTIBODY SCREEN			

PRODUCT CODE	DONOR GROUP	COMPATIBLE PACK NOS	USED TIME	USED DATE	PACK PUT UP BY	CHECKED BY	REACTION

"THIS BLOOD WILL BE DERESERVED" AT 9.00 am ON .....

D DATE ..... 09-Sep-91 DATE OF TEST ..... 09-Sep-91 AUTHORISED BY .....

ICROS

X10

-CHIN

X10

WE

X10

10.6 | 4.57 | 14.3 | .424 | 92.7 | 31.3 | ---

HB UNIT WEST 1

DEPARTMENT OF HAEMATOLOGY

	SURNAME		FORENAME	
PROF WHITFIELD	WATSON		MARY	
	SEX	DOB/AGE	HOSPITAL No.	LABORATORY No.
G9/10 WESTERN INF	F		Z9051504	00706/0095Q

F	NEUT	LYMPH	MONOS	EOSIN.	BASO.	AT. LYMPH	MYELO	PRO. MYE	BLAST	NUCL. R.B.C.
FF	NEUT	LYMPH		E.S.R.		RETIC	GF.S.T.			
		3.57								

	RBC	Hgb	HCT	MCV	MCH	RDW	PLAT	DATE OF SAMPLE	TIME
	X10¹²/L	g/dL	L/L	fL	pg		x10⁹/L	06/07/90	10:33
								RUN R3 PAGE OF 1	1
G	4.57	14.3	.424	92.7	31.3	13.5	282	DATE OF REPORT 06/07/90	TIME 12:[illegible]

FEMALE

13.2 - 18.3	11.7—16g%
4.5 - 6.5	3.9—5.6 x 10^6. mm^3
40 - 54	35—47%

G

G.G.H.B. WESTERN DISTRICT

Lab No. 62238

WATSON
MARY
4 BLACKCRAIG AVE
GLASGOW G15

6/3/56
F

Clinical Details (must be completed)

Test Date	Time	Examination Requested	Hospital	Ward	Previous Report
2/5	9.00	FBC	GGH	G9	YES NO

Received	Doctors Signature	Doctor in Charge	Address to which report to be sent
			G9

Am

WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL — PATHOLOGY

Lab. No.: P917352 Name: WATSON Mary Hosp. No.: 623238

Initialled as seen: Phys./Surg.: 6.3.54 Ward: G9 WIG

Endocervical Curettings.
Microscopy shows fragments of late secretory phase endometrium.
Cone Biopsy of Cervix
The specimen consists of a 32x30x8mm cone of cervix.
Microscopy shows an invasive poorly differentiated squamous carcinoma of cervix, which penetrates to a depth of 11mm, showing a mainly basaloid appearance. There is extensive infiltration of thin walled vascular channels by tumour. There is CIN III of the adjacent surface epithelium. The ectocervical, endocervical and deep resection margins are free from tumour.

18

M Burgoyne

SNOP 83 8073; S

Thurs 7B
PR 2p

SPECIMEN	DATE OF OPERATION	DATE OF REPORT
Endocervical curettings Cone biopsy of cervix	9.9.91	11.9.91

WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL **PATHOLOGY**

Lab. No.: P917247 Name: WATSON Mary 6.3.54 Hosp. No.: 623238/B

Initialled as seen: Phys./Surgr: McLean Ward G9 WIG

Punch Biopsy of Cervix

Microscopy shows extensive CIN III which extends into endocervical glands. In addition there are a few small foci highly suspicious of invasive malignancy in which the cells have large eosinophilic cytoplasm and there is focal keratin production.

M Burgoyne

18
SNOP 83 3140 7600;A

SPECIMEN	DATE OF OPERATION	DATE OF REPORT
Punch Biopsy of Cervix	4.9.91	9.9.91

F/1

WATSON MARY (6
W1G LIVMED.
06/03/54

ODWYER
658897X
09/12/93
23:15

Reported: 13/12/93
12:00

RESULTS		CONSTITUENT
		Sodium
139		135-144 mmol/l
		Potassium
3.9		3.5-5.1 mmol/l
		Chloride
		97-108 mmol/l
		Total CO_2
		22-32 mmol/l
		Urea
3.3		2.5-7.5 mmol/l *
		Creatinine
68		60-110 μmol/l *
		Serum Osmolality
		275-295 mmol/kg
		Urine Osmolality
		mmol/kg
		Calcium
		2.20-2.65 mmol/l
		'Corrected' Calcium
		2.16-2.53 mmol/l
		Phosphate
		0.8-1.45 mmol/l
		Total Protein
		60-77 g/l
		Albumin
		36-50 g/l
		Bilirubin
		3-18 μmol/l
		Alkaline Phosphatase
		70-260 U/l *
		Gamma G.T.
		5-50 U/l
		AST
		10-35 U/l
		ALT
		10-50 U/l
		Total CK
		10-171 U/l
		CK-MB
		Ratio
		Glucose
		2.80-6.0 mmol/l
		Urate
		0.10-0.42 mmol/l *
		Amylase
136		70-300 U/l

*Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (334-8122 Ext. 6355) MP 7/93

LINE

BIOCHEMISTRY REPO

VK

423

WATSON MARY
WIG L10 ~~SURG~~
NO HOSPITAL NO GIVEN
NOTSTATED 06/0
600 R
05/07/90
21.20

RESULTS	XXXXXXX XXXXXXX	
146	HIGH	Sodi 135-
		Pota
4.6		3.5-5
		Chlo
		97-1
		Tota
		22-3
		Urea
2.9		2.5-7
		Crea
		60-1
		Seru
		275-
		Urin
		mmo
		Calc
		2.20
		'Cor
		2.16-
		Phos
		0.8-
		Tota
		60-7
		Albu
		36-5
		Bilir
		3-18
		Alka
		35-1
		Gam
		5-50
		AST
		10-3
		ALT
		10-5
		Tota
		10-1
		CK -
		< 6%
		Gluc
5.4		2.80
		Urat
		0.10-
		Amy
85		70-3

*Reference ranges for these assays
age and sex dependence.
Further information may be obtaine
Duty Biochemist (334-8122 Ext. 464

DO NOT STICK BELOW THIS LINE

BIOCHEMISTRY REPORT — GARTNAVEL GENERAL HOSPITAL

CONSULTANT	WHITFIELD	SURNAME	WATSON	HOSPITAL NUMBER	
HOSPITAL	WIG WARD G9	FORENAME	MARY	DATE OF BIRTH	
DATE	05/07/90 TIME WITHDRAWN 00.00	LABORATORY NUMBER	G480A	SEX	F

S E R U M

Date Time Withdrawn	AFP ku /l	HCG u /l	(1st IRP from 11/7/88)
05/07/90 00.00		<2	

ATTENTION BIOCHEMIST

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

X-RAY W.I.G.

95018803 M 03/03/95 XR 0070302
623238

WATSON, Mary 41Y F WD, GEORGE WOPBS

32 KENDOON AVE , , GLASGOW, G15 8AY

BILATERAL MAMMOGRAM

No abnormality seen in either breast.

*DR G STENHOUSE/RB 06/03/95

WEST GLASGOW HOSPITAL UNIVERSITY NHS TRUST
RADIOLOGY DEPARTMENT

06/03/95 - BILATERAL MAMM

6th

5th

4th

WESTERN INFIRMARY, GLASGOW, G11 6NT — RADIOLOGICAL DEPT.

WATSON,M. DOB. 06/03/54 623238, O/00
HI/P: Films 09/12/93 Dict.21/12/93 Typed 1?/01/94

CHEST - The heart is not enlarged. Lung fields are clear.

ABDOMEN (E & S) - Multiple clips in the pelvis from previous surgery. There is some faecal loading of the large bowel. No other significant abnormality demonstrated.

[END] vo
H IRELAND

Mary
WATSON

XXXXX 623238
O/00

O/P ~~105~~ WIG
Mr O'Dwyer OP 21.1 224

ABDOMEN, CHEST

09/12/93

0093550

3rd

WESTERN INFIRMARY 2/7 JK RADIOLOGICAL DEPT.

WATSON,M. DOB. 04/03/54 -23E38, [illegible]
PBA AHC Films 06/7/90 Dict.06/07/90 T.pad ...0" 6u

ABDOMEN; No evidence of obstruction or perforation.

[END]
F G.ADAMS

	UNIT No.		X-RAY No
Mary	XXXX	i/P	623238
WATSON	69	WIB	0/00

REGION EXAMINED	DATE	INITIALLED AS SEEN
ABDOMEN	06/07/90	

ERN INFIRMARY, GLASGOW, G11 6NT | RADIOLOGICAL DEPT.

ULTRASONIC REPORT

GA

Normal sized empty uterus.
Normal endometrium.

There is a thin walled cyst lying above the fundus to the (R) side of the midline. (5cms x 4 cms). No debris present in the cyst.

No free intraperitoneal fluid

Morley

UNIT No. X-RAY No.

WATSON Mary G9

REGION EXAMINED DATE INITIALLED AS SEEN

Pelvis/RUQ 6.7.90

PH/952 9944

Cholecystogram. 21. 1.81

...H BOARD

WESTERN INFIRMARY

BREAST CLINIC

623238/B
WATSON MARY
32 KENDOON AVE., F
GLASGOW M
06/03/54
G15 8AX G.P.Prac.40205

SURG. PROF. GEORGE WARD

DATE: 10/10/94
G.P.: DUFFY
ADDRESS: D'CHAPEL HC
REFERRED BY: GP

Please CIRCLE the appropriate number

SYMPTOM: 1 Lump
2 Pain: Shooting Central
3 Discharge Type ____
Site ____
4 Other (specify) ____
Duration for ABA

SIDE: 1 Right
2 Both
3 Left

AGE: 40
LMP: ____

RISK FACTORS: Prev. Hist. Hysterectomy for CIS in 1991
Fam. Hist. nil

Parity 4+0
Breast Feed no
Use of OCP ____

Age at Menarche 14
Age at Menopause post Hysterectomy
Age at 1st Preg 17

0 None
1 Current
2 Previous

MEDICAL HISTORY: Hysterectomy for Cervical Ca in 1991.

EXAMINATION:

If LUMP present specify: SIZE ____ cms.

1 Multiple lumps, No. ____
2 Enlarged nodes
3 Nipple retraction
4 Deep fixation
5 Skin fixation/ulceration

CLINICAL IMPRESSION:

1 Benign
2 Unsure
3 Malignant

INVESTIGATIONS REQUESTED:

0 None
1 Mammography
2 FNA
3 Cyst asp. CYTO.
4 Tru-cut
5 Smear
6 Other (spec ____

RESULTS:

FNA:

R.	L.	
1	1	BENIGN/NAD
2	2	Suspicious
3	3	MALIGNANT
4	4	Inadequate

MAMMOGRAMS:

R.	L.
1	1
2	2
3	3
4	4

DIAGNOSIS:

1 NORMAL
2 Cyst
3 Fibroadenoma
4 Fibroadenosis
5 Duct Ectasia
6 Fat Necrosis
7 CANCER
8 Other

OUTCOME:

1 Discharged
2 Review ____ mths.
3 Operation
4 Drug Treatment

WEST OF SCOTLAND HOSPITALS UNIVERSITY NHS TRUST

623238/B
WATSON MARY
32 KENDOON AVE., F
GLASGOW M
06/03/54
G15 8AX G.P.Prac.40205

OUT PATIENT
HISTORY

DATE	
10/10/96	Prof George
13/1/96	Prof George

GRH

NAME MARY HUTSON | HOSPITAL No. | AGE | PHYS/SURG MR O'DWYER | DEPT. WARD L10S

IN-PAT. FORM 3

IN PATIENT CONTINUATION HISTORY

DATE

9/12/93 (Cont.)

CNS, grossly intact.

Summary 39 yrs old ♀

Hx of Cervical Ca → Hysterectomy 2 yrs ago

Since then pain damage

a) being investigated at GRI - offered operation declined. → a) Bowel constipation
Micolax enema's PR

b) Hx of Bladder fullness
Sensation → Abdo pressure
→ Urination.

3/7 Hx of Perineal Coloring Abdo pain
"Bunny sensation" now in RIF.
+ "like toothache"

O/E - Tender in RIF PR - Hard faeces
N.L else. FOB -ve.

Needs U+E's, Coeliac Profile.
Erect + Supine AXR.
? Bowel obstruction
? Appendicitis

(JMO)

HISTORY
(Use other side first)

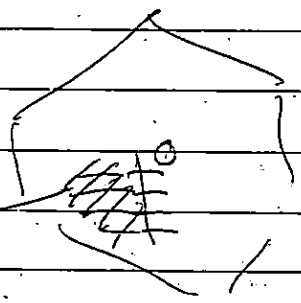
Date

1/12/93 3 day Hx generalised lower abdo pain
coarse ↓ RIF.
dull + constant
Ø nausea / vomiting
appetite (N)
bowel habit constipated as (N)

PMH - Radical hysterectomy Stockholm 2 yrs ago
for cervical ca.
Slow breast care + overlap
using scalpel sutures
Investigated ? ? fistula GPI and
offered bowel op - refused

O/E PA PS looks well.

Abdo



Tender ++ right
peripheral
moderate guarding
Ø rebound
+ve Rovsings rest of abdo Soft
Ø masses
BS ✓ (N)
PR (N) FOB -ve.

Imp/ ? diverticulitis
? appendicitis

WCC 13.5
Hb 12.3
Plat. 260
Na 139
K 3.9
Urea 3.3
Creat 68
Amylase 136

Dip + NBI reviews am

NAME [illegible] HOSPITAL

[illegible] No

AGE

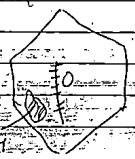
PHYS/ SURG. DEPT. WARD

IN-PAT FORM 3

IN PATIENT
CONTINUATION HISTORY

DATE	
9/12/93	W/R Mr Dwyer
	For enema + T/F to C6:
	WC ~~Hb~~ 9.0
	Hb ~~WC~~ 13.4
	Plat 266
	J Hamilton (SHO)
10/12/93	Transferred to G6. Stable.
	~~For to~~ W/R Mr O'Dwyer -> for lactulose + repeated enemas
	J Moore (RMO)
21/1/94	[illegible]

DATE	CLINICAL NOTES
	DH/ nil except enemas - when ever reads micolax. Allergy - SEPTRIN.
	SH/ Smoke - 10-20 / day Alcohol - nil - lives with daughters (?) all well
	Systems enquiry - CVS, °Chest pain °Palpitations Breathless + wheeze if climb / flight of stairs °ankle oedema
	RESP Cough - dry °Sputum °Haemoptysis
	GIT Sa. IC GUS, Bladder doesn't work properly doesn't have sensation of need to pass urine. problems on Abdominal examination °dysuria °haematuria.
	CNS/ Dizziness °faint Weakness of limbs ? Paresthesia of (R) hand for 2 wks ago now settled
	°/E Limbs OK TEMP 37.2 °Jaundice °cyanosis °clubbing °Signs of anaemia
	CVS, Pulse 100. BP 130/80 HS I + II + 0 JVP → °ankle oedema
	Resp Trachea ↓ RN (R) = (L) = resonant BS vesicular °added sounds
Neuro	Eyes °Lymph °Pallor °Jaundice °Sclera PR - hard faeces FOB -ve °tenderness
Cvrem	
Locomotor	



ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 944891

HOSPITAL CODE 6 S16H

SURNAME: WATSON	FORENAMES: MARY			BIRTH SURNAME: CUMMINGS	
ADDRESS: 39 KENDOON AVE GLASGOW				PATIENT'S OWN OCCUPATION: H/WIFE	
POSTCODE: G15	TELEPHONE No.: 9447780	DATE OF BIRTH: 6/3/54	SEX: 2	MARITAL STATUS: 8	RELIGION: CS
NEXT OF KIN: NAME: ELIZ WOODS	RELATIONSHIP: SISTER			FAMILY DOCTOR: SURNAME: TURNER	INITIALS
ADDRESS: 600 KINGAUNS DR GLASGOW				ADDRESS: DRUMCHAPEL H/C	
POSTCODE: G.S	TELEPHONE No.: 944 4284			POSTCODE: G15	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
9/12/93	YES		

TIME OF ATTENDANCE	REASON FOR ATTENDANCE		
20.10	SURGICAL CONDITION.		

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
9/12/93		8	GP J LETTER - A&E SELF POLICE OTHER (CODE)

ROAD TRAFFIC ACCIDENT PLACE | DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor

The above-named patient attended Accident & Emergency Department today.

Diagnosis: ? Large Bowel obstruction - Constipation
? Appendicitis

X-Ray Film/ECG shows:

Treatment given: Admit

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. 1st Course ____ TT Booster ____ HAT ____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle
1. Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge
2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
L10S		O'DWYER.

Follow Up: Not arranged ____ Arranged ____ To be arranged ____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	Others Specify

Medical Officers Name (In Block Letters): B S MEHTA

Signature of Medical Officer:

Cons SR Reg SHO/JHO Clin Assist (please circle)

X-Ray & Other Reports to be filed on this side (if the patient ot being admitted)

T 37 P 100 R BP 150

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY

CONSULTANT REG/SHO JHO

SEEN BY C. S. MEHTA (IHO) AT (TIME) 10-25 pm

KEY TO CLINICAL NOTES
1 - HISTORY OF
2 - ON EXAMINATION
3 - X-RAY FINDINGS
4 - TREATMENT GIVEN
5 - DISPOSAL
6 - NAME OF MEDICAL OFFICER

CLINICAL NOTES

DATE 9.10.93 39 ♀

Presenting Complaint - 3 day Hx of "burning sensation" pain and central ache began slowly and has been getting worse

Now → Sick

Abdominal distention - this has been happening

Radical hysterectomy for Cervical Carcinoma since operation 2 years ago. "Intestine sometimes get inflamed"

GPI ♀ ? To have a colon operation and decided not to ♀ due to damage to nerve to colon. Appetite normally poor.

Pain worse after eats ~15 minutes later.

N+V effected by position.

°Nausea °vomiting

°Heartburn °Hx of ulcer. °Melena °Bleed PR

°Diarrhoea. last bowel movement this am - Uses enemas to make them move

Poly Cervical Ca - op 2 years ago

Asthma - not suffered for 1 year had for 4 years before that

Ovarian cyst - query in past

DR DAVIS STOKHILL - cled in PCA. HTN post op. only

°DM °PUD °Epilepsy °JH °Jaundice °Hx of IHD °TB

Dr. Katherine J. Turner
Dr. Malachy Duffy
Dr. Sydney Whitby
Dr. Anne Morgan

Drumchapel Health Centre
80–90 Kinfauns Drive
Glasgow G15 7TS
Tel: 041–211 6120
or 041–211 6121

9/12/93

Re May Watson
32 Kendoon Ave
Glasgow 15.
DOB: 6/3/54.

Dear Receiving Surgeon,

Thankyou for seeing the above lady who has had lower abdominal pain for 72hrs On examination she is markedly tender in her RIF. She has a history of a radical hysterectomy for carcinoma of the cervix 2years ago and has had constipation since this surgery.
I would value your opinion and advice
Yours faithfully, Katherine Turner

SI PST 10/90

HOSPITAL PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A																
	B																
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	10/12/93	LACTULOSE	10ml-15ml	O	✓			✓							Shamima			
	JH/12/93	Co-proxamol	2 tabs	O				4-6 hrly	PRN	Max 8/24h					SHA			
	K 12/12/93	Codan Warmer	5-10ml/s	O	✓													
	L																	
	M																	
	N																	
	O																	
	P																	
	R																	
	S																	
	T																	
	V																	

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

DIET

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
					623238	

KNOWN ALLERGIES 1.

GREATER GLASGOW HEALTH BOARD

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
10/12	Initial	Initial	Initial	Initial	Initial	Initial	H	#1	Initial	Initial	
11/12	H	LN		Not reg given (H)	LN			H			
12/12	H	MP		H				H			
13/12	H K	TC									

NAME

UNIT NUMBER

WARD L10S

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. X = PATIENT ABSENT

PATIENT NURSING HISTORY

DATE OF ADMISSION 18-12-93

PATIENTS NAME MARY WATSON

ADDRESS 32 KIERSDOON AV.

GLASGOW G75

TELEPHONE NO. 944 4284.

DATE OF BIRTH 6-3-54 AGE 39 YRS

RELIGION NONE

NEXT OF KIN (1) ELIZ WOODS (SISTER)

ADDRESS 600 KINFAUNS DR.

TELEPHONE NO.

RELATIVES NOTIFIED OF ADMISSION YES

PATIENT SPOKEN TO BY CONSULTANT

RELATIVES SPOKEN TO BY CONSULTANT

TIME 12.10 AM WARD 41OS.

HOSPITAL WIG.

CONSULTANT MR. O'DWYER.

HOSPITAL NO. 623238

G.P. DR TURNER DRUMCHAPEL H/C.

TELEPHONE NO.

OCCUPATION UNEMPLOYED.

SACRAMENTS OF THE SICK

NEXT OF KIN (2) HUSBAND

ADDRESS AS A

TELEPHONE NO. 9444 4284

CLOTHING LISTED ✓

PATIENTS OWN DRUGS

SOCIAL CIRCUMSTANCES LIVES IN UPPER FLAT WITH HUSBAND + 4 DAUGHTERS.

REASON FOR ADMISSION ? BOWEL OBSTRUCTION - 3 DAY HX ARO PAIN

PATIENTS PERCEPTION OF ILLNESS ABDOMINAL PAIN

DIAGNOSIS/OPERATION

OTHER HEALTH PROBLEMS CERVICAL CA - HYSTERECTOMY (2 yrs) BOWEL PROBLEMS AFTER OP ↗ SO USES MICROLAX ENEMAS DAILY.

ALLERGIES SEPTRIN

MAINTAINING A SAFE ENVIRONMENT ALERT TO ORIENTATED.

NUTRITION NORMAL + HIGH FIBRE.

ELIMINATION (BOWEL) - REQUIRES MICROLAX ENEMA'S DAILY
ABDOMEN HAS TO BE PRESSED TO ENABLE TO PASS URINE

HYGIENE SHOWERS DAILY.

SLEEP NO PROBLEMS

MOBILITY NO PROBLEMS

SENSES INTACT.

BREATHING

OTHER RELEVANT INFORMATION SMOKES

DISCHARGE PLANNING: HOME HELP ☐ COMMUNITY NURSE ☐ AMBULANCE ☐

DRESSINGS ☐ CASHIER ☐ MEDICATION ☒ APPOINTMENT ☐

TICK (√) WHEN ARRANGED

OBSERVATIONS ON ADMISSION

TEMPERATURE 36.4 PULSE 78. RESPIRATIONS

BLOOD PRESSURE 110/68. HEIGHT WEIGHT

URINALYSIS

SIGNATURE OF ADMITTING NURSE R. Hubbard

NAME: Mary Watson DATE OF ADMISSION:

HOSPITAL: WIG HOSPITAL NO:

DATE	PATIENT PROGRESS REPORT	SIGNATURE
10/12/93	Transferred from ward 10 Surgical S/B Mr O'Dwyer Comm Lactulose. Arachis oil enema followed by Phosphate enema Venflon removed.	Campbell L. Nat
11.12.93	Case as Hon. Repeat enemas this AM c good result. Probably home tomorrow. Complaining of pain radiating from (R) groin up (R) hypochondria region.	L. Nat M Palmer Clarke
12/12/93	Slept well. Settled morning commenced on codanthramer	M Palmer
	No bowel action today	L. Nat.
13/12/93	Bowels moved. Slept well. Home 4/52 OPA - Drugs Patient went without drugs.	Clarke L. Nat

NAME: MARY WATSON WARD: CIC 2 DATE:

HOSPITAL: WIB HOSPITAL NO.:

DATE	PROBLEM	AIM	EVALUATION DATE	PATIENT PROGRESS REPORT — PLEASE SIGN + DATE EACH ENTRY
			10.12.93	Admitted from A/E & board obstetrics Receiving on admission 110/68 P 88 T 36° FASTED.
				IV in situ PP P HURBURT
			10.12.93	SUTURES SINCE A ONLOSSION HARM J Campbell
			AM	c/s Mrs O'Dwyer. IV drip, can have drinks for transfer to 96 when bed available
			11/12/93	Good result from enema. Settled and slept well. Chamba

PATIENT CARE PLAN:

NAME: MARY WATSON

WARD: L10S. C6

DATE OF ADMISSION: 4-12-93

HOSPITAL: WIG

HOSPITAL NO.

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.
10/12/93	Independant - bath as able	
	MOBILISATION	
10/12/93	Up as pain able	
	DIET	
10/12/93	FAST	10/12
10/12	Free plenty a light diet.	
	BLADDER & BOWEL CARE	
10/12/93	USE OF COMMODE IF REQUIRED	10/12
10/12	Independant	
11/12	Gravis on followed by Hospitate enema.	
	SPECIAL NEEDS	

DATE COMM.	TECHNICAL CARE	DATE DISC.
10/12	Care of Ventilator	10/12
10/12	Care of IV regime	10/12
	OBSERVATIONS	
10/12/93	4° TPR.	10/12
10/12/93	4° SP.	10/12
10/12	BP daily a 10am	10/12
10/12	Accurate Fluid balance.	
10/12	Daily Temp & pulse.	
	WOUND CARE	

SPECIMENS	INVESTIGATIONS
10/12/93 MSU	

TIME	INTAKE				OUTPUT				
	PARENTERAL		Oral/ Nasogastric	Oral/NG Running Total	URINE	Urine Running Total	SECRETIONS		
	TYPE	AMOUNT					Vomit/ NG ASP	Wound Drain	
08-09									
09-10									
10-									
11-									
12-									
1 p.m.									
2-									
3-									
4-									
5-									
6-									
7-									
8-									
9-									
10-									
11-									
12-			CONTINUED						
1 a.m.									
2-									
3-									
4-									
5-									
6-									
07-08	IVF D5R	500	500	500					
TOTALS					NONE				
	TOTAL INTAKE	1000	ml		TOTAL OUTPUT				ml

NAME	MARY WATSON		
HOSPITAL NO.	9-12 93		
BALANCE		NEG	POS

ml

GREATER GLASGOW HEALTH BOARD

IN PAT. FORM 6

FIRST SII

NAME	HOSPITAL No.
	AGE
	SEX
PHYS.	DEPT.
SURG.	WARD

24 HR FLUID BALANCE AND PRESCRIPTION SHEET

DATE FROM

FLUID	Amount	Time to run	ADDED DRUGS	Doctor's Signature	Added by	Time began	Put up by	Serial or Batch No.
N. Saline 0.9%	500	4h				1-45 p.m.	R	
Dextrose 5%	500	4h	KCl 20 mmol.					
Dextrose 5%	500	4h						

TIME	INTAKE				OUTPUT					
	PARENTERAL		Oral/ Nasogastric	Oral/NG Running Total	URINE	Urine Running Total	SECRETIONS			
	TYPE	AMOUNT					Vomit/ NG ASP	Wound Drain		
08-09 1										
09-10 2										
10- 3										
11- 4										
12- 5										
1 p.m. 6										
2- 7										
3- 8										
4- 9										
5- 10										
6- 11										
7- 12										
8- 1										
9- 2										
10- 3			150	150						
11- 4			150	300						
12- 5										
1 a.m. 6			300	600	100	100				
2- 7										
3- 8			200	800						
4- 9										
5- 10			150	950	200	300				
6- 11										
07-08 12										
1										
TOTALS										
			TOTAL INTAKE ml		TOTAL OUTPUT					

NAME Mary Watson.
HOSPITAL NO. 10/12/93. G6.

BALANCE	NEG	POS

ml

TIME	INTAKE 950				300 OUTPUT					
	PARENTERAL		Oral/ Nasogastric	Oral/NG Running Total	URINE	Urine Running Total	SECRETIONS			
	TYPE	AMOUNT					Vomit/ NG ASP	Wound Drain		
08-09 1										
09-10 2										
10- 3										
11- 4					250	250				
12- 5										
1 p.m. 6			100	100						
2- 7			150	250						
3- 8										
4- 9										
5- 10			150	400	100	350				arachis + prospirate - Smear result
6- 11										
7- 12			NIL	900						
8- 1										
9- 2										
10- 3			Asleep.	900						
11- 4										
12- 5			200	1100						
1 a.m. 6			150	1250						
2- 7										
3- 8										
4- 9										
5- 10										
6- 11										
07-08 12										
TOTALS										
			TOTAL INTAKE	ml	TOTAL OUTPUT					ml

NAME 11/12/93 (11)
HOSPITAL NO. Mary Watson

BALANCE	NEG	POS

ml

GREATER GLASGOW HEALTH BOARD

CLINICAL CHART

NAME MARY WATSON HOSPITAL WIC

WARD L10S HOSPITAL NUMBER

DATE 10/12/93

TIMES 0 6 10 2 6 12 3

40.0°
39.5°
39.0°
TEMP °C
38.5°
O–O
38.0°
37.5°
37.0°
36.5°
36.0°

150
140
PULSE/min
130
● – ●
120
110
MIN
100
90
80
70
60
50
40
RESP/min
30
X–X
20

BOWELS

WEIGHT

GRH

GREATER GLASGOW HEALTH BOARD — WESTERN INFIRMARY

BREAST CLINIC

NAM — HOSPITAL
623238/B
WATSON MARY
32 KENDOON AVE., F
PHY GLASGOW M
SUF 06/03/54
G15 8AX G.P.Prac.40205

DATE: 13/1/92
G.P.: TURNER
ADDRESS: 22 MELROY TON AVE GLASGOW
REFERRED BY: G P

Please CIRCLE the appropriate number

SYMPTOM: (1) Lump
2 Pain: —
3 Discharge Type —
Site —
4 Other (specify) —
Duration 3 months.

SITE: 1 Right
2 Both
(3) Left

AGE: 37
LMP: —

RISK FACTORS: Prev. Hist. —
Fam. Hist. —

Parity 4
Breast Feed —
Use of OCP —

Age at Menarche 13
Age at Menopause —
Age at 1st Preg 19.

0 None
1 Current
(2) Previous

MEDICAL HISTORY:

Sept 91 Radical hysterectomy & cervix.

EXAMINATION:

if LUMP present specify: SIZE 1 cms.

1 Multiple lumps, No. —
2 Enlarged nodes
3 Nipple retraction
4 Deep fixation
5 Skin fixation/ulceration

CLINICAL IMPRESSION:

(1) Benign
2 Unsure
3 Malignant

INVESTIGATIONS REQUESTED:

0 None
1 Mammography
2 FNA
(3) Cyst asp. CYTO.
4 Tru-cut
5 Smear
6 Other (specify) —

RESULTS:

	FNA: R.	FNA: L.		MAMMOGRAMS: R.	MAMMOGRAMS: L.
1	1	1	BENIGN/NAD	1	1
2	2	2	Suspicious	2	2
3	3	3	MALIGNANT	3	3
4	4	4	Inadequate	4	4

DIAGNOSIS:

1 NORMAL
(2) Cyst
3 Fibroadenoma
4 Fibroadenosis
5 Duct Ectasia
6 Fat Necrosis
7 ~~CANCER~~
8 Other

OUTCOME:

1 Discharged
2 Review 3 nths.
3 Operation
4 Drug Treatment

CLINICIAN —

DEPARTMENT OF GYNAECOLOGY, WESTERN INFIRMARY, GLASGOW

DR A B MACLEAN

MARY WATSON

92 MENDOON AVENUE, GLASGOW

6.7.14

8.9.91

10.9.91

[illegible] underwent [illegible] ... showing a differentiated [illegible] ... penetration to a depth of 11 mm showing a [illegible] ... There is extensive infiltration of thin walled [illegible] ... tumour. There is CIN III of the adjacent surface epithelium but the ectocervical, endocervical and deep resection margins are free of tumour. However, this lady has a Stage 1B cervical carcinoma and therefore needs further treatment. I have spoken to Dr Dodgson who has agreed to see this lady with a view to performing radical hysterectomy. I have been in contact with Mrs Watson today i.e. 16 September explaining to her the outcome of the biopsy and that an appointment has been arranged for her to meet Dr Dodgson this Thursday.

