

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



MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date: 16th June 2026
Your Ref:
Our Ref: LAT/ACCESS/SB
Enquiries to: Samantha Barka
Direct Line: 0141 211 0151
Email: samantha.barka2@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: DARREN DOWNIE

D.O.B: 26.07.1990

Thank you for your request received 28th May 2026 in which you seek a copy of your client's personal information.

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

**QUEEN ELIZABETH UNIVERSITY HOSPITAL
GARTNAVEL GENERAL HOSPITAL
WESTERN INFIRMARY**

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team

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 CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☒		

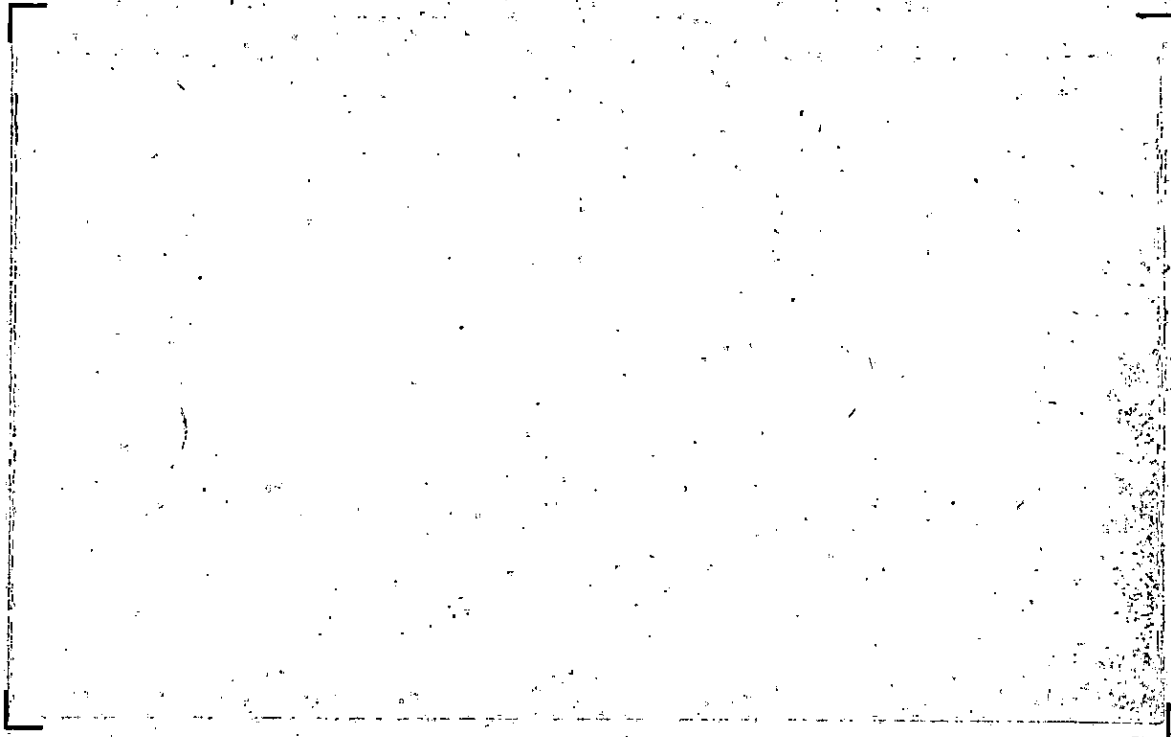
Including:

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

WEST GENERAL
MEDICAL RECORD.

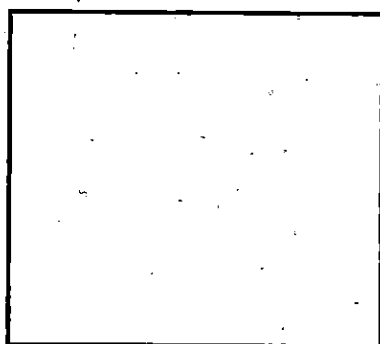


51355613R
DOWNIE
DARREN
CHI-2607906571

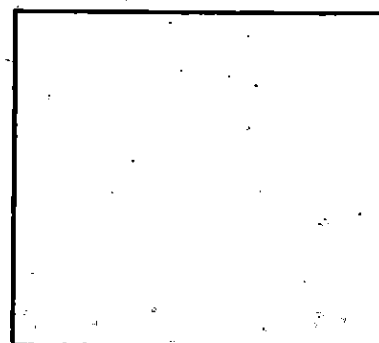


**WESTERN INFIRMARY
GARTNAVEL GENERAL HOSPITALS**

CONFIDENTIAL



A



Accident and Emergency Department Western Infirmary

NHS
Greater Glasgow
and Clyde
Western Infirmary
Glasgow G11 6NT
Tel: 0141 211 2409/2304
Fax: 0141 211 2559



51355613R

A&E No. 12000029245

6

Surname	DOWNIE	Forename	DARREN	Title: MR
Address:	9 JEAN ARMOUR DRIVE	Postcode	G81 2ER	CHI No: 2607906571
	CLYDEBANK DUNBARTONSHIRE	Telephone:	0141 562 4350	
Date of Birth:	26.07.90	Sex:	M	Age: 21 yrs



CHI Number: 2607906571

GP Name:	BELL DAVID			
Address:	CLYDEBANK HEALTH C...	Postcode	G81 2TQ	
	KILBOWIE ROAD	Telephone:	0141531 6475	
	CLYDEBANK			

Next of Kin	JANET DOWNIE			
Relationship:	PARENT			
Address:	9 JEAN ARMOUR DRIVE	Postcode	G81 2ER	
	CLYDEBANK	Telephone:	0141 562 4350	
	DUNBARTONSHIRE			
Primary Carer:				

Date of Attendance: 19.06.12 10:09

Date of Incident:

Presenting Complaint: INJURY TO FOOT YESTERDAY.

Triage	Tetanus Cover:
	Allergies:
P=	BP= / RR= Sat= BM=
PF=	GCS=E: M: V: Total:

Drugs Prescribed

Temp=

Date	Drug	Dose	Route	Signature	Given By	Time

C. Foot injury

21 ♀ injured (R) foot whilst playing football, last night.

1H DH NKOA.

Walked into dept (heel walking)

Swelling dorsum (R) foot.

Bony tender navicular, 2nd + 3rd MT.

NV intact distally. CRT < 2secs.

Knee ✓ Tib ✓ Rib ✓ calf ✓ Achilles ✓ med nail ✓ lat nail ✓
5th MT ✓

→ X/R (R) foot = comminuted # navicular.

ortho R/V please. 1150HRS

A. Wilson ENP.

2/6/12 FUZ-K. FUELEM (ORTHOPAEDE) CONSULTANT - NOIR.

640 Patient attended for CT. Reviewed with Mr
Compton - minimally displaced navicular #
Does not require surgical intervention

Plan / Backstab

Analgesia

clinic R/V in 1/52

Advised to elevate.

Clay
#4363

PLASTER ROOM FORM

Patient Label:



51355613R
DOWNIE
DARREN 26/07/1990 M
9 JEAN ARMOUR DRIVE
CLYDEBANK G81 2ER
CHI-2607906571

DATE: 19/06/12
CLINIC: _____
AREA: _____
REVIEW APPT: _____

Special Instructions/Comments

Commended # navicular (R) foot

NHS
Greater Glasgow
and Clyde

UPPER LIMB

Instructions	Left	Right
Plaster Off		
Completion of Cast		
Dorsal Slab		
Volar Slab with Thumb Extension*		
Colles		
Forearm (Neutral)		
Scaphoid		
Bennetts		
Long Arm Back Slab Wrist Included*		
Long Arm Wrist Included*		
U Slab		
Conforming Slab With Body Bandage		
Humeral Brace Removable*		

Procedure 1 carried out by: McGee

Procedure 2 carried out by: _____

LOWER LIMB

Instructions	Left	Right
Plaster Off		
Completion of Cast		
Below Knee Back Slab		
Below Knee Non-Weight Bearing* Weight Bearing*		✓
Below Knee Equinus Gravity* Semi*		
Sarmiento		
Long Leg Back Slab		
Pipestem Back Slab		
Long Leg		
Pipestem		
Cast Brace Foot Included* Hinges At:		
Plaster Slipper Toe Wrap* Toe Platform*		

Doctors Signature: _____

Contact Number/Page: _____

Nurse Signature: _____

NHS Greater Glasgow and Clyde Western Infirmary Orthopaedic Out-Patients Department

CLINICAL NOTES - EMERGENCY MEDICINE

Consultant None Seen by _____

Grade: FY1, FY2, ST1, ST2, ST3, ST4-6, FTSTA, LOCUM, ENP, CONSULTANT, OTHER (Please circle)



51355613R
DOWNIE
DARREN
CHI-2607906571

Date 19/10/12 K. FURLEY (CONJUGAL ORTHOPAEDICS)

1230

21 year-old man RNH - Nil

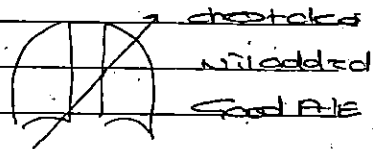
Grommet inserted under GA when child
No previous endocrine issues.

HPC - Injured @ foot whilst playing football yesterday. Went to
kick ball at same time as another player and ended up kicking
each other. Pain on dorsum of foot mainly. Able to WB. But
increasing pain straight in foot so attempted ATE. Foot feels
slightly numb, but no other sensory disturbance swelling ++

SH - Non-smoker SE - Nil, normally fit and
lives in Scotland well
unemployed
Alcohol < 21 units/week DH - NKA
Independent ADLs Nil regular

Fit - Nil at date. Status unable to take
tablet medication
as can't swallow it

O/E - Able to partially WB (on heel, hopping)
(mainly over dorsum)
② foot swollen ++, cold to touch, CRT < 2 seconds
Neurovascularly intact
Bony tenderness over navicular and 1/2/3 Metatarsal
No medial / lateral malleolar tenderness
Full ROM in foot but pain ++
No proximal tibia/talus tenderness



② ankle / knee exam @
calf squarer / achilles intact.

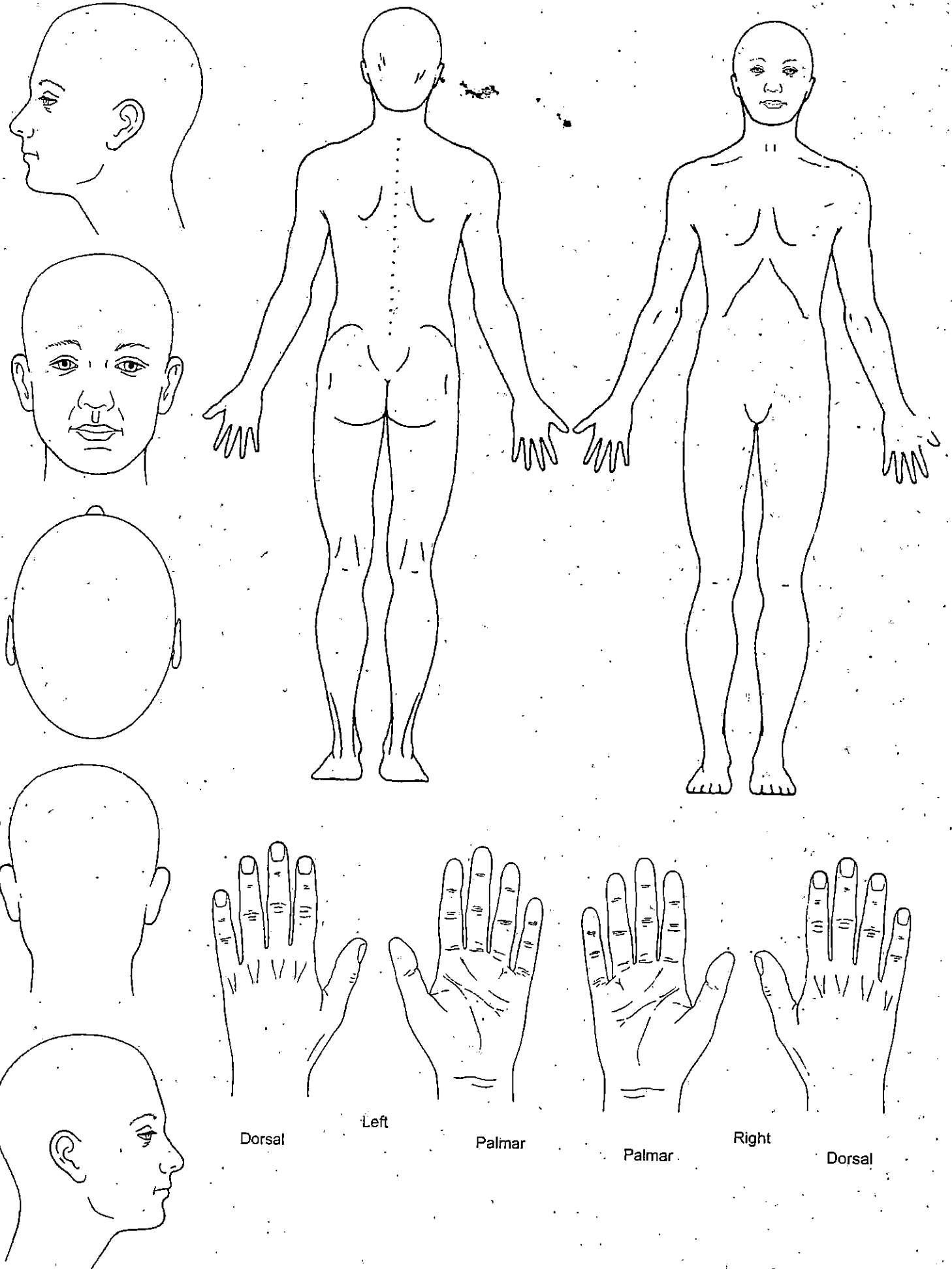
HS 1+1+0
JVP < 2 peripheral
oedema

X-rays - comminuted # navicular

Discussed with Regional (Derm) >

Plan - • CT scan @ foot for bony detail #
• Backstab and CT scan performed
• Analgesia
• Allow E+D
• Elevate + ice
• ?Admit depending on CT results - patient keen to home.

Please annotate area of: Tenderness / Bruising / Swelling / Abrasions / Lacerations / Incised wounds



Signed _____

DIRECTORATE OF SURGICAL SPECIALTIES
Mr Brian F O'Reilly ENT Out-Patient Clinic

Gartnavel General Hospital
Department of Otolaryngology
Level 5
1053 GT Western Road
Glasgow
G12 OYN

Please reply to : Karen Clark
karen.clark2@ggc.scot.nhs.uk
Direct line : 0141 211 1660
Fax no : 0141 211 1671

B.O'R/KC/ 51355613R

Date of Clinic: 30/04/2012
Date of typing: 04/05/2012

Dr David Bell
Clydebank Health Centre
Kilbowie Road, Clydebank
G81 2TQ

Dear Dr Bell

Darren Downie - 26/07/1990 - CHI: 2607906571
19/2 Greer Quadrant, Clydebank, Dunbartonshire, G81 2AY

You had asked me to see this 21 year old man who you thought had a tympanic membrane perforation. I am sorry to say that he failed to attend his out-patient appointment. No further appointments will be sent.

Yours sincerely,

Brian F O'Reilly
Consultant Otorhinolaryngologist
Consultant Neuro-Otologist
Honorary Clinical Assoc Professor

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

ENT - Head, Neck and Throat
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

20-Feb-2012

Date sent

24-Feb-2012

PATIENT DETAILS

Surname

Downie

Forename(s)

Darren

Title

Mr

Sex

Male

Date of birth

26-Jul-1990

CHI no.

2607906571

Area of Residence

-

Patient's address

19-2

Greer Quad

Clydebank

G81 2AY

Contact number(s)

Voice: 0141 571 0110

Voice: 07704136345

1010032141446

Unique Care Pathway Number: 1010032141446

REGISTERED GP DETAILS

Name

Dr David Bell

GMC code

2551498

GP code

G01970

Practice name

Red Wing - Clydebank Medical Centre (13414)

Practice code

40046

Practice address

Clydebank Health Centre

Kilbowie Road

Clydebank

G81 2TQ

Contact number(s)

Voice: 0141 531 6475

Facsimile: 0141 531 6478

REFERRING GP DETAILS

Name

Dr Steven Halliday

GMC code

6075049

GP code

G01970

Practice name

Red Wing

Practice code

40046

Practice address

Clydebank HC

Kilbowie Road

Clydebank

G81 2TQ

G81 2TQ

Contact number(s)

Voice: 0141 531 6475

Facsimile: 0141 531 6478

DNA
30/4/12

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

Description: Chronic perforation of right tympanic membrane

Comment: I wonder if you would review this pleasant 21 year old boy due to a longstanding right tympanic membrane perforation. He had a perforation back in 2000 and didn't attend for follow up. He had an assessment of a grommet at that time. He is also thought to have a degree of sensorineural hearing loss bilaterally.

Today he presented asking about his right ear. On examination he appears to have a chronic perforation of the right tympanic membrane. I wonder if you would review him to advise him on further management.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Shoulder pain	-	24-Jan-2012	24-Jan-2012
Open fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999
Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999
Motor vehicle traffic accidents (MVTA)	-	01-Mar-1996	01-Mar-1996
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Insertion of grommet	Left	13-Jul-2000	13-Jul-2000
Foster care	-	01-Jul-1998	01-Jul-1998
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Paracetamol Oral Suspension (Sugar-Free) 250 mg/5 ml	500	500 ml	20ML QID PRN	-	24-Jan-2012	24-Jan-2012

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		24-Jan-2012

Clinical warnings**Allergies**

Description	Comment	Date recorded
Adverse reaction to penicillins		14-Aug-2002
Adverse reaction to erythromycin	RASH	19-Jun-1991

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

Hearing Impairment:Sensorineural hearing loss, bilateral

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Acute Services Division

Surgery and Anaesthetics Directorate

DIRECTORATE OF SURGICAL SPECIALTIES
Mr David Simpson's ENT clinic.



Gartnavel General Hospital
Department of Otolaryngology
Level 5
1053 GT Western Road
Glasgow
G12 OYN

Please reply to : Mrs Liz Chalmers
Liz.chalmers@ggc.scot.nhs.uk
Direct line : 0141 211 1668
Fax no : 0141 211 1671

08/09/2010
Hosp.No: 51355613R
CHI No: 2607906571

Dr Edward Crawford
Clydebank Health Centre
Kilbowie Road
G81 2TQ

Dear Dr Crawford

Darren Downie - 26/07/1990
9 Jean Armour Drive, Clydebank, Dunbartonshire, G81 2ER

This patient failed to attend for his barium swallow.

No further appointment has been arranged.

Yours sincerely

D C Simpson
Consultant ENT Surgeon

Treatment Room
Ward 2C
03/08/10

Dear Mr Simpson,
Consultant ENT surgeon

Re: Darren Downie
Hosp No: 51355613R
9 Jean Armour Drive Clydebank G81 2ER

Many thanks for seeing this 22 year old man that was referred to the treatment room by GP out of hours with a 2 week history of dysphagia to solids however managing to drink well. He denied any history of fever, haemoptysis, throat pain, weight loss or loss of appetite.

He has no significant past medical history and no history of similar problems with swallowing.

Examination of his mouth and oropharynx was unremarkable and fibre optic laryngoscopy was normal. There was no palpable neck swelling.

An outpatient barium swallow has been requested to investigate the cause of the dysphagia further and it would be appreciated if he could be followed up in the clinic with the results of this.

Kind Regards,

Yours Sincerely


Ola Osunkunle
FY2
ENT GGH

GARTNAVEL GENERAL TREATMENT ROOM WARD 2C

DATE 31-7-10

TIME _____

PATIENT ID 

51355613R
DOWNIE M
DARREN 26/07/1990
9 JEAN ARMOUR DRIVE
CLYDEBANK
DUNBARTONSHIRE G81 2ER
CHI-2607906571

DIAGNOSIS

TREATMENT

FOLLOWUP/REVIEW

GGH GRI STOBHILL

		4152 Simpson
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TREATMENT ROOM WARD 2C

REFERRAL FROM	GP	A&E	GRI	STOBHILL

DATE OF REFERRAL

PATIENT WAS SEEN TODAY BY DR _____

COMMENTS

OUTPATIENT PROCEDURE PERFORMED

		TICK
D07.2	Removal of wax from external ear (microsuction)	
D15.2	Suction clearance of middle ear	
E24.1	Endoscopic extirpation of lesion of nasopharynx	
E25.1	Diagnostic endoscopic exam of nasopharynx and biopsy	
E25.3	Diagnostic endoscopic exam of nasopharynx nec	
E03.8	Cauterisation of nasal septum	
E03.9	Unspecified operations on septum of nose	
E36.1	Diagnostic endoscopic exam of larynx & biopsy of lesion of larynx	
E36.9	Unspecified diagnostic examination of larynx	
V09.1	Reduction of fracture of nasoethmoid complex of bones	
V09.2	Manipulation of fracture of nasal bone	
C27.4	Removal of tube from nasolacrimal duct	
E08.1	Polypectomy of internal nose	
F02.1	Excision of lesion of lip	
F02.2	Other extirpation of lesion of lip	
F02.8	Destruction of lesion of lip	
F02.9	Other specified extirpation of lesion of lip	
F20.2	Excision of lesion of gingiva	

VERY IMPORTANT: PLEASE FILL IN ALL FIELDS & SIGN
DOCTOR PLEASE PUT SIGNATURE, DATE, TIME & REFERRAL FROM.

31-7-10
9am

GARTNAVEL GENERAL TREATMENT ROOM WARD 2C

DATE _____

TIME _____

PATIENT ID

DIAGNOSIS

TREATMENT

FOLLOWUP/REVIEW

GGH

GRI

STOBHILL

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TREATMENT ROOM WARD 2C

REFERRAL FROM

GP

A&E

GRI

STOBHILL

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DATE OF REFERRAL

PATIENT WAS SEEN TODAY BY DR _____

COMMENTS

OUTPATIENT PROCEDURE PERFORMED

		TICK
D07.2	Removal of wax from external ear (microsuction)	
D15.2	Suction clearance of middle ear	
E24.1	Endoscopic extirpation of lesion of nasopharynx	
E25.1	Diagnostic endoscopic exam of nasopharynx and biopsy	
E25.3	Diagnostic endoscopic exam of nasopharynx nec	
E03.8	Cauterisation of nasal septum	
E03.9	Unspecified operations on septum of nose	
E36.1	Diagnostic endoscopic exam of larynx & biopsy of lesion of larynx	
E36.9	Unspecified diagnostic examination of larynx	
V09.1	Reduction of fracture of nasoethmoid complex of bones	
V09.2	Manipulation of fracture of nasal bone	
C27.4	Removal of tube from nasolacrimal duct	
E08.1	Polypectomy of internal nose	
F02.1	Excision of lesion of lip	
F02.2	Other extirpation of lesion of lip	
F02.8	Destruction of lesion of lip	
F02.9	Other specified extirpation of lesion of lip	
F20.2	Excision of lesion of gingiva	

**VERY IMPORTANT: PLEASE FILL IN ALL FIELDS & SIGN
DOCTOR PLEASE PUT SIGNATURE, DATE, TIME & REFERRAL FROM.**

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

Tel: 0141 211 3035 Fax: 0141 211 1971

06 Jan 2009 MRMDI.

**DARREN DOWNIE
9 JEAN ARMOUR DRIVE
CLYDEBANK
DUNBARTONSHIRE**

G81 2ER

**HOSPITAL NUMBER: 51355613R
CHI NUMBER: 2607906571**

You were allocated an appointment with ENT-ENT MR MORRISSEYs clinic on 06 Jan 2009.

According to our records you did not attend this appointment and failed to contact the department to advise them of your non availability. In accordance with the Waiting List Policy of Greater Glasgow and Clyde your name has therefore been removed from the waiting list. We have informed your General Practitioner of this.

If you still require treatment within this Service you should contact your General Practitioner who will decide whether you require to be referred back for treatment.

Yours sincerely

Appointments Supervisor

Please note that on March 26th 2006, the NHS Greater Glasgow & Clyde No Smoking Policy came into force, in line with the Scottish law on smoking in public places. The full policy may be viewed at www.nhsgg.org.uk. This means that smoking is not allowed inside any NHS building, entrance, doorway, grounds or car parks. This applies to patients, visitors and staff. If you are being admitted to hospital and would like to stop smoking while an in-patient, please speak to the nursing staff

ENT VETTING

Vetted by: *MM*

Patient Name: *DARREN DAWNIG*

Hospital No: *51355613*

URGENT

SOON

ROUTINE */*

General	
Otology	<i>/</i>
Voice	
Rhinology	
Neck/Lump	
Nurse Practitioner	
Snorers	
Transtris	
Ear Care	
Vertigo/2 slots	
Audiology	HA HAC

DNA - 6/1/09

none

Hospital use only	Clinic	Day Date	Time	Hospital No. 513556 13
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Ear, Nose & Throat (ENT) C5
G General Referral

Western Infirmary/Gartnavel General

Consultant / receiving practitioner
and/or specialty clinic

Hospital and hospital address

Hospital location code

G516H

Email address

Urgency of referral

ROUTINE

Date of referral

03-Oct-2008

Date sent

06-Oct-2008

PATIENT DETAILS

Surname

Downie

Forename(s)

Darren

Title

Mr

Sex

Male

Date of birth

26-Jul-1990

CHI no.

2607906571

Patient's address

9 Jean Armour Drive
CLYDEBANK
G81 2ER

Contact number(s)

REGISTERED GP DETAILS

Name

Dr EG Crawford

GMC code

4184856

GP code

G08133

Practice name

Dr Crawford and Partners

Practice code

40582

Practice address

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Contact number(s)

Voice: 0141-531-6440

Facsimile: 0141-531-6442

REFERRING GP DETAILS

Name

Dr. Katrina Moffat

GMC code

3318588

GP code

07315

Practice name

CLYDEBANK HEALTH CENTRE (40582)

Practice code

40582

Practice address

KILBOWIE ROAD
CLYDEBANK

Contact number(s)

Voice: 0141-531-6440

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: reduced hearing

Comment: This 18 year old previously attended paediatric ENT. In the past he has had a known perforation in the right tympanic membrane, grommet insertion and bilateral sensori-neural hearing loss. His mother is complaining that he has the TV up too loud and Darren admits to struggling with his hearing.

Examination shows a dry retraction pocket in his right ear on his right tympanic membrane with scarring on the left tympanic membrane.

I feel he merits a re-assessment of his hearing and would be most grateful therefore if you could see him.

Many thanks,

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Date recorded</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
FILE LAST UPDATED	-	-	-	21-Sep-2006
Closed fracture distal humerus, lateral epicondyle	2002-04-01	Left	-	01-Apr-2002
Ear drum perforation	2001-03-01	Right	-	01-Mar-2001
Dislocation of elbow NOS	1999-07-01	Right	-	01-Jul-1999
Child in foster care	1998-07-01	-	-	01-Jul-1998
[X]RTA - Road traffic and other transport accidents	1996-03-01	-	-	01-Mar-1996
Burns	1994-09-01	-	-	01-Sep-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Modifier</u>	<u>Date performed</u>
Insertion of grommet	Left	01-Mar-2001
Child: speech therapy	-	01-Mar-1994

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

No current medications recorded

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

No recent medications recorded

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

OK to send correspondence to home address?: Yes

Patient will accept any site: Yes

Patient will accept cancellation or short notice appointment (within 1-21 days): Yes

Patient has disability or requires wheelchair access: No

Hearing Impairment: Sensorineural hearing loss

Referred By: Referring GP

Electronic Attachment Present: No

Signature of referring doctor (or other professional) Date



51355613R
DOWNIE M
DARREN 26/07/1990
9 JEAN ARMOUR DRIVE
CLYDEBANK
DUNBARTONSHIRE G81 2ER
CHI-2607906571

OUT-PATIENT HISTORY

DATE
30/04/12

DEPARTMENT OF OTOLARYNGOLOGY

HISTORY

Right	EARS	NOSES AND SINUSES	MOUTH, PHARYNX, TONSILS, NECK
Left		NASOPHARYNX	
LARYNX		X-RAY EXAMINATIONS	
		SINUSES	
		CHEST	
		OESOPHAGUS	
		MASTOID	
		DENTAL	
		OTHERS	
TREATMENT			

RECEIVING SURGEON

Date: Saturday 31-Jul-10

Agency Phone No.

Patient Name: Darren Downie

Sex: M

Date of Birth: 26-Jul-1990

Age: 20 years

Address: 9 Jean Armour Drive Drumry

Own Doctor: Crawford, CM(047)

Surgery: Provider Group

G81 2ER

Home Tel:

Case Origin:

Case Number: 2884163

Caller Name:

Tel:

Case Priority:

Reported Condition:

Receive Time: 11:20 AM

Operator: JHUIS

has not eaten for over 1 week feels like something stuck in throat.

Latest Consultation Details

Consulted By: Pole, Laura(CC)

Cons. Begin: 12:39 PM

Cons. Finished: 12:56 PM

20 year old, normally fit and well, no meds
sudden onset 2 weeks ago of difficulty swallowing solids, does not remember anything getting stuck but awoke one morning and when tried to eat anything solid, got stuck in throat, taking long time to pass, no regurgitation, managing fluids only for 2 weeks, attended Western last Sunday and told to reattend if continued
passing urine ok, feeling generally weak and lethargic

Examination Details:

aprexial as charted
BP96/60, Pulse 104bpm, breath smells ketotic
throat-absolutely nothing abnormal to see, nil to palpate in neck

HEAD/NECK
Temperature C 36.5

Phoned ENT on call to discuss - will kindly see at Ward 2C Gartnavel General Hospital

Clinical Codes:

J0z.. Oral/salivary/jaw diseases NOS

Prescription Items:

Diagnosis:

sudden onset dysphagia ?something stuck

Agency Questions and Answers

Agency Comments

c 211 9224

NAME DAREEN DOWNIE	HOSPITAL No.
AGE	
PHY/ SURG.	DEPT. WARD
26/07/1990	

HISTORY

21/7/10 GP referral

20 year old male

PC: Difficulty swallowing solids x 2 for

HPC

- 2/12 history of difficulty swallowing, sudden onset
- he swallows solids, difficult getting it down, get stuck
- Denies any throat pain, dysphagia haemoptysis
- weight loss, loss of appetite
- Presently only taken fluids
- No fever
- No previous history of difficulty swallowing

PMH

- Nil of note

Drug + Allergy history

- Nil of note
- Nil regular

Social history

- Lives with partner
- Non smoker
- Alcohol binges, was out drinking last night

PE - Not pale, anicteric, afebrile

Throat - nil of note

FOH - nil ref note Epiglottis - normal

VC - mobile

HISTORY

(Use other side first)

Date

Impression: Dysphagia to solids? cause

Plan

• OP Barium

• Follow up in Mr. Sampson's Clinic in 4/82

F42



51355613R
DOWNIE M
DARREN 26/07/1990
9 JEAN ARMOUR DRIVE
CLYDEBANK
DUNBARTONSHIRE G81 2ER
CHI-2607906571

OUT-PATIENT HISTORY

DATE

DEPARTMENT OF OTOLARYNGOLOGY

HISTORY

Right	EARS	NOSES AND SINUSES	MOUTH, PHARYNX, TONSILS, NECK
Left		NASOPHARYNX	
LARYNX		X-RAY EXAMINATIONS	
		SINUSES CHEST OESOPHAGUS MASTOID DENTAL OTHERS	

TREATMENT

ELECTRONIC PATIENT RECORDS

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

Including:

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

NHS Greater Glasgow and Clyde

South Sector Outpatient Endoscopy Services

Gartnavel General Hospital

Contact Number: 0141 211 3388/3100

Dear Sir/ Madam

10-1-20
Dr. SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ


2607906571
DOWDIE M
Darren, R 26/07/1990
9C KILBOWIE CRT
Clydebank, Dunbartonshire
G81 3AJ

It would appear from our records that:

() You have not responded to our recent letters inviting you to arrange an appointment

() You have indicated that you no longer require an appointment

☒ You were scheduled for an appointment today having confirmed this appointment, but you did not attend

We assume that you no longer need or wish this appointment. We have removed your name from the waiting list and have contacted your GP and/or Referrer of this action.

A copy of this letter will be available on your electronic records.

This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy: see below.

If you did not receive notification about the invitation please contact the number above.

NOTE: TO GP IF YOUR PATIENT STILL REQUIRES THIS TEST YOU WILL NEED TO RE-REFER

Yours sincerely,

Admin staff

Referral Management Centre South

<http://www.nhsggc.org.uk/our-performance/quality/our-quality-commitment/patients-rights-responsibilities/treatment-time-guarantee/>

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

29/07/2019

Dr SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr SP Queen

Re: Darren Robert Downie
Address: 9 JEAN ARMOUR DR
Clydebank
G81 2ER

CHI Number: 2607906571

Speciality: Gastroenterology

It would appear from our records that:

- ☒ Your patient has not responded to our recent letters inviting them to arrange an appointment.
- ☐ Your patient has indicated that they no longer require an appointment.
- ☐ Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

NHS Greater Glasgow and Clyde
South Sector Outpatient Endoscopy Services
Gartnavel General Hospital
Contact Number: 0141 211 3388/3100

Dear Sir/ Madam

21/12/17

Dr. AW Potter
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ



2607906571
DOWNIE M
Darren 26/07/1990
9 JEAN ARMOUR DRIVE
NORTH DRUMRY
Clydebank, Dunbartonshire
G81 2ER

It would appear from our records that:

- () You have not responded to our recent letters inviting you to arrange an appointment
- () You have indicated that you no longer require an appointment
- (✓) You were scheduled for an appointment today having confirmed this appointment, but you did not attend

We assume that you no longer need or wish this appointment. We have removed your name from the waiting list and have contacted your GP and/or Referrer of this action.

A copy of this letter will be available on your electronic records.

This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy: see below.

If you did not receive notification about the invitation please contact the number above.

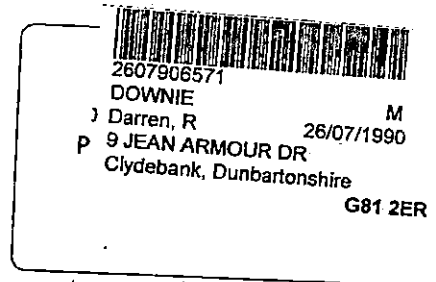
NOTE: TO GP IF YOUR PATIENT STILL REQUIRES THIS TEST YOU WILL NEED TO RE-REFER

Yours sincerely,

Admin staff

Referral Management Centre South

<http://www.nhsggc.org.uk/our-performance/quality/our-quality-commitment/patients-rights-responsibilities/treatment-time-guarantee/>



Date: 18-1-19 Consultant / Endoscopist: Dr WILKIE

Patient liked to be known as: DARREN

Procedure

Gastroscopy ☒ 1/15 E.R.C.P ☐ EBUS ☐
Colonoscopy ☐ E.U.S ☐ Enteroscopy ☐
Sigmoidoscopy ☐ Bronchoscopy ☐ Thoracoscopy ☐

Discharge Arrangements

Name of Escort /contact <u>Kevin</u> <u>NK</u>	Escort Required Yes ☐ No ☒	Overnight supervision arranged Yes ☒ No ☐
Relationship <u>Brother</u>	Escort to be contacted Yes ☐ No ☒	Overnight stay in ward Yes ☐ No ☒
Contact tel no <u>07380164460</u>		

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

Medical History and Pre Procedure check

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

2607906571
 DOWNIE M
 Darren, R 26/07/1990
 9 JEAN ARMOUR DR
 Clydebank, Dunbartonshire
 G81 2ER

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

Mobility Assessment

Independent Yes ☒ No ☐ If No, complete all questions

Aids and/ or assistance required Yes ☐ No ☐

Walking stick ☐ Zimmer ☐ Wheelchair ☐ Other ☐ Specify

Sight impairment Yes ☐ No ☒ if yes specify

Communication Needs (answer only applicable question)

Hearing impairment Yes ☐ No ☒

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

Sign Interpreter required Yes ☐ No ☐

Lip reads Yes ☐ No ☐

Interpreter Required Yes ☐ No ☐ Language

Interpreter present Yes ☐ No ☐

Relative / friend present Yes ☐ No ☐

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

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

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

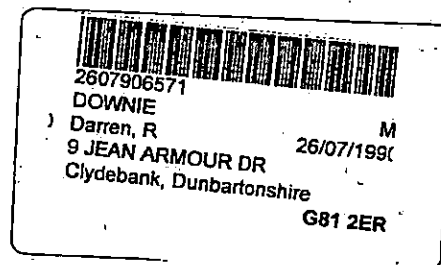
Current Medication (list below and tick those taken today)

lanaprazole (11/1/19)					
ranitidine					
peptac					

ANTICOAGULANT THERAPY Yes ☐ No ☒ If yes current medication

When was this medication last taken Specify

INR Result



Admission Observations

BP 129/92 Pulse 80 Oxygen Saturation 98%

BM (if applicable) NIA Respirations (if applicable) ---

Fasted since 17/1/19 9.30pm

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

Patient Requests

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

IV Cannulation

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

Dentures removed (if applicable) Yes ☐ No ☐ NIA

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

Bridgework Yes ☐ No ☐ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐ NIA

Identiband details checked Yes ☒ No ☐

Consent form signed Yes ☒ No ☐

Consent form countersigned Yes ☒ No ☐

Underwear removed (if applicable) Yes ☐ No ☒ NIA

Jewellery removed Yes ☒ No ☐

ALLERGIES Yes ☐ if yes detail below No ☐

Details pennicillin

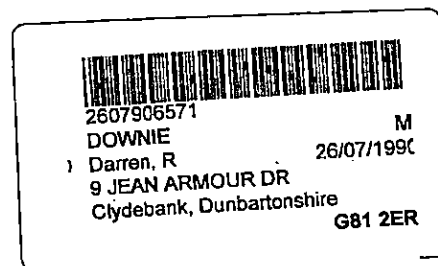
Name of Admission Nurse (Print) IONA BARLTON

Signature of Admission Nurse [Signature]

Patient's Declaration

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

Patient's signature



Intra Procedure

Endoscopist (print) SR WILKIE K Mc Dowall

Endoscopy Room Nurses (print) SIN DIVERS SIN McManisa

Surgical Pause carried out Yes ☒ No ☐

Medication Administered Pre, Intra and Post Procedure

Drug	Yes	No	Time	Dose	Route	Given/Sign/Dr/Nurse
Xylocaine spray	☒	☐	1015	Spray	Oral	
Midazolam	☐	☐		mg	IV	
Midazolam	☐	☐		mg		
Midazolam	☐	☐		mg		
Pethidine	☐	☐		mg		
Pethidine	☐	☐		mg		
Pethidine	☐	☐		mcg		
Fentanyl	☐	☐		mcg		
Fentanyl	☐	☐		mcg		
Fentanyl	☐	☐		mg		
Buscopan	☐	☐		mg		
Buscopan	☐	☐		mg		
Buscopan	☐	☐		mg		
Antibiotics	☐	☐		mg		
	☐	☐		mg		
	☐	☐		mg		
Reversal Agents	☐	☐		mg		
	☐	☐		mg		
Local anaesthetic	☐	☐		mg		
	☐	☐		mg		
Other	☐	☐		mg		
Botox	☐	☐				
	☐	☐				
	☐	☐				
Prescribed by.....						

Endoscopist Signature.....

Start Time 1015 Finish Time 1025

Patient position Left Lateral ☒ Supine ☐ Prone ☐ All ☐

Oxygen therapy Yes ☐ No ☒ nasal sponge ☐ cannula ☐ mask ☐ rate.....