Yours sincerely

A B MACLEAN

CONSULTANT GYNAECOLOGIST

Copy to: Dr Dodgson, [illegible]
Dr K P Hennerty, Consultant Gynaecologist, Western Infirmary

[illegible] History [illegible] DTC Report SCI

[illegible] [illegible] [illegible] [illegible] Patient [illegible]

[illegible]
[illegible]
[illegible]

32 Kendoon Avenue
GLASGOW
G15 6AX

District
NHS
Tel (none)
Work
D.O.B. 06.03.54
Marital Status Not known

951 1084 - Building site.

Other treatment 0 Null

GP 4 Turner
32 Merryton Avenue
Glasgow G15

Referrer 6 Gyn. WIG
Ref's Surname
Dept. Of Gyn.
Western Infirmary
Glasgow
G11 6NT

Date Ref 04.09.91 Ref code 1 2 3 4

Next of kin Tel

Cigarettes per Day 0 Age first smoked 0 NHS/Private NHS
Race GBHB Religion Not known Social Class Not known

dical
Illnesses

Operations

Contraception Present Pill Months 0 Months ADC 0

Menstrual history
Reg/Irreg Not known Cycle 0 days Duration 0 days
Menarche 0 Menopause 0 Flow Not known
Abnormal Bleeding No No

Pregnancies None

STD - None

ppointments

ate	Time	Appointment	Clinic
04.09.91	430	-1 New Patient	1716 35 Wed PM COLPOSCOPY

Visit type 1 New Patient

Parity
L.M.P.

Smoking
Vaginal discharge

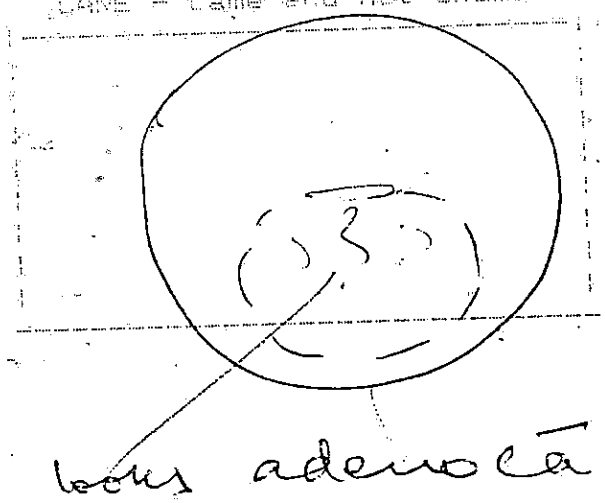
patient/partner Y/N

Colposcopy
Unsatisfactory / Satisfactory
Upper limit not seen

NAT - No ACWE, atypia
POLY - Polyp
MOS - Mosaic
INV - Invasive
DNA - Did not attend
CANE - Came and not examined

ACST - Aceto-white
SAWE - Min. aceto-white
MAWE - Mod. " "
EAWE - Extensive " "

ABVS - Abnorm. vessels
PUNC - Punctation
VIR - Viral changes
LEUK - Leukoplakia
OTH - Other



Cytology Performed Y/N

Biopsy Y/N

Treatment Performed: None
CC
LASE - Laser

Im-patient treatment:
CONE
ED - electrodiathermy
CCGA - CC under GA
HYST - Hysterectomy
RHYS - Radical Hysterectomy
RT - Radiotherapy
RTC - Radio/Chemo

Referred back to: REF - sender: REFG - GP: REFC - Community clinic:

Next visit type:
2 Follow up
3 Laser
4 Discharge
5 DNA, Colposcopy
6 DNA, Laser
7 Cold Coagulation
8 Admission
[ ] For Cone Biopsy
[ ] Hysterectomy
[ ] Other
9 DNA, CC

See 1/52

Months to next visit

Additional paragraphs for GP's letter (Y/N)

Additional paragraphs for patients letter (Y/N)

CIN 3 ? micro
-> cone 9
FU 8/C

HISTORY

(Use other side first)

Date

6/7/90 More Comfortable today - does not look
12 sdhw distressed. Dyspnoeic at present

Abd Soft. - only slight suprapubic
tenderness - Abdomen slightly
distended in suprapubic area.

~~Impression:~~ ~~Dx~~ ? acute ? supine abdomen
- Pelvic ultrasound.

Impression: ~~Urinary Retention~~ Seems to be
settling - Observe for present

7/7/90 Temp = (N)
Abdomen still tender & distended
Review Monday

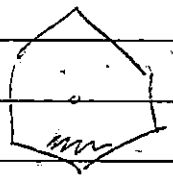
well. settled.
Home satisfactory - Home tomorrow or today

NAME Mary WATSON HOSPITAL No AGE

PHYS SURG. Whitfield DEPT WARD

IN-PAT FORM 3

IN PATIENT CONTINUATION HISTORY

DATE	
	- suggest pelvic USS if fail to resolve, but not initially as acute case
	Na+ 146 K+ 4·6 urea 2·9 glucose 5·4 Amylase 85 } Normal
0745	Reviewed.
6/7/90	"feinted" attempted to go to bathroom, associated with lr abd pain. Vomited x1 - saliva only. Has had a stable night. Temp (N)
	O/E BP 110/90. pulse (N) ABD  Mild lr abd tenderness no rebound not distended BS normal no focal signs no mass felt
	PV not repeated.
	IMP. No new signs to suggest surgical crisis. Review again at lunchtime & check serum hCG to validate the negative clearview. Continue antibiotics.
	J Kingdon

Date

HISTORY
(Use other side first)

GYNAECOLOGY

7/90

21[yo]

Age 35 Para 4[+0] sterilised 1985

LMP 2-3/52 ago 3/28.

PV bleeding

Ikay[+], began 1/7/90 – unexpected. not post coital

Lr abd pain

pain present each day, now more[+] and colicky.

no IM discharge, no dyspareunia

feels nauseated, no vomiting. bowels normal.

General health normally good. No serious illness for 5 years

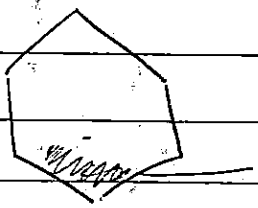
PMHx not serious. Not allergic to penicillin

SR No dysuria, normal bowel movement yesterday.

Noticed some lr abd distension.

O/E Distressed with lr abd pain. A little flushed, but temp (N)

Chest clear

ABD  Slight lr abd distension

Bowel sounds (N). No masses

lr abd tender – no guarding.

PV Speculum: Some excitation Cx. Parous os – regular.

No bleeding. No pus discharge

Uterus AV tender. Adnexae tender. no masses

IMP Acute PID

Clearasil –ve – ectopic extremely unlikely

FBC ✓

U/E/Amylase ✓ ✓

Cx swab – C/s + chlamydia. ✓

β-HCG ✓

IV fluids 4–6hly.

Use ceftriaxone/metronidazole as no augmentin: will need separate Rx if chlamydia present.

Stephen REGISTRAR

NAME	HOSPITAL No.
MARY WATSON	AGE
PHYS/ SURG.	DEPT. WARD

IN-PAT FORM 3

IN PATIENT
CONTINUATION HISTORY

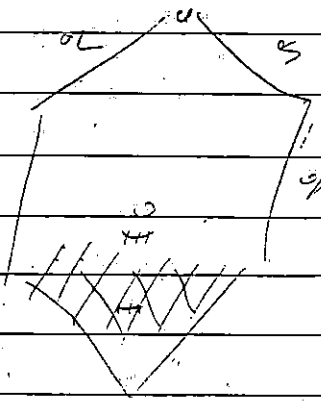
DATE

PMH No ops. Sterilised 5 yrs ago.
No diabetes, No TB, No Jaundice,
Asthma diagnosed 2 yrs ago.

Drugs Inhaler - not often used.
Allergies Coamoxyclk - ? mouth unwells.

S/H. Smokes 15/day, occ alcohol,
Married, 4 daughters.

O/E Apyrexial (on G.P. temp 38°C)
Distressed with lower abdominal pain.
Tongue moist, no C+ lymphadenopathy
Chest clear.
C/L (R) loin pain.
Abdo



Guard in lower abdomen.
Tender across lower abdomen
low down suprapubically as
well as in (L) & (R) IF.
No rebound.
PR Very tender C+ excitation.

PV not attempted.

IMC Appx less likely. Clearview - ve
? PID.

Plan Refer to Gynaecology

Mike Dale

DATE

CLINICAL NOTES

3E: well until 7 days ago.
No cardiac
No respiratory } symptoms.

7/E. flushed & distressed. Not sickled.
pulse rate = 110/min tachycardia.
HS I + II + nil.
No CCF.
Chest clear - no wheeze.
generalised distension & tenderness abdomen
laparoscopic sterilisation scar (v small)
no other scars.
abdomen soft no masses palpable
Tender (+) (R) iliac fossa no rebound
BS ✓ present.
CNS - Grossly intact.
Imp. - Gynaecological problem
Refer Casualty

7/90: G.P. Referral
Developed lower abdominal pain a week ago today
starting to bleed heavily PV 2 weeks after last
normal period. Pains have increased since then
have been much more severe today somewhat
anorexic. Has vomited yesterday & not today
Has been eating this week. Bowels have been working
this week, last moved yesterday, normal bowel movement
No diarrhoea, no blood PR
No dysuria, some frequency of micturition but
no pain. Have had 90 tablets beginning with 28
on 6 packs - have had 3 periods since then
LMP 2/12/90 - normal periods, usually regular
on 6/28's - 3-4 days. Has not had sex for 6 weeks

SERVICE

ACCIDENT & EMERGENCY
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

TREATMENT CARD

AE No. C/ 760744

ACCIDENT/EMERGENCY FORM

HOSPITAL CODE 601

SURNAME: WATSON | FORENAME: MARY | BIRTH SURNAME: CUMMINGS.
ADDRESS: 32 KENDOON AVE GLASGOW | PATIENT'S OWN OCCUPATION: H WIFE.
POSTCODE: G45 | TELEPHONE No. | DATE OF BIRTH: 6 3 56 (33) | SEX: F | MARITAL STATUS: M | RELIGION: C/S.
NEXT OF KIN: NAME: MISS P. CUMMINGS. | RELATIONSHIP: SISTER | FAMILY DOCTOR: SURNAME: TURNER | INITIALS
ADDRESS: 335 KINFAUNS DR GLASGOW | ADDRESS: 12 MERRYTON AVE. GLASGOW.
POSTCODE: G15 | TELEPHONE No. | POSTCODE: G15 | TELEPHONE No.
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE: 5 7 90 | PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO: NO | IN/OUT PATIENT: | YEAR
TIME OF ATTENDANCE: 1930 | REASON FOR ATTENDANCE: SURGICAL CONDITION | AMB
DATE OF INJURY OR ILLNESS: 5/2 | TIME OF INJURY | TYPE (CODE): 8 | SOURCE OF REFERRAL: GP ✓ SELF POLICE OTHER (CODE)
ROAD TRAFFIC ACCIDENT PLACE | DETAILS
HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor THANK
The above-named patient attended Accident & Emergency Department today.
Diagnosis: ACUTE PID
X-Ray film/ECG show
Treatment given: Admitted for IV fluids / Augmentin with metronidazole
Drugs: days' supply of: has been given
Tetanus Prophylaxis has/has not been administered: 1T Course 1T Booster HATI (Please Tick)
Would you please arrange

DISCHARGE CODES: Please Circle
1 = To Admission 3 = Refer to G.P. 5 = Died 7 = Hospital Discharge
2 = Discharge 4 = Transfer to other hospital (see below) 6 = Refer to O.P. Clinic (see below) 8 = D.O.A.

Ward No. (if admitted): G9 | Transfer to Hospital: | Consultant (if admitted): MITCHELL

Follow Up	Not arranged		Arranged		To be arranged							
Clinic Referred to	A&E	Plaster Room	Fracture	Ortho	Medical	Surgical	Gynae	Skin	ENT	Eye		Others Specify

Medical Officer's Name (in Block Letters): KINGSTON | Signature of Medical Officer:

Consultant ORR (Roy) SHOJAI Other

X-Ray & Other Reports to be filed on this side (if the patient ıt being admitted)

Pr. ... Br. ... 3 L. trace of blood

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY

CONSULTANT ____ REG/SHO ____ JHO RAWLING

SEEN BY S Kaung AT (TIME) 8:20pm.

CLINICAL NOTES

KEY TO CLINICAL NOTES
1 - HISTORY OF
2 - ON EXAMINATION
3 - X-RAY FINDINGS
4 - TREATMENT GIVEN
5 - DISPOSAL
6 - NAME OF MEDICAL OFFICER

DATE

GP Referral letter - NO PHONE CALL.

PC. 6 days of "niggling" central abdominal pain then suddenly much worse today - colicky comes for ≈ 10 mins - v. severe then goes away for ≈ 1 hr Associated Nausea / Nº vomiting
Has been having v. heavy vaginal bleeding for 7 days now - not usual period for her. Only finished period ≈ 2 weeks ago ≈ insists that is usually regular.
Nºt constipated. Nº diarrhoea
Frequency of urine - no dysuria / nocturia
Noticed distension of lower abdomen.

PMH. Laparoscopic sterilisation - 1985
4 children - eldest = 17.
Nº other operations / illnesses.

drugs None.

Social Smokes 15/day
no alcohol.
Lives w husband & children.

GREATER GLASGOW HEALTH BOARD
WESTERN DISTRICT

CASE RECORD

FILE IN PART 1 OF CASE RECORD

ADMISSION FORM

A/C 760744

HOSPITAL CODE 601		CASE REFERENCE No. 6232383
PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
SURNAME WATSON		MAIDEN NAME CUMMINGS
FIRST FORENAME MARY	SECOND FORENAME	OTHER INITIALS
DATE OF BIRTH 6-3-15 (35)	SEX 2	MARITAL STATUS 2
ADDRESS 32 LLENDOON AVE GLASGOW		
POST CODE G15	TELEPHONE No.	
FAMILY DOCTOR: SURNAME [illegible]	INITIALS	G.P. TELEPHONE No.
ADDRESS 22 MERLYTON AVE		
POSTCODE G15		
ADMISSION: DATE OF ADMISSION 5-9-90	WARD No. G9	TIME OF ADMISSION 19.50
DATE PLACED ON WAITING LIST	ADMITTED/TRANSFERRED FROM 1	TYPE OF ADMISSION 8
CONSULTANTS SURNAME	PATIENTS RELIGION CS	
OCCUPATION H/WIFE		
HUSBAND'S OCCUPATION (MARRIED WOMAN)/PARENT'S OCCUPATION (CHILD)		
REASON FOR ADMISSION SUSPECTED (ONS)		
PROVISIONAL DIAGNOSIS ACUTE PID		
IF ADMISSION IS CONSEQUENCE OF ROAD TRAFFIC ACCIDENT: PLACE		DATE OF INJURY
DETAILS		TIME OF INJURY
IF ADMISSION IS CONSEQUENCE OF HOME ACCIDENT: PROBABLE CAUSE		
NEXT OF KIN: NAME MISS P CUMMINGS	RELATIONSHIP SISTER	TELEPHONE No.
ADDRESS 325 KINFAUNS DR		POSTCODE G15
OTHER RELATIVE OR FRIEND: NAME	RELATIONSHIP	TELEPHONE No.
ADDRESS		POSTCODE
NAME	RELATIONSHIP	TELEPHONE No.
ADDRESS		POSTCODE

CODING USED ABOVE

ADMITTED/TRANSFERRED FROM

1. HOME
2. OTHER HOSPITAL
3. OTHER UNIT IN THIS HOSPITAL
4.
5.
6.
7.
8. OTHER
9.

TYPE OF ADMISSION

0. DEFERRED ADMISSION
1. WAITING LIST
2. BOOKED CASE
3. TRANSFER
4. EMERGENCY-DELIBERATE SELF-INFLICTED INJURY OR POISONING
5. EMERGENCY-ROAD TRAFFIC ACCIDENT
6. EMERGENCY-HOME ACCIDENT (INCLUDES ACCIDENTAL POISONING IN THE HOME)
7. EMERGENCY-OTHER INJURY (INCLUDES ACCIDENTAL POISONING OTHER THAN IN THE HOME)
8. EMERGENCY-OTHER (EXCLUDING ACCIDENTAL POISONING)
9.

1980

GREATER GLASGOW HEALTH BOARD
Western Infirmary
Glasgow G11 6NT
Tel: 041-339 8822

MEDICAL RECORD

IMMEDIATE DISCHARGE LETTER

Dear Dr. [illegible] Date 6 / 3 / 52

Your Patient Mary Nolan Date of Birth / /

Address

Hosp. Number 623236

Has been under the care of in Ward G4 and was

discharged on / / with a diagnosis of:—

1. Acute cyst
2.
3.

A full discharge letter will follow. The patient has been discharged on the medication detailed below. The recommended duration of the treatment is shown from the date of discharge. A FIVE DAY supply HAS/HAS NOT* been dispensed by the Hospital. (*Delete as appropriate).

NOTE TO THE HOSPITAL PRESCRIBER:

1. USE A BIRO PEN AND PRESS FIRMLY.
2. State the number of days that the treatment is to continue from the date of discharge.
3. If the treatment is to be for an indefinite period write "INDEFINITE".
4. If treatment is to be intermittent or irregular give full details.

FOR PHARMACIST

Medicine	Form of Preparation (e.g. Tabs)	Dose	Frequency	Recommended Duration of Treatment from Date of Discharge (Days)	Quantity, Name & Strength Supplied by Pharmacy
Ceftriaxone	Inj	1000mg	OD	5	
Metronidazole	Tabs	400mg	TDS	5	

Drug Sensitivities 1.
2.
3.

PHARMACIST
DATE / /

OTHER TREATMENT AND COMMENTS (Include Details of Appliances)

A follow-up appointment has been given. ☐

A follow-up appointment is not necessary ☐

DRs. NAME IN BLOCK CAPITALS [illegible] WARD G4

Yours sincerely [signature]

THIS FORM MUST BE COMPLETED FULLY BEFORE IT IS DISPENSED.

Mary Watson
32 Kendoon Ave.
Glasgow 15.
DoB. 6/3/54.

Dr. Katherine J Turner
Dr. Malachy Duffy
22 Merryton Avenue
Drumchapel
GLASGOW
G15 7PU
Tel: 041 944 4944

5/7/90

Dear Receiving Surgeon,

Thankyou for seeing the above lady who has had RIF pain since this a.m. On examination she is febrile - temp 38°C. and is markedly tender in her RIF. She has had vaginal bleeding with clots for 7 days (had a normal period two weeks ago). She is sterilised '85

Yours faithfully,
Katherine Turner

NAME: MARY WATSON DATE OF ADMISSION: 5/7/90.

HOSPITAL: W.I.G. HOSPITAL NO:

DATE	PATIENT PROGRESS REPORT	SIGNATURE
7/7/90	Cont:— up and about no complaints all cast as plan	
8/7/90	Stat well no complaints Appreciate s/b Dr McQueen Mary go home today if patient wishes Discharge home ½ prescription	Acarving

Date		MEDICINE (Block Capitals)										
	A 5/7/90	~~CEFTRIAXONE~~	~~bdsing~~	~~1g~~	IV		✓		✓		✓	
	B 5/7/90	~~METRONIDAZOLE~~	~~infusion~~	~~500mg~~	IV		✓		✓		✓	
	C											
	D											
	E											
	F											
	G											

REGULAR PRESCRIPTIONS - OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

alter Hrly K	H 5/7/90	Paracetamol	1g	0	4-6	Hly	s	mg/l				
	J 5/7/90	Temazepam ↕ or	10-20mg	0					✓	a mg/l		
alter Hrly K	K 5/7/90	Ciprofloxacin	2 Litres	0	6-8	Hly		g/l				
	L 6/7/90	Cephradine	500 mg	0	✓		✓		✓			
	M 6/7/90	Metronidazole	400 mg	0	✓		✓		✓			
	N											
	O											
	P											
	R											
	S											
	T											
	V											

7/6 4-7
7/8 4

ONCE ONLY PRESCRIPTIONS

DIET:

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1	
2	

KNOWN MEDICINE SENSITIVITIES 1 2

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
69	MARY WATSON	35				PROF WHITFIELD

GREATER GLASGOW HEALTH BOARD

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS																								COMMENTS ON DISCREPANCIES
DATE	6 a.m.			8 a.m.			10 a.m.			12 m.d.			2 p.m.			4 p.m.			6 p.m.			10 p.m.			12 m.n.			OTHER TIMES			
			Initial			Initial			Initial			Initial			Initial			Initial			Initial			Initial			Initial			
9/11/40																														
8/7/40				9c K L M	A B	JTe CB							B	LT				L	Cul.										
9/7				K L M		Cul.							K	MS				L	Fme	2	14 L M	22								
9/7/40				L M		MS							L M																	

NAME: MARY WATSON

UNIT NUMBER:

WARD: G9

KEY:— CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. A = PATIENT ABSENT

FORM MR1 10/8

PATIENT CARE PLAN: ME: Mary Watson IRD: 99 DATE OF ADMISSION: 5-7-90

HOSPITAL: W.I.G. HOSPITAL NO.

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.	DATE COMM.	TECHNICAL CARE		DATE DISC.
5/7/90	Daily bath		5/7/90.	% I.V.	6/7	
				Venflon removed		
				OBSERVATIONS		
			5/7/90	4 hrly temp + Pulse		
	MOBILISATION		"	Daily BP "		
5/7/90	Up to toilet					
				WOUND CARE		
	DIET					
5/7/90	Normal.					
	BLADDER & BOWEL CARE			SPECIMENS	INVESTIGATIONS	
			5/7/90	W.S.C.	U+E Cr 6/7/90	
			6/7/90	M.S.S.U.		
	SPECIAL NEEDS					

TIME	INTAKE				OUTPUT			
	PARENTERAL		Oral Nasogastric	Oral NG Running Total	URINE		SECRETIONS	
	TYPE	AMOUNT				Urine Running Total	Vomit NG ASP	Wound Drain
08-09	Hagy?	100.	40.	40.				
09-10			150	190	100			
10-								
11-								
12-			fluids					
1 p.m.	1.80pm 0.9% sodium chloride	500.	✓					
2-								
3-								
4-			0.5					
5-	Dextrose 5%	500						
6-								
7-								
8-								
9-								
10-								
11-								
12-								
1 a.m.								
2-								
3-								
4-								
5-								
6-								
-07-08								
TOTALS								

TOTAL INTAKE ml | TOTAL OUTPUT

NAME Mary Watson

HOSPITAL NO. 6-7-90

BALANCE	NEG	POS

TIME	INTAKE				OUTPUT				
	PARENTERAL		Oral Nasogastric	Oral NG Running Total	URINE	Urine Running Total	SECRETIONS		
	TYPE	AMOUNT					Vomit NG ASP	Wound Drain	
08-09									
09-10									
10-									
11-									
12-									
1 p.m.									
2-									
3-									
4-									
5-									
6-									
7-									
8-									
9-									
10-			Admitted						
11-	Flagyl	100							
12-			180	180					
1 a.m.									
2-	N/Saline	500							
3-									
4-									
5-									
6-	Ringer's	500							
07-08									
	TOTALS	1100							
			TOTAL INTAKE	ml	TOTAL OUTPUT				ml

NAME	MARY WATSON
HOSPITAL NO.	5 7 90

	NEG	POS
BALANCE		

ml

GREATER GLASGOW HEALTH BOARD

IN-PAT. FORM 6A

FIRST SIDE

NAME MARY WATSON HOSPITAL No.

AGE

SEX

PHYS. SURG MATTHEW DEPT. WARD 64

24 HR FLUID BALANCE AND PRESCRIPTION SHEE

DATE FROM / /8 to / /8

6/7/90

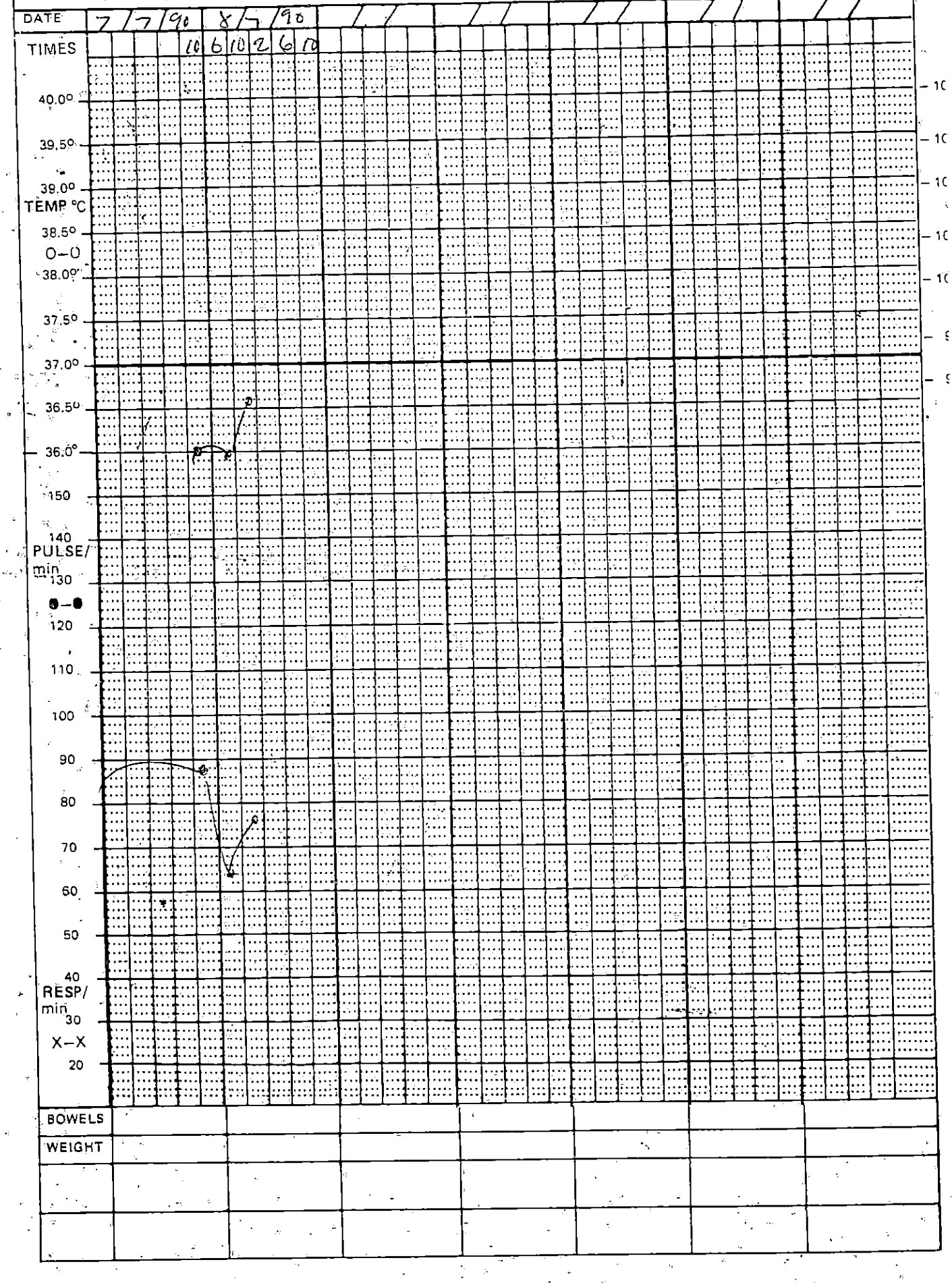
FLUID	Amount	Time to run	ADDED DRUGS	Doctor's Signature	Added by	Time began	Put up by	Serial or Batch No.
N Saline	500	4	✓			930 A&E	DR	
5% Dextrose	500	4	✓			2pm	CS	
N Saline	500	6	✓			6pm	CS	
5% Dextrose	500	6	✓			1.30 pm.	SM.	900-30BA
5% Dextrose	500	6	✓					
N Saline	500	6	2 ampoules					
5% Dextr	500	6						
5% Dextr	500	6						

GREATER GLASGOW HEALTH BOARD

CLINICAL CHART

NAME Mary Watson HOSPITAL .....

WARD G9 HOSPITAL NUMBER .....



NAME MARY WATSON

HOSPITAL No.

AGE 35yrs

PHYS/SURG. PROF WHITFIELD

DEPT WARD 69.

RESUSCITATION AND BLOOD PRESSURE CHART

IN-PAT FORM 7

DIAGNOSIS:

SUGAR

URINE ALB.

Drugs before admission

DATE

TIME

6/7/90 10 2 6. 7/7/90 10 6 10 2 6 10

KEY B.P III PULSE ~~ RESP. XXX

BLOOD PRESSURE

PULSE RATE

RESPIRATION

240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0

INTAKE ml

URINE ml 36 36 36 36 36 36

Temp 36.9 / 36

THERAPY

NAME: _____ WARD: _____ DATE OF ADMISSION: _____

HOSPITAL: _____ HOSPITAL NO.: _____

DATE	PROBLEM	AIM	EVALUATION DATE	PATIENT PROGRESS REPORT — PLEASE SIGN + DATE EACH ENTRY
			m/o	care as plan
				Pain settled.
				observations satisfactory
				Seen by Mr Rahmed S to return in after weekend Cmurray

NAME: MARY JAISON WARD: R DATE OF ADMISSION: 5/7/90

HOSPITAL: HOSPITAL NO.:

DATE	PROBLEM	AIM	EVALUATION DATE	PATIENT PROGRESS REPORT	PLEASE SIGN + DATE EACH ENTRY
			5/7/90	Emergency admission with pleuric inflammatory disease	
				I.V. in progress	
				I.V. antibiotics commenced	
				Oral analgesia given	CShaf
			6/7/90	Slept well	
				I.V. continues.	
				MSSU to be obtained ✓	CShaf
				Settled morning washed up to sit	
				Observations satisfactory NO O/P Pain	
				PV loss very slight.	
					STLN M Gallacher
				Seen this afternoon. Chest normal.	
				Stool ultra normal. Endoscopy	
				flex carried out. Injury about	
				8cm from R side of	
				midline. Wound dressed & dry.	
				Intermittent oxygen via nasal cannula	
				2 litres/min. Chest moving	
			8pm	Early settled evening	
				discharged satisfactory	
				no complaints of pain	
			7/7/90	Slept well.	
				Pr loss slight	CCraw

PATIENT NURSING HISTORY

DATE OF ADMISSION 5/7/90

PATIENTS NAME Mary Watson

ADDRESS 32 Kendoon Ave
Glasgow.
G15.

TELEPHONE NO. ~~6~~

DATE OF BIRTH 6/3/55 - AGE 35.

RELIGION C/S.

NEXT OF KIN (1) MISS P. CUMMINGS (SISTER)

ADDRESS 335 KINFAUNS DR, GLASGOW.

TELEPHONE NO. /

RELATIVES NOTIFIED OF ADMISSION YES

PATIENT SPOKEN TO BY CONSULTANT

RELATIVES SPOKEN TO BY CONSULTANT

TIME 945 pm WARD G-9

HOSPITAL W.I.G.

CONSULTANT RICHARDS ~~[illegible]~~

HOSPITAL NO.

G.P. DR TURNER 22 MERRYTOWN GLASGOW.

TELEPHONE NO.

OCCUPATION Housewife.

SACRAMENTS OF THE SICK

NEXT OF KIN (2)

ADDRESS

TIME

TELEPHONE NO.

CLOTHING LISTED

PATIENTS OWN DRUGS

SOCIAL CIRCUMSTANCES lives with husband & 4 girls
17yrs 16yrs 14yrs 5yrs

REASON FOR ADMISSION Acute P.I.D

PATIENTS PERCEPTION OF ILLNESS Inflammation of pelvis

DIAGNOSIS/OPERATION

OTHER HEALTH PROBLEMS hap Sterc 1985

ALLERGIES SEPTRIN

GREATER GLASGOW HEALTH BOARD

PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use		Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES ADMINISTRATION am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED Date	Signed
	A	9/9/91	CYCLIZINE	1mg	IM	2–4	4	hrly										
	B																	
	C																	
	D																	
	E																	
	F																	
	G																	

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H	9/9/91	CO-PROXAMOL	2 tabs	O.	4–6 hourly	PRN											
	J																	
	K																	
	L																	
	M																	
	N																	
	O																	
	P																	
	R																	
	S																	
	T																	
	V																	

ONCE ONLY PRESCRIPTIONS

DIET

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN
9/9/91	9.30	TEMAZEPAM	20mg	O	[signature]	K. Callaghan	9.30 am

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION. ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE SENSITIVITIES: 1. JOPRIN

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
99	MARY WATSON	37 6/3/54			623238/8	MCLEAN

MAINTAINING A SAFE ENVIRONMENT alert + orientated

NUTRITION Normal

ELIMINATION no problems

HYGIENE clean, skin intact

SLEEP usually sleeps well

MOBILITY up + around

SENSES intact

BREATHING mildly asthmatic – takes no medication

OTHER RELEVANT INFORMATION LMP 2-3/52 ago Para 4+0

DISCHARGE PLANNING: HOME HELP ☐ COMMUNITY NURSE ☐ AMBULANCE ☐

DRESSINGS ☐ CASHIER ☐ MEDICATION ☐ APPOINTMENT ☐

TICK (√) WHEN ARRANGED

OBSERVATIONS ON ADMISSION

TEMPERATURE 36.9 PULSE 80 RESPIRATIONS

BLOOD PRESSURE 110/76 HEIGHT WEIGHT

URINALYSIS

SIGNATURE OF ADMITTING NURSE [signature]

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS																								COMMENTS ON DISCREPANCIES
DATE	6 a.m.			8 a.m.			10 a.m.			12 m.d.			2 p.m.			4 p.m.			6 p.m.			10 p.m.			12 m.n.			OTHER TIMES			
9/9/91			Initial			Initial			Initial			Initial			Initial			Initial	H		Initial			Initial			Initial		
10/9/91																												H DAM		MS

NAME: MARY WATSON

UNIT NUMBER: 623238/B

WARD: 99

KEY: CODE LETTER CIRCLED E.G. Ⓐ = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. ✗ = PATIENT ABSENT

FORM MRT 10/91

PATIENT CARE PLAN: NAME: MARY WATSON WARD: 79 DATE OF ADMISSION: 8/9/91

HOSPITAL: WIG HOSPITAL NO. 623238/B

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.
9	DAILY BATH	
	MOBILISATION	
	INDEPENDENT	
	DIET	
1	NORMAL DIET	
	BLADDER & BOWEL CARE	
9	INDEPENDENT	
	SPECIAL NEEDS	

DATE COMM.	TECHNICAL CARE	DATE DISC.
	OBSERVATIONS	
8/9	BASELINE: BP	
9.9.91	Wkly B.P. + Pulse	
	WOUND CARE	
	SPECIMENS / INVESTIGATIONS	
8/9	WSU	

IN-PAT FORM 7

NAME Mary Watson

HOSPITAL No.

AGE

PHYS/ SURG.

DEPT Recovery WARD

RESUSCITATION AND BLOOD PRESSURE CHART

DIAGNOSIS:

SUGAR

URINE ALB.

Drugs before admission

DATE 1.9.91

TIME Post-op 11.45 12 12.15 12.30 12.45 1 1.30 pm 2 2.30 3 3.30 4 4.30 6 8 10 6

Cyclimorph 10mgs IM

KEY B.P. III PULSE ~~~ RESP. XXX

BLOOD PRESSURE

PULSE RATE

RESPIRATION

240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0

52 84 45

INTAKE ml 2607

URINE ml

Oxygen Therapy 4 litres

THERAPY

P V Loss

N.I / V / V / Sl.Gt+ / Nil / Nil / Nil / Slight ++++ / Slight / V. Slight / Nil

NAME MARY WATSON

HOSPITAL WIG No. 623238/B

AGE 37

PHYS/SURG. MCLEAN

DEPT GYN

WARD G9

RESUSCITATION AND BLOOD PRESSURE CHART

IN-PAT FORM 7

DIAGNOSIS:

SUGAR

URINE ALB.

Drugs before admission

DATE

TIME 8/9/91 9A

240
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
0

BLOOD PRESSURE

PULSE RATE

RESPIRATION

KEY B.P. III
PULSE ∿∿
RESP. XXX

Temp ~~INTAKE ml~~ 37

URINE ml

THERAPY

GREATER GLASGOW HEALTH BOARD
WESTERN DISTRICT

CASE RECORD

FILE IN PART 1 OF CASE RECORD G9

ADMISSION FORM

HOSPITAL CODE		CASE REFERENCE No.
PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/~~NO~~	IN/~~OUT~~ PATIENT	YEAR 1990
SURNAME WATSON		MAIDEN NAME CUMMINGS
FIRST FORENAME MARY	SECOND FORENAME	OTHER INITIALS
DATE OF BIRTH 6.3.54	SEX 2	MARITAL STATUS 2
ADDRESS 32 KENDOON AVE. GLASGOW		
POST CODE G15 8AX	TELEPHONE No. —	
FAMILY DOCTOR: SURNAME TURNER	INITIALS	G.P. TELEPHONE No.
ADDRESS 24 MERRYTON AVE. GLASGOW		
POSTCODE G15		
ADMISSION: DATE OF ADMISSION 8/9/91	WARD No. G9	TIME OF ADMISSION 15.45
DATE PLACED ON WAITING LIST	ADMITTED/TRANSFERRED FROM 1	TYPE OF ADMISSION 2
CONSULTANTS SURNAME MCLEAN	PATIENTS RELIGION —	
OCCUPATION WELFARE ASST.		
HUSBAND'S OCCUPATION (MARRIED WOMAN)/PARENT'S OCCUPATION (CHILD)		
REASON FOR ADMISSION ARRANGED		
PROVISIONAL DIAGNOSIS		
IF ADMISSION IS CONSEQUENCE OF ROAD TRAFFIC ACCIDENT: PLACE		DATE OF INJURY
DETAILS		TIME OF INJURY
IF ADMISSION IS CONSEQUENCE OF HOME ACCIDENT: PROBABLE CAUSE		
NEXT OF KIN: NAME ARLENE	RELATIONSHIP DAUGHTER 18.	TELEPHONE No. N/A
ADDRESS S/A		POSTCODE N/A
OTHER RELATIVE OR FRIEND: NAME	RELATIONSHIP	TELEPHONE No.
ADDRESS		POSTCODE
NAME	RELATIONSHIP	TELEPHONE No.
ADDRESS		POSTCODE

CODING USED ABOVE

ADMITTED/TRANSFERRED FROM

1. HOME
2. OTHER HOSPITAL
3. OTHER UNIT IN THIS HOSPITAL
4.
5.
6.
7.
8. OTHER
9.

TYPE OF ADMISSION

0. DEFERRED ADMISSION
1. WAITING LIST
2. BOOKED CASE
3. TRANSFER
4. EMERGENCY-DELIBERATE SELF-INFLICTED INJURY OR POISONING
5. EMERGENCY-ROAD TRAFFIC ACCIDENT
6. EMERGENCY-HOME ACCIDENT (INCLUDES ACCIDENTAL POISONING IN THE HOME)
7. EMERGENCY-OTHER INJURY (INCLUDES ACCIDENTAL POISONING OTHER THAN IN THE HOME)
8. EMERGENCY-OTHER (EXCLUDING ACCIDENTAL POISONING)
9.

1500

GREATER GLASGOW HEALTH BOARD

623238/B
WATSON MARY
32 KENDOON AVE., F
GLASGOW M
06/03/1954
G15 8AX G.P.Prac.40205

Dept./Wd. GG Phy./Surg. Dr. McClean

CONSENT FOR OPERATION

LRI Hospital

I Mary Watson of 32 Kendoon Ave, GLS hereby consent to

*(undergo / the submission of my *(child / ward) ..... to undergo)

the operation of Cone Biopsy

the nature and purpose of which have been explained to me by

Dr./Mr.* Smith

I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes.

No assurance has been given to me that the operation will be performed by any particular practitioner.

Date 8/9/91 Signed X Mary Watson (Patient/Parent/Guardian) *

I confirm that I have explained the nature and purpose of this operation to the patient/parent/guardian.*

Date 8/9/91 Signed ..... (Medical/Dental* Practitioner)

* DELETE AS APPROPRIATE

ANY DELETIONS, INSERTIONS OR AMENDMENTS TO THIS FORM MUST BE MADE BEFORE THE EXPLANATION IS GIVEN AND THE FORM SUBMITTED FOR SIGNATURE.

GREATER GLASGOW HEALTH BOARD

HOSPITAL RECOVERY ROOM & POST OPERATION FORM

WARD G9 THEATRE G9110 SURGEON Dr Gardner DATE 9 Sept 91

SURNAME Watson AGE 37 UNIT NO. 6232328

OTHER NAMES Mary

DIAGNOSIS

PROPOSED OPERATION Cone Biopsy

CASE NOTES ✓	IDENTIFICATION BAND ✓
X-RAYS —	DENTURES REMOVED —
DRUG & NURSING KARDEX ✓	BED CAGE —
	ORTHO. WEDGE —
FLUID CHART —	INFUSION STAND —
PREMEDICATION ✓ TIME 9·30am	HEARING-AID —
ANAESTHETIC AND OPERATION PERMISSION FORM COMPLETED Yes	

I CERTIFY THAT IDENTIFICATION AND DOCUMENTS ARE CORRECT ON LEAVING WARD

SISTER/CHARGE NURSE OR DEPUTIES SIGNATURES

RECEPTION/THEATRE

PATIENT'S DOCUMENTATION AND IDENTIFICATION = CORRECT Correct

SISTER/CHARGE NURSE OR DEPUTIES SIGNATURES

POST-OPERATIVE INSTRUCTIONS

OPERATION Cone biopsy

DRAIN NASO-GASTRIC TUBE

CATHETER PACK

PATIENT POSITION

O_2 THERAPY l/m. By mask for hours.

B.P. HRLY. PULSE HRLY.

POST OP SEDATION SEE KARDEX

DRUGS IN THEATRE

OTHER INSTRUCTIONS:

SURGEONS SIGNATURE

ANAESTHETIST'S SIGNATURE

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

ANAESTHETIC RECORD

PATIENT: MCMANUS | Number: G23288 | Hosp: DIC | Age: 37 | Sex: F | Date: 09/09/91

ANAESTHETIST: DOYLE/MUNRO | Cons ✓ | SR | Reg | SHO ✓ | OPERATOR: MACLEAN | Cons ✓ | SR | Reg ✓ | SHO | Other

PROCEDURE: D&C Cone Bx | Code | Time Commenced | Duration | Emergency

PRE-OP DISEASE: Resp | Anaemia | Renal | Neurolog | Other; CVS | Endocrine | Hepatic | Muscular

CURRENT DRUGS

PREV. ANAESTH. | Halothane | Complications

PREMEDICATION: Morph | Atropine | Papaveret | Hyosc | Pethidine | Phenergan | Fentanyl | Drop | Diaz | Other ✓

RENTAC 20,

INDUCTION: Thiopentone | Methohexitone | Althesin | Ketamine | Inhalation | Other (spec) ✓ PROP 175

RELAXANT: Sux | dtc | Panc | Alcur | Gall | Other (spec) | Neost | Atrop

MAINTENANCE: N_2O ✓ | Hal | Ethrane ✓ | Ether | Morphine ✓ | Papaveret | Phenop | Other; Methox | Trilene | Cyclo | Pethidine | Fentanyl | Pentaz

TECHNIQUE: Spont | Mask ✓ | ETT ✓ | Oral | Magill | Tracheos | Circ(cl) | Circ(lk) ✓; IPPV | A'way ✓ | Cuff | Nasal | T Pce | Hypotens | Pack | Other

I.V. SITE: R Arm | R. Hand ✓ | 22G Leg | Neck; L Arm | L Hand | L. Leg | Other

MONITORING: ECG ✓ | Pulse CX ✓ | Temp. | CVP line | Art. line | Other ✓

POSITION: Supine | Lithotomy ✓ | Lateral | Prone | Other | Hd Up | Hd Down

REG. ANALGESIA: Spinal | Epidural | Bier | Brach Plex | Other | Cath | Site; Amethoc | Priloc | Cinchoc | Bupivac | Lignoc | Adren | Other

COMPLICATIONS

NOTES

SaO 99

J McC/493603

DATE	HISTORY	IN-PAT. FORM
26/9/94	a/w for cone Bx for CIN 3.	
	2/12 ago → post coital bleeding → GP ↳ polyp + Cyn clinic - Bx at colposcopy CIN 3 ± ? adc micro Ca. LMP beginning August 4/22-32, reg but intermenstrual bleeding	
	para 4 to. 12 ♀ forceps } Red Lindy 17 ♀ SVD }	
	ad. Cyn recently June 96 15 ♀ SVD } anti Lower abdo pain - no cause found 6 ♀ SVD }	
	pmh nil d.h nil, ? allergic to rifampicin → 'scabs in mouth' nil else	
	sh, smoker - 15-20/day. fh, nil.	
	Se, nil ? note	
	o/e, well, ° general signs of disease	
	CVS, pulse 80 bpm reg JVP → HS I + II + 0 °@.	
	Resp trachea ! chest clear	
	Abdo, NAD	
	Inf A 37 wks para 4+0 ± CIN 3 for Cone Bx	
	Plan admit, consent, GTS.	

HISTORY
(Use other side first)

Date

9/9/91 CONE BIOPSY ✗ WILLIAMS
GA ✗ DUKTIK

Above area removed by cone
2½ cm wide x 2 cm long
Canal curetted → tissue
Sutures x 4 → haemostasis

PR: both uterosacrals fibrous but cannot detect tumour infiltration

? IB cervical carcinoma

Marylou

GREATER GLASGOW HEALTH BOARD

NAME	Hospital No.
	Age
	Sex
PHYS/ SURG.	Dept. Ward

OUT PATIENT HISTORY

DATE

4/9/91 57 yr old ♀ 2½ history of PCB.

Cx smear yrs ago ?

PMH: Rheum fever ~18. ?RHD

~6. SVD x3

Phys Leg PEs. 1985.

SH Smokes 15/day

O/E wnl

Specimen — Hysterectomy

Looks suspicious

? CIN III ? micro.r

⇒ Colposcopy.

PATIENT NURSING HISTORY

DATE OF ADMISSION 8-9-91

PATIENTS NAME MARY WATSON

ADDRESS 32 KENDOON AVE
GLASGOW
G158AX

TELEPHONE NO. ✓

DATE OF BIRTH 6/3/54 AGE 37

RELIGION ✓

NEXT OF KIN (1) Arlene (daughter)

ADDRESS N/A

TELEPHONE NO. N/A

RELATIVES NOTIFIED OF ADMISSION ✓

PATIENT SPOKEN TO BY CONSULTANT

RELATIVES SPOKEN TO BY CONSULTANT

TIME 4p.m. WARD 99

HOSPITAL WESTERN INFIRMARY

CONSULTANT McLEAN

HOSPITAL NO. 623238 B

G.P. ANN MORGAN Turner Memorton Ave

TELEPHONE NO. [redacted]

OCCUPATION Welfare Assistant

SACRAMENTS OF THE SICK ✓

NEXT OF KIN (2)

ADDRESS

TELEPHONE NO.

CLOTHING LISTED 1 ✓

PATIENTS OWN DRUGS ✓

SOCIAL CIRCUMSTANCES Lives lic - 4 children - 18yrs, 17yrs, 15 & 6yrs
Smokes 10-15 per day
Non-drinker

REASON FOR ADMISSION Arranged: Cone Biopsy

PATIENTS PERCEPTION OF ILLNESS Aware

DIAGNOSIS/OPERATION & GA - Cone Biopsy - 9th Sept 91'

OTHER HEALTH PROBLEMS Lap Ster 1985 · PID 1990
Asthmatic

ALLERGIES * COTRIMOXAZOLE *

GRH

MAINTAINING A SAFE ENVIRONMENT Alert & Orientated

NUTRITION Normal diet

ELIMINATION Bowels moe daily

HYGIENE Clean & well kempt on admission

SLEEP No pabems

MOBILITY Fully Mobile

SENSES All senses intact

BREATHING Pt is asthmatic, takes no medication

OTHER RELEVANT INFORMATION LMP August
Para 4+0

DISCHARGE PLANNING: HOME HELP ☐ COMMUNITY NURSE ☐ AMBULANCE ☐

DRESSINGS ☐ CASHIER ☐ MEDICATION ☐ APPOINTMENT ☐

TICK (√) WHEN ARRANGED

OBSERVATIONS ON ADMISSION

TEMPERATURE 37' PULSE 80 RESPIRATIONS

BLOOD PRESSURE 110/80 HEIGHT WEIGHT

URINALYSIS requested

SIGNATURE OF ADMITTING NURSE S/N R Shand

NAME: MARY WATSON DATE OF ADMISSION: 8-9-91

HOSPITAL: WESTERN INFIRMARY HOSPITAL NO: 623238/B

DATE	PATIENT PROGRESS REPORT	SIGNATURE
8/9/91	Pt admitted as arranged for Cone Biopsy tomorrow. Pt has had toothache for a few days + has been taking analgesia regularly SB Medical staff.	PShenk
	FAST FROM MIDNIGHT	PShenk
9/9/91	Settled night. Prepared for theatre Care as Plan.	
*	Cyclimorph 10mgs I.M. at 12^{25}pm	* CMWatt
11.45am	Returned to recovery. General condition satisfactory. No pr loss. Case as per care plan.	K Hunter
1pm	Returned to ward 99 sleepy but rousable. P.V loss nil obs satisfactory	
	Has had cyclimorph 10mg IM at 12.25pm	K Hunter
	Theatre recordings stable	
	P.V. loss nil/air	IC Cruickshank
10.9.91	Case as plan. Slept well.	
①	P.V. loss nil.	Julie
9.40pm	S/R Dr McLean = discharged & appointment posted out	L Storey

STOBHILL
NHS TRUST

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
Telephone: 0141-201 3000
Direct Line: 201 3435
Fax No: 0141 201 3889

JAD/AC/OPC. 02.08.96
13th August, 1996

DEPARTMENT OF GYNAECOLOGY

Dr C A Forrest (Clinical Director)
Dr J A Davis
Dr D McKay Hart
Dr R A Low
Dr M Deeny

Appt P O'Dwyer
Surgical Clinic
ASAP
Mr O'Dwyer Surg
FRIDay 13/9/96 @ 9.30

Mr Paddy O'Dwyer
Consultant Surgeon
Western Infirmary
GLASGOW
G11 6NT

Dear Paddy

Mary Watson, dob 06.03.54. Unit No 494748
~~32~~ 28 Kendoon Avenue, Drumchapel, G15 8AA

I would be grateful if you would see this lady who suffers severely from constipation. This is mainly as a result of surgery she had for a carcinoma of the cervix way back in 1991. She has been seen by Mr Finlay but more recently apparently was under your care at the Western Infirmary when you had suggested that she might need a colostomy.

As she lives in Drumchapel, she would like to see you again for review.

I would be grateful therefore if you could send her an appointment. She does have Western Infirmary notes, but I don't know her number as we never received any correspondence from you at the time.

Yours

Best wishes

Jo

16 AUG 1996

Consultant Surgeons:
Mr. J.K. Todd
Mr. C.W. Imrie
Mr. I.G. Finlay
Mr. W.R. Murray

ROYAL INFIRMARY
GLASGOW
G4 0SF
TELEPHONE 041-552 3535
FAX 041-552 6268

Surgical Unit - Main Building

Dr. O. Owens,
Senior Registrar,
Department of Gynaecology,
Stobhill General Hospital,
Glasgow
G21 3UW

IGF/IPW/411828K

18th February, 1993

Dear Dr. Owens,

Mary Watson 6.3.54
32 Kendoon Avenue, Glasgow G15 8AX

Just a note to say that I recently reviewed Mary Watson in the Clinic. You will recall that she is the lady who gives a very good history of the post radical hysterectomy constipation. Her recent investigations showed that the barium enema was normal as was her video proctogram. She does however have delay on her marker studies.

I have discussed the situation in detail with her and explained to her that all of this work is in the nature of research at the present time and that any surgical intervention would be a major undertaking. She feels however that her symptoms are of such severity that she would wish to have something done.

In view of this I have arranged to proceed with gastric emptying studies to ensure that the upper half of the GI tract is normal. This will serve the purpose of giving her further time to consider our discussion today.

I will review her when the results are to hand.

Kind regards.

Yours sincerely,

I.G. Finlay
Consultant General and Colorectal Surgeon

c.c Dr. Whitby, 22 Merryton Avenue, Drumchapel, Glasgow G15 7PU

North Glasgow University Hospitals Division

NHS Greater Glasgow

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT, MEDICAL PHOTOGRAPHY AND RESEARCH

50623238H F
WATSON
MARY 06/03/1954
28 Kendoon Avenue
GLASGOW G15 8AX
CHI-0603546323

DATE

Proposed procedure (block capitals)

NOTES ON GUIDANCE FOR CLINICIANS

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, 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 procedure at any time. The patient's consent to a procedure should be recorded on page two of this form.

Written informed consent is not required for minor procedures, however written consent should be sought for:

i) any procedure that carries a significant risk.

ii) any procedure to be carried out under general anaesthesia, sedation or utilising nerve blockage or regional anaesthesia beyond that provided topically or by simple infiltration.

iii) any procedure which could be considered new, novel or experimental.

iv) any situation where there are implications for "third parties" eg. relatives and insurance companies in relation to genetic studies or HIV testing.

(v) any recording procedure such as photography, video and audio.

For further guidance on "significant risk" see section 5 of the Trust's Policy for Consent to Anaesthesia, Operation, Investigation or Treatment and Medical Photography/video.

TO BE COMPLETED BY CLINICAL PRACTITIONER

The clinician completing this form should have sufficient knowledge of the proposed investigation or treatment in order to provide the patient with the appropriate information.

I HAVE FULLY EXPLAINED: To the patient/parent/guardian/next of kin (delete as appropriate)

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of medical photography, video/audio recordings, including live video links**
5. **The need to read the patient information leaflet on the use of tissue for medical research and teaching.**

Name (block capitals)

Signature

Grade/Designation

TO BE COMPLETED BY THE PATIENT/PARENTGUARDIAN/NEXT OF KIN

You should read this form and the notes below carefully. If there is anything you do not understand please ask the doctor for an explanation. The doctor is here to help you and he or she will explain the procedure. If for any reason you are not content with the explanation you are entitled to refuse the procedure. You can ask any questions and ask for more information. If you are happy with this, you understand the procedure and wish to proceed you should sign the form.

Increasingly in modern clinical care, photography and video pictures are used for consultation and teaching purposes. These images will not be used for publication in any form without your specific consent. The procedure may also be observed by other professionals via a live video link.

You may ask for a relative or a friend or a nurse to be present while the doctor explains the procedure and asks you to sign the form.

I AM — The Patient/Parent/Guardian/Next of Kin (delete as appropriate)

I UNDERSTAND — The purpose, benefits and significant risks associated with the procedure which have been explained to me by the doctor named on this form.

That the procedure may not be carried out by the Doctor 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.

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That my identity will not be broadcast if the procedure is observed by other professionals via a live video link.

Students need to learn how to examine patients and see how procedures 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.

I have been given the opportunity to read the Patient Information Leaflet on the use of Tissue for Medical Research and Teaching and agree that tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

Please tick the appropriate box if you agree or disagree to any of the following:

To the administration of anaesthetics or to sedation if required	Agree ☐	Disagree ☐
To the procedure named on this form	Agree ☐	Disagree ☐
To photography, video and audio recordings, including live video links	Agree ☐	Disagree ☐
To examination by a student during the procedure named on this form under the supervision of the senior clinician undertaking the procedure.	Agree ☐	Disagree ☐
To the use of my tissue in medical education	Agree ☐	Disagree ☐
To the use of my tissue in medical research	Agree ☐	Disagree ☐

Signature Date Address

Name (block capitals)

50623238H F
WATSON 06/03/1954
MARY
28 Kendoon Avenue
GLASGOW G15 8AX
CHI-0603546323

WESTERN INFIRMARY BREAST CLINIC AUDIT- FIRST VISIT

Hospital No
(or affix label)

WG623238/B
WATSON MARY F
32 KENDOON AVENUE M
GLASGOW 06/03/54
G15 8AX G.P.Prac.40436

Home Tel No

GP Name

Clinic

Date of Clinic

Consultant

Signatory

Mode of Presentation ☐
1 Symptomatic
2 Asymptomatic
3 Breast Screen Referral
4 Tertiary Referral

Date of LMP

PRESENTING SYMPTOMS

Breast Pain ☐ 1 Present → 2 Absent
Side ☐ 1 Right 2 Left 3 Bilateral
Menstrually related ☐ 1 Cyclical 2 Noncyclical

Nipple Discharge ☐ 1 Present → 2 Absent
Side ☐ 1 Right 2 Left 3 Bilateral
Type ☐ 1 Serous 2 Purulent 3 Bloody 4 Milky

Nipple Excoriation ☐ 1 Present → 2 Absent
Side ☐ 1 Right 2 Left 3 Bilateral

Nipple Inversion ☐ 1 Present → 2 Absent
Side ☐ 1 Right 2 Left 3 Bilateral

Breast Lump ☐ 1 Present → 2 Absent
Side ☐ 1 Right 2 Left 3 Bilateral
Tenderness ☐ 1 Tender 2 Non-tender

Lumpiness ☐ 1 Present → 2 Absent
Side ☐ 1 Right 2 Left 3 Bilateral

Axillary Swelling ☐ 1 Present → 2 Absent
Side ☐ 1 Right 2 Left 3 Bilateral

Arm Swelling ☐ 1 Present → 2 Absent
Side ☐ 1 Right 2 Left 3 Bilateral

RISK FACTORS/ADDITIONAL DETAILS

Oral Contraceptive Pill [ ] 1 Previous 2 Present 3 Never → Duration [ ] 1 < 5years 2 > 5 years

Family History [ ] 1 Yes 2 No 3 Not Known →
1st degree (Nos)
2nd degree (Nos)
Others (Nos)

Breast Cysts [ ] 1 Yes 2 No

Age at Menarche

Age at Menopause

No of Live Births

Total Pregnancies

Breast Feeding [ ] 1 Yes 2 No

Previous Breast Cancer [ ] 1 Yes 2 No

Previous Ca In-situ [ ] 1 Yes 2 No

H.R.T [ ] 1 Previous 2 Present 3 Never → Duration [ ] 1 < 5years 2 > 5 years

CLINICAL SIGNS

Breast Lump [ ] 1 Present 2 Absent →
Side [ ] 1 Right 2 Left 3 Bilateral
Site [ ] 1 UOQ 2 UIQ 3 LOQ 4 LIQ 5 Retroareolar
Size cm
Consistency [ ] 1 Cystic 2 Solid 3 Soft
Mobility [ ] 1 Mobile 2 Fixed to skin 3 Fixed to muscle 4 Fixed to skin & muscle

Axillary Nodes [ ] 1 Palpable 2 Impalpable →
Side [ ] 1 Right 2 Left 3 Bilateral

SC Nodes [ ] 1 Palpable 2 Impalpable →
Side [ ] 1 Right 2 Left 3 Bilateral

CLINICAL SIGNS (Continued)

Hepatomegaly ☐ 1 Present 2 Absent

Arm Lymphoedema ☐ 1 Present 2 Absent

Nipple Inversion ☐ 1 Present 2 Absent → Side ☐ 1 Right 2 Left 3 Bilateral

Nipple Discharge ☐ 1 Present 2 Absent → Side ☐ 1 Right 2 Left 3 Bilateral

Type ☐ 1 Serous 2 Purulent 3 Bloody 4 Milky

Lumpiness ☐ 1 Present 2 Absent → Side ☐ 1 Right 2 Left 3 Bilateral

INVESTIGATIONS

Fine Needle Aspirate ☐ 1 Performed 2 Not performed → Result ☐ 1 Benign 2 Suspicious 3 Malignant 4 Inadequate

Trucut Biopsy ☐ 1 Performed 2 Not performed

Mammography ☐ 1 Performed 2 Not performed → Result ☐ 1 Normal 2 Benign Microcalcs 3 Susp Microcalcs 4 Benign 5 Suspicious 6 Malignant

Nipple Smear ☐ 1 Performed 2 Not performed → Result ☐ 1 Benign 2 Suspicious 3 Malignant

Breast Ultrasound ☐ 1 Performed 2 Not performed → Result ☐ 1 Solid 2 Cystic

Abscess Aspiration ☐ 1 Performed 2 Not performed

Cyst Aspiration ☐ 1 Performed 2 Not performed → Result ☐ 1 Aspirated 2 Too small to aspirate 3 Aspirated - Residual Nodularity

PROVISIONAL DIAGNOSIS/COMORBIDITY

Main Diagnosis Code

Other Diagnoses/Comorbidity Codes

FREE TEXT (please print)

OUTCOME OF CLINIC VISIT (Tick and complete one section only)

☐ Re-Appointment

Clinic Code Time (in weeks) OR Clinic Date

☐ Waiting List

Ambulance Required ☐ 1 No 2 Yes

Proposed Procedures

Side ☐ 1 Right 2 Left 3 Bilateral Code

Side ☐ 1 Right 2 Left 3 Bilateral Code

Side ☐ 1 Right 2 Left 3 Bilateral Code

Comments for Waiting List Card (50 characters max)

☐ Discharge

ADDITIONAL COPY LETTER

Hospital use Only | Clinic AP | Day Fri DNA 24/5 Date 10/5 | Time 9.30 | Hospital No. 623238 | GP112

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

Appointment Category: Routine ☑ Soon ☐ Urgent ☐

Hospital Western Infirmary Date 26/4/96

CHI No.

Please arrange for this patient to attend the Breast clinic of Dr/Mr (Prof George)

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname WATSON Maiden Surname

First Names MARY Single/Married/Widowed/Other

Address 4 up 32 KENDOON AVE Date of Birth 6/3/54

DRUMCHAPEL Patient's Occupation

Postal Code G15 8AS Contact telephone number

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

Name of Hospital WGH

Year of Attendance 1991 Hospital No. 623238

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

Drs Scott West Nugent & Lyon,
Drumchapel Health Centre,
60-90 Kinfauns Drive,
Glasgow G15 7TS (40436)
041 211 6100

Please use rubber stamp

K

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:

MRS Watson attended the breast clinic in 1992 with a small cyst in the lateral aspect of her (L) breast - this disappeared ~~with~~ on aspiration. Over the last few months she has been aware of a lumpiness in the (L) breast with some intermittent tenderness. No nipple discharge. O/E - Poorly defined lumpiness upper outer quad of (L) breast. Not attatched deep or superficial. Non-tender. No cystic lumps. No lymphadenopathy. (R) breast NAD.

MRS Watson had Radical hysterectomy & BSO in 1991 for cervical Ca.

I would appreciate your assessment of this breast lumpiness.

Thank you.

DNA 24/5/96

Yours sincerely,

(DRS LYON)

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

Dd8373616 3/94 RP(53791) 355-2104

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

NAME WG623238/B
WATSON MARY
32 KENDOON AVENUE F
GLASGOW M
06/03/54
PHYS/SURG G15 8AX G.P.Prac.40436

OUT PATIENT
HISTORY

DATE	
10/5/96.	MR PURUSHOTHAM.

GRH

ROYAL INFIRMARY
GLASGOW
G4 0SF
TELEPHONE 041-552 3535

623238

ARL/LW.2

5th November, 1993

Mr I.G.Finlay
Consultant Colorectal
Surgeon
G. R. I.

Dear Mr Finlay,

MRS MARY WATSON, 32 KENDOON AVENUE, DRUMCHAPEL

I enclose a copy of a letter I have received in from Solicitors acting for Mrs Mary Watson. This letter does not read clearly. It appears she attended Stobhill Hospital and the negligence is with them. I have forwarded this on to the Central Legal Office in Edinburgh. In anticipation they wish the copy records to be released please confirm you have no objections to this.

I look forward to hearing from you by return.

Best wishes.