2607906571
DOWNIE
Pa Darren, R 26/07/1990
9 JEAN ARMOUR DR
Clydebank, Dunbartonshire
G81 2ER

Observations during procedure

Time	10 ¹⁵	10 ²⁵				
Pulse	83	88				
SpO2	98.90	96.90				
BP						
Resps						

Procedure (please tick all relevant)

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

Other

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

Specimens Yes ☐ No ☐

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



2607906571

DOWNIE

Darren, R

9 JEAN ARMOUR DR

Clydebank, Dunbartonshire

M
26/07/1996

G81 2ER

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

Other

Condition of skin post diathermy normal ☐ other ☐ comment below
.....**Recovery Room Instructions (if applicable)**Oxygen 4 litres per minute if SpO₂ drops below 95% ☐Oxygen 4 litres per minute until fully awake ☐Oxygen per minute via until ☐Normal Diet ☐ Fluids only ☐ Soft Diet ☐ Nil orally till further medical instructions ☐To be seen by endoscopist before discharge ☐Further Instructions MBH 1115
.....Endoscopy Room Nurse Signature KID, M. J. 2
.....**Recovery care****Post endoscopy observations**

Time										
Blood pressure										
Pulse										
O ₂ Saturation										
Respiratory Rate										
Sedation score										
in score										
Oxygen										
IV Cannula										
BM										
Nurse initials										

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

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

2 - Responds to painful stimuli 3 - Unresponsive



DOWNIE

1) Darren, R

9 JEAN ARMOUR DR
Clydebank, Pa.

CLYDEBANK, DUNBARTONSHIRE

26/07/1996

G81 2ER

Nurses notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a set of legal pads. The lines are thin and dark, possibly black or dark blue ink. The background is plain white. There is no handwriting or other markings on the paper.



2607906571
 DOWNIE M
 Darren, R 26/07/1990
 9 JEAN ARMOUR DR
 Clydebank, Dunbartonshire
 G81 2ER

Discharge Criteria

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

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

N/A
 ↓
 ✓
 NBM 1/15

Received Endoscopy Report/ Patient letter

Yes ☒ No ☐

If no

Verbal report by endoscopist ☐

Follow up appointment indicated on report

Yes ☐ No ☐

Follow up appointment (if given in department) time

Comments: pt unable to tolerate the test will phone us
 when he can get someone to take him home and make
 an other appointment

I confirm patient is satisfactory for discharge

Print Name KAREN DIVER Signature KD (Ver)

Discharged at 10²⁵ to care of Self

Irregular discharge Reason

Patients' Signature Nurses Signature

Previous Patient Notes for General Medicine (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		Outpatient Note
Date/Time: 12-May-2026 13:28	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: FTA for venesection, further appointment sent.		

Patient Note		Outpatient Note
Date/Time: 14-Apr-2026 12:37	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: Attended haemochromatosis clinic for venesection, feels well. Approximately 300mls obtained before removing needle at patients request, hydration given. Further appointment arranged		

Patient Note		Outpatient Note
Date/Time: 26-Feb-2026 14:18	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: Attended haemochromatosis clinic for venesection, feels well. Approximately 350mls obtained before patient asked for needle to be removed, hydration given. Further appointment arranged.		

Patient Note		Outpatient Note
Date/Time: 05-Feb-2026 14:08	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: Attended haemochromatosis clinic today for venesection, feels well. Approximately 300mls obtained before patient asked for it to be removed, hydration given. Further appointment to be made.		

Patient Note		Outpatient Note
Date/Time: 08-Jan-2026 14:16	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: Attended haemochromatosis clinic today for venesection, feels well. Approximately 400mls obtained before patient requested it be removed as was starting to feel unwell, hydration given. Further appointment to be arranged.		

Patient Note		Outpatient Note
Date/Time: 27-Nov-2025 13:11	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: Arrived late for venesection appointment unable to proceed therefore further appointment arranged.		

Patient Note		Outpatient Note
Date/Time: 30-Oct-2025 12:33	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: Attended clinic today for venesection, feels well. Approximately 300mls obtained before patient requested it be removed, hydration given. Further appointment arranged.		

Patient Note		Outpatient Note
Date/Time: 09-Oct-2025 14:12	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: Attended clinic today for venesection, feels well. Approximately 350mls obtained before being removed at patients request, hydration given. Further appointment arranged.		

Patient Note		Outpatient Note
Date/Time: 16-Sep-2025 14:04	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: Attended clinic today for venesection, feels well. Approximately 300mls obtained without incident, hydration given. Further appointment arranged.		

Patient Note		Outpatient Note
Date/Time: 02-Sep-2025 14:24	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: Attended clinic today for venesection. feels well. Half unit obtained without incident, hydration given. Further appointment in place.		

Patient Note		Outpatient Note
Date/Time: 07-Aug-2025 14:38	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: Attended HFE clinic today for venesection, feels well. Half unit obtained without incident, hydration given. Further appointment in place.		

Patient Note		Outpatient Note
Date/Time: 11-Jul-2025 11:57	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: attended HFE clinic today for venesection, feels well, breakfast taken. Half unit obtained without incident, hydration given. Further appointment in place.		

Patient Note		Outpatient Note
Date/Time: 03-Jul-2025 13:40		Role: Nurse - GGC

Specialty: General Medicine	Created By: haemachromatosis nurse - Kirsten Lorimer	Organisation:	Sensitive
Note: Attended HFE clinic today for venesection, feels well. Had not eaten before attending, sandwich given fluids taken well. Half unit obtained before Darren requested needle be removed due to nausea. Further appointment in place.			

Patient Note		Outpatient Note
Date/Time: 25-Mar-2025 13:19	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: failed to attend for venesection, no further appointments given		

Patient Note		Outpatient Note
Date/Time: 18-Mar-2025 12:37	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: attended for venesection today, felt nauseous this morning but was willing to go ahead with the venesection, half unit obtained continued to feel nauseous hydration given further appointment given		

Patient Note		Outpatient Note
Date/Time: 04-Feb-2025 08:49	Created By: haemachromatosis nurse - Kirsten Lorimer	Role: Nurse - GGC
Specialty: General Medicine	Organisation:	Sensitive
Note: Darren cancelled venesection appointment due to dislocating elbow further appointment sent		

Previous Patient Notes for Gastroenterology (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		Outpatient Note
Date/Time: 08-Oct-2024 08:59	Created By: Liver Nurse Specialist - Holly Castle	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive
Note: Attended clinic this morning for venesection. Approx. 200mls drained. Hydration encouraged. Does struggle with venesection, feels sick normally after but tolerated this well today. He informed me he sometimes gets anti sickness meds from the doctor. Have advised he maybe take this prior to his venesection appointments. Return appointment to follow.		

Patient Note		Outpatient Note
Date/Time: 09-Sep-2024 11:33	Created By: Liver nurse specialist - Hannah Bryson	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive
Note: Darren contacted liver nurses today he is due for venesection tomorrow however is unwell with a chest infection and is currently on antibiotics. He feels he isn't well enough to attend tomorrow so I have rearranged for next available appointment.		

Patient Note		Outpatient Note
Date/Time: 15-Aug-2024 14:32	Created By: Liver nurse specialist - Hannah Bryson	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive
Note: Spoke to Darren on the telephone this afternoon he reports feeling lethargic and joint pain. His ferritin remains elevated above 1000, he states keen to attend for venesection. I have given him an appointment and I have sent appointment letter out and we went over the importance of attending regular venesection.		

Patient Note		Outpatient Note
Date/Time: 09-Aug-2024 14:40	Created By: Liver Nurse Specialist - Hayley McEwan2	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive

Note:

Attended for blood monitoring for haemochromatosis. Will call Darren with results when they become available.

Patient Note		Outpatient Note
Date/Time: 15-May-2024 15:45	Created By: Liver Nurse Specialist - Hayley McEwan2	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive
Note:		
We had been given a message that Darren had been trying to call the department. I have tried to call him back a couple of times today but have been un able to get through. He has our number if he wants to get back in touch.		

Patient Note		Outpatient Note
Date/Time: 12-Mar-2024 09:10	Created By: Liver Nurse Specialist - Holly Castle	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive
Note:		
Darren called the liver cns to cancel his appointment today. Unfortunately we cannot offer him an appointment at present as he has multiple cancellations and these appointments fill up quickly. Darren is aware that his ferritin is elevated and does seem concerned. He knows the only way to get his ferritin down is to avoid alcohol and regular venesection. I have added him to our MDT to discuss.		

Patient Note		Outpatient Note
Date/Time: 08-Dec-2023 15:27	Created By: Liver nurse specialist - Hannah Bryson	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive
Note:		
Attended venesection this afternoon feels well and breakfast taken before appointment. 200mls taken and hydration given, Only taking 200mls at a time as Darren feels nauseated. Felt well before leaving clinic. Return appointment made.		

Patient Note		Outpatient Note
Date/Time: 14-Nov-2023 11:14	Created By: Liver nurse specialist - Hannah Bryson	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive

Note:

Darren attended venesection this morning 200mls taken and hydration given, Darren tolerated this well. Bp 128/81 return appointment made.

Patient Note

Date/Time: 26-Oct-2023 13:40

Created By: Liver nurse specialist - Hannah Bryson

Outpatient Note

Role: Nurse - GGC

Specialty: Gastroenterology

Organisation:

Sensitive

Note:

Unable to get a hold of Darren on the telephone today to discuss haemochromatosis blood results. Ferritin over 1000 and iron studies raised, Darren will be for venesection however continues to DNA appointments, I will discuss with consultants at MDT.

Patient Note

Date/Time: 24-Oct-2023 09:10

Created By: Liver Nurse Specialist - Holly Castle

Outpatient Note

Role: Nurse - GGC

Specialty: Gastroenterology

Organisation:

Sensitive

Note:

Darren contacted ourselves yesterday as he wanted to change his appointment regarding his HFE. Due to his multiple change of appointments and DNAs I was unable to do this. Darren informed me he would be there for his appointment.

He attended this morning for blood monitoring as he hasn't had bloods since May. Darren informed me the last 3 weeks he has been binge drinking and not looking after himself generally. We had a long conversation on the importance of attending regular venesection as his ferritin remains high. We discussed alcohol and how this can increase his ferritin. Bloods taken today. Up to date fibroscan. Will discuss at the virtual liver MDT.

Patient Note

Date/Time: 19-Oct-2023 12:10

Created By: Liver nurse specialist - Hannah Bryson

Outpatient Note

Role: Nurse - GGC

Specialty: Gastroenterology

Organisation:

Sensitive

Note:

Darren has DNA'd multiple appointments. He called this morning wishing to attend for venesection and states he has moved address and has not received appointment letters. I have updated his address on our system and have arranged appointment which he states he will attend. Appointment letter sent 1st class.

Patient Note		MDT Note
Date/Time: 18-Aug-2023 14:31	Created By: Liver Nurse Specialist - Hayley McEwan2	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive
Note: Discussed at liver MDT. Unable to offer Darren a further appointment due non attendance. I have written to Darren and his GP to tell them this.		

Patient Note		Outpatient Note
Date/Time: 23-May-2023 11:39	Created By: Liver Nurse Specialist - Hayley McEwan2	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive
Note: Attended for venesection. Feeling well. Says he has had breakfast. BP stable prior to procedure. 250 ml drained. Darren started to feel sick not long after needle was taken out. BP 123/96. Water given and tea and biscuits given. He asked to sit beside the window and started to feel better following this. He thinks he maybe didn't have enough to eat at breakfast and that's why he felt unwell. Felt well prior to leaving. Appointment arranged for 2 weeks time.		

Patient Note		Outpatient Note
Date/Time: 02-May-2023 15:55	Created By: Liver Nurse Specialist - Hayley McEwan2	Role: Nurse - GGC
Specialty: Gastroenterology	Organisation:	Sensitive
Note: Attended today for venesection. Feeling well. BP 139/84 prior to procedure. 250 ml drained without incident. Darren states that he starts to feel sick if any more than that is taken. Further appointment made for next week.		

Patient Note		Remote Consultation
Date/Time: 12-Jul-2021 11:29	Created By: Liver Nurse Specialist - Holly Castle	Role:
Specialty: Gastroenterology	Organisation:	Sensitive
Note: Unable to contact Darren today regarding missed appointments for venesection and over due bloods for haemochromatosis. Have sent a letter advising him to get his bloods checked and to contact ourselves regarding further treatment for his haemochromatosis. Have not send further appointment.		

Patient Note		Outpatient Note
Date/Time: 09-Jul-2021 13:11	Created By: Liver Nurse Specialist - Holly Castle	Role:
Specialty: Gastroenterology	Organisation:	Sensitive
Note: DNA appointment for bloods today. Will reappoint.		

Patient Note EXTENDED		Remote Consultation
Date/Time: 17-Nov-2020 16:01	Created By: Interventional Radiology CNS - Kevin Gordon	Role:
Specialty: Gastroenterology	Organisation:	Sensitive
Note: Tried to call Daren today but was unable to get a hold of him. I've left a voice note on his phone asking him to call us to update his bloods and arrange venesection.		

Patient Note EXTENDED		Remote Consultation
Date/Time: 16-Oct-2020 14:34	Created By: Interventional Radiology CNS - Kevin Gordon	Role:
Specialty: Gastroenterology	Organisation:	Sensitive
Note: Called Darren's mobile as he missed his venesection appointment this morning. His girlfriend answered the phone and apologised and stated he forgot about this appointment. I have asked her to ask him to give us a call to book further a further appointment.		

Patient Note EXTENDED		Outpatient Note
Date/Time: 09-Oct-2020 10:53	Created By: Interventional Radiology CNS - Kevin Gordon	Role:
Specialty: Gastroenterology	Organisation:	Sensitive
Note: Attended for venesection, reported well hydrated but had not eaten. Some biscuits given before venesection plus water. 250ml blood removed from right arm, half bag at patient request. Tolerated well but appeared nervous, felt quite queasy towards the end, observations checked. BP 126/94, p77 sats 99%. Felt normal on leaving ward, will attend next week for further venesection.		

Patient Note EXTENDED		Remote Consultation
Date/Time: 21-Sep-2020 15:41	Created By: Interventional Radiology CNS - Kevin Gordon	Role:
Specialty: Gastroenterology	Organisation:	Sensitive
Note: Called Darren today, he says he had to get a covid test on Friday that came back negative but forgot to call us and say he wasn't coming. He has been reappointed for 09/10/20 for venesection.		

Previous Patient Notes for (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		Historical Note
Date/Time: 13-May-2015 08:32	Created By: Staff Nurse - Beth Speirs	Role:
Specialty:	Organisation:	Sensitive
Note: Attended for first venesection tuesday 12/5/15. 200ml only taken. FBC, and ferritin sent. Poorly tolerated, no faint, but profound nausea post venesection. To return 26.5.2015.		

plaster
 Ram

ziad Al-Ani

Affix Label



CHI: 2607906571

Queen Elizabeth University Hospital

Total Att: 13

12 Mth Att: 0

Title: MR

DOWNIE

Darren Robert

DOB 26/07/1990

Age: 32y

Sex: Male

25A GRAHAM AVENUE

Next of kin: DOWNIE, JANET

Relationship: Parent

0141 562 4350

Clydebank
Dunbartonshire

G81 3AQ

GP: MR MacSorley

07460 071 311

0141 531 6425

CORRECT

Attendance Date: 02/12/2022

Arrival Time: 06:31

Registration Time: 06:31

Date of Incident: 02/12/2022

Major Incident Desc:

Reason for Attendance: biba fall upper limb dislocated

Affix Label

Nursing Assessment

Alerts: Not Recorded

Allergies: Yes

Pain Score:

Triage Category: 2

Tetanus up to date/fully immunised:

Presenting Complaint: Elbow Dislocation

Observation Date: 02/12/2022 07:17

Nurse name: Nurse Ornagh O'shaughnessy

Temp	37.3	C
HR	77	bpm
BP	125/76	mmHg
MAP	92.33	mmHg
RR	18	bpm
SpO2	99	%
Oxygen	21	%

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: was putting weight on R arm felt pop ?R elbow dislocation

Patient ID label

Darren Downie
2607906571

Date

Emergency Department Notes

Ambulance Proforma reviewed Yes / No

Seen by (Doctor)

Time seen

21/12/22
0900

2. Alami

0900

32 G

cy ? @ elbow dislocation

HPC

patient was walking out of
flat when slipped & fell

patient put his @ arm on
floor to support him when
arm went back & locked in position

Had x ray @ elbow from drage

patient while waiting to be seen
in ED, he felt some warm sensation
in his @ elbow then a pop. since
then pain & & able to move
elbow.



2607906571

DOWNIE

M

Darren, R

26/07/1990

25A GRAHAM AVENUE

Clydebank, Dunbartonshire

G81 3AQ

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen
	X ray from triage: - posterior elbow dislocation with ? small fracture Capitulum - Neurovascularly intact - Now good range of movement → X ray repeated ↳ elbow joint intact	
Differential Diagnosis/Problem List		
Immobilise in Polysling Analysis Advised not to drive until full recovery NEWS ☐ 0-7 RED FLAG ☐ (Tick) SEPSIS ☐ CURB 65 ☐		
Done/ completed	Immediate Management Plan	
	Follow up @ Wfaced fracture clinic	
	M De	
	2-11-15	
	5/6/16	
Signature:	Designation:	Page No:

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes



2607906571

DOWNIE

M

Darren, R

26/07/1990

25A GRAHAM AVENUE

Clydebank, Dunbartonshire

G81 3AQ

Seen By:

Print:

Time Seen:

Pg. No:

PRF Reviewed Yes / No

Presenting Complaint(s)

Presenting complaint

History of presenting complaint

Past Medical History / Review of portal**Systemic Enquiry**

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

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

☐ GP Phone call

ECS

☐ **Com. Pharmacist**

☐ GP letter/summary

Other (please specify)

[illegible]

List any over-the-counter or alternative medicines

List collected by :

Plan approved by :

Date :

Designation :

Date :

Comments

Community pharmacist

Phone

Designation :

Date:



2607906571

DOWNIE

M

Darren, R

26/07/1990

25A GRAHAM AVENUE

Clydebank, Dunbartonshire

G81 3AQ

Social History \ Family History**Smoking History**

Ex-smoker/Smoker _____ cpd _____ yrs

☐ Never smoked**Alcohol History**

_____ Units/week

FAST score if excess _____

Recreational Drugs**Driving Status****Social Circumstances** (home, supports, functional status, occupation, travel)**General Examination**

Temp:

RR:

Pulse:

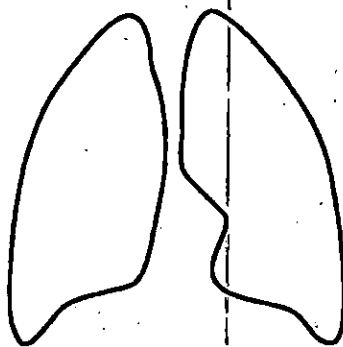
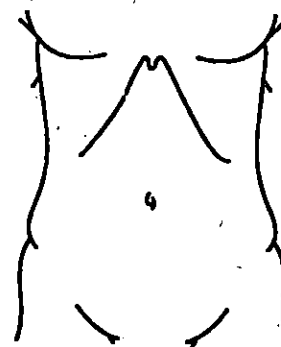
CBG:

SpO₂:

Weight:

BP:

Urinalysis:

General Appearance:**Respiratory****Gastrointestinal System:****Cardiovascular****Locomotor**

Patient ID label

Neurological system

GCS: /15

E: /4

M: /6

V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

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

Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Patient ID label



2607906571
 DOWDIE
 Darren, R M
 26/07/1990
 25A GRAHAM AVENUE
 Clydebank, Dunbartonshire
 G81 3AQ

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

Patient ID label

Resuscitation Decision

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

If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

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

2607906571
DOWNIE
Darren, R M
25A GRAHAM AVENUE
Clydebank, Dunbartonshire
26/07/1990
G81 3AQ

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

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

☐ Yes☐ No

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

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

☐ Yes☐ No

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

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

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

☐ No☐ Yes

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

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

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

Patient informed ☐ Yes ☐ N/A

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

If N/A why? _____

Assessed by _____

Date _____

Patient ID label

2607906571

DOWNIE

M

Darren, R

26/07/1990

25A GRAHAM AVENUE

Clydebank, Dunbartonshire

G81 3AQ

Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

Summary

Temp: _____

Pulse: _____

BP: _____

SpO₂: _____FiO₂: _____

RR: _____

Diagnosis:**Plan:**

Recommended Destination: _____

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Patient ID label

Continuation Sheet

Date: Time

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

2607906571
DOWNIE
Darren, R
25A GRAHAM AVENUE
Clydebank, Dunbartonshire
G81 3AG

Patient ID label

Continuation Sheet

Date: _____ Time: _____

[illegible]

Date: Time



P 2607906571

[illegible]

Patient ID label

Nursing Documentation	
Done/Time	

[illegible]

Once only prescriptions (including tetanus prophylaxis)

[illegible]

Discharge prescription packs

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

DISCHARGE CODES: Please Circle	Time Ready to Depart
--------------------------------	----------------------

1. Admission	2. Discharge	3. Refer to G.P.	4. Transfer to other hospital (see below)	Discharge Time
--------------	--------------	------------------	---	----------------

5. Died	6. Refer to O.P. Clinic (see below)	7. Irregular Discharge	8. D.O.A.
Transfer to Hospital			Consultant (if admitted)

Ward No. (If admitted)	Transfer to Hospital	Consent (If admitted)

Transfer to Hospital	Consent of Admitted
----------------------	---------------------

Consultant (if admitted)

Outpatient clinic specialty	Admission or specialty clinic consultant
-----------------------------	--

Surgical	First Seizure	Others S
----------	---------------	----------

Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify
--------------------	----	--------	-----------	-----	---------	----------	---------------	----------------

AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify
----	--------	-----------	-----	---------	----------	---------------	----------------

OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify
--------	-----------	-----	---------	----------	---------------	----------------

DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify
-----------	-----	---------	----------	---------------	----------------

TIA	Medical	Surgical	First Seizure	Others Specify
-----	---------	----------	---------------	----------------

Medical	Surgical	First Seizure	Others Specify

Surgical	First Seizure	Others Specify

First Seizure	Others Specify

Others Specify

12/2/2022

Incident Number: CR009330676

Patient Information

DARREN DOWNIE

Age/Gender: 32 years 4 months 7 days Old Male

Address: 25A GRAHAM AVENUE RADNOR PARK
CLYDEBANK, G81 3AQ

DOB: 26/07/1990

CHI: 2607906571

Ethnicity:

Date: 02/12/2022

Incident Number: CR009330676

Incident Type: EMG

Incident Location: 25A GRAHAM AVENUE
RADNOR PARK
CLYDEBANK, G81 3AQ

2607906571

DOWNIE

Darren, R

25A GRAHAM AVENUE
Clydebank, Dunbartonshire

26/07/1990

G81 3AQ

Presenting Complaint

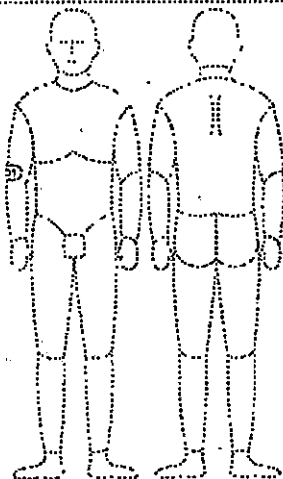
?DISLOCATED ELBOW

Additional Comments

==s== pt was walking out of flat when he slipped and fell, placing left arm down to support him, arm went straight and bent back before locking in position. ==b== pmhx - normally fit and well, ==a== o.a pt alert on floor, breathing normal, colour normal, basic obs below, deformity to left elbow, pt can remember all of fall, no other injuries, no loc, pt refused entonox, paracetamol and ibuprofen given @ 0605

PATIENT ASSESSMENT

ACVPU	Alert	<C>	No
A	Clear		
B	Breathing Adequately	Yes	Respiratory Rate 18
			SPO2 100
	Oxygen Given	No	
C	Pulse Rate	BP	Cap Refill
	93		<=2 Secs
	Rhythm	Arm	Central/Peripheral
	Reg	Right	Peripheral
D	GCS	Eyes	Voice
	15	Spontaneously (4)	Orientated (5)
			Obeys Commands (6)
E			



Fractures and Dislocations

ID	Body Part	Type	Treatments	Distal Checks
D1	Elbow	Dislocation	Self-Splintage	Normal Findings

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
06:01	93	18	145/96	100	<=2 Secs	15	Alert		37.1			3	3		E9884853

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
06:01	18 (0)	100 (0)		0	145 (0)	93 (1)	Alert (0)	37.1 (0)	1

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After	CrewID
06:05	Paracetamol	1	g	OR	12/2026	7	5	E9884853

12/2/22

Incident Number: CR0093306/1

08:05

Ibuprofen

400

mg

OR

03/2023

E9884853

HISTORY

AMPLE

Allergies PENNECILLIN

Medication AS PER ECS

Last Eaten >4 Hours Ago

Events Prior WAS WALKING OUT OF FLAT WHEN SLIPPED AND FELL

Social History

Lives alone No Living With PARTNER

Patient's General Appearance Normal

Patient Mobility Fully Mobile

Patient Communication No Help Required

Patient Clinical Risk Factors None Identified

Patient Environmental Risk Factors None Identified

SOCRATES

Site LEFT ELBOW Onset 02/12/2022, 05:30

Character Constant Radiates No

Exacerbating Or Relieving Symptoms SELF SQUEEZING ARM BELOW INJURY RELIEVES PAIN Severity 5/10

MEDICAL
CLOSE RECORD

Treatment On Scene Non-Emergency

Conveyance

Transport To Hospital Normal driving Pre-Alert No

INCIDENT LOG

Time Call Received 05:31 Allocated 05:33 Mobile 05:36

First Resource On Scene Crew On Scene 05:39 Crew Left Scene 06:08

Crew At Hosp Receiving Hospital QUEEN ELIZABETH UNIVERSITY HOSPITAL Clear Time

Crew ID

Crew Grade

Driver

E9887207

Ambulance Technician

YES

Student Technician Level 4

NO

ED 3

Affix Label



CHI: 2607906571

Queen Elizabeth University Hospital

Total Att: **12**

12 Mth Att: **1**

Title: **MR**

DOWNIE

Darren Robert

DOB: **26/07/1990**

Age: **28y**

Sex: **Male**

9 JEAN ARMOUR DR

Next of kin: **DOWNIE, JANET**

Relationship: **Parent**

0141 562 4350

**Clydebank
Dunbartonshire**

G81 2ER

GP: **SP Queen**

0141 531 6475

Attendance Date: **27/02/2019**

Arrival Time: **03:53**

Registration Time: **03:53**

Date of Incident: **27/02/2019**

Major Incident Desc:

Reason for Attendance: **sob**

Nursing Assessment

Alerts: **Not Recorded**

Allergies: **Yes**

Pain Score:

Triage Category: **2**

Tetanus up to date/fully immunised:

Presenting Complaint: **Chest Pain**

Observation Date: **27/02/2019 04:05**

Nurse name: **Nurse Samantha Lamont1**

Temp	36.1	C
HR	102	bpm
BP	156/65	mmHg
MAP	95.33	mmHg
RR	18	bpm
SpO2	96	%
Oxygen		%

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **biba - sob/chest pain, taken acid/alcohol at 7pm**

Patient ID label



2607906571

26/07/1990

DOWNIE

Darren Robert

Date	Emergency Department Notes	
27/2/19	Ambulance Proforma reviewed Yes / No	Seen by (Doctor) <u>W. H. T. L. A. J.</u> Time seen <u>04:30</u>
<u>27/2/19</u> <u>PC:</u> <u>CHST/AND</u> <u>AND</u> <u>UK:</u> <u>AND</u> <u>is</u> <u>diagnosed</u> <u>+</u> <u>long-standing</u> <u>S.S.</u> <u>PH.</u> <u>10:30</u> <u>no</u> <u>known</u> <u>"HAST"</u> <u>"HAST"</u> <u>well</u> <u>good</u> <u>single</u> <u>AND</u> <u>Diagnosed</u> <u>around</u> <u>an</u> <u>PH.</u> <u>us</u> <u>also</u> <u>more</u> <u>AND</u> <u>has</u> <u>also</u> <u>received</u> <u>/</u> <u>PH.</u> <u>ly.</u> <u>monoclonal</u> <u>ly.</u> <u>A</u> <u>PH.</u> <u>OS</u> <u>LOOKS</u> <u>well</u> <u>2</u> <u>W</u> <u>100</u> <u>PH.</u> <u>2</u> <u>130/70</u> <u>ly.</u> <u>us</u> <u>2</u> <u>2</u> <u>2</u> <u>ALL:</u> <u>Sinus</u> <u>PH.</u> <u>us</u> <u>also</u> <u>of</u> <u>PH.</u> <u>6</u> <u>st.</u> <u>med</u> <u>is</u> <u>diagnosed</u> <u>As</u> <u>are</u> <u>stomach</u>		

Patient ID label

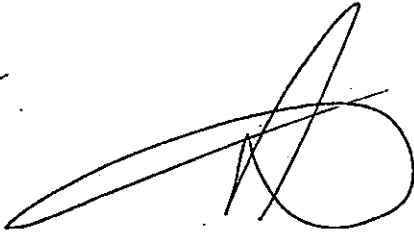


2607906571

26/07/1990

DOWNIE

Darren Robert

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen
	id, GAD anxious / Panic anxious / Panic Anx. d/c 	

Differential Diagnosis/Problem List

	NEWS	☐	0-7
	RED FLAG	☐	(Tick)
	SEPSIS	☐	
	CURB 65	☐	

Done/ completed	Immediate Management Plan

Signature:

Designation:

Page No:

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

	
2607906571	
DOWNIE	M
Darren, R	26/07/1990
9 JEAN ARMOUR DR	
Clydebank, Dunbartonshire	
G81 2ER	

Seen By:

Print:

Time Seen:

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	
History of presenting complaint	
Past Medical History / Review of portal	
Systemic Enquiry	

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

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

☐ GP Phone call
☐ Com. Pharmacist

☐ Repeat Prescription

Admission Medicines	Plan for Medicines (Dr complete)	Comments
---------------------	----------------------------------	----------

[illegible]

Allergies	List any over-the-counter or alternative medicines.
------------------	---

[illegible]

Plan approved by : _____

Designation :	Date :	Designation :	Date :
---------------	--------	---------------	--------

Designation : _____ Date : _____

Date :

Date :

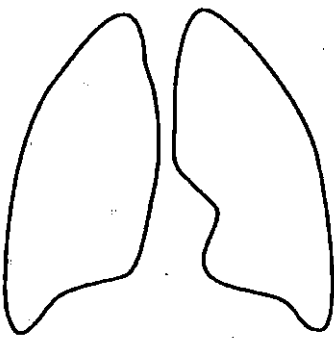
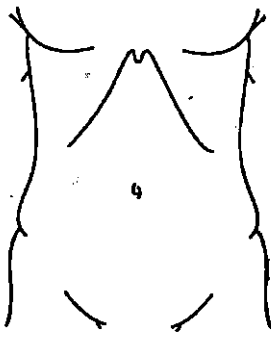
Pharmacy review	Comments

☐ Yes ☐ No

Phone

Designation :

P: 
 2607906571
 DOWNIE
 Darren, R M
 9 JEAN ARMOUR DR 26/07/1990
 Clydebank, Dunbartonshire
 G81 2ER

Social History / Family History	
Smoking History Ex-smoker/Smoker _____ cpd _____ yrs ☐ Never smoked	
Alcohol History _____ Units/week FAST score if excess _____	
Recreational Drugs Driving Status	
Social Circumstances (home, supports, functional status, occupation, travel)	
General Examination	
Temp: _____	RR: _____
Pulse: _____	CBG: _____
SpO ₂ : _____	Weight: _____
BP: _____	Urinalysis: _____
General Appearance:	
Respiratory	Gastrointestinal System
	
Cardiovascular	Locomotor

Patient ID label

Neurological system

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

AMT 4 = age, DOB, place, year

AMT score ____ /4

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

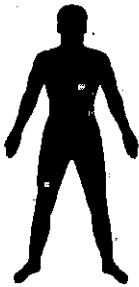
Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Patient ID label



2607906571
 DOWDIE
 Darren, R
 9 JEAN ARMOUR DR
 Clydebank, Dunbartonshire
 26/07/1990 M
 G81 2ER

Key Results

CXR

ECG

(Differential) diagnosis

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature:

PRINT NAME

PRINT GRADE

Page:

Patient ID label

Resuscitation Decision

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

If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate


 2607906571 M
 DOWNIE 26/07/1990
 Darren, R
 9 JEAN ARMOUR DR
 Clydebank, Dunbartonshire G81 2ER

Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

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

Patient ID label

Continuation Sheet

[illegible]

Blank lined paper.

2607906571

DOWNIE

Darren, R

9 JEAN A

Clydebank Dist.

City of Edinburgh, Dunbartonshire

26/07/1990

G81 2ER

Date: Time

Patient ID label

Continuation Sheet

[illegible]

Patient ID label



2607906571

DOWNIE

M

Darren, R

26/07/1990

9 JEAN ARMOUR DR

Clydebank, Dunbartonshire

G81 2ER

Continuation Sheet

Date: Time

3607806574 26/07/1990

Done/ Time

[illegible][illegible]

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

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

NEWS – National Early Warning Score



Name
Address

CHI No.
DoB

2607906571 26/07/1990
DOWNIE
Darren Robert

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	- Inform trained nurse. - Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	- Trained Nurse assessment. - Inform medical team caring for the patient. - Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. - Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	- Trained Nurse to assess immediately. - Inform medical team caring for the patient – this should be at least senior medical staff level. - Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. - Consider referral to high dependency or ITU.

DATE: 2/1/08		DATE:		NEWS: 0 1	
TIME: 04:05		TIME:			
Resp. Rate Mark: • 35 30 25 20 15 10 5 0 35 30 25 20 15 10 5 0					
SpO₂ 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0 96.95 92.93 88.91 84.89 80.87 76.85 72.83 68.81 64.79 60.77 56.75 52.73 48.71 44.69 40.67 36.65 32.63 28.61 24.59 20.57 16.55 12.53 8.51 4.49 0.47					
(Enter Value) Any Suppl O₂ 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0 92.93 88.91 84.89 80.87 76.85 72.83 68.81 64.79 60.77 56.75 52.73 48.71 44.69 40.67 36.65 32.63 28.61 24.59 20.57 16.55 12.53 8.51 4.49 0.47					
Temp. 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0 39.0 38.5 38.0 37.5 37.0 36.5 36.0 35.5 35.0 34.5 34.0 33.5 33.0 32.5 32.0 31.5 31.0 30.5 30.0 29.5 29.0 28.5 28.0 27.5 27.0 26.5 26.0 25.5 25.0 24.5 24.0 23.5 23.0 22.5 22.0 21.5 21.0 20.5 20.0 19.5 19.0 18.5 18.0 17.5 17.0 16.5 16.0 15.5 15.0 14.5 14.0 13.5 13.0 12.5 12.0 11.5 11.0 10.5 10.0 9.5 9.0 8.5 8.0 7.5 7.0 6.5 6.0 5.5 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 39.0 38.5 38.0 37.5 37.0 36.5 36.0 35.5 35.0 34.5 34.0 33.5 33.0 32.5 32.0 31.5 31.0 30.5 30.0 29.5 29.0 28.5 28.0 27.5 27.0 26.5 26.0 25.5 25.0 24.5 24.0 23.5 23.0 22.5 22.0 21.5 21.0 20.5 20.0 19.5 19.0 18.5 18.0 17.5 17.0 16.5 16.0 15.5 15.0 14.5 14.0 13.5 13.0 12.5 12.0 11.5 11.0 10.5 10.0 9.5 9.0 8.5 8.0 7.5 7.0 6.5 6.0 5.5 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0					
Pulse 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0					
Blood Pressure 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0					
NEWS CORE using Systolic BP 130 120 110 100 90 80 70 60 50 40 30 20 10 0 130 120 110 100 90 80 70 60 50 40 30 20 10 0					
Conscious Level Alert Verbal Pain Unresp Alert Verbal Pain Unresp					
Total NEWS (with all obs) 1 NEWS SCORE					
BM 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0 96.95 92.93 88.91 84.89 80.87 76.85 72.83 68.81 64.79 60.77 56.75 52.73 48.71 44.69 40.67 36.65 32.63 28.61 24.59 20.57 16.55 12.53 8.51 4.49 0.47					
Pain 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0 96.95 92.93 88.91 84.89 80.87 76.85 72.83 68.81 64.79 60.77 56.75 52.73 48.71 44.69 40.67 36.65 32.63 28.61 24.59 20.57 16.55 12.53 8.51 4.49 0.47					
Nausea 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0 96.95 92.93 88.91 84.89 80.87 76.85 72.83 68.81 64.79 60.77 56.75 52.73 48.71 44.69 40.67 36.65 32.63 28.61 24.59 20.57 16.55 12.53 8.51 4.49 0.47					
Urine output 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0 96.95 92.93 88.91 84.89 80.87 76.85 72.83 68.81 64.79 60.77 56.75 52.73 48.71 44.69 40.67 36.65 32.63 28.61 24.59 20.57 16.55 12.53 8.51 4.49 0.47					
Obs due 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0 96.95 92.93 88.91 84.89 80.87 76.85 72.83 68.81 64.79 60.77 56.75 52.73 48.71 44.69 40.67 36.65 32.63 28.61 24.59 20.57 16.55 12.53 8.51 4.49 0.47					
Initials 8/1 Initials					

2607906571

[illegible]

2/27/2019

Incident Number: PA00534882

Patient Information		Date:	27/02/2019
DARREN DOWNIE		Incident Number:	PA00534882
Age/Gender:	28 years 7 months 1 days Old Male	Incident Type:	EMG
Address:	9 JEAN ARMOR DRIVE CLYDEBANK	Incident Location:	O/S JOHAVA WITNESS BUILDING CLARENCE STREET KILBOWIE CLYDEBANK, G81 2DL
DOB:	26/07/1990		
CHI:			
Ethnicity:	White Scottish		

2607906571
DOWNIE
Darren, R
9 JEAN ARMOUR DR
Clydebank, Dunbartonshire
G81 2ER

Presenting Complaint

SOB

Additional Comments

999 CALL 28YOM PT FEELING SOB & HEAVY CHEST SINCE APPROX 02:00, LAST NIGHT HAD ALCOHOL & ACID APPROX 19:00. OTHERWISE WELL RECENTLY. O/A PT ALERT & ORIENTATED O/E RS: NORMAL CHEST MOVEMENT, CLEAR AE, SPO2 99% ON RA CVS: WELL PERFUSED, REG RADIAL PULSE, HYPERTENSIVE, ECG = SINUS TACHY. NEURO: GCS 15/15, PERRLA, FAST NEG. GEN: APYREXIC, PT STABLE O/R TO QEUH A&E.