Yours sincerely,

Professor A.R.Lorimer, M.D., F.R.C.P.
Medical Advisor

Encs.

Robin Thompson & Partners

- - Solicitors

Berkeley House
285 Bath Street
Glasgow G2 4HQ

Telephone 041-221 8840

Fax 041-226 5738
Rutland Exchange
D.X. GW 162

Please quote this reference: LSU/WATSON/Y93G024

The Medical Records Officer
Glasgow Royal Infirmary
Castle Street
Glasgow

2 November 1993

Dear Sir

MRS MARY WATSON, 32 KENDOON AVENUE, DRUMCHAPEL, GLASGOW, G15
DOB : 6.3.54

We enclose mandates signed by our client Mary Watson authorising the release of her hospital records to us. We have currently intimated a medical negligence claim in relation to the development of a cervical carcinoma. We are happy with copies of the full records together with a note of any items omitted from the copy and would be grateful if you would revert to us with a note of your copying fee.

Yours faithfully

ROBIN THOMPSON & PARTNERS

am

Enc.

Dr Whitby
22 Merryton Avenue
Drumchapel
G15 7PU

Ref IP/SC/411828

13th May 1993

Dear Dr Whitby

MARY WATSON 6.3.54 32 KENDOON AVENUE GLASGOW G15 8AX

Mrs Watson failed on this occasion to attend the clinic. I would be most grateful if you could look into the matter. No further appointment has been sent.

Yours sincerely

I Pickford
SENIOR REGISTRAR TO MR IG FINLAY

IGF/LB

30 April 1993

Dr Whitby
22 Merryton Avenue
Drumchapel
G15 7PU

Dear Dr Whitby

MARY WATSON (6.3.54)
32 KENDOON AVENUE GLASGOW G15 8AX

Just a note to say that Mary Watson failed to attend for her gastric emptying study. Since she has not contacted the Department, no further routine appointment will be sent, but I would be delighted to see her again as required.

Yours sincerely

I G Finlay
Consultant Colorectal Surgeon

Dr. O. Owens,
Senior Registrar,
Department of Gynaecology,
Stobhill General Hospital,
Glasgow
G21 3UW

IGF/IPW/411828K

18th February, 1993

Dear Dr. Owens,

Mary Watson 6.3.54
32 Kendoon Avenue, Glasgow G15 8AX

Just a note to say that I recently reviewed Mary Watson in the Clinic. You will recall that she is the lady who gives a very good history of the post radical hysterectomy constipation. Her recent investigations showed that the barium enema was normal as was her video proctogram. She does however have delay on her marker studies.

I have discussed the situation in detail with her and explained to her that all of this work is in the nature of research at the present time and that any surgical intervention would be a major undertaking. She feels however that her symptoms are of such severity that she would wish to have something done.

In view of this I have arranged to proceed with gastric emptying studies to ensure that the upper half of the GI tract is normal. This will serve the purpose of giving her further time to consider our discussion today.

I will review her when the results are to hand.

Kind regards.

Yours sincerely,

I.G. Finlay
Consultant General and Colorectal Surgeon

c.c. Dr. Whitby, 22 Merryton Avenue, Drumchapel, Glasgow G15 7PU

MR I G FINLAY'S CLINIC

Dr O Owens
Senior Registrar
Department of Gynaecology
Stobhill General Hospital
GLASGOW
G21 3UW

IP/JW/411828K

3 December 1992

Dear Dr Owens

Mary Watson (06.03.54)
32 Kenmoon Avenue, Glasgow G15 8AX

Thank you for referring Mary Watson, a 38 year old woman, who is troubled by constipation. She tells me that she underwent a radical hysterectomy in September 1991 for carcinoma of the cervix. She has been reviewed regularly every three months since then. She tells me that prior to surgery she had a normal bowel habit having her bowels open every day. She now requires laxatives, enemas and suppositories to achieve defaecation. Without medication she might have to wait six to seven days between bowel actions. She is also experiencing problems with micturition. She tells me that her appetite is affected by her constipation but her weight remains steady. I note she has had four children in the past.

On examination she looked well. On abdominal examination she has a right paramedian scar in the lower abdomen. On palpation she was tender in the right iliac fossa. On the space of the perianal region on getting her to bear down there was no evidence of perineal descent. Digital examination revealed a normal anorectal angle with a small rectocele anteriorly. There was no blood on the glove. Proctoscopy showed haemorrhoids and sigmoidoscopy showed a normal mucosa. It was interesting that during insufflation of the bowel and during sigmoidoscopy she complained of abdominal discomfort similar to the sort of pain she gets when she is constipated.

It would appear that Mrs Watson suffered hindgut neuropathy following her hysterectomy. I have arranged for her, in the first instance, to undergo a barium enema, transit studies and a video proctogram. We will see her back in Mr Finlay's clinic when the results are to hand.

Yours sincerely

I PICKFORD
Senior Registrar

c.c. Dr Whitby, 22 Merryton Avenue, Drumchapel, Glasgow G15 7PU.

GREATER GLASGOW HEALTH BOARD

Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111

X 411828K

DEPARTMENT OF GYNAECOLOGY

DR. D. McKAY HART (Chairman)
DR. J.A. DAVIS (Secrtary)
DR. C.A. FORREST
DR. R.M. STILL
DR. R.A.L. LOW

Fax No 041 557 0468

OO/LAB

Dict: 4.9.92
Typed: 18.9.92

MR. FINLAY
SURGICAL
CLINIC 3
THURS. 3.12.92
@ 10.00hrs.

Mr Ian Findlay
Ward 34
Glasgow Royal Infirmary
Castle Street
GLASGOW
G4 0SF

Dear Ian

Mary Watson, d.o.b. 6.3.54, Unit No 494748
32 Kendoon Avenue, Glasgow, G15 8AX

I would be grateful if you could see this patient of Jo Davis', who had a radical hysterectomy performed back in September 1991. She has been troubled by constipation which has developed following her operation.

I would be grateful if you could see her regarding further investigation. I have already explained to her the possibility that bowel studies might be required.

Yours sincerely

O Owens

O Owens
Senior Registrar

Dr Whitby
22 Merryton Avenue
Drumchapel
G15 7PU

Ref IP/SC/411828

13th May 1993

Dear Dr Whitby

MARY WATSON 6.3.54 32 KENDOON AVENUE GLASGOW G15 8AX

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SENIOR REGISTRAR TO MR IG FINLAY

IGF/LB

30 April 1993

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22 Merryton Avenue
Drumchapel
G15 7PU

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Consultant Colorectal Surgeon

Dr. O. Owens,
Senior Registrar,
Department of Gynaecology,
Stobhill General Hospital,
Glasgow
G21 3UW

IGF/IPW/411828K

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Kind regards.

Yours sincerely,

I.G. Finlay
Consultant General and Colorectal Surgeon

c.c Dr. Whitby, 22 Merryton Avenue, Drumchapel, Glasgow G15 7PU

MR I G FINLAY'S CLINIC

Dr O Owens
Senior Registrar
Department of Gynaecology
Stobhill General Hospital
GLASGOW
G21 3UW

IP/JW/411828K

3 December 1992

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It would appear that Mrs Watson suffered hindgut neuropathy following her hysterectomy. I have arranged for her, in the first instance, to undergo a barium enema, transit studies and a video proctogram. We will see her back in Mr Finlay's clinic when the results are to hand.

Yours sincerely

18.02.93 Pt not yet attended 10/12. Has DNA next to
Get them. Have pt on this
Can apply stress - Need more

I PICKFORD
Senior Registrar

Expected nature of surg
explain. Also Hyo Nerve surg

c.c. Dr Whitby, 22 Merryton Avenue, Drumchapel, Glasgow G15 7PU.

Here the need Smear done
Being seen a Month

GREATER GLASGOW HEALTH BOARD

Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111

X 411828K

DEPARTMENT OF GYNAECOLOGY

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Fax No 041 557 0468

OO/LAB

Dict: 4.9.92
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MR. FINLAY
SURGICAL
CLINIC 3.
THURS. 3.12.92
@ 10.00am

Mr Ian Findlay
Ward 34
Glasgow Royal Infirmary
Castle Street
GLASGOW
G4 0SF

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Yours sincerely

O Owens

O Owens
Senior Registrar

411828

IGF/~~LD~~

9 November 1993

Professor A R Lorimer
Medical Advisor
Royal Infirmary
GLASGOW

Dear Ross

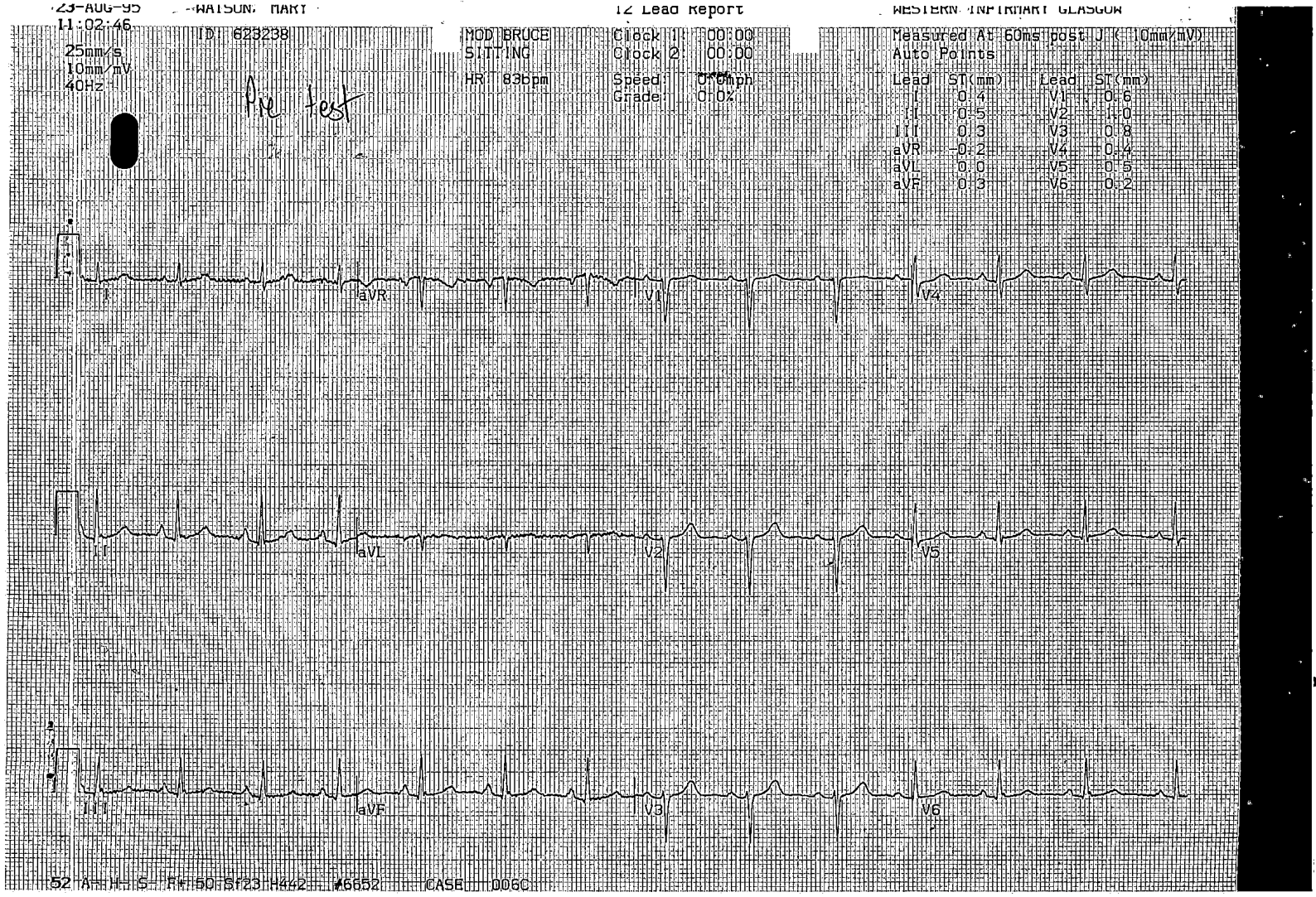
MARY WATSON (6.3.54)
32 KENDOON AVENUE DRUMCHAPEL

Further to your recent letter, I have no objection to releasing our records. The legal action does not really apply to us and there is nothing in our records which would relate to a failure to diagnose carcinoma cervix.

Yours sincerely

I G Finlay
Consultant Colorectal Surgeon

23-AUG-95 WATSON, MARY 12 Lead Report WESTERN INFIRMARY GLASGOW
11:02:46



23-AUG-95 WATSON, MARY 12 Lead Report WESTERN INFIRMARY GLASGOW
11:19:08

ID: 623238

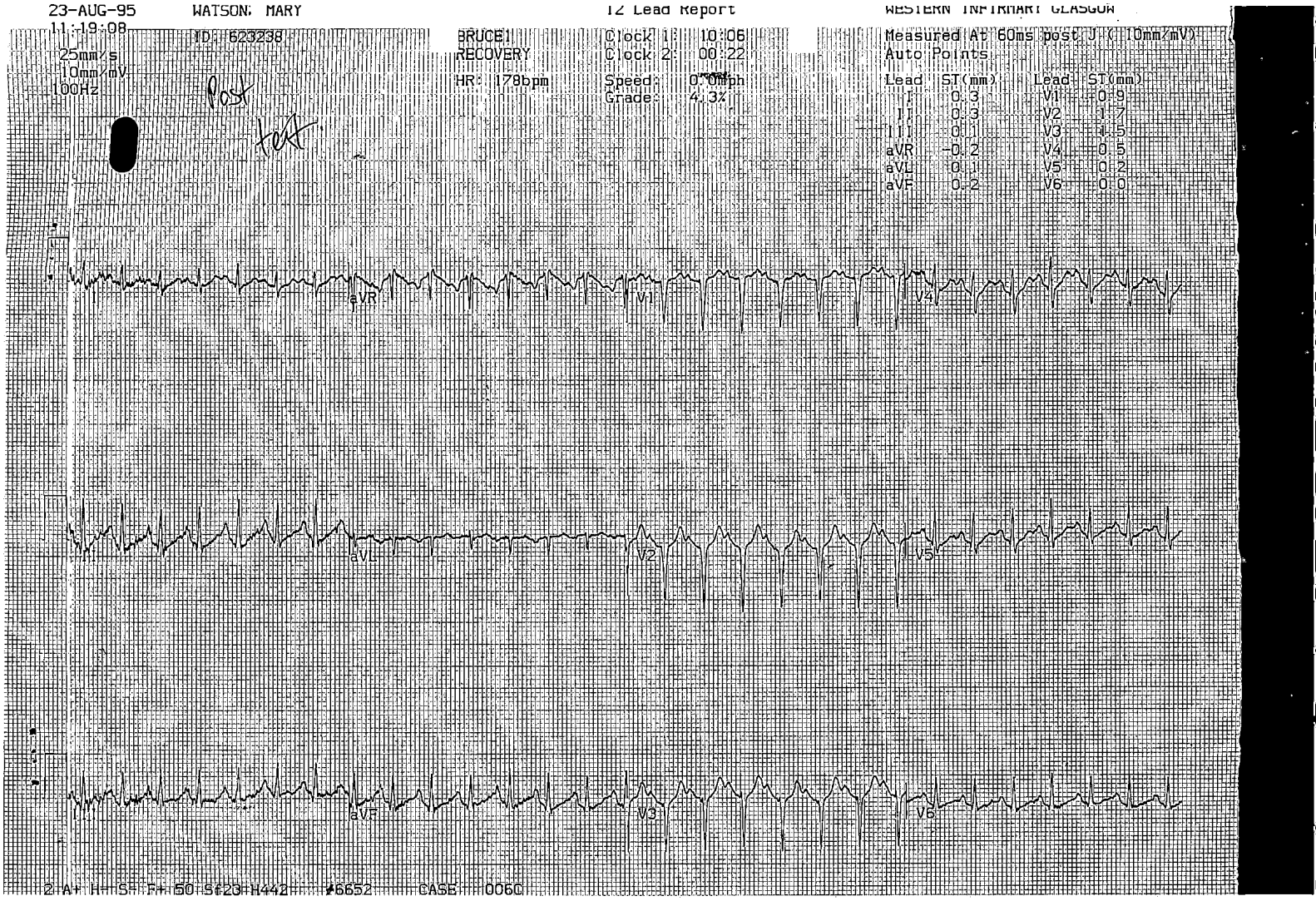
25mm/s
10mm/mV
100Hz

BRUCE1
RECOVERY
HR: 178bpm

Clock 1: 10:06
Clock 2: 00:22
Speed: 0.0mph
Grade: 4.3%

Measured At 60ms post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.3	V1	0.9
II	0.3	V2	1.7
III	0.1	V3	1.5
aVR	-0.2	V4	0.5
aVL	0.1	V5	0.2
aVF	0.2	V6	0.0



2.A+ H-S- F+ 50 S:23 H:42 #6652 CASE: 006C

Graded Exercise Summary Report

WESTERN INFIRMARY GLASGOW

WATSON, MARY
ID: 623238
06-MAR-54 Ht Wt
Female Cauc
28-AUG-95
11:08:38
25mm/s
10mm/mV
100Hz
Procedure: BRUCE1
MCARTHUR

Exer[illegible]e Time: 10:06
Maxi[illegible] Heart Rate Attained: 178bpm 99% Max Predicted 179bpm
Maximum BP:
Maximum Workload Attained: 11METS
Criteria of -2.0mm Horizontal Slope was not reached
Reason for Termination:
FATIGUE
TARGETS REACHED

BASELINE	EXERCISE 1	94bpm	1METS	60ms post J Auto Points	MAX ST	RECOVERY	178bpm	11METS	60ms post J Auto Points
	00:00					00:09			

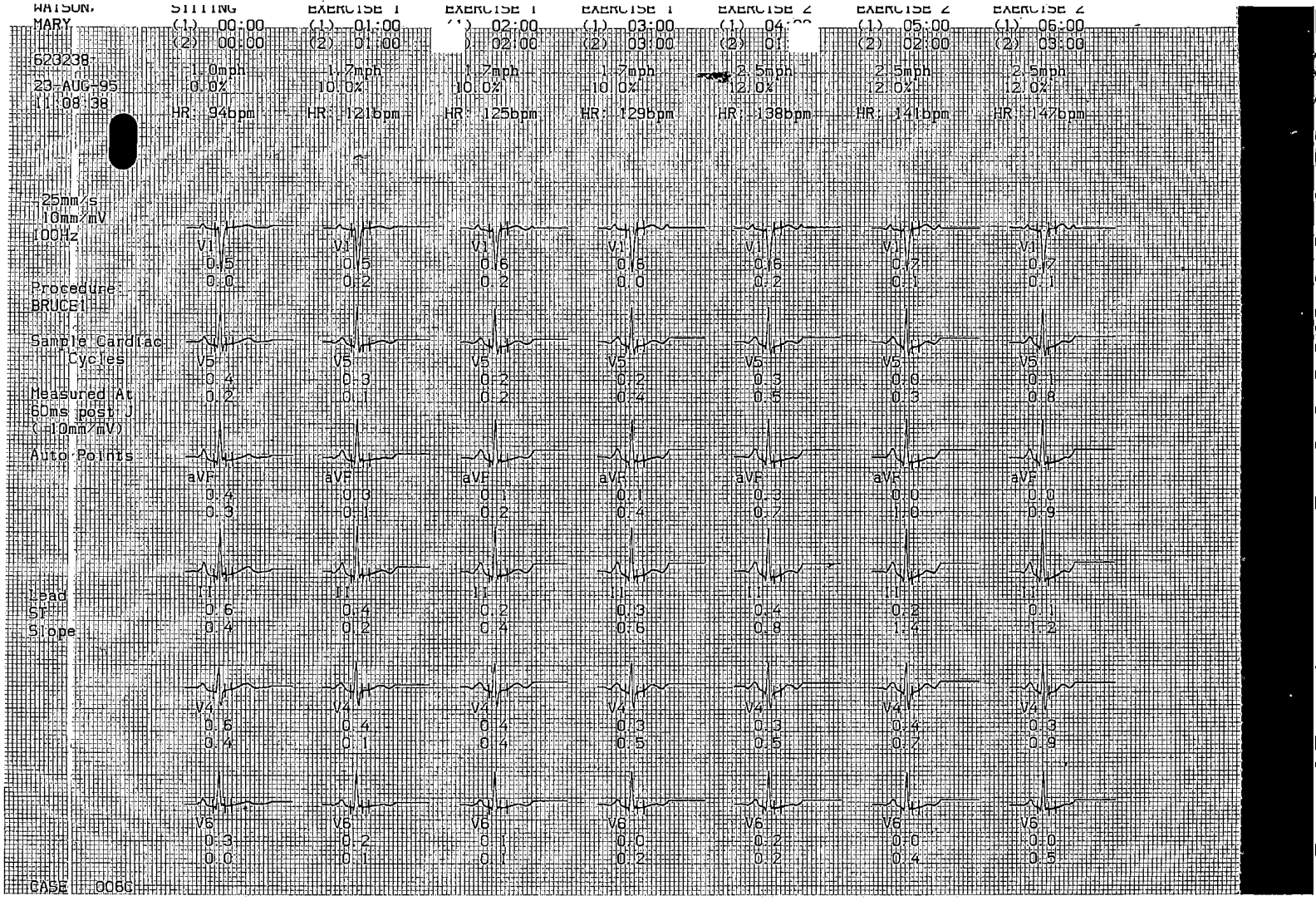
Lead	ST Slope												
I	0.4	aVR	-0.4	V1	0.5	V4	0.6	I	-0.1	aVR	0.1	V1	0.7	V4	0.0
II	0.1	aVL	-0.8	V2	0.0	V5	0.4	II	1.1	aVL	-1.7	V2	1.2	V5	1.7
III	0.6	aVF	0.1	V3	0.9	V6	0.4	III	0.0	aVF	0.0	V3	0.8	V6	0.3
	0.4		-0.2		0.4		0.2		2.4		-0.1		1.8		1.8
	-0.2		0.4		1.0		0.3	III	0.1	aVR	0.0	V3	0.7	V6	0.6
	-0.0		0.3		0.4		0.0		1.3		1.9		2.1		1.4

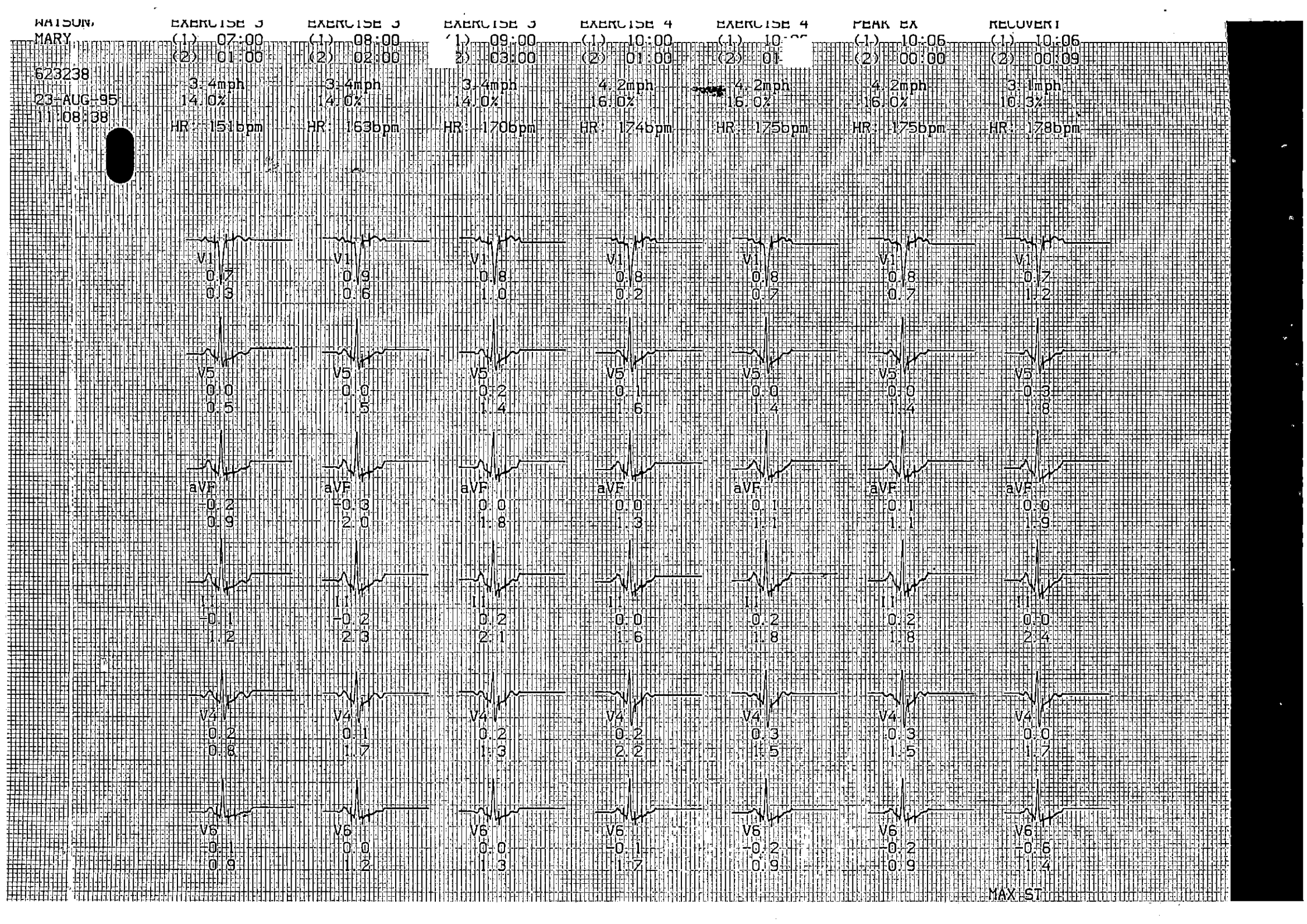
Impressions:

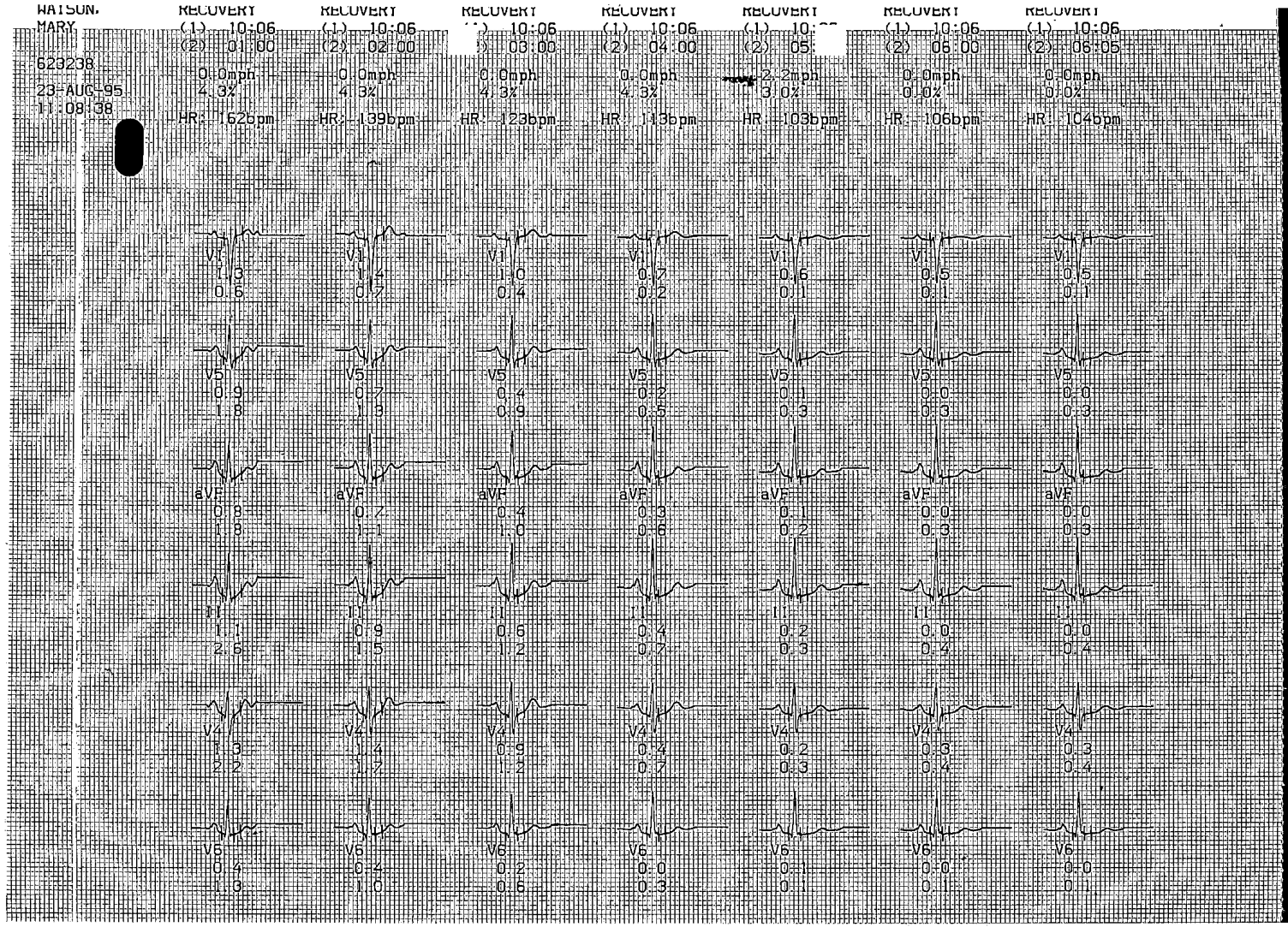
Confirmed By:

Date:

CASE 0066


WATSON, MARY
623238
23-AUG-95
(1) 08:38
SITTING
EXERCISE 1
EXERCISE 2
(1) 00:00
(1) 01:00
(1) 02:00
(1) 03:00
(1) 04:00
(1) 05:00
(1) 06:00
(2) 00:00
(2) 01:00
(2) 02:00
(2) 03:00
(2) 01:
(2) 02:00
(2) 03:00
0mph
1.7mph
1.7mph
1.7mph
2.5mph
2.5mph
2.5mph
0.0%
10.0%
10.0%
10.0%
12.0%
12.0%
12.0%
HR: 94bpm
HR: 121bpm
HR: 125bpm
HR: 129bpm
HR: 138bpm
HR: 141bpm
HR: 147bpm
25mm/s
10mm/mV
100Hz
Procedure:
BRUCE1
Sample Cardiac Cycles
Measured At 60ms post J (10mm/mV)
Auto Points
Lead
ST
Slope
V1
V5
aVF
V4
V6
0.5
0.4
0.6
0.2
0.0
0.3
0.1
0.2
0.4
0.7
0.8
1.4
1.2
0.9
CASE 0060


WATSON,
MARY
623238
23-AUG-95
11:08:38
EXERCISE 3
(1) 07:00
(2) 01:00
3.4mph
14.0%
HR: 151bpm
EXERCISE 3
(1) 08:00
(2) 02:00
3.4mph
14.0%
HR: 163bpm
EXERCISE 3
(1) 09:00
(2) 03:00
3.4mph
14.0%
HR: 170bpm
EXERCISE 4
(1) 10:00
(2) 01:00
4.2mph
16.0%
HR: 174bpm
EXERCISE 4
(1) 10:
(2) 01
4.2mph
16.0%
HR: 175bpm
PEAK EX
(1) 10:06
(2) 00:00
4.2mph
16.0%
HR: 175bpm
RECOVERY
(1) 10:06
(2) 00:09
3.1mph
16.3%
HR: 178bpm
V1
0.7
0.3
0.9
0.6
0.8
1.0
0.8
0.2
0.8
0.7
0.8
0.7
0.7
1.2
V5
0.0
0.5
0.0
1.5
0.2
1.4
0.1
1.6
0.0
1.4
0.0
1.4
0.3
1.8
aVF
-0.2
0.9
-0.3
2.0
0.0
1.8
0.0
1.3
0.1
1.1
0.1
1.1
0.0
1.9
I
-0.1
1.2
-0.2
2.3
0.2
2.1
0.0
1.6
-0.2
1.8
0.2
1.8
0.0
2.4
V4
0.2
0.8
0.1
1.7
0.2
1.3
0.2
2.2
0.3
1.5
0.3
1.5
0.0
1.7
V6
0.1
0.9
0.0
1.2
0.0
1.3
-0.1
1.7
-0.2
0.9
-0.2
0.9
-0.6
1.4
MAX ST


WATSON,
MARY
629238
23-AUG-95
11:08:38
RECOVERY (1) 10:06 (2) 01:00
0.0mph 4.3%
HR: 162bpm
RECOVERY (1) 10:06 (2) 02:00
0.0mph 4.3%
HR: 139bpm
RECOVERY (1) 10:06 (2) 03:00
0.0mph 4.3%
HR: 123bpm
RECOVERY (1) 10:06 (2) 04:00
0.0mph 4.3%
HR: 113bpm
RECOVERY (1) 10:06 (2) 05:
2.2mph 3.0%
HR: 103bpm
RECOVERY (1) 10:06 (2) 06:00
0.0mph 0.0%
HR: 106bpm
RECOVERY (1) 10:06 (2) 06:05
0.0mph 0.0%
HR: 104bpm
I
V1
1.3 0.6
1.4 0.7
1.0 0.4
0.7 0.2
0.6 0.1
0.5 0.1
0.5 0.1
V5
0.9 1.8
0.7 1.3
0.4 0.9
0.2 0.5
0.1 0.3
0.0 0.3
0.0 0.3
aVF
0.8 1.8
0.7 1.1
0.4 1.0
0.3 0.6
0.1 0.2
0.0 0.3
0.0 0.3
II
1.1 2.6
0.9 1.5
0.6 1.2
0.4 0.7
0.2 0.3
0.0 0.4
0.0 0.4
V4
1.3 2.2
1.4 1.7
0.9 1.2
0.4 0.7
0.2 0.3
0.3 0.4
0.3 0.4
V6
0.4 1.6
0.4 1.0
0.2 0.6
0.0 0.3
-0.1 0.1
0.0 0.1
0.0 0.1

Graded Exercise Summary Report

WE RN INFIRMARY GLASGOW

Name: WATSON, MARY
ID: 623238
DOB: 06-MAR-54
Ht:
Wt:
Sex: Female
Race: Cauc

Date: 23-AUG-95
Time: 11:08:53
MUSE Loc: 0
Referred by: MCARTHUR
Medications:
Test Indication:
Test Type: BRUCE
Technician: AW

Phase	Stage	Time in Phase	Duration of Stage	Speed (mph)	Grade (%)	W.L. (METS)	H.R. (bpm)	B.P.	R.P.P. (x100)	P.E.	V.E. (l/min)	ST (V6)	Comments
SITTING		00:00	00:00	1.0	0.0	1	94				0	0.3	
EXERCISE	1	03:00	03:00	1.7	10.0	4	129				0	0.0	
	2	06:00	03:00	2.5	12.0	7	147				0	0.0	
	3	09:00	03:00	3.4	14.0	10	170				0	0.0	
	4	10:06	01:06	4.2	16.0	11	175				0	0.2	
PEAK EX		00:00	00:00	4.2	16.0	11	175				0	0.2	
RECOVERY		06:04	06:04	0.0	0.0	1	104				0	0.0	

Results:
Procedure: BRUCE1
Exercise Time: 10:06
Maximum Heart Rate Attained: 178bpm 99% Max Predicted 179bpm
Maximum BP:
Maximum Workload Attained: 11METS
Maximum ST segment depression of -0.6mm occurred in RECOVERY at 00:09 in lead V6
Criteria of -2.0mm Horizontal Slope was not reached.
Reason for Termination:
FATIGUE
TARGETS REACHED

Impressions:

CASE 00GC Confirmed By Date

Hospital use Only | Clinic: DR MC ARTHUR WCH | Day Date: 23/8/95 | Time: 11.30 | Hospital No.: 623838 | GP112

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital: Western Infirmary Date: 20/7/95 CHI No.

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: WATSON Maiden Surname:

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

Address: 32 KENDOON AVE Date of Birth: 6/3/54
DRUMCHAPEL Patient's Occupation:

Postal Code: G15 8NX Contact telephone number:

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

Name of Hospital: Stobhill

Year of Attendance: 1995 Hospital No.: 494748

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. S.C. Lyon,
Drumchapel Health Centre,
80-90 Kinfauns Drive,
Glasgow G15 7TS (40436)
041 211 6100

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:

I would appreciate if you would arrange for this 41yr old lady to have an exercise tolerance test. She complains of pains in the (L) side of her chest - intermittent, not particularly related to exertion & often no associated symptoms.

She is a smoker (10-20/day) & has a strong family history of IHD (parents both died of MI's - age 65 & 62 yrs)

She finds the GTN spray eases the discomfo off after 2-3 minutes

% well P 80/i, reg BP 110/70 HS I + II + 0. Chest -

PMH Radical hysterectomy in ~1992 for Ca cervix
Probs with abdo pain & difficulty defaecating since - ? for subtotal colectomy

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

Dd8373616 3/94 RP(53791)

DH Temazepam 10mg nocte
DHC 90mg tid for pain
Atenolol 50mg b.d (started today)

Mrs pains are not typical of angina but in view of her risk factors & the fact that she finds GTN spray helps I feel an exercise tolerance test would be helpful.

Thank you for your help

Yours sincerely

Dr S. LYON

WESTERN INFIRMARY
24 JUL 1995
MEDICAL RECORDS

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

WEIGHT				
Date	Kgm.	St.	Lbs.	Own Clothes/O.C. Hospital Clothes/ H.C.
	:			
	:			
	:			
	:			
	:			
	:			
	:			
	:			
	:			
	:			
	:			
	:			
	:			

623238/B
WATSON MARY F
32 KENDOON AVENUE M
GLASGOW 06/03/54
G15 8AX G.P.Prac.40205

TEL. NO.

PATIENT'S OCCUPATION

NEXT OF KIN

ADDRESS

TEL. NO.

FAMILY DOCTOR Dr. S. de Lyon. Drumchapel H.C.

ADDRESS 80-90, Kinfauns Dr. G15 7TS

TEL NO. 211 6100.

CHANGE OF FAMILY DOCTOR

ADDRESS

TEL NO.

PRIMARY

SUMMARY OF ATTENDANCES (OUT-PATIENTS AND IN-PATIENTS)

DATE	HOSPITAL	CLINIC/ WARD	AGE	DIAGNOSIS	OPERATION	DATE OF DISCHARGE
23/8/95	WIC	D. McArthur				

0061761/GRH

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

NAME 623238/B
WATSON MARY
32 KENDOON AVENUE F M
GLASGOW 06/03/54
PHYS/SURG. G15 8AX G.P.Prac.40205

OUT PATIENT HISTORY

DATE	
23/8/95	Dr McArthur.
	Entered abdp chron pain - 3-4 wks. (R) under
	I hind colic rstly up in bed. Bowel pn &
	Loose diarr. Breathless on exrt - no orthopn
	(uses 4 pillows K.W.) No abdl swelling.
	Cong / Cpst Nil of cvd
	Abp. ypn. Urn normal.
	P.H Ca Ca previously - radical hysterect 4 Wks hist
	3 yrs ago
	In Oldchurch - bowel trouble
	Habits 5-7/day ✓ 20 cigs/day Alcohol - Nil
	Drugs Dihydrocodeine - abdl pn.
	O/E

West Glasgow Hospitals University NHS Trust

MR P J O'DWYER'S SURGICAL UNIT

DW/LH

18th September 1996

Dr Jo Davis
Consultant Gynaecologist
Department of Gynaecology
Stobhill General Hospital
Glasgow G21 3UW

cc to Dr S C Lyon
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

Dear Dr Davis

MARY WATSON DOB 6/3/54
32 KENDOON AVENUE DRUMCHAPEL G15 8AA HOSPITAL NO. 623238

Thank you for referring Mrs Watson back to Mr O'Dwyer's care. The patient seems to have been troubled by slow transit constipation and dates this from the time of her hysterectomy. The current situation is that her bowels will only move every three to four weeks with the aid of Picolax. Although this has been the case for three or four years, she is finding it increasingly troublesome and feels that this has partly been the cause of her break up of her relationship.

She has previously been investigated by Mr Finlay at the Royal and there does not appear to be a full copy of the results of the investigations performed there, in our notes.

I have had a chat with Mrs Watson today regarding potential surgical intervention for her treatment. A colostomy would not necessarily palliate her if she has genuine slow transit in which case we would be looking at a sub-total colectomy and this has been discussed with her before. There is an associated morbidity with this operation and no guarantee of good long term result.

I have re-discussed this with Mr O'Dwyer today and he is not too keen to embark on surgery. We will therefore see her again in a few months time to re-discuss the pros and cons of treatment and see if we really feel that this is indicated.

Yours sincerely,

DAVID WALLACE
SURGICAL REGISTRAR

ROYAL INFIRMARY
GLASGOW
G4 0SF
TELEPHONE 041-552 3535

ARL/LW.2

5th November, 1993

Mr I.G.Finlay
Consultant Colorectal
Surgeon
G. R. I.

Dear Mr Finlay,

MRS MARY WATSON, 32 KENDOON AVENUE, DRUMCHAPEL

I enclose a copy of a letter I have received in from Solicitors acting for Mrs Mary Watson. This letter does not read clearly. It appears she attended Stobhill Hospital and the negligence is with them. I have forwarded this on to the Central Legal Office in Edinburgh. In anticipation they wish the copy records to be released please confirm you have no objections to this.

I look forward to hearing from you by return.

Best wishes.

Yours sincerely,

Professor A.R.Lorimer, M.D., F.R.C.P.
Medical Advisor

Encs.

H1614

Robin Thompson & Partners

Solicitors

Berkeley House
285 Bath Street
Glasgow G2 4HQ

Telephone 041-221 8840

Fax 041-226 5738
Rutland Exchange
D.X. GW 162

Please quote this reference: LSU/WATSON/Y93G024

2 November 1993

The Medical Records Officer
Glasgow Royal Infirmary
Castle Street
Glasgow

Dear Sir

MRS MARY WATSON, 32 KENDOON AVENUE, DRUMCHAPEL, GLASGOW, G15
DOB : 6.3.54

We enclose mandates signed by our client Mary Watson authorising the release of her hospital records to us. We have currently intimated a medical negligence claim in relation to the development of a cervical carcinoma. We are happy with copies of the full records together with a note of any items omitted from the copy and would be grateful if you would revert to us with a note of your copying fee.

Yours faithfully

ROBIN THOMPSON & PARTNERS

am

Enc.

Also at : 16-18 Castle Street, Edinburgh EH2 3AT Telephone 031-225 4297 Fax 031-225 9591.
Partners: David Stevenson Manus Mcguire John Henderson Frank Maguire Sidney Smith Graeme Garrett
Angus Logan Lawrence Lumsden Ian Newton Alexander Mc Neil Nicola Dandridge Jan McCall Brenda Thomson
Authorised to conduct investment business under the Financial Services Act, 1986 by the Law Society of Scotland.
Associated with Robin Thompson & Partners, Birmingham, Bristol, Cardiff, Hull, Ilford, London, Nottingham, Stanmore and Stoke-on Trent.

Ref IP/SC/411828

Dr Whitby
22 Merryton Avenue
Drumchapel
G15 7PU

13th May 1993

Dear Dr Whitby

MARY WATSON 6.3.54 32 KENDOON AVENUE GLASGOW G15 8AX

Mrs Watson failed on this occasion to attend the clinic. I would be most grateful if you could look into the matter. No further appointment has been sent.

Yours sincerely

I Pickford
SENIOR REGISTRAR TO MR IG FINLAY

IGF/LB

30 April 1993

Dr Whitby
22 Merryton Avenue
Drumchapel
G15 7PU

Dear Dr Whitby

MARY WATSON (6.3.54)
32 KENDOON AVENUE GLASGOW G15 8AX

Just a note to say that Mary Watson failed to attend for her gastric emptying study. Since she has not contacted the Department, no further routine appointment will be sent, but I would be delighted to see her again as required.

Yours sincerely

I G Finlay
Consultant Colorectal Surgeon

Dr. O. Owens,
Senior Registrar,
Department of Gynaecology,
Stobhill General Hospital,
Glasgow
G21 3UW

IGF/IPW/411828K

18th February, 1993

Dear Dr. Owens,

Mary Watson 6.3.54
32 Kendoon Avenue, Glasgow G15 8AX

Just a note to say that I recently reviewed Mary Watson in the Clinic. You will recall that she is the lady who gives a very good history of the post radical hysterectomy constipation. Her recent investigations showed that the barium enema was normal as was her video proctogram. She does however have delay on her marker studies.

I have discussed the situation in detail with her and explained to her that all of this work is in the nature of research at the present time and that any surgical intervention would be a major undertaking. She feels however that her symptoms are of such severity that she would wish to have something done.

In view of this I have arranged to proceed with gastric emptying studies to ensure that the upper half of the GI tract is normal. This will serve the purpose of giving her further time to consider our discussion today.

I will review her when the results are to hand.

Kind regards.

Yours sincerely,

I.G. Finlay
Consultant General and Colorectal Surgeon

c.c. Dr. Whitby, 22 Merryton Avenue, Drumchapel, Glasgow G15 7PU

MR I G FINLAY'S CLINIC

IP/JW/411828K

Dr O Owens
Senior Registrar
Department of Gynaecology
Stobhill General Hospital
GLASGOW
G21 3UW

3 December 1992

Dear Dr Owens

Mary Watson (06.03.54)
32 Kendoon Avenue, Glasgow G15 8AX

Thank you for referring Mary Watson, a 38 year old woman, who is troubled by constipation. She tells me that she underwent a radical hysterectomy in September 1991 for carcinoma of the cervix. She has been reviewed regularly every three months since then. She tells me that prior to surgery she had a normal bowel habit having her bowels open every day. She now requires laxatives, enemas and suppositories to achieve defaecation. Without medication she might have to wait six to seven days between bowel actions. She is also experiencing problems with micturition. She tells me that her appetite is affected by her constipation but her weight remains steady. I note she has had four children in the past.

On examination she looked well. On abdominal examination she has a right paramedian scar in the lower abdomen. On palpation she was tender in the right iliac fossa. On the space of the perianal region on getting her to bear down there was no evidence of perineal descent. Digital examination revealed a normal anorectal angle with a small rectocele anteriorly. There was no blood on the glove. Proctoscopy showed haemorrhoids and sigmoidoscopy showed a normal mucosa. It was interesting that during insufflation of the bowel and during sigmoidoscopy she complained of abdominal discomfort similar to the sort of pain she gets when she is constipated.

It would appear that Mrs Watson suffered hindgut neuropathy following her hysterectomy. I have arranged for her, in the first instance, to undergo a barium enema, transit studies and a video proctogram. We will see her back in Mr Finlay's clinic when the results are to hand.

Yours sincerely

I PICKFORD
Senior Registrar

c.c. Dr Whitby, 22 Merryton Avenue, Drumchapel, Glasgow G15 7PU.

GREATER GLASGOW HEALTH BOARD

SGH Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111

X 411828K.

DEPARTMENT OF GYNAECOLOGY

DR. D. McKAY HART (Chairman)
DR. J.A. DAVIS (Secrtary)
DR. C.A. FORREST
DR. R.M. STILL
DR. R.A.L. LOW

Fax No 041 557 0468

OO/LAB

Dict: 4.9.92
Typed: 18.9.92

MR. FINLAY
SURGICAL
CLINIC 3
THURS. 3.12.92
@ 10.00hrs.

Mr Ian Findlay
Ward 34
Glasgow Royal Infirmary
Castle Street
GLASGOW
G4 0SF

Dear Ian

Mary Watson, d.o.b. 6.3.54, Unit No 494748
32 Kendoon Avenue, Glasgow, G15 8AX

I would be grateful if you could see this patient of Jo Davis', who had a radical hysterectomy performed back in September 1991. She has been troubled by constipation which has developed following her operation.

I would be grateful if you could see her regarding further investigation. I have already explained to her the possibility that bowel studies might be required.

Yours sincerely

O Owens

O Owens
Senior Registrar

Dr Whitby
22 Merryton Avenue
Drumchapel
G15 7PU

Ref. IP/SC/411828

13th May 1993

Dear Dr Whitby

MARY WATSON 6.3.54 32 KENDOON AVENUE GLASGOW G15 8AX

Mrs Watson failed on this occasion to attend the clinic. I would be most grateful if you could look into the matter. No further appointment has been sent.

Yours sincerely

I Pickford
SENIOR REGISTRAR TO MR IG FINLAY

IGF/LB

30 April 1993

Dr Whitby
22 Merryton Avenue
Drumchapel
G15 7PU

Dear Dr Whitby

MARY WATSON (6.3.54)
32 KENDOON AVENUE GLASGOW G15 8AX

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Yours sincerely

I G Finlay
Consultant Colorectal Surgeon

Dr. O. Owens,
Senior Registrar,
Department of Gynaecology,
Stobhill General Hospital,
Glasgow
G21 3UW

IGF/IPW/411828K

18th February, 1993

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Kind regards.

Yours sincerely,

I.G. Finlay
Consultant General and Colorectal Surgeon

c.c Dr. Whitby, 22 Merryton Avenue, Drumchapel, Glasgow G15 7PU

MR I G FINLAY'S CLINIC

Dr O Owens
Senior Registrar
Department of Gynaecology
Stobhill General Hospital
GLASGOW
G21 3UW

IP/JW/411828K

3 December 1992

Dear Dr Owens

Mary Watson (06.03.54)
32 Kendoon Avenue, Glasgow G15 8AX

Thank you for referring Mary Watson, a 38 year old woman, who is troubled by constipation. She tells me that she underwent a radical hysterectomy in September 1991 for carcinoma of the cervix. She has been reviewed regularly every three months since then. She tells me that prior to surgery she had a normal bowel habit having her bowels open every day. She now requires laxatives, enemas and suppositories to achieve defaecation. Without medication she might have to wait six to seven days between bowel actions. She is also experiencing problems with micturition. She tells me that her appetite is affected by her constipation but her weight remains steady. I note she has had four children in the past.

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Yours sincerely

18.02.93 Pan Lothian Centre 18/12. Has Date Not to

I PICKFORD
Senior Registrar

c.c. Dr Whitby, 22 Merryton Avenue, Drumchapel, Glasgow G15 7PU.

GREATER GLASGOW HEALTH BOARD

Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111

X 411828K

DEPARTMENT OF GYNAECOLOGY

DR. D. McKAY HART (Chairman)
DR. J.A. DAVIS (Secrtary)
DR. C.A. FORREST
DR. R.M. STILL
DR. R.A.L. LOW

Fax No 041 557 0468

OO/LAB

Dict: 4.9.92
Typed: 18.9.92

MR. FINLAY
SURGICAL
CLINIC 3
THURS. 3.12.92
@ 10.00AM

Mr Ian Findlay
Ward 34
Glasgow Royal Infirmary
Castle Street
GLASGOW
G4 0SF

Dear Ian

Mary Watson, d.o.b. 6.3.54, Unit No 494748
32 Kendoon Avenue, Glasgow, G15 8AX

I would be grateful if you could see this patient of Jo Davis', who had a radical hysterectomy performed back in September 1991. She has been troubled by constipation which has developed following her operation.

I would be grateful if you could see her regarding further investigation. I have already explained to her the possibility that bowel studies might be required.

Yours sincerely

O Owens

O Owens
Senior Registrar

411828

IGF/LD

9 November 1993

Professor A R Lorimer
Medical Advisor
Royal Infirmary
GLASGOW

Dear Ross

MARY WATSON (6.3.54)
32 KENDOON AVENUE DRUMCHAPEL

Further to your recent letter, I have no objection to releasing our records. The legal action does not really apply to us and there is nothing in our records which would relate to a failure to diagnose carcinoma cervix.

Yours sincerely

I G Finlay
Consultant Colorectal Surgeon

MR P J O'DWYER'S SGRC CLINIC 7 10 96

DHW/DR

7 October 1996

Ms Mary Watson
32 Kendoon Avenue
GLASGOW
G15 8AX

Dear Ms Watson

I write to you regarding your recent visit to Mr O'Dwyer's Clinic. I have had since had a chance to talk to Mr O'Dwyer, and we have reviewed the investigations you have had at the Royal Infirmary previously.

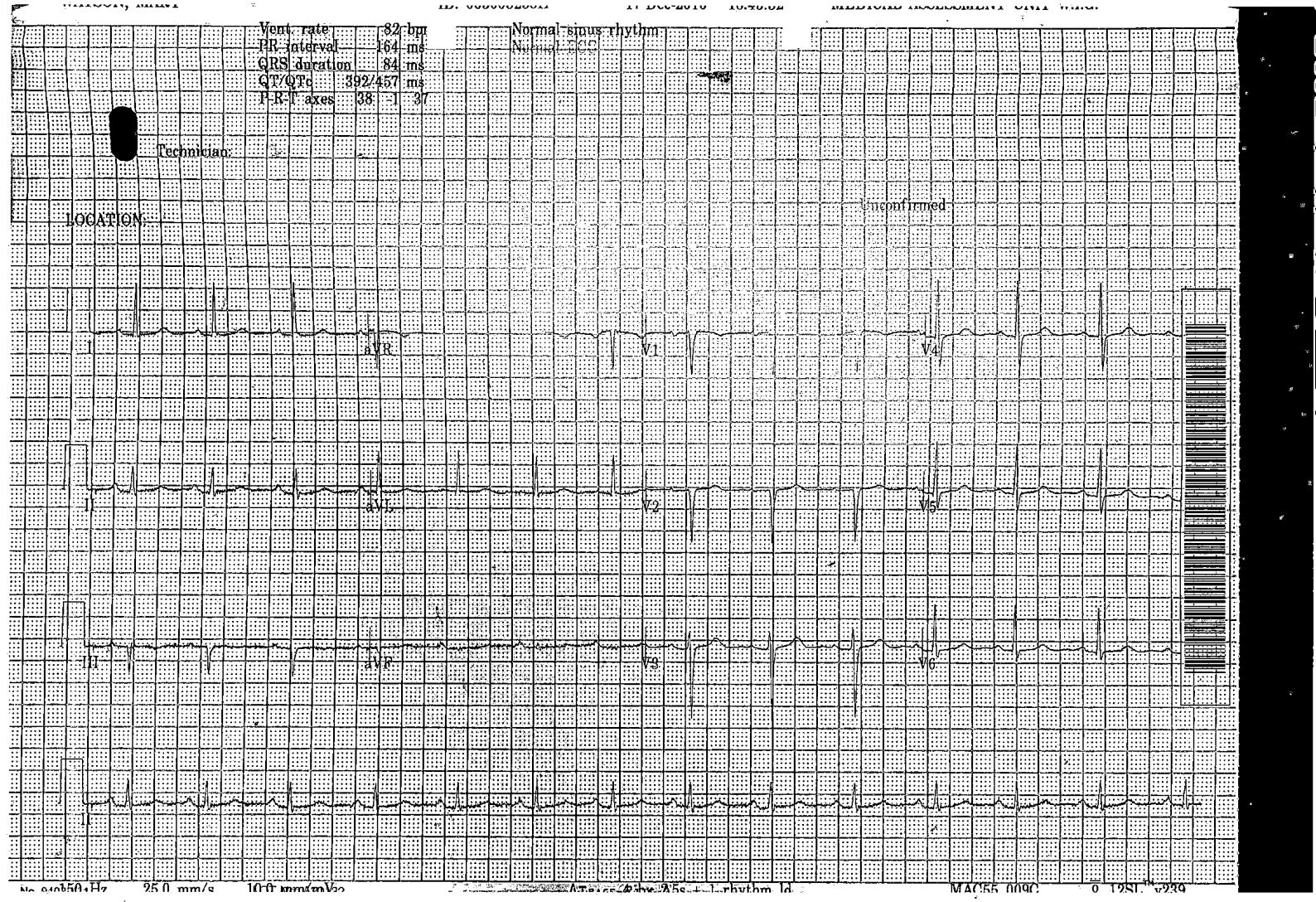
Mr O'Dwyer does not think we need to embark on any current re-investigation nor does he think we should rush into surgery for your problems.

We would however like to see you again at the clinic in the next few months, and I have enclosed an appointment for this.

Yours sincerely

DAVID H WALLACE
SURGICAL REGISTRAR

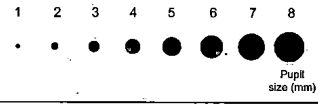
Enc


Vent. rate 82 bpm
PR interval 164 ms
QRS duration 84 ms
QT/QTc 392/457 ms
P-R-T axes 38 -1 37
Normal sinus rhythm
Normal ECG
Technician:
LOCATION:
Unconfirmed
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
25.0 mm/s
10.0 mm/mV
MAC55 0090
0 12SL v239

Neurological Observation Chart

DATE																					
Time																					
COMA SCALE	E Eyes open	Spontaneously	4																		Eyes closed by dwelling = C
		To speech	3																		
		To pain	2																		
		None	1																		
	V Best verbal response	Orientated	5																		Endotracheal tube or tracheostomy = T
		Confused	4																		
		Inappropriate words	3																		
		Incomprehensible sounds	2																		
		None	1																		
	M Best motor response	Obeys	6																		Usually record the best arm response
		Localises	5																		
		Flexion - withdrawal	4																		
		Flexion - abnormal	3																		
		Extension to pain	2																		
		None	1																		
		TOTAL SCORE																			
PUPILS	R	Size																			= reacts –no reaction c eyes closed
		Reaction																			
	L	Size																			
		Reaction																			
LIMB MOVEMENT	ARMS	Normal power																			Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																			
		Severe weakness																			
		Spastic flexion																			
		Extension																			
		No response																			
	LEGS	Normal power																			
		Mild weakness																			
		Severe weakness																			
		Extension																			
		No response																			

Glasgow Coma Scale



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		Mild weakness																			
		Severe weakness																			
		Extension																			
		No response																			

Medical Illustration Services, MIS 131948 - Reorder CEDAR 35497

Patient Observation Chart

NHS Greater Glasgow and Clyde

Name
Address

50623238H
WATSON F
MARY 06/03/1954
28 KENDOON AVENUE
Hospital N
GLASGOW G15 8AX
DOB
CHI-0603546323

Admitted Date_____ Ward_____
Transferred Date_____ Ward_____
Transferred Date_____ Ward_____

Patient Observation Chart Guidelines

Not all patients will require every part of this observation chart to be completed. Clinical judgement should be used to dictate the type and frequency of vital sign monitoring required.

The following patients are considered to be at high risk of developing a critical illness therefore it would be considered good practice to commence MEWS at the earliest opportunity.

- All emergency admissions
- Unstable patients
- Patients whose condition is causing concern
- Patients requiring frequent or increasing frequency of observations
- Patients who have stepped down from a higher level of care
- Patients with a chronic health problem
- Patients who are failing to progress
- Post-operative patients

There are also patients in whom the use of MEWS may be inappropriate:

- Day case patients
- Patients requiring no observations
- Patients who are terminally ill
- Planned discharges.

This is not an exhaustive list. Although the majority of patients may benefit from utilisation of the scoring system, a nurse's own clinical judgement dictates whether he/she feels the patient requires scoring. For guidance on the use of MEWS, refer to the Nurse in Charge.

Pain Score
Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

Sedation Score
0 = Awake, alert, orientated
1 = Mild, aroused by verbal stimulus
2 = Moderate, aroused by physical stimulus
3 = Severe, no response
S = Normal sleep, easy to rouse
Score 2 or 3 requires immediate intervention

Nausea Score
0 = No nausea
1 = Mild (No treatment wanted)
2 = Moderate (Treatment required)
3 = Severe (Clinical problem persists despite treatment)
Review 1 hour after treatment. Inform doctor if additional treatment required.

DATE	17/12																				TEMP X
Time	16:45																				
BP and Pulse •	240																				40°C
	230																				
	220																				39°C
	210																				
	200																				38°C
	190																				
	180																				37°C
	170																				
	160																				36°C
	150	150																			
	140																				35°C
	130																				
	120																				
	110																				
	100																				
	90																				
	80	84																			
	70	94																			
	60																				
	50																				
	40																				
Resp. Rate	14																				
Inspiration O_2%	A																				
SpO_2%	97																				
Pain Score																					
Sedation Score																					
Nausea Score																					
Blood Glucose																					

MEWS																					
	Resp. Rate	0																			
	Pulse	0																			
	Systolic BP	0																			
	GCS / AVPU	0																			
	Urine Output	0																			
	Temp.	0																			
	SpO_2%	0																			
	TOTAL	0																			

DATE																					TEMP X
Time																					
BP and Pulse •	240																				40°C
	230																				
	220																				39°C
	210																				
	200																				38°C
	190																				
	180																				37°C
	170																				
	160																				36°C
	150																				
	140																				35°C
	130																				
	120																				
	110																				
	100																				
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	Systolic BP																				
	GCS / AVPU																				
	Urine Output																				
	Temp.																				
	SpO_2%																				
	TOTAL																				

Modified Early Warning Score (MEWS)

Score	3	2	1	0	1	2	3
Resp. Rate		≤8	9-10	11-20	21-25	26-30	≥31
Pulse		≤40	41-50	51-100	101-110	111-130	≥131
Systolic BP	≤84	85-89	90-100	101-199		>200	
GCS / AVPU	≤8	9-13	14 New agitation or confusion	15 / Alert	Voice	Pain	Unresponsive
Urine	<10mls/hr for 2 hrs	<30mls/hr for 2 hrs					
Temp. (°C)		≤35.0	35.1-35.9	36.0-37.4	37.5-38.5	≥38.6	
SpO_2%	≤87	88-91	92-94	95-100			

Calling Criteria

Score is 1-3	Increase frequency of patient observations, monitor trends and inform Nurse in Charge.
Score is 3 in one category	Contact Senior Nurse and increase frequency of patient observations.
Score is 4 and above or increasing by 2 or more Patient's GCS falls by 2 or more Any patient whose condition is causing concern	Contact Senior Nurse and increase frequency of patient observations Contact Critical Care Outreach Team.

The Senior Nurse will direct patient care and contact the appropriate medical staff when necessa

NAME MARY WATSON HOSPITAL No

AGE

PHYS/ SURG.

DEPT WARD

IN-PAT FORM

IN PATIENT
CONTINUATION HISTORY

DATE	
20/5/10	Seen by smoking cessation service. Keen to quit.
14:50	Discussed the benefits of stopping and the risks of continued smoking. Recommended to use 16 hour patch, 15mg. A two week supply will be ordered for the ward. On discharge patient will be referred to community for continued support.
	Tom Paddon
	Smoking Cessation Advisor.

00559

NAME

HOSPITAL No

AGE

PHYS/ SURG.