PATIENT ASSESSMENT

AVPU	Alert	<C>	No
A	Clear		
B	Normal Breath Sounds, Normal Air Entry Normal Breath Sounds, Normal Air Entry Normal Breath Sounds, Normal Air Entry	UR MR LR	UL ML LL
C	Pulse Rate	BP	Cap Refill
	Rhythm	Arm	Central/Peripheral
D			ECG Rhythm
E			ECG

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
03:40	122	14	157/80	100	<=2s	15	Alert				Sinus Tachy				E0000022
03:10	126	14	151/92	99	<=2s	15	Alert		36.1		Sinus Tachy				E0000022

NEWS

Time	Clinical Risk	NEWS
03:40	LOW Immediate Clinical Risk. Treat as per Clinical Practice Guidelines including considering the use of alternative pathways (if appropriate and available).	2
03:10	LOW Immediate Clinical Risk. Treat as per Clinical Practice Guidelines including considering the use of alternative pathways (if appropriate and available).	2

HISTORY

AMPLE

Allergies	PENICILLAN
Medication	HEPTAC, RANITIDINE
Past Medical History	REFLUX
Last Eaten	>4 Hours Ago
Events Prior	SEE NOTES

Substances Affecting Condition					
Substances	Alcohol, LSD				
CLOSE RECORD					
Treatment On Scene	Non Emergency				
Conveyance					
Transport To Hospital	Normal driving	Pre Alert	No		
INCIDENT LOG					
Time Call Received	02:54	Allocated	02:55	Mobile	02:55
First Resource On Scene		Crew On Scene	03:08	Crew Left Scene	03:32
Crew At Hosp		Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL		Clear Time
Crew ID		Crew Grade	Driver		
E9887960		Student Technician Level 4	YES		
E0000022		Paramedic	NO		

RAY
SUB

Affix Label



CHI: 2607906571

Queen Elizabeth University Hospital

Total Att: **11**

12 Mth Att: **0**

Title: **MR**

DOWNIE

Darren Robert

DOB: **26/07/1990**

Age: **28y**

Sex: **Male**

9 JEAN ARMOUR DR

Next of kin: **DOWNIE, JANET**

Relationship: **Parent**

0141 562 4350

**Clydebank
Dunbartonshire
G81 2ER**

GP: **SP Queen**

0141 531 6475

Attendance Date: **03/12/2018**

Arrival Time: **11:35**

Registration Time: **11:35**

Date of Incident: **03/12/2018**

Major Incident Desc:

Reason for Attendance: **elbow inj**

Nursing Assessment

Alerts: **Not Recorded**

Allergies: **Yes**

Pain Score:

Triage Category: **4**

Tetanus up to date/fully immunised:

Presenting Complaint: **Elbow Injury Right**

Observation Date: **03/12/2018 11:47**

Nurse name: **Nurse Julie Docherty**

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

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **"bouncing on trampoline sat put hand/arm out ?? elbow dislocated and then popped back c/o pain swelling tender at elbow can bend but unable to straighten properly"**

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

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

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date

CLINICAL NOTES

Seen by

Time seen

3/12/18
Seen by [signature] (ENP)
R/O → mtr (L) elbow injury.

MPx - fell off bed 2/4 ago onto (L) elbow
heavily intoxicated and only noticed
pain this morning. Taken no
analgesia - appears well.

PMHx - ml stated ATT - Coered

OHx - ml stated Allergs - NSAID

OE (L) elbow - obvious deformity 'wounds'
Symmetrical mtr (L)

Tender over radial head only.

full flexion at elbow unable to
active/passive fully extend. No NV
deformity distally.

Imp / radial head #

Xray Inge - raised but fat pad evident
Plam placed in Smg

OK mtr ED discharge information ENP

2607306571 26/07/1990
DOWNIE
Darren Robert

[signature]

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)						Discharge date		X	
1. Admission		2. Discharge		3. Refer to GP		4. Transfer to other (see below)			
5. Died		6. Refer to OP Clinic (see below)		7. Irregular Discharge		8. D.O.A.			
Ward number (if admitted):		Transfer to hospital:				Consultant If admitted):			
Follow up		Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):	
Discharge Prescription Packs									
Date Given	DRUG (BLOCK CAPITALS)		Dose	Method of Administration		Frequency	Signature	Given By	



CHI: 2607906571

Queen Elizabeth University Hospital

Total Att: 10

12 Mth Att: 2

Title: MR

DOWNIE

Darren

DOB: 26/07/1990

Age: 27y

Sex: Male

9 JEAN ARMOUR DRIVE
NORTH DRUMRY
Clydebank
Dunbartonshire
G81 2ER
07718140674

Next of kin: DOWNIE, JANET
Relationship: Parent
0141 562 4350

GP: AW Potter
0141 531 6475

Attendance Date: 01/09/2017

Arrival Time: 22:53

Registration Time: 22:53

Date of Incident: 01/09/2017

Major Incident Desc:

Reason for Attendance: biba - chest pain

Affix Label

Nursing Assessment

Alerts: Not Recorded

Allergies: Yes

Pain Score:

Triage Category: 2

Tetanus up to date/fully immunised:

Presenting Complaint: Chest Pain

Observation Date: 01/09/2017 23:06

Nurse name: Nurse Isla Campbell

Temp	37.5	C
HR	86	bpm
BP	141/84	mmHg
MAP	103.00	mmHg
RR	13	bpm
SpO2	100	%
Oxygen		%

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: BIBA. CCP since 2100.

2030
Etiology - 7-8 bottles.

Patient ID label



2607906571
DOWNE
Darren

26/07/1990

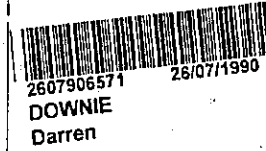
Date	Emergency Department Notes	
01/09/12	Ambulance Proforma reviewed: Yes / No	Seen by (Doctor) <u>Downie</u> Time seen <u>23.5</u>
	27 M chest pain Waking N - 2030 tonight Developed dyspnoea Central heavy chest pain Feeling nauseated Similar episodes before - ? reflux Note ECG xs (6-7 x bars) last night Energy drinks today <u>PMH</u> Haemochromatosis - poorly managed i Gastro - DVA for varicection today This app for further varicection <u>Dr</u> Lasoprazole Ranitidine Pepto Allopathic - penicillin long term mycin <u>SH</u> Worries McDonalds Eats lots of beef burgers <u>OE</u> Appears well - rather anxious TP 37.5 HR 86 BP 141/84 TS 141 to 0 added	

2607906571

Scottish Ambulance Service Patient Report Form																			
Incident Number		CR004007607 on 01/09/2017 at 21:51																	
Callsign												Incident Type		EMG					
Crew1		E0016713										Crew3							
Crew2		E9887833										Crew4							
INCIDENT LOG																			
Incident Location		9 JEAN ARMOUR DRIVE CLYDEBANK GLASGOW										Incident Postcode		G81 2ER					
Call Received		21:51 - 01/09/2017										Patient at Hospital		22:48 - 01/09/2017					
Call Passed		21:56 - 01/09/2017										Patient Handover							
Crew Mobile		21:56 - 01/09/2017										Crew Clear							
Crew at Scene		22:01 - 01/09/2017										Clear Reason							
Crew Left Scene		22:25 - 01/09/2017																	
Pre-alert Medical Standby																			
Receiving Hospital		QUEEN ELIZABETH UNIVERSITY HOSPITAL																	
DIAGNOSIS																			
Chief Complaint Code		10																	
Despatch Code		10D04 : Clammy or Cold Sweats with Chest Pains																	
Diagnostic Code		10A01 : 10A01 - Chest Pain 12 - 34 yrs with Normal Breathing																	
PATIENT DETAILS																			
Surname		DOWNIE																	
Forename		DARREN																	
Middle Initials												Sex		Male					
DoB		26/07/1990										Age		27 years 1 months 6 days					
Patient Address		AT LOCUS										Patient Postcode							
Patient Telephone												Ethnicity							
PRIMARY SURVEY																			
AVPU Assessment		Alert																	
Airway Assessment		Clear																	
Breathing Rate		Normal																	
Respiratory Rate		14																	
Pulse		Fast																	
Most Peripheral Palpable Pulse Found		Radial																	
Skin Colour		Normal																	
Capillary Refill Rate		< 2 Secs																	
VITAL SIGNS																			
Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
22:00	118	Reg	Alert	14	150	95		5.6	37.0	100			Normal sinus rhythm	1		4.0	2		
22:20	88	Reg		14	121	91				99						4.0			
AMPLE																			
Allergy Type		Antibiotics, ?PENICILLIN																	
Previous Medication		PEPTAC, RINITIDINE																	
Previous Medical History		HAEMATOMACROSIS																	
Last Eaten Before Incident		More Than 5 Hours																	
Events Prior To Incident		PT FELT HEAVY CENTRAL CHEST PAIN AT REST																	
EYES AND PUPILS																			
Left Eye												Right Eye							
Left Pupil Size		Normal										Right Pupil Size		Normal					
Left Pupil Reaction												Right Pupil Reaction							
Unequal Reaction To Light																			
CHEST PAIN																			
Patient History		Family history of MI																	
Patient Weight In Kg		80.7																	
Symptoms		Chest Pain																	
Time Of Onset		20:30										Physical Activity		No Physical Activity					
Activity at time		AT REST																	
Pain Location		Central																	
Pain Character		Heavy																	
Other ECG Details		NSR																	
RESPIRATORY SYSTEM																			
Respiratory Assessment		Normal																	
Bilateral air entry, Bilateral Movement, Expansion right = left																			
Respiratory Sites																			
EMERGENCY SERVICES																			
In Attendance		Paramedic, Technician																	
SEPSIS																			
Pulse	RR	SYS	Temp	GCS	BG	Pneumonia	UTI	Other infection	Abdo Pain	Diarrhoea	Abdo distension	Meningitis	Cellulitis	Septic arthritis	Wound infection	Infected indwelling device	No signs of infection		

118	14	150	37.0	5.6	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO																									
88	14	121			NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO																									
GCS																																										
<i>Time</i>	<i>Eye Opening</i>				<i>Verbal Response</i>						<i>Motor Response</i>				<i>Total</i>																											
22:00															0																											
22:20															0																											
PATIENT SUPPORT																																										
GP Name				DR QUEEN						GP Practice				RED WING																												
Surgery Address				CLYDEBANK HEALTH CENTRE						Surgery Postcode																																
Next of Kin				KEVIN DOWNIE						Next of Kin Telephone																																
Next of Kin Address																																										
ADDITIONAL COMMENTS AND OBSERVATIONS																																										
999 CALL TO 27YOM WITH 2 HOUR HX OF CENTRAL CHEST PAIN. O/A PT ALERT, NORMAL COLOUR. PT C/O CENTRAL CHEST PAIN DESCRIBED AS HEQVY. NOT RADIATING. NO NAUSEA, PT FELT SIMILAR PAIN PREV, WAS TAKEN TO HOSP 3 MONTHS AGO AND DIAG WITH ACID. PT SUFFERS FROM ANXIETY, HAD PREV PANIC ATTACKS BUT STATED THIS FEELS DIFFERENT. PT STATED FEELS LIGHTHEADED. PT HAS HAEMATOMACROSIS. MEANT TO ATTEND HOSP TODAY TO GIVE PINT OF BLOOD BUT DNA. PT DRINKING LAST NIGHT, DENIED ILLICIT DRUG TAKING. O/E ECG SHOWED TACHYCARDIA, PT HYPERTENSIVE, ALL OTHER OBS WITHIN NORMAL RANGE. TRANSFERRED TO QUEH FOR FURTHER ASSESSMENT.																																										
REPORT MANAGEMENT																																										
Report ID				CR004007607-01092017224900																																						
Software Version				1.0.444						Report Type				Interim																												

Patient ID label



Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen
	 RL B Sats 100% air. chest clear BS (N)  Soft Tenderness - mild - epigastrium BS -	

Differential Diagnosis/Problem List

Chest pain - ? Gerd / oesophageal
Spasm

NEWS

☐

0-7

RED FLAG

☐

(Tick)

SEPSIS

☐

CURB 65

☐

Done/ completed	Immediate Management Plan
	IV Access Bloods - LFT, D-dimer, Troponin Z ECG - NSR Nil acute CXR - Nil acute I have discussed - N Gerd / oesophageal + effect on Gastrooesophageal sphincter Handled over to Dr. Burt (P) if all OK / Troponin Cx No - (D) - (bloods all OK)

Signature:

Designation:

Page No:

Bright St

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

Patient ID label

2607906571

Seen By:

Print:

Time Seen:

Pg. No:

PRF Reviewed Yes / No

Presenting Complaint(s)

Presenting complaint:

History of presenting complaint

Past Medical History / Review of portal

Systemic Enquiry

Patient ID label

2607906571

Social History \ Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs

☐ Never smoked

Alcohol History

_____ Units/week

FAST score if excess _____

Recreational Drugs

Driving Status

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

General Examination

Temp:

RR:

Pulse:

CBG:

SpO₂:

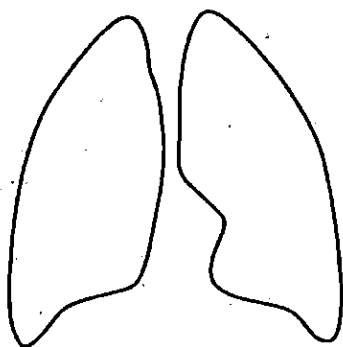
Weight:

BP:

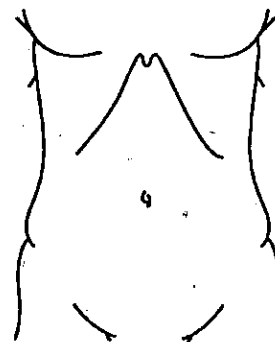
Urinalysis:

General Appearance:

Respiratory



Gastrointestinal System



Cardiovascular

Locomotor

Patient ID label

Neurological system

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

AMT 4 = age, DOB, place, year

AMT score ____ /4

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

Pupils/fundoscopy:

**Cerebellar and
extrapyramidal:**

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Patient ID label

2607906571

Event ID : 1709012205096021 ID : 01-Sep-2017 22:15:53 27 years MALE

HR	87	Sinus rhythm	normal P axis	V-rate	50.99
PR	135	Atrial premature complex	SV complex w/ short R-R interval		
QRSD	88				
QT	339				
QTc	408				
Axis					
P	37				
QRS	20				
T	29				

OTHERWISE NORMAL ECG

Unconfirmed diagnosis

Page 2 of 2

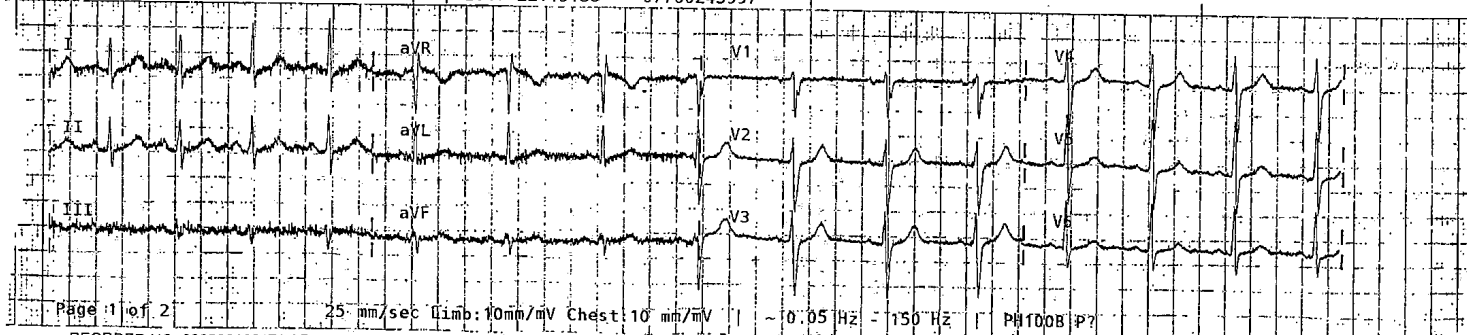
PH1008 P2

REORDER NO. 989803138171-ARCHIVIST

Graphic Controls Ltd

Print

Event ID : 1709012205096021 ID : 01-Sep-2017 22:15:53 07766245997



Page 1 of 2

25 mm/sec Limb: 10mm/mV Chest: 10 mm/mV

0.05 Hz - 150 Hz

PH1008 P2

REORDER NO. 989803138171-ARCHIVIST

Graphic Controls Ltd

Printed in UK

Patient ID label

Nursing Documentation

Done/ Time

Once only prescriptions (including tetanus prophylaxis)

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

Discharge prescription packs

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

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.

Time Ready to Depart

Discharge Time

Ward No. (if admitted)

Transfer to Hospital

Consultant (if admitted)

Outpatient clinic specialty

Admission or specialty clinic consultant

Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify

Patient ID label

2607906571

Key Results

CXR

ECG

(Differential) diagnosis

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature:

PRINT NAME

PRINT GRADE

Page:

Patient ID label

Resuscitation Decision

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

If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

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

Patient ID label

2607906571

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

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

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

☐ Yes☐ No

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

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

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

☐ No☐ Yes

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

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

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

Patient informed ☐ Yes ☐ N/A

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

If N/A why? _____

Assessed by _____

Date _____

Results

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

Patient ID label

2607906571

Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

Summary:

Temp:

Pulse:

BP:

SpO₂:

FiO₂:

RR:

Diagnosis:

Plan:

Recommended Destination: _____

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Patient ID label

Continuation Sheet

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

2607906571

Date: Time

Patient ID label

Continuation Sheet

Date: Time

[illegible]

NEWS – National Early Warning Score

Name
Address

CHI No.
DoB

2607906571
DOWNIE
Darren
26/07/1990

	Date	Ward
Admitted	11/9/17	1A1E
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score					
	3	2	1	0	1	2
Respiration Rate	≤8		9-11	12-20		21-24
Oxygen Saturations	≤91	92-93	94-95	≥96		
Any Supplemental Oxygen		Yes		No		
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°
Pulse	≤40		41-50	51-90	91-110	111-130
Systolic BP	≤90	91-100	101-110	111-219		≥220
Conscious Level				A		V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	Continue routine NEWS monitoring with every set of observations.
Aggregate 1-4	Minimum 4 hourly	- Inform trained nurse. - Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	- Trained Nurse assessment. - Inform medical team caring for the patient. - Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. - Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	- Trained Nurse to assess immediately. - Inform medical team caring for the patient – this should be at least senior medical staff level. - Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. - Consider referral to high dependency or ITU.

DATE: 1/19		DATE:		NEWS	
TIME: 1300 0346		TIME:		0	1
Resp. Rate Mark: •	35			35	
	30			30	
	25			25	
	20			20	
	16			16	
	12	13	14	12	
	8			8	
SpO ₂ (Enter Value)	≥ 96	100		≥ 96	
	94-95	95		94-95	
	92-93			92-93	
	≤ 91			≤ 91	
Any Sup'l O ₂	%			%	
Room air		A A			
Temp. Mark: X	39°			39°	
	38.5°			38.5°	
	38°			38°	
	37.5°	37.5	X	37.5°	
	37°			37°	
	36.5°			36.5°	
	36°			36°	
	35.5°			35.5°	
	35°			35°	
Pulse Mark: •	170			170	
	160			160	
	150			150	
	140			140	
	130			130	
	120			120	
	110			110	
	100			100	
	90	86		90	
	80	73		80	
Blood Pressure Mark: ◇	230			230	
	220			220	
	210			210	
	200			200	
	190			190	
	180			180	
	170			170	
	160			160	
	150	141		150	
	140	141		140	
NEWS iCORE using Systolic BP	130			130	
	120			120	
	110			110	
	100			100	
	90	84		90	
	80			80	
	70			70	
	60			60	
	50			50	
Conscious Level Mark: •	Alert	•	X	Alert	
	Verbal			Verbal	
	Pain			Pain	
	Unresp			Unresp	
Total NEWS (with all obs)		0 0		NEWS SCORE	
BM		54		BM	
Pain				Pain	
Nausea				Nausea	
Urine output				U/O	
Obs due				Obs due	
Initials		10		Initials	

2604706451

KEY			DATE
2	3		TIME
	35		35
	30		30
	25		25
	20		20
	16		16
	12		12
	8		8
	≥ 96		≥ 96
	94-95		94-95
	92-93		92-93
	≤ 91		≤ 91
	%		%
	39°		39°
	38.5°		38.5°
	38°		38°
	37.5°		37.5°
	37°		37°
	36.5°		36.5°
	36°		36°
	35.5°		35.5°
	35°		35°
	170		170
	160		160
	150		150
	140		140
	130		130
	120		120
	110		110
	100		100
	90		90
	80		80
	70		70
	60		60
	50		50
	40		40
	30		30
	230		230
	220		220
	210		210
	200		200
	190		190
	180		180
	170		170
	160		160
	150		150
	140		140
	130		130
	120		120
	110		110
	100		100
	90		90
	80		80
	70		70
	60		60
	50		50
	Alert		Alert
	Verbal		Verbal
	Pain		Pain
	Unresp		Unresp
	NEWS		NEWS
	SCORE		SCORE
	BM		BM
	Pain		Pain
	Nausea		Nausea
	Urti		Urti
	Output		Output
	U/O		U/O
	Obs due		Obs due
	Initials		Initials

Affix Label



CHI: 2607906571

Queen Elizabeth University Hospital

GH

Total Att: 9

12 Mth Att: 3

Title: MR

DOWNIE

Darren

DOB: 26/07/1990

Age: 26y

Sex: Male

9 JEAN ARMOUR DRIVE
NORTH DRUMRY
Clydebank
Dunbartonshire
G81 2ER
07732416326

Next of kin: DOWNIE, JANET
Relationship: Parent
0141 562 4350

GP: AW Potter
0141 531 6475

Attendance Date: 09/04/2017

Arrival Time: 15:54

Registration Time: 15:54

Date of Incident: 09/04/2017

Major Incident Desc:

Reason for Attendance: unwell

Nursing Assessment

Alerts: Not Recorded

Allergies: Yes

Pain Score:

Triage Category: 2

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 09/04/2017 16:01

Nurse name: Nurse Barry Blyth

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

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: 999 - acute sob at rest - has anxiety, etoh xs last night - sats 100% on air, rr 14/min - bilateral equal air entry

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

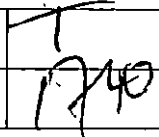
Discuss with Senior Medical Staff / Nurse on duty any factors identified

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

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date	CLINICAL NOTES	
	Seen by (Dr)	Time seen
	had anxiety attack was in unit @ — D/C →	 2607906571 26/07/1990 DOWNIE Darren

Date	CLINICAL NOTES						
	 2607906571 26/07/1990 DOWNIE Darren						
Discharge Codes (Please CIRCLE) 1. Admission 2. Discharge 3. Refer to GP 4. Transfer to other (see below) 5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.						Discharge date	
						Discharge time	
Ward number (if admitted):		Transfer to hospital:				Consultant If admitted:	
Follow up	Arranged		Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT Others (specify):
Discharge Prescription Packs							
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration		Frequency	Signature	Given By



2607906571

26/07/1990

DOWNIE
Darren

Scottish Ambulance Service Patient Report Form																			
Incident Number	CR003675016 on 09/04/2017 at 15:05																		
Call sign					Incident Type	EMG													
Crew1	E9887964				Crew3														
Crew2	E0006203				Crew4														
INCIDENT LOG																			
Incident Location	9 JEAN ARMOUR DRIVE CLYDEBANK GLASGOW				Incident Postcode	G81 2ER													
Call Received	15:05 - 09/04/2017				Patient at Hospital														
Call Passed	15:05 - 09/04/2017				Patient Handover														
Crew Mobile	15:07 - 09/04/2017				Crew Clear														
Crew at Scene	15:11 - 09/04/2017				Clear Reason														
Crew Left Scene	15:29 - 09/04/2017																		
Pre-alert Medical Standby																			
Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL																		
DIAGNOSIS																			
Chief Complaint Code	06																		
Despatch Code	06D04 : Clammy with Breathing problems																		
Diagnostic Code	06C01 : 06C01 - Abnormal Breathing																		
PATIENT DETAILS																			
Surname	DOWNIE																		
Forename	DARREN																		
Middle Initials					Sex	Male													
DoB	26/07/1990				Age	26 years 8 months 14 days													
Patient Address					Patient Postcode														
Patient Telephone					Ethnicity														
VITAL SIGNS																			
Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
15:23	113	Reg	Alert	28	153	109		3.5	36.4	100	1	< 2 Secs	Sinus tachycardia	2	15	7.8	5		
AMPLE																			
Allergy Type	None																		
Previous Medical History	PANIC ATTACKS, BLOOD DISSORDER, HEMOCHROMATOSIS. ALCOHOL ABUSE.																		
Last Eaten Before Incident	More Than 5 Hours																		
RESPIRATORY SYSTEM																			
Respiratory Assessment	Normal																		
Bilateral air entry, Expansion right = left																			
Respiratory Sites																			
PATIENT HANDOVER																			
Patient Mobility On Arrival	Seated				On Scene Removal	Walking													
Patient Transportation	Seated				Care Delivery At Hospital	Chair													
Time Of Patient Handover	15:50																		
SEPSIS																			
Pulse	RR	SYS	Temp	GCS	BG	Pneumonia	UTI	Other infection	Abdo Pain	Diarrhoea	Abdo distension	Meningitis	Cellulitis	Septic arthritis	Wound infection	Infected indwelling device	No signs of infection		
113	28	153	36.4	15	3.5	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
GCS																			
Time	Eye Opening				Verbal Response				Motor Response				Total						
15:23	Spontaneous				Orientated				Obeys Commands				15						
PATIENT SUPPORT																			
GP Name	DR POTTER				GP Practice	RED WING													
Surgery Address	CLYDEBANK HC.				Surgery Postcode														
ADDITIONAL COMMENTS AND OBSERVATIONS																			
THIS MAN IS CO SOB , WITH SHORT EPISODES OF CHEST PAIN. ALL OBS NORMAL.																			
REPORT MANAGEMENT																			
Report ID	CR003675016-09042017154625																		
Software Version	1.0.444				Report Type	Interim													

NEWS – National Early Warning Score

Name	
Address	 2607906571 26/07/1990 DOWNIE Darren
CHI No.	
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8	92-93 Yes	9-11	12-20		21-24	≥25
Oxygen Saturations	≤91		94-95	≥96			
Any Supplemental Oxygen				No			
Temperature	≤35.0°	91-100	35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90		101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	- Inform trained nurse. - Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	- Trained Nurse assessment. - Inform medical team caring for the patient. - Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. - Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	- Trained Nurse to assess immediately. - Inform medical team caring for the patient – this should be at least senior medical staff level. - Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. - Consider referral to high dependency or ITU.

200100511

DATE: 4/11/11

TIME: 1600

NEWS:

DATE: 4/11/11

TIME: 01

Resp. Rate	35	30	25	20	15	10	5
Mark: •	12	8					

SpO ₂	96	95	94	93	92	91	90
(Enter Value)	92.93						
Any Suppl O ₂							
Room air							

Temp.	39°	38.5°	38°	37.5°	37°	36.5°	36°
Mark: X	35.5°	35°					

Pulse	170	160	150	140	130	120	110
Mark: •	100	90	80	70	60	50	40

Blood Pressure	230	220	210	200	190	180	170
Mark: •	160	150	140	130	120	110	100

NEWS	130	120	110	100	90	80	70
CORE	100	90	80	70	60	50	
using							
Systolic							
BP							

Alert	Verbal	Pain	Unresp	NEWS SCORE
Conscious	Level	Mark: •		

Total NEWS	0
(with all obs)	

BM	Pain	Nausea	Urine output

Obs due	Initials

KEY			DATE
2	3		TIME
35			35
30			30
25			25
20			20
16			16
12			12
8			8
2.96			2.96
94.95			94.95
92.93			92.93
5.91			5.91
%			%
39°			39°
38.5°			38.5°
38°			38°
37.5°			37.5°
37°			37°
36.5°			36.5°
36°			36°
35.5°			35.5°
35°			35°
170			170
160			160
150			150
140			140
130			130
120			120
110			110
100			100
90			90
80			80
70			70
60			60
50			50
40			40
30			30
280			280
220			220
210			210
200			200
190			190
180			180
170			170
160			160
150			150
140			140
130			130
120			120
110			110
100			100
90			90
80			80
70			70
60			60
50			50
Alert			Alert
Verbal			Verbal
Pain			Pain
Unresp			Unresp
NEWS			NEWS
SCORE			SCORE
BMI			BMI
Pain			Pain
Nausea			Nausea
U/O			U/O
Obs due			Obs due
Initials			Initials

[illegible]

NEWS – National Early Warning Score

Name
Address
CHI No.
DoB



	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	- Inform trained nurse. - Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	- Trained Nurse assessment. - Inform medical team caring for the patient. - Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. - Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	- Trained Nurse to assess immediately. - Inform medical team caring for the patient – this should be at least senior medical staff level. - Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. - Consider referral to high dependency or ITU.

DATE:		TIME:		NEW	
				0	1
Resp. Rate Mark: •	35			35	
	30			30	
	25			25	
	20	X		20	
	16	24		16	
	12			12	
	8			8	
SpO₂ (Enter Value)	≥ 96	99		≥ 96	
	94-95			94-95	
	92-93			92-93	
	≤ 91			≤ 91	
Any Sup'l O₂	%			%	
Room air		NA			
Temp. Mark: X	39°			39°	
	38.5°			38.5°	
	38°			38°	
	37.5°			37.5°	
	37°			37°	
	36.5°			36.5°	
	36°			36°	
	35.5°			35.5°	
	35°			35°	
Pulse Mark: •	170			170	
	160			160	
	150			150	
	140			140	
	130			130	
	120			120	
	110	X		110	
	100	112		100	
	90			90	
	80			80	
	70			70	
	60			60	
	50			50	
	40			40	
	30			30	
	230			230	
Blood Pressure Mark: ◇	220			220	
	210			210	
	200			200	
	190			190	
	180			180	
	170			170	
	160			160	
	150			150	
	140			140	
	130	119		130	
	120	>		120	
	110			110	
	100			100	
	90			90	
	80			80	
	70	V		70	
60	74		60		
50			50		
NEWS CORE using Systolic BP					
Conscious Level Mark: •	Alert	/		Alert	
	Verbal			Verbal	
	Pain			Pain	
	Unresp			Unresp	
Total NEWS (with all obs)				NEWS SCORE	
BM	60			BM	
Pain				Pain	
Nausea				Nausea	
Urine output				U/O	
Obs due				Obs due	
Initials				Initials	

Blood Pressure

[illegible]

Emergency Department Nursing Documentation

Presenting Complaint: CP

Date and Time: _____



Patient



Named Nurse(s):			
Patient preparation (Please tick when completed)		Initials:	Communication (Please tick when completed)
Prepare patient for examination and provide blankets if required	☒		Communication Aids (spectacles / hearing aid) ☐
			Relatives present, who? ☐
Clothing bagged, labelled and stored under trolley	☒		Relatives / NOK informed ☐
Name-band (if required)	☒		Interpreter required ☐
			Telephone interpretation required ☐
Observations and Investigations (Please tick when completed)		Initials:	
Vital Signs recorded on NEWS chart and NEWS score recorded. Record Pain, blood sugar and neuro obs on NEWS chart if appropriate.	☒		IV cannula (if required) ☐
Peak Flow 1. 2. 3.	☐		Blood samples taken ☐
12 Lead ECG	☒		Urinalysis and Specimen if indicated. Results: ☐
Cardiac Monitoring	☒		
X-rays performed	☐		HCG specimen if indicated +ve ☐ -ve ☐ Strip Lot no: ☐
Other: please add	☐		Weight: ☐
Screening Tools (Please circle or tick as appropriate)		Initials:	
SEPSIS risk? SIRS Criteria 2 or more and suspicion of infection Sepsis 6 protocol initialise and departmental documentation started	Y / N Y / N		Preliminary Pressure Ulcer Risk Assessment The patient can reposition themselves whilst in the department? Y / N
AMT 4 (if >65 years) SCORE	/4		There is no reported skin damaged other than presenting trauma? Y / N
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). If at risk complete risk assessment	Y / N		The person is fully continent? If NO to any of the above initiate Waterlow risk assessment (within 4 hrs) Y / N
Mental Health Triage Assessment	Y / N		Waterlow Score If >10 commence Active Care ☐
Child Protection considered (in line with policy)	Y / N		Active Care (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs) Record on Active Care Chart ☐
FAST	Y / N		
GMAWS	Y / N		Pressure damage identified on arrival in ED is documented in clinical notes ☐
Has Swallow test been carried out?	Y / N		Grade 3 or 4 Pressure Ulcers are reported on DATIX ☐
Pause for Transfer (Please tick when completed)		Tick when completed	N/A
Relatives informed		☐	☐
Cannula		☐	☐
Name band		☐	☐
AMT4		☐	☐
NEWS chart NEWS >7 - Name and Page number of senior doctor, caring for patient		☐	Always
Prescriptions signed	Infusions	☐	☐
	Drugs	☐	☐
	Allergies are recorded (e.g. on Kardex)	☐	☐
	Fluids	☐	☐
	Two hour plan in place e.g. Fluids, Antibiotics and emergency drugs written up on Kardex	☐	☐
	GMAWS	☐	☐
Belongings (including patient's medications)		☐	Always
Bed requested, accepted and ward informed		☐	Always
Notes: medical notes, GP letter, PRF		☐	Always
Investigations	CXR reviewed	☐	☐
	ECG reviewed	☐	☐
	Bloods sent	☐	☐
	Bloods reviewed	☐	☐
	Patient on O ₂ : cylinder checked	☐	☐
	Patients requiring analgesia: sufficient	☐	☐
		Print name	

Patient Addressograph Label

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patient's medications)	☐	Always	
New medications explained	☐	☐	
Cannula removed	☐	☐	
Relatives aware of discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/ Support Services required and contacted	☐	☐	
SAS transport required and ref no	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	

Nursing Notes and Care Plan

[illegible]

2607906571

[illegible]

Emergency Department - Active Care

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every:

(Please circle) ½ hour 1 hour 2 hours

Signed Name

USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

Patient Addressograph Label

		Time																		
	1.	PAIN: Assess and address If in pain inform registered nurse Y/ N or N/A																		
S	2.	SKIN INSPECTION: Pressure areas checked: Y / N / I (independent) Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)																		
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent) Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B Chair Assist to walk, stand or tilt (W / ST/ T)																		
I	4.	ELIMINATION: Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine/faeces																		
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care) Encourage the patient to drink? (if appropriate) Y / N / N/A Food, snack or supplement taken? (if appropriate) Y / N / N/A																		
	6.	ENVIRONMENT: Is the patient able to call for assistance? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y / N																		
	7.	INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y / N																		
	8.	ESCALATION: Escalate any issues to the Registered Nurse? Y / N/A																		
		Nurse Initials																		

USE FOLLOWING CODE

Specialist Pressure Redistributing equipment

Variations

V = Variant
I = Independent
NT = No thanks

- ☐ Repose Mattress
☐ Moving and handling aids
☐ Other:

Time	No.	Variation	Signed

Waterlow Pressure Area Risk Assessment

Build/Weight		Skin Type/Visual Risk Areas		Sex/Age		Special Risks - Tissue Malnutrition	
Average (BMI 20-24.9)	0	Healthy	0	Male	1	Multiple organ failure/ Terminal cachexia	8
Above Average (BMI 25-29.9)	1	Tissue Paper (thin/fragile)	1	Female	2		
Obese (BMI > 30)	2	Dry (appears flaky)	1	14-49	1	Single organ failure	5
Below Average (BMI < 20)	3	Oedematous (puffy)	1	50-64	2	Peripheral Vascular Disease	5
Continence		Clammy / pyrexia	1	65-74	3	Anaemia = Hb < 8	2
Complete/Catheterised	0	Discoloured	2	75-80	4	Smoking	1
Incontinent urine	1	(bruising/mottled)		81+	5	Neurological Deficit	
Incontinent faeces	2	Broken (established ulcer)	3	Nutritional Element		Diabetes/MS/CVA	4-6
Doubly Incontinent (urine and faeces)	3	Mobility		Unplanned weight loss in past 3-6 months		Motor or sensory paraplegia (Max 6)	
Special Risks - Surgery/Trauma		Fully mobile	0	< 5% Score 0		Special Risks - Medication	
On table > 6 hours	8	Restless/Fidgety	1	5-10% Score 1		Cytotoxic, anti-inflammatory, long term/high dose steroids (Max 4)	4
Orthopaedic / below waist/Spinal (up to 48 hrs post-op)	5	Apathetic (sedated/depressed/ reluctant to move)	2	> 10% Score 2			
On table > 2 hours (up to 48 hrs post op)	5	Bed bound (unconscious/unable to change position/traction)	4	BMI > 20 Score 0 BMI 18.5-20 Score 1 BMI < 18.5 Score 2		Risk Score	
		Chair Bound	5	Patient acutely ill or no nutritional intake > 5 days		10+ = 'At risk'	
						15+ = 'High Risk'	
						20+ = 'Very High Risk'	

Patient's Initial Waterlow Score =

If Score ≥ 10 Complete the Adapted Waterlow Pressure Area Risk Assessment Chart



CHI: 2607906571

Queen Elizabeth University Hospital

Title: MR

DOWNIE

DOB: 26/07/1990

9 JEAN ARMOUR DRIVE
NORTH DRUMRY
Clydebank
Dunbartonshire
G81 2ER

Age: 26y

Darren

Sex: Male

Next of kin: DOWNIE, JANET
Relationship: Parent
0141 562 4350

GP: SP Queen
0141 531 6475

Total Att: 8

12 Mth Att: 2

Attendance Date: 11/12/2016

Arrival Time: 09:59

Registration Time: 09:59

Date of Incident: 11/12/2016

Major Incident Desc:

Reason for Attendance: anxiety attack

Nursing Assessment

Alerts: Not Recorded

Allergies: Yes

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint: Chest Pain

Observation Date: 11/12/2016 10:37

Nurse name: nurse alanna jane houston

Temp	36.2	C
HR	112	bpm
BP	129/74	mmHg
MAP	92.33	mmHg
RR	24	bpm
SpO2	99	%
Oxygen	21	%

BM	7.0	mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: "chest pain. anxiety ++. large intake of alcohol yesterday - vomit this morning."

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

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

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date

CLINICAL NOTES

Seen by (Dr) LUCAS

Time seen

1300

DOWNIE
Darren

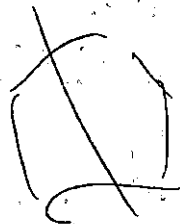
Hx anxiety

Drinking heavily last night + energy
drinks till 0400. Subways at 0330Woke up 0730, feeling anxious
breathing heavily & chest tight
Vomited x1

Similar to frequent anxiety attacks

o/e. All & untreated C (S/H/H)
HALLU.