DEPT WARD

IN-PAT FORM

IN PATIENT CONTINUATION HISTORY

DATE	
	M/R kallaku
21/5/14	(H) today
8am	6/52 F/u in ME CLANCY
	McINTYRE F/U

00559

Accident and Emergency Department
Western Infirmary

50623238H

(3)

A&E No. 10000017652

3

Surname	WATSON	**Forename**	MARY	**Title:** MRS
Address:	28 KENDOON AVENUE	**Postcode**	G15 8AX	**CHI No:**0603546323
	GLASGOW	**Telephone:**	944 3074	
Date of Birth:	06.03.54	**Sex:**	F	**Age:** 56 yrs

CHI Number: 0603546323

GP Name:	LYON SUSAN		
Address:	DRUMCHAPEL HEALTH ... 80/90 KINFAUNS DRIVE GLASGOW	**Postcode** **Telephone:**	G15 7TS 0141 211 6100

Next of Kin	ARLENE WATSON		
Relationship:	DAUGHTER		
Address:	1/2 17 ABBOTSHALL AV...	**Postcode**	G15 8PR
	GLASGOW	**Telephone:**	0141 944 0531
Primary Carer:			

Date of Attendance: 13.04.10 18:44
Date of Incident:
Presenting Complaint: GP REF SURG

Time .....
MEWS ..... ☐
ECG ..... ☐
Bloods ..... ☑ ALEGA AMY
CXR ..... ☐
Name Band ..... ☐
Phoned Up ..... ☐

Triage PT GP REFER FOR THE SURGEONS. PT AWAITING CHOLECYSTECTOMY. PT S/B GEMS LAST NIGHT AND GIVEN IM DICLOFENIC WITH NO RELIEF. PT IS CURRENTLY TAKING TRAMADOL AND DIHYDROCODEINE. TEMP 35.4

Tetanus Cover:

Allergies:

P= 98 **BP=** 177/106 **RR=** 16 **Sat=** 98 **BM=**

PF= **GCS=** E: M: V: Total:

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time
	Morphine	10 mg	IM			19:15

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General Notes

Have you considered Child Protection? (Please Circle)

N/A No Yes (Refer to Child Protection flow chart)

Patient x-rayed

Yes ☐ **No** ☐

Ward No. (*if admitted*)	**Transfer to:**

Doctor/ENP name (*PRINT*)	**Signature of Doctor/ENP**
CON SpR AS MG CA FY2 ENP (*please circle*)	

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DRUGS PRESCRIBED

Date given	Drug (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administratic	Signature	Given by

PARENTERAL FLUID PRESCRIPTION SHEET

Date	FLUID	Volume	Time to run	Rate mls/hr	ADDED DRUGS	Quantity	Doctors Signature	Added by	Start time 24hr Clock	Put up by	Checked by	Serial/ Batch no

N.B. IF USING A SYRINGE DRIVER/INFUSION PUMP PLEASE USE THE "PRESCRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE DRIVER/INFUSION PUMP"

REFUSAL TO REMAIN UNDER HOSPITAL CARE

I wish to take my discharge. I appreciate that this is against the advice and wishes of the Consultant or his or her deputy looking after me. I acknowledge that I have been informed of the risks of doing so and I accept full responsibility for my actions and any consequences arising from them.

Name *(print)* _____ Signature _____

I confirm that I have explained to the patient the risks that might arise out of his / her decision to take his / her own discharge.

Date _____ Signature _____
(Medical Practitioner)

DISCHARGE DETAILS (NURSING)

Treatment _____

_____

_____ Signed _____

(Please put initials in box)

Crutches [ ] Return appointment [ ] Advice Card [ ] Medication [ ]

Escort to ward [ ] Relatives informed [ ] IRIS [ ] Transport [ ] Time booked ____

Discharged with _____ Admitted / transferred to _____

Time discharged _____ Signed _____

IS 109437 Jacoby

Patient's name _____ Age _____ Date of Birth _____

NG DOCUMENTATION - EMERGENCY DEPARTMENT

Date _____ Time _____ Triage Nurse _____ PC _____

_____

_____

_____ Triage category 1 2 3 4 5

Relatives present: Relatives informed:

INITIAL VITAL SIGNS

at:(Time) _____
HR: _____
BP: _____
RR: _____
SaO_2: _____
Temp: _____
G.C.S: _____
Signed _____

INITIAL MANAGEMENT

Nurse _____

Oxygen started _____ %: Signed _____ ECG: Signed _____

Signed _____

Other _____

Treatment _____

NEUROLOGICAL OBSERVATIONS

CONSCIOUSNESS

TIME — hrs

EYES OPEN: spontaneously 4; to speech 3; to pain 2; none 1

BEST VERBAL RESPONSE: orientated 5; confused 4; inappropriate words 3; incomprehensible sounds 2; none 1

BEST MOTOR RESPONSE: obey commands 6; localises pain 5; normal flexion to pain 4; abnormal flexion to pain 3; extention to pain 2; none 1

COMA SCORE 15

eye closed by swelling = C

Endotracheal tube or Tracheostomy = E

Dysphasia = D

Record the best arm response

Paralysed = P

PUPILS

RIGHT — size (mm) Reaction

LEFT — size (mm) Reaction

+= Reacts - =No Reaction C= Eye closed SL= sluggish pupil

LIMB MOVEMENT

ARMS: Normal power; Mild weakness; Severe weakness; Extention; No response

LEGS: Normal power; Mild weakness; Severe weakness; Extention; No response

Record right (R) and left (L) separately if there is a difference between the two sides

Fractured limb = fr

BLOOD PRESSURE mm Hg

230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30

PULSE RATE

40 39 38 37 Temp C° 36 35 34 33 32 31 30

PUPIL SCALE (mm)

1 2 3 4 5 6 7

RESPIRATORY RATE

SaO_2

NURSE INITIALS

BLOOD GLUCOSE BM STIX	Time	
	BM	
PEAK FLOW	Time	
	PF	
VISUAL ACUITY	R. eye aided/unaided	
	L. eye aided/unaided	
	pH L. eye	R. eye

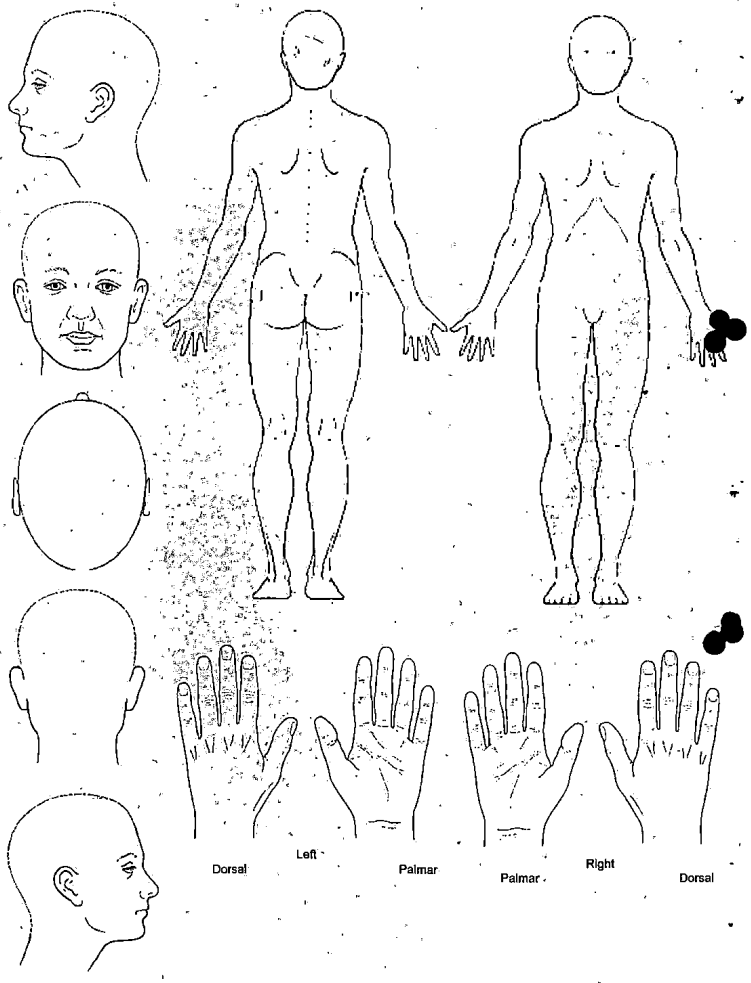
Signed: _____

URINALYSIS

Urobilinogen µmol/L	Normal 3	16	33	66	131		
Protein g/L	Neg	Trace	0.30 +	1 ++	3 +++	>20 ++++	
pH	5.0	6.0	6.5	7.0	7.5	8.0	8.5
Blood	Neg	Non Haem	Haem Trace	Small +	Mod ++	Large +++	
Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
Ketones mmol/L	Neg	Trace 0.5	Small 1.5	Mod 4	Large 8	Large 16	
Bilirubin	Neg	Small +	Mod ++	Large +++			
Glucose mmol/L	Neg	5.5 Trace	14 +	28 ++	55 +++	111 ++++	
Nitrites	Neg	Positive					
Leucocytes	Neg	Trace	Small +	Mod ++	Large +++		
BHCG	+ ve	- ve					

Signed: _____

Please annotate area of: Tenderness / Bruising / Swelling / Abrasions / Lacerations / Incised Is



Signed _____

CLINICAL NOTES - EMERGENCY MEDICINE

Consultant _____ _____ Seen by _____

Grade: FY1, FY2, ST1, ST2, ST3, ST4-6, FTSTA, LOCUM, ENP, CONSULTANT, OTHER *(Please circle)* At (time) _____

Date

CLINICAL NOTES - EMERGENCY MEDICINE

Date

CLINICAL NOTES - EMERGENCY MEDICINE

Date

Date

UNITARY MEDICAL RE and EXAMINATION

Consultant C...g Seen by Catrina Malchi

Grade (FY1) FY2, ST1, ST2, ST3, ST4-6, FTSTA, LOCUM, ENP, CONSULTANT, OTHER (Please circle) At (time) 2030

Date

HISTORY

Presenting Complaint:

RUQ pain.

History of Presenting Complaint:

56 y → onset of RUQ pain before Christmas 09.
→ Had o/p ultrasound Feb 10 which showed gallstones.
→ On waiting list for cholecystectomy with Mr Wilson.
→ 2 previous episodes of symptoms this year requiring hospital admission.

Admitted to hosp last Thursday with similar problems; pain settled overnight, discharged after 24 hrs.

Since discharge constant crampy ache gradually ↑ over weekend.

Severe constant pain radiating through to back and ① shoulder tip.
Unrelieved by Tramadol / diclofenac.
No vomiting, feels constantly nauseous.

No appetite; no solids over last 24 hrs.
Poor intake of fluids.

No diarrhoea / constipation.

No hay fever, eczema or asthma.
No pulmonary hypertension.

MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date

Past Medical History:

Rectal hysterectomy (1990).
L sided lumpectomy & lymph node clean (1996)
Oedema + all over.

- Diabetes NO
- Obesity NO
- Hypertension NO
- MI NO
- CABG NO
- Rheumatic Fever NO
- TB NO

Allergies

heptum → full oedema

Drug History:

Atorvastatin 40mg OD. GTN PRN.
Lasix PRN
Ventolin 100 micrograms DD.
Nitrazepam 5mg PRN.

Family and Social History:

FH/ nil cf note

SH/ lives with daughter currently not working retired using walking. Smokes 10-15 /day. T-total.

EXAMINATION:

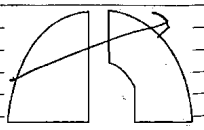
Vital Signs: BP 177/106 P 78 RR 16 T

O_2 Sat 98% on air

General Appearance: Lying on bed, looks well. Currently not required 10mg morphine in AE to control pain.

Cardiovascular warm & well perfused. NO bruits/thrill. HS I+II, no murmurs.

Respiratory on exam good AE equal bs



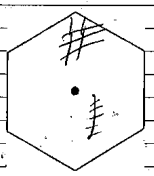
MEDICAL NOTES - HIS and EXAMINATION *(cont)*

Date

Abdominal

generally tender, more in epigastric region.

not distended, Sigs.
No mass palpable.
BS present & not pitched



Central / Peripheral Nervous System GCS 15/15

EO MR VR

Full nerv exam performed.

Other

INVESTIGATIONS DONE

U & E's	/	GLUC	/	LFT's	/	Para/Sal		Troponin		D - Dimer	
FBC	/	COAG	/	Blood Cultures		MSU		ABG			

ECG

CXR

Other

DIFFERENTIAL DIAGNOSIS

Flare of biliary colic.

MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date

PLAN

- ridwsg. allow to Eat o
- slow IVI oxytocin.
- urine bloods.
- Ultrasound urine.

regular analgesia (A)
peptic ulcer cirrhosis if required

Name C Makerkai Sign Grade FY1

Date 13/4/10 Time 13/4/10 2101

SENIOR REVIEW

14/4/10

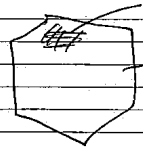
FY2 Surgery

56 F. Increasing RUQ pain since last Friday.
- severe, constant, sharp pain.

1st presented Xmas 09 - RUQ pain.
Jan 2010: US showed gallstones.
⇒ on waiting list for cholecystectomy by Mr. Wilson.
⇒ product not heard anything yet.

⇒ Since then, 2 further admissions with similar problem.

O/E:



epigastric pain radiating to both sides & back
distended abdomen.
hard abdomen.
BS present.

Imp: Biliary colic

P: Analgesia
IV fluids
Bloods

Surgery

Name Sign Grade Date Time

Date

CONSULTANT REVIEW

14/04/2010 WR

still pain + vomiting

tenderness

Abdo soft

Plan:
- IV antibiotics
- abdo US
- anaesthetics

14/4/10 WR (CMCT 12.45
CLINICALLY IMPROVED
LIGHT FOOD + DRY
CONT IV MEDS
W/UP - TUBE
CONSERVATIVE MANAGEMENT

6775

Name Sign Date Time

Results

Biochemistry				Haematology		Other
Na	137	Paracetamol		Hb	140	CXR
K	3.8	Salicylate		MCV	94.8	
CL	101			WCC	15.23	
Ur	4.7	D - Dimer		NEUT	10.86	
Cr	64			Platelets	222	
Gluc	5.3					
Ca²⁺ (corr)	2.45	ABG		INR		
Troponin				APTT		
Amylase	24	O_2		PT		
Bil	5	CO_2				
AST	19	H^+				
ALT	16	BI				
ALP	84	BE				
YGT	18					
ALB	42	COHb				
CRP	3.1					

Dr B.A.K. West.	**FRCS MRCGP**	**80-90 Kinfauns Drive,**
Dr.J.C.Nugent.	**MBChB DRCOG MRCGP**	**Glasgow G15 7TS.**
Dr S.C.Lyon.	**MBChB MRCGP**	**Tel 0141 211 6100**
Dr P Cawston.	**MSc DRCOG DGM MRCGP**	**Fax 0141 211 6104**
Dr J.M.McAtear	**MBChB MRCGP**	

Re

CHI: 0603546323
WATSON, Mary 06/03/1954 F
28 kendoon avenue G15 8AX
944 3074

Dr B. West GMC :1331758
Drumchapel H.C,
13/04/2010 16:18. Practice. 40436

To receiving surgeon,

Biliary colic, uncontrolled pain

Thank you for seeing, severe biliary colic since last week, on waiting list for cholecystectomy, sent to Western last week because colic intolerably painful, ongoing severe since then attended GEMS last night given IM diclofenac which had short term effect only, o/e today no fever no signs of cholecystitis, distressed with colic pain, dihydrocodeine and tramadol ineffective please see and advise

Yours sincerely

Dr Peter Cawston

NAME: MARY WATSON
HOSPITAL No
AGE
PHYS/SURG.
DEPT WARD

IN-PAT FORM 3

IN PATIENT CONTINUATION HISTORY

DATE	
	WR TOVEY
15.4.10	Bloods (N)
	Obs stable
	Catheter analgesia J CRANE PM
16.4.10	WR KAUPERSHAD
	On oral fluids only. start back on light diet
	Pain controlled better today. still achy epigastric pain
	Bloods (N)
	Change to oral NSAID. Rowtazocin
	Obs stable, afebrile. J CRANE PM
	Commenced on PPI -
17/4/10	WR
	- G+D.
	- pt seen.
	(?) Continue.
19.4.10	WR
	WCC 16 CRP 12
	C/O RUQ pain.
	If febrile, WCC ↑ change to IV gent J CRANE PM

00559

HISTORY
(Use other side first)

Date	
	WR KALLACHIL
1.4.10	Note ataxed. J CRAISE FY1
0.4.10	WR TOVEY.
	Bloods static
	Continue ABX and analgesia J.CRAISE FY1
1.4.10	WR KALLACHIL
	Feeling better Cholecystectomy May.
	CRP 220
	On oral ABX
	(H) soon J.CRAISE FY1
21/4	WR Kallachil - pm
pm.	Pain not improving
	(P) Regular Tramadol.
	Repeat USS ? pus formation.
2.4.10	WR TOVEY
	Pain much improved
	Discontinue ABX for Abdo USS not thick walled GB
	J CRAISE FY1
3.4.10	WR KALLACHIL
	If USS shows improvement, no collection (H) today.
3.4.10	Abdo USS report: J.CRAISE FY1
	• cholelithiasis
	• no evidence of pericholecystic fluid or collection

(5)

Accident and Emergency Department
Western Infirmary

50623238H

A&E No. 10000016524

3

Surname	WATSON	**Forename**	MARY	**Title:** MRS	
Address:	28 KENDOON AVENUE	**Postcode**	G15 8AX	**CHI No:**	0603546323
	GLASGOW	**Telephone:**	07544340921		
Date of Birth:	06.03.54	**Sex:**	F	**Age:**	56 yrs

CHI Number: 0603546323

GP Name:	LYON SUSAN		
Address:	DRUMCHAPEL HEALTH ... 80/90 KINFAUNS DRIVE GLASGOW	**Postcode**	G15 7TS
		Telephone:	0141 211 6100

Next of Kin	ARLENE WATSON		
Relationship:	DAUGHTER		
Address:	1/2 17 ABBOTSHALL AV...	**Postcode**	G15 8PR
	GLASGOW	**Telephone:**	0141 944 0531

Primary Carer:

Date of Attendance: 07.04.10 15:32
Date of Incident:
Presenting Complaint: UNWELL - GP REF

Time 15.32
MEWS ☐
ECG ☐
Bloods ☐
CXR ☐
Name Band ☐
Phoned Up ☐

Triage GP REF FOR SURGEONS, KNOWN GALLSTONES, VOMITING, PAIN HAS BEEN INCREASING STATES UNABLE TO COPE - LITTLE RELIEF FROM TRAMADOL OR DIHYDROCODIENE ONLY MANAGING SMALL VOLUMES OF FLUID.

Tetanus Cover:

Allergies:

P= 77 **BP=** 130/72 **RR=** 17 **Sat=** 98 **BM=**

PF= **GCS=** E:4 M:6 V:5 Total: 15

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

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General Notes

Have you considered Child Protection? (Please Circle)

N/A No Yes (Refer to Child Protection flow chart)

Patient x-rayed

Yes ☐ **No** ☐

Ward No. (*if admitted*)	**Transfer to:**

Doctor/ENP name (*PRINT*)	**Signature of Doctor/ENP**
CON SpR AS MG CA FY2 ENP (*please circle*)	

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DRUGS PRESCRIBED

Date given	Drug (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given by

PARENTERAL FLUID PRESCRIPTION SHEET

Date	FLUID	Volume	Time to run	Rate mls/hr	ADDED DRUGS	Quantity	Doctors Signature	Added by	Start time 24hr Clock	Put up by	Checked by	Serial/ Batch no

N.B. IF USING A SYRINGE DRIVER/INFUSION PUMP PLEASE USE THE "PRESCRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE DRIVER/INFUSION PUMP"

REFUSAL TO REMAIN UNDER HOSPITAL CARE

I wish to take my discharge. I appreciate that this is against the advice and wishes of the Consultant or his or her deputy looking after me. I acknowledge that I have been informed of the risks of doing so and I accept full responsibility for my actions and any consequences arising from them.

Name *(print)* _____ Signature _____

I confirm that I have explained to the patient the risks that might arise out of his / her decision to take his / her own discharge.

Date _____ Signature _____
(Medical Practitioner)

DISCHARGE DETAILS (NURSING)

Treatment _____

_____

_____ Signed _____

(Please put initials in box)

Crutches ☐ Return appointment ☐ Advice Card ☐ Medication ☐

Escort to ward ☐ Relatives informed ☐ IRIS ☐ Transport ☐ Time booked _____

Discharged with _____ Admitted / transferred to _____

Time discharged _____ Signed _____

IS 109437 AM/05/04

Patient's name _____ Age _____ Date of Birth _____

NURSING DOCUMENTATION - EMERGENCY DEPARTMENT

Date _____ Time _____ Triage Nurse _____ PC _____

_____

_____

_____ Triage category 1 2 3 4 5

Relatives present: Relatives informed:

INITIAL VITAL SIGNS

at:(Time) _____
HR: _____
BP: _____
RR: _____
SaO_2: _____
Temp: _____
G.C.S: _____

Signed _____

INITIAL MANAGEMENT

Nurse _____

Oxygen started _____ %: Signed _____ ECG: Signed _____

Signed _____

Other _____

Treatment _____

NEUROLOGICAL OBSERVATIONS

| | | | | | | | | | | | |

UNITARY MEDICAL RE) and EXAMINATION

Consultant _____ Seen by [illegible]

Grade: FY1, FY2, ST1, ST2, ST3, ST4-6, FTSTA, LOCUM, ENP, CONSULTANT, OTHER *(Please circle)* At (time) _____

Date

HISTORY

Presenting Complaint: Abdo pain

History of Presenting Complaint:

3-4 month history of colicky abdo pain. Episodes every 2-3 days. lasts about 5-8 hours. Worse after eating. Had scan - abdo. USS in February which showed gall bladder full of gall stones but no dilatation of CBD.

last few days pain become much worse. not eating as makes pain worse. Assoc nausea + vomiting - normally bilious.

MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date

Past Medical History:

↓ thyroid - on thyroxine

breast Ca - 8 years ago

Cervical Ca - 12 years ago

Angina.

- Diabetes
- Obesity
- Hypertension
- MI
- CABG
- Rheumatic Fever
- TB

Allergies

Septran

Drug History:

thyroxine

dihydrocodeine.

Family and Social History:

15/day cigarettes.

non drinker.

EXAMINATION

Vital Signs: BP 130/80 P 77 RR 17 T

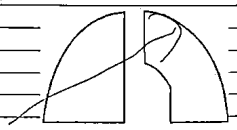
O2 Sat 98% on Air

General Appearance: ~~Pale~~ no jaundice

Cardiovascular HS HHH O.

JVP ⇒, no ankle oedema.

Respiratory Chest clear



MEDICAL NOTES - HIS and EXAMINATION *(cont)*

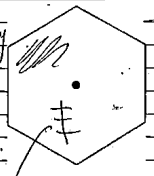
Date

Abdominal

no hepatosplenomegaly / splenomegaly

tender RUQ

BS ✓



hysterectomy scar.

Central / Peripheral Nervous System GCS

EO MR VR

Other

INVESTIGATIONS DONE

U & E's		GLUC		LFT's		Para/Sal		Troponin		D - Dimer	
FBC		COAG		Blood Cultures		MSU		ABG			

ECG

CXR

Other

DIFFERENTIAL DIAGNOSIS

Biliary Colic

MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date

PLAN

1) NBM → 5pm
2) IV fluids
3) Bloods
4) Analgesia + anti-emetics
5) Ultrasound

Name [illegible] Sign [illegible] Grade FY1

Date 7/4/10 Time 5pm

SENIOR REVIEW ST2

9/4/10 0600 5ft 9"

6/12 H/O epigastric pain → RUQ
intermittent colicky
associated with eating
usually occurs after eating
worse each time, particularly fatty foods, lost 1 stone wt
vomiting + pain spasms, food lasts
no bowel upset no colour change
no urinary symptoms
appendicectomy
chronic to see Mr Duffy in clinic 5/5/10 re: gallstones
PMH- R) WLE + axilla clearance for invasive ductal Ca 1996
R/T + lumpectomy
hysterectomy - cervical Ca 8yrs ago
hypothyroid
angina
allergic to aspirin
No alcohol, smoker 10/day
US 23/2/10 → gallstones in contracted GB
bloods (N) MCC II LFTs (N)

O/E BP 130/72 P 77 RR 17 O2 sats 98% on room air
pulse reg good vol no peripheral oedema
abdo soft non dist
non tender
no masses
BS (N)

Imp - biliary colic
→ cont analgesia
Name ? pt scan appear u/s report req Grade Sign Date Time

WMO SR

Date

CONSULTANT REVIEW

W/R Tovey 8/4/10

Hx revisited.
pt distressed this am 'wants gall bladder out'
blood tests (N)

advised that medically fit for home + that she will be operated on in May.

McIntyre FY1.

Name	Sign	Date	Time

Results

Biochemistry		Haematology	Other
Na	Paracetamol	Hb	CXR
K	Salicylate	MCV	
CL		WCC	
Ur	D - Dimer	NEUT	
Cr		Platelets	
Gluc			
Ca^{2+}	ABG	INR	
Troponin		APTT	
Amylase	O_2	PT	
Bil	CO_2		
AST	H^+		
ALT	Bl		
ALP	BE		
YGT			
ALB	COHb		
CRP			

000019

MAINTAINING A SAFE ENVIRONMENT ALERT TO ORIENTATED

NUTRITION NORMAL + HIGH FIBRE

ELIMINATION (BOWEL) - REGULARLY MICROLAX ENEMA'S DAILY
ABDOMEN HAS TO BE PRESSED TO ENABLE TO PASS URINE

HYGIENE SHOWERS DAILY

SLEEP NO PROBLEMS

MOBILITY NO PROBLEMS.

SENSES INTACT.

BREATHING

OTHER RELEVANT INFORMATION SMOKES - N

DISCHARGE PLANNING: HOME HELP ☐ COMMUNITY NURSE ☐ AMBULANCE ☐
DRESSINGS ☐ CASHIER ☐ MEDICATION ☐ APPOINTMENT ☐
TICK (√) WHEN ARRANGED

OBSERVATIONS ON ADMISSION

TEMPERATURE 36.4 PULSE 78. RESPIRATIONS

BLOOD PRESSURE 110/68. HEIGHT WEIGHT

URINALYSIS

SIGNATURE OF ADMITTING NURSE R. Hinchley

NAME: Mary Watson DATE OF ADMISSION:

HOSPITAL: WIG HOSPITAL NO:

DATE	PATIENT PROGRESS REPORT 000020	SIGNATURE
10/12/93	Transferred from Ward 10 Surgical S/R Mr O'Dwyer Comm Retulose. Arachis oil enema followed by Phosphate enema Ventflo removed.	Campbell L. Nall
11.12.93	Care as Mon. Repeat enemas this AM ic good result. Probably home tomorrow. Complaining of pain radiating from (R) groin up (R) hypochondria region.	L. Nall M Palmer. Hanson
12/12/93	Slept well. Settled morning commenced on codanthramer No bowel action today	M Palmer L. Nall
13/12/93	Bowels moved. Slept well. Home 4/52 OPA Drugs Patient went without drugs.	Hanson L. Nall

NAME: MAORI WATSON WARD: L10S DATE OF ADMISSION: 9-12-93

HOSPITAL: WIG HOSPITAL NO.:

DATE	PROBLEM	AIM	EVALUATION DATE	PATIENT PROGRESS REPORT — PLEASE SIGN + DATE EACH ENTRY
			10.12.93	Admitted from A/E & board obstruction Recording on admission 110/68 P 78 T 36°. FASTED. IV in situ PP E HUBBERT
			10.12.93	SUCCUS SINCE ADMISSION HARU JTCONNOLLY
			AM	SHO MO O'Dwyer. IVI dose can have Maxolon FOR transfer to G6 when bed available
			11/12/93	Good Result from Enema. Settled and Slept well. Chamson

000021

PATIENT CARE PLAN: NAME: MARY WATSON WARD: L10S CL DATE OF ADMISSION: 9-12-93

HOSPITAL: WIC HOSPITAL NO. 000022

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.
10/12/93	Independant - bath as able	
	MOBILISATION	
10/12/93	Up as pt is able	
	DIET	
10/12/93	FAST	10/12
10/12	Free fluids & light diet.	
	BLADDER & BOWEL CARE	
10/12/93	use of commode if required	10/12
10/12	Independant	
11/12	Gastrolis on followed by phosphate enema.	
	SPECIAL NEEDS	

DATE COMM.	TECHNICAL CARE	DATE DISC.
10/12	Care of Ventilator	10/12
10/12	Care of IV regime	10/12
	OBSERVATIONS	
10/12/93	4° TPR.	10/12
10/12/93	4° BP.	10/12
10/12	BP daily @ 10am	10/12
10/12	Accurate Fluid balance.	
10/12	Daily Temp & pulse.	
	WOUND CARE	

DATE COMM.	SPECIMENS	INVESTIGATIONS
10/12/93	WSU	

GREATER GLASGOW HEALTH BOARD

IN PAT. FORM **6**

FIRST SID

NAME	HOSPITAL No.
	AGE
	SEX
PHYS.	DEPT.
SURG.	WARD

24 HR FLUID BALANCE AND PRESCRIPTION SHEET

DATE FROM

000023

FLUID	Amount	Time to run	ADDED DRUGS	Doctor's Signature	Added by	Time began	Put up by	Serial or Batch No.
N. Saline 0.9%	500	4h				1-45 p.m.	R.	
Dextrose 5%	500	4h	K+ 20 mmol					
Dextrose 5%	500	4h						

OTHER ORDERS

GRH

60 drops per min = 500 ml in 2 hours

TIME	INTAKE				OUTPUT					
	PARENTERAL		Oral/ Nasogastric	Oral/NG Running Total	URINE	Urine Running Total	SECRETIONS			
	TYPE	AMOUNT					Vomit/ NG ASP	Wound Drain		
08-09										
09-10										
10-										
11-										
12-										
1 p.m.										
2-										
3-										
4-										
5-										
6-										
7-										
8-										
9-										
10-										
11-										
12-			Continued							
1 a.m.										
2-										
3-										
4-										
5-										
6-										
07-08	IVI D5R	500	500	500						
TOTALS					Dise					
	TOTAL INTAKE 1000 ml				TOTAL OUTPUT					ml

NAME	MARY WATSON
HOSPITAL NO.	9-12-93

000024 BALANCE	NEG	POS

ml

000025

TIME	INTAKE				OUTPUT					
	PARENTERAL		Oral/ Nasogastric	Oral/NG Running Total	URINE	Urine Running Total	SECRETIONS			
	TYPE	AMOUNT					Vomit/ NG ASP	Wound Drain		
08-09 1										
09-10 2										
10- 3										
11- 4										
12- 5										
1 p.m. 6										
2- 7										
3- 8										
4- 9										
5- 10										
6- 11										
7- 12										
8- 1										
9- 2										
10- 3			150	150						
11- 4			150	300						
12- 5										
1 a.m. 6			300	600	100	100				
2- 7										
3- 8			200	800						
4- 9										
5- 10			150	950	200	300				
6- 11										
07-08 12										
TOTALS										
	TOTAL INTAKE ml				TOTAL OUTPUT ml					

NAME	Mary Watson
HOSPITAL NO.	10/12/93. G6.

BALANCE	NEG	POS

ml

TIME	INTAKE 950				OUTPUT 300					
	PARENTERAL		Oral/ Nasogastric	Oral/NG Running Total	URINE	Urine Running Total	SECRETIONS			
	TYPE	AMOUNT					Vomit/ NG ASP	Wound Drain		
08-09 1										
09-10 2										
10- 3										
11- 4					250	250				
12- 5										
1 p.m. 6			100	100						
2- 7			150	250						
3- 8										
4- 9										
5- 10			150	400	100	350				arachis + phosphate - Small result
6- 11										
7- 12			NIL	900						
8- 1										
9- 2										
10- 3			Asleep	900						
11- 4										
12- 5			200	1100						
1 a.m. 6			150	1250						
2- 7										
3- 8										
4- 9										
5- 10										
6- 11										
07-08 12										
TOTALS										
	TOTAL INTAKE ml				TOTAL OUTPUT ml					

NAME 11/12/93 (11)
HOSPITAL NO. Mary Watson

BALANCE	NEG	POS

ml

GREATER GLASGOW HEALTH BOARD

CLINICAL CHART

NAME MARY WATSON HOSPITAL WIG

WARD L10S HOSPITAL NUMBER 000027

DATE 10/12/93

TIMES 0 6 10 2 6 12 6

TEMP °C

40.0°
39.5°
39.0°
38.5°
O—O
38.0°
37.5°
37.0°
36.5°
36.0°

PULSE/min

150
140
130
●—●
120
110
100
90
80
70
60
50
40

RESP/min

30
X—X
20

BOWELS

WEIGHT

GRH

GREATER GLASGOW HEALTH BOARD

BREAST CLINIC

NAME HOSPITAL

623238/B
WATSON MARY
32 KENDOON AVE., F
PHY GLASGOW M
SUR 06/03/54
G15 8AX G.P.Prac.40205

DATE: 13/1/92
G.P.: TURNER
ADDRESS: 22 MORLEYTON AV GLASGOW
REFERRED BY: G.P.

000028

Please CIRCLE the appropriate number

SYMPTOM: (1) Lump
2 Pain: _____
3 Discharge Type _____
Site _____
4 Other (specify) _____
Duration 3 months.

SITE: 1 Right
2 Both
(3) Left

AGE: 37

LMP: — ?

RISK FACTORS: Prev. Hist. —
Fam. Hist. —

Parity 4
Breast Feed —
Use of OCP _____

Age at Menarche 13
Age at Menopause —
Age at 1st Preg 19

0 None
1 Current
(2) Previous

MEDICAL HISTORY:

Sept 91 Radical hysterectomy & cervix.

EXAMINATION:

if LUMP present specify: SIZE 1 cms.

1 Multiple lumps, No. _____
2 Enlarged nodes
3 Nipple retraction
4 Deep fixation
5 Skin fixation/ulceration

CLINICAL IMPRESSION:

(1) Benign
2 Unsure
3 Malignant

INVESTIGATIONS REQUESTED:

0 None
1 Mammography
2 FNA
(3) Cyst asp. CYTO.
4 Tru-cut
5 Smear
6 Other (specify) _____

RESULTS:

FNA: R.	FNA: L.		MAMMOGRAMS: R.	MAMMOGRAMS: L.
1	1	BENIGN/NAD	1	1
2	2	Suspicious	2	2
3	3	MALIGNANT	3	3
4	4	Inadequate	4	4

DIAGNOSIS:

1 NORMAL
(2) Cyst
3 Fibroadenoma
4 Fibroadenosis
5 Duct Ectasia
6 Fat Necrosis
7 CANCER
8 Other

OUTCOME:

1 Discharged
2 Review 3 nths.
3 Operation
4 Drug Treatment

CLINICIAN _____

GREATER GLASGOW HEALTH BOARD

623238/B
WATSON MARY
32 KENDOON AVE.,
GLASGOW
G15 8AX 06/03/54 F M
G.P.Prac.40205

NAM
P
SURG.

OUT PATIENT
HISTORY

000029

DATE
24/4/92
12/6/92

Drugs to be given in hospital

Date	Drug Name	Dose	Route	Frequency	Times of administration				Doctor's Signature
Nurse record of administration			Sign Box						

Date	Drug Name	Dose	Route	Frequency	Times of administration				Doctor's Signature
Nurse record of administration			Sign Box						

Post-operative progress 15[05] – NTW fluid + Diet Taken
Analgesia @ 15.20

Discharge drugs

Date	Name of Drug	Strength	Quantity	Doctor's Signature	Nurse's Signature

Does patient require...

Out patient appointment? Yes ☐ No ☐ Date _____

Details _____

To visit practice nurse? Yes ☐ No ☐

Details _____

Discharged at _____ Accompanied by _____

Discharge information received by patient (please sign) X _____

Signature of discharge nurse _____

MEDICAL ILLUSTRATION SERVICES To obtain copies of this document phone 24692 or email info@medill.co.uk MIS125185

Gartnav Day Surgery Unit

LOCAL ANAESTHETICS

North Glasgow University Hospitals Division

NHS Greater Glasgow

(2)

Please tick appropriate box

Minor surgery	
Hand surgery	
Interventional radiology	
Urology	
Chronic pain	

ALLERGIES — SEPTRIN.

BOOKLET FOR DAY PROCEDURES

CONFIDENTIAL PATIENT INFORMATION

Name
Address
50623361
NATSON
MARY 06/03/1954
28 Kendoon Avenue
GLASGOW G15 6RX
CHI-0603546323

PATIENT LABEL

Hosp. No. D.O.B.

Procedure Appointment Date 18/1/06 **Time** 14.15

Consultant Dr Speirs

Consultant Dr SPARRELL Named Nurse SN HANNIGAN.

Proposed procedure S.I.J. I.

Next of kin ALLEN & WATSON DAUGHTER Telephone number 0141-944-1246

Escort DAUGHTER B/A

Pre-procedure check

Case notes Yes ☑ No ☐ Name band Yes ☑ No ☐

Hand surgery patients only

Hand to be operated Left ☐ Right ☐

Have rings been removed if required? Yes ☐ No ☐ N/A ☑

Past medical history

	Yes	No	Specify
Allergies	☑	☐	SEPTAZON
Diabetes	☐	☑	BM STIX
Breathing problems	☐	☑	
Epilepsy	☐	☑	Date of last fit
Heart condition	☑	☐	ANGINA, ANGIOGRAM @ 2001
Hypertension	☐	☑	
Any action required if patient for future GA?			Yes ☐ No ☐
Any other serious illness?	☑	☐	CA CERVICAL + BREAST CA.
Medication	☑	☐	THYROXINE, SIMVASTATIN, GTN.
Other problems	☐	☑	

Pre-operative observations B/P 111/69 P 107 SAOs 97%

Signature of Admitting Nurse

Consent? Yes ☐ No ☐ By

Comments

Procedure per ed Bilateral SIJ I/C steroid.

Post-operative instructions BP + Pulse x1 hr for 15 mins.

Recordings

KEY: B.P. PULSE RESP ↓ ANY XXX

Date	Time	
		BLOOD PRESSURE 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0
		PULSE RATE
		RESPIRATION
		Wound check
		C
		S
		M

Electrocautery: Bipolar ☐ Monopolar ☐ Grounding plate site

Tourniquet: On Off Site Pressure mmHg Smillie

Wound: Skin prep Hydrex Aletra Wound toilet

Skin closure: Suture absorbable ☐ Suture nonabsorbable ☐ Staples ☐ Skin glue ☐

Count: Correct ☐ Incorrect ☐ No count required ☐

Instruments (stickies):

Name scrub person N/A

Sig. circ. person

Discrepancy Surgeon's signature

GREATER GLASGOW HEALTH BOARD UNIT WEST 1

000003

Date	Kgm.	St.	Lbs.	Own Clothes/O.C Hospital Clothes H.C.
18/2/02	63·9	10	1	O/C
	:			
	:			
	:			
	:			
	:			
	:			
	:			
	:			
	:			
	:			
	:			
	:			

50623238H
WATSON F
MARY 06/03/1954 MARY
28 KENDOON AVE F
GLASGOW
G15 8AX 03/54

/54

TEL. NO. — 944 7780

PATIENT'S OCCUPATION H/W ~~welfare~~

NEXT OF KIN ELIZ WOODS - SISTE
~~Daughter Eldest~~

ADDRESS 600 KINFAUNS DR.

TEL. NO. 944 4284

FAMILY DOCTOR DR TURNER

ADDRESS 22 ~~MERRYTON~~ AVE GLASGOW

TEL. NO.

CHANGE OF FAMILY DOCTOR ~~DUFFY~~ LYON

ADDRESS DRUMCHAPEL H/C.

TEL. NO. 80-90 KINFAUNS DRIVE

PRIMARY 211 6100

SUMMARY OF ATTENDANCES (OUT-PATIENTS AND IN-PATIENTS)

DATE	HOSPITAL	CLINIC/ WARD	AGE	DIAGNOSIS	OPERATION	DATE OF DISCHARGE
30/6/89	WIG	DR MacLEAN		DNA		
22/9/89	~	~	~			
5/7/90	WIG	99		P.I.D.		8·7·90
11/9/91	~	~	Hamilton			
13/1/92	WIG	PROF GEORGE				
24/4/92	WIG	PROF GEORGE		DNA	Readmit 12/4	
12/6/92	WIG	PROF GEORGE		DNA	DNA 24/7	
24/7/92	WIG	PROF GEORGE				
9/12/93	WIG	LIOS	39			
10/10/94	WIG	Prof George.				
13/1/95	~	~	~			
6-12-97	WIG	LIOS				8/12/97
14/12/97	WIG	LIOS	43			

SUMMARY OF ATTENDANCES (OUT-PATIENTS AND IN-PATIENTS) contd.

DATE	HOSPITAL	CLINIC/ WARD	AGE	DIAGNOSIS	OPERATIONS	DATE OF DISCHARGE
2/10/98	WIG.	L&M	44	– ccu		Smem 28 10 98
9/10/00	WIS	L&M				
	WIS	S3				12/10/00
9 20	"	"				25 7 01
1 02	"	"				2 02
16/8/03	WIG	ATR				
0.5.04	WIG	L&M	50			21.5.04
7.05	GGH	GNT				
11/05	GCM	Eye				

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

NHS Greater Glasgow

NAME	Hospital No.
	Age
	Sex
PHYS/ SURG.	Dept. Ward

OUT PATIENT HISTORY

DATE

Acup

28-6-07 (L) L4 TES GB20 21 Bilat LI5
Bl Mend (L) to SITS Some on (R)

5-7-07 Repeat

27-8-08 Repeat bilateral GB20, 21 LI5.
L4 TES
- + B.M. Bilateral SITS.

00597

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

NHS Greater Glasgow

NAME	Hospital No.
	Age
	Sex
PHYS/ SURG.	Dept. Ward

OUT PATIENT HISTORY

DATE	
18/1/06	Pilot SIS+ V. anxious 5mg O/D BP + 20mg Depak bal sub.

00597

North Glasgow University Hospitals Division

NHS Greater Glasgow

50623238H F
WATSON 06/03/1954
MARY
28 KENDOON AVE
GLASGOW
G15 8AX

OUT-PATIENT HISTORY

DATE 4/2/5

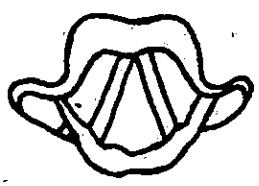
DEPARTMENT OF OTOLARYNGOLOGY

HISTORY

Hx discharge (R) tonsil
2 1-year
No Hx Tonsillitis
Smoker

EARS	NOSES AND SINUSES	MOUTH, PHARYNX, TONSILS, NECK
Right		Cyst (R) tonsil collection Acid
Left	NASOPHARYNX	No clear Normal tonsil fossae

LARYNX



X-RAY EXAMINATIONS

SINUSES
CHEST
OESOPHAGUS
MASTOID
DENTAL
OTHERS

TREATMENT

Plan - toothbrush
- TTD DW

Cedar No. 00597 MIS 110762

000004

623233
WATSON MARY F.
56 CLOAN AVE.
GLASGOW G15 6 3 54

DEPT WD N/T54

BLOOD GROUP	
DRUG SENSITIVITY	

OCCUPATION

FAMILY DOCTOR
D. Davidson — Wkp
82 Mearnskirk Ave
G 53

CASE SUMMARIES AND CORRESPONDENCE

ALL COPIES OF LETTERS AND DISCHARGE SUMMARIES SENT BY MEMBERS OF STAFF MUST BE FILED BEHIND THIS DIVIDER IN CHRONOLOGICAL ORDER LAST LETTER ON TOP AND **NOT WITH THE SPECIALTY NOTES.** RADIATION EXPOSURE SHEETS SHOULD ALSO BE FILED BEHIND THIS DIVIDER.

THESE LETTERS DISCHARGE SUMMARIES AND RADIATION SHEETS, TOGETHER WITH THIS PERSONAL DATA CARD, MAY BE THE ONLY RECORD RETAINED FOR FUTURE REFERENCE.

CASE INDEX

DATE		DIAGNOSIS	CODE	OPERATIONS
ADMITTED 5/8/53	WARD Gen 10.	PRIMARY DIAGNOSIS Anaem		OPERATIONS
DISCHARGED	WL AGE 0 21	OTHER		
ADMITTED 13-11-80	WARD Gen Surg Hy Rm	PRIMARY DIAGNOSIS Hy Rm System		OPERATIONS
DISCHARGED	WL AGE 0	OTHER		
ADMITTED 9/6/83	WARD G5	PRIMARY DIAGNOSIS		OPERATIONS
DISCHARGED	WL AGE 0 21	OTHER		
ADMITTED	WARD	PRIMARY DIAGNOSIS		OPERATIONS
DISCHARGED	WL AGE 0	OTHER		

367

GREATER GLASGOW HEALTH BOARD

BLOOD GROUP

DRUG SENSITIVITY
1
2
3
4

OTHER POTENTIAL HAZARDS
1
2
3
4

623238
WATSON MARY 362
32 KENDOON AVENUE F
GLASGOW 06/03/54
G15 8AX
G.P.Prac. 40436

PRIMARY

Dr. J. JAY

TEL. NO. 944-2232.

PATIENT'S OCCUPATION Housewife.

FAMILY DOCTOR DR OSBORNE

ADDRESS 22 MERRYTON AVE

TEL. NO.

CHANGE OF FAMILY DOCTOR

ADDRESS

TEL. NO.

CHANGE OF FAMILY DOCTOR

ADDRESS

TEL. NO.

WEIGHT

Date	Kgm	St	Lbs	Own Clothes / O.C. Hospital Clothes H C
	:			
	:			
	:			
	:			
	:			
	:			
	:			

KNOWN TO PARA MEDIC DEPARTMENTS		SPECIAL MEDICAL UNITS		RECORDS: OTHER HOSPITALS NO.
MEDICAL SOCIAL WORKS	☐	PSYCHIATRY	☐	
OCCUPATIONAL THERAPY Please	☐	RADIOTHERAPY Please	☐	
SPEECH THERAPY Tick	☐	ONCOLOGY Tick	☐	
PHYSIOTHERAPY	☐		☐	
PSYCHOLOGY	☐			

PRIMARY

SUMMARY OF ATTENDANCES (OUT-PATIENTS AND IN-PATIENTS)

DATE	HOSPITAL	CLINIC/ WARD	AGE	DIAGNOSIS	OPERATIONS	DATE O DISCHAR

THIS CARD MUST BE FILED IN FRONT OF CLINICAL NOTES (SECTION 3)

West Glasgow Hospitals
Orthopaedic Department Notes

DEPARTMENT OF ORTHOPAEDICS
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
0141 211-1853
0141 211-2938
0141 211-2422

Secretary Tel: 0141-211-1853, (Ms Alison Gallacher)
Secretary Fax: 0141-211-2466
E-Mail: Alison.Gallacher.wg@northglasgow.scot.nhs.uk

MR A T REECE SPINE CLINIC – 26 August 2003

ATR/AG/623238

29 August 2003

Dr Nugent
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Nugent

MARY WATSON, DOB 06/03/54
28 KENDOON AVE, GLASGOW G15 8AX

Thanks for your helpful letter regarding this lady. I note the previous history of breast cancer and cervical cancer and the treatment she has had for both. There is a five year history of what sounds to be typical mechanical back pain with no red flags. She does get some pain into her buttocks but no real pain down her legs. There is no sensory or peroneal disturbance.

She is under five feet and significantly over weight. She has significantly reduced lumbar spine movement in all planes. There is no neurological abnormality in either lower limb and hips and knees are also normal.

I have asked for a soon MR scan of her lumbar spine and we will review her soon thereafter. I am also going to arrange an assessment by the osteoporosis screening team giver her history of hysterectomy. #

Kind regards

A.T. REECE, FRCS (Orth)
Consultant Orthopaedic Surgeon

West Glasgow Hospitals
Orthopaedic Department Notes

DEPARTMENT OF ORTHOPAEDICS
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
0141 211-1853
0141 211-2938
0141 211-2422

Secretary Tel: 0141-211-1853, (Ms Alison Gallacher)
Secretary Fax: 0141-211-2466
E-Mail: Alison.Gallacher.wg@northglasgow.scot.nhs.uk

MR A T REECE SPINE CLINIC – 26 August 2003

ATR/AG/623238

29 August 2003

Sister Fraser
Osteoporosis
Bone Metabolism Unit
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Dear Mayreen

MARY WATSON, DOB 06/03/54
28 KENDOON AVE, GLASGOW G15 8AX

I would be grateful if you could see and assess this lady. She is 49 and has had previous breast cancer treated by lumpectomy, chemotherapy and radiotherapy and was on Tamoxifen for six years until recently. She has also had carcinoma of the cervix treated by radical hysterectomy approximately eight years ago. She is complaining of back pain and she is currently awaiting a MR scan in relation to that. I think she probably merits review from yourselves.

Kind regards

A.T. REECE, FRCS (Orth)
Consultant Orthopaedic Surgeon

West Glasgow Hospitals University NHS Trust
Orthopaedic Department Notes

623238
WATSON MARY
28 KENDOON AVE F

GLASGOW 06/03/54
G15 8AX
G.P.Prac. 40436

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
0141 211-1853
0141 211-2938
0141 211-2422

WEST GLASGOW HOSPITALS

623238
WATSON MARY
28 KENDOON AVE. F

GLASGOW 06/03/54
G15 8AX
G.P.Prac. 40436
SURG.

OUT PATIENT
HISTORY

DATE	
18/2/02	
10/2/05	
10.25	Wan 6/9 VHA Wan 6/9-4. VHA. NA. 6/6.
	New referral by w for slight abnormality of ⓛ fovea
	Pt asymptomatic
	No fo abnormality given, declined
	PoH: Migraine
	GH: Hypothyroidism, T Cholesterol, IHD
	Recall for CaBreast Ca Centre
	Medics: Thyroxine
	GTN Spray
	Simvastatin
	Allergies: SEPTRIN
	Rec: Quad- Amsler Quad
	CRAPD
	11/15
	Tmp 11/1. BES @ 11:30
	NAD. Fundus ⓡ ⓛ Benign RPE atrophy

0061588M1

DATE

HISTORY
(Use other side first)

— Adl

— Recurrent

① for only

②

Tegretin

Only | Clinic GELJKY | Day Date Thurs 9.3. | Time | Hosp No. 623238 | GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Hospital W.I.G. Date 25/2/87

Urgent Appointment Required YES/NO

10 MAR 1987

Please arrange for this patient to attend the OPHTHALMOLOGY clinic of Mr JAY

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname WATSON
First Names MARY
Address 56 CLOAN AVE

Maiden Surname —
Single/Married/Widowed/Other
Date of Birth 6/3/54
Patient's Occupation

Postal Code Telephone Number

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital WIG
Year of Attendance 1985 Hospital No 623238

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

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

S. OSBORNE
22 MELVATON AVE
DRUMCHAPEL
G15 7PU.

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 Jay,

I would be grateful if you would see this patient of ours. She has cysts under both upper eyelids and is keen to have these removed. That on the left eye is particularly noticeable and has been increasing in size.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from:

Yours sincerely

No. (if known)

Signature Susan Osborne

Od 8691272 26M Pads 11/82 Barr Printers

GLASGOW EYE INFIRMARY

189862

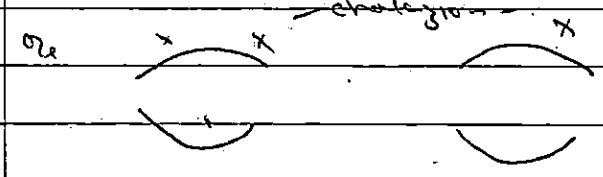
WATSON
MARY 6/3/54
56 CLOAN AVE M/---
GLASGOW G15
GLASGOW EYE INFIRMARY

OUT PATIENT HISTORY

Consultants Name:

DATE DIAGNOSIS

VAR ~~with glasses~~ 6/6 +2. VAL ~~with glasses~~ 6/6 +3.

DATE		TREATMENT
	33yrs old	
9.7.87		
	Noticed painless 'cysts' both upper lids	
	No other eye problems.	
	GH - good FH - nil.	
	DH - nil Vertin allergy	
	POH - nil	
		
	(Shown on RVL)	
	Quiet ant segment	
	12|12	
	No APD.	
	Bil 17. drop 2.20pm.	
	Both fundi - nad.	
	- discs -	
	- MVIs -	

NAME

UNIT No.

DATE

Continuation

TREATMENT

Itc chalazion LUL

1? Ignorance ? adherent

Pt 8 15 mins.

Occhlor 17. gds 5/7.

See SOS

GC/LJ/189862

9th July 1987

~~Dr~~ S Osborne
22 Merryton Avenue
GLASGOW
G15 7PU

Dear Dr Osborne

MARY WATSON (6 3 54) 56 CLOAN AVENUE G15

This 33 year old lady attended Dr Jay's clinic in the Eye Infirmary recently. A large chalazion in her left upper lid was incised. ~~She has 2 smaller cysts on the right~~ upper lid which she did not want removed at present. Otherwise her eyes are ~~entirely healthy. Should the cysts recur, she is welcome to attend our Casualty~~ Department at any time for removal of these.

Yours sincerely

G Craig
Registrar in Ophthalmology

GLASGOW EYE INFIRMARY

NAME

623238 MARY F
WATSON
32 KENDOON AVENUE 06/03/54
GLASGOW
G15 8AX
G.P.Prac. 40436

OUT PATIENT HISTORY

Consultants Name:

Dr. J. JAY

DATE

DIAGNOSIS

VAR with glasses

VAL with glasses

DATE		TREATMENT

Accident and Emergency Department
Medical Assessment Unit WIG

13C

50623238H

A&E No. 10000005493

2

Surname	WATSON	**Forename**	MARY	**Title:** MRS	
Address:	28 KENDOON AVENUE	**Postcode**	G15 8AX	**CHI No:**	0603546323
	GLASGOW	**Telephone:**	944 3074		
Date of Birth:	06.03.54	**Sex:**	F	**Age:**	56 yrs

CHI Number: 0603546323

GP Name:	LYON SUSAN		
Address:	DRUMCHAPEL HEALTH ... 80/90 KINFAUNS DRIVE GLASGOW	**Postcode**	G15 7TS
		Telephone:	0141 211 6100

Next of Kin	ARLENE WATSON		
Relationship:	DAUGHTER		
Address:	1/2 17 ABBOTSHALL AV... GLASGOW	**Postcode**	G15 8PR
		Telephone:	0141 944 0531
Primary Carer:			

Time .....
MEWS .....✓
ECG .....
Bloods .....✓
CXR .....
Name Band .....✓
Phoned to .....

Date of Attendance: 17.12.10 15:49
Date of Incident:

Presenting Complaint: {Patient Expect: UNWELL ADULT - CHEST PAIN ON AND OFF FOR FEW DAYS, SOBOE NO CARDIAC HX SMOKER}

Triage CENTRAL CHEST PAIN FOR 2/7 WITH SLIGHT SOB. CURRENTLY PAIN FREE. PREVIOUS ANGIOGRAPHY 2002-NORMAL CORONARY ARTERIES. RECENT GALL BLADDER REMOVAL. ON OMEPRAZOLE. HAS NOT TAKEN FOR PAST WEEK. TEMP 36.

Tetanus Cover:

Allergies:

P= 82 **BP=** 150/74 **RR=** 14 **Sat=** 99 **BM=**

PF= **GCS=** E: M: V: Total:

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

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MEDICINES RECONCILIATION

50623238H
WATSON F
MARY 06/03/1954
28 KENDOON AVENUE

GLASGOW G15 8AX
CHI-0603546323

Source Of Medication History (2 Sources)
Patient ☐ Relative/Carer ☐
GP Phone call ☐ ECS ☐
Patient Own Drugs ☐ Com. Pharmacist ☐
GP Letter/Summary ☐ Repeat Script ☐
Other (please specify) .....

Name	Dose	Freq	Plan for Medicines (Dr Complete) Continue	Amend	Withhold	Stop	Comments Reason for Alteration
Thyroxine	50mg	od	✓				
Statin							
Atorvastatin	20mg	nocte	✓				
Omeprazole	20mg		✓				
Dihydrocodeine	30mg	PRN	✓				

Allergies

None known ☐

List any Over The Counter or Alternative Medicines

Do medicines need further clarification Yes ☐ No ☐

List collected by :

Designation : Date :

Plan initiated by :

Designation : Date :

Compliance aid : Yes ☐ No ☐

Community pharmacist Phone

Reviewed by : Designation : Date :

NHS Greater Glasgow and Clyde

Alcohol Screening & Assessment Tool

NHS Greater Glasgow and Clyde

Please Attach Patient Label

CHI: 50623238H

Name: WATSON, MARY (F) 06/03/1954

Address: 28 KENDOON AVENUE, GLASGOW G15 8AX

CHI-0603546323

Postcode _____

Drink / Type	Units
Wine 12% (175 ml glass)	2.1 Units
Wine 12% (750ml bottle)	9.0 Units
Beer/Lager 4.5% (440ml can/bottle)	2.0 Units
Beer/Lager 4.5% (500ml can/bottle)	2.2 Units
Spirtis 40% (25ml measure)	1.0 Units
Spirits 40% (1/4 bottle 175ml)	7.0 Units
Spirits 40% (700 ml bottle)	28.0 Units
Cider 4% (300ml glass)	1.2 Units
Cider 4% (1 litre bottle)	4.0 Units
Strong/White Cider 8% (300ml glass)	2.4 Units
Strong/White Cider 8% (1 litre bottle)	8.0 Units
Alcopops 5% (275ml bottle)	1.4 Units

Number of Units = ABV (%) x Volume (litres)

eg A bottle of wine (750mls) which is 12% ABV = 12 x 0.75 = 9 Units
A glass of wine (200mls) which is 12% ABV = 12 x 0.2 = 2.4 Units

Fast Alcohol Screening Tool - FAST:

1. **MEN: How often do you have EIGHT or more drinks on one occasion?**
   WOMEN: How often do you have SIX or more drinks on one occasion?

   Note : 1 drink = 1 unit of alcohol (refer to table above)

   Never ☐0 Less than monthly ☐1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☐4

2. **How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

   Never ☐0 Less than monthly ☐1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☐4

3. **How often during the last year have you failed to do what was normally expected of you because of drinking?**

   Never ☐0 Less than monthly ☐1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☐4

4. **In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

   No ☐0 Yes, on one occasion ☐2 Yes, on more than one occasion ☐4

Total ☐

Score of 3 or more: FAST Positive

FAST Positive?

Yes ☐ No ☐

FAST 0-2:	**Negative: No action required**
FAST 3-8:	**Hazardous Drinking: Advise regarding safe drinking levels and offer information leaflet and referral to GP for follow up/BI**
FAST 9-16:	**Probable Dependent Drinking: Advice as above, offer information leaflet and consider referral to specialist alcohol support service.**

DRUGS PRESCRIBED

Date given	Drug (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administratio	Signature	Given by

PARENTERAL FLUID PRESCRIPTION SHEET

Date	FLUID	Volume	Time to run	Rate mls/hr	ADDED DRUGS	Quantity	Doctors Signature	Added by	Start time 24hr Clock	Put up by	Checked by	Serial/ Batch no

N.B. IF USING A SYRINGE DRIVER/INFUSION PUMP PLEASE USE THE "PRESCRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE DRIVER/INFUSION PUMP"

REFUSAL TO REMAIN UNDER HOSPITAL CARE

I wish to take my discharge. I appreciate that this is against the advice and wishes of the Consultant or his or her deputy looking after me. I acknowledge that I have been informed of the risks of doing so and I accept full responsibility for my actions and any consequences arising from them.

Name *(print)* _____ Signature _____

I confirm that I have explained to the patient the risks that might arise out of his / her decision to take his / her own discharge.

Date _____ Signature _____
(Medical Practitioner)

DISCHARGE DETAILS (NURSING)

Treatment _____

_____

_____ Signed _____

(Please put initials in box)

Crutches ☐ Return appointment ☐ Advice Card ☐ Medication ☐

Escort to ward ☐ Relatives informed ☐ IRIS ☐ Transport ☐ Time booked _____

Discharged with _____ Admitted / transferred to _____

Time discharged _____ Signed _____

IIS 109437 JAN2004

Patient's name _____ Age _____ Date of Birth _____

NG DOCUMENTATION - EMERGENCY DEPARTMENT

Date _____ Time _____ Triage Nurse _____ PC _____

_____

_____

_____ Triage category 1 2 3 4 5

Relatives present: Relatives informed:

INITIAL VITAL SIGNS

at:(Time) _____
HR: _____
BP: _____
RR: _____
SaO_2: _____
Temp: _____
G.C.S: _____
Signed _____

INITIAL MANAGEMENT

Nurse _____

Oxygen started _____ %: Signed _____ ECG: Signed _____

Signed _____

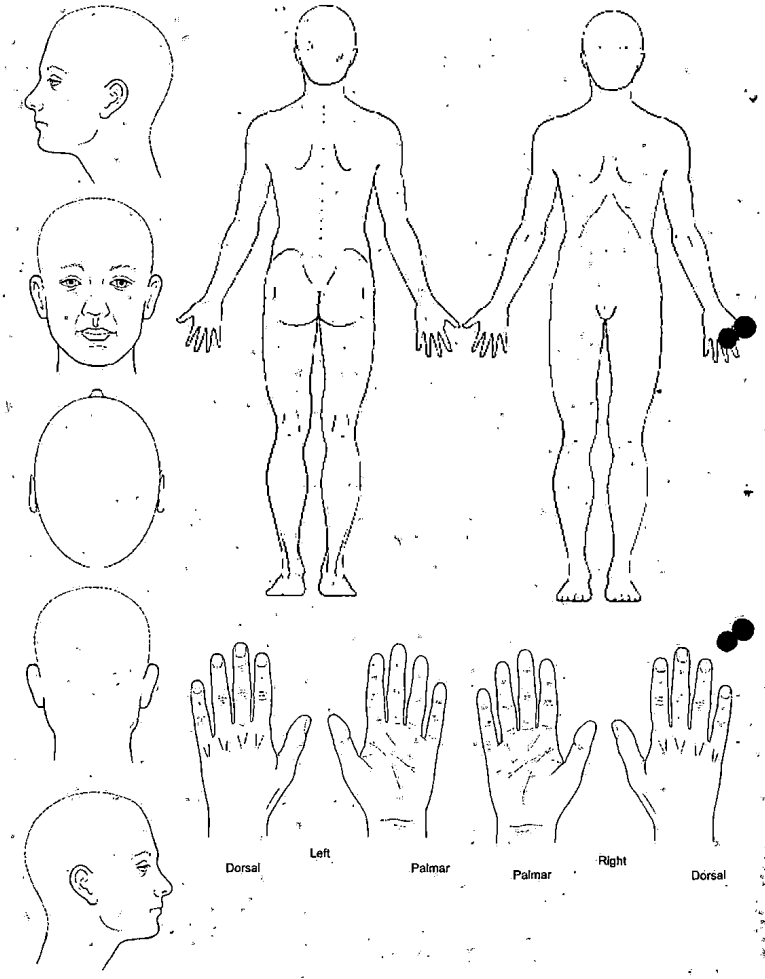
Other _____

Treatment _____

NEUROLOGICAL OBSERVATIONS

| | | | | | | | | | | | |

Please annotate area of: Tenderness / Bruising / Swelling / Abrasions / Lacerations / Incised



Signed _____

CLINICAL NOTES - EMERGENCY MEDICINE

Consultant _____ _____ Seen by _____

Grade: FY1, FY2, ST1, ST2, ST3, ST4-6, FTSTA, LOCUM, ENP, CONSULTANT, OTHER *(Please circle)* At (time) _____

Date

CLINICAL NOTES - EMERGENCY MEDICINE

Date

CLINICAL NOTES - EMERGENCY MEDICINE

Date

UNITARY MEDICAL REC and EXAMINATION

Consultant Bruce Seen by M. Hanna

Grade: FY1, FY2, ST1, ST2, ST3, ST4-8, FTSTA, LOCUM, ENP, CONSULTANT, OTHER *(Please circle)* At (time)

Date

HISTORY:

Presenting Complaint: Chest pain

History of Presenting Complaint:

56 ♀ Previous cardiac investigations - 8 yrs ago - Nil found
Previous hysterectomy, cervical Ca
Previous mastectomy, Breast Ca
Clinically stable recently

Chest pain yesterday
Dull aching/tight central
No radiation
Not exertional
No autonomic features

Ran out of omeprazole 2/7 ago.