Chest - ch



soft, non-tender

ECG - SN

Bloods done ab trace (W)

L -> (H)

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)						Discharge date		
1. Admission		2. Discharge		3. Refer to GP		4. Transfer to other (see below)		
5. Died		6. Refer to OP Clinic (see below)		7. Irregular Discharge		8. D.O.A.		
Ward number (if admitted):			Transfer to hospital:				Consultant If admitted):	
Follow up	Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):
Discharge Prescription Packs								
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By		

2607906571

Scottish Ambulance Service Patient Report Form																			
Incident Number	CR003401143 on 11/12/2016 at 08:52																		
Call sign				Incident Type	EMG														
Crew1	E9887996			Crew3															
Crew2	E1016458			Crew4															
INCIDENT LOG																			
Incident Location	3C DUNCOMBE VIEW KILBOWIE CLYDEBANK			Incident Postcode	G81 2DG														
Call Received	08:52 - 11/12/2016			Patient at Hospital															
Call Passed	08:54 - 11/12/2016			Patient Handover															
Crew Mobile	08:54 - 11/12/2016			Crew Clear															
Crew at Scene	09:04 - 11/12/2016			Clear Reason															
Crew Left Scene	09:34 - 11/12/2016																		
Pre-alert Medical Standby																			
Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL																		
DIAGNOSIS																			
Chief Complaint Code	06																		
Despatch Code	06D04 : Clammy with Breathing problems																		
Diagnostic Code	32B01 : 32B01 - Unknown Problem-Standing/Sitting/Moving/Talking																		
PATIENT DETAILS																			
Surname	DOWNIE																		
Forename	DAN																		
Middle Initials				Sex	Male														
DoB	28/07/1990			Age	26 years 4 months 16 days														
Patient Address	9 JEAN ARMOUR DRIVE DRUMRY CLYDEBANK			Patient Postcode															
Patient Telephone				Ethnicity															
PATIENT CONSENT																			
Mental Capacity Assessed	Deemed To Have Capacity																		
Level of Consent																			
PRIMARY SURVEY																			
AVPU Assessment	Alert																		
Catastrophic Haemorrhage	No																		
Airway Assessment	Clear																		
Breathing Rate	Fast																		
Respiratory Rate	22																		
Pulse	Fast																		
Most Peripheral Palpable Pulse Found	Radial																		
Skin Colour	Normal																		
Skin Texture	Dry																		
Capillary Refill Rate	< 2 Secs																		
CSI Assessment	No Evidence Of C-Spine Injury																		
VITAL SIGNS																			
Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
09:10	126	Reg	Alert	15	152	105	6.1	36.7	100			< 2 Secs	Sinus tachycardia	2	15	6.6	2		
09:33	134	Reg	Alert	16	148	102	6.1	36.7	100			< 2 Secs	Sinus tachycardia	1	15	7.8	3		
09:45	120	Reg	Alert	15	144	125	6.1	36.7	100			< 2 Secs	Sinus tachycardia	1	15	7.8	2		
AMPLE																			
Allergy Type	None																		
Previous Medication	NIL																		
Previous Medical History	HAEMOCHROMATOSIS																		
Disability	Long Standing Illness																		
Last Eaten Before Incident	More Than 5 Hours																		
Events Prior To Incident	ONSET OF ANXIETY RELATED SYMPTOMS FROM 07:00HRS. LIGHTEADED DIZZY AND VOMITING.																		
PATIENT HANDOVER																			
Patient Mobility On Arrival	Seated			On Scene Removal	Chair														
Patient Transportation	Lying			Care Delivery At Hospital	Trolley														
Time Of Patient Handover	09:45																		
SEPSIS																			
Pulse	RR	SYS	Temp	GCS	BG	Pneumonia	UTI	Other infection	Abdo Pain	Diarrhoea	Abdo distension	Meningitis	Cellulitis	Septic arthritis	Wound infection	Infected indwelling device	No signs of infection		
126	15	152	36.7	15	6.1	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
134	16	148	36.7	15	6.1	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
120	15	144	36.7	15	6.1	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
GCS																			
Time	Eye Opening			Verbal Response			Motor Response			Total									

09:10	Spontaneous	Orientated	Obeys Commands	15
09:33	Spontaneous	Orientated	Obeys Commands	15
09:45	Spontaneous	Orientated	Obeys Commands	15
PATIENT SUPPORT				
Next of Kin	JANET DOWNIE		Next of Kin-Telephone	
Next of Kin Address	AS ABOVE			
ADDITIONAL COMMENTS AND OBSERVATIONS				
PT HAS BEEN DRINKING FROM YESTERDY MORNING THROUGH TO 03:00HRS THIS MORNING. FELL ASLEEP AT 04:30HRS AND WOKE AT 07:00HRS FEELING LIGHTHEADED AND ANXIOUS. VOMITED AT APPROX 08:00HRS. PT ALSO HAS BLOOD DISORDER AND SHOULD BE ATTENDING GARTNAVEL EVERY FORTNIGHT BUT HAS NOT BEEN FOR SEVERAL MONTHS. U/A PT SITTING ALERT AND RESPONSIVE. GCS 15. REPORTS HEAVINESS IN CHEST AND GENERAL WEAKNESS/LETHARGY. PT TACHYCARDIC AND HYPERTENSIVE. ALL OTHER OBS NORMAL. 12 LEAD ECG SHOWS SINUS TACHY. PT CONVEYED TO QUEH. STABLE DURING TRANSIT.				
REPORT MANAGEMENT				
Report ID	CR003401143-11122016094615			
Software Version	1.0.444	Report Type	Interim	

2607906571
DOWNIE
Darren
25/07/1990

18

Affix Label

Hospital (circle)	IRH	RAH	RHSC	GRI	WIG	VI	VIMIU	Stob	VOL	SGH
Queen Elizabeth University Hospital										

CHI: 2607906571

Total Att: 7

12 Mth Att: 1

Title: MR

DOWNIE

Darren

DOB: 26/07/1990

Age: 26y

Sex: Male

9 JEAN ARMOUR DRIVE
NORTH DRUMRY
Clydebank
Dunbartonshire
G81 2ER

Next of kin: DOWNIE, JANET
Relationship: Parent
0141 562 4350

GP: SP Queen
0141 531 6475

Attendance Date: 07/08/2016

Arrival Time: 11:57

Registration Time: 11:57

Date of Incident: 07/08/2016

Major Incident Desc:

Reason for Attendance: BIBA...CHEST PAIN AND SOB

Nursing Assessment

Alerts: Not Recorded

Allergies: Yes

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 07/08/2016 12:06

Nurse name: Nurse Linda Wilson3

Temp	36	C
HR	98	bpm
BP	130/96	mmHg
MAP	107.33	mmHg
RR	18	bpm
SpO2	100	%
Oxygen		%

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: biba- co sob since 8am no chest pain hx of alcohol abuse- anxiety- attended 2/52 ago with similar given peptac

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

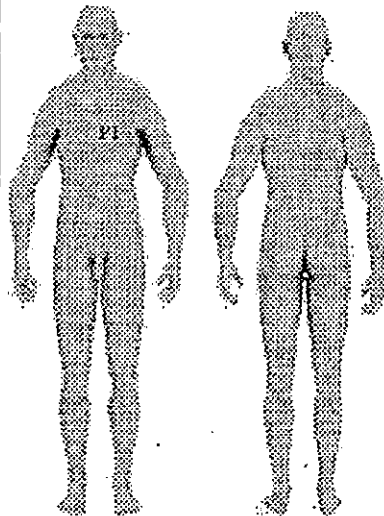
X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

2607 90657

Scottish Ambulance Service Patient Report Form																			
Incident Number	CR003120629 on 07/08/2016 at 11:02																		
Call sign					Incident Type	EMG													
Crew1	E0006203 - Driver				Crew3														
Crew2	E1003895 - Attendant				Crew4														
INCIDENT LOG																			
Incident Location	130 VANGUARD STREET DRUMRY CLYDEBANK				Incident Postcode	G81 2LY													
Call Received	11:02 - 07/08/2016				Patient at Hospital														
Call Passed	11:03 - 07/08/2016				Patient Handover														
Crew Mobile	11:04 - 07/08/2016				Crew Clear														
Crew at Scene	11:10 - 07/08/2016				Clear Reason														
Crew Left Scene	11:28 - 07/08/2016																		
Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL																		
DIAGNOSIS																			
Chief Complaint Code	10																		
Dispatch Code	10D02 : Diff Speaking between Breaths																		
Diagnostic Code	10A01 : 10A01 - Chest Pain 12 - 34 yrs with Normal Breathing																		
PATIENT DETAILS																			
Surname	DOWNIE																		
Forename	DARREN																		
Middle Initials					Sex	Male													
DoB	27/06/1990				Age	26 years 1 months 11 days													
Patient Address	9 JEAN ARMOUR DRIVE CLYDEBANK				Patient Postcode														
Patient Telephone					Ethnicity														
PATIENT CONSENT																			
Mental Capacity Assessed	Deemed To Have Capacity																		
Level of Consent	Advice Given To Patient, Data Sharing With GP Denied By Patient, Risks Of Condition Explained, Treatment Benefits Explained																		
PRIMARY SURVEY																			
AVPU Assessment					Alert														
Catastrophic Haemorrhage					No														
Airway Assessment					Clear														
Breathing Rate					Normal														
Respiratory Rate					16														
Pulse					Fast														
Most Peripheral Palpable Pulse Found					Radial														
Skin Colour					Normal														
Skin Texture					Dry														
Capillary Refill Rate					< 2 Secs														
CSI Assessment					No Evidence Of C-Spine Injury														
VITAL SIGNS																			
Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
11:12	117	Reg	Alert	16	141	99			36.5	97	1	< 2 Secs	Sinus tachycardia	1	15	7.8	2		
11:22	111	Reg	Alert	16	156	107			36.5	98	1	< 2 Secs	Sinus tachycardia	1	15	7.8	2		
AMPLE																			
Allergy Type	None																		
Previous Medication	ANTI SICKNESS TABLETS																		
Previous Medical History	NIL																		
Last Eaten Before Incident	More Than 5 Hours																		
Events Prior To Incident	PT C/O DULL CHEST PAIN WORSENING ON INHALATION AND SOB.																		
EYES AND PUPILS																			
Left Eye					Right Eye														



CHEST PAIN

Time Of Onset		Physical Activity	
Pain Location	Central		
Pain Character	Heavy		

PATIENT HANDOVER

Patient Mobility On Arrival	Seated	On Scene Removal	Walking
Patient Transportation	Lying	Care Delivery At Hospital	Trolley
Time Of Patient Handover			

SEPSIS

Pulse	RR	SYS	Temp	GCS	BG	Pneumonia	UTI	Other infection	Abdo Pain	Diarrhoea	Abdo distension	Meningitis	Cellulitis	Septic arthritis	Wound infection	Infected indwelling device	No signs of infection
117	16	141	38.5	15		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
111	16	156	38.5	15		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

GCS

Time	Eye Opening	Verbal Response	Motor Response	Total
11:12	Spontaneous	Orientated	Obeys Commands	15
11:22	Spontaneous	Orientated	Obeys Commands	15

PATIENT SUPPORT

Next of Kin	JANET DOWNIE	Next of Kin Telephone	
Next of Kin Address	AS ABOVE		

ADDITIONAL COMMENTS AND OBSERVATIONS

CALL FOR 26YOM COMPLAINING OF SOB AND CONSTANT DULL PAIN IN CHEST WORSENING ON INHALATION WHILE SITTING IN HIS FRIENDS HOUSE, NO NAUSEA, NO SWEATING, 12 LEAD ECG CONFIRMED SINUS TACHYCARDIA, PT HAD SIMILAIR EPISOPE 2WKS AGO WAS APPARENTLY TOLD AT HOSPITAL HE HAS TOO MUCH ACID IN HIS BODY AND TOO MUCH IRON, PTS FRIEND TRAVELLED IN AMBULANCE TO HOSPITAL. PT TAKEN TO HOSPITAL FOR FURTHER ASSESSMENT.

REPORT MANAGEMENT

Report ID	CR003120629-07082016114828		
Software Version	1.0.440	Report Type	Interim

Date: 07/08/2016 CLINICAL NOTES

Seen by: Dr. [Signature]

Time seen: 11:15

1. Ble 8.0 03

2/0 Papergenic pen

308 marker - distended

Large swelling last night

Prostate - Hx cur.

Swelling + dysphagia

Smile presentation 2/08 ago

Re: 7. Refuse

Wants to swallow tablets

5/53 78.00 c/hr 98 (89 130 14

RR 18 | SpO₂ 100% air

USG HTS 1 + 1 + 0

1 Mild epigastric tenderness

opposed
Grasping

8mp3 Gastric

die 7 Corbison

RUCL
PUSCAREM

Date	CLINICAL NOTES									
Discharge Codes (Please CIRCLE) 1. Admission 2. Discharge 3. Refer to GP 4. Transfer to other (see below) 5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.										Discharge date Discharge time
Ward number (if admitted):			Transfer to hospital:				Consultant If admitted):			
Follow up		Arranged			Not arranged			To be arranged		
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):		
Discharge Prescription Packs										
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By				
07/08	GAN SODU 0.15mls	q.i.d.s			Pule	Pule				

Queen Elizabeth University Hospital

Affix				
Titk	CHI: 2607906571			
SUF			Total Att:	6
CH	Title: MR			12 Mth Att: 0
Loc	DOWNIE	Darren		
	DOB: 26/07/1990	Age: 25y	Sex: Male	
	9 JEAN ARMOUR DRIVE NORTH DRUMRY Clydebank Dunbartonshire	Next of kin: DOWNIE, JANET Relationship: Parent 0141 562.4350		
Po:	G81 2ER	GP: SP Queen 0141 531 6475		
Tel				
At	Attendance Date: 23/07/2016	Arrival Time:	12:38	
Re	Registration Time: 12:38	Date of Incident:	23/07/2016	
Re	Major Incident Desc:			
Re	Reason for Attendance: BIBA - Chest pain			

Affix Label

Nursing Assessment

Alerts: Not Recorded

Allergies: Yes

Pain Score:

Triage Category: **3**

Tetanus up to date/fully immunised:

Presenting Complaint: Chest Pain

Observation Date: 23/07/2016 12:57

Nurse name: Nurse Pauline Etherson

Temp	36.2	C
HR	88	bpm
BP	127/96	mmHg
MAP	106.33	mmHg
RR	14	bpm
SpO2	98	%
Oxygen		%

BM	7	mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: dull ache in chest since 1100 ,also was feeling dizzy,has haemochromatosis

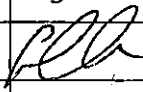
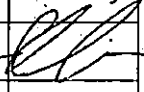
Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

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

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
12/7/16	PEPTAC	20ml	Oral	14:30		

NEWS – National Early Warning Score

Name _____
Address _____

2607906571
DOWNIE
Darren

26/07/1990

CHI No. _____
DoB _____

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	- Inform trained nurse. - Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	- Trained Nurse assessment. - Inform medical team caring for the patient. - Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. - Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	- Trained Nurse to assess immediately. - Inform medical team caring for the patient – this should be at least senior medical staff level. - Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. - Consider referral to high dependency or ITU.

KEY																						
1	2	3																				
		35																				
		30																				
		25																				
		20																				
		16																				
		12																				
		8																				
		2-96																				
		94-95																				
		92-93																				
		5-91																				
		%																				
		39°																				
		38.5°																				
		38°																				
		37.5°																				
		37°																				
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		70																				
		60																				
		50																				
		Alert																				
		Verbal																				
		Pain																				
		Unresp																				
		NEWS SCORE																				
		BM																				
		Pain																				
		Nausea																				
		Urin																				
		U/O																				
	</																					

4607906571

Scottish Ambulance Service Patient Report Form																			
Incident Number		CR003087683 on 23/07/2016 at 11:38																	
Callsign												Incident Type		EMG					
Crew1		E1016458 - Driver										Crew3							
Crew2		E9887948 - Attendant										Crew4							
INCIDENT LOG																			
Incident Location		ON THE PATHWAY BEARSDEN GOLF RANGE MILNGAVIE ROAD BEARSDEN GLASGOW										Incident Postcode		G61 3DH					
Call Received		11:38 - 23/07/2016										Patient at Hospital							
Call Passed		11:41 - 23/07/2016										Patient Handover							
Crew Mobile		11:41 - 23/07/2016										Crew Clear							
Crew at Scene		11:53 - 23/07/2016										Clear Reason							
Crew Left Scene		12:13 - 23/07/2016																	
Receiving Hospital		QUEEN ELIZABETH UNIVERSITY HOSPITAL																	
DIAGNOSIS																			
Chief Complaint Code		31																	
Despatch Code		31C01 : Unconscious or Fainting Alert/Abnormal Breathing																	
Diagnostic Code		28001 : 28001 - Sick Person No Priority Symptoms (Not 2 - 28)																	
PATIENT DETAILS																			
Surname		DOWNIE																	
Forename		DARREN																	
Middle Initials												Sex		Male					
DoB		26/07/1990										Age		25 years 11 months 28 days					
Patient Address		9 JEAN ARMOUR DRIVE, CLYDEBANK										Patient Postcode		G81 2ER					
Patient Telephone												Ethnicity							
PATIENT CONSENT																			
Mental Capacity Assessed		Deemed To Have Capacity																	
Level of Consent		Risk Of Refusal Explained, Risks Of Condition Explained, Treatment Benefits Explained																	
PRIMARY SURVEY																			
AVPU Assessment		Alert																	
Catastrophic Haemorrhage		No																	
Airway Assessment		Clear																	
Breathing Rate		Normal																	
Respiratory Rate		18																	
Pulse		Normal																	
Most Peripheral Palpable Pulse Found		Radial																	
Skin Colour		Normal																	
Skin Texture		Dry																	
Capillary Refill Rate		< 2 Secs																	
CSI Assessment		None																	
VITAL SIGNS																			
Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
12:00	91	Reg	Alert	18	158	92		5.1	37.1	97		< 2 Secs	Normal sinus rhythm	1	15	7.8	1		
12:22	106	Reg	Alert	18	155	92				99		< 2 Secs	Normal sinus rhythm	1	15	7.8	1		
AMPLE																			
Allergy Type		PENICILLIN?																	
Previous Medication		RANITIDINE/STEMITIL																	
Previous Medical History		HAEMOCHROMATOSIS																	
Last Eaten Before Incident		More Than 5 Hours																	
EYES AND PUPILS																			
Left Eye												Right Eye							
Left Pupil Size		Normal										Right Pupil Size		Normal					
Left Pupil Reaction		Normal										Right Pupil Reaction		Normal					
Unequal Reaction To Light																			
PATIENT HANDOVER																			
Patient Mobility On Arrival		Standing										On Scene Removal		Walking					
Patient Transportation		Lying										Care Delivery At Hospital		Chair					
Time Of Patient Handover																			
SEPSIS																			
Pulse	RR	SYS	Temp	GCS	BG	Pneumonia	UTI	Other infection	Abdo Pain	Diarhoea	Abdo distension	Meningitis	Cellulitis	Septic arthritis	Wound infection	Infected indwelling device	No signs of infection		
91	18	158	37.1	15	5.1	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
106	18	155		15		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
GCS																			
Time	Eye Opening		Verbal Response		Motor Response		Total												

12:00	Spontaneous	Orientated	Obeys Commands	15
12:22	Spontaneous	Orientated	Obeys Commands	15
PATIENT SUPPORT				
GP Name	DR POTTER		GP Practice	
Surgery Address	RED WING, CLYDEBANK HEALTH CENTRE		Surgery Postcode	
Next of Kin	JANET DOWNIE		Next of Kin Telephone	
Next of Kin Address				
ADDITIONAL COMMENTS AND OBSERVATIONS				
25 YOM W/ HEAVINESS IN CHEST/FAINTNESS WHILE WALKING TO WORK AT 11.30. O/A PT ALERT AND BREATHING NORMALLY. SLIGHT HYPERTENSION AND VERY SLIGHTLY TACHYCARDIC. PT WA DRINKING ALCOHOL LAST NIGHT. PT HAS HAEMOCHROMATOSIS WHICH AFFECTS LIVER. SHOULD HAVE BLOOD TRANSFUSIONS EVERY TWO WEEKS FOR CONDITION BUT HAS NOT BEEN FOR SIX MONTHS. OTHER OBB ARE NORMAL				
REPORT MANAGEMENT				
Report ID	CR003087683-23072016122809			
Software Version	1.0.440	Report Type	Interim	



Date

CLINICAL NOTES

Seen by (Dr)

FRASER GILLIE FY2

Time seen 13:45

23/7/16

WORK IN McDONALDS

(25)

WALKING TO WORK TODAY ~ 11:00 WHEN
RELATIVELY SUDDEN ONSET SOB + CHEST
TIGHTNESS

Background: Haemochromatosis

Alcoholic fatty liver

ETOH excess

Dyspepsia

Initially SOB

Then onset chest "heaviness"

No radiation

Dizzy. No LOC

Nauseous/no vomiting

Heaviness at worst 8/10. Currently 3/10

S pants last night

No drugs

Nothing to eat today

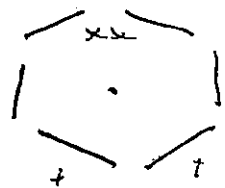
ECG: SR 84

O/E HR 88 BP 127/86

Looks well

No added MS.

Chest clear

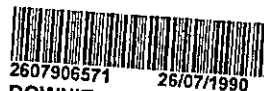


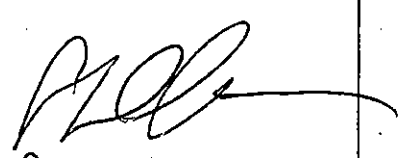
Tender areas - epigastrium

Tropium 2

Hb 165

Ampluse 45

DOWNIE
Darren

Date	CLINICAL NOTES
	Symptoms improved with peptone <u>1st</u> Alcoholer gastritis Now Has peptone at home. Unable to swallow oral PPI  Prasa Gilling FRC

Discharge Codes (Please CIRCLE)						Discharge date		
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			Discharge time		
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge		8. D.O.A.			
Ward number (if admitted):			Transfer to hospital:			Consultant if admitted:		
Follow up	Arranged		Not arranged			To be arranged		
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):
Discharge Prescription Packs								
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration		Frequency	Signature	Given By	

VIRTUAL FRACTURE CLINIC

Patient Name: 2607906571 Address: DOWDIE M 26/07/1990 25A GRAHAM AVENUE Clydebank, Dunbartonshire G81 3AQ CHI: Contact No. 07460 071311	CLINIC DATE: 13/12/22 CONSULTANT: Mr Fazzl. DATE OF INJURY:
--	---

CLINICAL ASSESSMENT

MECHANISM OF INJURY:
PROVISIONAL DIAGNOSIS:
CONSULTANT DIAGNOSIS: (R) Elbow dislocation PUTSUG
TREATMENT PLAN: # GEN THURS XCOA
CONSULTANT'S SIGNATURE:

OUTCOME

VIRTUAL DISCHARGE: ☐	RETURN APPOINTMENT: ☒	QEUF ☐	WACH ☐	VACH ☐
1 wk ☒ 2 wks ☐ 3 wks ☐ 4 wks ☐ 5 wks ☐ 6 wks ☐				
GENERIC FRACTURE CLINIC: ☐	*SPECIALTY FRACTURE CLINIC: ☐	NURSE-LEAD DRESSING/ PLASTER CLINIC: ☐	PHYSIO REFERRAL: ☐	
*SPECIFY SPECIALTY:	FOLLOW UP APPOINTMENT DATE & TIME:		QE 22/12/22 10:15	
PATIENT CONTACTED - APPOINTMENT & TIME CONFIRMED?		YES ☒	NO ☐	VOICEMAIL MESSAGE? ☐
APPOINTMENT TO BE CONFIRMED BY LETTER?		YES ☐	NO ☐	

AUTHORISATION

NURSE: (please print)	C Graham	DESIGNATION:	Cln
SIGNATURE:	C Graham	DATE:	13/12/22

CHI Number: 2607906571

Patient Name: Darren Downie

Page 1 of 4

Acute Services Division

All Directorates

Department of

Specialty: Gastroenterology

OutPatient Continuation Sheet eForm - Version 0.23

Hospital:		Gartnavel General Hospital	
Patient Details		GP Details	
Name:	Downie, Darren	Name:	POTTER, ALEXANDER
Address:	9 JEAN ARMOUR DRIVE NORTH DRUMRY Clydebank Dunbartonshire	Address:	Clydebank Health Centre Kilbowie Road Clydebank
Postcode:	G81 2ER	Telephone:	
Correspondence Address 1:			
Correspondence Address 2:			
Correspondence Postcode:			
Telephone:			
Patient Contact Number:		Consent:	Yes
CHI Number:	2607906571	Sensitivity:	Sensitive
CRN:	51355613R		
D.O.B:	26/07/1990		
Sex:	Male		

Patient Histories			
Patient History			
Presenting complaint/Diagnosis:	Attended today for venesection and bloods feeling well wait for results and give him new appt ..		
Medical History:			
Current medication			
Family history			
Social / Domestic history	Smoker:		
	Cigarettes per day:		
	Years of smoking:	Pack Years:	0.00
	Alcohol history:	units per week	
Examination:			
Clinical impression / management plan			
Investigations:			
Procedures:			

ERAS:		Stoma:	
Further information			
Specialty specific information:	Select		
Date:	29/05/2018	Seen by:	Patricia Crawford
		Designation:	Nurse

Typed Notes

Attended for venesection. Had not attended in quite a while and had been referred. 500 ml drained without incident. FBC sample obtained. Further appointment booked for next week.

Date: 19/07/2019 Seen By: Hayley McEwan2 Designation: Specialist Nurse/Practitioner

Attended for venesection today. Said he felt well although a bit tired as he hasn't been sleeping well. 500 ml drained without incident. FBC and Ferritin samples obtained. Further appointment booked.

Date: 22/02/2019 Seen By: Hayley McEwan2 Designation: Specialist Nurse/Practitioner

en did not attend his last scheduled appointment. He said that he does not know his shifts yet for work and will get in touch with us to make an appointment once he knows when he is working.

Date: 05/02/2019 Seen By: Hayley McEwan2 Designation: Specialist Nurse/Practitioner

Attended for venesection. 500ml taken left arm. FBC & ferritin taken. Repeat appointment given for 2 weeks' time.

Date: 11/01/2019 Seen By: Beth Speirs Designation: Specialist Nurse/Practitioner

Attended for venesection. Feeling well. 500 ml drained without incident. FBC sample obtained. Further appointment booked for when Darren returns from his holiday.

Date: 16/11/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Attended for venesection. 500ml taken right arm. Feeling well although has been taking some alcohol. Return next week.

Date: 02/11/2018 Seen By: Beth Speirs Designation: Specialist Nurse/Practitioner

Attended this morning for venesection. Feeling well on arrival. 500 mls drained. FBC and ferritin samples obtained. Further appointment booked.

Date: 12/10/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Attended clinic today for venesection. Feeling well on arrival. In police custody. Updated liver screen and fibroscan obtained. Have given Darren liver nurse phone number so he can make further appointment as he is being released next week.

Date: 04/09/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Attended clinic today for venesection. Feeling well. 500 mls drained without incident. FBC obtained. In police custody. Will call prison health centre to make further appointment.

Date: 24/08/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Attended clinic for venesection. Feeling well. FBC and Ferritin samples obtained. In police custody. 400 mls drained without incident. Will call health centre to book further appointment.

Date: 10/08/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Attended ward 7a for venesection in police custody. Feeling well but tired. 500 mls drained without incident. FBC sample obtained. Will call health centre at low moss prison to make further appointment

Date: 20/07/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Attended ward 7a GGH this morning for venesection. Feeling well on arrival. 500 mls drained without incident. FBC and Ferritin samples obtained. Will call low moss prison to arrange further appointment.

Date: 03/07/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Message left with health centre at low moss regarding booking an appointment for Darren.

Date: 22/06/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Attended clinic today for venesection in police custody. Feeling well on arrival. FBC sample obtained. 500 mls drained without incident. Further appointment booked 2/52.

Date: 11/05/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Attended clinic today for venesection in police custody. Feeling tired on arrival. Requested that 250mls got taken as he was feeling tired. Managed 400 mls and then asked for needle to be removed as he felt sick. FBC and Ferritin samples obtained. Further appointment booked for 2/52.

Date: 20/04/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Attended clinic today for venesection in police custody. Last appointment missed. Feeling tired on arrival to clinic. 500 mls drained without incident.

Date: 23/03/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Attended clinic today for venesection in police custody. 500 mls drained. Patient felt slightly nauseous during procedure but this feeling passed. FBC and Ferritin levels obtained. Will call prison next week to arrange another appointment.

Date: 23/02/2018 Seen By: Hayley Watson Designation: Specialist Nurse/Practitioner

Attended for venesection today 200mls, FBC and Ferritin also obtained. Diet and fluids taken prior. Iv fluids commenced prior to venesection, did not make any difference to how he was feeling. no further fluids. Is aware his main issue is in his head and he makes himself feel worse. It had been explained again the importance of alcohol abstinence however he has too much on at the moment. Plan to return in 2 weeks for full pint. Has been advised to attend Gp for something to help with anxiety that he can take prior to coming to his appointment and to take his antiemetic at this point as well. BP stable.

Date: 03/11/2017 Seen By: Laura Anne Godfrey Designation: Specialist Nurse/Practitioner

Attended to commence venesection today, very anxious as last time he felt nauseous and faint. Explained to me that last time he was here IV fluids had been discussed. Will speak to Dr Priest regarding this. Today we obtained 75 mls before he started feeling poorly, FBC and Ferritin obtained. Bp stable throughout 141/96 prior, 128/84 post. I have advised he attend his Gp to discuss his anxiety and see if he can get something to help prior to attending venesection. We discussed his alcohol consumption and his diet. Live largely on burgers as works in McDonalds. He assures me when he returns from his holiday in 4 weeks he will cut down his alcohol. Will try to get a list of foods organised for him to avoid.

Date: 25/08/2017 Seen By: Laura Anne Godfrey Designation: Specialist Nurse/Practitioner

CHI Number: 2607906571

Patient Name: Darren Downie

Page 4 of 4

- End of Report -

3. **Systemic**

11

11

THE UNIVERSITY OF CHICAGO

DOWNIE

Darren, R

9 JEAN ARMOUR DR

Clydebank, Dunbartonshire

G81 2ER

[illegible]

[illegible]

Hospital No.

Number



2607906571

DOWNIE

Darren

26/07/1996

9. JEAN ARMOUR DRIVE

9 JEAN ARNOLD
NORTH DRUMRY

Clydebank, Dunbartonshire

PHYS

SURG

G81 2ER

၎



**Greater Glasgow
and Clyde**

[illegible]

[illegible]

Name



2607906571

DOWNIE

Darren

9 JEAN ARMOUR DRIVE

Clydebank, Dunbartonshire

Hospital No.

M/I Number

26/07/1990

G81 2ER

PHYS

SURG

pt.

Ward

DATE

OUT-PATIENT HISTORY

24 yrs

74 yrs

14.4.16

HFE diagnosed, family 1078

Nausea, no vomiting.

Poor energy, sleep.

Alcohol - heavy drinks (two bottles, red) home 2 months, LFTs normal.
a few years.

PMH: N/A. Drugs - ranitidine

PH: Parents - well.

SH: 260. Drugs: no family

SH: 0 smoke - unemployed, fasting, left school 16 yrs

DH: All negative CLO

No other

Zp: GH.

Venorectin, 4/5, fibrom.

[illegible]



DOWNIE

M.d.: _____

Date:

Case Record No.:

Darren

26/07/199C

9 JEAN ARMOUR DRIVE

NORTH DRUMRY

Clydebank, Dunbartonshire

CARE PLAN EVALUATION

1. Ba		9. Sleep	
2. Nu		10. Special Needs	
3. Elimination		11. Other Relevant Information	
4. Mobility			

12-5-15	1530	Attended for first resection. 200ml taken. Felt a bit unwell, legs raised, water given. BP 134/94 P 72 SaO₂ 98%. (A) FBC + junkie taken. Continues to feel quite sick although not vomiting. Given tea. ^{is} satisfactory. BP 131/91 P 82 SaO₂ 98%. (A) Given ENLA cream for next time. Return. Patient still still feeling quite sick. His brother will collect him by car. He will wait in BA's day room meantime.	ESPENR can OK is can
26-5-15	1330	Attended for resection 400ml taken. FBC only. Tolerated slightly better, however then fainted. BP low at 70/34. Patient inverted. Cold compresses applied. Came around. Plenty of oral fluids ~ 600ml + His relative to collect. Next time consider IV fluids as resecting. BP now satisfactory + Darren feels much better.	

[illegible]

NEWS – National Early Warning Score

Name
Address
2607906571
DOWNIE M
Darren 26/07/1990
9 JEAN ARMOUR DRIVE
NORTH DRUMRY
Clydebank, Dunbartonshire
CHI No.
DoB

G81 2ER

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score					
	3	2	1	0	1	2
Respiration Rate			8-11	12-20		21-24
Oxygen Saturations		92-93	94-95	≥96		
Any Supplemental Oxygen		Yes		No		
Temperature			35.1-36.0°	36.1-38.0°	38.1-39.0°	≥39.1°
Pulse			41-50	51-90	91-110	111-130
Systolic BP		91-100	101-110	111-219		
Conscious Level				A		

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	Continue routine NEWS monitoring with every set of observations.
Aggregate 1-4	Minimum 4 hourly	- Inform trained nurse. - Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	- Trained Nurse assessment. - Inform medical team caring for the patient. - Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. - Consider level of monitoring required in relation to clinical care.
	Continuous monitoring of vital signs	- Trained Nurse to assess immediately. - Inform medical team caring for the patient – this should be at least senior medical staff level. - Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. - Consider referral to high dependency or ITU.

Emergency Attendance Letter



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

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 27/02/2019

Consultant: Dr Claire McGroarty

SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear SP Queen

Re: **Downie Darren Robert**
9 JEAN ARMOUR DR
Clydebank G81 2ER

DOB: 26/07/1990

CHI: 2607906571

Attended on: **27/02/2019 at 03:53 hrs.**

Departed on: **27/02/2019 at 05:40 hrs.**

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

Destination: **Private residence**

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

Presenting complaint
sob

Nursing Assessment:
biba - sob/chest pain, taken acid/alcohol at 7pm

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Gastro-oesophageal reflux disease with oesophagitis		

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

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Alan Whitelaw
Consultant

Copies to:

1. SP Queen (GP)

School Address:

Emergency Attendance Letter



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

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 02/09/2017

Consultant: Dr Fraser Denny

AW Potter
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear AW Potter

Re: Downie Darren
9 JEAN ARMOUR DRIVE
Clydebank G81 2ER

DOB: 26/07/1990

CHI: 2607906571

Attended on: 01/09/2017 at 22:53 hrs.
Discharge Type: 01a - Discharge with no follow up
Previous ED Attendance in last 12 months: 2

Departed on: 02/09/2017 at 00:19 hrs.
Destination: Private residence

Presenting complaint
biba - chest pain

Nursing Assessment:
BIBA. CCP since 2100.

Investigations in ED:

- | | | |
|------------------|---------------------|--------------------------|
| 1. Amylase | 2. CRP | 3. Gamma GT |
| 4. Glucose | 5. LFT | 6. Urea and Electrolytes |
| 7. Troponin I hs | 8. Full Blood Count | 9. XR Chest |

Diagnosis:

Diagnosis	Side	Site
Chest pain, unspecified		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Background haemochromatosis - engaging poorly with Gastroenterology & missed venesection earlier today - they have arranged another appointment. Alcohol XS night before, drinking energy drinks during day, not taking PPI or ranitidine. I suspect he has had an episode of severe reflux. CXR, ECG and blood tests unremarkable. Reassured and discharged - and I have explained why alcohol and caffeine will make his reflux worse.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Rhona Briggs
Doctor

Copies to:

1. AW Potter (GP)

School Address:

Emergency Attendance Letter



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

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 10/04/2017

Consultant: Dr Jonny Gordon

AW Potter
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear AW Potter

Re: Downie Darren
9 JEAN ARMOUR DRIVE
Clydebank G81 2ER

DOB: 26/07/1990

CHI: 2607906571

Attended on: 09/04/2017 at 15:54 hrs.

Departed on: 09/04/2017 at 17:40 hrs.

Discharge Type: 01b - Discharge with follow up by
primary care team

Destination: Private residence

Previous ED Attendance in last 12 months: 3

Presenting complaint
unwell

Nursing Assessment:

999 - acute sob at rest - has anxiety, etoh xs last night - sats 100% on air, rr 14/min - bilateral equal air entry

Investigations in ED: None

Diagnosis:

Diagnosis	Side	Site
Anxiety State		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Amitava Roy
Doctor

Copies to:

1. AW Potter (GP)

School Address:

Emergency Attendance Letter



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

Dept. Contact Details:
Tel: 0141 452 2810/2811
Fax:
Email:

Date Completed: 11/12/2016

Consultant: Dr Kevin Thomson

SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear SP Queen

Re: **Downie Darren**
9 JEAN ARMOUR DRIVE
Clydebank G81 2ER

DOB: 26/07/1990

CHI: 2607906571

Attended on: 11/12/2016 at 09:59 hrs.

Departed on: 11/12/2016 at 12:37 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 2

Presenting complaint
anxiety attack

Nursing Assessment:

chest pain. anxiety ++. large intake of alcohol yesterday - vomit this morning.

Investigations in ED:

1. Full Blood Count
4. Bicarbonate
7. Troponin I hs
10. Urea and Electrolytes
13. Glucose

2. CRP
5. LFT
8. Full Blood Count
11. Bicarbonate
14. Troponin I hs

3. Urea and Electrolytes
6. Glucose
9. CRP
12. LFT
15. Bone Profile

Diagnosis:

Diagnosis	Side	Site
Anxiety State		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

drinking plus energy drinks last night woke up with little sleep in state on anxiety triage bloods were normal reassured

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Nicola Littlewood
Consultant

Copies to:

1. SP Queen (GP)

School Address:

Emergency Attendance Letter



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

Dept. Contact Details:
Tel: 0141 452 2810/2811
Fax:
Email:

Date Completed: 26/08/2016

Consultant: Dr Katy McCarthy

SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear SP Queen

Re: Downie Darren
9 JEAN ARMOUR DRIVE
Clydebank G81 2ER

DOB: 26/07/1990

CHI: 2607906571

Attended on: 07/08/2016 at 11:57 hrs.
Discharge Type: 01a - Discharge with no follow up
Previous ED Attendance in last 12 months: 1

Departed on: 07/08/2016 at 14:30 hrs.
Destination: Private residence

Presenting complaint
BIBA...CHEST PAIN AND SOB

Nursing Assessment:
biba- co sob since 8am no chest pain hx of alcohol abuse- anxiety- attended 2/52 ago with similar
given peptac

Investigations in ED:

- | | | |
|------------------|--------|--------------------------|
| 1. Bone Profile | 2. CRP | 3. Full Blood Count |
| 4. Glucose | 5. LFT | 6. Urea and Electrolytes |
| 7. Troponin I hs | | |

Diagnosis:

Diagnosis	Side	Site
Alcoholic gastritis		

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

Clinician Notes:

binge drinking last night, epigastric tenderness, rx gaviscon, d/c

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Katy McCarthy
Consultant

Copies to:

1. SP Queen (GP)

School Address:

Emergency Attendance Letter



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

Dept. Contact Details:
Tel: 0141 452 2810/2811
Fax:
Email:

Date Completed: 25/07/2016

Consultant: Dr Hannah Smith

SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear SP Queen

Re: Downie Darren
9 JEAN ARMOUR DRIVE
Clydebank G81 2ER

DOB: 26/07/1990

CHI: 2607906571

Attended on: 23/07/2016 at 12:38 hrs.

Departed on: 23/07/2016 at 14:37 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 0

Presenting complaint

BIBA - Chest pain

Nursing Assessment:

dull ache in chest since 1100, also was feeling dizzy, has haemochromatosis

Investigations in ED:

1. Coagulation screen
4. Glucose
7. Troponin I hs

2. CRP
5. LFT
8. Amylase

3. Full Blood Count
6. Urea and Electrolytes

Diagnosis:

Diagnosis	Side	Site
Alcoholic gastritis		

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

Clinician Notes:

MI screen negative. Aided by peptac

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Fraser Gillie

Doctor

Copies to:

1. SP Queen (GP)

School Address:

**EMERGENCY DEPARTMENT
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT**



**Dr DAVID BELL
CLYDEBANK HEALTH CENTRE
KILBOWIE ROAD CLYDEBANK
G81 2TQ**

Date: 19 Jun 2012

Dear Dr DAVID BELL,

**Re: DARREN DOWNIE, 9 JEAN ARMOUR DRIVE, CLYDEBANK, G81 2ER
Date of Birth: 26/07/1990 CHI number: 2607906571**

Your patient attended Western Infirmary on the 19 Jun 2012.

The presenting complaint was:	INJURY TO FOOT YESTERDAY
Triage information:	Not recorded
The following investigations were carried out:	FOOT X-RAY RIGHT
The A&E diagnosis was:	** INJURY- NOT ASSAULT** - FRACTURE-CLOSED - FOOT - NAVICULAR - RIGHT
The following treatment was given:	None
At the conclusion of treatment the patient was:	DISCHARGED FUTURE ADMISSION PLANNED
Follow-up:	ADMITTED
Additional information:	None

Yours sincerely,

**ANDREW WILSON
EMERGENCY NURSE PRACTITIONER**

HOSPITAL INFORMATION MISSING



Dr EDWARD CRAWFORD
CLYDEBANK HEALTH CENTRE
KILBOWIE ROAD CLYDEBANK

G81 2TQ

Date : 25 Jul 2010

Dear Dr EDWARD CRAWFORD,

**Re: DARREN DOWNIE, 9 JEAN ARMOUR DRIVE, CLYDEBANK,
DUNBARTONSHIRE, G81 2ER**

Date of Birth: 26/07/1990 CHI number: 2607906571

HOSPITAL INFORMATION MISSING Patient attended on the 25 Jul 2010.

The presenting complaint was: **CON THROAT**

Triage information: **Not recorded**

The following investigations **None**
were carried out:

The A&E diagnosis was: **NONE ASSIGNED IN EDIS**

The following treatment was **None**
given:

At the conclusion of **DISCHARGED FROM WIG TO GEMS**
treatment the patient was:

Follow-up: **GEMS**

Additional information: **None**

Yours sincerely,

NONE ASSIGNED IN EDIS

NONE ASSIGNED IN EDIS

Acute Services Division

Diagnostics Directorate

Ultrasound Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN



Elizabeth Speirs (Liver Nurse
Specialist)
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Tel: 0141 347 8379
Date: 19/10/17
CHI No: 2607906571
Hosp Ref: G504H

Dear Doctor,

We would like to inform you that the patient below has failed to arrive for a radiology appointment.