No recent Dx
Not diabetic

MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date

Past Medical History:

Abuse

- Diabetes
- Obesity
- Hypertension
- MI
- CABG
- Rheumatic Fever
- TB

Allergies

Septrin

Drug History:

Omeprazole
Atorvastatin
Mycophenolate
IO

PLEASE COMPLETE MEDICINES RECONCILIATION FORM

Family and Social History:

Smoker ↓ trying to stop.
No alcohol ↓

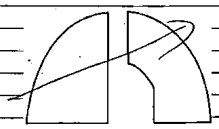
EXAMINATION:

Vital Signs: BP 97/87 RR 14 T 36 O2 Sat 99% on RA

General Appearance: Well
Pain free

Cardiovascular HS ↓ ↑ ↑
SM ++
oedema

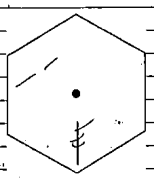
Respiratory



MEDICAL NOTES - HIS and EXAMINATION *(cont)*

Date

Abdominal



Central / Peripheral Nervous System GCS 15

EO MR VR

Other

INVESTIGATIONS DONE Time of initiation of routine investigations

U & E's		GLUC		LFT's		Para/Sal		Troponin		D - Dimer	
FBC		COAG		Blood Cultures		MSU		ABG			

ECG SR No ischemic change

CXR

Other Trop <0.04

DIFFERENTIAL DIAGNOSIS

Atypical pain
ECG, negative troponin
Likely GI

MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date

PLAN

letter omeprazole
return if more pain / evolution of Sx

Name M. Ward Sign [signature] Grade ST1

Date 17/12/10 Time 1900

SENIOR REVIEW

Name	Sign	Grade	Date	Time

Date

CONSULTANT REVIEW

Name	Sign	Date	Time

Results

Biochemistry			Haematology	Other
Na 140		Paracetamol	Hb 132	CXR
K 4.4		Salicylate	MCV	
CL 107			WCC 10	
Ur 6.6		D - Dimer	NEUT	
Cr 70			Platelets 222	
Gluc				
Ca^{2+}		ABG	INR	
Troponin			APTT	
Amylase		O_2	PT	
Bil 5		CO_2		
AST 13		H^+		
ALT 17		BI		
ALP 78		BE		
YGT 21				
ALB 35		COHb		
CRP 2.7				

Freetext:	BREAST		
01/01/1996	None	High	H/O: depression
14/03/1995	None	High	FH: Neoplasm - *
14/03/1995	None	High	H/O: drug allergy
30/09/1991	None	High	Cervical intraepithelial neoplasia
30/09/1991	None	High	No smear - benign hysterectomy
05/12/1985	None	High	[V]Sterilisation
14/03/1995	None	Medium	Health ed. - exercise

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
08/12/2003	None	High	Acquired hypothyroidism	
26/06/2002	None	High	Adverse reaction to antibiotics	
Freetext:	septrin			
02/01/2002	None	High	Chest pain	
Freetext:	MI -ve			
30/07/2001	None	High	[D]Chest pain	
12/10/2000	None	High	[D]Chest pain	
16/01/1998	None	High	Chest infection	
11/02/1997	None	High	Alopecia	
21/12/1996	None	High	Lumpectomy of breast	
21/10/1996	None	High	Malig neop of bone, connective tissue, skin and breast	Left
Freetext:	BREAST			
01/01/1996	None	High	H/O: depression	
14/03/1995	None	High	FH: Neoplasm - *	
14/03/1995	None	High	H/O: drug allergy	
30/09/1991	None	High	Cervical intraepithelial neoplasia	
30/09/1991	None	High	No smear - benign hysterectomy	
05/12/1985	None	High	[V]Sterilisation	

Last Encounter

Dr J McAtear — Date: 07/04/2010

known gallstones. problems since Jan 2010, but steadily worsening. now trying not to eat beacause this aggravates pain. small amounts of fluid. intermittent vomiting. pain radiating to shoulder. has tried DHC and tramadol without obvious benefit. urine or

ange (?dehydration). stool normal colour. o/e in pain. P72. apyrexial. no jaundice. tender RUQ. no guarding. feels she can no longer tolerate pain . d/w surgeon WIG. will see today

Last 4 Clinical Notes

Thank you.
JMcA'tear
McATEAR

Scan feb 2010 confirmed gallstones. No duct dilatation

Date	Clinical Notes

Dr West & Partners
Drumchapel Health Centre
Kinfauns Drive
G15 7TS
0141-211-6100

Registration

Miss Mary Watson
28 kendoon avenue
Glasgow
GLASGOW G15
G15 8AX
Telephone: 944 3074
Contact: ?
ContactRelship: ?
Email: ?
CHI Number: 0603546323
NHS Number: S644/7/54/660
Occupation:
Registered GP: Dr SC Lyon
Repeat Consultation: 16/10/2009

Service Code: Permanent
DoB: 06/03/1954
Age: 56
Dispensing: No
Marital Status: Unknown
Acute Consultation: 07/04/2010

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Interval Review
Atorvastatin TABS 40MG	56 1 Tab At night	29/09/2009	10/03/2010	56	52
Gaviscon Sf Aniseed LIQ	300 15 ml 3 times daily	29/09/2009	10/03/2010	56	52
Levothyroxine Sodium TABS 100MICROGRAMS	56 1 Tab In the morning	01/04/2008	10/03/2010	56	52
Dihydrocodeine Tartrate TABS 30MG	100 1 Tab qds if req	10/03/2008	10/03/2010	30	52
Glyceryl Trinitrate 180 Dose Cfc Free Pump 10g SPRAY 400MCG/DOSE	1 2 Puffs subling prn	06/05/2005	10/03/2010	28	52

Adverse Reactions

Read Code	Description
14L..	H/O: drug allergy
TJ0..	Adverse reaction to antibiotics
ADR Description	septrin

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
08/12/2003	None	High	Acquired hypothyroidism	
26/06/2002	None	High	Adverse reaction to antibiotics	
Freetext: septrin				
02/01/2002	None	High	Chest pain	
Freetext: MI -ve				
30/07/2001	None	High	[D]Chest pain	
12/10/2000	None	High	[D]Chest pain	
16/01/1998	None	High	Chest infection	
11/02/1997	None	High	Alopecia	
21/12/1996	None	High	Lumpectomy of breast	
21/10/1996	None	High	Malig neop of bone, connective tissue, skin and breast	Left

DATE

CLINICA ES

PMH - radical hysterectomy 1992
② breast lumpectomy & axillary clearance 1996
just finished chemo & radiotherapy
°A, °E, °MI, °HD, °DM, jaundice °HT

DH - tamoxifen 20mg
NKDA
* allergic to sputnik

SH/FH - stays Drumchapel with 2 daughters
smokes 10-15/day, no alcohol
doesn't work

SE - CNS - nil
Resp - had antibiotics for cough 3/52 ago
GIT - see HPC
GUS - nil
CNS - nil

OE - General - looks distressed & in pain
°JACCOL
CNS - pulse 80 b/min reg, JVP ⊖, HS I+II+0
Resp - chest clear
GIT - soft & only slightly distended
tender LUQ, no rebound, no guarding
no organomegaly
BS high pitched & hyperactive
pr - empty rectum
GUS - grossly intact

hysterectomy

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM
TREATMENT CARD

NT & EMER DEPT.
RN INFIRMARY
OW
T
41-211-2304/2409

TR1

Forename	Age	Date of Birth	Arr Date	Time	A/E Number
MARY	43	06/03/54	14/12/97	21:14	054530/97

Sex	Religion	Date of Inc	Time
Female	Ch of Scotia	14/1279	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Married	HWIFE	Other	By Ambul

OON AVENUE
AX Tel 944 7780

Address DRUMCHAPEL HEALTH CE
80/90 KINFAUNS DRIVE
GLASGOW

Referred by GP

Complaint

ELIZABETH WOODS
TER
4284

Address G15 7TS
600 KINFAUNS DRIVE
GLASGOW

IC ACCIDENT PLACE | DETAILS

DENT PROBABLE CAUSE

COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

ctor,

ve-named patient attended Accident & Emergency Department today.

s subacute obstruction

Film/ECG shows

nt given

TRIAGE
TRIAGE TIME 21:14
TRIAGE CATEGORY Category 2
INITIAL COMPLAINT
Abdominal Pain
INITIAL TREATMENT
FILED BY
FILED BY MRLHUNT

days supply of has been given.

a Prophylaxis has/has not been administered. TT Course TT Booster HATI (Please Tick)

you please arrange

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
LIOC		Byrne

Follow up: Not arranged	Arranged	To be arranged

Referred to: A/E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters) COUTHILL

SR Reg SHO/JHO Can Assist (please circle)

Signature of Medical Officer J Cuthill

NURSING NOTES

TRIAGE DATE: TIME:

CHIEF COMPLAINT: RELEVANT HISTORY: PHYSICAL SIGNS:

VITAL SIGNS: TREATMENT AT TRIAGE: DISPOSITION:

HR:
BP:
RR:
GCS:
TEMP:

1. RESUSCITATION:
2. MEDICAL/SURGICAL:
3. TRAUMA:
4. OTHER (SPECIFY):

TRIAGE NURSE ..... SIGN
..... PRINT

Na 141	
K+ 4.1	
HCO2 25 WCC 13.2	
Urea 3.9 Hb 12.3	
Cr 75	291

Glu 5.6
Amy < 35

PT 11
PTT 33
INR 0.9

TO BE [redacted] ADDED ON ARRIVAL 1103 Fem c/o pain from Hemodyalysis

37 P 76 R BP 160 13/6cd

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY
11/12/97	MORPHINE	10 mg	IM	10pm	Cuthill	
11/12/97	STEMETIL	12.5 mg	IM	10pm	Cuthill	

CONSULTANT ____ REG/SHO ____ JHO CUTHILL

SEEN BY ____ AT (TIME) 9.30pm

CLINICAL NOTES

KEY TO CLINICAL NOTES
1 - HISTORY OF
2 - ON EXAMINATION
3 - X-RAY FINDINGS
4 - TREATMENT GIVEN
5 - DISPOSAL
6 - NAME OF MEDICAL OFFICER

DATE

12/12/97 PC - abdominal pain

HPC - was admitted to W16 1/52 ago with LIF pain & constipation. Treated with enemas which wasn't very successful. Discharged Monday similar episodes several times before since. Monday hasn't been great. Having pains on & off since but feels fine some days. Last opened bowels on Wednesday (4/7 ago). Were quite loose at this point. No blood or incontinence. Had phosphate enema today to no effect. Now c/o LUQ pain going through to back similar to a stitch, worse on inspiration but like a constant toothache. Not sure whether colicky or not. Pain began during the night. Hasn't vomited. Feels nauseous not hot or sweaty. No appetite, last ate 3pm today. Abdomen slightly distended but not as bad as normal.

No previous admissions

NAME MARY WATSON

HOSPITAL No

AGE

PHYS/SURG. Byrne

DEPT WARD 10W

IN-PAT FORM 3

IN PATIENT CONTINUATION HISTORY

DATE	
	Imp - 43 year old lady with past history of breast & cervical carcinoma now presenting for the second time in ?52 with colicky abdominal pain (?? pleuritic) & constipation. No effect from enemas. ? subacute obstruction due to adhesions
	Plan - admit 10W NBM by mouth W access & fluids NGT if vomiting FBC, Coag, UE, Gly, Amy, LFTs CXR, AXR erect & supine SHO review
14/12/97	- LUQ pain with ++ severity / pleuritic / colicky - recent D/C but W16 nearly but ++ pain since then - No BO for 5 DAYS. But ++ flatus + vomiting + Diarrhea last night hard ++. + appetite. + wind symptoms. PMH: Cervical Ca. Carcinoma Breast. / biopsies

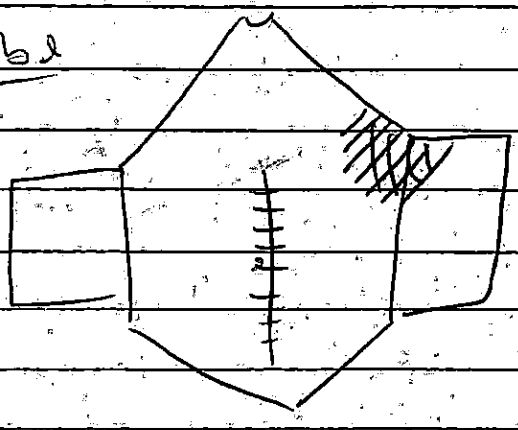
IM619190

HISTORY
(Use other side first)

ate

O/E - P 80
BP 133
60
- temp 37.7°C

Abd



tender
guarding
rebound
Bs ⊕
PR ~~not~~ empty rectum

Imp * Constipation.

Plan - Bloods ⊕ but WCC 13.42
- Abx — constipated.

Plan ⇒ Lactulose + senna
- review mane
reduce morphine once volitral

SR (SHO II)

5/2 WR Bgma
Enema last night
Imp Faecal loading
Arlactulose for further enemas

D Harden

12/97 For home today

Henry Stott

OPEN BEFORE WRITING

DATE	CLINICAL

°E, °MI, °HD, °COAD, °jaundice, °DM, °HT
asthma - mild
angina symptoms fully tx 1996 - NAD

DH - Tamoxifen nocte
something for hot flushes
*allergic to septrin

SH/FH - stays in Drumchapel with 2 daughters
smokes 15/day, doesn't drink
doesn't work

OE - CVS - chest pain see HPC
Resp - breathless today, coughs (just finished antibiotics)
GIT - see HPC
GUS - nil
CNS - nil

OE - General - looks distressed & in pain but communicative
°JACCOL, (1) (unspecified) scar (2) breast
CVS - pulse 90bpm, regular, JVP ⇔, HS I+II+0
Resp - chest clear
GIT - soft, rather distended abdomen
tender LUQ (2) flank. No loin tenderness
hysterectomy ? pelvic tender
no guarding or rebound
? vaguely palpable mass LHS abdomen
? loaded sigmoid colon
bowel sounds present & increased
PR - empty rectum
GUS - grossly intact

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM
TREATMENT CARD

ENT. & EMERG
ERN INFIRMAR
LOW
NT
141=211-2304/2409

DEPT.

3

CRN: 623238

Forename	Age	Date of Birth	Arr Date	Time	AE Number
MARY	43	06/03/54	06/12/97	18:36	053089/97

Sex	Religion	Date of Inc	Time
Female	Church of Scotland	05/12/97	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Married	HWIFE.	Home	Walking

OON AVENUE
AX Tel 944 7780

Address DRUMCHAPEL HEALTH CE
80/90 KINFAUNS DRIVE
GLASGOW

Referred by GP

Complaint

N
ELIZABETH WOODS
ITER
Address 615 7TS
600 KINFAUNS DRIVE
GLASGOW

IC ACCIDENT PLACE

DETAILS

ENT PROBABLE CAUSE

OMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

or,

-named patient attended Accident & Emergency Department today.
subacute obstruction

n/ECG shows

given

TRIAGE
TRIAGE TIME 18:36
TRIAGE CATEGORY Category B
INITIAL COMPLAINT
Surgical Other
INITIAL TREATMENT
FILED BY
FILED BY MRSTAY

days supply of has been given.
ophylaxis has/has not been administered. TT Course TT Booster HATI (Please Tick)
please arrange

DISCHARGE CODES: Please Circle
1. Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge
2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

(If admitted) LIOW
Transfer to Hospital
Consultant (If admitted) Gallowway

Not arranged Arranged To be arranged

to AE | Hand | Fracture | Ortho | Medical | Surgical | Skin | ENT | Gyn | Other Specity

fficers Name (In Block Letters) CUTHILL
SR Reg SHO/JHO Clin Assist (please circle)

Signature of Medical Officer J Cuthill

NURSING NOTES

TRIAGE DATE: TIME:

CHIEF COMPLAINT: RELEVANT HISTORY: PHYSICAL SIGNS:

VITAL SIGNS: TREATMENT AT TRIAGE: DISPOSITION:

HR:
BP:
RR:
GCS:
TEMP:

1. RESUSCITATION:
2. MEDICAL/SURGICAL:
3. TRAUMA:
4. OTHER (SPECIFY):

TRIAGE NURSE ..... SIGN
..... PRINT

TO BE RECORDED ON ARRIVAL

T___ P 106 R___ BP 118/80 Sa 98%

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY
6/12/97	MORPHINE	10mg	IM	7.30pm	CUTHILL	
6/12/97	STEMETIL	12.5mg	IM	7.30pm	CUTHILL	

CONSULTANT ___ REG/SHO ___ JHO CUTHILL

SEEN BY ___ AT (TIME) 7pm

KEY TO CLINICAL NOTES
1 - HISTORY OF
2 - ON EXAMINATION
3 - X-RAY FINDINGS
4 - TREATMENT GIVEN
5 - DISPOSAL
6 - NAME OF MEDICAL OFFICER

CLINICAL NOTES

DATE

6/12/97 PC - left sided abdominal pains

HPC - yesterday morning had pains LHS abdomen + distension has bowel problems following hysterectomy - cervical Ca tried enemas yesterday - no effect
pain increased in severity
pains now LHS abdomen & radiating to back (2) 10/10
constant ache, grade 7/10, worse when sitting
feeling nauseous, hasn't vomited
noticed abdominal distension one day ago.
doesn't feel like eating
also complaining of occasionally chest pains like indigestion which comes & goes in waves.
bowels moved very slightly this morning - no blood pr.
similar symptoms several times before
admitted to Mr O'Dwyer for enemas.

PMH - hiatus herniorrhaphy 1992
radical hysterectomy 1991 - cervical Ca
breast Ca - (L) lumpectomy + LN removal 1996
chemo & radiotherapy finished May 1997

NAME: MARY WATSON
HOSPITAL No
AGE
PHYS/ SURG.
DEPT WARD,

IN-PAT FORM 3

IN PATIENT CONTINUATION HISTORY

DATE	
	Imp- 43 year old lady with past history of breast & cervical cancer now presenting with 2/7 history of constant left sided abdominal pain increasing in severity & associated with constipation. Had previous similar episodes. Very worried this may be a recurrence of carcinoma.
	Plan- admit HOW nil by mouth IV access 4° IV fluids NG tube if vomiting FBC, UE, Glu, Amy, Coag, LFTs AXR erect & supine CXR erect analgesia & antiemetic SHO review Gilhill
	Bloods- Na 142, K 4.0, Bic 27, Ur 3.6, Cre 72 Glu 7.3, Amy <39. WBC 13.92, Hb 13.1, Plt 272 PT 11 PTT 34 INR 0.9 Gilhill
6/12/97 2030	Thanks Jennifer. 43 yr old woman c/o PMHx of Breast CA & cervical CA presented c constipation (L) abdominal pain Nausea & vomiting Abdomen soft, non-tender o/e

0061619MI

HISTORY
(Use other side first)

ate

AXR → faecal loading

→ Commence laxative
Reassure
Review later

R Sear
SHO

12/97 WR Galloway
Still feeling quite sore
Plan - bisacodyl / senna
phosphate enemas

Cathill

WR Ms Galloway -
Patient settled overnight. Enema worked
well yesterday - for D/c today.

(PRHO)

...-H BOARD

...WESTERN INFIRMARY

BREAST CLINIC

000007

623238/B
WATSON MARY
32 KENDOON AVE., F
GLASGOW M
06/03/54
G15 8AX G.P.Prac.40205

SURG. PROF. GEORGE WARD

DATE: 10/10/94

G.P.: DUFFY

ADDRESS: D'CHAPEL H/C

REFERRED BY: GP.

Please CIRCLE the appropriate number

SYMPTOM: (1) Lump
2 Pain: Malignancy Cervix
3 Discharge Type ____
Site ____
4 Other (specify) ____
Duration Jan '52

SITE: 1 Right
2 Both
(3) Left

AGE: 40

LMP: ____

RISK FACTORS: Prev. Hist. Appendicectomy (L) in 1993

Fam. Hist. nil

Age at Menarche 14
Age at Menopause bef Hysterectomy
Age at 1st Preg 18

Parity 4+0

Breast Feed no

Use of OCP ____

0 None
1 Current
2 Previous

MEDICAL HISTORY: Hysterectomy for Cervical Ca in 1991.

EXAMINATION:

If LUMP present specify: SIZE ____ cms.

1 Multiple lumps, No. ____
2 Enlarged nodes
3 Nipple retraction
4 Deep fixation
5 Skin fixation/ulceration

CLINICAL IMPRESSION:

1 Benign
2 Unsure
3 Malignant

INVESTIGATIONS REQUESTED:

0 None
1 Mammography
2 FNA
3 Cyst asp. CYTO.
4 Tru-cut
5 Smear
6 Other (spec. ____

RESULTS:

	FNA: R.	FNA: L.		MAMMOGRAMS: R.	MAMMOGRAMS: L.
	1	1	BENIGN/NAD	1	1
	2	2	Suspicious	2	2
	3	3	MALIGNANT	3	3
	4	4	Inadequate	4	4

DIAGNOSIS:

1 NORMAL
2 Cyst
3 Fibroadenoma
4 Fibroadenosis
5 Duct Ectasia
6 Fat Necrosis
7 CANCER
8 Other

OUTCOME:

1 Discharged
2 Review ____ nths.
3 Operation
4 Drug Treatment

WEST OF SCOTLAND HOSPITALS UNIVERSITY NHS TRUST

623238/B
WATSON MARY
32 KENDOON AVE., F
GLASGOW M
06/03/54
G15 8AX G.P.Prac.40205

OUT PATIENT
HISTORY

000008

DATE	
10/10/90	Prof George
13/1/95	Prof Geary

GH1

NAME MARY WATSON | HOSPITAL No. | AGE | PHYS/SURG MR. O'DWYER | DEPT. WARD L10.5

IN-PAT FORM 3

IN PATIENT CONTINUATION HISTORY

000009

DATE

9/12/93 (Cont.)

CNS, grossly intact.

Summary 39 year old ♀

Hx of Cervical Ca → Hysterectomy 2 years ago

Since then nerve damage

a) being investigated at GRI offered operation declined. → a) bowel constipation Microlax, enema's PR

b) loss of bladder fullness Sensation → Abdo pressure → urination.

3/7 Hx of Perineal Colicky Abdo pain

"Bunny sensation" now in RIF.

+ "like toothache"

O/E - Tender in RIF PR - Hard faeces

Nil else. FOB -ve.

Needs U+E's Coeliac Barium.

Erect + Supine AXR

? Bowel obstruction

? Appendicitis (JO)

000010

HISTORY
(Use other side first)

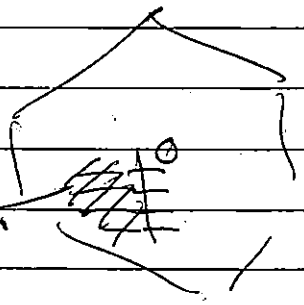
Date

10/12/93 3 day Hx generalised lower abdo pain
coarse ± RIF.
dull + constant.
Ø nausea / vomiting
appetite (N)
bowel habit completed as (N),

PMH - Radical hysterectomy Stockholm 2 yrs ago
for cervical ca.
Slow transit colon + overflow
urinary incontinence since
Investigated ?r fistula GRI and
offered bowel op - refused.

O/E Ø A Ø J looks well.

Abdo



Tender ++ right
peripheral
moderate guarding
Ø rebound
+ve Rovsings rest of abdo soft
Ø masses
BS ✓ (N)
PR (N) FOB -ve.

Imp/ ? diverticulitis
? appendicitis

Dip + NBI reviews am

WCC 13.5
Hb 12.3
Plat. 260

Na 139
K 3.9
Urea 5.3
Creat 68
Amylase 136

NAME MARY WATSON | HOSPITAL No. | AGE | PHYS/SURG. | DEPT. WARD

IN-PAT FORM 3

IN PATIENT CONTINUATION HISTORY

000011

DATE	
10/12/93	W/R Mr O'Dwyer For enemas + T/F to GP WC 9.0 HB 13.4 Plat 266 H Allison (SHO)
10/12/93	Transferred to GP. Stable. ~~For to~~ W/R Mr O'Dwyer -) for lactulose + repeated enemas. J Maine (SHO)
11/1/94	Slow transit constipation psychological element ± biofeedback

Dr. Katherine J. Turner
Dr. Malachy Duffy
Dr. Sydney Whitby
Dr. Anne Morgan

Drumchapel Health Centre
80–90 Kinfauns Drive
Glasgow G15 7TS
Tel: 041–211 6120
or 041–211 6121

9/12/93

Re May Watson 000012
32 Kendoon Ave
Glasgow 15.
DoB: 6/3/54.

Dear Receiving Surgeon,

Thankyou for seeing the above lady who has had lower abdominal pain for 72hrs On examination she is markedly tender in her RIF. She has a history of a radical hysterectomy for carcinoma of the Cervix 2years ago and has had Constipation since this surgery.
I would value your opinion and advice
Yours faithfully, Katherine Turner.

DATE | CLINICAL N

000015

Bowels ok
except enemas - when ever ready
micolax. Allergies - SEPTRIN.

SH/ Smoke - 10-20/day
Alcohol - mid
lives with daughters (?)
all well

Systems enquiry - CVS, °Chest pain °Palpitations
Breathless + wheeze of climb 1 flight of stairs
°ankle oedema.
Resp. Cough - dry °Sputum °Haemoptysis
GIT - Sea IC
GUS, Bladder doesn't work properly
doesn't have sensation of need to pass urine.
presses on Abdomen for urination.
°Dysuria °haematuria.
CNS/ Dizziness °faints
°Weakness of limbs
? recollection of (A) two fits weeks ago was settled

°lymph nodes ok TEMP 37.2
°Jaundice °cyanosis °clubbing °Sys of anaemia
CVS, Pulse 100 BP 130/80
HS I+II+0
JVP → 0 ankle oedema
Resp Trachea ↓
PN (A) = (C) = resonant
BS vesicular °added sounds
Abdy Soft °Liver
°Masses °Scars
PR - hard faeces FOB -ve.
°tenderness
Groin °herniae

ACCIDENT & EMERGENCY DEPT. WESTERN IN GLASGOW G11 6NT TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 944891

000012

HOSPITAL CODE 6 S16H

SURNAME: WATSON	FORENAMES: MARY	BIRTH SURNAME: CUMMINGS				
ADDRESS: 20 KENDOON AVE GLASGOW			PATIENT'S OWN OCCUPATION: H/WIFE			
POSTCODE: G75	TELEPHONE No.: 9447780	DATE OF BIRTH: 6/3/54	SEX: 2	MARITAL STATUS: 8	RELIGION: CS	
NEXT OF KIN: NAME: ELIZ WOODS.	RELATIONSHIP: SISTER	FAMILY DOCTOR: SURNAME: TURNER			INITIALS	
ADDRESS: 600 KINFAUNS DR GLASGOW		ADDRESS: DRUMCHAPEL H/C				
POSTCODE: G75	TELEPHONE No.: 944 4284	POSTCODE: G75	TELEPHONE No.: ?			
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE: 9/12/93	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO: YES.	IN/OUT PATIENT	YEAR			
TIME OF ATTENDANCE: 22.10	REASON FOR ATTENDANCE: SURGICAL CONDITION.					
DATE OF INJURY OR ILLNESS: 9/12/93	TIME OF INJURY	TYPE (CODE): 8	SOURCE OF REFERRAL: GP ULCETTER - AMB SELF POLICE OTHER (CODE)			
ROAD TRAFFIC ACCIDENT PLACE	DETAILS					
HOME ACCIDENT PROBABLE CAUSE						

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis ? Large bowel obstruction - Constipation.
? Appendicitis

X-Ray film/ECG shows

Treatment given Admit

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. ___ TT Course ___ TT Booster ___ HATI ___ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle
1. Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge
2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
L10S		O'DWYER.

Follow Up: Not arranged ___ Arranged ___ To be arranged ___

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): B. S. MEHTA

Cons SR Reg SHO/JHO Clin Assist (please circle)

Signature of Medical Officer

X-Ray & Other Reports to be filed on this side (if the ___ent is not being admitted)

37² P 100 R ____ BP 17/80

000014

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY

CONSULTANT ____ REG/SHO ____ JHO ____

SEEN BY R. S. MEHTA (HO) AT (TIME) 10-25 pm

KEY TO CLINICAL NOTES
1 - HISTORY OF
2 - ON EXAMINATION
3 - X-RAY FINDINGS
4 - TREATMENT GIVEN
5 - DISPOSAL
6 - NAME OF MEDICAL OFFICER

CLINICAL NOTES

DATE 9/10/93 39 ♀

Presenting Complaint, 3 day Hx of "burning sensation" pain and constant ache began slowly and has been getting worse

Now → Back

Abdominal distention - this has been happening

Radical hysterectomy for Cervical Carcinoma — Since operation 2 years ago "Intestine sometimes get inflamed"

GPI ? To have a colon operation and decided not to ✗. due to damage to nerve to colon

Appetite normally poor

Pain worse if eats ~15 minutes later.

NOT affected by position

°Nausea °vomiting

°Heartburn °Hx of ulcer. °Melena °Bleed PR

°diarrhoea. last bowel movement this AM - Uses enemas to make them move.

PMH Cervical Ca - OP 2 years ago

Asthma - not suffered for 1 year had for 4 years before that.

Ovarian cyst - query in past.

DR DAVIS STOBHILL - check up Ca. HTN post op. only

°DM °PUD °Epilepsy °JH Jaundice °Hx of IHD °TB

HOSPITAL
PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS			DOSE	ROUTE	TIMES FOR ADMINISTRATION									Prescribers Signature (Full)	DISCONTINUED	
Pharmacy Use	Date Started	MEDICINE (Block Capitals)			am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times		Date	Signed
	A																
	B																
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	10/12/93	LACOLOSE	10ml-15ml	O		✓			✓			✓				
	J 11/12/93	Co-proxamol	2 tabs	O		4-6 hly			PRN		Max.	8/24h				
	K 12/12/93	Sodium warmer	5-10ml/s	O		✓										
	L															
	M															
	N															
	O															
	P															
	R															
	S															
	T															
	V															

ONCE ONLY PRESCRIPTIONS			DIET				
DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
10S	MARY WATSON				623238	MR O'DWYER

KNOWN MEDICINE 1.

000016

GREATER GLASGOW HEALTH BOARD

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
10/12	Initial	Initial	Initial	Initial	Initial	Initial	H	H1 Initial	Initial	Initial	
11/12		H LN		not required (H) LN				H1 GH			
12/12		H MP		H ☆				H1 GH			
13/12		H K TE									

NAME: MARY WATSON

UNIT NUMBER: 623238

WARD: L10S

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. X = PATIENT ABSENT

000017

PATIENT NURSING HISTORY 000018

DATE OF ADMISSION 10-12-93 | TIME 12·10AM | WARD 4 IOS.

PATIENTS NAME MARY WATSON | HOSPITAL WIG.

ADDRESS 32 KIERSDON AV. | CONSULTANT MR. O'DWYER.

GLASGOW G75 | HOSPITAL NO. 623238

DR TURNER
G.P. DRUMCHAPEL H/C.

TELEPHONE NO. 944 4284. | TELEPHONE NO.

DATE OF BIRTH 6-3-54 | AGE 39 YRS | OCCUPATION UNEMPLOYED.

RELIGION NONE | SACRAMENTS OF THE SICK

NEXT OF KIN (1) ELIZ WOODS (SISTER) | NEXT OF KIN (2) HUSBAND

ADDRESS 600 KINFAUNS DR. | ADDRESS AS A

TELEPHONE NO. | TELEPHONE NO. 944 4284.

RELATIVES NOTIFIED OF ADMISSION YES. | CLOTHING LISTED ✓

PATIENT SPOKEN TO BY CONSULTANT | PATIENTS OWN DRUGS

RELATIVES SPOKEN TO BY CONSULTANT

SOCIAL CIRCUMSTANCES LIVES IN UPPER FLAT. WITH HUSBAND + 4 DAUGHTERS.

REASON FOR ADMISSION ? BOWEL OBSTRUCTION. 3 DAY HX ABDO PAIN

PATIENTS PERCEPTION OF ILLNESS ABDOMINAL PAIN.

DIAGNOSIS/OPERATION

OTHER HEALTH PROBLEMS CERVICAL CA. — HYSTERECTOMY (2 YRS) BOWEL PROBLEMS AFTER OP ↗ SO USES MICROLAX ENEMAS DAILY.

ALLERGIES SEPTRIN