Patient: Mr Darren Downie

Date of birth: 26/07/1990

CHI No: 2607906571

Referrer: Elizabeth Speirs (Liver Nurse Specialist) Source: Gartnavel General Hospital

For: an Ultrasound abdominal Scan

On: Wednesday, 18 October, 2017 at 4:00 pm

At: Gartnavel General Hospital, Ultrasound Department

We are concerned that your patient still requires their examination. If this is the case, could you please confirm this and re-request in the normal manner?

A copy of this letter has been sent to your patient.

Yours sincerely
Appointments Officer

A handwritten signature in black ink, appearing to be 'Gordon' with a stylized flourish at the end.



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

29/11/2022

Dr BM Esson
The Green Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Dear Dr BM Esson
CHI Number: 2607906571
Patient Name: DarrenRobertDownie
Referral Date: 29/11/2022

Advice Response to recent Referral:

Thanks, he was under care of Gastro - please refer there.

Yours Sincerely

Dr Mark Drummond

User ID: Mark Drummond

JP Advice Letter

Clinical letter - GP:



Garthavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

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

0141 211 3000
ENT
0141 242 9788
Ann.McNaughton@ggc.scot.nhs.uk
03/09/2021
IA/JW
19/08/2021
31/08/2021

Dear Dr Queen,

Darren Robert Downie; D.O.B: 26/07/1990; CHI: 2607906571
25A GRAHAM AVE, Clydebank, Dunbartonshire, G81 3AQ

You made a referral to ENT in January and February 2020 for this patient following his private hearing assessment, which reported a conductive hearing loss on the left side. Unfortunately he has not attended his clinic appointment today. I have not arranged for any further appointment to be sent out.

I would be grateful if you could do a new referral if you feel that ENT consultation is still required.

Yours sincerely,

Ms Ida Amir

Consultant ENT Surgeon

Electronically Signed: Dr Ida Amir, Consultant

CC.

Clinical letter - GP:



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Main Switchboard: 0141 211 3000
Department: Gastroenterology
Contact Tel: 0141 301 7974
Enquiries to: Hayley.McEwan@ggc.scot.nhs.uk
Letter Date: 27/08/2019
Reference: HM/AH
Dictated Date: 20/08/2019
Transcribed Date: 26/08/2019

Dear Dr Queen,

Darren Robert Downie; D.O.B: 26/07/1990; CHI: 2607906571
9C KILBOWIE CRT, Clydebank, Dunbartonshire, G81 3AJ

This is just to let you know that Darren has not attended a couple of appointments for venesection therefore I have been in touch with him by telephone and he says he does not wish to make a further appointment at present for venesection as he has a lot on with a new job and moving house.

I have again explained the importance of attending for venesection and he assures me he will get in touch with me to make a further appointment for this in the not too distant future.

Yours sincerely

Hayley McEwan

Liver CNS

Electronically Signed: Nurse Hayley McEwan, Nurse

cc. Dr Matthew Priest, Consultant Gastroenterologist, GGH

Clinical letter - GP:



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

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

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

Gastroenterology
0141 451 6090
Dr Priest's secretary
30/11/2018
MP/LMCG
23/11/2018
28/11/2018

Dear Dr Queen,

Jarren Robert Downie; D.O.B: 26/07/1990; CHI: 2607906571
9 JEAN ARMOUR DR, Clydebank, Dunbartonshire, G81 2ER

This gentleman attended for an ultrasound scan of his abdomen. It showed a normal looking liver, with the exception of some mild fatty change, but no evidence of cirrhosis or portal hypertension.

Kind regards.

Yours sincerely

Dr Matthew Priest
Consultant Physician and Gastroenterologist

Electronically Signed: Dr Matthew Priest, Consultant

cc.

Clinical letter - GP: Haemochromatosis



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

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

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

Ward 7a GGH
0141 301 7974
Beth Speirs
BS
08/12/2016
01/12/2016
01/12/2016

Dear Dr Queen,

**Jarren Downie; D.O.B: 26/07/1990; CHI: 2607906571
9 JEAN ARMOUR DRIVE, NORTH DRUMRY, Clydebank, Dunbartonshire, G81 2ER**

Unfortunately Mr Downie has repeatedly missed offered appointments at the Haemochromatosis clinic, and has not been in touch to reschedule.

We no longer seem to have an up to date phone number for him.

I will be discharging him from the haemochromatosis clinic for now.

If he wishes to engage with services in future please re-refer through usual channels. It is important that we try to reduce his raised ferritin or he is at risk of significant ill health in future.

Yours sincerely,

Beth Speirs

Liver CNS

Ward 7a GGH

Electronically Signed: Nurse Beth Speirs, Nurse Practitioner

cc.

Clinical letter - Others:



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Louise Johnson
Ward Manager 7A/B
GGH

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

0141 211 3000
0141 211 3278
clare.campbell@ggc.scot.nhs.uk
21/04/2015
PM/CC
14/04/2015
14/04/2015

Dear Louise ,

Darren Downie; D.O.B: 26/07/1990; CHI: 2607906571
9 JEAN ARMOUR DRIVE, NORTH DRUMRY, Clydebank, Dunbartonshire, G81 2ER

I would be grateful if you could kindly initiate venesection on this 24 year old who has been found to have genetic hemochromatosis. His baseline serum ferritin is 1078.

Thank you for your help.

Yours sincerely

Professor Peter R Mills MD, FRCP
Consultant Physician and Gastroenterologist

Electronically Signed: Dr Peter Mills, Consultant

C.

Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: 0141 347 8347
Fracture Clinic: 0141 452 2908

Virtual Fracture Clinic

Clinic Date: 13/12/2022
Typed: 14/12/2022

Dr MacSorley
The Green Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Dear Dr MacSorley

Mr Darren Robert Downie ~ DOB: 26/07/1990 ~ CHI:2607906571;
25a Graham Avenue Clydebank Dunbartonshire G81 3AQ

Your patient was recently followed up at the Virtual Fracture Clinic at Queen Elizabeth University Hospital. The following details were recorded:

Bodily site:	Right Elbow
Injury Type:	Dislocation
Management plan:	Fracture clinic
Patient contacted	Phone
Site:	QEUH
Outcome:	# Clinic
Nurses notes:	Nurse present at Virtual Fracture Clinic: 13/12/2022 15:09 Collette Graham All notes and x-rays reviewed by Mr Fazzi at the VFC. Mr Downie is for review at the QEUH on 22/12/22 at 10:15am, patient is aware of appointment and happy to attend.

Yours Sincerely,

Mr Umberto Fazzi

Consultant Orthopaedic Surgeon

Clinic Letter



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

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Main
Switchboard:
Départment:
Contact Tel: 0141 451 6090
Enquiries to: Lorraine.McGlinchey@ggc.scot.nhs.uk
Letter Date: 20/06/2019
Reference: MP/LMCG
Dictated 20/06/2019
Date:
Transcribed
Date: 04/07/2019

Dear Dr. SP Queen,

Darren Robert Downie; D.O.B: 26 Jul 1990; CHI: 2607906571
9 JEAN ARMOUR DR, Clydebank, Dunbartonshire, G81 2ER

Attendance: Specialty - Gastroenterology; Clinic - GGMPGA7-DR PRIEST GASTRO THUR AM
Date and Time of Appointment - 20/06/2019 10:50

Clinical Comments:

Diagnosis: Haemochromatosis.

I reviewed this man in the clinic today. He has not been seen for over two years and his last ferritin was in the normal range, albeit towards the upper end of normal.

He has had a lot of problems with compliance with venesection in the past.

At this stage, as he does not have any evidence of cirrhosis I will not arrange to see him back in the clinic. I have checked his bloods today, if he requires further venesection I will arrange this. If he does not require venesection I will arrange for him to be seen in the nurse led clinic on the medical day unit in 6 months.

Kind regards.

Yours sincerely

Dr Matthew Priest

Consultant Physician and Gastroenterologist

Electronically Signed: Dr Matthew Priest, Consultant

cc.

Clinic Letter

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

Dr. AW Potter
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

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

Gastroenterology
0141 451 6090
Lorraine.Mcglinchey@ggc.scot.nhs.uk
11/07/2017
LK/GMA
11/07/2017
12/07/2017

Dear Dr. AW Potter,

Darren Downie; D.O.B: 26 Jul 1990; CHI: 2607906571
9 JEAN ARMOUR DRIVE, NORTH DRUMRY, Clydebank, Dunbartonshire, G81 2ER

Attendance: Specialty - Gastroenterology; Clinic - GGMPGA3-DR PRIEST LIVER CLINIC TUE AM
Date and Time of Appointment - 11/07/2017 10:00

Clinical Comments:

Diagnosis

1. Hemochromatosis
2. Last venesection 2015
3. Reflux despite PPI

Pending investigations- Routine bloods including ferritin, likely referral on for venesection

Follow up - one year

I reviewed this patient in clinic today. He has previously DNA'd Professor Mills, Sister Speirs and Dr Cairns clinic. He assured me today he is keen to engage with our services now.

He was diagnosed with hemochromatosis three years ago and attended for venesection only twice as he did not like the feeling it gave him. However his brother has also been diagnosed with hemochromatosis and is now on a much less frequent venesection routine and Darren hopes that he can also achieve this.

His main symptoms at the moment are that he feels tired and nauseated and has ongoing problems with acid reflux which is significantly worse after alcohol. I can see that back in 2015 Professor Mills had intended to carry out an upper GI endoscopy however it would appear that this did not happen. Given that his symptoms have been going on for such a long time and have persisted despite Peptac, Ranitidine and Lansoprazole. I think it would be ideal to carry out an OGD. In terms of alcohol he drinks at least twice if not three times a week anything upwards of five pints. We

discussed this today and he is quite keen to cut down and I have advised him that this will hopefully help his reflux symptoms as he finds them much worse after drinking alcohol.

I have updated bloods and will arrange for him to attend venesection if he requires it. We will see him back in this clinic in one years time.

Kind regards

Dr Linda Kemp
Clinical Fellow in Gastroenterology

Ferritin 1984
LFTs derranged

Electronically Signed: Dr Linda Kemp, Doctor

cc.

Clinic Letter



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

Dr. AW Potter
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: Lorraine.McGlinchey@ggc.scot.nhs.uk
Letter Date: 25/05/2017
Reference: HC/CM
Dictated: 25/05/2017
Date:
Transcribed: 06/06/2017
Date:

Dear Dr. AW Potter,

Jarren Downie; D.O.B: 26 Jul 1990; CHI: 2607906571
9 JEAN ARMOUR DRIVE, NORTH DRUMRY, Clydebank, Dunbartonshire, G81 2ER

Attendance: Specialty - Gastroenterology; Clinic - GGHCGA8-DR H CAIRNS THURSDAY PM
CLINIC **DO NOT OVERBOOK CLINIC**
Date and Time of Appointment - 25/05/2017 14:10

Clinical Comments:

I was expecting to see you in the Liver Clinic today at Gartnavel to discuss your haemochromatosis.
I would be grateful if you could get in contact with me on the above number so we can set you up with a further appointment.

Yours sincerely

Dr Helen Cairns
Consultant Gastroenterologist

Electronically Signed: Dr Helen Cairns, Consultant

cc. Dr Potter
Red Wing Medical Practice, Clydebank Health Centre
Kilbowie Road,
Clydebank,
81 2TQ

Clinic Letter

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

Dr. SP Queen
Dr Bell & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Main
Switchboard:
Department:
Contact Tel: 0141 211 3278
Enquiries to: clare.campbell@ggc.scot.nhs.uk
Letter Date: 12/01/2016
Reference: PM/CC
Dictated: 12/01/2016
Date:
Transcribed: 12/01/2016
Date:

Dear Dr. SP Queen,

Darren Downie; D.O.B: 26 Jul 1990; CHI: 2607906571
9 JEAN ARMOUR DRIVE, NORTH DRUMRY, Clydebank, Dunbartonshire, G81 2ER

Attendance: Specialty - Gastroenterology; Clinic - GGPMGA3-PROF MILLS LIVER CLINIC TUE AM
Date and Time of Appointment - 12/01/2016 09:00

Clinical Comments:**Diagnosis:**

1. Genetic haemochromatosis

2. Dyspepsia ? cause

Thank you for referring this 25 year old man back to the liver clinic. I regret he has been a poor attender and has only come for two venesections for his haemochromatosis. He finds that he is a little drained after the venesection and, therefore, doesn't like it but I have encouraged him to attend regularly again.

He gives a history for several months now of intermittent upper abdominal discomfort associated with nausea and a little bloating. His bowel movements seem to be quite regular. He is now almost completely off alcohol. His weight is otherwise steady. He has now been working at McDonald's for the last 9 months.

He has informed his two brothers of the diagnosis of GH and suggested they go for screening.

On examination he looks well and is not anaemic. He has no lymphadenopathy. Abdominal examination was quite normal.

I am not sure what is causing this discomfort. Ultrasound examination of the abdomen was normal.

I have arranged upper GI endoscopy for him. He has used a PPI without any help. He will recommence venesection and be reviewed in 6 months.

Yours sincerely

Professor Peter R Mills MD, FRCP

Consultant Physician and Gastroenterologist

Electronically Signed: Dr Peter Mills, Consultant

cc.

Clinic Letter



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. SP Queen
Dr Bell & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Main Switchboard: 0141 211 3000
Department:
Contact Tel: 0141 211 3278
Enquiries to: clare.campbell@ggc.scot.nhs.uk
Letter Date: 14/04/2015
Reference: PM/CC
Dictated Date: 14/04/2015
Transcribed Date: 14/04/2015

Dear Dr. SP Queen,

Darren Downie; D.O.B: 26 Jul 1990; CHI: 2607906571
9 JEAN ARMOUR DRIVE, NORTH DRUMRY, Clydebank, Dunbartonshire, G81 2ER

Attendance: Specialty - Gastroenterology; Clinic - GGPMGA3-PROF MILLS LIVER CLINIC TUE AM
Date and Time of Appointment - 14/04/2015 10:40

Clinical Comments:

Thank you for referring this 24 year old man who has been complaining of nausea and poor energy for a few months. He was drinking alcohol to excess particularly over the weekends for a number of years but since you found him to have abnormal liver function tests he has taken none for the last 2 weeks. You had found him to have an elevated serum ferritin at 1078 and he is homozygous for the HFE gene.

There was no past history of illness. Current medication consists of Ranitidine. There is no known family history of illness. He used to work in a factory but is currently unemployed.

On examination he looks very well and has no signs of chronic liver disease. Abdominal examination was quite normal and he has no peripheral oedema.

I am not sure what is the cause for his presenting symptoms of nausea and fatigue. These seemed to be improving with time and I wonder if alcohol was partly responsible. He has agreed to keep off alcohol. I will initiate venesection for his hemochromatosis which should not require much blood removed. I have also arranged a fibroscan and ultrasound for him. He will be reviewed back in 6 months.

Yours sincerely

Professor Peter R Mills MD, FRCP
Consultant Physician and Gastroenterologist

Electronically Signed: Dr Peter Mills, Consultant

cc. Louise Johnson, Ward Manager 7A/B, GGH

DIRECTORATE OF SURGICAL SPECIALTIES

Mr Brian F O'Reilly ENT Out-Patient Clinic

**Gartnavel General Hospital
Department of Otolaryngology
Level 5
1053 GT Western Road
Glasgow
G12 OYN**

**Please reply to : Karen Clark
karen.clark2@ggc.scot.nhs.uk
Direct line : 0141 211 1660
Fax no : 0141 211 1671**

B.O'R/KC/ 51355613R

**Date of Clinic: 30/04/2012
Date of typing: 04/05/2012**

**Dr David Bell
Clydebank Health Centre
Kilbowie Road, Clydebank
G81 2TQ**

Dear Dr Bell

**Darren Downie - 26/07/1990 - CHI: 2607906571
19/2 Greer Quadrant, Clydebank, Dunbartonshire, G81 2AY**

You had asked me to see this 21 year old man who you thought had a tympanic membrane perforation. I am sorry to say that he failed to attend his out-patient appointment. No further appointments will be sent.

Yours sincerely,

**Brian F O'Reilly
Consultant Otorhinolaryngologist
Consultant Neuro-Otologist
Honorary Clinical Assoc Professor**

DIRECTORATE OF SURGICAL SPECIALTIES
Mr David Simpson's ENT clinic.

Gartnavel General Hospital
Department of Otolaryngology
Level 5
1053 GT Western Road
Glasgow
G12 0YN

Please reply to : Mrs Liz Chalmers
Liz.chalmers@ggc.scot.nhs.uk
Direct line : 0141 211 1668
Fax no : 0141 211 1671

08/09/2010
Hosp No: 51355613R
CHI No: 2607906571

Dr Edward Crawford
Clydebank Health Centre
Kilbowie Road
G81 2TQ

Dear Dr Crawford

Darren Downie - 26/07/1990
9 Jean Armour Drive, Clydebank, Dunbartonshire, G81 2ER

This patient failed to attend for his barium swallow.

No further appointment has been arranged.

Yours sincerely

D C Simpson
Consultant ENT Surgeon

Generic general letter:



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

TO WHOM IT MAY CONCERN

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: Lauraanne.Godfrey@ggc.scot.nhs.uk
Letter Date: 09/11/2017
Reference: LG/AH
Dictated: 31/10/2017
Date:
Transcribed: 03/11/2017
Date:

Dear TO WHOM IT MAY CONCERN,

Darren Downie; D.O.B: 26/07/1990; CHI: 2607906571
9 JEAN ARMOUR DRIVE, NORTH DRUMRY, Clydebank, Dunbartonshire, G81 2ER

Mr Downie has recently been diagnosed with haemochromatosis. This means he is required to attend Gartnavel General weekly for venesection. This is to ensure we get his iron levels down to within normal range being between 50 and 80. Please be aware venesection requires us taking a pint of blood off each week and this can sometimes result in extreme tiredness. Unfortunately we only run clinics on Tuesday and Friday mornings. Although we do understand this can be difficult due to Mr Downie's work commitments we would appreciate your co-operation. If this is not corrected this could affect Mr Downie's long term health.

If you have any further concerns regarding this please do not hesitate to contact me on the above number.

Yours sincerely

Laura Godfrey
Liver CNS

Electronically Signed: Nurse Laura Anne Godfrey, Nurse

cc.

Letter to Patient:



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Darren Downie
9c Kilbowie Court
North Kilbowie
Clydebank
Dunbartonshire
G81 3AJ

Main Switchboard: 0141 211 3000
Department: Gastroenterology
Contact Tel: Debbie 0141 451 6106
Enquiries to: debbie.lessels@ggc.scot.nhs.uk
Letter Date: 02/04/2024
Reference: HC/DL
Dictated Date: 15/03/2024
Transcribed Date: 26/03/2024

Dear Darren ,

The liver nurses highlighted your lack of attendance for venesection at our meeting. It is very important you attend for venesection to get de ironed. The risks of ongoing high iron levels in the body can lead to joint destruction, inflammation of the pancreas leading to diabetes, deposition around your heart leading to heart failure and iron build up in the liver which will eventually lead to cirrhosis. The risk of developing liver cancer and death. Please get in contact with the liver nurses to set up another appointment.

Yours sincerely

Dr Helen Cairns

Consultant Gastroenterologist

Electronically Signed: Dr Helen Cairns, Consultant

cc. Dr MacSorley
The Green Medical Practice Clydebank Health & Care Centre
Queens Quay
Main Avenue
Clydebank
G81 1BS

Letter to Patient:



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Darren Downie
25A GRAHAM AVE
Clydebank
Dunbartonshire
G81 3AQ

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

0141 211 3000
Gastroenterology
0141 301 7492
holly.castle@ggc.scot.nhs.uk
15/07/2021
HC/AH
12/07/2021
14/07/2021

Dear Mr Downie,

I am writing to you this morning in relation to monitoring your haemochromatosis. You had an appointment for venesection on Friday 9th July 21 which you failed to attend. I have attempted to contact you via telephone but have been unsuccessful.

The last blood results you had were in August last year and they showed that your iron levels were high as well as your transferrin saturation. Furthermore, your ferritin was high at 483 and we would like that to be less than 300. It would be ideal for you attend for blood samples and monitoring these levels. You could either attend your GP surgery or you could contact ourselves on 0141 301 7492 and we would be happy to take these for you.

If you do need further advice in relation to the management of your condition, please do not hesitate to call us. Furthermore, you will find some useful information in relation to your haemochromatosis at www.haemochromatosis.org.uk.

I have not offered you any further appointments at present however, if you would like to be appointed in order to have some venesection or blood samples taken, please contact us.

I hope you are keeping well and look forward to hearing from you in due course.

Yours sincerely

Holly Castle

Liver CNS

Electronically Signed: Nurse Holly Castle, Nurse

cc. Dr SP Queen

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Letter to Patient:



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Darren Downie
25A Graham Avenue
Clydebank
Dunbartonshire
G81 3AJ

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

0141 211 3000
Gastroenterology
0141 301 7974
Kevin.Gordon@ggc.scot.nhs.uk
16/03/2021
KG/AH
08/03/2021
15/03/2021

Dear Mr Downie,

I am writing to you this morning in relation to monitoring of haemochromatosis. I tried to call you on the 17/11/2020 and asked you to call us back to arrange for some up to date bloods to be taken and to make arrangements for further sessions of venesection. The last blood results we have for you are from 28/8/2020 and they show that your iron level was 35 and your transferrin saturation level was 66%. We like your iron to be less than 30 and your transferrin saturation to be less than 55%. Furthermore, your serum ferritin was 483 and we like this to be less than 300. It would be ideal to obtain some blood samples from you in order to determine where these iron levels are now. Having a diagnosis of haemochromatosis does make you prone to having iron overload. It is important to monitor these blood levels regularly in order to decide whether or not you need venesection. It is important to keep these iron levels within normal ranges at all times.

If you do need further advice in relation to management of your condition, please do not hesitate to call us on 0141 301 7974. Furthermore you will find some useful information in relation to haemochromatosis at www.haemochromatosis.org.uk.

I have not offered you any further appointments at present, however if you would like to be appointed in order to have blood samples taken, then please call us on 0141 301 7974.

I hope that you are keeping well and look forward to hearing from you in due course.

Yours sincerely

Kevin Gordon

Liver CNS

Electronically Signed: Nurse Kevin Gordon, Nurse

cc. Dr SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Letter to Patient:



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Darren Downie,
9C KILBOWIE CRT
Clydebank
Dunbartonshire
G81 3AJ

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

0141 211 3000
Gastroenterology
0141 301 7974
Beth.Speirs@ggc.scot.nhs.uk
09/07/2020
BS/AH
07/07/2020
07/07/2020

Dear Mr Downie,

As a result of the COVID-19 pandemic, we have reviewed how our haemochromatosis service could be improved to increase your safety.

Your clinic appointment will be changed to a phone consultation. It may be in the future that this can be a video call if you prefer.

You should be contacted regarding an appointment at the phlebotomy (bloods) clinic before your phone call. Phlebotomy clinics are being run at every hospital and you will be given a choice of the date and venue of your appointment.

These clinics are only for you to have your blood tests taken - the nursing staff taking the bloods will not be able to discuss previous results or treatment with you. Your results will be discussed with you at your phone consultation which should happen approximately one week after your bloods are taken.

Please note that we will have asked for your bloods to be done first thing in the morning.

The result of the iron studies test is more accurate if taken while fasting. Please have nothing to eat from midnight the night before. You can drink water. If you are unable to attend for bloods in the morning you can accept an appointment for later in the day and eat and drink as normal.

Your clinic appointment at the nurse led clinic has been changed to a phone appointment. The number you are called from may start with 0800. Please ensure that you are available to receive the call. You may receive a text reminder of the appointment a few days before with the hospital clinic details. **If you receive a text reminder, please ignore it - your appointment has been changed to a phone consultation.** If your phone number has changed since your last appointment please call 0141 301 7974 and leave a message with your name, date of birth and new number so that we can update your details.

If you have any queries in the meantime, please call 0141 301 7974.

Yours sincerely

Beth Speirs

Liver CNS

Electronically Signed: Nurse Beth Speirs, Nurse Practitioner

cc.

Letter to Patient:



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

Darren Downie
9 JEAN ARMOUR DR
Clydebank
Dunbartonshire
G81 2ER

Main
Switchboard:
Department: Gastroenterology
Contact Tel: 0141 301 7974
Enquiries to: Hayley McEwan
Letter Date: 07/01/2019
Reference:
Dictated: 07/01/2019
Date:
Transcribed: 07/01/2019
Date:

Dear Darren,

We were expecting to see you for venesection/ blood monitoring for haemochromatosis on 21/12/2018 and 04/01/2019.

We understand it can be difficult to attend, but this monitoring is important for your health.

Perhaps you could phone us on the numbers below to organise an appointment.

Ward 7a GGH

0141 211 3257

0141 301 7974

Yours sincerely

Hayley McEwan
Liver CNS

Electronically Signed: ,

cc.

Letter to Patient: Haemochromatosis



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

Darren Downie
9 JEAN ARMOUR DRIVE
NORTH DRUMRY
Clydebank
Dunbartonshire
G81 2ER

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

Gastroenterology
0141 301 7974
Laura Godfrey
28/11/2017
MP/LG
28/11/2017
28/11/2017

Dear Mr Dowine,

I noticed you did not attend for your venesection today. Unfortunately this has happened on numerous occasions and consequently I am discharging you from our clinic. It is extremely important we reduce your ferritin level to reduce the risk of significant liver damage in the future however you have to be willing to engage. I have arranged an appointment with your consultant Dr Priest in July next year where you can discuss this further. If things change and you are willing to engage fully with venesection please get in contact.

Yours sincerely

Laura Godfrey
Liver CNS

Electronically Signed: ,

cc. AW Potter, Red Wing Medical Practice, Clydebank Health Centre, Kilbowie Road, Clydebank, Clydebank, G81 2TQ

Letter to Patient: Clinic - 25/05/17



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

Darren Downie
9 JEAN ARMOUR DRIVE
NORTH DRUMRY
Clydebank
Dunbartonshire
G81 2ER

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

Gastroenterology
0141 451-6090
Lorraine.McGlinchey@ggc.scot.nhs.uk
08/06/2017
HC/CM
25/05/2017
08/06/2017

Dear Mr Downie,

I was expecting to see you in the Liver Clinic today at Gartnavel to discuss your haemochromatosis.

I would be grateful if you could get in contact with me on the above number so we can set you up

with a further appointment.

Yours sincerely

Dr Helen Cairns

Consultant Gastroenterologist

Electronically Signed: Dr Helen Cairns, Consultant

Electronically Signed: ,

cc. .

Letter to Patient:



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

Darren Downie
9 JEAN ARMOUR DRIVE
NORTH DRUMRY
Clydebank
Dunbartonshire
G81 2ER

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

0141 451 6106
clare.campbell@ggc.scot.nhs.uk
02/06/2016
HC/CC
26/05/2016
26/05/2016

Dear Mr Downie ,

I was expecting to see you in the liver clinic today to assess your haemochromatosis. Professor Mills has now retired and I will be taking over the care of his patients. I see that you have not been venesectioned in quite some time. You are running the risk of causing chronic scarring to your liver and eventually cirrhosis which can be associated with the development of cancer of the liver if you don't address your haemochromatosis and get your iron levels down. It is very important that we see you and get this sorted out. If you wish to be sent a further appointment for the clinic you can get in contact and I will reappoint you.

Yours sincerely

Dr Helen Cairns

Consultant Gastroenterologist

Electronically Signed: xxDr Helen CairnsD3048, Doctor

cc.

Letter to Patient: Venesection clinic



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Darren Downie
9 JEAN ARMOUR DRIVE
NORTH DRUMRY
Clydebank
Dunbartonshire
G81 2ER

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

0141 211 3000
Ward 7a GGH
0141 301 7974
Beth Speirs
07/05/2015
07/05/2015
07/05/2015

Dear Mr Downie,

I have arranged an appointment for you to attend

Ward 7a Gartnavel General Hospital

on

Tuesday 12/05/2015

at

15:30

for venesection, for haemochromatosis. If this is not convenient please phone **0141 301 7974**.

Yours sincerely,

Beth Speirs

Liver CNS

Ward 7a GGH

Electronically Signed: Nurse Beth Speirs, Nurse Practitioner

cc.

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

25/07/2017

Dr AW Potter
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr AW Potter

Re: Mr Darren Downie
Address: 9 JEAN ARMOUR DRIVENORTH DRUMRY
Clydebank
G81 2ER

CHI Number: 2607906571

Speciality: Gastroenterology

It would appear from our records that:

☒ Your patient has not responded to our recent letters inviting them to arrange an appointment.

☐ Your patient has indicated that they no longer require an appointment.

☐ Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

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

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

Additional Support Needs:
Hearing impairment/deaf

REFERRAL TO			
Trauma & Orthopaedic - Elbow GGC General Referral		Consultant / receiving practitioner and/or specialty clinic	
West Glasgow 1053 Great Western Road Glasgow G12 0YN		Hospital and hospital address Hospital location code. G516H Email address	
Urgency of referral Date of referral		Routine 05-Feb-2025 Date sent 10-Feb-2025	

PATIENT DETAILS		Patient's address	
Surname	Downie	9C Kilbowie Crt CLYDEBANK G81 3AJ Contact number(s) Voice: 07398543555 Voice: 07398543555 E-mail: darrendownie19900@hotmail.com	
Forename(s)	Darren		
Title	Mr		
Sex	Male		
Date of birth	26-Jul-1990		
CHI no.	2607906571		
Area of Residence			

1010355041422	Unique Care Pathway Number: 1010355041422
-----------------	---

REGISTERED GP DETAILS				Practice address	
Name	Dr Mai MacSorley			Clydebank Health and Care Centre Queens Quay Main Avenue Clydebank G81 1BS Contact number(s) Voice: 0141 531 6425 Facsimile: 0141 531 6433 E-mail: ggc.gp40224clinical@nhs.scot	
GMC code	7134160	GP code	04791		
Practice name	The Green Medical Practice				
Practice code	40224				

REFERRING GP DETAILS				Practice address	
Name	Dr. Selali Fiamanya			Clydebank Health & Care Centre Queens Quay Main Avenue Clydebank G81 1BS	
GMC code	7556728	GP code	99999		
Practice name	The Green Medical Practice (40224)				
Practice code	40224				

Contact number(s)

Voice: 0141 531 6425

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

Description: *RECURRENT ELBOW DISLOCATION*

Comment: Dear Doctor,

Thanks for your review of this gentleman who has a long history of right elbow dislocations. This first happened as a child and he has had it multiple times since then. He says that currently it happens 3-4 times a year. Minor actions can trigger this for example, pushing himself off the seat to get out of a car recently caused it to pop out this week. It locks and is quite painful and resolves spontaneously within around a minute. He has been seen in hospital multiple times with radiological confirmed dislocation. He missed his last virtual fracture clinic appointment in 2022, as he said he did not see the letter. He would be grateful for review to see if there is anyway of minimising these events from occurring in the future as they are understandably having a significant impact on his life. In the meantime I have asked him to self-refer to physiotherapy for any interim support. Many thanks.

Yours sincerely

Dr Selali Fiamanya GP ST 3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Dislocation of elbow NOS (Right)	-	13-Dec-2022	13-Dec-2022
Anxiety with depression	-	02-Mar-2022	02-Mar-2022
Gastro-oesophageal reflux with oesophagitis	-	27-Feb-2019	27-Feb-2019
O/E - a lump	right side of abdominal wall	27-Mar-2018	27-Mar-2018
[X]Depression NOS	-	16-Jan-2018	16-Jan-2018
Chest pain NOS	-	02-Sep-2017	02-Sep-2017
Anxiety state NOS	-	09-Apr-2017	09-Apr-2017
Panic disorder	-	11-Dec-2016	11-Dec-2016
Anxiety state NOS	-	11-Dec-2016	11-Dec-2016
Alcoholic gastritis	-	07-Aug-2016	07-Aug-2016
Alcoholic gastritis	-	23-Jul-2016	23-Jul-2016
Acid reflux	-	29-Jul-2015	29-Jul-2015
Haemochromatosis	-	29-Jul-2015	29-Jul-2015
Fatty change of liver	-	12-Feb-2015	12-Feb-2015
Epididymal cyst (Right)	-	17-Nov-2014	17-Nov-2014
Anger	-	28-Nov-2012	28-Nov-2012
Low mood	-	28-Nov-2012	28-Nov-2012
Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
[X]Intentional self-harm	self poisoning - acid	06-Jun-2008	06-Jun-2008
Alcohol problem drinking	-	15-Apr-2008	15-Apr-2008
Closed fracture distal humerus, lateral epicondyle (Left)	-	06-May-2002	06-May-2002
Ear drum perforation	-	01-Mar-2001	01-Mar-2001
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Dislocation of elbow NOS	-	22-Jul-1999	22-Jul-1999
[X]RTA - Road traffic and other transport accidents	injuries to head, pelvis and thumb	30-Mar-1996	30-Mar-1996
Burns NOS	left forearm, shoulders and legs	19-Jun-1994	19-Jun-1994
O/E - peripheral cyanosis	-	13-Apr-1992	13-Apr-1992

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>
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		<u>Date performed</u>	<u>Date recorded</u>
Carrier of haemochromatosis HFE gene mutation	Homozygous for p.C82Y - at risk of developing hereditary iron overload - recommend patients indices of iron overload are monitored annually	24-Dec-2014	24-Dec-2014
Insertion of grommet	left	13-Jul-2000	13-Jul-2000
Split skin graft	-	13-Jul-1994	13-Jul-1994

Family conditions (All priorities)

<u>Description</u>	<u>Comment</u>	<u>Date of Onset</u>
FH: Asthma	14-Aug-2002	
FH: NOS	hearing loss	14-Aug-2002

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	ONE TO BE TAKEN DAILY	-	09-Aug-2022	27-Sep-2024
Peptac Liquid (peppermint)	1000	1000 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	09-Aug-2022	27-Sep-2024

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Prochlorperazine Maleate Tablets 5 mg	84	84 tablet	TAKE ONE THREE TIMES A DAY IF REQ	-	27-Sep-2024	27-Sep-2024
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR A FURTHER 4 DAYS	-	30-Aug-2024	04-Sep-2024

Blood Pressure

No Blood Pressures Recorded

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
28-Jul-2022	-	69.85	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		28-Jul-2022
Alcohol consumption NOS: excess and also energy drinks		02-Sep-2017
Alcohol misuse:	excess	28-Nov-2012

Clinical warnings

Allergies

<u>Description</u>	<u>Date recorded</u>
Adverse reaction to Penicillins	14-Aug-2002
Adverse reaction to Erythromycin	19-Jun-1991

Additional Support Needs

Hearing impairment/deaf

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
	Gastroenterology - document2
	Gastroenterology - P PCTI DOCMAN7 DATA S1 Document DMEDOC01 00020400 0104
	Gastroenterology - document

Additional Support Needs:
Hearing impairment/deaf

REFERRAL TO	
Gastroenterology GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN	Hospital and hospital address Hospital location code: G516H Email address:
Urgency of referral Urgent Date of referral 28-Aug-2023	Date sent 28-Aug-2023

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>Downie</td></tr> <tr><td>Forename(s)</td><td>Darren</td></tr> <tr><td>Title</td><td>Mr</td></tr> <tr><td>Sex</td><td>Male</td></tr> <tr><td>Date of birth</td><td>26-Jul-1990</td></tr> <tr><td>CHI no.</td><td>2607906571</td></tr> <tr><td>Area of Residence</td><td></td></tr> </table>	Surname	Downie	Forename(s)	Darren	Title	Mr	Sex	Male	Date of birth	26-Jul-1990	CHI no.	2607906571	Area of Residence		<table border="1"> <tr><td>25a Graham Avenue CLYDEBANK G81 3AQ</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 079033303064 E-mail: darrendownie19900@hotmail.com</td></tr> </table>	25a Graham Avenue CLYDEBANK G81 3AQ	Contact number(s)	Voice: 079033303064 E-mail: darrendownie19900@hotmail.com
Surname	Downie																	
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Date of birth	26-Jul-1990																	
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25a Graham Avenue CLYDEBANK G81 3AQ																		
Contact number(s)																		
Voice: 079033303064 E-mail: darrendownie19900@hotmail.com																		

1010305874130	Unique Care Pathway Number: 1010305874130
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REGISTERED GP DETAILS	Practice address																			
<table border="1"> <tr><td>Name</td><td colspan="3">Dr Mai MacSorley</td></tr> <tr><td>GMC code</td><td>7134160</td><td>GP code</td><td>04791</td></tr> <tr><td>Practice name</td><td colspan="3">The Green Medical Practice</td></tr> <tr><td>Practice code</td><td colspan="3">40224</td></tr> </table>	Name	Dr Mai MacSorley			GMC code	7134160	GP code	04791	Practice name	The Green Medical Practice			Practice code	40224			<table border="1"> <tr><td>Clydebank Health and Care Centre Queens Quay Main Avenue Clydebank G81 1BS</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 0141 531 6425 Facsimile: 0141 531 6433 E-mail: ggc.gp40224clinical@nhs.scot</td></tr> </table>	Clydebank Health and Care Centre Queens Quay Main Avenue Clydebank G81 1BS	Contact number(s)	Voice: 0141 531 6425 Facsimile: 0141 531 6433 E-mail: ggc.gp40224clinical@nhs.scot
Name	Dr Mai MacSorley																			
GMC code	7134160	GP code	04791																	
Practice name	The Green Medical Practice																			
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REFERRING GP DETAILS	Practice address													
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Name	Dr. Mai MacSorley													
GMC code	7134160	GP code	04791											
Practice name	The Green Medical Practice (40224)													
Clydebank Health & Care Centre Queens Quay Main Avenue Clydebank														

Practice code	40224	G81 1BS
		Contact number(s)
		Voice: 0141 531 6425

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

Description: *

Comment: Dear Gastro,

Our patient has requested a re-referral to gastro as unfortunately he had to rearrange his appointments due to work commitments and has been told he needs a new referral at this point- He is keen to attend gastro for his haemochromatosis monitoring and venesection as per my colleagues original referral.

Kind regards

Dr Mai MacSorley GP

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Dislocation of elbow NOS (Right)	-	13-Dec-2022	13-Dec-2022
Anxiety with depression	-	02-Mar-2022	02-Mar-2022
Gastro-oesophageal reflux with oesophagitis	-	27-Feb-2019	27-Feb-2019
O/E - a lump	right side of abdominal wall	27-Mar-2018	27-Mar-2018
[X]Depression NOS	-	16-Jan-2018	16-Jan-2018
Chest pain NOS	-	02-Sep-2017	02-Sep-2017
Anxiety state NOS	-	09-Apr-2017	09-Apr-2017
Panic disorder	-	11-Dec-2016	11-Dec-2016
Anxiety state NOS	-	11-Dec-2016	11-Dec-2016
Alcoholic gastritis	-	07-Aug-2016	07-Aug-2016
Alcoholic gastritis	-	23-Jul-2016	23-Jul-2016
Acid reflux	-	29-Jul-2015	29-Jul-2015
Haemochromatosis	-	29-Jul-2015	29-Jul-2015
Fatty change of liver	-	12-Feb-2015	12-Feb-2015
Epididymal cyst (Right)	-	17-Nov-2014	17-Nov-2014
Anger	-	28-Nov-2012	28-Nov-2012
Low mood	-	28-Nov-2012	28-Nov-2012
Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
[X]Intentional self-harm	self poisoning - acid	06-Jun-2008	06-Jun-2008
Alcohol problem drinking	-	15-Apr-2008	15-Apr-2008
Closed fracture distal humerus, lateral epicondyle (Left)	-	06-May-2002	06-May-2002
Ear drum perforation	-	01-Mar-2001	01-Mar-2001
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Dislocation of elbow NOS	-	22-Jul-1999	22-Jul-1999
[X]RTA - Road traffic and other transport accidents	injuries to head, pelvis and thumb	30-Mar-1996	30-Mar-1996
Burns NOS	left forearm, shoulders and legs	19-Jun-1994	19-Jun-1994
O/E - peripheral cyanosis	-	13-Apr-1992	13-Apr-1992

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Carrier of haemochromatosis HFE gene mutation	Homozygous for p.C82Y - at risk of developing hereditary iron overload - recommend patients indices of iron overload are monitored annually	24-Dec-2014	24-Dec-2014
Insertion of grommet	left	13-Jul-2000	13-Jul-2000

Split skin graft

13-Jul-1994

13-Jul-1994

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Asthma	14-Aug-2002	
FH: NOS	hearing loss	14-Aug-2002

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	ONE TO BE TAKEN DAILY	-	09-Aug-2022	20-Jul-2023
Peptac Liquid (peppermint)	1000	1000 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	09-Aug-2022	20-Jul-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Metronidazole Tablets 400 mg	9	9 tablet	TAKE ONE THREE TIMES A DAY	-	07-Jun-2023	07-Jun-2023
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	ONE TWICE DAILY FOR 3 DAYS	-	07-Jun-2023	07-Jun-2023

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
28-Jul-2022	-	69.85	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-Jul-2022
Alcohol consumption NOS: excess and also energy drinks		02-Sep-2017
Alcohol misuse: excess		28-Nov-2012

Clinical warnings**Allergies**

Description	Date recorded
Adverse reaction to Penicillins	14-Aug-2002
Adverse reaction to Erythromycin	19-Jun-1991

Additional Support Needs

Hearing impairment/deaf

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

Gastroenterology - document2

Gastroenterology -

Signature of referring doctor (or other professional) Date

P PCTI DOCMAN7 DATA S1 Document DMEDOC01 00020400 0104

Gastroenterology - document

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments	
	Gastroenterology - document	
	Gastroenterology:- P PCTI DOCMAN7 DATA S1 Document DMEDOC01 00020400 0104	

Additional Support Needs:
No known ASN requirements

REFERRAL TO		
Gastroenterology GGC General Referral		Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN		Hospital and hospital address Hospital location code. G516H Email address -
Urgency of referral Date of referral	Urgent 30-Nov-2022	Date sent 30-Nov-2022

PATIENT DETAILS		Patient's address
Surname	Downie	25a Graham Avenue CLYDEBANK G81 3AQ Contact number(s) Voice: 07460071311 Voice: 07460071311 E-mail: darrendownie19900@hotmail.com
Forename(s)	Darren	
Title	Mr	
Sex	Male	
Date of birth	26-Jul-1990	
CHI no.	2607906571	
Area of Residence	-	

101028113059N	Unique Care Pathway Number: 101028113059N
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REGISTERED GP DETAILS		Practice address
Name	Dr. Ben Esson	Clydebank Health and Care Centre Queens Quay Main Avenue Clydebank G81 1BS Contact number(s) Voice: 0141 531 6425 Facsimile: 0141 531 6433 E-mail: ggc.gp40224clinical@nhs.scot
GMC code	7277405	
GP code	00965	
Practice name	The Green Medical Practice	
Practice code	40224	

REFERRING GP DETAILS		Practice address
Name	Dr. Ben Esson	Clydebank Health & Care Centre Queens Quay Main Avenue Clydebank G81 1BS
GMC code	7277405	
GP code	00965	
Practice name	The Green Medical Practice (40224)	
Practice code	40224	

	Contact number(s) Voice: 0141 531 6425
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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: *ATTACHED ORIGINAL REFERRAL + RETURN TO REFERRER LETTER*

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Current medication** (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	ONE TO BE TAKEN DAILY	-	09-Aug-2022	24-Nov-2022
Peptac Liquid (peppermint)	1000	1000 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	09-Aug-2022	24-Nov-2022

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ibuprofen Gel 5 %	50	50 GRAM (S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	24-Nov-2022	24-Nov-2022
Prochlorperazine Maleate Tablets 5 mg	84	84 tablet	TAKE ONE THREE TIMES A DAY IF REQ.	-	30-Sep-2022	30-Sep-2022

Blood Pressure

No Blood Pressures Recorded

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
28-Jul-2022	-	69.85	-

Lifestyle Risks and Alerts / Examinations and InvestigationsDescription/Question Result/Comment Date

Never smoked tobacco: 28-Jul-2022

Clinical warnings**Allergies**

<u>Description</u>	<u>Date recorded</u>
Adverse reaction to Penicillins	14-Aug-2002
Adverse reaction to Erythromycin	19-Jun-1991

Additional Support Needs

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

Gastroenterology - document

Gastroenterology -

Signature of referring doctor (or other professional) Date

P PCTI DOCMAN7 DATA S1 Document DMEDOC01 00020400 0104

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO		
Haematology GGC General Referral		Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN		Hospital and hospital address Hospital location code: G516H Email address:
Urgency of referral Date of referral	Urgent 25-Nov-2022	Date sent 28-Nov-2022

PATIENT DETAILS		Patient's address
Surname	Downie	25a Graham Avenue CLYDEBANK G81 3AQ Contact number(s) Voice: 07460071311 Voice: 07460071311 E-mail: darrendownie19900@hotmail.com
Forename(s)	Darren	
Title	Mr	
Sex	Male	
Date of birth	26-Jul-1990	
CHI no.	2607906571	
Area of Residence	-	

101028076324G	Unique Care Pathway Number: 101028076324G
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REGISTERED GP DETAILS		Practice address
Name	Dr. Ben Esson	Clydebank Health and Care Centre Queens Quay Main Avenue Clydebank G81 1BS Contact number(s) Voice: 0141 531 6425 Facsimile: 0141 531 6433 E-mail: ggc.gp40224clinical@nhs.scot
GMC code	7277405	
GP code	00965	
Practice name	The Green Medical Practice	
Practice code	40224	

REFERRING GP DETAILS		Practice address
Name	Dr. Ben Esson	Clydebank Health & Care Centre Queens Quay Main Avenue Clydebank G81 1BS Contact number(s)
GMC code	7277405	
GP code	00965	
Practice name	The Green Medical Practice (40224)	
Practice code	40224	

Voice: 0141 531 6425

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

Description: *REFERRAL BACK INTO SERVICES FOR VENOUS SECTION WHICH IS OVERDUE*

Comment: Dear Doctor,

I would very much appreciate your urgent review of this 32 year old gentleman who is new to our practice and as such I do not have a full list of his previous clinic letters. He presented to me today however keen to be referred back in for venesection in relation to his diagnosis of haemachromatosis. He tells me he was suppose to be getting venous section at least fortnightly however failed to attend for several months due to issues with his mental health and as such I believe was discharged from your services. He feels now in a place where he would be able to attend for such venesection and as such I would very much appreciate if you could urgently put him back on the list for this. In the meantime I have updated his blood results. Thank you for your time and input.

Kind regards,

Dr Ben Esson GP

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Current medication** (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	ONE TO BE TAKEN DAILY	-	09-Aug-2022	24-Nov-2022
Peptac Liquid (peppermint)	1000	1000 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	09-Aug-2022	24-Nov-2022

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ibuprofen Gel 5 %	50	50 GRAM (S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	24-Nov-2022	24-Nov-2022
Prochlorperazine Maleate Tablets 5 mg	84	84 tablet	TAKE ONE THREE TIMES A DAY IF REQ	-	30-Sep-2022	30-Sep-2022

Blood Pressure

No Blood Pressures Recorded

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
28-Jul-2022	-	69.85	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		28-Jul-2022

Clinical warnings**Allergies**

<u>Description</u>	<u>Date recorded</u>
Adverse reaction to Penicillins	14-Aug-2002
Adverse reaction to Erythromycin	19-Jun-1991

Additional Support Needs

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Gastroenterology
1053 Great Western Road
Glasgow
G12 0YN

09/07/2020

Dr SP Queen
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr SP Queen

Patient Name: Darren Robert Downie
CHI Number: 2607906571
Referral Date: 09/07/2020

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

() Please refer to the referral guidance directory for referral criteria for this service.

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGC%20Referral%20Guidance/Pages/GGCReferralGuidance.aspx>

() Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

(X) Other

We no longer offer OGD routinely for reflux symptoms, especially in someone who is in the younger age group, unless they have red flag symptoms. He should be managed symptomatically with ADEQUATE doses of PPI and taken before meals (some require large doses eg OME 40mg BD equivalent and rarely need more although these are rare and need investigating). If after a good therapeutic trial symptoms are poorly controlled please rerefer.

Kind regards.

Yours sincerely

Dr Hisaharu Suzuki

User ID Harry Suzuki

SCGC Opwl Rem Ref Hosp Req V1

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
Hearing impairment/deaf

REFERRAL TO			
Gastroenterology GGC General Referral			Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN			Hospital and hospital address Hospital location code. G516H Email address
Urgency of referral	Routine	Date sent	09-Jul-2020
Date of referral	09-Jul-2020		

PATIENT DETAILS		Patient's address
Surname	Downie	9c Kilbowie Crt Clydebank G81 3AJ Contact number(s) Voice: 07306130459
Forename(s)	Darren	
Title	Mr	
Sex	Male	
Date of birth	26-Jul-1990	
CHI no.	2607906571	
Area of Residence		

101021285174Q	Unique Care Pathway Number: 101021285174Q
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REGISTERED GP DETAILS		Practice address
Name	Dr Scott Queen	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478 E-mail: GG-UHB.GP40046@nhs.net
GMC code	4312026 GP code 05703	
Practice name	Red Wing - Clydebank Medical Centre (13414)	
Practice code	40046	

REFERRING GP DETAILS		Practice address
Name	Dr. Frances Buckle	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ
GMC code	7266207 GP code 99999	
Practice name	Red Wing Medical Practice (40046)	
Practice code	40046	

Contact number(s)

Voice: 0141 531 6475

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

Description: Re-referral - DNAd scope appt

Comment: This patient was referred 30/12/19 by a colleague with GORD sx having previously failed to tolerate an OGD without sedation. He was booked in for Jan for endoscopy with sedation and failed to attend. He denies ever receiving a letter or an appointment and is keen to be re-booked. He has ongoing severe GORD for which he has phoned ambulances on multiple occasions. He has been on double dose omeprazole for some time and peptac, previously better controlled with addition of ranitidine. Recently changed to esomeprazole as trial.

I would be grateful if you could re-book him onto your scope list as routine, with thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Gastro-oesophageal reflux	-	27-Feb-2019	27-Feb-2019
Fatty change of liver	Mild - no evidence of portal hypertension/cirrhosis	23-Nov-2018	23-Nov-2018
Anxiety with depression	-	25-Sep-2018	25-Sep-2018
Released from prison	-	14-Sep-2018	14-Sep-2018
In prison	-	25-Mar-2018	25-Mar-2018
Cannabis dependence, episodic	From HMP report	31-Jan-2018	31-Jan-2018
Alcohol dependence syndrome	-	15-Jan-2018	15-Jan-2018
Gastro-oesophageal reflux	-	11-Apr-2017	11-Apr-2017
Anxiety state unspecified	-	11-Dec-2016	11-Dec-2016
Constipation NOS	-	15-Nov-2016	15-Nov-2016
Alcoholic gastritis	-	23-Jul-2016	23-Jul-2016
Nondependent alcohol abuse in remission	-	23-Apr-2015	23-Apr-2015
Alcoholic fatty liver	-	13-Feb-2015	13-Feb-2015
Haemochromatosis	-	02-Feb-2015	02-Feb-2015
Anxiety states	-	03-Jan-2014	03-Jan-2014
Epididymal cyst (Right)	-	03-Jan-2014	03-Jan-2014
Dyspepsia	-	31-Dec-2013	31-Dec-2013
Alcohol problem drinking	-	28-Nov-2012	28-Nov-2012
Separated from cohabitee	-	28-Aug-2012	28-Aug-2012
Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
Family circumstance NOS	Pathfinder No 2	09-Jun-2011	09-Jun-2011
Closed fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999

Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999
Motor vehicle traffic accidents (MVTA)	No serious injury	01-Mar-1996	01-Mar-1996
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
U-S abdominal scan	-	23-Nov-2018	23-Nov-2018
Genetic screening for disorder	2 x copies for homozygous pC282Y variant	24-Dec-2014	24-Dec-2014
Liver function tests abnormal	-	16-Dec-2014	16-Dec-2014
Helicobacter eradication therapy	OCM	24-Jan-2014	24-Jan-2014
Helicobacter serology positive	-	24-Jan-2014	24-Jan-2014
ECG normal	SOB	02-May-2007	02-May-2007
Insertion of grommet	Left	13-Jul-2000	13-Jul-2000
Foster care	To 2006	01-Jul-1998	01-Jul-1998
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994
Child: speech therapy	-	06-May-1994	06-May-1994

Family conditions (All priorities)

<u>Description</u>	<u>Date of Onset</u>
FH: Asthma (Mother)	14-Aug-2002
FH: Deafness (Mother)	14-Aug-2002

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAP TWICE DAILY REDUCE WHEN ABLE TO ONE PER DAY	-	08-Jul-2020	08-Jul-2020
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN QID PRN	-	09-Aug-2016	08-Jul-2020

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	2 CAPS DAILY	-	30-Dec-2019	01-May-2020

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
30-Dec-2019	125	80
01-Nov-2018	132	78
27-Sep-2017	128	78
14-Sep-2017	130	87
15-Jun-2017	132	76

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
16-Mar-2018	175	-	-
24-Jan-2018	-	72	23.5
15-Jul-2016	-	78	-
08-Dec-2015	-	72	-
28-Apr-2015	-	78	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		30-Jan-2014
Never smoked tobacco:		24-Jan-2012
Alcohol units per week, 98 U/week:		24-Jan-2018

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to penicillins	24-Jan-2014	
Adverse reaction to penicillins	14-Aug-2002	
Adverse reaction to erythromycin	RASH	19-Jun-1991

Additional Support Needs

Hearing impairment/deaf

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments Ear, Nose & Throat (ENT) - 23012020 Hospital Letter 1273979
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Additional Support Needs: Hearing impairment/deaf

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REFERRAL TO			
Ear, Nose & Throat (ENT) GGC General Referral		Consultant / receiving practitioner and/or specialty clinic	
West Glasgow 1053 Great Western Road Glasgow G12 0YN		Hospital and hospital address Hospital location code. G516H Email address	
Urgency of referral Date of referral		Routine 05-Feb-2020 Date sent 05-Feb-2020	

PATIENT DETAILS		Patient's address	
Surname	Downie	9c Kilbowie Crt Clydebank G81 3AJ Contact number(s) Voice: 07305 950468	
Forename(s)	Darren		
Title	Mr		
Sex	Male		
Date of birth	26-Jul-1990		
CHI no.	2607906571		
Area of Residence			

101020614769I	Unique Care Pathway Number: 101020614769I
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REGISTERED GP DETAILS		Practice address		
Name	Dr Scott Queen		Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478	
GMC code	4312026	GP code		05703
Practice name	Red Wing - Clydebank Medical Centre (13414)			
Practice code	40046			

REFERRING GP DETAILS		Practice address		
Name	Dr. Andrew Davis		Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s)	
GMC code	7264548	GP code		99999
Practice name	Red Wing Medical Practice (40046)			
Practice code	40046			

Voice: 0141 531 6475

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

Description: *Further information to referral sent 17/1/20*

Comment: Addendum to previous referral of man complaining of right sided hearing loss- attached is report from Hidden Hearing assessment. Notably this refers to unexplained conductive hearing loss LEFT when he is complaining of Right sided symptoms.

Below is the original referral detail:

Hearing loss right

Comment: I would be grateful for your assessment of this 29 year old man who has presented with right sided hearing loss. He has a history of grommet in his right ear. He was referred in 2012 with a chronic perforation of his right TM but did not attend his appointment.

He tells me he recently had an assessment by Hidden Hearing but does not intend to proceed to hearing aids with this company and is looking for NHS assessment and treatment.

On examination his right TM is dull with some tympanosclerosis.

Yours sincerely
Dr AM Davis

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Gastro-oesophageal reflux	-	27-Feb-2019	27-Feb-2019
Fatty change of liver	Mild - no evidence of portal hypertension/cirrhosis	23-Nov-2018	23-Nov-2018
Anxiety with depression	-	25-Sep-2018	25-Sep-2018
Released from prison	-	14-Sep-2018	14-Sep-2018
In prison	-	25-Mar-2018	25-Mar-2018
Cannabis dependence, episodic	From HMP report	31-Jan-2018	31-Jan-2018
Alcohol dependence syndrome	-	15-Jan-2018	15-Jan-2018
Gastro-oesophageal reflux	-	11-Apr-2017	11-Apr-2017
Anxiety state unspecified	-	11-Dec-2016	11-Dec-2016
Constipation NOS	-	15-Nov-2016	15-Nov-2016
Alcoholic gastritis	-	23-Jul-2016	23-Jul-2016
Nondependent alcohol abuse in remission	-	23-Apr-2015	23-Apr-2015
Alcoholic fatty liver	-	13-Feb-2015	13-Feb-2015
Haemochromatosis	-	02-Feb-2015	02-Feb-2015
Anxiety states	-	03-Jan-2014	03-Jan-2014
Epididymal cyst (Right)	-	03-Jan-2014	03-Jan-2014
Dyspepsia	-	31-Dec-2013	31-Dec-2013
Alcohol problem drinking	-	28-Nov-2012	28-Nov-2012
Separated from cohabitee	-	28-Aug-2012	28-Aug-2012

Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
Family circumstance NOS	Pathfinder No 2	09-Jun-2011	09-Jun-2011
Closed fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999
Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999
Motor vehicle traffic accidents (MVTA)	No serious injury	01-Mar-1996	01-Mar-1996
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
U-S abdominal scan	-	23-Nov-2018	23-Nov-2018
Genetic screening for disorder	2 x copies for homozygous pC282Y variant	24-Dec-2014	24-Dec-2014
Liver function tests abnormal	-	16-Dec-2014	16-Dec-2014
Helicobacter eradication therapy	OCM	24-Jan-2014	24-Jan-2014
Helicobacter serology positive	-	24-Jan-2014	24-Jan-2014
ECG normal	SOB	02-May-2007	02-May-2007
Insertion of grommet	Left	13-Jul-2000	13-Jul-2000
Foster care	To 2006	01-Jul-1998	01-Jul-1998
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994
Child: speech therapy	-	06-May-1994	06-May-1994

Family conditions (All priorities)

Description	Date of Onset
FH: Asthma (Mother)	14-Aug-2002
FH: Deafness (Mother)	14-Aug-2002

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	2 CAPS DAILY	-	30-Dec-2019	30-Dec-2019
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN QID PRN	-	09-Aug-2016	30-Dec-2019

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 dose	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	14-Jan-2020	14-Jan-2020
Ibuprofen Sugar-free suspension 100 mg/5 ml	500	500 ml	20ML THREE TIMES A DAY	-	05-Nov-2019	05-Nov-2019
Beclometasone Aqueous nasal spray 50 micrograms/actuation	1	1 dose	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	05-Nov-2019	05-Nov-2019
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	22-Oct-2019	22-Oct-2019
Ranitidine Effervescent tablets 150 mg	60	60 tablet	1 TAB MORNING AND NIGHT PRN	-	10-Sep-2019	10-Sep-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
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30-Dec-2019	125	80
01-Nov-2018	132	78
27-Sep-2017	128	78
14-Sep-2017	130	87
15-Jun-2017	132	76

Body Measurements

Date Recorded	Height	Weight	BMI
16-Mar-2018	175	-	-
24-Jan-2018	-	72	23.5
15-Jul-2016	-	78	-
08-Dec-2015	-	72	-
28-Apr-2015	-	78	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		30-Jan-2014
Never smoked tobacco:		24-Jan-2012
Alcohol units per week, 98 U/week:		24-Jan-2018

Clinical warnings**Allergies**

Description	Comment	Date recorded
Adverse reaction to penicillins	24-Jan-2014	
Adverse reaction to penicillins	14-Aug-2002	
Adverse reaction to erythromycin	RASH	19-Jun-1991

Additional Support Needs

Hearing impairment/deaf

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

Ear, Nose & Throat (ENT) -
23012020 Hospital Letter 1273979

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs: Hearing impairment/deaf

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REFERRAL TO			
Ear, Nose & Throat (ENT) GGC General Referral		Consultant / receiving practitioner and/or specialty clinic	
West Glasgow 1053 Great Western Road Glasgow G12 0YN		Hospital and hospital address Hospital location code. G516H Email address	
Urgency of referral	Routine	Date sent	17-Jan-2020
Date of referral	17-Jan-2020		

PATIENT DETAILS		Patient's address
Surname	Downie	9c Kilbowie Crt Clydebank G81 3AJ Contact number(s) Voice: 07960901315
Forename(s)	Darren	
Title	Mr	
Sex	Male	
Date of birth	26-Jul-1990	
CHI no.	2607906571	
Area of Residence		

101020470611Z	Unique Care Pathway Number: 101020470611Z
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REGISTERED GP DETAILS		Practice address
Name	Dr Scott Queen	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478
GMC code	4312026 GP code 05703	
Practice name	Red Wing - Clydebank Medical Centre (13414)	
Practice code	40046	

REFERRING GP DETAILS		Practice address
Name	Dr. Andrew Davis	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s)
GMC code	7264548 GP code 99999	
Practice name	Red Wing Medical Practice (40046)	
Practice code	40046	

Voice: 0141 531 6475

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

Description: Hearing loss right

Comment: I would be grateful for your assessment of this 29 year old man who has presented with right sided hearing loss. He has a history of grommet in his right ear. He was referred in 2012 with a chronic perforation of his right TM but did not attend his appointment.

He tells me he recently had an assessment by Hidden Hearing but does not intend to proceed to hearing aids with this company and is looking for NHS assessment and treatment.

On examination his right TM is dull with some tympanosclerosis.

Yours sincerely
Dr AM Davis

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Gastro-oesophageal reflux	-	27-Feb-2019	27-Feb-2019
Fatty change of liver	Mild - no evidence of portal hypertension/cirrhosis	23-Nov-2018	23-Nov-2018
Anxiety with depression	-	25-Sep-2018	25-Sep-2018
Released from prison	-	14-Sep-2018	14-Sep-2018
In prison	-	25-Mar-2018	25-Mar-2018
Cannabis dependence, episodic	From HMP report	31-Jan-2018	31-Jan-2018
Alcohol dependence syndrome	-	15-Jan-2018	15-Jan-2018
Gastro-oesophageal reflux	-	11-Apr-2017	11-Apr-2017
Anxiety state unspecified	-	11-Dec-2016	11-Dec-2016
Constipation NOS	-	15-Nov-2016	15-Nov-2016
Alcoholic gastritis	-	23-Jul-2016	23-Jul-2016
Nondependent alcohol abuse in remission	-	23-Apr-2015	23-Apr-2015
Alcoholic fatty liver	-	13-Feb-2015	13-Feb-2015
Haemochromatosis	-	02-Feb-2015	02-Feb-2015
Anxiety states	-	03-Jan-2014	03-Jan-2014
Epididymal cyst (Right)	-	03-Jan-2014	03-Jan-2014
Dyspepsia	-	31-Dec-2013	31-Dec-2013
Alcohol problem drinking	-	28-Nov-2012	28-Nov-2012
Separated from cohabitee	-	28-Aug-2012	28-Aug-2012
Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
Family circumstance NOS	Pathfinder No 2	09-Jun-2011	09-Jun-2011
Closed fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000

Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999
Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999
Motor vehicle traffic accidents (MVTA)	No serious injury	01-Mar-1996	01-Mar-1996
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
U-S abdominal scan	-	23-Nov-2018	23-Nov-2018
Genetic screening for disorder	2 x copies for homozygous pC282Y variant	24-Dec-2014	24-Dec-2014
Liver function tests abnormal	-	16-Dec-2014	16-Dec-2014
Helicobacter serology positive	-	24-Jan-2014	24-Jan-2014
Helicobacter eradication therapy	OCM	24-Jan-2014	24-Jan-2014
ECG normal	SOB	02-May-2007	02-May-2007
Insertion of grommet	Left	13-Jul-2000	13-Jul-2000
Foster care	To 2006	01-Jul-1998	01-Jul-1998
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994
Child: speech therapy	-	06-May-1994	06-May-1994

Family conditions (All priorities)

<u>Description</u>	<u>Date of Onset</u>
FH: Asthma (Mother)	14-Aug-2002
FH: Deafness (Mother)	14-Aug-2002

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	2 CAPS DAILY	-	30-Dec-2019	30-Dec-2019
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN QID PRN	-	09-Aug-2016	30-Dec-2019

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 dose	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	14-Jan-2020	14-Jan-2020
Ibuprofen Sugar-free suspension 100 mg/5 ml	500	500 ml	20ML THREE TIMES A DAY	-	05-Nov-2019	05-Nov-2019
Beclometasone Aqueous nasal spray 50 micrograms/actuation	1	1 dose	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	05-Nov-2019	05-Nov-2019
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	22-Oct-2019	22-Oct-2019
Ranitidine Effervescent tablets 150 mg	60	60 tablet	1 TAB MORNING AND NIGHT PRN	-	10-Sep-2019	10-Sep-2019

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
30-Dec-2019	125	80
01-Nov-2018	132	78
27-Sep-2017	128	78
14-Sep-2017	130	87
15-Jun-2017	132	76

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
16-Mar-2018	175	-	-
24-Jan-2018	-	72	23.5
15-Jul-2016	-	78	-
08-Dec-2015	-	72	-
28-Apr-2015	-	78	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		30-Jan-2014
Never smoked tobacco:		24-Jan-2012
Alcohol units per week, 98 U/week:		24-Jan-2018

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to penicillins	24-Jan-2014	
Adverse reaction to penicillins	14-Aug-2002	
Adverse reaction to erythromycin	RASH	19-Jun-1991

Additional Support Needs

Hearing impairment/deaf

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs: Hearing impairment/deaf

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REFERRAL TO			
Gastroenterology GGC General Referral		Consultant / receiving practitioner and/or specialty clinic	
West Glasgow 1053 Great Western Road Glasgow G12 0YN		Hospital and hospital address Hospital location code. G516H Email address	
Urgency of referral Routine		Date sent 30-Dec-2019	
Date of referral 30-Dec-2019			

PATIENT DETAILS		Patient's address	
Surname	Downie	9c Kilbowie Crt Clydebank G81 3AJ Contact number(s) Voice: 07960901315	
Forename(s)	Darren		
Title	Mr		
Sex	Male		
Date of birth	26-Jul-1990		
CHI no.	2607906571		
Area of Residence			

101020342729L	Unique Care Pathway Number: 101020342729L
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REGISTERED GP DETAILS		Practice address	
Name	Dr Scott Queen	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478	
GMC code	4312026 GP code 05703		
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

REFERRING GP DETAILS		Practice address	
Name	Dr. Andrew Davis	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s)	
GMC code	7264548 GP code 99999		
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Voice: 0141 531 6475

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

Description: GORD

Comment: Thank you for your review of this 29 year old man for consideration of OGD under sedation. He has a long history of GORD symptoms and was referred for an OGD which he did not tolerate in January 2019. He has been treated for H pylori in 2014. He has a history of alcohol dependence but reports that he has been teetotal for 3 months now. His symptoms have been very troublesome for the last 12 months even to the extent that he has called an ambulance 4 times in the last 4 months. His symptoms are currently being treated with omeprazole 20mg BD and peptac.

In addition I note that he has been non-compliant with venesection for haemochromatosis and plans to contact the Liver CNS to arrange a review.

Yours sincerely Dr AM Davis

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Gastro-oesophageal reflux	-	27-Feb-2019	27-Feb-2019
Fatty change of liver	Mild - no evidence of portal hypertension/cirrhosis	23-Nov-2018	23-Nov-2018
Anxiety with depression	-	25-Sep-2018	25-Sep-2018
Released from prison	-	14-Sep-2018	14-Sep-2018
In prison	-	25-Mar-2018	25-Mar-2018
Cannabis dependence, episodic	From HMP report	31-Jan-2018	31-Jan-2018
Alcohol dependence syndrome	-	15-Jan-2018	15-Jan-2018
Gastro-oesophageal reflux	-	11-Apr-2017	11-Apr-2017
Anxiety state unspecified	-	11-Dec-2016	11-Dec-2016
Constipation NOS	-	15-Nov-2016	15-Nov-2016
Alcoholic gastritis	-	23-Jul-2016	23-Jul-2016
Nondependent alcohol abuse in remission	-	23-Apr-2015	23-Apr-2015
Alcoholic fatty liver	-	13-Feb-2015	13-Feb-2015
Haemochromatosis	-	02-Feb-2015	02-Feb-2015
Anxiety states	-	03-Jan-2014	03-Jan-2014
Epididymal cyst (Right)	-	03-Jan-2014	03-Jan-2014
Dyspepsia	-	31-Dec-2013	31-Dec-2013
Alcohol problem drinking	-	28-Nov-2012	28-Nov-2012
Separated from cohabitee	-	28-Aug-2012	28-Aug-2012
Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
Family circumstance NOS	Pathfinder No 2	09-Jun-2011	09-Jun-2011
Closed fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000

Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000			
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999			
Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999			
Motor vehicle traffic accidents (MVTA)	No serious injury	01-Mar-1996	01-Mar-1996			
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994			
Past procedures (High and medium priority - all)						
<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>			
U-S abdominal scan	-	23-Nov-2018	23-Nov-2018			
Genetic screening for disorder	2 x copies for homozygous pC282Y variant	24-Dec-2014	24-Dec-2014			
Liver function tests abnormal	-	16-Dec-2014	16-Dec-2014			
Helicobacter eradication therapy	OCM	24-Jan-2014	24-Jan-2014			
Helicobacter serology positive	-	24-Jan-2014	24-Jan-2014			
ECG normal	SOB	02-May-2007	02-May-2007			
Insertion of grommet	Left	13-Jul-2000	13-Jul-2000			
Foster care	To 2006	01-Jul-1998	01-Jul-1998			
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994			
Child: speech therapy	-	06-May-1994	06-May-1994			
Family conditions (All priorities)						
<u>Description</u>	<u>Date of Onset</u>					
FH: Asthma (Mother)	14-Aug-2002					
FH: Deafness (Mother)	14-Aug-2002					
Current medication (Active Repeat medication issued within the last 12 months)						
<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	2 CAPS DAILY	-	30-Dec-2019	30-Dec-2019
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN QID PRN	-	09-Aug-2016	30-Dec-2019
Recent medication (Any medication issued within last 90 days not shown above)						
<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ibuprofen Sugar-free suspension 100 mg/5 ml	500	500 ml	20ML THREE TIMES A DAY	-	05-Nov-2019	05-Nov-2019
Beclometasone Aqueous nasal spray 50 micrograms/actuation	1	1 dose	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	05-Nov-2019	05-Nov-2019
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	22-Oct-2019	22-Oct-2019
Ranitidine Effervescent tablets 150 mg	60	60 tablet	1 TAB MORNING AND NIGHT PRN	-	10-Sep-2019	10-Sep-2019
Blood Pressure						
<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>				
30-Dec-2019	125	80				
01-Nov-2018	132	78				
27-Sep-2017	128	78				
14-Sep-2017	130	87				
15-Jun-2017	132	76				
Body Measurements						
<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>			
16-Mar-2018	175	-	-			

24-Jan-2018	-	72	23.5
15-Jul-2016	-	78	-
08-Dec-2015	-	72	-
28-Apr-2015	-	78	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		30-Jan-2014
Never smoked tobacco:		24-Jan-2012
Alcohol units per week, 98 U/week:		24-Jan-2018

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to penicillins		24-Jan-2014
Adverse reaction to penicillins		14-Aug-2002
Adverse reaction to erythromycin	RASH	19-Jun-1991

Additional Support Needs

Hearing impairment/deaf

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Referred By:Referring GP
 Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
Hearing impairment/deaf

REFERRAL TO			
Gastroenterology GGC General Referral			Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN			Hospital and hospital address Hospital location code. G516H Email address
Urgency of referral	Routine	Date sent	10-May-2019
Date of referral	10-May-2019		

PATIENT DETAILS		Patient's address
Surname	Downie	9 Jean Armour Dr Clydebank G81 2ER Contact number(s) Voice: 07366594051
Forename(s)	Darren	
Title	Mr	
Sex	Male	
Date of birth	26-Jul-1990	
CHI no.	2607906571	
Area of Residence		

101018662553C	Unique Care Pathway Number: 101018662553C
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REGISTERED GP DETAILS		Practice address
Name	Dr Scott Queen	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478
GMC code	4312026	
GP code	05703	
Practice name	Red Wing - Clydebank Medical Centre (13414)	
Practice code	40046	

REFERRING GP DETAILS		Practice address
Name	Dr. Lewis Shennan	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s)
GMC code	7329090	
GP code	99999	
Practice name	Red Wing Medical Practice (40046)	
Practice code	40046	

Voice: 0141 531 6475

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

Description: Re-referral

Comment: Darren recently DNA's scope and also seen for haemochromatosis.

He has requested re referral today.

He has ongoing symptoms of dyspepsia and reflux. No meleana or change in bowel motions. No weight loss. abdo soft, mild epigastric tenderness

I have stressed the importance of attending his appointments and he assures me he will attend

He is currently on ranitidine and peptac with omeprazole PRN.

Alcohol once/week

No OTC meds

Many thanks,

Dr Lewis Shennan

GPST3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Gastro-oesophageal reflux	-	27-Feb-2019	27-Feb-2019
Non-alcoholic fatty liver	-	23-Nov-2018	23-Nov-2018
In prison	-	25-Mar-2018	25-Mar-2018
Gastro-oesophageal reflux	-	11-Apr-2017	11-Apr-2017
Anxiety state unspecified	-	11-Dec-2016	11-Dec-2016
Constipation NOS	-	15-Nov-2016	15-Nov-2016
Alcoholic gastritis	-	23-Jul-2016	23-Jul-2016
Nondependent alcohol abuse in remission	-	23-Apr-2015	23-Apr-2015
Alcoholic fatty liver	-	13-Feb-2015	13-Feb-2015
Haemochromatosis	-	02-Feb-2015	02-Feb-2015
Anxiety states	-	03-Jan-2014	03-Jan-2014
Epididymal cyst (Right)	-	03-Jan-2014	03-Jan-2014
Dyspepsia	-	31-Dec-2013	31-Dec-2013
Alcohol problem drinking	-	28-Nov-2012	28-Nov-2012
Separated from cohabitee	-	28-Aug-2012	28-Aug-2012
Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
Closed fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999
Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999
Motor vehicle traffic accidents (MVTA)	-	01-Mar-1996	01-Mar-1996
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
U-S abdominal scan	-	23-Nov-2018	23-Nov-2018
Liver function tests abnormal	-	16-Dec-2014	16-Dec-2014
Helicobacter eradication therapy	OCM	24-Jan-2014	24-Jan-2014
Helicobacter serology positive	-	24-Jan-2014	24-Jan-2014
Insertion of grommet	Left	13-Jul-2000	13-Jul-2000

Foster care	To 2006	01-Jul-1998	01-Jul-1998
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ranitidine Tablets 150 mg	60	60 tablet	1 TAB TWICE DAILY PRN	-	31-Aug-2017	03-Jan-2019
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN QID PRN	-	09-Aug-2016	17-Apr-2019

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY AS REQUIRED	-	10-May-2019	10-May-2019
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY	-	06-Feb-2019	06-Feb-2019
Ranitidine Effervescent tablets 150 mg	60	60 tablet	1 TAB MORNING AND NIGHT PRN	-	06-Feb-2019	17-Apr-2019

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
01-Nov-2018	132	78
27-Sep-2017	128	78
14-Sep-2017	130	87
15-Jun-2017	132	76
29-Jul-2015	130	80

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
15-Jul-2016	-	78	-
08-Dec-2015	-	72	-
28-Apr-2015	-	78	-
03-Mar-2015	175	70	22.9
03-Mar-2015	-	-	22.8

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		30-Jan-2014
Never smoked tobacco:		24-Jan-2012

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to penicillins		24-Jan-2014
Adverse reaction to penicillins		14-Aug-2002
Adverse reaction to erythromycin	RASH	19-Jun-1991

Additional Support Needs

Hearing impairment/deaf

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Gastroenterology GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN	Hospital and hospital address Hospital location code: G516H Email address:
Urgency of referral Urgent Date of referral 02-Nov-2018	Date sent 02-Nov-2018

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>Downie</td></tr> <tr><td>Forename(s)</td><td>Darren</td></tr> <tr><td>Title</td><td>Mr</td></tr> <tr><td>Sex</td><td>Male</td></tr> <tr><td>Date of birth</td><td>26-Jul-1990</td></tr> <tr><td>CHI no.</td><td>2607906571</td></tr> <tr><td>Area of Residence</td><td>-</td></tr> </table>	Surname	Downie	Forename(s)	Darren	Title	Mr	Sex	Male	Date of birth	26-Jul-1990	CHI no.	2607906571	Area of Residence	-	<table border="1"> <tr><td>9 Jean Armour Dr Clydebank G81 2ER</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 07366594051</td></tr> </table>	9 Jean Armour Dr Clydebank G81 2ER	Contact number(s)	Voice: 07366594051
Surname	Downie																	
Forename(s)	Darren																	
Title	Mr																	
Sex	Male																	
Date of birth	26-Jul-1990																	
CHI no.	2607906571																	
Area of Residence	-																	
9 Jean Armour Dr Clydebank G81 2ER																		
Contact number(s)																		
Voice: 07366594051																		

101017328554H	Unique Care Pathway Number: 101017328554H
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REGISTERED GP DETAILS	Practice address																			
<table border="1"> <tr><td>Name</td><td colspan="3">Dr Scott Queen</td></tr> <tr><td>GMC code</td><td>4312026</td><td>GP code</td><td>05703</td></tr> <tr><td>Practice name</td><td colspan="3">Red Wing - Clydebank Medical Centre (13414)</td></tr> <tr><td>Practice code</td><td colspan="3">40046</td></tr> </table>	Name	Dr Scott Queen			GMC code	4312026	GP code	05703	Practice name	Red Wing - Clydebank Medical Centre (13414)			Practice code	40046			<table border="1"> <tr><td>Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 0141 531 6475 Facsimile: 0141 531 6478</td></tr> </table>	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ	Contact number(s)	Voice: 0141 531 6475 Facsimile: 0141 531 6478
Name	Dr Scott Queen																			
GMC code	4312026	GP code	05703																	
Practice name	Red Wing - Clydebank Medical Centre (13414)																			
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Voice: 0141 531 6475 Facsimile: 0141 531 6478																				

REFERRING GP DETAILS	Practice address																			
<table border="1"> <tr><td>Name</td><td colspan="3">Dr. Lewis Shennan</td></tr> <tr><td>GMC code</td><td>7329090</td><td>GP code</td><td>99999</td></tr> <tr><td>Practice name</td><td colspan="3">Red Wing Medical Practice (40046)</td></tr> <tr><td>Practice code</td><td colspan="3">40046</td></tr> </table>	Name	Dr. Lewis Shennan			GMC code	7329090	GP code	99999	Practice name	Red Wing Medical Practice (40046)			Practice code	40046			<table border="1"> <tr><td>Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 0141 531 6475</td></tr> </table>	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ	Contact number(s)	Voice: 0141 531 6475
Name	Dr. Lewis Shennan																			
GMC code	7329090	GP code	99999																	
Practice name	Red Wing Medical Practice (40046)																			
Practice code	40046																			
Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ																				
Contact number(s)																				
Voice: 0141 531 6475																				

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

Description: ?ulcer

Comment: Darren is currently under gastroenterology for haemochromatosis. He was due for an upper endoscopy last December for persistent troublesome dyspepsia and reflux on the background of alcohol excess. He unfortunately missed this as he was in prison. He has continued to be bothered by these symptoms.

He presents today with a 2 week history of worsening reflux (he states he has been taking 8 tabs of ranitidine a day), epigastric pain and intermittent black stools on a few occasions - mostly normal stools. No weight loss, eating and drinking as normal. No vomiting

o/e - looks well, p80SR, abdo mild epigastric tenderness, no guarding, no distension, BP 132/78

Bloods awaited, h.pylori stool and I have added in lansoprazole in the interim

If you have any more questions please do not hesitate to contact me

Many thanks,
Dr Lewis Shennan
GPST3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Suppurative and unspecified otitis media (Right)	-	26-Oct-2018	26-Oct-2018
In prison	-	25-Mar-2018	25-Mar-2018
Gastro-oesophageal reflux	-	11-Apr-2017	11-Apr-2017
Anxiety state unspecified	-	11-Dec-2016	11-Dec-2016
Constipation NOS	-	15-Nov-2016	15-Nov-2016
Alcoholic gastritis	-	23-Jul-2016	23-Jul-2016
Nondependent alcohol abuse in remission	-	23-Apr-2015	23-Apr-2015
Alcoholic fatty liver	-	13-Feb-2015	13-Feb-2015
Haemochromatosis	-	02-Feb-2015	02-Feb-2015
Epididymal cyst (Right)	-	03-Jan-2014	03-Jan-2014
Anxiety states	-	03-Jan-2014	03-Jan-2014
Dyspepsia	-	31-Dec-2013	31-Dec-2013
Alcohol problem drinking	-	28-Nov-2012	28-Nov-2012
Separated from cohabitee	-	28-Aug-2012	28-Aug-2012
Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
Closed fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999
Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999
Motor vehicle traffic accidents (MVTA)	-	01-Mar-1996	01-Mar-1996
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Liver function tests abnormal	-	16-Dec-2014	16-Dec-2014
Helicobacter eradication therapy	OCM	24-Jan-2014	24-Jan-2014
Helicobacter serology positive	-	24-Jan-2014	24-Jan-2014

Insertion of grommet	Left	13-Jul-2000	13-Jul-2000
Foster care	To 2006	01-Jul-1998	01-Jul-1998
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ranitidine Tablets 150 mg	60	60 tablet	1 TAB TWICE DAILY PRN	-	31-Aug-2017	25-Sep-2018
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN QID PRN	-	09-Aug-2016	26-Oct-2018

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Clarithromycin Tablets 250 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	26-Oct-2018	26-Oct-2018
Ranitidine Effervescent tablets 150 mg	60	60 tablet	1 TAB MORNING AND NIGHT PRN	-	16-Oct-2018	01-Nov-2018
Citalopram Hydrobromide Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	25-Sep-2018	25-Sep-2018

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
27-Sep-2017	128	78
14-Sep-2017	130	87
15-Jun-2017	132	76
29-Jul-2015	130	80
18-Dec-2012	130	86

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
15-Jul-2016	-	78	-
08-Dec-2015	-	72	-
28-Apr-2015	-	78	-
03-Mar-2015	175	70	22.9
03-Mar-2015	-	-	22.8

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		30-Jan-2014
Never smoked tobacco:		24-Jan-2012

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to penicillins		24-Jan-2014
Adverse reaction to penicillins		14-Aug-2002
Adverse reaction to erythromycin	RASH	19-Jun-1991

Additional Support Needs

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?: Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO			
Gastroenterology GGC General Referral		—	Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN		—	Hospital and hospital address Hospital location code. G516H Email address
Urgency of referral	Routine	Date sent	08-Feb-2017
Date of referral	03-Feb-2017		

PATIENT DETAILS		Patient's address
Surname	Downie	9 Jean Armour Drive Clydebank G81 2ER Contact number(s) Voice: 07732416326
Forename(s)	Darren	
Title	Mr	
Sex	Male	
Date of birth	26-Jul-1990	
CHI no.	2607906571	
Area of Residence	-	

101012979771A	Unique Care Pathway Number: 101012979771A
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REGISTERED GP DETAILS				Practice address
Name	Dr Scott Queen			Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478
GMC code	4312026	GP code	05703	
Practice name	Red Wing - Clydebank Medical Centre (13414)			
Practice code	40046			

REFERRING GP DETAILS				Practice address
Name	Dr Craig Mitchell			Contact number(s)
GMC code	7072572	GP code	-	
Practice name	-			
Practice code	G40046			

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

Description: Background of haemochromatosis/previous DNA's to clinic

Comment: I would appreciate if you would kindly reappoint Darren to the haemochromatosis clinic after he attended recently to request this. I note that he had previously been attending for venesection and says that he didn't attend because he didn't like the feeling it gave him. Over the past few months he has been gradually feeling his abdominal symptoms have been worsening and he feels that he would merit this again. He has assured me that on this occasion he would attend. I would therefore be grateful if he could be reappointed.

Kind Regards

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Anxiety state unspecified	-	11-Dec-2016	11-Dec-2016
Constipation NOS	-	15-Nov-2016	15-Nov-2016
Alcoholic gastritis	-	23-Jul-2016	23-Jul-2016
Nondependent alcohol abuse in remission	-	23-Apr-2015	23-Apr-2015
Alcoholic fatty liver	-	13-Feb-2015	13-Feb-2015
Haemochromatosis	-	02-Feb-2015	02-Feb-2015
Anxiety states	-	03-Jan-2014	03-Jan-2014
Epididymal cyst (Right)	-	03-Jan-2014	03-Jan-2014
Dyspepsia	-	31-Dec-2013	31-Dec-2013
Alcohol problem drinking	-	28-Nov-2012	28-Nov-2012
Separated from cohabitee	-	28-Aug-2012	28-Aug-2012
Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
Closed fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999
Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999
Motor vehicle traffic accidents (MVTAs)	-	01-Mar-1996	01-Mar-1996
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Liver function tests abnormal	-	16-Dec-2014	16-Dec-2014
Helicobacter eradication therapy	OCM	24-Jan-2014	24-Jan-2014
Helicobacter serology positive	-	24-Jan-2014	24-Jan-2014
Insertion of grommet	Left	13-Jul-2000	13-Jul-2000
Foster care	To 2006	01-Jul-1998	01-Jul-1998
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN QID PRN	-	09-Aug-2016	02-Feb-2017

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ranitidine Effervescent tablets 150 mg	60	60 tablet	1 TAB MORNING AND NIGHT PRN	-	02-Feb-2017	02-Feb-2017
Prochlorperazine Maleate Tablets 5 mg	84	84 tablet	1 TAB TID	-	02-Feb-2017	02-Feb-2017
Sertraline Hydrochloride Tablets 50 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	16-Dec-2016	16-Dec-2016
Ranitidine Tablets 150 mg	60	60 tablet	1 TAB TWICE DAILY PRN	-	15-Nov-2016	15-Nov-2016
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	5-15MLS TWICE DAILY PRN	-	15-Nov-2016	15-Nov-2016
Doxycycline Hyclate Capsules 100 mg	14	14 CAPSULE	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	22-Sep-2016	22-Sep-2016

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
29-Jul-2015	130	80
18-Dec-2012	130	86

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
15-Jul-2016	-	78	-
08-Dec-2015	-	72	-
28-Apr-2015	-	78	-
03-Mar-2015	175	70	22.9
03-Mar-2015	-	-	22.8

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		30-Jan-2014

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to penicillins	24-Jan-2014	
Adverse reaction to penicillins	14-Aug-2002	
Adverse reaction to erythromycin	RASH	19-Jun-1991

Additional Support Needs

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Referred By:Referring GP
 Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional)	Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO			
Gastroenterology GGC General Referral		—	Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN		—	Hospital and hospital address Hospital location code: G516H Email address: —
Urgency of referral	Routine	Date sent	14-Dec-2016
Date of referral	09-Dec-2016		

PATIENT DETAILS		Patient's address
Surname	Downie	9 Jean Armour Drive Clydebank G81 2ER Contact number(s) Voice: 07342174352
Forename(s)	Darren	
Title	Mr	
Sex	Male	
Date of birth	26-Jul-1990	
CHI no.	2607906571	
Area of Residence	—	

101012664071Y	Unique Care Pathway Number: 101012664071Y
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REGISTERED GP DETAILS		Practice address
Name	Dr Scott Queen	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478
GMC code	4312026 GP code 05703	
Practice name	Red Wing - Clydebank Medical Centre (13414)	
Practice code	40046	

REFERRING GP DETAILS		Practice address
Name	Dr. Scott Queen	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475
GMC code	4312026 GP code 05703	
Practice name	Red Wing Medical Practice (40046)	
Practice code	40046	

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

Description: Haemochromatosis, failed to receive recent appointment - please re-appoint

Comment: HAEMOCHROMATOSIS CLINIC PLEASE

Many thanks for your recent correspondence concerning my patient Mr Downie. I believe from your correspondence he had repeatedly missed offered appointments at the Haemochromatosis Clinic and had failed to be in touch in order to reschedule. My staff have now been in contact with the patient and he claims he was unaware that he had any appointment pending or that he was to contact you to arrange any. He is keen to engage with your service and I would therefore be grateful if he could be sent out a further appointment in due course.

Kind Regards,

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Painful nipple (Right)	-	22-Nov-2016	22-Nov-2016
Constipation NOS	-	15-Nov-2016	15-Nov-2016
Alcoholic gastritis	-	23-Jul-2016	23-Jul-2016
Nondependent alcohol abuse in remission	-	23-Apr-2015	23-Apr-2015
Alcoholic fatty liver	-	13-Feb-2015	13-Feb-2015
Haemochromatosis	-	02-Feb-2015	02-Feb-2015
Anxiety states	-	03-Jan-2014	03-Jan-2014
Epididymal cyst (Right)	-	03-Jan-2014	03-Jan-2014
Dyspepsia	-	31-Dec-2013	31-Dec-2013
Alcohol problem drinking	-	28-Nov-2012	28-Nov-2012
Separated from cohabitee	-	28-Aug-2012	28-Aug-2012
Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
Closed fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999
Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999
Motor vehicle traffic accidents (MVTA)	-	01-Mar-1996	01-Mar-1996
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Liver function tests abnormal	-	16-Dec-2014	16-Dec-2014
Helicobacter eradication therapy	OCM	24-Jan-2014	24-Jan-2014
Helicobacter serology positive	-	24-Jan-2014	24-Jan-2014
Insertion of grommet	Left	13-Jul-2000	13-Jul-2000
Foster care	To 2006	01-Jul-1998	01-Jul-1998
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ranitidine Tablets 150 mg	60	60 tablet	1 TAB TWICE DAILY PRN	-	15-Nov-2016	15-Nov-2016

Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN QID PRN	-	09-Aug-2016	09-Aug-2016
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Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	5-15MLS TWICE DAILY PRN	-	15-Nov-2016	15-Nov-2016
Doxycycline Hyclate Capsules 100 mg	14	14 CAPSULE	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	22-Sep-2016	22-Sep-2016
Ranitidine Tablets 150 mg	60	60 tablet	ONE TO BE TAKEN TWICE A DAY WAIT TILL OFF OMEPRAZOLE 2W BEFORE COLLECTING HP FAECAL STOOL AG TEST CAN THEN RESTART	-	09-Aug-2016	09-Aug-2016
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56	56 CAPSULE	1 OR 2 CAPS DAILY PRN ONCE COLLECTED STOOL SPEC FOR HP	-	09-Aug-2016	09-Aug-2016
Prochlorperazine Maleate Tablets 5 mg	84	84 tablet	1 TAB TID	-	15-Jul-2016	15-Jul-2016
Ranitidine Effervescent tablets 150 mg	60	60 tablet	1 TAB MORNING AND NIGHT PRN	-	15-Jul-2016	15-Jul-2016
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	15-Jul-2016	15-Jul-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
29-Jul-2015	130	80
18-Dec-2012	130	86

Body Measurements

Date Recorded	Height	Weight	BMI
15-Jul-2016	-	78	-
08-Dec-2015	-	72	-
28-Apr-2015	-	78	-
03-Mar-2015	175	70	22.9
03-Mar-2015	-	-	22.8

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco;		30-Jan-2014

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to penicillins	24-Jan-2014	
Adverse reaction to penicillins	14-Aug-2002	
Adverse reaction to erythromycin	RASH	19-Jun-1991

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO			
Gastroenterology 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 sent	04-Dec-2015
Date of referral	04-Dec-2015		

PATIENT DETAILS		Patient's address
Surname	Downie	9 Jean Armour Drive Clydebank G81 2ER Contact number(s) Voice: 0141 562 4350 Voice: 07401091317
Forename(s)	Darren	
Title	Mr	
Sex	Male	
Date of birth	26-Jul-1990	
CHI no.	2607906571	
Area of Residence		

1010104457002	Unique Care Pathway Number: 1010104457002
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REGISTERED GP DETAILS		Practice address
Name	Dr Scott Queen	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478
GMC code	4312026	
GP code	05703	
Practice name	Red Wing - Clydebank Medical Centre (13414)	
Practice code	40046	

REFERRING GP DETAILS		Practice address
Name	Dr. Scott Queen	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475
GMC code	4312026	
GP code	05703	
Practice name	Dr Bell & Partners (40046)	
Practice code	40046	

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

Description: Haemochromatosis, ongoing epigastric discomfort and nausea, lost to follow up

Comment: I would be grateful if Darren could be re-appointed to be seen in Gastroenterology or Liver Clinic. He has a background of Haemochromatosis and was initially referred in February 2015. At that stage he complained of epigastric pain and nausea. His LFTs were somewhat deranged and he had elevated ferritin and elevated transferrin saturation. He was seen I believe in the clinic and plans were made for venesection. I gather Darren has only had one or perhaps 2 episodes of venesection but his engagement has been poor. Darren consulted recently describing that he had missed a recent Gastroenterology appointment and he indicated that the letter regarding the appointment only arrived the day after he was due to be seen. He continues to suffer from chronic nausea and intermittent epigastric discomfort. He has tried a variety of anti-emetic agents which have led to little real benefit in terms of the nausea. He describes burning/aching epigastric discomfort intermittently which can be associated with bloating. He denied any particular reflux symptoms, there is no history of dysphagia and no history of vomiting or haematemesis. He describes his bowels as opening normally with no diarrhoea or PR bleeding. In terms of alcohol he says he has cut back his consumption significantly consuming 5-6 pints every 3 weeks or so. He denies any drug use. Bloods checked on 19 November demonstrated a normal full blood count with a haemoglobin of 164, LFTs were also normal other than an isolated bilirubin of 24, iron was slightly raised at 37 with transferrin saturation 78%.

On examination he was afebrile, pulse 78 and regular, he was undistressed, the abdomen was soft with normal bowel sounds and no palpable masses. There was minimal epigastric tenderness on deep palpation but no peritonism.

I advised Darren to hand in a stool sample for helicobacter testing but unfortunately he has failed to do so. I have recommended him on a PPI in addition to his regular Ranitidine and also some Peptac. I had indicated that I would re-refer him for ongoing Gastroenterology follow up. Unfortunately he has failed to attend a follow up appointment in the practice. In any event I would be grateful if he could be seen in due course and re-appointed. Please find attached a summary of his past medical history and medications.

Kind Regards,

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Nondependent alcohol abuse in remission	-	23-Apr-2015	23-Apr-2015
Alcoholic fatty liver	-	13-Feb-2015	13-Feb-2015
Haemochromatosis	-	02-Feb-2015	02-Feb-2015
Anxiety states	-	03-Jan-2014	03-Jan-2014
Epididymal cyst (Right)	-	03-Jan-2014	03-Jan-2014
Dyspepsia	-	31-Dec-2013	31-Dec-2013
Alcohol problem drinking	-	28-Nov-2012	28-Nov-2012
Separated from cohabitee	-	28-Aug-2012	28-Aug-2012
Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
Closed fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999
Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999
Motor vehicle traffic accidents (MVTA)	-	01-Mar-1996	01-Mar-1996
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Liver function tests abnormal	-	16-Dec-2014	16-Dec-2014
Helicobacter eradication therapy	OCM	24-Jan-2014	24-Jan-2014
Helicobacter serology positive	-	24-Jan-2014	24-Jan-2014

Insertion of grommet	Left	13-Jul-2000	13-Jul-2000
Foster care	To 2006	01-Jul-1998	01-Jul-1998
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994

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

No current medications recorded

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	19-Nov-2015	19-Nov-2015
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	19-Nov-2015	19-Nov-2015
Cyclizine Tablets 50 mg	60	60 tablet	1 TAB UP TO 3 X DAILY PRN	-	10-Nov-2015	10-Nov-2015
Co-Codamol 8/500 Effervescent Tablets	60	60 tablet	1 OR 2 TABS UP TO QID PRN	-	15-Oct-2015	15-Oct-2015
Ranitidine Effervescent tablets 150 mg	60	60 tablet	1 TAB MORNING AND NIGHT PRN	-	07-Oct-2015	07-Oct-2015
Domperidone Tablets 10 mg	30	30 tablet	1 Tab TID prn FOR NAUSEA	-	07-Oct-2015	07-Oct-2015
Domperidone Tablets 10 mg	30	30 tablet	1 Tab TID prn FOR NAUSEA	-	26-Aug-2015	26-Aug-2015
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	29-Jul-2015	26-Aug-2015
Prochlorperazine Maleate Tablets 5 mg	28	28 tablet	1 Tab 3 times daily prn	-	22-Jul-2015	22-Jul-2015
Domperidone Tablets 10 mg	30	30 tablet	1 Tab TID prn FOR NAUSEA	-	23-Jun-2015	23-Jun-2015
Ranitidine Tablets 150 mg	120	120 TABLET	ONE TO BE TAKEN TWICE A DAY	-	28-Apr-2015	07-Oct-2015

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
29-Jul-2015	130	80
18-Dec-2012	130	86

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
28-Apr-2015	-	78	-
03-Mar-2015	175	70	22.9
03-Mar-2015	-	-	22.8

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		30-Jan-2014

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to penicillins		24-Jan-2014
Adverse reaction to penicillins		14-Aug-2002
Adverse reaction to erythromycin	RASH	19-Jun-1991

Additional Support Needs

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

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

03/11/2015

DR SP Queen
Dr Bell & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr SP Queen

Patient Name: Mr Darren Downie

JHI Number: 2607906571

Referral Date: 02/11/2015.

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

() Please refer to the referral guidance directory for referral criteria for this service.

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGC%20Referral%20Guidance/Pages/GGCReferralGuidance.aspx>

() Insufficient clinical information to allow specialty to triage referral.

Enter free text here

() Other

Thanks for your letter. Has apt with Prof Mills on 10/11/15.

Yours sincerely

Dr John Paul Seenan

David R. Bell, DRCOG
Patricia I. Harper, DRCOG, MRCGP
Alex W. Potter, DRCOG, MRCGP
Alison M. Wilding, DRCOG, MRCGP
Gillian J. McGeoch, DRCOG, MRCGP
Scott P. Queen, AFRCS (Ed), MRCP (UK),
MRCGP, DRCOG



RED WING

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Tel: 0141 531 6475/6477
Fax: 0141 531 6478

Practice Manager:
Karen McElwee

GG-UHB.GP40046@nhs.net

Our Ref: FOR/AS/260790

Gastroenterology Department
Gartnavel General Hospital
1053 Great Western Road
GLASGOW
G12 0YN

29 October 2015

Dear Doctor

Mr Darren Downie
9 Jean Armour Drive, Clydebank G81 2ER
Date of Birth: 26/07/1990

CHI: 2607906571

I would be grateful if this 25 year old gentleman with haemochromatosis could be reviewed by yourselves. I note he was due to see you on 20 October but the Clinical Portal suggests he did not attend this appointment. I saw him on 7 October with ongoing nausea which occurs when he runs out of his Domperidone. He mentioned that he had not been for venesection for 3 months and was at college and working so quite busy. He did have some problems with upper GI symptoms and epigastric discomfort earlier in the year, although it sounds like this has settled just now. He uses dissolvable Ranitidine tablets for this. He describes poor appetite and poor energy. He did not have a cough, cold or sore throat. There was no vomiting. He says he drinks alcohol every 2 weeks where he would have 7 pints of beer. He does not take any recreational drugs. I did his bloods which showed his haemoglobin was 170. Transferrin was 1.77. Iron was 41 and Transferrin saturation 92. His bilirubin was 27.

I was really just writing to let you know these results. I have emphasised the importance of venesection to him and I hope he attends his appointment on 10 November as planned. I have tried to call him but have not managed to get in touch with him just yet.

Kind Regards,

Yours sincerely

Dr Fiona O'Reilly
GP Registrar

02 NOV 2015

Hospital use only	Clinic	Day - Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO			
Gastroenterology 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	Date sent	20-Feb-2015
Date of referral	18-Feb-2015		

PATIENT DETAILS		Patient's address
Surname	Downie	9 Jean Armour Drive Clydebank G81 2ER Contact number(s) Voice: 0141 562 4350 Voice: 07450128123
Forename(s)	Darren	
Title	Mr	
Sex	Male	
Date of birth	26-Jul-1990	
CHI no.	2607906571	
Area of Residence		

101008734235K	Unique Care Pathway Number: 101008734235K
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REGISTERED GP DETAILS		Practice address
Name	Dr Scott Queen	
GMC code	4312026	GP code 05703
Practice name	Red Wing - Clydebank Medical Centre (13414)	
Practice code	40046	
		Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478

REFERRING GP DETAILS		Practice address
Name	Dr. Gillian McGeoch	
GMC code	4444802	GP code 07013
Practice name	Dr Bell & Partners (40046)	
Practice code	40046	
		Contact number(s) Voice: 0141 531 6475

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

Description: Haemochromatosis

Comment: This 24 year old gentleman came to see me at the end of last year initially complaining of dyspepsia. He had been binge drinking and was describing epigastric pain afterwards. We advised him to reduce his alcohol and he had some blood tests done also. His liver function tests were found to be abnormal. I advised him to stop drinking and a random ferritin was also raised. Hfe gene has been positive and despite 6 weeks of abstinence, his liver function tests remain abnormal. There is no-one else in his family that he knows of with haemochromatosis. He describes ongoing abdominal pain.

I would be grateful if you could arrange to review him at your clinic for ongoing management. He may well require an endoscopy as well.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Alcoholic fatty liver	-	13-Feb-2015	13-Feb-2015
Haemochromatosis	-	02-Feb-2015	02-Feb-2015
Anxiety states	-	03-Jan-2014	03-Jan-2014
Epididymal cyst (Right)	-	03-Jan-2014	03-Jan-2014
Dyspepsia	-	31-Dec-2013	31-Dec-2013
Separated from cohabitee	-	28-Aug-2012	28-Aug-2012
Closed fracture navicular (Right)	-	19-Jun-2012	19-Jun-2012
Closed fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999
Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999
Motor vehicle traffic accidents (MVTA)	-	01-Mar-1996	01-Mar-1996
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Liver function tests abnormal	-	16-Dec-2014	16-Dec-2014
Helicobacter eradication therapy	OCM	24-Jan-2014	24-Jan-2014
Helicobacter serology positive	-	24-Jan-2014	24-Jan-2014
Insertion of grommet	Left	13-Jul-2000	13-Jul-2000
Foster care	To 2006	01-Jul-1998	01-Jul-1998
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994

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

No current medications recorded

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Lansoprazole Orodispersible tablets (Gastro-Resistant) 30 mg	56	56 TABLET	1 TAB TWICE DAILY PRN	-	13-Feb-2015	13-Feb-2015
Peptac Liquid (peppermint)	500	500 ML		-	13-Feb-2015	13-Feb-2015

			10-20MLS AFTER MEALS AND AT BEDTIME PRN			
Ranitidine Effervescent tablets 150 mg	60	60 tablet	1 TAB MORNING AND NIGHT PRN	-	02-Feb-2015	02-Feb-2015
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	03-Dec-2014	03-Dec-2014
Trimethoprim Tablets 200 mg	28	28 tablet	ONE TO BE TAKEN TWICE A DAY	-	11-Nov-2014	11-Nov-2014
Ranitidine Effervescent tablets 150 mg	60	60 tablet	1 TAB MORNING AND NIGHT PRN	-	27-Oct-2014	27-Oct-2014
Peptac Liquid (peppermint)	500	500 ML	10-20MLS AFTER MEALS AND AT BEDTIME PRN	-	27-Oct-2014	27-Oct-2014

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
18-Dec-2012	130	86

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		30-Jan-2014
Never smoked tobacco:		24-Jan-2012

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to penicillins		24-Jan-2014
Adverse reaction to penicillins		14-Aug-2002
Adverse reaction to erythromycin	RASH	19-Jun-1991

Additional Support Needs

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

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

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

Additional Support Needs:
No known ASN requirements

REFERRAL TO			
ENT - Head, Neck and Throat 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 sent	24-Feb-2012
Date of referral	20-Feb-2012		

PATIENT DETAILS		Patient's address
Surname	Downie	19-2 Greer Quad Clydebank G81 2AY Contact number(s) Voice: 0141 571 0110 Voice: 07704136345
Forename(s)	Darren	
Title	Mr	
Sex	Male	
Date of birth	26-Jul-1990	
CHI no.	2607906571	
Area of Residence	-	

1010032141446	Unique Care Pathway Number: 1010032141446
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr David Bell	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478
GMC code	2551498	
GP code	G01970	
Practice name	Red Wing - Clydebank Medical Centre (13414)	
Practice code	40046	

REFERRING GP DETAILS		Practice address
Name	Dr Steven Halliday	Clydebank HC Kilbowie Road Clydebank G81 2TQ G81 2TQ Contact number(s)
GMC code	6075049	
GP code	G01970	
Practice name	Red Wing	
Practice code	40046	

Voice: 0141 531 6475
Facsimile: 0141 531 6478

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

Description: Chronic perforation of right tympanic membrane

Comment: I wonder if you would review this pleasant 21 year old boy due to a longstanding right tympanic membrane perforation. He had a perforation back in 2000 and didn't attend for follow up. He had an assessment of a grommet at that time. He is also thought to have a degree of sensorineural hearing loss bilaterally.

Today he presented asking about his right ear. On examination he appears to have a chronic perforation of the right tympanic membrane. I wonder if you would review him to advise him on further management.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Shoulder pain	-	24-Jan-2012	24-Jan-2012
Closed fracture distal humerus, lateral epicondyle (Left)	-	07-May-2002	07-May-2002
Dermatitis NOS	-	24-Aug-2000	24-Aug-2000
Ear drum perforation (Right)	-	13-Jul-2000	13-Jul-2000
Chickenpox - varicella	-	25-Aug-1999	25-Aug-1999
Dislocation of elbow NOS (Right)	-	01-Jul-1999	01-Jul-1999
Motor vehicle traffic accidents (MVTA)	-	01-Mar-1996	01-Mar-1996
Burns	Left forearm, shoulders and leg	19-Jun-1994	19-Jun-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Insertion of grommet	Left	13-Jul-2000	13-Jul-2000
Foster care	-	01-Jul-1998	01-Jul-1998
Split skin graft	Right thigh to left forearm.	13-Jul-1994	13-Jul-1994

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

No current medications recorded

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Paracetamol Oral Suspension (Sugar-Free) 250 mg/5 ml	500	500 ml	20ML QID PRN	-	24-Jan-2012	24-Jan-2012

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		24-Jan-2012

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
--------------------	----------------	----------------------

Adverse reaction to penicillins 14-Aug-2002
Adverse reaction to erythromycin RASH 19-Jun-1991

Additional Support Needs

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Hearing Impairment:Sensorineural hearing loss, bilateral

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Gastroscopy report

Performed	18-Jan-2019 10:12	Received	26-Jan-2019 02:08
Reported	26-Jan-2019 02:08	Order Number	UNI104077-2607906571
Status	Final	Source System	MasterLab

UGI G1.

Final

NHS Greater Glasgow and Clyde GASTROSCOPY REPORT

Name: **Darren DOWNIE (M)**
 Date of birth: **26/07/1990**
 NHS No: **2607906571**
 Case Note No: **2607906571**

Address: **9 Jean Armour Dr
 Clydebank
 Dunbartonshire
 G81 2ER**

GP: **QUEEN, SCOTT
 Red Wing Medical Practice
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ**

Procedure date: **18th January 2019 (10:12)**
 Priority: **Elective**
 Hospital: **GGH**
 Ward: **(none)**
 Referring Cons: **GP (Direct Access)**

Indications

Dyspepsia and reflux symptoms;

Report

The procedure failed due to patient withdrew consent.

Consultant/Endo

List consultant: Sr Hass
 Endoscopist No1: Sr Hass
 Endoscopist No2: Keri
 Nurses: Ka
 Staff nurse Victoria

Advice/Comments

Procedure were abandoned . After x 2 attempts , unfortunately patient could not proceed with gastroscopy. Very nervous before procedure , reassured.

We have decided for the patient to phone us to arrange gastroscopy with sedation when he has someone to look after him. We have given him our phone number 0141 211 3099.

Inst

SC

Premec

Xylocaine (Spray)

Sr Hassiah Wilkie
Nurse Endoscopist
 c.c. GP (Direct Access)
 Downie, Darren

Produced by Unisoft's GI Reporting Tool

Compiled on 18/01/2019

Downie, Darren

ID:2607906571

27-FEB-2019 04:09:49

GREATER GLASGOW SITE-QEED ROUTINE RECORD

26-JUL-1990 (28 yr)
Male

Vent. rate
PR interval
QRS duration
QT/QTc
P-R-T axes

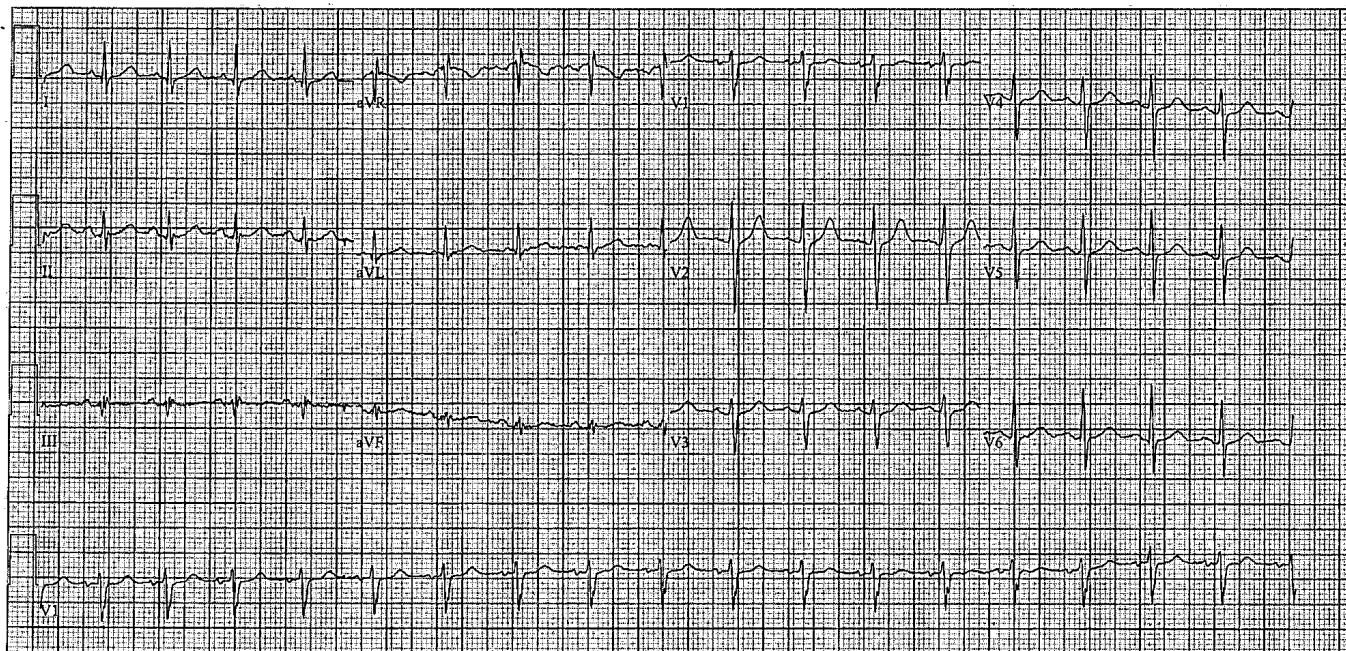
108 BPM
126 ms
86 ms
338/452 ms
51 2 33

Sinus tachycardia
Otherwise normal ECG

Technician:
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.4 12SL 237 CID: 51

SID: 2168753 EID: EDT: ORDER:

Page 1 of 1

DOWNIE, Darren

ID:2607906571

01-SEP-2017 23:19:31

GREATER GLASGOW SITE-QEED ROUTINE RECORD

26-JUL-1990 (27 yr)
Male

Vent. rate 82 BPM
PR interval 128 ms
QRS duration 86 ms
QT/QTc 354/413 ms
P-R-T axes 32 -15 30

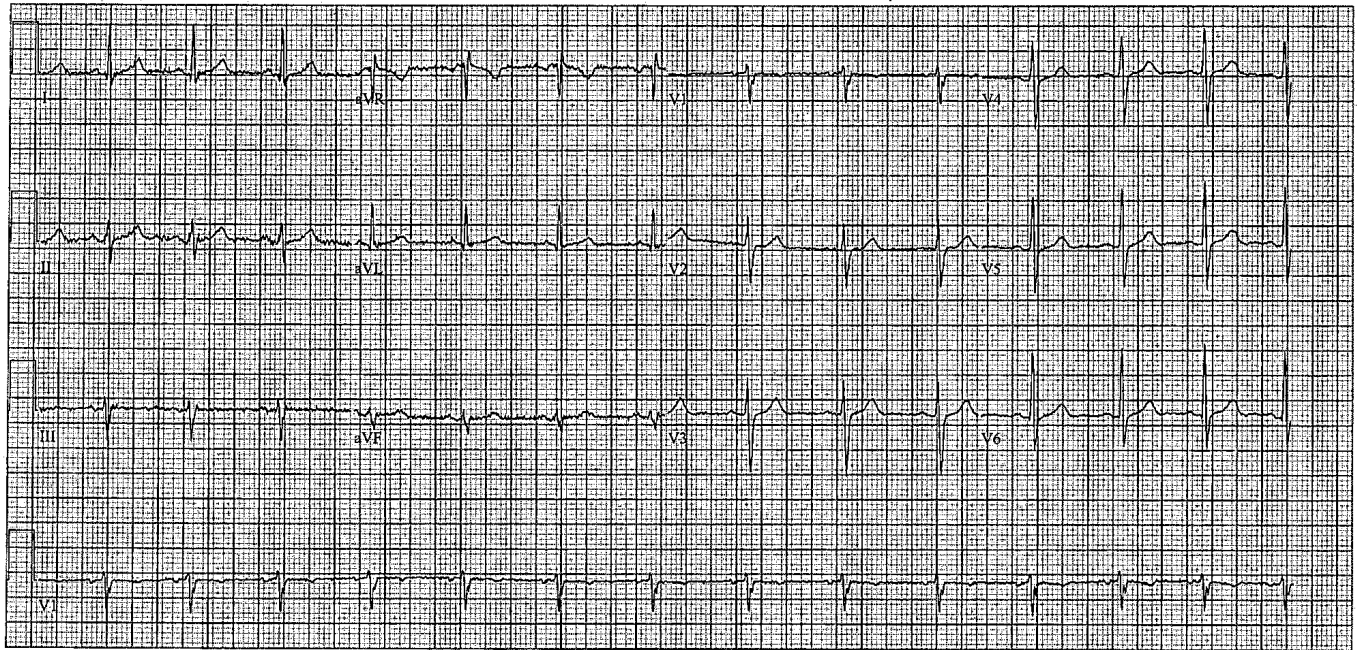
Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Referred by:

UNCONFIRMED ECG REPORT Sys Admin 2

COMMENTS:



25mm/s 10mm/mV 150Hz 7.1.1 12SL 241 HD CID: 27

SID: 2168753 EID:21002 EDT: 16:07 05-SEP-2017 ORDER:

Page 1 of 1

DOWNIE, Darren

ID:2607906571

09-APR-2017 16:48:13

GREATER GLASGOW SITE- ROUTINE RECORD

26-JUL-1990 (26 yr)
Male

Vent. rate 77 BPM
PR interval 132 ms
QRS duration 90 ms
QT/QTc 374/423 ms
P-R-T axes 31 -13 25

Normal sinus rhythm
Normal ECG

Technician: 1301
Test ind:

Referred by:

UNCONFIRMED ECG REPORT Sys Admin 21

COMMENTS:



25mm/s 10mm/mV 150Hz 7.1.1 12SL 241 HD CID: 55

SID: 2168753 EID:21021 EDT: 14:53 10-APR-2017 ORDER:

Page 1 of 1

DOWNIE, Darren

ID:2607906571

11-DEC-2016 10:34:46

GREATER GLASGOW SITE- ROUTINE RECORD

26-JUL-1990 (26 yr)
Male

Vent. rate 104 BPM
PR interval 124 ms
QRS duration 92 ms
QT/QTc 342/449 ms
P-R-T axes 50 25 45

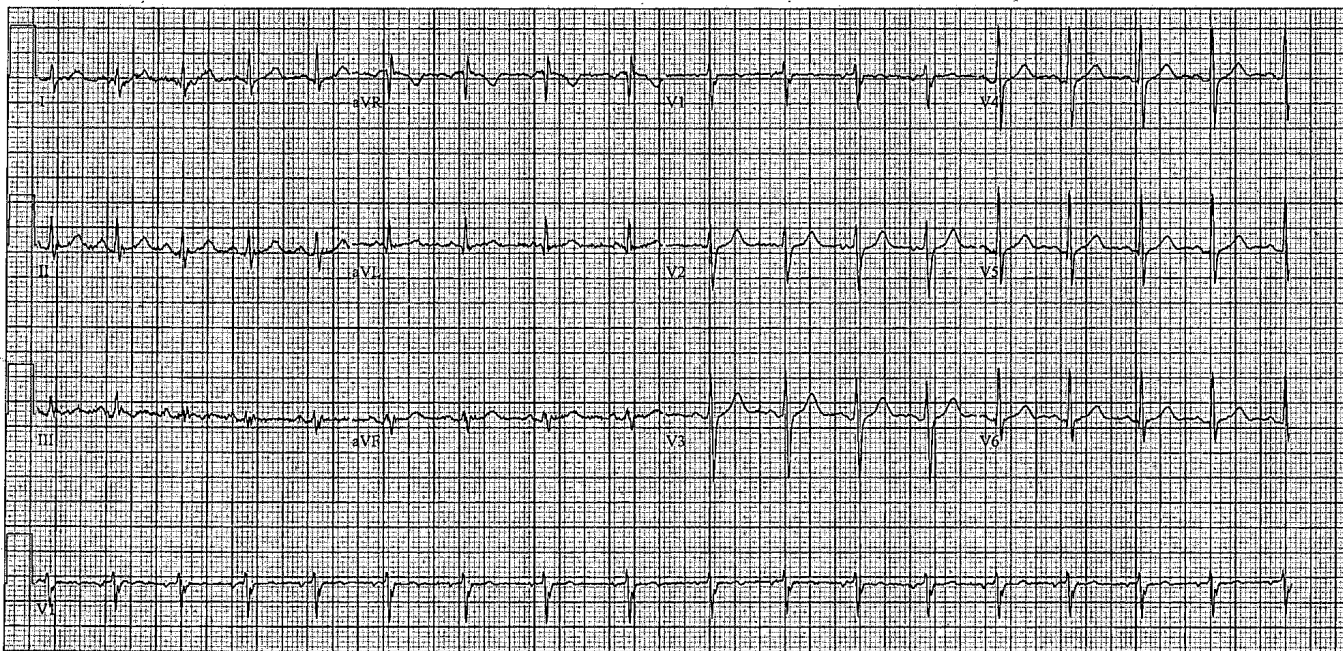
Sinus tachycardia

Technician:
Test ind:

Referred by: A/E

UNCONFIRMED ECG REPORT Sys Admin 21

COMMENTS:



25mm/s 10mm/mV 150Hz 7.1.1 12SL 241 HD CID: 55

SID: 2168753 EID:21021 EDT: 13:51 15-DEC-2016 ORDER:

Page 1 of 1

DOWNIE, Darren

ID:2607906571

23-JUL-2016 13:03:32

GREATER GLASGOW SITE- ROUTINE RECORD

26-JUL-1990 (25 yr)
Male

Vent. rate 84 BPM
PR interval 130 ms
QRS duration 82 ms
QT/QTc 350/413 ms
P-R-T axes 42 -5 33

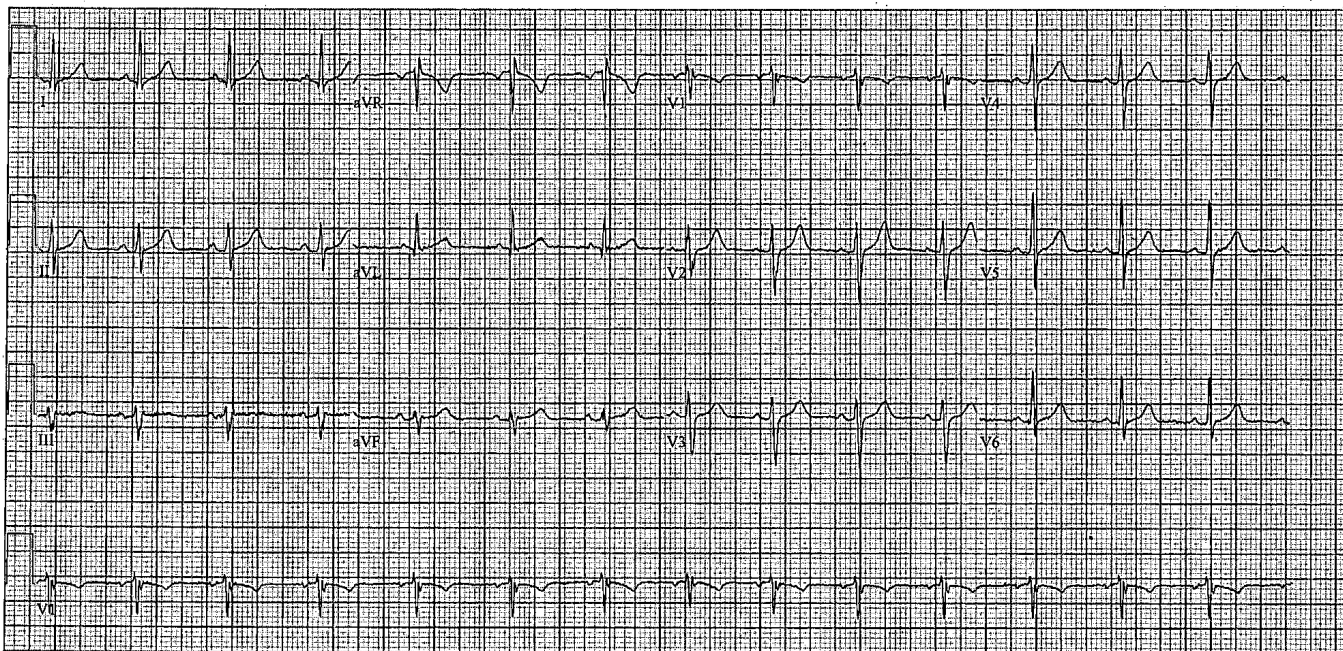
Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Referred by:

UNCONFIRMED ECG REPORT Sys Admin 2

COMMENTS:



25mm/s 10mm/mV 150Hz 7.1.1 12SL 241 CID: 55

SID: 2168753 EID:21002 EDT: 15:41 25-JUL-2016 ORDER:

Page 1 of 1

DOWNIE, DARREN

ID: 2607906571

27-Feb-2019

4:00:43

QUEEN ELIZABETH UNIVERSITY HOSPITAL

26-Jul-1990

Male

Vent. rate 100 bpm

PR interval 126 ms

QRS duration 86 ms

QT/QTc 338/452 ms

P-R-T axes 51 2 33

Sinus tachycardia

Otherwise normal ECG

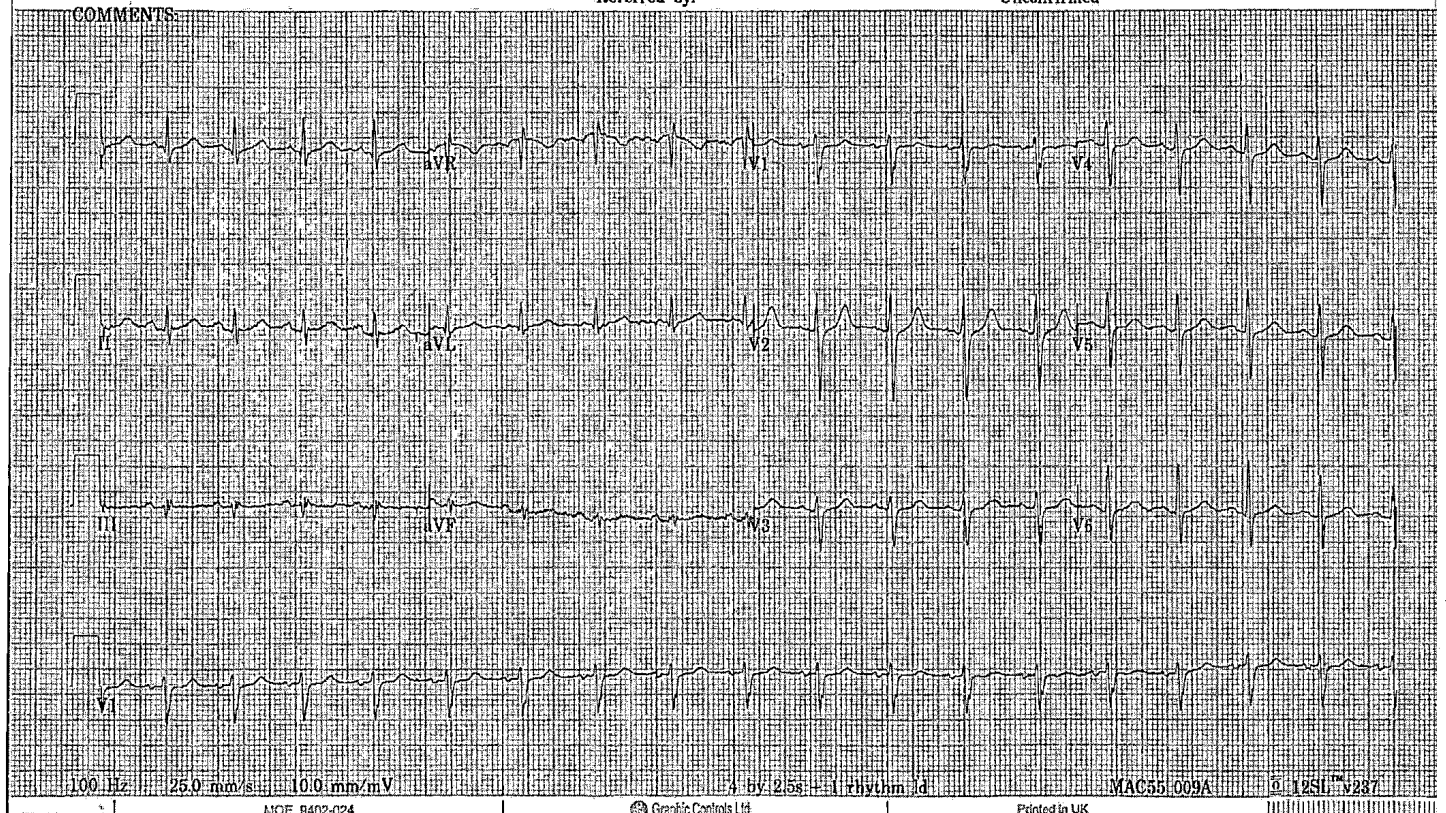
Loc: 1301

Technician:
Test ind:

Referred by:

Unconfirmed

COMMENTS:



100 Hz

25.0 mm/s

10.0 mm/mV

by 2.5s + 1 rhythm id

MAC55 009A

12SL v237

MQE B402-024

Graphic Controls Ltd

Printed in UK

DOWNIE, DARREN

ID: 2607906571

1-Sep-2017 20:10:31

QUEEN ELIZABETH UNIVERSITY HOSPITAL

26-Jul-1990

Male

Vent. rate 72 bpm

PR interval 128 ms

QRS duration 86 ms

QT/QTc 354/413 ms

P-R-T axes 32 -15 30

Normal sinus rhythm

Normal ECG

Loc: 1301

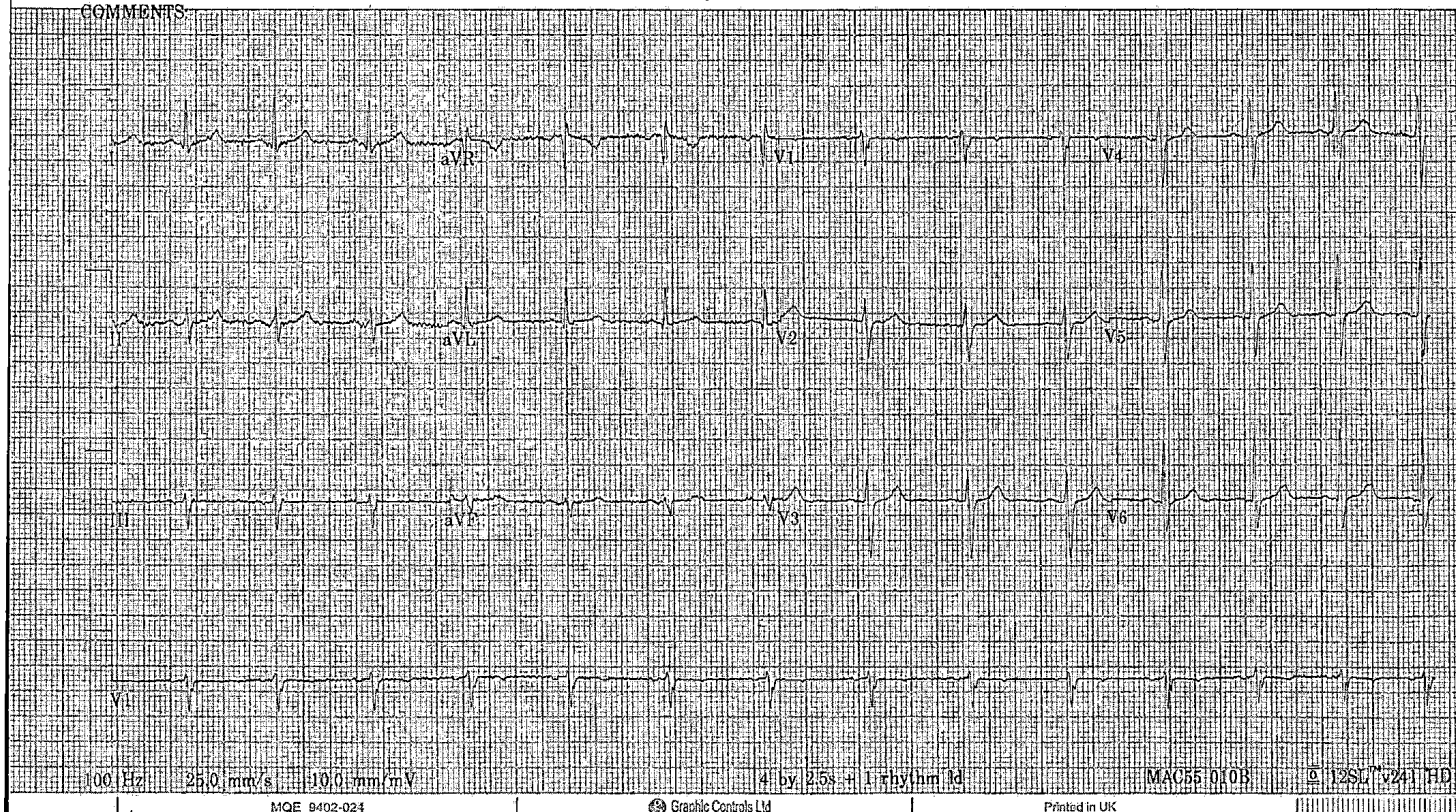


Technician:
Test ind:

Referred by:

Unconfirmed

COMMENTS



MOE 9402-024

Graphic Controls Ltd

Printed in UK

DOWNIE, DARREN

ID: 2607906571

9-Apr-2017 16:40:13

SOUTH GLASGOW UNIVERSITY HOSPITAL

26-Jul-1990
Male

Vent. rate .. bpm
PR interval 132 ms
QRS duration 90 ms
QT/QTc 374/423 ms
P-R-T axes 31 -13 25

Normal sinus rhythm
Normal ECG

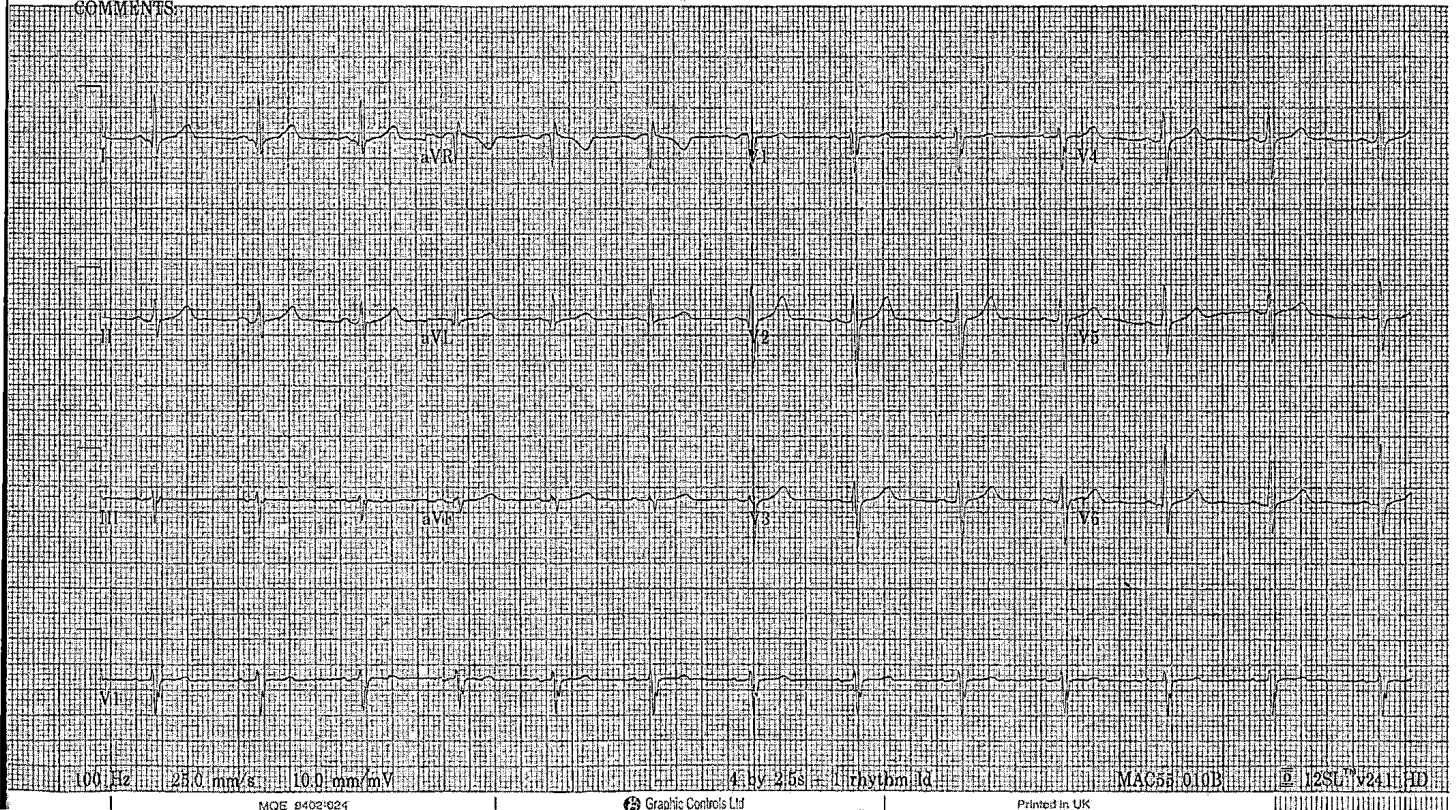
Technician: 1301
Test ind:

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Referred by:

Unconfirmed

COMMENTS:



DOWNIE, DAN
26-Jul-1990
Male

Vent. rate 124 bpm
PR interval 124 ms
QRS duration 92 ms
QT/QTc 342/449 ms
P-R-T axes 50 25 45

Sinus tachycardia

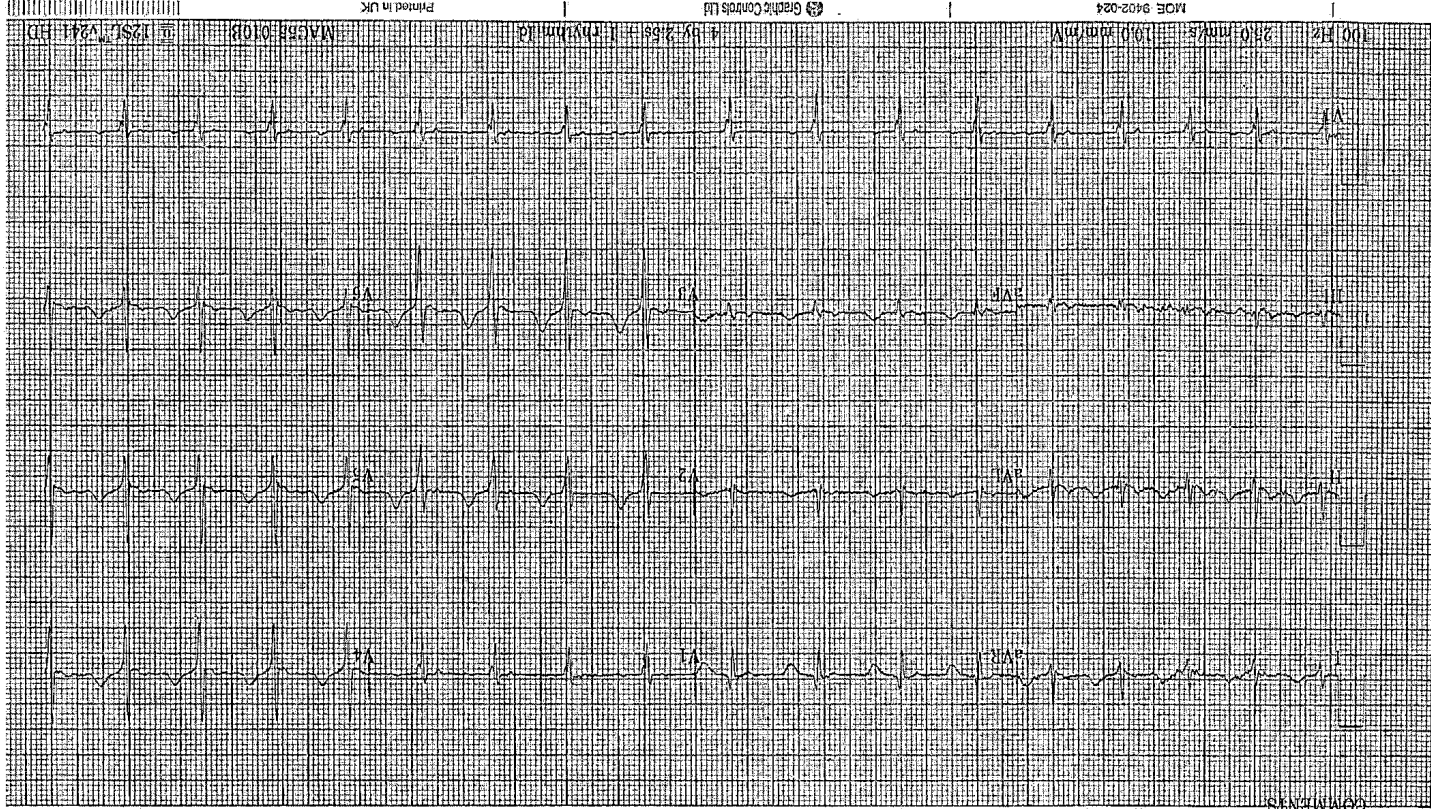
ID: 2607906571 11-Dec-2016 10:00:45 SOUTH GLASGOW UNIVERSITY HOSPITAL

cmf

Technician:
Test ind:

Referred by: A/E Unconfirmed

COMMENTS



DOWNIE, DARREN

ID: 2607906571

7-Aug-2016 12:10:20

QUEEN ELIZABETH UNIVERSITY HOSPITAL

26-Jul-1990
Male

Vent. rate bpm
PR interval 130 ms
QRS duration 92 ms
QT/QTc 346/425 ms
P-R-T axes 53 4 52

Normal sinus rhythm
Normal ECG

2607906571
DOWNIE
Darren
26/07/1990

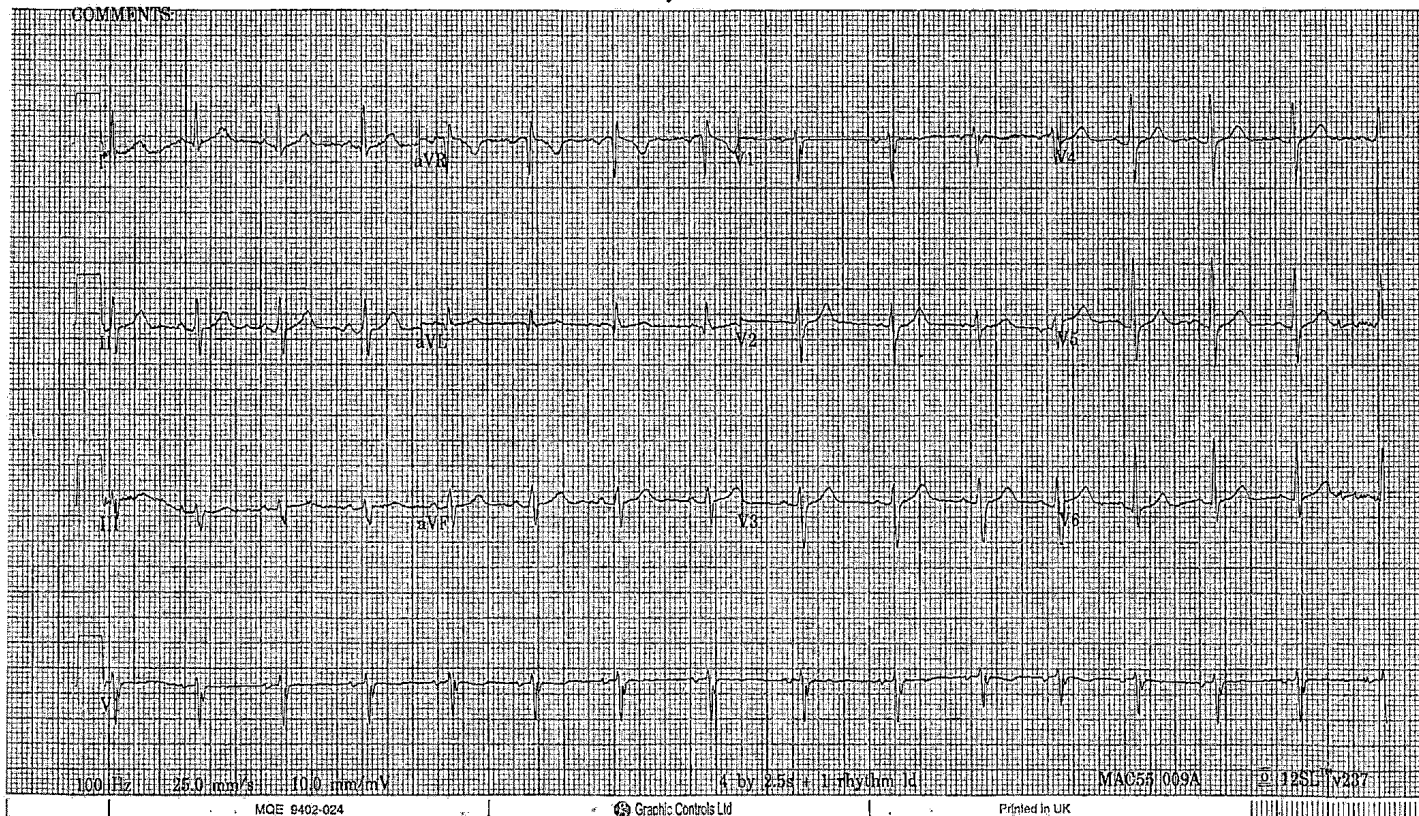
09

Technician:
Test ind:

Referred by:

Unconfirmed

COMMENTS:



DOWNIE, DARREN

ID: 2607906571

23-Jul-2016

13:22

SOUTH GLASGOW UNIVERSITY HOSPITAL

26-Jul-1990

Male

Vent. rate 84 bpm

PR interval 130 ms

QRS duration 82 ms

QT/QTc 350/413 ms

P-R-T axes 42 -5.33

Normal sinus rhythm

Normal ECG

[Handwritten signature]

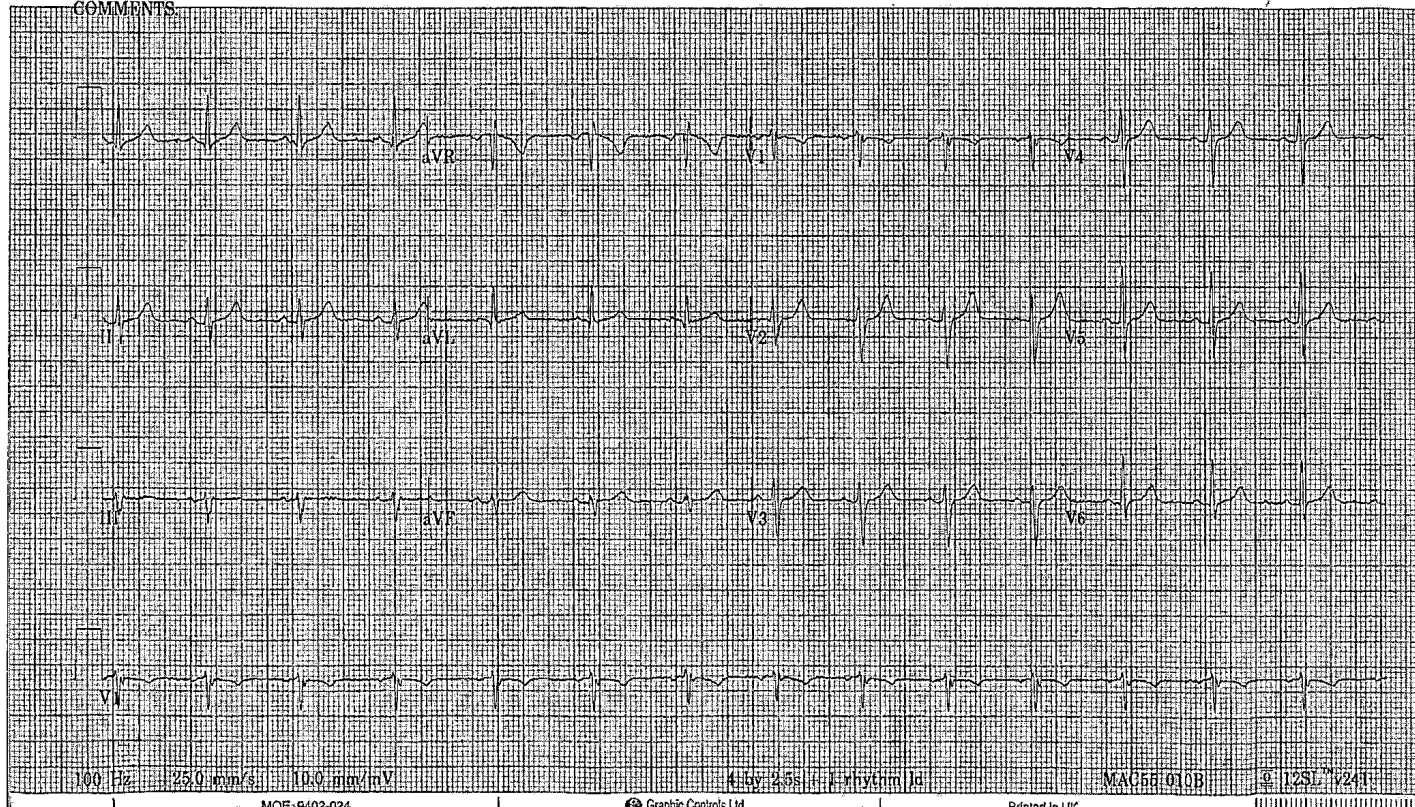
Technician:

Test ind:

Referred by:

Unconfirmed

COMMENTS



Fibroscan Report



Patient Name:	DARREN DOWNIE
CHI:	2607906571
Date:	24/10/23

Consultant:	LIVER CLINIC
Location:	GGH

Operator:	CASTLE
Indication:	HFE

Probe:	MED
Fasting:	NO

Liver Stiffness:	4.3	kPa	IQR:	11%
CAP:	290			
Spleen Stiffness:		kPa		

Interpretation of Liver Stiffness Measurements by Transient Elastography (Fibroscan)

Compensated Advanced Chronic Liver Disease (cACLD)

LSM <8.0-10.0 kPa Rules out cACLD

LSM >12.0-15.0 kPa Rules in cACLD

Clinically Significant Portal Hypertension (CSPH)

LSM >20.0-25.0 kPa Rules in CSPH

LSM <20.0 kPa + Platelet count > 150 x 10⁹/l excludes significant varices avoiding the need for endoscopic assessment (Baveno VI criteria)

SSM@100Hz <41.3 kPa excludes high risk varices Stefanescu et al

ARLD

LSM < 8.0 kPa Rules out significant fibrosis

LSM >12 kPa Rules in significant fibrosis

NAFLD

LSM < 8.0 kPa Rules out significant fibrosis

CAP	Steatosis Grade	% liver with fatty change
238-260	S1	11%-33%
260-290	S2	34%-66%
> 290	S3	67% or more

Cholestatic Liver Disease

PBC

LSM <10.0 kPa Rules out significant fibrosis

LSM > 10.0 kPa Rules in significant fibrosis

PSC

LSM <9.5 kPa Rules out significant fibrosis

References

EASL Clinical Practice Guidelines on non-invasive tests for evaluation of liver disease severity and prognosis – 2021 updated *European Association for the Study of the Liver* Journal of Hepatology 2021 vol. - j 1–31

A novel spleen-dedicated stiffness measurement by FibroScan® improves the screening of high-risk oesophageal Varices *Stefanescu et al Liver International*. 2020;40(1):175-185

Request for Fibroscan

Send to:
Gartnavel Hepatitis Centre
Ward 7B
Gartnavel General Hospital

	
2607906571	
DOWNIE	M
Darren	26/07/1990
9 JEAN ARMOUR DRIVE	
NORTH DRUMRY	
Clydebank, Dunbartonshire	
G81 2ER	

Consultant: Dr Priest

Location: FAB

Requesting Doctor: Beth Speirs MD

Date: 31-8-18 4.9.18

☐ HCV

☐ HCV / HIV Co-Infection

☐ HCV Post Transplant

☐ HBV

☐ Cholestatic Liver Disease

☐ Alcohol

Other: Haemochromatosis. updated scan.

Referred for XL Probe?

☐ Yes

☒ No

Performed By: S Woodward

Liver Stiffness: 4.9 KPa

IQR: 0.7

Number Of Valid Scans: 110/117 89 %

Date: 4/9/18 Signed: S. Woodward SM

Interpretation

	F0 - F1	F1-F2	F2	F3	F3-F4	F4
HCV	0-7.1	7.1-8.7	8.7-9.5	9.5-12.5	12.5-14.5	>14.5
HCV-HIV	0-7.2	7.2-11.9	-	-	11.9-14.6	>14.6
HCV Post Transplant	0-6.3	6.3-7.9	7.9-8.5	8.5-11.9	11.9-14.5	>14.5
HBV	0-7.2	7.2-8.1	8.1-10.5	10.5-11.0	11.0-18.2	>18.2
Cholestatic Liver Disease	0-7.1	7.1-11.1	11.1-14.7	14.7-15.6	15.6-17.3	>17.3
Alcohol	0-7.9	7.8-11	11.1 -	-11.8	11.8-19.5	>19.5

Correlation between Liver Stiffness (kPa) and METAVIR score
For further Help with Interpretation please speak to a Hepatologist

Request for Fibroscan

Send to:
Gartnavel Hepatitis Centre
Ward 7B
Gartnavel General Hospital

Patient details


2607906571
DOWNIE M
Darren 26/07/1990
9 JEAN ARMOUR DRIVE
Clydebank, Dunbartonshire
G81 2ER

Consultant: *Thurs*

Location: *Gen SC hmr op*

Requesting Doctor: *from*

Date: *16.4.15*

Indication: HCV ☐
HCV/HIV co-infection ☐
HCV post transplant ☐
HBV ☐
Cholestatic liver disease ☐
Alcohol ☐
Other: *BM*

Performed by: *J. Cuatrecasas*

Liver Stiffness: *4.3* kPa

IQR: *0.7*

Number of valid scans: *12/15* 80%

Date: *14/4/15*

Signed: *J. Cuatrecasas*

Interpretation

	F0 - F1	F1-F2	F2	F3	F3-F4	F4
HCV	0-7.1	7.1-8.7	8.7-9.5	9.5-12.5	12.5-14.5	>14.5
HCV/HIV	0-7.2	7.2-11.9			11.9-14.6	>14.6
HCV post transplant	0-6.3	6.3-7.9	7.9-8.5	8.5-11.9	11.9-14.5	>14.5
HBV	0-7.2	7.2-8.1	8.1-10.5	10.5-11.0	11.0-18.3	>18.3
Cholestatic liver disease	0-7.1	7.1-11.1	11.1-14.7	14.7-15.6	15.6-17.3	>17.3
Alcohol	0-7.9	7.8-11	11.1-	11.8	11.8-19.5	>19.5

Correlation between liver stiffness (kPa) and METAVIR score

For further help with interpretation speak to a hepatologist

XR Elbow Rt

Performed	02-Dec-2022 08:45	Received	03-Dec-2022 21:30
Reported	03-Dec-2022 21:28	Order Number	G405H39115259
Status	Final	Source System	MiSys

XR Elbow Rt

Darren Robert Downie

Final

Clinical History :

reduction right elbow dislocation

XR Elbow Rt :

Comparison with XR right elbow performed earlier on same day.
The elbow is flexed on the AP view limiting assessment.

Normal joint alignment is now seen post reduction of previous posterior elbow dislocation.
The previously noted capitellar fracture fragment is not demonstrated on views provided.
No joint effusion or soft tissue swelling.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Chloe Anne McMurray (SpR) and Freya Johnson

Verified by: Freya Johnson

XR Elbow Rt

Performed	02-Dec-2022 07:22	Received	03-Dec-2022 21:29
Reported	03-Dec-2022 21:27	Order Number	G405H39115097
Status	Final	Source System	MiSys

XR Elbow Rt

Final

Darren Robert Downie**Clinical History :**

32M- pressure through R elbow, went out of place. Previous dislocation. ?dislocation

XR Elbow Rt :

Posterior elbow dislocation with minor fracture fragment noted within the humeroulnar joint space and an apparent donor site demonstrated at the inferior aspect of the capitellum.

No evidence of joint effusion or significant soft tissue swelling.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Chloe Anne McMurray (SpR) and Freya Johnson

Verified by: Freya Johnson

XR Elbow Rt

Performed	03-Dec-2018 11:51	Received	03-Dec-2018 14:56
Reported	03-Dec-2018 14:54	Order Number	G405H34534613
Status	Final	Source System	MiSys

XR Elbow Rt

Final

Darren Robert Downie

Clinical History :

?? elbow dislocation and popped back in sat after bouncing on trampoline and put arm out to stop himself pain tender all over elbow ?#

XR Elbow Rt :

Raised anterior elbow fat pad suggestive of underlying effusion. Radial head has a slightly unusual appearance, appearing to be slightly misaligned relative to capitellum on AP view. No fracture seen. If any ongoing concern then additional oblique views may be obtained to further assess.

Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

Reported by: Dr Henna Singh (SpR)

Verified by: Dr Henna Singh (SpR)

US Abdomen

Performed	15-Nov-2018 09:47	Received	15-Nov-2018 12:23
Reported	15-Nov-2018 12:21	Order Number	G504H34224300
Status	Final	Source System	MiSys

US Abdomen
Darren Robert Downie
Clinical History :

Final

Haemochromatosis ?fibrosis Updated imaging please

US Abdomen :

The liver is normal in size and shape with increased echogenicity in keeping with fatty infiltration or parenchymal change. No focal abnormality identified. The portal vein is patent with hepatopetal flow.

No gross abnormality identified in the gallbladder, biliary tree, kidneys, pancreas, spleen or aorta.

No free fluid present.

Mairi Weir
Sonographer
RA 26264

Reported by: Mairi Weir (Sonographer)

Verified by: Mairi Weir (Sonographer)

XR Chest

Performed	01-Sep-2017 23:54	Received	02-Sep-2017 16:31
Reported	02-Sep-2017 16:29	Order Number	G405H33010279
Status	Final	Source System	MiSys

XR Chest

Final

Darren Downie**Clinical History :**

chest pain - ? cardiac ? GI

XR Chest :

The heart is not enlarged. Lungs are clear. Nipple stud noted.

Reported by: Dr Oliver Cram**Verified by:** Dr Oliver Cram

US Abdomen

Performed	21-May-2015 13:51	Received	21-May-2015 14:36
Reported	21-May-2015 14:34	Order Number	G504H30154520
Status	Final	Source System	MiSys

US Abdomen

Final

Darren Downie

Clinical history: GH

ULTRASOUND ABDOMEN

The liver is slightly increased in echogenicity and coarseness of texture however no focal lesion is identified and no intrahepatic duct dilatation is seen.

Portal vein is patent with antegrade flow.

The CBD is of normal calibre.

The gallbladder is thin walled with no evidence of a gallstone.

The spleen is bulky at 12.6 cm in length.

No splenic varices are identified.

Both kidneys appear normal in size and echogenicity.

Pancreas appears normal.

Sonographer C Bauer

Reported by: Cathy Bauer (Locum Sonographer)

Verified by: Cathy Bauer (Locum Sonographer)

CT Foot Rt

Performed	19-Jun-2012 14:20	Received	19-Jun-2012 17:42
Reported	19-Jun-2012 17:20	Order Number	G516H27006395
Status	Final	Source System	MiSys

CT Foot Rt

Final

Darren Downie**Clinical History :** comminuted navicular fracture on x-ray. For surgical intervention.

CT Foot Rt :

Unenhanced volume acquisition of the foot with multiplanar and 3-D reconstructions performed.

Undisplaced impacted fracture of the navicular bone noted on the medial aspect. No evidence of dislocation at the talonavicular or navicular-cuneiform joints or TMT joints. Tiny bony fragments seen anterior to the medial/intermediate cuneiform joint. There is likely to be a fracture of the anterior aspect of the intermediate cuneiform.

Reported by: Dr Sameer Shamshuddin (SpR) and Dr David Ritchie**Verified by:** Dr Sameer Shamshuddin (SpR)

XR Foot Rt

Performed	19-Jun-2012 10:44	Received	20-Jun-2012 14:22
Reported	20-Jun-2012 13:59	Order Number	G516H27005527
Status	Final	Source System	MiSys

XR Foot Rt

Final

Darren Downie**Clinical History :**

Bony tenderness navicular and second + third MT.? Fracture..

XR Foot Rt :

Fracture of the navicular and possibly intermediate cuneiform bone. I note that the patient has had CT of the foot done, please refer to the report.

Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

Reported by: Dr Adil Mahmoud (SpR) and Dr Nigel Raby

Verified by: Dr Adil Mahmoud (SpR)

XR Foot Lt

Performed	12-Apr-2010 11:44	Received	16-Apr-2010 10:22
Reported	16-Apr-2010 10:02	Order Number	X-13726336
Status	Final	Source System	MiSys

XR Foot Lt

Final

Darren Downie

Clinical History : Painful left foot after fall base of fifth metatarsal.

XR Foot Lt : No acute bony injury demonstrated.

Reported by: DR ND RABY and BLANK CLINICIAN

Verified by: DR ND RABY